



The author(s) shown below used Federal funding provided by the U.S. Department of Justice to prepare the following resource:

Document Title: Second Chance Act Adult Offender Reentry Demonstration Projects, Evidence-Based Practices: Case Management

Author(s): Shelli B. Rossman, Janeen Buck Willison, Christine Lindquist, Jennifer Hardison Walters, Pamela K. Lattimore

Document Number: 250470

Date Received: December 2016

Award Number: 2012-RY-BX-0001

This resource has not been published by the U.S. Department of Justice. This resource is being made publically available through the Office of Justice Programs' National Criminal Justice Reference Service.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Second Chance Act Adult Offender Reentry Demonstration Projects

Evidence-Based Practices: Case Management



December 2016

Authors: Shelli B. Rossman, Janeen Buck Willison,* Christine Lindquist,† Jennifer Hardison Walters,† and Pamela K. Lattimore†*

**Urban Institute, Washington, DC; †Research Triangle Institute, Research Triangle Park, NC*

This report is one in a series from the Cross-Site Evaluation of the Bureau of Justice Assistance FY 2011 Second Chance Act (SCA) Adult Offender Reentry Demonstration Projects (AORDPs). This report describes the use of case management practices among seven grantees who implemented adult reentry programs using SCA funding. Findings are based on information collected in 2014 through semi-structured interviews with AORDP staff and organizational partners, as well as through a Web-based survey administered in spring 2014 to key reentry stakeholders at each site.

The Multisite Evaluation of the FY 2011 Bureau of Justice Assistance Second Chance Act Adult Offender Reentry Demonstration Projects is supported by Award Number 2012-RY-BX-0001, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the Department of Justice. This work is being conducted by RTI International and the Urban Institute. Questions and comments should be directed to the study principal investigator, Pamela K. Lattimore, at lattimore@rti.org or 919-485-7759.

Cover images from gettyimages.com by: 1-stockroll, 2-VisionsofAmerica/Joe Sohm, 3-Image Source, 4-Dona Monroe
Photos are for illustration purposes only.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice

Report Highlights

Case Management is a Foundational Practice in All Sites

All seven sites provide some level of case management to their participants, although the structure of case management services differs by site. In three sites (California, Pennsylvania, and Massachusetts), for example, the same case managers work with clients pre- and post-release; however, the intensity and duration of those services and contacts vary by site. The remaining four grantees provide some form of institution-based case management combined with community-based case managers who conduct varying levels of in-reach to establish rapport and initiate transition planning to participants before they are released. Risk/needs assessment figures prominently in the sites¹ and informs development of reentry/transition case plans and service delivery across the seven projects. Additionally, several sites work to integrate clients as active partners in the case planning process, but few use case conferencing (i.e., more formal, planned contact involving multiple team members to advance holistic planning) to do so.

Background

Seven grantees are included in the Cross-Site Evaluation of the Bureau of Justice Assistance Fiscal Year 2011 Second Chance Act Adult Offender Reentry Demonstration Projects. Each project is designed to provide comprehensive reentry programming to criminal justice system-involved adults who are under state or local custody and are about to return to the community. The specific target populations and service delivery approaches vary across the sites. Each project, however, addresses the multiple challenges facing formerly incarcerated individuals upon their return to the community by providing 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, and case management are key elements of grantees' demonstration projects.

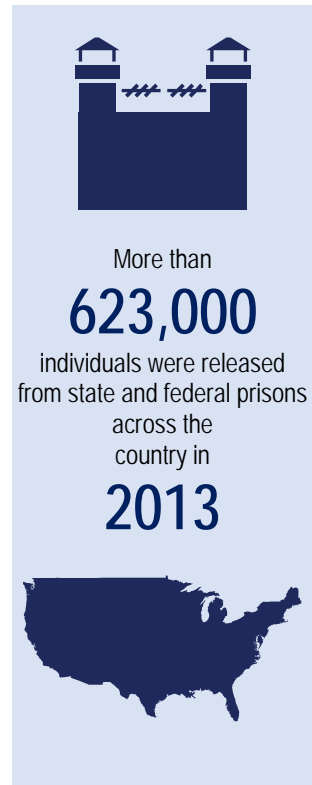
Broad Information Exchange Occurs Consistent with Principles of Effective Case Management

Several sites reported either developing or leveraging existing automated databases to record client needs and services, measure participants' and the project's progress, and share information across partners consistent with principles of effective case management. Stakeholders also reported high levels of information exchange for routine reentry case planning and the exchange of case plans among partners.

Introduction

Prisoner reentry is a pressing national and local policy issue. More than 623,000 individuals were released from state and federal prisons across the country in 2013,² and another 11.6 million cycle through the nation's jails each year.³ Chances of successful reentry are low: nearly 68% of individuals released from state prison in 2005 were rearrested within 3 years of release, and more than 75% were rearrested within 5 years of release.⁴ Numerous factors contribute to these high recidivism rates. Most justice-involved individuals return to the community with considerable deficits: limited education, few marketable job skills, no stable housing, chronic health issues, substance abuse needs, and fragile support networks.^{5–12} Some research suggests that successful reentry depends on the degree to which former prisoners' multiple needs—including housing, drug treatment, mental health services, employment training, job opportunities, and family counseling—are addressed.^{10,13–15}

The Second Chance Act (SCA) of 2007: Community Safety Through Recidivism Prevention¹⁶ was signed into law in 2008 with the goal of increasing reentry programming for individuals released from state prisons and local jails. Since 2009, the Bureau of Justice Assistance (BJA) has awarded dozens of SCA adult offender reentry demonstration grants to communities across the nation to improve reentry outcomes. SCA-funded projects must create strategic, sustainable plans to facilitate successful reentry; ensure 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 collect data to measure performance outcomes related to recidivism and service provision. Furthermore, grantees must create reentry task forces—comprising 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. In FY 2011, BJA funded 22 SCA Adult Offender Reentry Demonstration Project (AORDP) sites. The National Institute of Justice in FY 2012 funded the Cross-Site Evaluation of the BJA FY 2011 SCA AORDP; RTI International and the Urban Institute are



conducting the evaluation. See **Appendix A** for Information describing the seven projects that are the focus of this evaluation.

The cross site evaluation is focused on 7 of the 22 Adult Offender Reentry Demonstration Project sites and grantee agencies



California

Women's Reentry Achievement Program (WRAP), Solano County Health & Social Services Department



Connecticut

New Haven Reentry Initiative (NHRI), Connecticut Department of Correction



Florida

Regional and State Transitional Ex-Offender Reentry (RESTORE) Initiative, Palm Beach County Criminal Justice Commission



Massachusetts

Boston Reentry Initiative (BRI), Boston Police Department



Minnesota

High Risk Recidivism Reduction Project, Minnesota Department of Corrections



New Jersey

Community Reintegration Program (CRP), Hudson County Department of Corrections



Pennsylvania

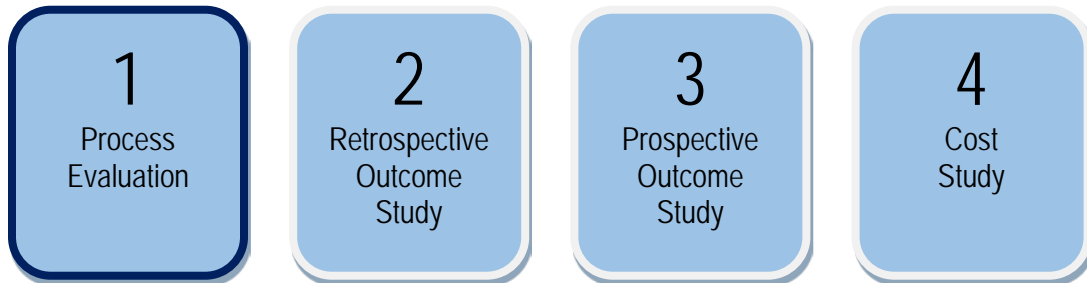
ChancesR, Beaver County Behavioral Health and Developmental Services

The primary goals of the evaluation are to

- describe the implementation and sustainability of each AORDP project through a **process evaluation**,
- determine the effectiveness of the programs at reducing recidivism through a **retrospective outcome study** and at reducing criminal behavior and substance use

and improving other outcomes through a **prospective outcome study** that includes participants' self-reported information, and

- determine the per capita program costs of each AORDP project through a **cost study**.



This research report is based on the first round of process evaluation site visits conducted in early 2014,^a as well as on data collected from the study's 2013 evaluability assessment^b and initial administration of an online stakeholder survey in spring 2014.^c This report offers the field a first glimpse of the use of key evidence-based practices (EBPs) germane to reentry—specifically case management practices—among the seven AORDP evaluation sites. Additional reports on the AORDP projects' use of EBPs—specifically risk and needs assessment¹ and communication techniques and cognitive interventions—will be available online through the National Criminal Justice Reference Service (www.ncjrs.gov). A report on implementation challenges is available at <https://www.ncjrs.gov/pdffiles1/nij/grants/249188.pdf>.

-
- ^a The AORDP sites received initial SCA funding from BJA in October 2010 under FY 2011. Process evaluation visits early in 2014, therefore, occurred roughly 3 years after sites received initial funds. During the site visits, semi-structured interviews were conducted with key stakeholders including program administrators, line staff, and representatives from partner agencies in the criminal justice and human services fields. The site visits lasted 2-3 days and were led by 2-person teams from RTI and the Urban Institute.
- ^b The evaluability assessment aimed to answer two questions: Is the program evaluable? If so, how, and at what level of effort? Data collection activities consisted of document review, telephone interviews with core team members, site visits including semi-structured interviews with project staff and partners, and review of project case files and administrative records. For more information, please see the executive summary for the final evaluation ability assessment report, available at <https://www.ncjrs.gov/pdffiles1/nij/grants/243978.pdf>.
- ^c The Web-based survey was completed by 214 criminal justice and human services stakeholders (including both agency leadership, such as probation chiefs, jail administrators, and executive directors, and a variety of frontline correctional facility staff, probation officers, case managers, counselors, etc.) across the seven AORDP sites. The response rate for the survey was 70%.

EBPs in Reentry

Scholars, researchers, practitioners, and policymakers increasingly have made concerted efforts to determine what works in the criminal justice system and to disseminate comprehensive literature on EBPs that can be replicated with success.^d Although the term “evidence-based practices” is widely used, it is not always clearly defined. For this report, EBPs generally refer to practices that have been evaluated and found to reduce reoffending, regardless of how reoffending is defined.

In recent decades, researchers in the field of prisoner reentry have made great strides in identifying the characteristics of effective correctional interventions and programming.^{17–20} Matthews and colleagues, summarizing the extant research, identified 11 principles of effective intervention, ranging from the recommendation that level of service be matched to the risk level of the individual to the observation that effective interventions are behavioral in nature.¹⁸ See the full list of principles in **Appendix B**.

Subsequently, the National Institute of Corrections, in partnership with the Crime and Justice Institute (CJI), convened leading criminal justice and corrections scholars and practitioners to

Why Focus on EBPs?

Research shows that significant reductions in recidivism can be achieved when EBPs are applied with fidelity.

The challenge is *doing it*.

Core EBPs for Effective Intervention

1. Assess actuarial risk/needs.
2. Enhance intrinsic motivation.
3. Target Interventions.
 - Risk Principle: Prioritize supervision and treatment resources for higher risk individuals.
 - Need Principle: Target interventions to criminogenic needs.
 - Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning individuals to programs.
 - Dosage: Structure 40–70% of high-risk individuals' time for 3–9 months.
 - Treatment: Integrate treatment into sentence/sanction requirements.²³
4. Skill train with directed practice (use cognitive behavioral treatment methods).
5. Increase positive reinforcement.
6. Engage ongoing support in natural communities.
7. Measure relevant processes/practices.
8. Provide measurement feedback.

Source: CJI 2009²¹; see also Carey 2010²³

^d See, for example, the Office of Justice Programs *CrimeSolutions.gov* online resource, National Reentry Resource Center *What Works in Reentry* Clearinghouse, Office of Juvenile Justice and Delinquency Prevention *Model Programs Guide*, and the Campbell Collaboration *Library of Systematic Reviews*.

define core EBP elements based on the “what works” research. The group identified eight core principles for effectively intervening with criminal justice-involved individuals in order to reduce recidivism (see sidebar, page 7 of this report), recognizing that the research evidence did not support each of these elements with equal weight. See CJI’s 2009 full report for a detailed description of each principle.²¹

Ongoing research suggests that this set of core correctional practices and principles reduces recidivism when implemented in concert and with fidelity as part of a holistic reentry strategy.²⁰

EBPs and the Second Chance Act Model

The SCA logic model (see **Appendix C**) specifies core elements that should be reflected in each grantee’s reentry program, including the following EBPs:

- **Target high-risk individuals** for intervention (i.e., those at the highest risk for reoffending based on the results of objective risk/needs assessments).
- **Administer validated assessment tools** to assess the risk factors and needs of formerly incarcerated individuals.
- Establish **pre-release planning services**.
- Provide **coordinated supervision and comprehensive services post-release**.
- **Provide an array of social and human services tailored** to the individual’s assessed needs.

This report focuses on grantees’ *case management practices*, including (1) pre-release case management and planning to ensure that services correspond to assessed risks and needs, (2) case management models that work with participants pre- and post-release to facilitate continuity of approach and service utilization, (3) use of a single or common case plan to enhance coordinated service delivery and diminish duplicative assessment and referrals, and (4) a well-defined hand-off from the correctional facility to the community to promote participation in post-release services and supervision.

Case Management

One of the key features of effective *reentry case management* is the implementation of an ongoing process that begins while individuals are incarcerated (possibly at sentencing or earlier) and continues seamlessly in the community after release until they are discharged from supervision.²³

Exhibit 1 lists the key elements of each AORDP grantee’s approach to case management. Each grantee has taken steps to link program participants with ongoing case management, although implementing seamless case management has sometimes proved challenging and has evolved over time.

Effective Case Management

The Case Management Society of America, a nonprofit association dedicated to the support and development of case management professionals, defines case management as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive [health] needs through communication and available resources to promote quality, cost-effective outcomes.”²²

Effective case management...

- is based on the assessment of risk and need;
- is comprehensive, ongoing, and dynamic;
- includes professional partners in a joint effort;
- targets interventions to an individual’s needs;
- results in a case plan that serves as a roadmap for success;
- engages clients in the process of change; and
- is supported by automation.

Adapted from Carey, 2010, pp.8–9²³

Exhibit 1. Case Management Approaches Among AORDP Sites

Site	Case Management Continuity	Duration of Program Related Case Management	Transition Planning	Other Case Management Features
California: Solano County Women’s Reentry Achievement Program (WRAP)	Same WRAP CMs pre- and post-release*	WRAP pre-release case management in jail, and intensively for 6 months post-release	Weekly progress meetings	<ul style="list-style-type: none"> ▪ Meet participants at the gates on day of release ▪ Assistance accessing medication, reinstating Medi-Cal and Social Security benefits, meeting basic needs ▪ Transportation to appointments, court dates, and meetings with probation, if needed

(continued)

Exhibit 1. Case Management Approaches Among AORDP Sites (continued)

Site	Case Management Continuity	Duration of Program Related Case Management	Transition Planning	Other Case Management Features
Connecticut: Department of Correction New Haven Reentry Initiative (NHRI)	<ul style="list-style-type: none"> ▪ Facility-based CMs pre-release ▪ In-reach and post-release case management by Easter Seals Goodwill Industries (ESGI) CMs and community reentry advocates (CRA) 	<ul style="list-style-type: none"> • ESGI CMs in-reach approx. 2.5 months pre-release • Team-based case management (with probation officers [POs]) for 120 days post-release 	<ul style="list-style-type: none"> ▪ Offender Accountability Plans based on the Treatment and Program Assessment Inventory ▪ Reentry Workbook Program (RWP) ▪ Pre-release transition planning meeting(s) with the ESGI CM and CRA 	<ul style="list-style-type: none"> ▪ Discharge planning coordinates with probation and parole to ensure continuity; and dual supervision/reporting post-release, overseen by NHRI PO and ESGI CM ▪ New Haven Correctional Center-based furlough component (men only) allows initial reporting and services in community ▪ CMs and CRAs facilitate gender-specific support groups ▪ Assistance with housing, employment, transportation, treatment (drug and mental health), provision of basic needs ▪ RWPs are shared electronically with POs pre-release; post-release service plans are tracked via the Efforts to Outcomes database
Florida: Palm Beach County Regional and State Transitional Ex-Offender Reentry (RESTORE)	<ul style="list-style-type: none"> ▪ Facility pre-release counselors (PRCs) offer initial case management ▪ In-reach & post-release case management by RESTORE community CMs 	RESTORE case management for approx. 6 months pre-release, and for 12 months post-release	<ul style="list-style-type: none"> ▪ Transition plan based on the Level of Service Inventory–Revised, developed by PRCs & updated by CMs ▪ Pre-release programming plan ▪ Post-release plan 	<ul style="list-style-type: none"> ▪ Assistance with and financial support for transitional housing, employment services (including on-the-job training stipends), education, substance abuse and mental health treatment, transportation, peer support and mentoring, family reunification services, payment of restitution and fines, and obtaining identification and benefits ▪ Post-release contacts with clients, service plans, referrals, and utilization are recorded by project partners in the project’s database (Reentry Network).
Massachusetts: Boston Boston Reentry Initiative (BRI)	Same BRI CMs pre- and post-release	BRI case management for 12–18 pre-release, and for approx. 12 months post-release	Individualized reentry plans for using institutional services pre-release and transitioning back into the community	<ul style="list-style-type: none"> ▪ Individualized reentry plans include pre-release programming ▪ Transition planning ▪ Service referrals, transportation, advocacy, family support, and mentoring ▪ Placement in temporary transitional group housing or access to short-term rent subsidies ▪ BRI CMs document client progress in a centralized database that is accessible to partners

(continued)

Exhibit 1. Case Management Approaches Among AORDP Sites (continued)

Site	Case Management Continuity	Duration of Program Related Case Management	Transition Planning	Other Case Management Features
Minnesota: Department of Corrections High Risk Recidivism Reduction Project	<ul style="list-style-type: none"> Reentry coordinator provides pre-release case management and transition planning Hub CM provides post-release case management 	<ul style="list-style-type: none"> Reentry coordinator provides case management 2–6 months pre-release Hub CM provides case management for 6–12 months post-release, with help from reentry coordinator 	<ul style="list-style-type: none"> Transition Accountability Plan SMART goals Reentry Team Meeting, post-release 	<ul style="list-style-type: none"> Case management uses the Transition from Prison to Community model CM assistance includes developing resumes, obtaining identification, scheduling medical appointments, practicing budgeting skills, and locating housing options and resources Co-located Hub services include case management, employment assistance (including wage subsidies for transitional employment), transitional housing assistance, bus cards, and weekly life skills and mentoring groups Service histories recorded in Client Track, a database developed for the project
New Jersey: Hudson County Community Reintegration Program (CRP)	<ul style="list-style-type: none"> social rehabilitation therapists from Hudson County Dept. of Corrections provide pre-release case management Dept. of Family Services community service workers do some in-reach and provide post-release case management 	Intensive post-release case management for 90 days, but some ongoing communication for up to 12 months	Test of Adult Basic Education, CareerScope, and transition planning	<ul style="list-style-type: none"> Pre-release determination of eligibility for public benefits Access to medication and post-release medical providers Temporary identification Monitor providers to ensure compliance with service requirements Advocate for participants, see that they adhere to programming requirements, help them navigate the benefits system, and assist them with job searching Participant assessments and services data are recorded in a case management database used for discharge planning and performance measurement
Pennsylvania: Beaver County ChancesR	<ul style="list-style-type: none"> Jail-based reentry coordinator/liaison Four levels/models of case management, depending on results of assessment for co-occurring disorder (COD) 	Under each model, case management begins in the jail and continues post-release for time period determined by client's progress and level of need	Jail-based Reentry Liaison creates individual transition plans	<ul style="list-style-type: none"> COD assessments determine the level of case management services Most intensive levels of case management include crisis components with 24/7 care Depending on case management level, services may include mental health or substance abuse therapeutic interventions or coordination, employment assistance, benefits coordination, housing, peer mentoring, and transportation Post-release services are tracked via electronic health records database and post-release case management

Note. CM, case manager. * WRAP participants who require placement in partner housing programs may receive case management from those partners.

Case Management Practices in Jail-Based AORDP Sites

Three of the four jail-based AORDP sites (Solano County, CA; Boston, MA; and Beaver County, PA) use the same case managers^e for pre- and post-release case management. In the fourth jail-based site (Hudson County, NJ), pre- and post-release case management services are coordinated but provided by different partners.

In **Solano County, CA**, the **Women's Reentry Achievement Program (WRAP)** case managers meet with program participants weekly while they are in jail and continue to work with them post-release in the community for approximately 6 months. A key feature of the Solano County WRAP case management approach is its emphasis on addressing stability factors (a key element of effective case management²³), such as housing, medication, and transportation problems, which can interfere with individuals' abilities to address their needs.²³ When program participants are released from the Solano County jail, a WRAP case manager meets them at the gate and takes them for a celebration breakfast that the staff pay for themselves. After breakfast, the case manager accompanies the client to a location that has been determined to be safe housing.

Thereafter, WRAP case managers routinely transport clients to meetings and appointments to facilitate their access to community-based resources and to assist them in complying with supervision or other requirements. WRAP case managers also assist their clients with obtaining medication and reinstating benefits, such as Medi-Cal and Social Security Disability Insurance, once they are released. The jail provides a free, one-time 15-day dose of medication for formerly incarcerated individuals, and WRAP case managers accompany their clients to the jail to pick it up. As necessary, WRAP case managers will accompany clients to the psychiatric department at the hospital to help them access emergency services and obtain continuing or new psychiatric medications.

WRAP Case Management

WRAP case managers deliver programming to participants in the jail and continue to work with clients in the community after release. WRAP case managers transport clients to appointments, court dates, and meetings with probation, using this time as valuable one-on-one time with clients. Reportedly, these informal discussions often result in clients feeling more at ease with case managers and more inclined to disclose useful information. Thus, case managers perceive that providing transportation promotes better rapport and client engagement in services.

^e Here, the term case manager refers to staff who coordinate and link clients to services, programming, or needed resources and develop or implement individualized treatment plans. In some AORDP sites, these positions may be called reentry liaisons, case workers, or counselors.

Similarly, the **Boston Reentry Initiative (BRI)** case managers work with pre- and post-release project participants, although the duration of case management is considerably longer than in the California program: 12 to 18 months during incarceration and up to 1 year after return to the community. Two organizations are contracted to provide case managers: Youth Options Unlimited (a reentry and transitional employment program operated under the Mayor's Office of Jobs and Community Services) and Dorchester Bay Economic Development Center (a neighborhood-based economic development organization). Individuals who meet BRI eligibility criteria are identified soon after their commitment to the Suffolk County House of Correction. They attend a BRI panel presentation during which BRI staff and community service providers describe available services and supports, and prosecutorial staff warn them about the potential future consequences of reoffending. Usually within 3 days after each panel, one of the four BRI case managers meets individually with potential participants to obtain buy-in (the project is voluntary) and complete project intake paperwork and assessments such as the Level of Service Inventory-Revised (LSI-R) and the Adult Substance Use Survey. Case managers perceive these meetings as useful for allowing BRI participants to decompress and discuss their panel experiences and for breaking down barriers between participants and the case managers.

BRI case managers then work one-on-one with participants throughout their incarceration to develop individualized service plans that take advantage of available programming (e.g., educational, vocational, and life skills) and mobilize services for transition and reintegration back into the community. These reentry plans are provided in addition to the standard assessments and plans that all participants receive in the Suffolk County House of Corrections. BRI case managers provide transitional support upon release and work with BRI participants for up to 12 months after release to provide continued support, including providing referrals and transportation to services, advocating with probation or parole on behalf of clients, and providing family support and mentoring. BRI case managers may work with participants for a much longer period after release, depending on the needs of the individual client.

In **Beaver County, PA**, clients who choose to participate in **ChancesR** are linked to a jail-based reentry liaison,^f who creates an individual transition plan. Clients also are referred for an in-depth co-occurring disorder evaluation/assessment to determine which of the following four levels of case management they will receive post-release:

^f Reentry liaisons are employees of NHS, the site's primary behavioral health services partner.

1. **Level 1, FACT/ACT Case Management** serves individuals diagnosed with Axis 1 disorders or findings of severe persistent mental illness, who are referred to a Forensic Assertive Community Treatment (FACT) team,⁹ and those with more general mental health needs, who are referred to an Assertive Community Treatment (ACT) team. The FACT/ACT team begins working with clients before release, focusing on drug and alcohol assessments, group therapy, goal development, employment assistance, benefits coordination, housing, peer mentoring, and physical and mental health appointment coordination. Post-release, the FACT/ACT team collaborates with ChancesR participants' POs to reinforce goals and to advocate for diversions or rehabilitation—rather than reincarceration—if noncompliance occurs. Additionally, the team reaches out to engage the clients' natural support systems (e.g., family and friends). When clients have made sufficient progress, as assessed by the FACT/ACT team and its clinicians, they may be stepped down to a less-intensive level of case management support (see sidebar).
2. **Level 2, Intensive Case Management** offers less intensive services (e.g., contact is typically once every 14 days) than the FACT/ACT case management, does not involve a wrap-around team, and may continue for 18 to 24 months. These services are provided by nine case managers who link clients to housing, drug and alcohol treatment, and peer support.
3. **Level 3, Blended Case Management** targets individuals who do not have active Axis 1 diagnoses, provides weekly case management and assistance with support services from both county health and private agencies.
4. **Level 4, General Reentry Case Management** does not include a crisis component and is reserved for individuals transitioning from a hospital, treatment facility, or jail. General reentry liaisons provide transportation and coordinate linkages to mental health or drug and alcohol treatments, medical assistance, and food stamps. The primary goal of general reentry is to achieve independence through socialization, training, housing, and

ChancesR Case Management

Four levels of case management are tailored to level of need. In descending order of intensity, they are as follows:

- Level 1 = FACT/ACT Case Management for individuals with Axis 1 diagnosis
- Level 2 = Intensive Case Management, available 18–24 months
- Level 3 = Blended Case Management, which targets individuals without current Axis 1 diagnosis
- Level 4 = General reentry (not specific to jail reentry)

⁹ The FACT/ACT teams, which were first established in 2008, consist of a team leader who manages the program, clinical lead, addiction specialist, therapist, mental health worker, vocational specialist, housing specialist, peer support specialist, and registered nurse.

employment. Clients are discharged once they maintain a consistent medication regime, complete probation, obtain employment, and schedule and keep appointments independently. Clients are also able to access other services to meet their needs, such as the Re-Entry Addressing Co-Occurring Histories (REACH^h) program (for women with co-occurring disorders, funded under a different SCA grant) or the Learning and Understanding the Needs of the Chronically Homeless (LAUNCH) program (for homeless individuals with co-occurring disorders, funded under a Substance Abuse and Mental Health Services Administration [SAMHSA] grant).

Although the ChancesR program completion is defined as 1 month of post-release services, in reality, post-release service duration extends until the client is sufficiently stable.ⁱ

In the **Hudson County, NJ, Community Reintegration Program (CRP)**, social rehabilitation therapists from the Hudson County Department of Corrections administer the Correctional Offender Management Profiling for Alternative Sentencing (COMPAS) systemwide shortly after individuals enter the jail and then provide pre-release case management to CRP-eligible participants. Additionally, the Department of Family Services community service workers (CSWs) conduct in-reach to establish a connection with participants; CSWs provide post-release case management and monitor the receipt of other community-based services provided by the program's partners. For CRP participants to continue with the program post-release, they must (1) comply with all pre-release service recommendations (e.g., participation in the Therapeutic Community or other facility-based programming); (2) complete the Test of Adult Basic Education, which measures proficiency in math, reading, and language; and (3) receive a CareerScope assessment, which measures both aptitude and career interests. Once these conditions are met, transition plans are developed for CRP clients approximately 30 days before release. The program's social rehabilitation therapists and CSWs coordinate with the participants' families and others to develop participants' transition plans, which include recommendations for services and treatment. During this process, CSWs meet with participants in the jail to determine welfare eligibility. CRP staff report that helping complete public benefits

^h BC-REACH targeted women with co-occurring disorders in the Beaver County jail. This SCA grant spanned October 2012 to September 2014. BC-LAUNCH was a SAMHSA-funded initiative that targeted homeless individuals with co-occurring disorders. It was in place September 2008 to September 2013.

ⁱ The SCA grant funds primarily cover pre-release services including screening, assessment, treatment, case management, and vocational/educational services, as well as post-release prosocial activities and sponsorship services. However, post-release case management support, treatment, and housing are largely funded through a mix of state and federal resources. For example, Pennsylvania Health Choices benefits cover more intensive case management services post-release.

applications significantly reduces wait time; CRP participants reportedly obtain benefits in approximately 2 weeks after their return to the community, instead of the usual 90 days. At release, CRP clients also are provided with 2 weeks' worth of prescription medication, as needed. Additionally, staff schedule appointments as needed with community-based medical providers within 1 week of release. Lastly, following the systemwide practice, CRP clients are given picture IDs that are valid for 30 days post-release.

In addition to post-release case management and monitoring, the CRP's affiliated CSWs advocate for program participants, see that they adhere to programming requirements, help them navigate the benefits system, and assist them with job searching. During the post-release phase, CSWs have frequent contact with CRP participants for the first 3 months after they return to the community. Thereafter, the CSWs monitor participants' progress less intensively for up to 3 years, although the AORDP funding does not cover more than the first 3 months of project participation and services.

Case Management Practices in Prison-Based AORDP Sites

Across the three prison-based AORDP sites (Connecticut, Florida, and Minnesota), reentry case management consists of institution-based staff providing some pre-release case management services in combination with community-based case managers, who conduct some in-reach to establish personal connections with participants before release but primarily focus on post-release services. Most implement the basic elements of EBPs of effective case management: (1) Case management should be an ongoing, seamless process. (2) It begins with, and is based upon, an empirical assessment of risk and criminogenic needs.²³

Minnesota Department of Correction's SCA grant program is based on the National Institute of Corrections' Transition from Prison to Community model²⁴ and employs effective case management principles such as use of empirical assessment of risk and criminogenic needs, attention to stability factors, and intent to use a team approach.²³ Pre-release case management is provided by a reentry coordinator; post-release case management is offered through a community hub co-located with other services. Participants receive individualized case management and transition planning from a reentry coordinator for 2–6 months before release. Depending on the participants' level of engagement and needs, meetings may occur as frequently as 10 times per month throughout the pre-release phase to develop SMART (Specific, Measurable, Attainable, Realistic, Timely) goals and transition accountability plans

(TAPs) that constitute the foundation for the case management work. The SMART goals reflect client input and, occasionally, input from the supervision agent, but not input from community service providers; copies are provided to the clients, supervision agent, and hub. Work begins on the SMART goals before release, and the plan is dynamically updated to reflect actions, such as resume preparation, that have been completed. As individuals get closer to release, the reentry coordinator works on the TAPs, which summarize participants' SMART plan goals, needs, risks (identified by the Level of Service/Case Management Inventory and shown in a graph), and strengths, as well as educational status, work experience, legal issues (e.g., child support), family and other social supports, physical health needs, and mental health issues. TAPs are developed in consultation with the clients and are not updated; copies are provided to the supervision agent and hub, and other service providers may be able to access the information. Institutional case workers also develop release plans^j for supervision agents to approve; for SCA participants, the case workers may consult with the reentry coordinator regarding housing issues. Approximately 1 month before release, the reentry coordinator and the hub case manager schedule a reentry team meeting^k to be held at the hub shortly after a participant's release; the reentry coordinator also contacts the participant's county supervision agent to share information about the client, inform the agent that the participant is enrolled in the program, and invite him/her to the team meeting.

The reentry team meeting is held at the hub within 72 hours of a participant's release. At a minimum, the participant, the assigned supervision agent, the reentry coordinator, and the hub case manager attend to collectively review the participant's pre-release TAP and goals, as well as to develop a schedule of services and next steps. The meeting constitutes the formal handoff of the client from the reentry coordinator to the hub case manager; thereafter, the hub case manager follows up with participants at least weekly, provides assistance, and makes referrals as needed for 6–12 months. The reentry coordinator also provides some services at the hub to participants after their release to the community. Post-release duties include conducting follow-up risk/needs assessments; for example, the reentry coordinator administers the LSI-R when

^j Release plans identify intended post-release address (primary and back-up), supervision agent, list of violations, level of supervision, discipline, predatory risk behavior, gang affiliation, conditions of release, special conditions of release, participation in programming, and miscellaneous comments. County supervision agents investigate the residences identified in the plans, and sometimes request additional conditions before approval. Clients receive copies of their standard and special conditions of release and release rules.

^k The reentry team includes the participant, assigned supervision agent, reentry coordinator, and the hub case manager. As needed, other attendees may include the housing partner and other service providers.

participant's scores are 1 year old; additionally, as appropriate, the reentry coordinator conducts Rule 25 chemical dependency assessments that facilitate an individual's post-release access to state-funded substance abuse treatment. The reentry coordinator follows up with participants to assess the extent to which they have fulfilled their TAP and SMART goals and to close out files. The reentry coordinator works collaboratively with the hub case manager, who updates clients' SMART goals, as needed, and deals with employers, family members, and participants to ensure that clients are connected to and receiving services.

In **Palm Beach County, Florida**, pre-release counselors (PRCs) assess participants using a validated risk/needs tool, provide individual case management services, and assist participants with developing transition plans and programming plans. The transition plans are guided by criminogenic needs identified in LSI-R assessments, as well as the clients' interests, and they also may reflect input from other relevant stakeholders, including the institutional classification team, probation, the job training and placement coordinator, and other service providers. The LSI-R scores guide the frequency with which PRCs meet with clients; for example, PRCs meet individually with high-risk clients weekly or more often. Clients whose scores indicate moderate risk meet less than weekly with the PRCs, depending on the number of classes in which participants are enrolled. The programming plan identifies required and optional institutional programming with the objective of addressing criminogenic needs during incarceration. Individuals whose score indicates high risk are targeted for most of the classes and programs offered (e.g., Victim Impact, Thinking for a Change, IOP Substance Abuse Program) in prison.

RESTORE Case Management

Community case managers (CCMs), assigned by geographic location, conduct in-reach to work with participants at least 3 months pre-release. Clients start working on goals before they are released, so they know where they are going when they walk out the door. Pre-release engagement with CCMs leads to higher levels of comfort and trust among clients; they know they have support ahead of time.

RESTORE case managers' approach is nontraditional. Case managers tell clients, "This is not a program, rather a partnership." They build rapport with clients by talking to them during the initial visit, instead of taking notes. Additionally, the case managers identify with the clients because they are in the heart of the client's community; they go to the client's home, transport clients to various appointments, and offer other types of support. This engagement also establishes rapport with clients. Case managers also make referrals to other services and agencies.

Approximately 6 months before release, incarcerated individuals who choose to participate in RESTORE are assigned community case managers (CCMs) affiliated with RESTORE's community partners. The CCMs review participants' LSI-R scores about 4 to 5 months before release to understand individuals' criminogenic needs and develop post-release case plans. One CCM described the LSI-R as "the road map to services": The

criminogenic needs help CCMs determine the services they need to focus on, whereas the pro-social score helps case managers understand the supports clients can access. However, CCMs recognize that clients' needs may change (e.g., the client completes his GED) between the time scores are generated and when an individual is released from a facility. In addition to case planning, CCMs also in-reach to establish individualized relationships and build rapport with participants approximately 3 months before their return to the community. Community-based case management is available for approximately 12 months post-release, and the frequency of contact between clients and CCMs is guided by risk level. CCMs re-administer LSI-Rs when clients successfully complete the program (typically 6–12 months after release) to determine whether dynamic risks have been reduced.

The **New Haven Reentry Initiative** (NHRI) in Connecticut uses an ongoing seamless delivery approach that illustrates several other principles of effective case management, including using a team approach, incorporating the clients as part of the team, and maintaining dynamically evolving case plans that reflect changes in risk levels or factors as well as updated goals and strategies.²³ Pre-release case management is delivered by the Connecticut DOC's reentry counselors, who review participants' Offender Accountability Plans that are developed at the time of sentencing and are guided by the Treatment and Program Assessment Inventory screener and other assessments. The case management focuses on the Reentry Workbook Program (RWP), which reinforces previous cognitive-behavioral programming and job readiness classes; through this process, reentry counselors work with participants to develop transition plans and state goals in the RWP in the participants' own words. The RWP then follows participants into the community. Each reentry workbook is scanned and shared with community-based parole or probation officers through a secure portal, where an NHRI post-release case management team—comprising the Easter Seals Goodwill Industries (ESGI) case managers and community reentry advocates, as well as dedicated parole officers¹—guides post-release service plans.

Male NHRI participants transition to either the program's furlough component or a halfway house. Under the program's furlough component, qualifying male NHRI participants

¹ NHRI participants may be released to parole supervision, probation supervision, or no supervision. Of these, supervision through parole is the most common for NHRI participants. A designated PO supervises NHRI clients—except for individuals with sex offenses or DUI offenses, and those assigned to the Mental Health Unit—and engages in a team-based collaborative supervision strategy that involves the NHRI case manager and often the community reentry advocate. The designated NHRI PO is well-versed in the core components of the program, having previously facilitated RWP groups inside prison.

may be transferred to the New Haven Correctional Center (NHCC)^m 30 days before release. An initial furlough into the community for NHRI participants residing in the NHCC includes meeting with ESGI staff, the program's core community-based partner, to begin the case planning process. ESGI case managers work with the participants to identify individuals' short- and long-term goals and then model the clients' service plans around these goals. The first step in this process is reviewing the goals that participants identified in their RWP workbooks. Case managers identify needs and potential barriers, such as making sure that participants have valid identification, assessing their past and current drug use, assessing their social support network, and finding out whether participants need food or hygiene products. According to one caseworker, they try to "eliminate all excuses to being successful." Staff noted that they always make an effort to bring discussions with participants back to the RWP workbooks, as this helps participants remain goal oriented.

During the furlough period, participants may make other forays into the community, escorted by either their ESGI case manager or NHRI PO to attend programming or to access services. This approach is designed to foster greater engagement post-release by connecting participants, before they are released, to services and providers in the community. NHCC and parole officers review furloughs, which are tailored to address identified participant needs. Some furloughs eventually may include a family member. Furloughs are not guaranteed; for example, poor behavior on any outing would reduce the opportunity for future furloughs.

Some program participants transition to halfway house services in lieu of the furlough component. ESGI case managers connect with participants in the halfway house but do not work intensively with them about transition issues until 30 days before their release from the halfway house. This, in effect, mirrors the furlough process.

Intensive, team-based case management forms the core of the post-release component, and participants are expected to sign a service agreement acknowledging and agreeing to the program's expectations about scheduled contacts and use of services, including subsidized housing. Released individuals meet with NHRI probation and POs the day of release or shortly thereafter. ESGI case managers and community reentry advocates, who are formerly incarcerated individuals, team with the NHRI POs to supervise and engage clients in the reentry

^m NHCC is usually used for those being held pretrial and pre-sentence but functions as a step-down facility for NHRI participants during the last 30 days of custody.

process. The goals and objectives recorded in the participant’s RWP workbook guide the reentry process. Copies are provided to each participant’s case manager, PO, and community reentry advocate pre-release; individual participants also retain their respective copies. The ESGI case manager and PO work together during weekly supervision meetings with participants to obtain updates on areas that require improvement and to encourage progress. Motivational interviewing techniques are used to increase participants’ buy-in to the reentry goals they have self-reported; if individuals start to push back on identified needs, the team can use the workbook entries to get them back to their original plan. Referred to locally as “dual supervision,” this collaborative cross-systems approach leverages the unique roles of the PO and case manager to reinforce and encourage client accountability, compliance, and progress.

In addition to case management services, ESGI case managers and community reentry advocates facilitate gender-specific support groups. Clients also may access a range of services through the ESGI Reentry Service Center, such as the following:

- Post-release services are provided for 120 days, although support may be extended as needed.
- Basic assistance is provided, with up to \$1,500 available for housing support and \$300 for other basic needs.
- Wage subsidies also may be available.

Support for Case Management Principles

As part of the AORDP process evaluation, a Web-based survey of stakeholders was conducted to explore the sites’ use of transition

AORDP Web-Based Stakeholder Survey

In April 2014, approximately 214 stakeholders—criminal justice and social services leaders, directors of community-based human services agencies, and frontline staff from partner agencies across the seven AORDP sites—completed a brief Web-based survey to gather information about program operations and system functioning specific to the following:

- collaboration and coordination within and across partner agencies
- interagency cooperation and trust
- reentry partnership structures and roles
- support for and use of EBPs
- policy and practical barriers to reentry services
- agency- and community-level support for reentry

On average, 45 stakeholders in each site were invited to complete the survey. Site-specific response rates ranged from 54% to 80%. Approximately 40% (39.7%) of survey respondents identified as criminal justice stakeholders, and another 56% identified as social/human services stakeholders; although sample composition and balance varied by site (for example, social/human services stakeholders comprised two-thirds or more of the CT, NJ and PA sites’ respondents). Just 2% either identified as elected officials or selected “business” as their primary work sector. One-third (37.4%) of respondents held executive leadership or managerial positions, which suggests that most respondents held frontline-level positions. Nearly 40% (38.8%) of respondents were involved in direct service delivery.

case plans, information sharing, and data-exchange practices central to effective case management. The survey asked respondents to report on the frequency of these practices in the 3 months preceding the survey. The survey also asked respondents about the importance of engaging clients in the reentry planning process.

Analysis of the AORDP survey data suggests that stakeholders across the sites routinely develop and share client reentry case plans consistent with the principles of effective case management. Approximately 94% of survey respondents reported *developing a reentry or transition case plan* for a client leaving secure custody in the 3 months before the survey, with 71% doing so frequently.

In addition to regularly developing reentry case plans, stakeholders also routinely exchanged these documents. Eighty-seven percent of stakeholders reported *receiving reentry case plans from another agency* in the 3 months before the survey, with half (50.8%) stating that their agency *frequently* received such documents; 20% reported that this happened only *occasionally*. In turn, 81% reported *sharing* or providing *their clients' reentry case plans to another agency*, with approximately two-thirds (61%) doing so *frequently* and another 20% doing so at least *occasionally*.

A substantial portion of stakeholders also reported sharing client-level information.ⁿ **Exhibit 2** documents the reported frequency with which respondents' agencies shared client-level information in the 3 months before the survey; the nature and frequency of information shared are consistent with effective case management principles.

Across social/human services and criminal justice stakeholders for whom these client-information sharing items were applicable, the vast majority of stakeholders reported receiving a client referral from a county or state correctional facility, a community corrections agency, or a local service provider at some point in the 3 months before the survey. Criminal justice stakeholders were more likely than their social/human services counterparts to report receiving referrals daily or weekly. Receiving reentry client information and client transition plans from other agencies also occurred with a greater frequency among criminal justice than social/human service stakeholders.

ⁿ The survey asked respondents how often in the past 3 months their agency shared or received information about an incarcerated or reentry client, including referrals and services, from various partners including correctional agencies, community corrections, and service providers.

Stakeholders also indicated that client-level information flowed both ways. Across both agency types, the majority of respondents reported sharing client-level reentry information with county/state correctional facilities and local service providers with at least some frequency. Notably, however, 30% of criminal justice stakeholders indicated that they “never” shared information with local service providers about reentry clients. Stakeholders, particularly those affiliated with criminal justice agencies, also reported a high frequency of referring clients to another agency for services and following up on these referrals to make sure the client had received services.^o In general, the share of criminal justice stakeholders who engaged in each behavior (listed in Exhibit 2) daily in the three months prior to the survey was approximately two to three times the share of social/human services stakeholders.

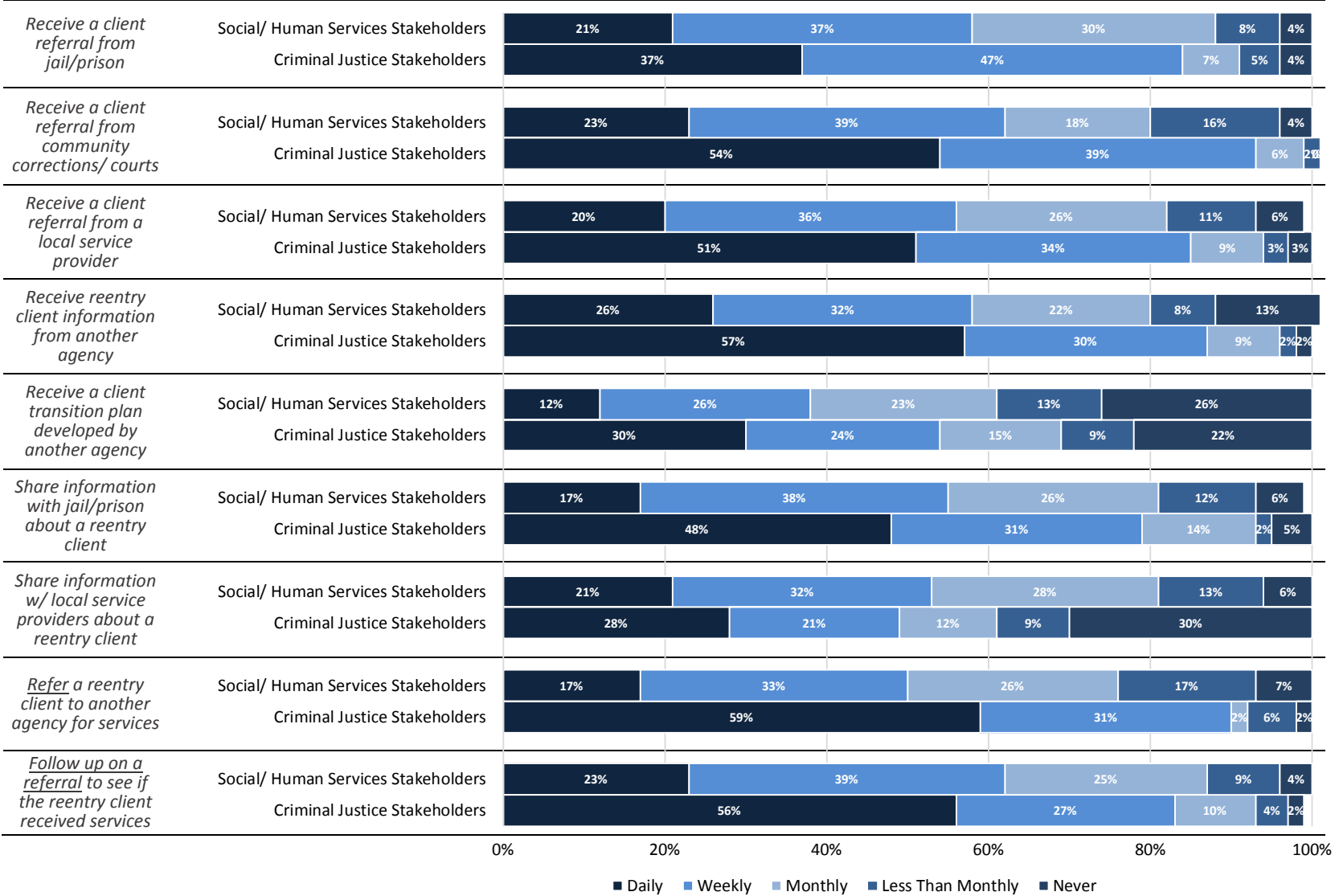
This relatively free flow of information is notable given that these same stakeholders also rated policies limiting the sharing of client information as among the most problematic barriers to collaboration.²⁵ This divergence may suggest that stakeholders have found informal workarounds to share pertinent client information to ensure that service delivery moves forward. Among the seven sites, CT and CA stakeholders rated policies limiting the sharing of client information as more problematic than other sites; using a four point scale to indicate how problematic the issue was, sites’ average ratings ranged from 1.71 (NJ) to 2.57 (CT): the higher the score the more problematic the issue for collaboration.

In summary, AORDP survey respondents across the seven sites indicate that they routinely develop and exchange reentry case plans, frequently receive and make referrals across key partners, and regularly follow up on these referrals to ensure that clients receive needed services—all critical elements of effective case management.

^o Survey questions were not designed to measure congruence in the degree of information sharing reported between specific agencies, and the relatively small Ns of site samples prohibited efforts to construct such an analysis.

Exhibit 2. Client-Level Information Sharing Practices among Social/Human Services and Criminal Justice Stakeholders

In the past 3 months, how often did your agency ...



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice

Conclusion and Next Steps

Case management is a foundational practice for successful reentry and figures prominently in each project's reentry strategy. The structure and level of case management services provided to AORDP participants, however, differ by site. Three sites (California, Pennsylvania, and Massachusetts) use the same case managers or liaisons to work with clients before and after release, although the intensity of those services and contacts vary by site. Minnesota's AORDP participants work with a designated reentry coordinator pre-release and then receive coordinated services post-release through a one-stop hub. The remaining three sites use a team-based case management model that features community-based case managers supplying "light touch" pre-release case management (i.e., coordinating with various institutional staff and conducting in-reach to establish rapport and initiate reentry planning) that intensifies upon the participant's release to the community. Although some form of case management existed in most sites before SCA funding, stakeholders in at least one AORDP site credited the grant with the opportunity to implement pre-release case management and transition planning, critical components previously missing from their local reentry strategy.

Review of the AORDP sites' case management approaches suggests that these grantees employ several principles of effective case management conducive to program success (see **Exhibit 3**). Each site's case management strategy includes some form of reentry/transition plan to guide services and programming; these plans generally are informed by a validated risks/needs assessment. Most of the AORDP grantees also use a common or shared case plan that follows the client from the facility into the community; none, however, use a universal case plan across providers and partners. Several sites also either developed or leveraged existing automated databases to record client needs and services, measure participants' and program progress, and share information across partners; most can point to a fixed hand-off designed to keep participants from falling through the cracks after release to the community. Fewer than half of the AORDP sites, however, regularly implement case conferencing with clients to review progress or address issues. Lastly, stakeholders participating in the AORDP web-based survey report broad support for the use of risk/needs assessment results¹ to inform reentry and discharge planning and to guide program referrals and service delivery, as well as for routine reentry case planning and regular client-level information sharing including ; the exchange of reentry/transition plans among partners. Such case management

practices are critical to successful reentry outcomes as they provide a coordinated and systematic approach to address individuals' risks and needs.²⁶ These findings indicate the seven AORDP sites are well-positioned to serve and assist individuals returning to the community after incarceration.

Exhibit 3. Principles of Effective Case Management in the AORDP Sites

Site	Dynamic, Assessment Driven Case Planning	Stability Factors Addressed	Clients and/or Family Engaged	Team Based Approach	Case Plan Serves as Behavioral Contract	Supported by Automation
California: Solano County	<ul style="list-style-type: none"> ✓ YES, Women's Risk and Needs Assessment, ✓ Level of Service Inventory-Revised (LSI-R) inform case plan ✓ Single case plan used pre- & post-release ✓ Case management begins pre-release, continues in community w/ same case managers (CMs) 	<ul style="list-style-type: none"> ✓ YES, multiple needs addressed 	<ul style="list-style-type: none"> ✓ YES, weekly progress meetings w/ clients 	<ul style="list-style-type: none"> ✓ YES, but mostly ad hoc; occurs mostly with Women's Reentry Achievement Program CMs, housing, and drug treatment partners 	<ul style="list-style-type: none"> ✓ YES, case plans serve as roadmap 	<ul style="list-style-type: none"> ✓ NO, but efforts to automate case plans were planned
Connecticut: Department of Correction	<ul style="list-style-type: none"> ✓ YES, Offender Accountability Plans based on Treatment and Program Assessment Inventory and other assessments ✓ Reentry Workbook Program (RWP) documents reentry goals ✓ Intensive case mgmt. post-release 	<ul style="list-style-type: none"> ✓ YES, multiple needs addressed 	<ul style="list-style-type: none"> ✓ YES, regular case review w/ client; effort is made to engage family post-release 	<ul style="list-style-type: none"> ✓ YES, regular post-release dual supervision/ reporting between New Haven Reentry Initiative probation officer (PO), Easter Seals Goodwill Industries, CM, & client 	<ul style="list-style-type: none"> ✓ YES, case plans serve as roadmap ✓ Client signs service agreement 	<ul style="list-style-type: none"> ✓ YES, RWPs are shared electronically with POs pre-release ✓ Post-release service plans, goals, referrals, and utilization tracked in the Efforts to Outcomes database

(continued)

Exhibit 3. Principles of Effective Case Management in the AORDP Sites (continued)

Site	Dynamic, Assessment Driven Case Planning	Stability Factors Addressed	Clients and/or Family Engaged	Team Based Approach	Case Plan Serves as Behavioral Contract	Supported by Automation
Florida: Palm Beach County	<ul style="list-style-type: none"> ✓ YES, transition plan based on LSI-R, updated post-release ✓ Pre-release counselors offer initial case management; in-reach & post-release case management by Regional and State Transitional Ex-Offender Reentry community CMs 	<ul style="list-style-type: none"> ✓ YES, multiple needs addressed 	<ul style="list-style-type: none"> ✓ YES, regular client-CM meetings pre-release ✓ Regular post-release meetings guided by LSI-R ✓ Effort is made to engage family 	<ul style="list-style-type: none"> ✓ YES, although client-CM meetings generally do not involve partners, the overall approach to CM is coordinated with and includes input from partners 	<ul style="list-style-type: none"> ✓ YES, case plans serve as roadmap 	<ul style="list-style-type: none"> ✓ YES, post-release service plans, goals, referrals, and utilization recorded in the RENEW database
Massachusetts: Boston	<ul style="list-style-type: none"> ✓ YES, LSI-R informs individual service plan ✓ Case management begins pre-release, continues in community w/ same BRI CMs 	<ul style="list-style-type: none"> ✓ YES, multiple needs addressed 	<ul style="list-style-type: none"> ✓ YES, regular client-CM meetings pre- and post-release ✓ CMs work to engage family 	<ul style="list-style-type: none"> ✓ NO, client-CM meetings generally do not involve partners 	<ul style="list-style-type: none"> ✓ YES, case plans serve as roadmap 	<ul style="list-style-type: none"> ✓ YES, BRI CMs record client progress in a central database
Minnesota: Department of Corrections	<ul style="list-style-type: none"> ✓ YES, Specific, Measurable, Attainable, Realistic, Timely goals and transition accountability plan informed by LSI-R/CM results ✓ Reentry coordinator offers case management pre-release; Hub CM provides post-release case management 	<ul style="list-style-type: none"> ✓ YES, multiple needs addressed 	<ul style="list-style-type: none"> ✓ YES, regular client-CM contact ✓ Clients participate in reentry team case conference shortly after release and as needed 	<ul style="list-style-type: none"> ✓ YES, multi-partner reentry team meeting held with client within 48–72 hours of release and as issues arise ✓ Twice monthly multi-partner core team meetings review the progress of all reentry cases 	<ul style="list-style-type: none"> ✓ YES, case plans serve as roadmap 	<ul style="list-style-type: none"> ✓ YES, service histories recorded in Client Track, a database developed for the project

(continued)

Exhibit 3. Principles of Effective Case Management in the AORDP Sites (continued)

Site	Dynamic, Assessment Driven Case Planning	Stability Factors Addressed	Clients and/or Family Engaged	Team Based Approach	Case Plan Serves as Behavioral Contract	Supported by Automation
New Jersey: Hudson County	<ul style="list-style-type: none"> ✓ YES, pre-release services and transition plans informed by Correctional Offender Management Profiling for Alternative Sentencing, other assessments ✓ Social rehabilitation therapists offer pre-release case management, community service workers provide post-release case mgmt. 	<ul style="list-style-type: none"> ✓ YES, multiple needs addressed 	<ul style="list-style-type: none"> ✓ YES, regular client-CM meetings pre- and post-release ✓ CMs work to engage family in transition planning 	<ul style="list-style-type: none"> ✓ NO, client-CM meetings generally do not involve partners 	<ul style="list-style-type: none"> ✓ YES, case plans serve as roadmap 	<ul style="list-style-type: none"> ✓ YES, client assessment and service data are recorded in a case mgmt. database used for discharge planning and performance measurement
Pennsylvania: Beaver County	<ul style="list-style-type: none"> ✓ YES, transition plans informed by co-occurring disorder assessment ✓ Reentry liaisons serve as pre-release case management 	<ul style="list-style-type: none"> ✓ YES, but strong mental health and vocational focus 	<ul style="list-style-type: none"> ✓ YES, regular client-reentry liaison meetings pre-release; behavioral health case mgmt. post-release 	<ul style="list-style-type: none"> ✓ NO, pre-release client-CM meetings generally do not involve multiple partners; post-release meetings may depend on level of case management 	<ul style="list-style-type: none"> ✓ YES, case plans serve as roadmap 	<ul style="list-style-type: none"> ✓ NO, post-jail service use is tracked in electronic health records database; no automated database for case plans or assessments

The AORDP process evaluation will continue to document the evolution and operations of the seven projects during the final years of their grants, including key practices such as risk/needs assessment, case management approaches, and other EBPs, as well as strategies implemented by the grantees to sustain the programs after the grant ends.

References

1. Rossman SB, Buck Willison J, Lindquist C, Hardison Walters J, Lattimore PK. *Second Chance Act Adult Offender Reentry Demonstrations Programs Evidence-Based Practices: Screening and Assessment*. Research Triangle Park, NC: RTI International; 2016.
2. Carson EA. *Prisoners in 2013*. Washington, DC: Bureau of Justice Statistics; 2014.
3. Minton TD. *Jail Inmates at Midyear 2012 - Statistical Tables*. Washington, DC: Bureau of Justice Statistics; 2013.
4. Durose MR, Cooper AD, Snyder HN. *Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010*. Washington, DC: Bureau of Justice Statistics; 2014.
5. Lattimore PK, Visher C, Steffey DM. Prisoner reentry in the first decade of the 21st century. *Victims and Offenders*. 2010; 5:253-267.
6. Lattimore PK, Visher C. The impact of prison reentry services on short-term outcomes: Evidence from a multi-site evaluation. *Evaluation Review*. 2013; 37(3-4):274-313.
7. Holl DB, Kolovich L, Bellotti J, Paxton M. *Evaluation of the Prisoner Reentry Initiative*. Bethesda, MD: Coffey Consulting; 2009.
8. McDonald D, Dyou C, Carlson K. *The Effectiveness of Prisoner Reentry Services as Crime Control: The Fortune Society*. Boston, MA: Abt Associates Inc; 2008.
9. Petersilia J. What Works in Prisoner Reentry? Reviewing and Questioning the Evidence. *Federal Probation*. 2004; 68(2).
10. Mears DP, Winterfield L, Hunsaker J, Moore GE, White RM. *Drug Treatment in the Criminal Justice System: The Current State of Knowledge*. Washington, DC: Urban Institute; 2003.
11. Solomon A, Gouvis C, Waul M. *Ex-Prisoners in the District: Ingredients for Successful Reintegration. Summary Report to the Neighborhood Re-Investment Corporation*. Washington, DC: The Urban Institute; 2001.
12. Travis J, Solomon A, Waul M. *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry*. Washington, DC: The Urban Institute; 2001.
13. Morley E, Rossman S, Buck J, Gouvis C. *Linking Supervision and Services: The Role of Collaboration in the Opportunity to Succeed Program*. Washington, DC: The Urban Institute; 1998.
14. Gaes GG, Flanagan TJM, L. L., Stewart L. Adult Correctional Treatment. In: Tonry MH, Petersilia J, eds. *Prisons*. Chicago: University of Chicago Press; 1999.

15. Cullen FT, Gendreau P. *Assessing Correctional Rehabilitation: Policy, Practice, and Prospects. Criminal Justice 2000: Policies, Processes, and Decisions of the Criminal Justice System: 3*. Washington, DC: Department of Justice; 2000.
16. Second Chance Act of 2007: Community Safety Through Recidivism Prevention. 42 U.S.C. §17501; 2008.
17. Gendreau P, French SA, Gionet A. What Works (What Doesn't Work): The Principles of Effective Correctional Treatment. *Journal of Community Corrections*. 2004; 7:4-10.
18. Matthews BD, Hubbard J, Latessa E. Making the Next Step: Using Evaluability Assessment to Improve Correctional Programming. *The Prison Journal*. 2001; 1(4): 454–71. DOI: 10.1177/0032885501081004003.
19. Carte M, Sankovitz RJ. *Dosage Probation: Rethinking the Structure of Probation Sentences*. Silver Spring, MD: Center for Effective Public Policy; 2014.
20. Latessa E. 2010. *Cutting Recidivism: What Works, What Doesn't*. Accessed July 2014, <http://www.the-slammer.org/category/guestcommentaries>.
21. Crime and Justice Institute at Community Resources for Justice. *Implementing Evidence-Based Policy and Practice in Community Corrections, 2nd Edition*. Washington, DC: National Institute of Corrections; 2009.
22. Case Management Society of America. Retrieved April 2016 from <http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/tabid/224/Default.aspxEffective>
23. Carey M. *Coaching Packet: Effective Case Management*. Silver Spring, MD: Center for Effective Public Policy; 2010:7-8. Retrieved from <http://cepp.com/wp-content/uploads/2015/12/Effective-Case-Management.pdf>
24. Jannetta J, Neusteter SR, Davies E, Horvath A. *Transition from Prison to Community Initiative: Process Evaluation Final Report*. Washington, DC: The Urban Institute; 2012.
25. Lindquist C, Buck Willison J, Rossman S, Hardison Walters J, Lattimore P. *Second Chance Act Offender Reentry Demonstration Programs: Implementation Challenges and Lessons Learned*. Research Triangle, NC: RTI International; 2015.
26. Warwick, K., Dodd, H., and Neusteter, R.S. *Case Management Strategies for Successful Jail Reentry*. Washington, DC: Urban Institute; 2012.

Appendix A: The AORDP Reentry Projects

Exhibit A1 summarizes the target population and core components of each AORDP reentry program, with bolding used to point out key features. Each program targets adults who are under state or local custody (and who are about to return to the community) for comprehensive reentry programming and services designed to promote successful reintegration and to reduce recidivism. Designed to meet the multiple challenges facing formerly incarcerated individuals upon their return to the community, the seven AORDP programs 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, and case management are key elements of grantees' SCA projects.

Appendix Exhibit A1. Summary of Grantees' Program Models

Grantee	Target Population	Basic Program Components
California: Solano County	Medium- or high-risk women currently or recently incarcerated in the Solano County jail	Intensive pre- and post-release case management, gender-specific cognitive-based therapies, peer mentoring , transitional housing, employment assistance, parenting, and assistance with basic needs
Connecticut: Department of Correction (DOC)	Medium- or high-risk men and women incarcerated in four Connecticut DOC facilities and returning to the target area in and around New Haven	A "reentry workbook" program; referrals to the facilities' job centers; pre-release reentry planning with community case managers; a furlough component for males; dual supervision with parole officer/case manager and community advocate; and 120 days post-release services
Florida: Palm Beach County	Moderate- to high-risk incarcerated men and women who are returning to Palm Beach County from one Florida DOC correctional facility	Pre-release services at the reentry center provided by counselors, followed by post-release continued support and services provided by community case managers. Services include education; employment assistance; transitional housing; parenting, life skills, cognitive behavioral change, victim impact; substance abuse and mental health; family reunification; and assistance with basic needs.
Massachusetts: Boston	Men incarcerated at the Suffolk County House of Correction aged 18–30 with histories of violent or firearm offenses and gang associations who will return to one of Boston's high-crime hotspot areas	Panel meeting to introduce the program to and invite eligible individuals; case management support and advocacy (throughout incarceration, transition to the community, and after release); a 2-week job skills course (before release); assistance with employment, education, basic needs, and health care; and referrals to community services
Minnesota: Department of Corrections	Male release violators who are returning to the Minneapolis-St. Paul metro area and have at least 150 days of supervised release in the community	Individualized transition planning and pre-release case management from a reentry coordinator , handoff from pre- to post-release case management through a reentry team meeting ; post-release case mgmt. and services offered at a community hub

(continued)

Appendix Exhibit A1. Summary of Grantees' Program Models (continued)

Grantee	Target Population	Basic Program Components
New Jersey: Hudson County	Men and women incarcerated in the Hudson County House of Corrections who have been diagnosed with mental health, substance use, or co-occurring disorders	90-day in-jail substance abuse treatment in a gender-specific therapeutic community with focus on cognitive behavioral programming ; pre-release case management and transition planning; post-release case management, linkage to public benefits, and services delivered by intensive outpatient/day treatment and supported housing providers
Pennsylvania: Beaver County	Men and women sentenced to the Beaver County Jail who have medium or high need for mental health or co-occurring services	Cognitive-based treatment groups, highly structured vocational/educational services, transition planning, and case management and reentry sponsorship (mentoring) that begins in jail and continues in the community

As evident from the exhibit, the sites vary substantially in the populations they target and the service delivery approaches they adopt. Three sites (Connecticut, Florida, and Minnesota) target individuals returning from state departments of corrections (DOCs). The rest address local jail transition (Beaver County, PA; Boston, MA; Hudson County, NJ; and Solano County, CA). Some sites focus on women (Solano County, CA), individuals reincarcerated for supervision violations (Minnesota), and those with substance abuse or mental health disorders or both (Beaver County, PA, and Hudson County, NJ). Two sites (Connecticut and Florida) move returning individuals to facilities closer to their home communities, thereby increasing access to community-based resources before release. Some programs frontload case management services, whereas others emphasize community and family supports. The composition and structure of the AORDPs vary by jurisdiction, with agencies outside the criminal justice system leading three of the projects (Beaver County, PA; Palm Beach County, FL; and Solano County, CA).

Appendix B: Principles for Effective Intervention

In 2001, Matthews and colleagues, summarizing the extant literature, identified the following 11 principles of effective intervention. These 11 principles are reflected in the widely referenced “risk-needs-responsivity” principle (2001:455-456):

1. Effective interventions are behavioral in nature.
2. Level of service should be matched to the risk level of the individual.
3. Individuals should be referred to services designed to address their specific, assessed criminogenic needs (e.g., antisocial attitudes, substance abuse, and family communication).
4. Treatment approaches should be matched to the learning style or personality of the clients.
5. High-risk individuals receive intensive services, occupying 40% to 70% of the individuals' time for a 3- to 9-month period.
6. Effective interventions are highly structured, and contingencies are enforced in a firm, but fair manner.
7. Staff relate to clients in interpersonally sensitive and constructive ways, and are trained and supervised appropriately.
8. Staff members monitor client change on intermediate targets of treatment.
9. Relapse prevention and aftercare services are employed in the community to monitor and anticipate problem situations, and to train clients to rehearse alternative behaviors.
10. Family members or significant others are trained regarding how to assist clients during problem situations.
11. High levels of advocacy and brokerage occur if community services are appropriate.

Appendix C: 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>	
---	---	---	---	--

		<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>	
--	--	---	---	--