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## **Second Chance Act (SCA) Grant Program Evaluation: Interim Report on Program Implementation in Three SCA Sites**

Submitted to the National Institute of Justice

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## Table of Contents

|  |           |
|--|-----------|
| <b>Chapter 1: Overview and Summary of This Report.....</b>                                   | <b>1</b>  |
| Introduction .....   | 1         |
| Site Selection .....   | 3         |
| Scope and Methodology .....  | 5         |
| <b>Chapter 2: ACPD .....</b>   | <b>8</b>  |
| Summary and overview of chapter .....  | 8         |
| <b>ACPD's Pathways Home .....</b>  | <b>10</b> |
| Pathways interventions .....   | 11        |
| Pathways logic model and outcomes .....  | 13        |
| Pathways and business as usual .....   | 15        |
| Pathways Target Population .....   | 18        |
| Local evaluation and ACPD's interventions.....   | 19        |
| <b>Implementation Challenges and Changes .....</b>   | <b>21</b> |
| Methodology.....   | 21        |
| Changes to planned interventions and local evaluations .....                                 | 22        |
| Impact of COVID-19 on Pathways Enrollments .....   | 22        |
| <b>Program Recruitment, Enrollment, and Treatment .....</b>                                  | <b>27</b> |
| Methodology.....   | 28        |
| Sample enrollment.....   | 29        |
| Successful completion of probation.....  | 31        |
| Preliminary Analyses of PRVC and Workbooks .....   | 34        |
| Summary of Preliminary Findings on Outcomes .....  | 44        |
| <b>Evaluation Issues Related to Implementation Changes .....</b>                             | <b>45</b> |
| <b>Chapter 3: Project Blue – Hope of Buffalo .....</b>                                       | <b>48</b> |
| Summary and overview of chapter .....  | 48        |
| Hope of Buffalo and Project Blue .....   | 49        |
| Project Blue's target population and services offered .....                                  | 50        |
| <b>Project Blue and business as usual.....</b>   | <b>58</b> |
| Local evaluation efforts of Project Blue .....   | 59        |
| <b>Implementation Challenges and Changes .....</b>   | <b>59</b> |
| Methodology.....   | 60        |
| Changes to planned interventions.....  | 61        |
| Impacts on enrollments and target populations .....  | 64        |
| Modifications to program outcomes and program services.....                                  | 67        |
| Sustainability .....   | 71        |
| Observations about implementation .....  | 72        |
| <b>Program Recruitment, Enrollment, and Intermediate Outcomes: Preliminary Findings.....</b> | <b>73</b> |
| Methodology.....   | 74        |
| Clients processed .....  | 75        |
| Services delivered .....   | 76        |
| Preliminary program outcomes .....   | 81        |

|  |                   |
|--|-------------------|
| Outcomes summary.....  | 85                |
| <b>Evaluation Issues Related to Implementation Changes .....</b>               | <b>86</b>         |
| <b><i>Chapter 4: Lucas County CJCC .....</i></b>                               | <b><i>90</i></b>  |
| <b>Summary and overview .....</b>  | <b>90</b>         |
| <b>Background on Lucas County’s CJCC reentry efforts.....</b>                  | <b>91</b>         |
| <b>Lucas County IRI TYRO Project .....</b>                                     | <b>93</b>         |
| <b>CJCC Target Population and Intervention .....</b>                           | <b>95</b>         |
| Target Population.....   | 95                |
| Interventions .....  | 96                |
| Fidelity .....   | 101               |
| Business as usual .....  | 102               |
| Local Evaluation .....   | 103               |
| <b>Implementation Challenges and Changes .....</b>                             | <b>104</b>        |
| Methodology.....   | 104               |
| Challenges and changes to planned interventions .....                          | 106               |
| Observations about implementation .....  | 111               |
| <b>Program Recruitment, Enrollment, and Treatment .....</b>                    | <b>112</b>        |
| Methodology.....   | 113               |
| Program enrollment .....   | 114               |
| <b>Evaluation Issues Related to Implementation Changes .....</b>               | <b>119</b>        |
| <b><i>Chapter 5: Training and Technical Assistance Coaches’ Views.....</i></b> | <b><i>123</i></b> |
| Prior experience in delivering SCA TTA .....                                   | 124               |
| Proactive approaches to delivering TTA .....                                   | 125               |
| Peer learning as an effective TTA tool.....                                    | 127               |
| Building trusting relationships with grantees.....                             | 127               |
| Clarity in expectations for TTA .....  | 129               |
| Forthcoming TTA evaluation work.....   | 129               |

## Table of Tables

|  |     |
|--|-----|
| Table 1. Pathways logic model.....   | 15  |
| Table 2. Demographic summary statistics of ACPD's sample. ....   | 30  |
| Table 3. Number of clients processed by Pathways interventions.....  | 31  |
| Table 4. Discharge status of Pathways clients as of 2023-Q4, by risk category. ....  | 32  |
| Table 5. ACPD intervention enrollment and discharge status by treatment and control groups. ....   | 34  |
| Table 6. ACPD pre-release video conference (PRVC) intervention: Summary statistics (means). Sample restricted to males with high-risk COMPAS scores, and differences between treatment and control groups..... | 36  |
| Table 7. Workbooks intervention: Summary statistics, restricted to clients with non-missing risk scores.....   | 37  |
| Table 8. Balance for assignment to PRVC and Workbook interventions.....  | 37  |
| Table 9. PRVC or Workbooks: Effects on early reporting to probation within two business days. ....   | 39  |
| Table 10. PRVC and Workbook interventions: Effects on referrals to outside programs. ....  | 42  |
| Table 11. PRVC or Workbook interventions: Effects on the number of program referrals within 60 days.....   | 44  |
| Table 12. ACPD interventions, sample sizes, and power. ....  | 47  |
| Table 13: Project Blue Logic Model.....  | 57  |
| Table 14: Quarterly enrollments in Project Blue by risk level.....   | 65  |
| Table 15. Number of individuals referred to and accepted into Project Blue. ....   | 75  |
| Table 16. Referral outcomes by risk level.....   | 75  |
| Table 17. Percent of enrollments that were low risk.....   | 76  |
| Table 18. Project Blue service delivery: Summary statistics on the number of services received through 2024-Q1, by first quarter of service delivered. ....  | 79  |
| Table 19. Number of clients receiving at least one service episode by category of service. ....  | 80  |
| Table 20. Current program status of Project Blue clients. ....   | 82  |
| Table 21. Client program status by risk level: Number and percent by status.....   | 83  |
| Table 22. Number referred, active, and discharged by selected discharge methods through 2023 by referral year. ....  | 84  |
| Table 23. Lucas County CJCC IRI demonstration project logic model.....   | 100 |
| Table 24. Number enrolled in CJCC's study by quarter of enrollment.....  | 115 |
| Table 25. Risk category distributions of treatment and control samples. ....   | 116 |
| Table 26. Age distributions of treatment and control samples. ....   | 117 |
| Table 27. Completion rates by risk level. ....   | 118 |

## **Table of Figures**

|  |           |
|--|-----------|
| <b>Figure 1: Number of clients released from CDCR to ACPD by quarter. ....</b> | <b>24</b> |
| <b>Figure 2: Days to Revocation by Early Reporting Status .....</b>            | <b>40</b> |
| <b>Figure 3: Days to Revocation by PRVC Status without Controls .....</b>      | <b>41</b> |

# Chapter 1: Overview and Summary of This Report

## Introduction

This report responds to Section 507(g) of the First Step Act of 2018 (Public Law 115-391—December 21, 2018) requiring an interim report on evaluation findings from National Institute of Justice (NIJ) sponsored Second Chance Act grant program evaluation research. The primary purpose of this report is to present and discuss process and implementation issues in three Second Chance Act grantee sites that were selected to participate in NIJ's cross-site evaluation.

Section 507 of Title V of the First Step Act of 2018 authorized the National Institute of Justice (NIJ) to evaluate the process, implementation, outcomes, costs, and effectiveness of the Second Chance Act grant program to support offender reentry and recidivism reduction. It identified seven areas to be evaluated (discussed below); authorized funding for evaluation; and required NIJ to develop metrics and outcomes to be achieved by the SCA grants, ensure that data collected under evaluation are made available for future research, and publish an interim report on its evaluation.<sup>1</sup>

Title V of the First Step Act of 2018 reauthorized the Second Chance Act of 2007 as the Second Chance Reauthorization Act of 2018 (Sec. 510). Section 502 of Title V reauthorized the Adult and Juvenile Offender State and Local Demonstration Projects (the

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<sup>1</sup> Sec. 507(g)(1).

Second Chance Act (SCA) grant program), directing the Attorney General to make grants to States, local governments, territories, or Indian tribes for purpose of strategic planning and implementation of adult and juvenile offender reentry projects. Sec. 502 required the Attorney General to give priority consideration to grant applications that included a commitment by the applicant to partner with a local evaluator to identify, analyze data that would enable the grantee to target the intended offender population and service as a baseline for evaluation purposes, and that included strong evaluation designs, such as randomized controlled trials or strong quasi-experimental designs. Within the Department of Justice (DOJ), the Office of Justice Programs (OJP) funds and administers Second Chance Act (SCA) grants. Within OJP, the Bureau of Justice Assistance (BJA) awards and monitors SCA grants that serve adults, which is the subject of this report.

The Second Chance Act identified seven outcome domains for NIJ to evaluate;<sup>2</sup> these included:

- (1) The effectiveness of such programs in relation to their cost, including the extent to which the programs improve reentry outcomes, including employment, education, housing, reductions in recidivism, of participants in comparison to comparably situated individuals who did not participate in such programs and activities.
- (2) The effectiveness of program structures and mechanisms for delivery of services.
- (3) The impact of such programs on the communities and participants involved.
- (4) The impact of such programs on related programs and activities.
- (5) The extent to which such programs meet the needs of various demographic groups.

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<sup>2</sup> Sec. 507(a)(1)-(7).



(6) The quality and effectiveness of technical assistance provided by the Department of Justice to grantees for implementing such programs.

(7) Such other factors as may be appropriate.

In response to its charge to evaluate the SCA grant program, NIJ selected a research team from Georgia State University (GSU)<sup>3</sup> through a competitive process initiated by an OJP funding opportunity entitled “Assessing the Effectiveness of the Second Chance Act Grant Program: A Phased Evaluation Approach, Fiscal Year 2020.” Under NIJ’s approach, the three phases of the evaluation were: (1) assessing the evaluability of selected SCA grantee sites for process, impact, and cost assessments; (2) preparing a cost estimate for an impact evaluation, and (3) conducting an evaluation of process, implementation, outcomes, costs, and effectiveness of the selected SCA grantees. GSU completed phases 1 and 2 August 2021 and began work on phase 3 in the spring of 2022. This report focuses on process and implementation evaluation issues conducted during GSU’s phase 3 effort.

## Site Selection

The BJA selected three SCA grantees for this evaluation from 92 SCA grantees awarded funding during fiscal years 2018 and 2019. The selected sites were:

- Alameda County Probation Department’s (ACPD’s) Pathways Project, funded in Fiscal Year 2018.<sup>4</sup>

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<sup>3</sup> GSU’s grant was funded under NIJ award number 2020-CZ-BX-0014.

<sup>4</sup> ACPD’s Pathways project was funded under BJA’s Innovations in Reentry Initiative: Reducing Recidivism through Systems Improvement Grant Program, grant number 2018-CZ-BX-0023.

- Hope of Buffalo's (HOB's) Project Blue Community Reentry Initiative, funded in Fiscal Year 2018.<sup>5</sup>
- The Criminal Justice Coordinating Council (CJCC) of Lucas County, Ohio's Northwest Ohio Innovative Reentry Initiative, funded in Fiscal Year 2019.<sup>6</sup>

BJA selected the three sites included in this evaluation after a review process initiated by NIJ and supported by BJA to assess the suitability of 92 SCA grantees funded in fiscal years 2018 and 2019 for inclusion in NIJ's evaluation. Conducted during the spring and summer of 2020 by RTI International (RTI) as guided by NIJ evaluation priorities, the review process identified eight SCA grantees that met NIJ's criteria for evaluation. The three sites that were selected for evaluation responded to invitations from BJA to apply for assistance to support their participation in NIJ's evaluation under BJA's Second Chance Act Evaluation Participation Support Program. In fiscal year 2020, BJA awarded each of the three sites an evaluation participation award.

For the review of the suitability of the 92 SCA grants for evaluation, NIJ established priority criteria that defined suitability for evaluation; these included that SCA grantees had relatively large enrollment targets, could feasibly conduct a randomized controlled trial (RCT), and had data systems that could track client progress and outcomes electronically. NIJ's criteria covered the program model, pre- and post-release services, program participation eligibility criteria and enrollment targets, methods used to recruit

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<sup>5</sup> HOB's Project Blue was funded under BJA's Adult Comprehensive Community-Based Reentry Program, grant number 2018-CZ-BX-0012.

<sup>6</sup> CJCC's project was funded under BJA's Innovations in Reentry Initiative (IRI): Reducing Recidivism through Systems Improvement, grant number 2019-CZ-BX-0028.

participants, data systems, planned involvement of local evaluator and local evaluation design (such as a randomized controlled trial (or RCT), various definitions of recidivism as used by the grantees, and sources of data on recidivism. The NIJ priorities were consistent with Congressional priorities that emphasized rigor in design and evaluation.<sup>7</sup>

All three SCA grantees began their projects before GSU began its Phase 3 evaluation activities in the spring of 2022. ACPD and HOB began enrolling participants in late 2019; CJCC started enrolling participants in its reentry initiative in November 2020. By the time GSU began its Phase 3 activities, each site had implemented changes to their program and evaluation designs.

## Scope and Methodology

The focus of this interim report is on grant program implementation, the process of putting a program or project into action, from initial planning and preparation to ongoing monitoring. We describe implementation from each project's start through September 30, 2023, when each site's SCA project grant period ended. In studying implementation efforts, we compared programs as proposed with programs as implemented. For each site, we sought to understand the extent to which projects were implemented as designed, reasons for modifications, degree to which modifications were consistent with original program goals and objectives, and implications of changes in design for evaluating

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<sup>7</sup> See Sec. 502(d)(2), which identifies as priority considerations grant applications that include a commitment to partner with a local evaluator to identify and analyze data to enable the grantee to target the intended population and serve as a baseline for evaluation. Also see Sec. 502(f)(3)(E), which identified as a priority consideration the capacity of a grantee to provide for an independent valuation of programs using, to the extent possible, random assignment and controlled studies to determine the effectiveness of the program.

outcomes and impacts. Where sufficient time had passed since program participants were enrolled and data allowed, we present and discuss some preliminary outcomes.

To assess implementation, we conducted interviews with stakeholders, site visits to observe implementation and meet with service providers, reviewed program documentation, and analyzed program data on enrollments, participations, services, and outcomes observed through December 31, 2023.

As part of the SCA mandate to study the effectiveness of TTA, we report findings from interviews with training and technical assistance (TTA) coaches that describe their experiences and views about how it is best delivered and received and how ambiguities in the role of TTA providers constrain their efforts. In a final project report (due in late 2025), we will report on impacts and costs of the programs. To assess the content, delivery, receipt, and quality of training and technical assistance (TTA), we conducted in-depth interviews with TTA providers and a subset of all active SCA grantees; the sample of SCA grantees included the three sites in our evaluation as well as other sites.<sup>8</sup> Here, we report on the TTA providers (coaches) views.

Since it began its study, GSU has prospectively observed implementation in each site and collected data on enrollments, services, and treatments (as available), and outcomes as outlined in each grantee's BJA-approved proposal, planning and implementation guides, and/or any subsequent Grant Administration Modifications. Because the three evaluation sites received SCA funding from BJA prior to the start of NIJ's

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<sup>8</sup> Under a separate effort, we designed and fielded a survey of all active SCA grantees about their TTA experiences and their views on its quality and effectiveness. This survey was under design while this report was being prepared. We will report on the findings from the TTA survey in our final report to NIJ.

Phase 3 evaluation, the sites had begun implementation before GSU could start observing them. Grantee changes to program design and evaluation plans had implications for outcome and impact evaluation. We describe these issues in this report.

In separate chapters of this report (Chapters 2 through 4), we describe each SCA grantee, its project as proposed, implementation challenges that each grantee faced, changes made to project designs in response to challenges, reasons for the changes, and the project as implemented, including enrollments achieved, numbers treated, and where data were available on outcomes achieved. Because program changes can affect evaluation, in each site's chapter we discuss implications of changes for an impact evaluation. In the final chapter (Chapter 5), we report on the information that TTA coaches provided about their experiences in and views about how its delivery and receipt by grantees, and about how ambiguities in the role of TTA providers affect their efforts.

## Chapter 2: ACPD

### Summary and overview of chapter

This chapter describes ACPD's SCA grant activities, implementation activities and challenges, and program changes made in response to them, and it presents preliminary results on outcomes achieved for two of ACPD's four planned interventions for high-risk males released from California's state prison system. ACPD's four interventions were:

- A pre-release video conferencing (PRVC) to prepare incarcerated adults for entry into probation and assist them with case planning.
- A pre-release, self-guided reentry workbook (Workbooks) that described the reentry process, identified challenges a formerly incarcerated adult may face, and described resources available to assist a formerly incarcerated adult during their reentry process. The workbook also included exercises to address reentry challenges for the user to complete.
- A mobile application (Vergil) delivered at release that identified services that formerly incarcerated adults could use to assist in their reentry.
- A virtual reality (VR) application intended to simulate common scenarios that formerly incarcerated adults face in reentry, but given the challenges described herein and in other reports,<sup>9</sup> the VR scenario implemented was limited to obtaining a California state ID or drivers' license.

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<sup>9</sup> Amy L. Lerman, Meredith Sadin, & Samuel Trachtman, (2023). *Pathways Home: An Evaluation of Alameda County Probation Department (ACPD) Innovations in Re-Entry*. Berkeley, CA: Possibility Lab at the University of California at Berkeley.

Collectively, ACPD's approach combined using existing, off-the-shelf elements (PRVC and Workbooks) with innovation in designing and implementing new, customized technologies (Vergil and VR). To assess outcomes and impacts, ACPD engaged a local evaluator to conduct RCTs of its interventions.

By the end of its grant enrollment period on September 30, 2023, ACPD made changes to the designs of its interventions and proposed evaluation. These included lowering the eligibility of client risk level in response to pandemic-related reductions in the number of people released to it from the California prison system, extending enrollment periods to achieve targets, attempting to implement PRVC countywide, implementing a second installment of its Workbooks intervention, and modifying its VR application to a treatment group only implementation.

Our preliminary analysis of ACPD's Pathways Home administrative data confirmed that enrollments included low-to-moderate risk clients as well as the originally targeted high-risk clients across the four interventions. It confirmed that ACPD met enrollment targets for PRVC, Workbooks, and Vergil, and that ACDP modified its VR application and administered it to a small treatment only group. Our analysis also confirmed that PRVC and Workbooks led to higher rates of early contact with ACPD officers upon release from prison. It illustrated that the Workbooks treatment and comparison groups may not be appropriately balanced across observable characteristics (e.g., risk score, age, race, etc.), which could bias estimates of a treatment effect. These preliminary findings were based on samples that included cases for which a full year since entering ACPD had not passed.

The remainder of this chapter is organized as follows: After discussing ACPD's "Pathways" program, the chapter addresses implementation issues, outlines the challenges faced by ACPD, their responses to these challenges, and the resulting impact on ACPD's final designs for the Pathways project. The subsequent section reviews ACPD's data on recruitment, enrollment, and initial outcomes. It addresses issues related to sample composition and challenges for evaluation, a replication with extensions of the initial evaluation of the PRVC intervention, and a discussion of probation completion outcomes.

## ACPD's Pathways Home

In partnership with the California Department of Corrections and Rehabilitation (CDCR), ACPD used funding to implement Redesigning the Pathways Home: Alameda County's Pilot to Positive Reentry (Pathways). The Pathways program aimed to reduce recidivism among high-risk former state prisoners returning to Alameda County under post-release community supervision (PRCS) by preparing individuals for reentry before they leave state prison using case planning and service referrals. The primary goals were to ensure that: a) clients are mentally prepared for the reentry journey, and 2) services referrals related to housing, employment, mental health, and other reentry needs are in place when they return home. Pathways pre-prison release preparation was coupled with post-release access to a wide range of services and supports that were available to all ACPD clients. Probation supervision in California is county-based, and ACPD was the first county probation department in California to partner with CDCR to prepare clients for reentry before they leave prison.



## Pathways interventions

Following its initial planning, ACPD worked with The People Lab at the University of California at Berkeley (UCB) to develop a planning document for implementing its interventions and evaluating them locally; the planning document reviewed ACPD's early experiences with Pathways.<sup>10</sup> Pathways included four interventions to be delivered to clients both before their release from state prison and after their return to Alameda County. Two were delivered pre-release—PRVC and Workbooks—and the third and fourth—an online referral application (Vergil) and a virtual reality simulation (VR)—were delivered after release from prison.

**PRVC case-planning.** All people entering PRCS in Alameda County were contacted by a deputy probation officer (DPO) by video conference about 60 days prior to release from CDCR. The purpose of this initial contact was to conduct and review client COMPAS Risk & Needs Assessment (CRNA) scores. A second video conference meeting constituted the PRVC intervention. In it, the DPO and client had a collaborative case planning session that helped them begin building trusting relationships. In turn, the PRVC would increase clients' likelihood of reporting to their DPO upon release from state prison. The PRVC aimed to (1) ensure that critical services (e.g., transportation), were available immediately upon release; and (2) provide DPOs with an opportunity to explain their collaborative approach to supervision. Through the PRVC, DPOs and clients co-create goals and DPOs have opportunities to support clients' efforts to achieve their goals. Pathways clients were to be randomly assigned to PRVC.

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<sup>10</sup> Meridith Sadin, Amy Lerman, Rebekah Jones, and Karlyn Lacey, The People Lab (2020). *Pathways Home (ACPD): Implementation Plan-December 2020*. Berkeley, CA: University of California at Berkeley

**Self-guided Workbooks** were intended to convey valuable information about the reentry and community supervision processes, career planning, child support systems, mental health and substance use programs, and ways to change negative thinking and behavior patterns. The workbooks, modeled after the Minnesota Department of Corrections' Pre-Release Handbook, which aimed to facilitate re-entry,<sup>11</sup> were designed to give clients advanced preparation for working with their DPO during the post-release transition. The Workbooks were provided primarily to clients to be released to Alameda County directly from a CDCR reception center, where persons may spend up to four months before assignment to a facility or unit based on their risk of violence. DPOs were to mail reentry workbooks to clients about one month before their release from prison to ACPD, giving clients about four weeks to use the workbooks. As initially planned, clients would be randomly assigned to receive Workbooks or to a control group.

**Online mobile app – Vergil** was an application for use on mobile phones to help clients find service providers that could address their needs. ACPD hired an outside vendor, Ideas 42, to develop the Vergil app to help clients accomplish their goals, support community referrals, and track dynamic needs in real-time. PRCS clients across all supervision levels released to ACPD would be randomly assigned to treatment (receive Vergil) or a control group. Random assignment would occur when new clients met with a Vergil representative after their first meeting with their DPO. As designed, both treatment and control group clients would receive a mobile phone to ensure parity across groups.

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<sup>11</sup> Minnesota Department of Corrections (2018). *Pre-Release Information for an Informed Re-entry and Successful Transition—Eighth Edition*. St. Paul, MN: Minnesota Department of Corrections.

People assigned to Vergil would receive a brief 20-minute onboarding session to instruct them on using the app.

**Virtual Reality (VR).** The purpose of the VR was to simulate challenging situations that Pathways clients might encounter during reentry to prepare them to respond to these situations with confidence and in constructive ways. ACPD partnered with the Institute for the Future to develop VR simulations of several situations that Pathways clients might experience that could lead to negative outcomes and recidivism. Originally, plans for such situations included VR simulations of exposure to old friends or locations associated with criminal behavior. The objective of the simulations was to give Pathways clients tools to develop skills to avoid recidivating when exposed to those situations. VR was to be available post-release and, the initial plan was to evaluate it using an RCT design.

### Pathways logic model and outcomes

The four Pathways interventions were designed to reduce recidivism by increasing clients' self-reliance and self-confidence, as described in the "outputs" column of the Pathways logic model (Table 1). The logic model described in Table 1 is based on ACPD's collaboration with UCB, and it represents a modification of ACPD's interventions as described in its Evaluation Participation Support grant.<sup>12</sup> The PRVC aimed to introduce clients to their DPO prerelease to increase their comfort with their transfer to county authority and with their upcoming probation supervision. By articulating roles and responsibilities, the DPO would reduce uncertainty about when and where a client should report. The Workbooks were to help increase comfort with the reentry process through the

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<sup>12</sup> See Sadin et al., (2020), cited above.

exercises included. For example, the Workbooks ask clients a set of specific and detailed questions about their post-release plans related to living situations, job seeking, transportation (including details about how to apply for a driver's license), substance dependency and treatment, and other aspects of life in the community. They then provide scenarios and resources on various life skills, such as conflict resolution, rental agreements, living with roommates, and various education opportunities. The practical content of the workbooks (e.g., who pays for utilities if you share a rental unit with a roommate) helps prepare clients for daily living situations and preparing for their futures. With Vergil, Pathways' clients would be empowered to identify needed services.<sup>13</sup> Through the VR simulations, ACPD aimed to improve Pathways' clients' decision making and self-control in stressful situations.

The execution of the interventions required the cooperation of several agencies. ACPD established a Pathways Home Taskforce and Collaborative Partners entity that had the goal of ensuring programmatic success by facilitating the application of pre-release serves and programming to reduce barriers to reentry. The Task Force included critical reentry providers and stakeholders who had high-level programmatic oversight. As the lead agency for Pathways, ACPD had full fiscal and programmatic responsibility for implementing Pathways.

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<sup>13</sup> With Vergil, ACPD shifted the onus for referrals to services more towards Pathways' clients themselves and away from DPOS. In its Second Chance Act—Evaluation Participation Support Grant, ACPD proposed that DPOs would make referrals to services but did not explicitly identify Vergil as the mechanism through which referrals would be made. With the shift to Vergil, Pathways' clients had greater responsibility to find services and the DPO level of effort was reduced.

**Table 1. Pathways logic model.**

| <b>Inputs</b>  | <b>Activities</b>  | <b>Outputs</b>  | <b>Outcomes</b>  |
|--|--|---|--|
| -Pathways DPO<br>-Coordination with Division of Adult Parole Operations (DAPO) to schedule PRVC.                 | Conduct PRVC   | -Increased comfort with DPO.<br>-Increased clarity about when and where to report.<br>-Increased comfort with reentry process due to knowledge of helpful services. | -Increased initial reporting compliance (reporting to DPO within 2 business days of release from prison).<br>-Decreased recidivism |
| -Self-guided reentry workbooks.<br>-Coordinating with DAPO to deliver workbooks to clients in reception centers. | Provide clients with workbooks at least 4 weeks prior to release.  | Increased comfort with reentry process due to knowledge of helpful information.   | Decreased recidivism   |
| -Vergil app: Method for making service referrals.<br>-Method for coordinating with app creator.                  | -Onboarding collaboration, DPO and the app creator.<br>-Downloading the app at first DPO client meeting. | -Increased familiarity with online apps.<br>Increased use of services due to ability to self-identify and find them.  | Decreased recidivism   |
| -VR simulations and required equipment.<br>-Coordinating with DAPO to schedule VR simulations.                   | Engage clients in VR simulations related to challenging or anxiety-provoking real-world situations.      | -Increased self-confidence - efficacy in situations related to recidivism protective and risk factors.  | Decreased recidivism   |

## Pathways and business as usual

The main difference between Pathways and “business as usual” in ACPD was the intensive supervision and follow-up offered by Pathways. As one Pathways DPO described the difference:

I don't think that there's any difference in the programs that are available to the Pathways clients compared to the non-Pathways clients. It's more the intensive supervision and the intense follow-up that we provide with them and the relationships that we build with the service providers. ... may be different than what,

you know, your average probation officer would have...we're more like, uh, "Oh, you need a ride somewhere. Okay, cool. We'll take you or, oh, you need this? Okay."

Under the Pathways intensive supervision model, DPOs work to foster clients' intrinsic motivation to change, provide positive feedback to help them assess their progress, and offer training and cognitive-behavioral approaches to help clients understand their thinking and behavior. Positive reinforcement to good behavior is stressed while responses to negative behaviors aim to be swift, certain, and fair. Under the standard model, all PRCS clients receive the first but not the second pre-release video conference. It is at the second PRVC meeting where the collaborative case planning session between a Pathways DPO and their clients occurs before their clients are released from state prison.

Under "business as usual", ACPD offers a wide array of services, officers are trained in using evidence-based practices, and services are connected to needs. ACPD provides services to all clients either directly or through contracts with service providers. All Pathways clients would have access to the same post-release services that are available to all ACPD clients, which included:

- Post-release referrals to services and programs: Probation officers make post-release referrals to a variety of reentry services and programs that are operated and delivered more than 30 community-based organizations and agencies with which ACPD has contracts. These include services focused on housing, employment, career technical education, higher education, family reunification, mental health, substance use, and general supportive services.

- Cognitive behavioral interventions: All DPOs are trained to use Carey Guides<sup>14</sup> to address criminogenic needs and case management issues using cognitive behavioral interventions. Using a client's self-assessment and criminogenic needs, the DPO selects up to 3 of 14 Carey Guides for clients to work while on probation. Example topics include anger, antisocial associates, emotional regulation, and interpersonal skills.
- Reentry housing and behavioral health coordinators: ACPD has dedicated staff members who work with probation clients on housing and behavioral health needs. Staff members make referrals for clients to contracted providers, and work with providers in their respective areas of focus to grow and sustain relationships with local providers.
- Discharge planning: Discharge planning is used to help prepare individuals for post-probation life by connecting them to the services and supports they will need when leaving a treatment setting. This involves connecting clients to services that can aid in addressing any needs that were not fully addressed while under supervision, working with clients to help them understand the barriers that may exist to accessing programs and services, and determining how those barriers might be mitigated or overcome.

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<sup>14</sup> The Carey Group creates and disseminates the Carey Guides. The Carey Group consists of practitioners who develop guides and provide services for criminal and juvenile justice agencies. The Guides are based on psychological theories such as cognitive-behavioral theory and social learning theory, and the tools in the guides are designed to develop prosocial behaviors and cognitive restructuring.

ACPD uses the COMPAS instrument to identify risk and needs (CRNA). The CRNA is based on the “risk-needs-responsivity” (RNR) principle that has guided programming in many correctional agencies.<sup>15</sup> Under an “RNR” approach, programming focuses on needs that can be changed, such as substance use and abuse, peer associations, family functioning, and other contributors to the risk of recidivism. All ACPD clients are assessed using the CRNA prior to the start of probation, with programming designed to address needs by providing referrals to interventions that address clients’ needs.

### Pathways Target Population

Originally, the target population for Pathways consisted of male clients returning to Alameda County from state prison on PRCS, who were assigned to high-level supervision based on the CRNA results. Levels of supervision are associated with risk of recidivism. Clients determined to have an elevated level of probation supervision were to be referred to the Pathways DPO for possible enrollment in the program.

The process of identifying clients for Pathways begins when ACPD receives a client’s Release Program Study (RPS) from CDCR roughly 60 days prior to release. An RPS contains demographic information and high-level information on the client’s health, behavioral health, employment, education, and criminal history. It serves as notice to ACPD that the client will be released imminently. Upon receipt, a DPO coordinates with representatives from the Division of Adult Parole Operations to schedule a video

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<sup>15</sup> Andrews, D. A., Bonta, J., & Wormith, J. S. (2011). The Risk-Need-Responsivity (RNR) Model: Does Adding the Good Lives Model Contribute to Effective Crime Prevention? *Criminal Justice and Behavior*, 38(7), 735-755. <https://doi.org/10.1177/0093854811406356> (Original work published 2011). See also, James, N. (2015). *Risk and Needs Assessment in the Criminal Justice System*. Washington, DC: Congressional Research Service.



conference with the inmate to administer the CRNA. The results of the CRNA are discussed in the first post-release video conference as part of case management.

In planning enrollments into Pathways' four interventions, ACPD based enrollment expectations on its experience in receiving clients from CDCR. Historically it received about 15 high supervision level clients per month (180 per year). Based on these trends, ACPD's initial goal was to randomly assign seven clients per month to Pathways, which would mean that 84 high-supervision clients would receive the interventions each year and 96 would not. ACPD anticipated that it would exceed a threshold of 150 clients for the interventions and 150 control group clients within two years of beginning enrollment in the Pathways project.

### Local evaluation and ACPD's interventions

In collaboration with UCB, its local evaluator, ACPD developed a plan to implement and evaluate each of the four Pathways intervention components.<sup>16</sup> The plan includes four phases and utilizes randomized controlled trials (RCTs) for evaluation. As planned, PRVC implementation began in the fall of 2019, with three other interventions set to start in early 2021. Enrollment periods were scheduled to last 15 to 18 months, depending on the intervention, with all enrollments expected to be completed by late 2022 or early 2023. Specifically:

- **PRVC:** UCB conducted an RCT of PRVC using data collected from March 2019 through December 2020 to evaluate its impact on the probability of reporting to their probation officers within two days of release, the probability of a probation revocation and of

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<sup>16</sup> See Sadin et al. (2020), cited above.

success on probation, and service referrals. UCB found positive impacts of PRVC, which it communicated to ACPD before the results were published in an academic journal.<sup>17</sup> Based on UCB's findings, ACPD planned to offer PRVC to all clients countywide, but it was unable to achieve this goal due to staffing issues. Consequently, ACPD continued to randomly assign Pathways clients to PRVC.

- **Workbooks:** Initially Workbooks were to be evaluated using an RCT in which Pathways clients would receive both Workbooks and PRVC. Using findings from its initial PRVC study, UCB would be able to identify the independent and combined effects of Workbooks. The independent effect would be estimated by comparing the results of this new experiment with those from the PRVC-only experiment. The combined effect would come from the new experiment. Outcomes to be measured would include the initial meeting with probation officers, employment and job retention, revocation and other measures of recidivism, and probation completion.
- **Vergil:** UCB planned to evaluate the independent effect of the mobile app by proposing a formal RCT to ACPD, with the study set to begin in February 2021. Under the plan, all ACPD clients would be assigned either to receive the Vergil app or not.
- **VR:** UCB did not include this intervention in its initial evaluation plans as it was still in the early stages of planning at the time. However, UCB believed that a smaller RCT could be implemented.

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<sup>17</sup> See Amy Lerman, Meredith Sadin, William Morrison, & John Wieselthier (2022). The effects of post-release community supervision reform. *Journal of Experimental Criminology*. Vol. 20, pp. 23-48. 10.1007/s11292-022-09524-y.

## Implementation Challenges and Changes

In this section, we summarize our review of the changes ACPD made to its Pathways implementation plans and the reasons behind those changes. Our review was guided by the following research questions:

- How did the implementation of Pathways differ from the original proposal?
- What challenges did ACPD face in implementing Pathways, and how did it address them?
- What is the status of Pathways' implementation as of September 30, 2023, when the Pathways Bureau of Justice Assistance (BJA) grant concluded?

## Methodology

To review implementation issues, the GSU team conducted two site visits at ACPD. During the initial visit in June 2021, interviews were conducted with ACPD staff and leadership, CDCR leadership, and contracted service providers, to develop a deeper understanding of their collective work and approach under Pathways. During the second and final visit in fall 2022, interviews were conducted with clients and staff, some of whom were new to the project given staff turnover. Throughout the study period, GSU staff requested and participated in regularly scheduled meetings with ACPD staff and ACPD's local evaluator to discuss programmatic and evaluation issues. GSU conducted multiple phone calls and email exchanges with ACPD staff about each identified implementation challenge, change, and delay in implementation. In response to ACPD staff turnover, GSU briefed new staff on its work, reviewed its prior understanding of implementation changes, and sought additional information and clarification about the changes to better understand them.

## Changes to planned interventions and local evaluations

ACPD modified all the interventions, primarily due to the COVID-19 pandemic. The pandemic resulted in a decline in the number of new clients due to mandated early releases as well as challenges related to some clients being directly released from jail or prison reception centers, necessitating changes to intervention enrollment plans, as well as delays in vendors' delivery of Vergil and VR. Additionally, staffing changes occurred throughout the project, and the dissolution of the CDCR/ACPD Taskforce impacted coordination and communication between ACPD and CDCR. Collectively, these led to changes in the scope of interventions and plans for local evaluations.

## Impact of COVID-19 on Pathways Enrollments

The COVID-19 pandemic affected the number of new clients released from CDCR to ACPD. Practically, the number of high-risk people arriving from CDCR to ACPD fell from an expected 15 persons per month to an average of 8 per month as a result of changes due to the pandemic. Other changes resulting from the pandemic included: modifying the target population to include medium-risk individuals, redesigning the workbooks intervention to a “workbooks for all” model and then implementing a separate Workbooks RCT, delays in implementing the Vergil and VR interventions, and staff-related challenges impacting the countywide expansion of PRVC from its initial RCT implementation.

## *Impacts on arrivals to ACPD*

The change in arrivals to ACPD from CDCR occurred with the CDCR's response to the COVID-19 pandemic. Immediately after the onset of the pandemic in April 2020, CDCR expedited the release of nearly 3,500 people (statewide) to maximize space in its facilities for physical distancing. In July 2020, CDCR implemented additional expedited release

actions, extending eligibility to individuals with 180 or fewer days remaining in their sentences.<sup>18</sup> CDCR's expedited release practice caused a spike in the number of individuals arriving at ACPD, but this was followed by a permanent decrease in the numbers referred to ACDP.

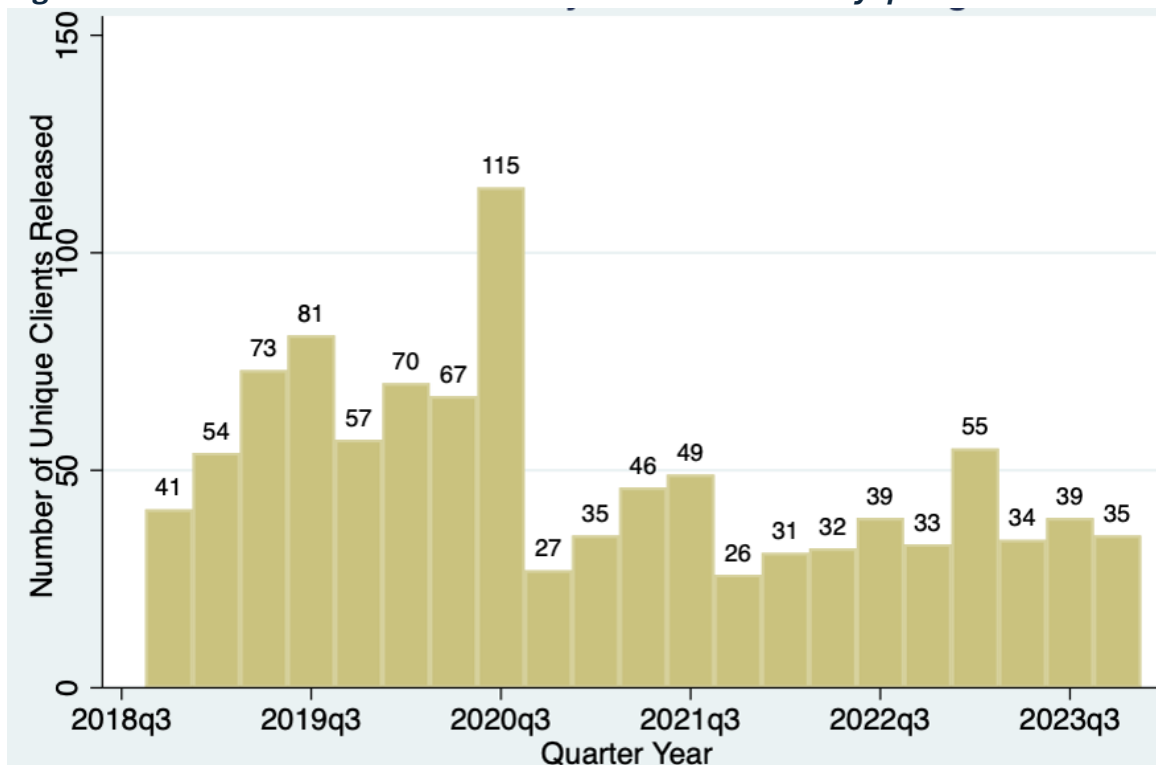
The spike in releases to ACPD occurred during the third quarter of 2020, when the number of clients released from CDCR to ACPD increased by 83%, rising to 115 per quarter from an average of approximately 63 per quarter (or 21 per month) over the seven quarters prior to 2020-Q3 (Figure 1). The increase coincided with CDCR's expedited release policy. Following this one-time spike in prison releases, the number of releases from CDCR fell during subsequent quarters. For example, in the fourth quarter of 2020, there were 27 releases to ACDP, a 76% decrease from the spike in the third quarter of 2020. From 2021 onward, the total number of releases from CDCR per quarter fluctuated around an average of approximately 35 individuals of any risk level per quarter.

In its planning, ACPD anticipated receiving about 15 high-risk probationers per month, or about 45 per quarter. However, beginning in 2021, ACPD received about eight high-risk individuals per month, which was nearly half (47%) the level ACPD expected.

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<sup>18</sup> <https://www.cdcr.ca.gov/covid19/frequently-asked-questions-expedited-releases/#:~:text=The%20expedited%20releases%20of%20eligible,the%20spread%20of%20COVID%2D19.>

**Figure 1: Number of clients released from CDCR to ACPD by quarter.**



With an average of eight high-risk arrivals per month, ACPD would have had to extend its enrollment period into 2024, or well beyond the end of its BJA grant period, to meet its enrollment goals for the interventions. To help meet enrollment targets, in 2021 ACPD expanded its target population to include medium- and high-risk clients. The absolute decrease in the number of high-risk arrivals made it necessary for ACPD to expand its target population.

#### *Impacts on PRVC*

Following the UCB study, ACPD intended to implement PRVC countywide and discontinue the random assignment of clients versus business as usual. However, this plan was not implemented due to staffing shortages, specifically an insufficient number of DPOs to conduct the PRVC case planning interview. To address the shortage, ACPD

continued to randomly assign clients to PRVC through April 2023. ACPD concluded that UCB's original study was sufficient for drawing conclusions about the efficacy of PRVC.<sup>19</sup>

### *Impacts on the workbooks' intervention*

Declines in CDCR releases to ACPD led to delays in the implementation of the Workbooks and UCB's planned experiment to examine the effects of Workbooks and PRVC. In August 2021, ACPD changed the plan for workbook implementation, deciding to offer them to all Pathways clients enrolled between August and December 2021. For evaluation purposes, ACPD proposed using a comparison group of all clients released before workbook implementation (i.e., released between November 2018 and December 2020).

Based on a study conducted by UCB in 2021,<sup>20</sup> ACPD decided to implement a new RCT design for workbooks, set to begin in 2023. From interviews conducted, ACPD learned that the workbooks had the potential to be a powerful guidance tool, but there were implementation challenges that needed to be addressed. These included ensuring that all intended recipients received the workbooks, improving their length, relatability, and accessibility, and providing training for DPOs to better incorporate the use of workbooks into their practices, implementation challenges that we confirmed through interviews and a site visit with ACPD. In addition, we found that some CDCR officials did not allow ACPD clients to take the workbooks with them upon release, there were problems related to

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<sup>19</sup> In the analyses we report below, we take advantage of ACPD's continued assignment to PRVC, which provided a larger sample to examine some of its effects. In our planned analyses, we also use this expanded sample to study additional outcomes, including employment and additional recidivism measures.

<sup>20</sup> Meridith Sadin and Amy Lerman, (2021). *The Path Home: Qualitative Evidence on the Implementation of Pre-Release Workbooks by the Alameda County Probation Department*. Berkeley, CA: The Goldman School, Berkeley Public Policy.

tracking clients' completion of the workbook exercises, and there was inconsistency in payment of incentives to complete the workbooks.

UCB recommended to ACPD that it implement a second Workbooks study, and this time to return to a RCT design to study their impacts. In July 2023, ACPD implemented a RCT and began assigning clients to the workbook treatment and control groups, anticipating a 12- to 16-month enrollment period that would yield a balanced design of 60 treatment and 60 control group clients. Outcomes would be tracked for six months after receipt of the workbooks. By the end of the BJA grant period (September 30, 2023), ACPD had not reached its enrollment targets. However, ACPD plans to continue enrolling clients in the workbooks experiment to achieve its target enrollments.

#### *Impacts on vendors*

Both of ACPD's customized technology interventions were delayed. For Vergil and VR, ACPD engaged external vendors to customize and develop the technology. The implementation of the Vergil App was delayed several times due to COVID-19-related issues and the reduction in the number of clients coming to ACPD. Vendor staff turnover contributed to additional delays, some of which arose from the time it took for the staff to obtain California's required background security check and clearance. The Vergil study population was expanded to include all clients on probation, rather than just high-risk clients. ACPD provided mobile phones to all participants (treatment and control). Ultimately, ACPD met its enrollment targets for the RCT evaluation of Vergil by the end of its grant period.



The VR application was delayed and changed to a pilot for a select subset of clients because of pandemic-induced lockdowns in the film industry that prevented the contractor from filming the scenarios. ACPD revised the scope of the scenarios for VR, focusing on scenarios related to obtaining a driver's license or California identification cards, a need for about 5% of ACPD's client population. By early 2023, the scenarios were finalized and filmed, and VR was implemented in two areas of Alameda County with 41 treatment group clients. No comparison group identified.

### *ACPD staff changes*

Between 2021 and 2023, ACPD experienced staff turnover in several key positions due to departures for other jobs and maternity leave. Four staff members left, including the person who wrote the BJA grant proposal and managed financial oversight, as well as staff in ACPD's Research & Evaluation Unit which supports Pathways. Two staff were on maternity leave during the project, one of whom also left ACPD. ACPD subsequently filled the positions. We do not directly connect the staff turnover to specific changes in ACPD's implementation plans other than the effect of one DPO's leave affecting ACPD's capacity to expand PRVC countywide.

## **Program Recruitment, Enrollment, and Treatment**

We describe ACPD's sample for each intervention, discharges (program completion), and report preliminary findings for early-reporting outcomes. Our findings are preliminary and subject to change because a relatively large portion of ACPD's clients were on active supervision as reported in the most recent data extracts received from ACPD; consequently, not enough time has passed to observe their outcomes. Additionally, upon

receipt of updated data from ACPD, it is possible that an individual's status may change, missing data may be addressed, and data errors corrected; all of these can affect the findings reported here.<sup>21</sup> Our work was guided by the following set of research questions:

- What enrollments did Pathways achieve, and did the treatment and comparison groups differ significantly on variables correlated to Pathways outcomes?
- What probation outcomes did Pathways participants obtain compared to non-participants?
- For PRVC and the initial iteration of the workbooks, did Pathways clients differ on initial reporting to probation officers, revocations, and service referrals?
- Did PRVC and workbooks impact service referrals? If so, how?

## Methodology

The ACPD administrative data measure relevant individual and case characteristics and outcomes. The ACPD administrative data used for the analysis in this report covers events throughout December 31, 2023, and covers the following:

- the dates when each client was released from CDCR to ACPD,
- demographics (e.g., age, race, ethnicity, sex),
- program enrollment date into treatment or control group),
- service referrals date, type, and status (e.g., referred to Alcoholics Anonymous on 9/1/2020),
- offense history,
- COMPAS assessment scores,

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<sup>21</sup> In a final report, we will update all analyses appearing herein and address additional impact-related issues.

- caseload assignment, and
- Pathways activities (e.g., reporting to probation officer), and changes in probation status (whether currently active, revoked, successfully completed, etc.).<sup>22</sup>

We use descriptive and inferential statistical methods to study several intermediate outcomes; these included: the initial meeting with ACPD following release from prison, the balance between treatment and control (comparison) group samples, and probation outcomes (e.g., successful discharge, revocation). Additionally, we explored the relationship between early reporting and success on probation, as well as CDCR the effects of interventions on service referrals.

### Sample enrollment

As of the most recent data extract covering events through December 2023, the ACPD sample contains 1,039 unique clients released from CRDC between December 2018 and December 2023. Some clients have multiple bookings within the sample period leading to 1,096 unique referrals. Our current analytical approach considers unique individuals using their latest referral (most recent release date). A closer examination of clients with multiple release dates suggests that these are primarily individuals who experienced a revocation earlier in the sample period and were later rebooked with a new release date and participation opportunity.

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<sup>22</sup> We will continue to receive updates from ACPD through at least 2025. The updates are expected to focus primarily on programmatic and offense history changes, rather than assignments to interventions.

Table 2 provides summary statistics on the demographic characteristics of the 1,039 clients released during the ACPD sample period. These clients are predominately male, Black, or Hispanic, and span a relatively wide age range. The dataset contains COMPAS risk assessment scores for all but 69 clients. Although risk scores span the entire COMPAS assessment score range, the average client is considered to have a high risk of recidivism (defined as a COMPAS risk score of 16 or greater).<sup>23</sup>

**Table 2. Demographic summary statistics of ACPD's sample.**

| Variable   | Obs.  | Mean | Std. Dev. | Min  | Max  |
|--|-------|------|-----------|------|------|
| Male   | 1,039 | 95%  | 0.208     | 0    | 1    |
| Black  | 1,039 | 55%  | 0.497     | 0    | 1    |
| White  | 1,039 | 15%  | 0.358     | 0    | 1    |
| Hispanic   | 1,039 | 23%  | 0.419     | 0    | 1    |
| Other race   | 1,039 | 7%   | 0.252     | 0    | 1    |
| Age  | 1,039 | 36.1 | 9.987     | 19.5 | 69.0 |
| Risk score   | 970   | 16.2 | 4.489     | 0    | 20   |
| <u>Note.</u> Risk scores are missing for 69 clients. |       |      |           |      |      |

Among the 1,039 ACPD clients, 126 were recruited to participate in the PRVC intervention and 102 agreed to receive treatment (Table 3). The eligibility criteria for PRVC initially included only high-risk males; however, this was relaxed after the pandemic to increase participation. As shown below, the sample of PRVC-treated individuals remains predominately high-risk. Recruitment for the workbook intervention, however, did not follow a strict eligibility criterion nor was it based on random assignment. As a result, the distribution of COMPAS risk scores in the workbook sample is closer to the overall sample average and much lower than in the PRVC-treated sample.

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<sup>23</sup> This is consistent with Lerman et al. (2022), cited above, who used a cut score of 16 to classify persons as high risk.

For both the PRVC (randomized) and Workbook (non-randomized) interventions, control groups (individuals for comparison) were not explicitly designated among the recruited clients. However, in both the second phase of the workbook intervention (RCT) and the Vergil App intervention recruited clients were randomly assigned to treatment and control designations. This explains why the number of treated individuals among these two interventions is about half the number of those recruited. The clients recruited for the Virtual Reality intervention are not currently identified in our ACPD sample dataset, so we are unable to link them to risk scores at this time.

**Table 3. Number of clients processed by Pathways interventions.**

| Intervention  | Recruited | Treated* | % Low-Med |             |
|---|-----------|----------|-----------|-------------|
|   |           |          | Risk      | % High Risk |
| PRVC  | 126       | 102      | 8.8%      | 91.2%       |
| Workbook  | 209       | 209      | 37.9%     | 62.1%       |
| Workbook RCT  | 32        | 14       | 14.3%     | 85.7%       |
| Vergil App  | 133       | 66       | 34.8%     | 65.2%       |
| Virtual Reality   | 41        | 41       | N/A       | N/A         |
| <b>Notes.</b> Enrollment counts are based on data in the most recent data extracts provided by ACPD. The number of treated clients includes some with missing risk scores. For analytical purposes, we exclude clients with missing risk scores. The number of "Treated" clients in the Workbook RCT and Vergil App interventions excludes the clients that were explicitly designated as control clients. A "High Risk" score is defined as scoring 16 or higher on the COMPAS risk assessment tool (out of 20). |           |          |           |             |

## Successful completion of probation

In Table 4, we present the number and percentage of individuals who have successfully completed one year of probation ("Success"), those whose probation was revoked ("Revoked"), individuals still active in probation or treatment, and those discharged for other reasons. The rates are presented for the full ACPD sample, as well as across

categories based on risk score: high-risk,, medium-low risk score, and missing risk scores

A “High Risk” score is defined as a COMPAS risk assessment score of 16 or higher (out of 20), while a “Med-Low” score is defined as 15 or lower. Overall, 53.5% of clients successfully completed probation. Since not all individuals enrolled in the interventions had at least one year of follow-up, 13% remained active at the of our data collection.<sup>24</sup>

**Table 4. Discharge status of Pathways clients as of 2023-Q4, by risk category.**

| Referral Status  | Overall |      | High Risk |      | Med-Low Risk |      | Missing Risk |      |
|--|---------|------|-----------|------|--------------|------|--------------|------|
|  | N       | %    | N         | %    | N            | %    | N            | %    |
| Success  | 556     | 53.5 | 356       | 52.7 | 185          | 62.7 | 15           | 21.7 |
| Revoked  | 184     | 17.7 | 136       | 20.2 | 31           | 10.5 | 17           | 24.6 |
| Active   | 132     | 12.7 | 81        | 12.0 | 46           | 15.6 | 5            | 7.3  |
| Other  | 167     | 16.1 | 102       | 15.1 | 33           | 11.2 | 32           | 46.4 |
| Total  | 1,039   | 100  | 675       | 100  | 295          | 100  | 69           | 100  |
| <b>Notes.</b> “Revoked” discharge status includes clients that had a new felony arrest or conviction (~59%), absconders (~12%), technical violations (~1%), and those with missing or other unspecified reasons (~28%). The “Other” referral status includes clients who were transferred out (~40%), who were deceased (~23%), or who experience other neutral discharge from active status (12%), or the BJA SCA grant expired (~25%). |         |      |           |      |              |      |              |      |

In Table 5, we present the referral or probation discharge status for individuals in both the treatment and control groups across each ACPD intervention. As mentioned previously, the PRVC intervention eligibility criteria randomly assigned high-risk males to the treatment group. Nine of the 102 individuals who received PRVC treatment do not meet the “high-risk” classification and have been excluded from the analyses. Since there were no specifically assigned PRVC control individuals, we created our own PRVC comparison group. from a sample of 557 individuals that consisted of only high-risk males who did not

<sup>24</sup> In our final report, we will have at least one year of follow up for all clients and up to 18 months for most.

receive PRVC treatment. For the first workbook intervention, there were no specific eligibility criteria, so the control group for this intervention was drawn from all ACPD clients with non-missing risk scores who did not receive workbooks.

In PRVC, similar percentages of the treatment and control members (54% vs. 52%) were discharged successfully from probation. However, the revocation rate for the treatment group (25%) was slightly higher than for the control group (19%). For the first workbook intervention, 30% of the treatment group and 63% of the comparison group were successfully discharged from probation. These results should be interpreted with caution for several reasons. First, many individuals in the comparison group were discharged prior to the onset of the pandemic, whereas the treatment group received the intervention during the pandemic.<sup>25</sup> Next, a larger percentage of the treatment group in the first workbook intervention was still active on probation at end of our data collection period compared to the comparison group (33% vs 8%). While being active on probation does not guarantee eventual successful discharge, avoiding early revocation is typically associated with successful completion. Therefore, we anticipate that a significant portion of the workbook treatment group still active at the time of data collection will be successfully discharged. In addition, the overall success and revocation rates reported in Table 5 do not account for differences in treatment and comparison group members' attributes that may be associated with revocation, such as prior history and receipt of specific services (see below for results of analysis of risk levels between the two groups). Finally, because members of

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<sup>25</sup> In our final report, we will be able to distinguish between comparison group members released before and during the pandemic.

the treatment groups both the PRVC and the first workbook interventions received more intensive supervision than comparison group members, their more frequent contact with DPOs could also contribute to the observed differences in revocation rates.<sup>26</sup>

For the second workbook intervention, the numbers enrolled to date are too small to assess outcomes. In the Vergil intervention, more than half of each of the treatment and control group members remain active (55% vs. 60%).

**Table 5. ACPD intervention enrollment and discharge status by treatment and control groups.**

| Referral Status   | PRVC* |       | Workbook* |       | Workbook RCT |       | Vergil |       |
|---|-------|-------|-----------|-------|--------------|-------|--------|-------|
|   | Tr.   | Ctrl. | Tr.       | Ctrl. | Tr.          | Ctrl. | Tr.    | Ctrl. |
| Success   | 50    | 291   | 60        | 481   | 1            | 0     | 9      | 5     |
| Revoked   | 23    | 110   | 45        | 122   | 5            | 2     | 15     | 15    |
| Active  | 6     | 71    | 66        | 61    | 6            | 15    | 36     | 40    |
| Other   | 14    | 85    | 32        | 103   | 2            | 1     | 6      | 7     |
| Total   | 93    | 557   | 203       | 767   | 14           | 18    | 66     | 67    |
| Notes. Treatment (Tr.) and control (Ctrl.). The PRVC intervention did not explicitly include a control group. Instead, we constructed the PRVC control group based on the high-risk male eligibility criteria for treatment. The first Workbook intervention did not use random assignment. The Workbook sample above excludes six treated clients and 63 control clients with missing risk scores. |       |       |           |       |              |       |        |       |

## Preliminary Analyses of PRVC and Workbooks

The data files provided by ACPD include demographic information and other key metrics for all participants in post-release community supervision (PRCS). For this analysis, we used data on clients' sex, race, date of birth, COMPAS risk assessment scores,

<sup>26</sup> In our final report, we will address these issues and incorporate longer follow up periods to measure differences in success and revocation. In Additionally, we will examine other measures of revocation, such as arrests for new offenses, which are separate from probation revocation decisions.



program/service referral history, and the dates on which they received the pre-release video conference (PRVC) or pre-release workbook. Additionally, we used information on each participant's initial release date, the date they reported to their probation officer, and any changes to their probation status (discharge status). ACPD was able to randomize the selection of participants who received the PRVC intervention. The eligibility criteria for PRVC primarily focused on enrolling high-risk individuals (COMPAS risk score of 16 or greater). However, as mentioned previously, control individuals were not selected during the randomization phase. As a result, we constructed our own control sample by restricting the analytical sample to include only high-risk individuals. Furthermore, due to the low number of women in the overall sample (and none that received PRVC treatment), we further restricted the analytical sample to only include males. It should be noted that all clients in both treatment and control groups (i.e., all PRCS-eligible clients) were serving sentences for non-violent, non-serious, and non-sexual offenses. In Table 6, we present the sample means for demographic and risk score metrics for both the PRVC treatment and control groups, along with the differences in means for each variable. The p-values for these differences are computed using two-sided t-tests. Overall, we find that clients in the treatment group have slightly higher risk scores compared to the constructed control group sample. The treatment group is also more likely to include clients who identify as "other race," a category that is primarily composed of Asian individuals in the ACPD sample. The statistically significant difference in risk scores suggests that the treatment group is, on average "riskier" than the control group. This difference could potentially bias any positive effects of PRVC treatment, reducing the true causal impact of the intervention.

**Table 6. ACPD pre-release video conference (PRVC) intervention: Summary statistics (means). Sample restricted to males with high-risk COMPAS scores, and differences between treatment and control groups.**

| Variable   | (1)<br>Treatment | (2)<br>Control | (1) – (2)<br>p-value |
|--|------------------|----------------|----------------------|
| Male   | 1                | 1              |                      |
| Black  | 0.495            | 0.582          | 0.117                |
| White  | 0.151            | 0.133          | 0.645                |
| Hispanic   | 0.247            | 0.237          | 0.829                |
| Other Race   | 0.108            | 0.048          | 0.022**              |
| Age  | 36.6             | 35.7           | 0.360                |
| Risk Score   | 18.98            | 18.63          | 0.017**              |
| No. of Clients   | 93               | 557            |                      |
| Notes: p-values for differences in means are computed using two-sided t-tests *** p<0.01, ** p<0.05, * p<0.1 |                  |                |                      |

In Table 7, we present similar sample means for demographic and risk score metrics for the individuals who received workbooks (treatment group) and all other individuals who did not receive workbooks (control group). The table also includes the differences in means for each variable, along with p-values computed using two-sided t-tests. Overall, we find that clients who received workbooks have significantly lower risk scores compared to those in the control sample. The treatment group is also less likely to have clients who identify as “other race.” The statistically significant difference in risk scores suggests that the treatment group is, on average, significantly “less risky” than the control group. This difference could potentially bias the causal effects of receiving workbooks, inflating the true causal impact of the intervention.

**Table 7. Workbooks intervention: Summary statistics, restricted to clients with non-missing risk scores.**

|  | (1)<br>Treatment | (2)<br>Control | (1) – (2)<br>p-value |
|--|------------------|----------------|----------------------|
| Male   | 0.951            | 0.963          | 0.405                |
| Black  | 0.547            | 0.545          | 0.963                |
| White  | 0.158            | 0.147          | 0.715                |
| Hispanic   | 0.256            | 0.227          | 0.380                |
| Other Race   | 0.039            | 0.080          | 0.043**              |
| Age  | 36.42            | 35.75          | 0.394                |
| Risk Score   | 15.45            | 16.39          | 0.008***             |
| No. of Clients   | 203              | 767            |                      |
| Notes: p-values for differences in means are computed using two-sided t-tests *** p<0.01, ** p<0.05, * p<0.1 |                  |                |                      |

A similar test for balance on covariates between treatment and control groups is performed for both interventions by regressing treatment assignment on various demographic measures and risk scores. The regression results in Table 8 confirm the statistically significant differences in risk scores between treatment and control groups for both interventions.

**Table 8. Balance for assignment to PRVC and Workbook interventions.**

|            | PRVC                  | Workbook               |
|------------|-----------------------|------------------------|
| Male       | ---                   | -0.4942<br>(0.0728)    |
| Black      | -0.0350<br>(0.0427)   | 0.0001<br>(0.0389)     |
| Hispanic   | -0.0149<br>(0.0487)   | 0.0205<br>(0.0451)     |
| Other Race | 0.1133<br>(0.0823)    | -0.1099**<br>(0.0513)  |
| Age        | 0.0015<br>(0.0015)    | 0.0009<br>(0.0013)     |
| Risk Score | 0.0247***<br>(0.0094) | -0.0083***<br>(0.0032) |
| Constant   | -0.3539*<br>(0.1884)  | 0.3595<br>(0.1035)     |

|  |       |       |
|--|-------|-------|
| N  | 650   | 970   |
| N Treated  | 93    | 203   |
| R-squared  | 0.019 | 0.014 |
| <u>Notes.</u> Model regresses assignment to PRVC or Workbook on male indicator, a dummy variable for Black, Hispanic, Other Race, age, and COMPAS risk assessment score. There is no result for “Males” in the PRVC analysis (denoted by “---”) because the entire sample consists of males. Robust standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1 |       |       |

A key outcome of interest is whether a client reports to their probation officer within two days of discharge from CDCR.<sup>27</sup> Pathways clients are instructed to report to their probation officers. In Table 9 below, we present results from linear probability regression models estimating the probability of reporting to a probation officer within 2 business days (an indicator of early reporting after initial release), conditional on assignment to each intervention. We find that PRVC assignment has a positive and statistically significant effect on reporting to the probation officer within 2 business days, both overall (Model 1) and when we control for demographic fixed effects and COMPAS risk scores (Model 2). Specifically, PRVC increases the probability of reporting within two days by 10.1 percentage points compared to the expected rate in its absence (71% vs 61% for the comparison group). Our point estimate of the impact of PRVC on two-day reporting is smaller than the estimate reported by UCB, but it falls within a 95-percent confidence interval of UCB’s estimate. Substantively, we included individuals who were still active on probation (while UCB excluded them) because we were able to observe the two-day reporting outcome for these individuals. Approximately 30% of our sample was enrolled

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<sup>27</sup> For PRVC, we replicated and extended the analysis that UCB did using our larger sample. In the UCB study, the PRVC sample was 66, compared to the 93 in our analysis.

during the pandemic-related lockdowns, compared to just six individuals in UCB's sample. This suggests that the pandemic may have influenced early reporting outcomes for some of the differences observed.

**Table 9. PRVC or Workbooks: Effects on early reporting to probation within two business days.**

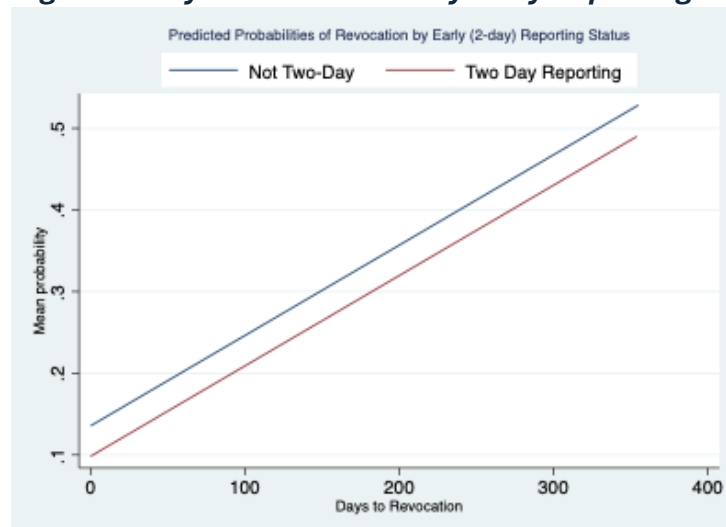
|  | Model 1<br>Two-Day<br>Reporting | Model 2<br>Two-Day<br>Reporting | Model 3<br>Two-Day<br>Reporting | Model 4<br>Two-Day<br>Reporting |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| PRVC   | 0.1011**<br>(0.0514)            | 0.1134***<br>(0.0508)           |                                 |                                 |
| Workbook   |                                 |                                 | 0.1386***<br>(0.0352)           | 0.1315***<br>(0.0454)           |
| Demographics   | No                              | Yes                             | No                              | Yes                             |
| Risk Score   | No                              | -0.0321**<br>(0.0145)           | No                              | -0.0085**<br>(0.0033)           |
| Constant   | 0.6086***<br>(0.0207)           | 0.9922***<br>(0.2939)           | 0.6102***<br>(0.0176)           | 0.4894***<br>(0.1180)           |
| N  | 650                             | 650                             | 970                             | 970                             |
| N Treated  | 93                              | 93                              | 203                             | 203                             |
| R-squared  | 0.005                           | 0.024                           | 0.014                           | 0.031                           |
| <u>Note.</u> Robust standard errors reported in parentheses. *** p<0.01, ** p<0.05, * p<0.1. |                                 |                                 |                                 |                                 |

We found that workbook assignment also had a positive and statistically significant effect on reporting to the probation officer within two business days. Models 3 and 4 in Table 9 show these results, which mirror the findings for PRVC in Models 1 and 2. Overall, workbook assignment increased two-day reporting by about 14 percentage points (75% vs. 61%). When we controlled for demographic variables and COMPAS risk scores, the effect of workbook assignment marginally decreased.

Next, we examine the effects of early reporting on longer-term outcomes, such as success on probation. In Figure 2 below, we illustrate the potential positive effects of early

reporting (relative to not reporting to a DPO within two days) on longer-term probation outcomes for clients who either experienced a revocation or successfully completed probation while receiving PRVC or workbooks.<sup>28</sup> The underlying logic is that early reporting could serve as a mechanism for improving longer-term probation outcomes. Figure 2 illustrates the lower likelihood of probation revocation over a one-year period for clients who reported earlier to their probation officer (within two days), compared to those who did not.<sup>29</sup>

**Figure 2: Days to Revocation by Early Reporting Status**



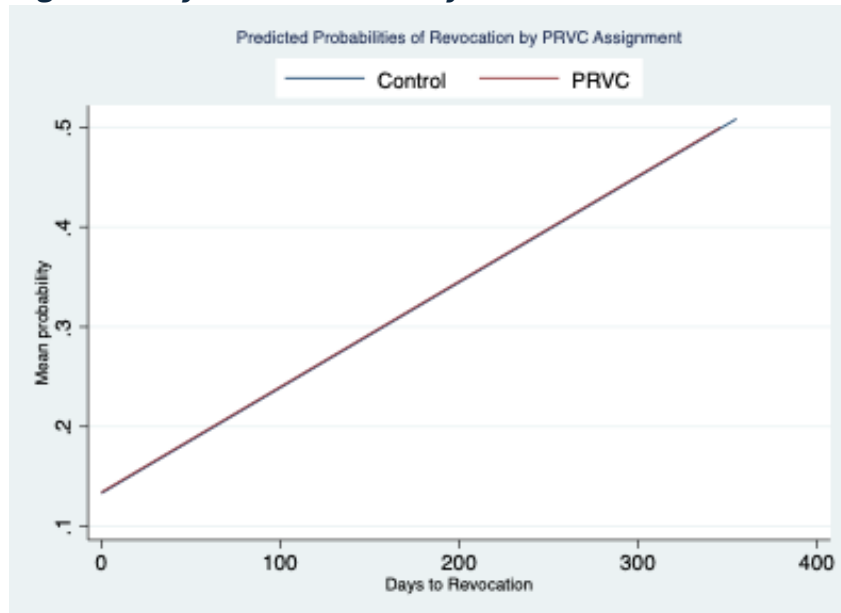
In Figure 3, we examine the impact of early reporting on probation revocations, focusing specifically on PRVC assignment. The Model used to generate Figure 3 includes only of clients in the PRVC treatment and control groups without missing risk scores who were either successful or revoked. In this analysis, PRVC assignment does not appear to

<sup>28</sup> We excluded clients with missing risk scores, as well as those who were active on supervision, because neither had completed probation nor been revoked.

<sup>29</sup> In our final report, we will include a longer follow-up period to examine the relationship between early reporting and probation outcomes.

reduce the time to revocation, despite its positive impact on early reporting. While PRVC assignment increased the probability of reporting to a probation officer within two days, it does not seem to significantly impact the likelihood of successful probation over a one-year period.

**Figure 3: Days to Revocation by PRVC Status without Controls**



Finally, we examined the effects of PRVC and workbooks on program and service referrals. In Table 10 below, we present regression results for linear probability models that estimate the probability of receiving program referrals based on PRVC or Workbook assignment, while controlling for demographic characteristics and risk scores. In Models 1 and 3, we estimate the effect of treatment on receiving any type of outside service referrals. The results suggest that PRVC increases the probability of receiving an outside service referral, whereas workbook assignment has a smaller negative effect. In models 2 and 4, we estimate the probabilities of receiving outside referrals on six broad categories of services. The results suggest that PRVC increases the likelihood that clients receive

service referrals in the “health” and “other” categories. Conversely, it appears that clients who received workbooks are less likely to receive service referrals in the “education” and “transportation” categories. These negative effects are puzzling and may be driven by the lower risk levels, on average, among clients who received workbooks compared to those who did not. When we examined how participation in an intervention affected the number of program referrals, we found that PRVC increased the number of outside service referrals within 60 days of arriving at ACDP. This is consistent with the more intensive involvement of DPOs in the clients’ reentry process under PVRC.

**Table 10. PRVC and Workbook interventions: Effects on referrals to outside programs.**

|  | (1)                   | (2)                   | (3)                   | (4)                    |
|--|-----------------------|-----------------------|-----------------------|------------------------|
| Referral: Any  | 0.0933***<br>(0.0568) |                       | -0.0615<br>(0.0375)   |                        |
| Referral: Employment   |                       | 0.0225<br>(0.0318)    |                       | 0.0339<br>(0.0291)     |
| Referral: Education  |                       | 0.0359<br>(0.0328)    |                       | -0.1989***<br>(0.0244) |
| Referral: Health   |                       | 0.1175***<br>(0.0367) |                       | -0.0142<br>(0.0297)    |
| Referral: Housing  |                       | -0.0431<br>(0.0304)   |                       | -0.0114<br>(0.0289)    |
| Referral: Transportation   |                       | -0.0203<br>(0.1738)   |                       | -0.1335***<br>(0.0448) |
| Referral: Others   |                       | 0.0811***<br>(0.0298) |                       | 0.0045<br>(0.0274)     |
| Constant   | -0.4539**             | -0.4268**<br>(0.1869) | 0.4139***<br>(0.1093) | 0.4557***<br>(0.1061)  |
| Controls   | Yes                   | Yes                   | Yes                   | Yes                    |
| N  | 650                   | 650                   | 970                   | 970                    |
| R-squared  | 0.029                 | 0.069                 | 0.017                 | 0.061                  |
| R-squared  | 0.005                 | 0.024                 | 0.014                 | 0.031                  |
| <b>Note.</b> Robust standard errors reported in parentheses. *** p<0.01, ** p<0.05, * p<0.1. |                       |                       |                       |                        |



In Table 11 below, Model 1 shows results of a regression of an indicator for PRVC assignment on an indicator for receiving any referral during an individual's probation period, controlling for sex, race, age, and COMPAS risk assessment scores. Model 2 regresses an indicator for PRVC assignment on indicators for several mutually exclusive program referral types that could be made during probation, controlling for sex, race, age, and COMPAS risk assessment scores. Models 3 and 4 mirror Models 1 and 2, respectively, but focus on Workbook assignments and their impact on program referrals. Model 1 also examines number of program referrals received within 60 days of release, regressed on an indicator for PRVC assignment, with controls for age, race (a dummy variable for Black racial identity), and COMPAS risk score (out of 20). Model 2 mirrors Model 1 but includes clients who received zero referrals within 60 days. Models 3 and 4 mirror 1 and 2, respectively, but examine the relationship between the number of program referrals received within 60 days of release and Workbook assignment.

The regression results suggest that PRVC increases the number of outside service referrals received within 60 days, compared to clients who did not receive PRVC. However, as indicated in the previous table, workbook assignment does not appear to be significantly associated with the number of outside service referrals received.

**Table 11. PRVC or Workbook interventions: Effects on the number of program referrals within 60 days.**

|   | (1)                   | (2)                   | (3)                  | (4)                  |
|---|-----------------------|-----------------------|----------------------|----------------------|
| PRVC  | 0.5609***<br>(0.2112) | 0.7478***<br>(0.2108) |                      |                      |
| Workbook  |                       |                       | 0.0669<br>(0.1590)   | 0.0326<br>(0.1390)   |
| Constant  | 3.726 ***<br>(1.189)  | 3.604 ***<br>(1.058)  | 2.221 ***<br>(0.495) | 1.579 ***<br>(0.447) |
| Controls  | Yes                   | Yes                   | Yes                  | Yes                  |
| Includes No Referrals   | No                    | Yes                   | No                   | Yes                  |
| N   | 416                   | 650                   | 625                  | 970                  |
| R-Squared   | 0.025                 | 0.033                 | 0.007                | 0.011                |
| <b>Note.</b> Robust standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1. |                       |                       |                      |                      |

## Summary of Preliminary Findings on Outcomes

Using data on enrollments through September 30, 2023, with varying lengths of follow-up periods, we examined the balance between treatment and control (comparison) groups for two interventions - PRVC and Workbook - and assessed the relationship between these interventions and probation outcomes for all four interventions. For PRVC and workbooks, we observed slight differences in risk levels between the treatment and comparison groups. Specifically, the PRVC sample consisted of individuals with slightly higher risk scores compared to its control group, while for the first workbook intervention, the opposite was true. We found that both PRVC and workbooks increased the probability of early reporting (reporting to probation officers within two days). Additionally, when examining the relationship between early reporting and later outcomes (such as success on probation), the evidence suggested a positive correlation. Lastly, service referrals were positively affected by PRVC but not by workbooks.

## Evaluation Issues Related to Implementation Changes

At ACPD, the Covid-19 pandemic disrupted the planned evaluation design by reducing the number of eligible high-risk clients released from state prison, necessitating an expansion of the target population to include medium-risk probationers. These changes, along with delays in implementing the Vergil and VR applications, undermined the feasibility of completing RCTs for all four proposed interventions during the original grant period.

However, alternative evaluation strategies were considered, such as pre-post comparisons of non-randomized Workbooks and extended RCT enrollment periods (i.e., Second rollout of the Workbooks and later Vergil), to continue to allow for some level of program evaluation. The non-randomization of the initial Workbook intervention introduces threats to internal validity, particularly due to selection bias and unmeasured confounding between treatment and comparison groups.

For PRVC, ACPD's continued use of random assignment to the treatment group beyond the period of the initial PRVC study increases the sample size of the treatment group and the statistical power of the design. On the other hand, the RCT delivery did not explicitly designate a control group. Based on the original selection criteria (males with a high-risk COMPAS assessment score), we can define a control group that closely resembles the treated clients. But with the expansion of eligibility to include medium-risk individuals our evaluation design requires that we continuously examine risk score composition and other demographic characteristics to ensure balance across treatment and control groups as we estimate the impacts of the intervention on various outcomes.

The initial Workbooks rollout as a pre-post quasi experiment targeted all adults released (male and female, regardless of risk score) without randomization. This implementation method requires careful consideration of the risk score composition and other demographics to properly construct a comparison group that closely resembles clients who were selected to receive workbooks. Controlling for risk score, age, race/ethnicity, and sex will account for some of the differences between clients who chose to receive workbooks and those who did not, however, there are likely other unobservable characteristics that might influence outcomes of interest that cannot be accounted for in this evaluation design.

Although ACPD implemented a second Workbooks intervention as an RCT, enrollment in that study started late during ACPD's grant period and was not complete by the end of it. The data from this study technically fall beyond the scope of our evaluation.

Vergil, the online mobile app, was implemented as an RCT targeting all new PRCS clients, regardless of sex or risk score. The RCT protocol randomly assigned clients to treatment (receive the Vergil app) or control groups each month. This RCT approach allows for a rigorous and credible evaluation of the online mobile app, Vergil, once a sufficiently large sample is collected.

The virtual reality simulation programming (VR) intervention was initially intended to be delivered and evaluated as an RCT. However, given the challenges discussed in later sections, the evaluation of the VR intervention will focus on process implementation and qualitative examinations.

The power of the sample sizes in ACPD treatment and control (or comparison) groups to detect differences varies, as shown below. The larger samples in ACPD's non-RCT Workbook samples can detect a 30% difference between treatment and comparison group compared to a 43% difference between treatment and control for PRVC. However, the stronger design of the PRVC study provides higher confidence in findings than the non-RCT Workbook design, which requires additional controls that address potential omitted variable bias.

**Table 12. ACPD interventions, sample sizes, and power.**

| Intervention                      | Sample sizes |         | Power<br>(Minimum<br>difference) |
|-----------------------------------|--------------|---------|----------------------------------|
|                                   | Treatment    | Control |                                  |
| PRVC                              | 93           | 557     | 43.2%                            |
| Workbooks, non-RCT                | 203          | 767     | 30.1%                            |
| Workbooks, RCT                    | 14           | 18      | n/a                              |
| Vergil                            | 66           | 67      | 62.3%                            |
| VR                                | n/a          | n/a     | n/a                              |
| Sample sizes as of December 2023. |              |         |                                  |

Additional analyses of outcomes and impacts will extend the follow-up period beyond one year, helping us understand the long-term and enduring effects of the interventions. While we observed some positive effects of one intervention (PRVC) on service referrals, we aim to investigate whether variations in service use help explain differences between treatment and control (or comparison) groups. We also intend to study recidivism in several ways, including differentiating between probation-related recidivism (e.g., revocations for violations or charges stemming from violations vs. new arrests produced by police officers). Additionally, we will examine recidivism trajectories to assess whether patterns and trends change over time, as opposed to measuring time to

a new recidivism event. Analyses of longer-term recidivism patterns or trajectories can point to possible desistance effects of the Pathways interventions. Contingent upon receipt of data from the California Labor Department, we will also assess the impacts of the interventions on employment outcomes.

## Chapter 3: Project Blue – Hope of Buffalo

### Summary and overview of chapter

Hope of Buffalo's (HOB) Project Blue intervention aimed to address a service gap for individuals released from the pretrial detention center by offering pre- and post-release services to medium- and high-risk males and females incarcerated in Erie County's holding facility, a pre-trial, maximum security detention center with a rated capacity of 700 beds. Project Blue used several pre-release interventions—such as designating clients to special housing pods pre-release to receive employment preparation, case management, and other services. It used case management as its primary post-release intervention.

HOB made several changes to Project Blue, primarily in response to the COVID-19 pandemic and a New York State bail reform law, both of which reduced the supply of potential clients. Alternatively, it obtained funding from the county and expanded the scope of its efforts into a second facility. It modified its proposed evaluation design from an RCT to an analysis of outcomes for the treatment group without a comparison group. A comparatively small percentage of clients were discharged successfully from Project Blue while a larger percentage were discharged due to loss of contact.

The remainder of this chapter is organized as follows: First, we provide an overview of HOB and Project Blue, describing its intervention as originally planned. Next, we

discuss the implementation challenges encountered and the responses to these challenges, and how they affected the nature of the intervention. Finally, using data provided by Project Blue's local evaluator (Via) and the Erie County Sheriff's Office, we describe the characteristics of enrollments, services provided, and preliminary program outcomes.

## Hope of Buffalo and Project Blue

HOB, a non-profit reentry entity based in Erie County, New York, has over four decades of experience providing pre-release services and community-based post-release services to individuals returning from prison. These services include transitional housing, rehabilitation, and wrap-around services aimed at increasing client independence and reducing recidivism. In 2018, HOB received a Bureau of Justice Assistance (BJA) FY 2018 Second Chance Act (SCA) Comprehensive Community-Based Adult Reentry Program grant to pilot Project Blue, Erie County's first local jail reentry initiative. HOB serves as the grant managing organization for this initiative.

Implemented in partnership with the ECSO, Project Blue was designed to address identified gaps in reentry services for individuals released from Erie County's pretrial detention facility and returning to the community. At this time, the county jail population lacked sufficient reentry support, as few community-based providers offered pre-release services in the jails, and there was no coordinated effort between the jail and community-based providers to facilitate pre-release programming and post-release service linkages.

HOB sought to address these challenges by conducting a comprehensive system assessment to identify strengths, gaps, and challenges within the local reentry landscape.

Based on the findings, HOB developed an action plan to address system gaps and launched Project Blue as a pilot program to address the needs of reentrants and reduce recidivism. The assessment revealed disparities in access to reentry services for the local reentry population. These included: Individuals in local jails had fewer opportunities for workforce development, housing, cognitive behavioral therapy, and education services in both the pre-and post-release stages of reentry compared to state prison reentry populations. These disparities were attributed to fewer providers offering pre-release services for the county jail population, the absence of a dedicated staff person within the jail to coordinate service delivery with community-based providers, and the voluntary nature of existing reentry services, as opposed to mandatory participation. With the support of its SCA grant, HOB expanded its service population to include individuals housed in the local jail and offered additional services, including comprehensive case management, a range of pre-release programs and services, and housing coordination. Consistent with best practices for jail-to-community best practices, Project Blue was designed to address these gaps, with the main goal of reducing recidivism. This was to be measured by reductions in re-arrest rates, reincarceration of repeat offenders, and reincarceration for technical violations among individuals released to Erie County from the local jails, with outcomes measured at 12-month post-release.

### **Project Blue's target population and services offered**

Project Blue targeted both male and female individuals incarcerated in the Erie County holding facility, a pre-trial, maximum security detention facility that can house nearly 700 individuals. The program focused on individuals classified as medium- to high-risk for



recidivism with priority given to those with repeat or violent offenses. Risk levels were determined using the Applied Correctional Transition Strategy (ACTS) tool, a validated risk instrument that assesses an individual's likelihood of reoffending, identifies criminogenic needs, and aids in case management. The ACTS tool uses 17 questions to measure dynamic criminogenic needs across several domains, including education, employment, family and social support, neighborhood and leisure issues, substance and alcohol use, physical and mental health, peer associations, and criminal thinking. This screening is conducted by the Erie County Sheriff's Office as part of its routine process for classifying individuals for detention security purposes.

Recruiting from a jail population presents unique challenges, given that individuals may face uncertain, immediate futures. Most persons booked into jail are pre-trial, awaiting hearings such as bail or bond hearings that could result in their release or detention; cases of persons detained pre-trial may result in a conviction and subsequent transfer to a state prison; and some are booked and held for other authorities to which they get transferred. If released pretrial, they generally are not under jail supervision or the authority of a criminal justice agency that could compel treatment, such as a drug court or specialty court participant. In sum, the legal status of persons booked into jail may determine whether they get released to the community or to other authorities. If they are released to other authorities, they would not be able to participate in Project Blue's post-release services. Consistent with other programs aimed at supporting the transition from

jail to the community,<sup>30</sup> Project Blue did not exclude individuals based on their legal status. This allowed for the inclusion of individuals who, while sentenced to state prison, could still participate in Project Blue before being transferred.

HOB initially proposed to enroll 150 eligible people in a treatment group and 150 in a control group. Recruitment was carried out by posting signage about Project Blue throughout the jail, providing JMD classification staff with guidance to identify participants who meet enrollment criteria, and using kiosks within the facility for potential clients to voluntarily sign up for the program. Before enrollment, a Project Blue Community Reintegration Officer (CRO) would meet with potential clients to enroll them in Project Blue. As originally planned, randomization into treatment and control groups was to occur during this meeting, when the CRO met with the potential clients.

Project Blue's Community Reintegration Officer (CRO), a deputy at the holding center funded through the SCA grant, was responsible for program recruitment and enrollment. As part of the eligibility determination process, the CRO used the ACTS screening results. To advertise the program, Project Blue conducted presentations to incarcerated individuals, and potential participants could express interest in enrolling in the program by submitting a request slip to the CRO or requesting a referral from another staff member at the jail. Once the CRO was notified of the potential participant's interest, they would review the individual's records including their ACTS score and disciplinary record - through the jail's data management system. The CRO would meet with potential

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<sup>30</sup> Janeen Buck Willison, et al. (2012). *Process and Systems Change Evaluation Findings from the Transition from Jail to Community Initiative*. Washington, DC: The Urban Institute.

participants to discuss program expectations and verify whether they met the eligibility criteria. If eligible, the CRO would send a referral to the program director, who would complete the enrollment.

Once enrolled, Project Blue staff conducted a standardized intake assessment to develop case plans for each client. The assessment focuses on identifying reentry needs, such as legal, housing, education/employment, mental/medical health), while also gathering information about gang affiliation. However, it does not collect information about dynamic risks, such as criminogenic thinking or peer associations.

Project Blue's interventions offered both pre-and post-release services designed to address the needs of its participants to support successful reentry. These services included:

1. ***Ready, Set, Work! (pre-release)***. Project Blue's primary intervention is the completion of the *Ready, Set, Work!* Program, a 20-hour skill-based training course designed to equip participants with the tools necessary to secure and retain quality employment. The program is facilitated by Project Blue staff trained as Offender Workforce Development Specialists, who lead monthly, evidenced-based, cognitive-behavioral intervention job readiness groups for enrolled participants. These groups incorporate presentations from community-based organizations, businesses, or volunteers to cover specific segments of the curriculum. *Ready, Set, Work!* classes are scheduled monthly, with each session taking place over the course of a week. The program is delivered by the Community Reintegration Officer in the Project Blue pod (see below).

2. **Project Blue Housing Pods (pre-release).** Project Blue participants have access to additional interventions, including pre-release residence in the Project Blue housing pod in the Erie County Holding Center. The Project Blue housing pod is a 48-bed unit located in the Holding Center that is reserved for Project Blue clients. It serves as the location for all pre-release planning activities. Optional programs offered in the pod include intensive post-release case management and referrals to post-release services. In addition to facilitating access to pre-release transition planning and services, the pod is intended to foster a peaceful, supportive environment. The duration of a participant's stay varies: some participants only enter the program after their release and do not receive pod, while others spend a short time in the pod before release. Additionally, some participants received both pod housing and post-release services.

Project Blue participants living in the pod accessed a range of pre-release programs, including Alcoholics Anonymous, Narcotics Anonymous, art therapy, a fatherhood program, Literacy Buffalo (training to be a GED tutor), a speaker series, and planned restorative circles. Participants self-selected into these programs. The programming offered is determined by the CRO, based partly on needs they observe in pod residents and partly on the services provided by external providers. Participants can also receive legal assistance for child support cases.

3. **Intensive Case Management (pre- and post-release).** Project Blue participants receive a variety of transition supports to aid in their reentry. These include scheduled contacts with their community transition coordinator (CTC), transition planning, direct

assistance in obtaining essential documentation such as their driver's license and birth certificate. Participants also receive help applying for benefits and social services for which they are eligible, including Medicaid, SNAP, TANF, and/or SSI/ disability, as well as legal and transportation assistance. Additional support is provided for other needs such as clothing, food, and a telephone. The intensity of case management decreased over time as clients engaged in services, with their self-assessments of needs helping to determine post-release support. Pre-release case management is delivered either in person in the Project Blue pod or virtually, while post-release case management takes place in the Project Blue Reentry Center.

4. **Referral to Services (pre- and post-release).** After release, Project Blue participants are connected to various services through referrals and linkages. These services include employment assistance, education providers and programs, housing support, mental health care, substance use/addiction treatment, anger management, support groups, financial literacy resources, and medical care coordination. Many of these services are also accessible to individuals not involved in Project Blue through community and organizational partnerships, such as the Erie County Department of Social Services, Erie County Department of Mental Health, Spectrum Health and Human Services, Catholic Church, Buffalo City Mission, and others.
5. **Peer Mentoring (post-release).** The Project Blue intervention model includes peer mentoring by current and former correctional staff for program participants. A mentor coordinator, trained in evidence-based mentoring practices by MentorNY, will match Project Blue clients with mentors based on factors such as age, race/ethnicity,

background, educational goals, locations, and hobbies. The coordinator will also onboard and train mentors and oversee mentoring relationships. As originally designed, participants and mentors will meet at least four times per month, with at least one meeting occurring in person.

Project Blue's logic model outlines the relationship among its program components (Table 13). Project Blue would rely on community resources to deliver services (inputs), and Project Blue staff would collaborate with ECJMD personnel, volunteers, peer mentors, and other county service providers to deliver pre-and post-release services. Key activities included recruitment, enrollment, delivery of the interventions, and training staff. Project Blue used voluntary recruitment. Outputs from the activities were designed to measure the results achieved from the activities. These activity-based outputs were distinct from initial and intermediate program outputs, which focused on what Project Blue achieved. Included among the initial and intermediate outcomes were program completion (graduation), employment, and recidivism reduction. Long-term outcomes focused on employment and recidivism reduction of program participants.

A key intermediate outcome of the program was the achievement of four project milestones, which were designed to track program retention and progress at 3-, 6-, 9-, and 12-months post-release. To meet each milestone, participants needed to be in contact with staff and have no new arrests or charges. Additionally, the 3- and 6-month milestones assessed referral uptake (e.g., receipt of necessary medical, mental health, or substance use treatment) and completion of employment and education services, respectively. The 9-month milestone focused on employment status, while the 12-month milestone

measured housing stability. Collectively, the program's inputs, activities, and outputs were expected to result in increased employment and educational outcomes, as well as reduced recidivism, measured by return to ECJMD and the number of repeat offenders re-entering ECJMD facilities. To assess impact, HOB planned to evaluate Project Blue using a randomized control trial (RCT) design, enrolling 150 clients into Project Blue and 150 individuals into a control group.

**Table 13: Project Blue Logic Model<sup>31</sup>**

| <b>Inputs</b>   | <b>Activities</b>  | <b>Outputs</b>  | <b>Initial Outcomes</b>   | <b>Intermediate Outcomes</b>  | <b>Long-term Outcomes</b>  |
|---|--|---|---|---|--|
| <b>Tools &amp; Curriculum</b><br>-Classification<br>-ACTS database<br>-Ready, Set, Work! (RSW)<br><b>Participants</b><br>-At least 150 with medium to high-risk criminogenic scores<br><b>Program Staff</b><br>-HOB ED<br>-PB Director<br>-CRO/CTCs (2)<br>-Live-in volunteer<br>-Mentor Coordinator<br>-Volunteer Mentors<br><b>Partners</b><br>-ECJMD<br>-BJA | <b>Enrollment</b><br>-Recruitment<br>-Voluntary enrollment<br>-Intake & consent<br><b>Intervention (in jail; CRO)</b><br>-Transition planning<br>-Housing and transportation arrangements<br>-RSW<br><b>Intervention (post-release)</b><br>-Case plan management<br>-Supportive services<br>-Referral to services<br>-RSW<br>-Peer mentoring | <b>Enrollment</b><br>-# screened<br>-# eligible (goal: 150)<br>-# transition plans<br>-# eligible comparison group members (150)<br><b>Intervention</b><br>-# who follow up with CTC<br>-case management meetings<br>-#participating in RSW, mentoring, and in other services<br>-# linked to services<br><b>Staff training</b> | <b>Program Completion</b><br>-# reaching milestones<br>-# completing 20-hour RSW<br>-# transition plans completed<br><br><b>Stable housing</b><br><br><b>Increased self-worth and confidence</b><br><br><b>Employment skills gained</b><br><br><b>Increased access to and use of services</b> | <b>Program Completion</b><br>-#graduating Project Blue<br>-Positive participant feedback on experience<br><br><b>Gainful employment /school enrollment</b><br><br><b>Maintain employment /enrollment</b><br><br><b>System of county-level reentry supports established and utilized</b> | <b>Increase steady employment among ECJMD returning citizens</b><br><br><b>Reduce number of repeat offenders entering ECJMD facilities</b> |

<sup>31</sup> In table 13, the bold text identifies a resource, intervention, or outcome category. The normal text identifies specific indicators or measures for a category. An exception to this distinction arises with outcome measures, where only categories such as employment recidivism are identified in the logic model.

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| -County service agencies<br><b>Project Blue Center</b><br>-Treatment Coordinator (TC)<br>-Staff on-site<br>-Services on-site | <b>Staff training</b><br><br><b>Monthly quality assurance reviews</b> | -# of trained volunteers<br><b>Services</b><br>-# of services available<br>-# of partners | -at Project Blue Center and/or via partners | <b>Reduced recidivism to ECJMD at 12-months post-release (among participants)</b> |  |
|--|---|---|---|---|--|

CROs were responsible for pre-release contact, which involves creating a reentry case plan that addresses basic needs, housing, medical and treatment needs, education and employment referrals, and transportation and legal assistance. Upon release, the CRO meets with clients to hand off post-release responsibilities to a transition coordinator (TC), who will assist clients in achieving the goals outlined in their reentry plan. This includes connecting clients with a peer mentor and enrolling them in *Ready, Set, Work!*, which incorporates cognitive behavioral therapy sessions. The frequency of client contact with TCs is intended to decrease over time, based on the client's progress.

Project Blue's interventions focused on empowering clients to identify the needs they wish to address and take responsibility for their engagement with Project Blue staff. The staff serve a coordinating role, connecting clients to service opportunities that align with their needs. Ultimately, the decision about which services to engage with and how to participate rests with the client.

## Project Blue and business as usual

In addition to the services offered by Project Blue, all individuals in the jail have access to other county pre-release and post-release services. The only pre-release services not explicitly included in Project Blue's offerings are medication-assisted treatment/



substance use disorder (SUD) treatment and access to a kiosk with a reentry resource guide. The treatment service is limited in availability and is not coordinated within the jail.

Post-release, all persons released from jail can access a county-run “service link stop” located near the holding center. This one-stop shop model houses representatives from various county agencies, providing a wide range of services, including mental health care, substance use treatment, medical care coordination, domestic violence programming, anger management, and more.

### Local evaluation efforts of Project Blue

Project Blue engaged a local evaluation firm, Via, Inc., to assist with data collection and reporting activities. Initially, the local evaluator was expected to be responsible for conducting the evaluation. However, Via’s scope of work was more limited, focusing on guiding project staff in the development of data collection plans for process and outcome measures, assisting with the transition to a new data system, and supporting performance reporting. Via was also tasked with preparing quarterly program progress reports (PMI reports) and sharing data extracts with GSU to support evaluation.

HOB planned to track program outcomes for 12 months post-incarceration and set specified targets for its intermediate outcomes. Data to monitor these outcomes would come from Project Blue’s case management files and the JMD jail data.

### Implementation Challenges and Changes

Project Blue encountered several challenges and opportunities that influenced its program design, scope, and implementation. The COVID-19 pandemic and bail reform prompted Project Blue to expand eligibility for participation in its program. Concerns about service

delivery led to a shift away from an experimental design for evaluating impacts.

Collaboration with the county resulted in the expansion of its client population, and the acquisition of a new database improved measures of service delivery.

Our study of implementation challenges and changes was guided by several research questions, including:

- How did the implementation of Project Blue differ from its original Project Blue proposal?
- What challenges and opportunities did HOB encounter in implementing Project Blue, and how did it address these challenges?
- What is the status of Project Blue's implementation as of September 30, 2023, when its BJA grant concluded?

## Methodology

The implementation evaluation was conducted through a combination of three site visits, quarterly calls, regular email exchanges, and a review of program documents, including performance reports, program enrollment and service data, and annual reports. Semi-structured qualitative interviews were held with staff at each site visit to gather insights on recruitment, enrollment, and data collection practices; fidelity monitoring and modifications to the program model; staffing; collaboration; and sustainability planning. Staff participants included project leadership, transition coordinators, the community reintegration officer, and case management staff. Interviews were also conducted with partners, including leadership and staff from the ECSO and collaborating county agencies, to understand their roles, perceptions of the program, and views on its implementation. In

the second site visit, program participants were interviewed to gather their experiences with the program. Reviews of program data and reports provided continuous assessment throughout the implementation period, while quarterly calls and regular email exchanges offered additional context and clarification regarding program implementation and any modifications.

### Changes to planned interventions

HOB encountered multiple challenges while implementing Project Blue. These challenges included decisions regarding the program design, the impact of the COVID-19 pandemic, bail reform in New York state, and securing funding from Erie County and the ECSO.

Originally, in its evaluation participation grant, HOB proposed a randomized controlled trial (RCT) design to assess the impact (long-term outcomes) of Project Blue, intending to enroll 150 individuals in the treatment group and 150 in the control group. By early 2021, HOB and the ECSO decided against randomizing participants into treatment and control groups. Concerns about withholding the opportunity for control group members to participate in a potentially beneficial program played a significant role in this decision. As a result, HOB shifted to a recruitment strategy centered on voluntary enrollment (see below), allowing eligible participants to self-select into the program. With this move away from the RCT design and reliance on voluntary participation, HOB did not develop plans to identify a comparison group.

Although the program aimed to address a gap in services for the county's reentry population, it did not exclude individuals who were in jail awaiting hearings (including bond hearings), awaiting trial, convicted and awaiting sentencing, or sentenced and awaiting

transfer to state prison. As a result, the program enrolled and served convicted individuals who fell outside the intended target population and had a low likelihood of being released to benefit from Project Blue's post-release services. Staff approaches to enrolling convicted individuals varied; some were more open to working with those who had a higher likelihood of being sentenced, while others actively screened participants more carefully.

The COVID-19 pandemic impacted operations starting in March 2020, when Erie County and the State of New York issued shelter-in-place orders. Prior to the pandemic, HOB had been delivering pre-release case management and *Ready, Set, Work!* program at the Erie County Holding Center. However, both services were paused when staff were no longer able to enter the jail. From March to June 2020, HOB worked to adapt elements of *Ready, Set, Work!* for virtual delivery, and in June 2020, the program was relaunched in a hybrid format, combining remote and in-person sessions, though with fewer classes per month. Project Blue continued to deliver pre-release services using the hybrid approach for the remainder of the program's implementation.

From the onset of the pandemic and for the next 18 months, HOB modified its pre-release intensive case management by shifting from multiple in-person weekly visits to video conferences twice a week (from March 2020 to August 2021). In August 2021, staff resumed in-person pre-release case management, but this was interrupted by several COVID-19-related lockdowns between August and November 2022. During these periods, in-person services were switched to virtual delivery, depending on staff access to the jail.

Pandemic-related changes in the jail also impacted participants' movement into pod housing and the delivery of services within the pods. The original program design had

all participants moving into the Project Blue pod upon enrollment, but intermittent COVID-19-related lockdowns prevented the movement of inmates within the jail. As a result, participants' time within the pod varied: some stayed for a short period of time, while others never lived in the pod before release. Those who never moved into the pod only received intensive case management before release, as other services were only available within the pod. Additionally, due to COVID-19, HOB had to reduce the number of participants housed in the pod, and ECJMD shifted from a 24-bed pod to a 48-bed pod. Other programming offered in the pods, including Alcoholics Anonymous/ Narcotics Anonymous and planned restorative circles, had not yet launched before COVID-19 and were initially intended to be delivered in-person. However, the lockdowns delayed the implementation of these programs, and HOB adapted by delivering them virtually when they launched in June 2020. HOB had also planned to implement a peer mentoring component, but this was delayed due to COVID-19 restrictions and ultimately dropped due to difficulties with retaining staff and volunteers. Additionally, in early 2020, the partnership between HOB and Catholic Charities of West New York ended abruptly, which affected the program's intended direct employment placement for post-release participants.

New York's 2020 statewide bail reform law, which eliminated pretrial detention and cash bail for misdemeanor and nonviolent felony offenses while giving judges discretion in setting cash bail for other offenses, affected Project Blue enrollments. The bail reform act contributed to a reduction in the jail population by as much as half, which in turn reduced the number of individuals who met the moderate- and high-risk criteria for the program. As a result, HOB modified Project Blue's eligibility criteria to better align with its originally

enrollment targets. The program had initially focused on individuals scoring Level 5+ on the Applied Correctional Transition Strategy (ACTS) screening, or medium to high-risk individuals with repeat and/or violent offenses. However, HOB relaxed these criteria, making it a preference rather than a requirement to enroll individuals with medium to high-risk scores.

In July 2022, when Project Blue received funding from Erie County to support its activities, it eliminated risk-based eligibility criteria and opened enrollment to any inmate countywide who expressed interest in participating. With the county funding, Project Blue began recruiting and enrolling inmates from both the Holding Center (the original source of referrals, which also housed the Project Blue pods) and the County Correctional Facility. The County Correctional Facility, which has a lower security rating, houses approximately 884 inmates. When enrolling participants from the County Correctional Facility, Project Blue initially offered pre-release case management but gradually expanded its service offerings at the new site to include additional programming.

### Impacts on enrollments and target populations

The two key factors influencing Project Blue enrollments were New York's bail reform and HOB's receipt of county funding. Bail reform resulted in a decline in enrollments and an increase in the proportion of clients categorized as low risk. In contrast, county funding led to a notable rise in the number of clients. These trends are evident in Project Blue's enrollment data (Table 14, below). From its launch in the fourth quarter of 2019 through the end of 2020, the program averaged about 29 clients per quarter, and nearly three-quarters of them classified as medium-to-high-risk. The first three quarters of the pandemic (2020-

Q2 to 2020-Q4) had minimal impact on enrollments, as the numbers fluctuated, with the 35 clients enrolled in Q4 2020 only two fewer than the 2019-Q4 total.

As bail reform was implemented, the average number of individuals enrolled in Project Blue dropped from 29 per quarter before 2021 to 17 per quarter from 2021-Q1 through 2022-Q2, reflecting a 41% decrease in enrollments. Over the same period, the proportion of low-risk individuals enrolled rose from 27% to 44%. In 2022, following HOB's receipt of Erie County funding, enrollments surged to 120 in Q3 2022, and the quarterly average remained above pre-2022-Q3 levels. The total average enrollments increased to 72 per quarter - more than three times the average during 2021 and the first two quarters of 2022, and over double the enrollments in 2020. While the share of low-risk clients declined compared to 2021, more than one-third (36%) of clients enrolled during the period of country funding were low-risk.<sup>32</sup>

**Table 14: Quarterly enrollments in Project Blue by risk level.**

| Quarter | Risk level |          | Total | % low risk |
|---------|------------|----------|-------|------------|
|         | Low        | Med-High |       |            |
| 2019-Q4 | 12         | 25       | 37    | 32.4       |
| 2020-Q1 | 7          | 6        | 13    | 53.8       |
| 2020-Q2 | 6          | 26       | 32    | 18.8       |
| 2020-Q3 | 7          | 19       | 26    | 26.9       |
| 2020-Q4 | 6          | 29       | 35    | 17.1       |
| 2021-Q1 | 6          | 12       | 18    | 33.3       |
| 2021-Q2 | 4          | 8        | 12    | 33.3       |
| 2021-Q3 | 11         | 16       | 27    | 40.7       |
| 2021-Q4 | 6          | 7        | 13    | 46.2       |
| 2022-Q1 | 6          | 7        | 13    | 46.2       |
| 2022-Q2 | 12         | 8        | 20    | 60.0       |

<sup>32</sup> In its quarterly Performance Measures Indicators (PMI) reports, HOB defines its target population as medium-to-high risk inmates. However, the most recent reports do not account for the change in eligibility or reflect the number of low-risk inmates enrolled in Project Blue.

|  |            |            |            |             |
|--|------------|------------|------------|-------------|
| 2022-Q3  | 46         | 74         | 120        | 38.3        |
| 2022-Q4  | 19         | 50         | 69         | 27.5        |
| 2023-Q1  | 26         | 43         | 69         | 37.7        |
| 2023-Q2  | 18         | 24         | 42         | 42.9        |
| 2023-Q3  | 18         | 40         | 58         | 31.0        |
| <b>Total</b>   | <b>210</b> | <b>394</b> | <b>604</b> | <b>34.8</b> |
| <b>Averages</b>  | Low        | Med-High   | Total      | % low risk  |
| 2019-Q4 thru 2020-Q4   | 7.6        | 21.0       | 28.6       | 26.6        |
| 2021-Q1 thru 2022-Q2   | 7.5        | 9.7        | 17.2       | 43.7        |
| 2022-Q3 thru 2023-Q3   | 25.4       | 46.2       | 71.6       | 35.5        |
| <u>Notes.</u> The data excludes 16 people with missing risk scores. Data reflect enrollment through Q4 2023. Results may be subject to change with data updates. |            |            |            |             |

Bail reform and county funding prompted HOB to expand the scope of Project Blue. The total number of clients served increased significantly, from the originally planned 150 to over 600 by the end of September 2023. This expansion coincided with a shift in Project Blue's focus, moving away from medium- to high-risk clients and toward lower-risk individuals. The changes in the program's eligibility criteria resulted in a more diverse client base, with varying risks and needs. Several modifications also impacted service delivery, especially during the pre-release period. COVID-19 lockdowns, which restricted movement within the jail and prevented program staff from entering the facility, led to delays in the rollout of pre-release services and a reduction in the scope of these services. Additionally, the restrictions limited the amount of time many participants spent in the pod, with some not even moving into the pod prior to release, further restricting their access to pre-release services.

Project Blue's expansion in 2022 coincided with the introduction of county funding. Initially, the program relied on a single officer within the jail to recruit clients, and they were



described as highly selective. However, once the project went countywide, it no longer relied on this officer. Instead, Project Blue broadened its eligibility criteria to accept “anyone who wants to be part of the program.” As word of mouth spread, awareness of Project Blue grew, leading to significant increase in the number of interested clients. This, in turn, resulted in higher caseloads, with several staff members’ caseloads rising from a few dozen to over 100 clients. With the expansion to a jail-wide program, Project Blue no longer needed to actively recruit clients.

The expansion of Project Blue’s enrollment had significant impacts on case managers and the scope of services the program aimed to provide. Project Blue offers a range of services similar to those provided by other organizations, except for legal aid. Providers noted that collaboration with Project Blue primarily centered around service referrals, with some expressing a desire to receive more referrals. In 2024, Project Blue took on greater responsibility by assuming case management for the jail’s medication-assisted treatment program, despite facing staffing challenges.

### Modifications to program outcomes and program services

Other changes to Project Blue’s programming included the decision to discontinue measuring client progress through milestones, scaling back RSW, and limiting the scope of service measures. HOB removed the four program milestones originally proposed to track participants’ progress during post-release. Program leadership explained that a systematic method for tracking progress using these milestones had not been established. Although they had discussed potential data collection activities with the local evaluator, program leadership ultimately decided to eliminate the milestones from the program model.

The pandemic impacted both the number of hours of training for RSW and the number of individuals receiving the intervention. When Project Blue shifted RSW to a hybrid model due to restrictions on visitor access to the jail imposed by the Sheriff's Office, it resulted in a reduction in the number of training hours for this intervention. Between 2019 and 2022, Project Blue RSW to 114 individuals. However, in mid-2022, Project Blue discontinued the program following the loss of the officer who managed it. In 2023, the program scaled back services in the Holding Center while expanding programming in the correctional facility. After April 2022, Project Blue's service data shows no additional participants in RSW.

HOB initially planned to monitor the quantity of Project Blue's service delivery to clients with the support of its local evaluator. This included the evaluator documenting the fidelity of cognitive behavioral therapy (CBT) program delivery, collecting quarterly data on program services, and conducting interviews with participants in the community throughout the post-release engagement period. Although the local evaluator conducted satisfaction interviews early in program's implementation to assess clients' self-efficacy, this was not sustained beyond the initial rollout due to the burden it placed on participants. Additionally, HOB decided not to involve the local evaluator in other fidelity monitoring activities and did not establish a formal mechanism for assessing program fidelity during the implementation phase. Service data collected included dates, types of service contacts, and the quantity of services received.

As Project Blue clarified its evaluation focus, Via, its local evaluator, observed changes in how program data were captured and reported throughout its engagement with

the program. Key changes in the data reporting process include a shift from tracking only referrals to tracking actual participation in programming; the elimination of two program milestones; and the introduction of a goals report in 2022, which tracks the status of goals set with clients in case management plans. Initially Project Blue identified four milestones but later revised this measure to just two: (1) initial post-release contact, and (2) engagement at 30 days. Another significant change occurred in mid-2022, when Project Blue ceased enrolling and delivering RSW. This decision was made after the departure of the program's CRO in 2022. According to HOB, the CRO was the only staff member trained to facilitate RSW, and the program was unable to find another trained staff member to continue the intervention.

The local evaluator, VIA, noted improvements in data quality after Project Blue transitioned to the Salesforce data management system. Currently, VIA focuses its evaluation and reporting activities on data collected through Salesforce. VIA's evaluation support has clarify aspects of program outcomes related to completions and discharges. However, the criteria for successfully completing goals are not standardized; instead, the client and case manager subjectively determine whether goals have been met. Similarly, the decision to mark a client as having successfully completed the program is also subjective, with clients remaining enrolled until they feel they no longer require Project Blue's services. Discharge criteria for non-contact are not standardized either, relying on case managers' assessment of the likelihood that they will be able to re-establish contact with the client.

Project Blue’s approach to assessing client progress and client responsibilities changed over time. Initially, the program planned to guide clients through recurring meetings with case managers, with the frequency of these meetings decreasing as clients progressed and met milestones. However, as previously discussed, the milestones were modified, and Project Blue staff came to view their primary role as assisting clients in their reentry processes while gradually transferring responsibility for successful reentry to the clients themselves. If clients chose not to engage with Project Blue or respond to its offerings, staff would not force engagement. Instead, engagement was determined by a client’s initiation of contact with Project Blue, which staff interpreted as a sign of the client's motivation to change. While staff made regular calls to clients, they emphasized that “it is up to them to lead their progress”. For clients who did not respond to multiple calls (e.g., around three), minimal further effort was made to engage them. These clients were classified as “no contact” discharges, where “no contact” could either signify self-defined program completion or a failure to complete the program.

As part of the client responsibility model, Project Blue defined success as when a client “does not need anything more” from the program, essentially allowing clients to define success for themselves. For instance, if 10 items were defined as necessary during initial case planning, but after completing several of them, a client expressed that they no longer felt the need to complete the remaining items, Project Blue staff would consider this success, even if some needs identified during screening and case plan development were left unmet.

## Sustainability

Initiatives focused on the transition from jail to community aim to create sustainable programs.<sup>33</sup> During the project period, HOB demonstrated the ability to garner local support for Project Blue and secure funding from local and national sources. In July 2022, HOB obtained funding from Erie County to expand Project Blue's implementation into the Erie County Correctional Facility, a lower-security facility compared to the maximum-security Erie County Holding Center, which houses inmates of various classifications. With this expansion, HOB revised the eligibility criteria to allow participation from any inmate countywide. A year later, in June 2023, as SCA enrollment was ending, HOB received an additional \$1.1 million in County funds to sustain and expand Project Blue. The local support underscores Erie County's commitment to establishing Project Blue as a permanent part of its reentry services.

HOB also secured two additional grants from BJA to support and expand Project Blue. In September 2022, it was awarded an FY 2022 Improving Reentry Education and Employment Outcomes grant, which focused on an in-jail workforce development program. This grant provided Project Blue clients with opportunities to enhance their skills and complete specialized training prior to release, helping them secure stable employment. Additionally, HOB received continuation funding from BJA to further support Project Blue's efforts.

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<sup>33</sup> Jesse Jannetta (2008). *The Transition from Jail to Community (TJC) Initiative*. Washington, DC: The National Institute of Corrections.

## Observations about implementation

Project Blue's early implementation was significantly impacted by COVID-19 and New York State bail reform. Much of the programming was scaled back and shifted to virtual delivery as staff were unable to enter the jail, participants' movement into the pod housing was intermittently interrupted, and enrollments declined as the jail population changed. However, the most significant program modifications came with the introduction of new funding sources, each with different expectations regarding the population served. With the county funding in 2022, the program eliminated its risk-based eligibility criteria and began delivering services at the county's other jail facility, the Erie County Correctional Facility. Following its inclusion in the Sheriff's Office's budget, Project Blue expanded its client base further and began taking on new lines of service, such as case management for medication-assisted treatment clients. This expansion led to the hiring of additional transition coordinators and staff, and the program shifted from jointly delivering services with jail staff to a model where Project Blue staff provided most services, with a strong emphasis on intensive pre- and post-release case management.

Through its implementation at the Erie County Correctional Facility, Project Blue recognized that the layout, culture, and population at the Holding Facility were less conducive to the program compared to the Correctional Facility. The Correctional Facility's lower security level and open-plan layout facilitated the delivery of programming and allowed staff easier access to clients for pre-release case management. Additionally, the culture at the Correctional Facility was more receptive to Project Blue's staff and programs, leading to higher enrollment over time. This success contributed to increased

funding opportunities, both federal and local, and strengthened the program's long-term sustainability.

While the program has been successful in enrolling clients, changes to its data collection procedures throughout implementation - particularly the elimination of objective measures of progress (e.g., program milestones) - have made it challenging to fully assess the program's impact on clients.

## Program Recruitment, Enrollment, and Intermediate Outcomes: Preliminary Findings

Here, we present preliminary findings on Project Blue's recruitment, enrollment, service delivery, and program outcomes (discharges), using data available through December 2023. At that time, approximately 20% of clients enrolled in Project Blue were still actively engaged in services and had not been discharged, meaning their outcomes have not been observed.

The primary service provided by Project Blue to clients with available data was case management. About a quarter of participants had records indicating successful participation in *Ready, Set, Work!*, one of the key interventions offered by Project Blue.

Among all enrolled clients, discharges for program violations occurred at twice the rate of discharges for successful completion. As expected for a jail reentry program that allowed clients to volunteer for participation and did not impose enrollment restrictions based on legal status, another 15% of clients were convicted and transferred to state prison or other authorities while in jail and were not released to the community.

Additionally, 20% of clients were discharged as "no contact" discharges. These discharges

could either indicate that the clients successfully completed programming that addressed their self-defined needs, or they may reflect clients who left the program for other reasons.

Our analysis was guided by several research questions, including:

- How many enrollments did Project Blue achieve, and how did these change over time?
- How were risk scores distributed among Project Blue clients, and did they align with the program's target population?
- What services were delivered to Project Blue clients?
- What initial outcomes did Project Blue achieve?

## Methodology

The data used for this analysis were provided by Project Blue's local evaluator and included information on the dates of client release, referral to Project Blue while incarcerated, release from jail, and discharge from the program. The data also include client risk scores, demographics (e.g., age, race, ethnicity, sex), and service referrals. Additionally, we used data from the Erie County Sheriff's Office (ECSO) on bookings into and releases from the Erie County Jail, as well as another data extract containing ACTS risk scores for individuals booked into the jail. Service delivery from Project Blue, which includes dates of engagement, types of services delivered, and records for each service delivery episode nested within clients, were also incorporated. Descriptive statistical methods were applied to analyze the intermediate outcomes achieved by Project Blue.



## Clients processed

Table 14 (above) shows enrollments into Project Blue by quarter and risk category. Below, we provide a summary of these data. Table 15 (below) presents a total of 637 individuals referred to Project Blue during the intervention period, from October 2019 through September 2023. Of these, 17 were denied entry into Project Blue.<sup>34</sup> We counted everyone only once, even though some were enrolled in Project Blue more than once, basing our count on the most recent referral for each person. Among all referrals, 582 individuals were referred once, 52 were referred twice, and three were referred three times. The low denial rate (2.7%, or 17 persons) aligns with Project Blue’s open program entry approach.

**Table 15. Number of individuals referred to and accepted into Project Blue.**

| Outcome  | Number     | %          |
|--|------------|------------|
| Accepted   | 620        | 97.3       |
| Denied   | 17         | 2.7        |
| <b>Total</b>   | <b>637</b> | <b>100</b> |
| <u>Notes.</u> Data are through Q4 2023.<br>Results may be subject to change with data updates. |            |            |

Project Blue’s initial target population was individuals classified as medium- to high-risk (an ACTS score of 5 or more). Among those accepted into the program, slightly more than one-third (35%) were classified as low risk by the ACTS instrument, while just under two-thirds were classified as medium- or high-risk (Table 16, below).

**Table 16. Referral outcomes by risk level.**

| Referral Outcome | Risk level |            | Total      | % Low        |
|------------------|------------|------------|------------|--------------|
|                  | Low        | Med-High   |            |              |
| Accepted         | 210        | 394        | 604        | 34.77        |
| Denied           | 5          | 11         | 16         | 31.25        |
| <b>Total</b>     | <b>215</b> | <b>405</b> | <b>620</b> | <b>34.68</b> |

<sup>34</sup> The explicit reasons for denial are not available in the Project Blue data.

Notes. The data exclude 17 individuals for whom ACTS risk scores were not available.

Data are through Q4 2023.

Results may be subject to change with data updates.

In 2020, just over a quarter of Project Blue’s clients were classified as low-risk (Table 17, below), while nearly three-fourths of clients met the medium-to-high-risk criterion. As indicated by interviews with Project Blue staff, both the ongoing restrictions on jail access due to the COVID-19 pandemic and New York’s bail reform influenced the size of the jail population, prompting Project Blue to expand its operations to include lower-risk individuals housed in the County Correctional Facility. This shift is reflected in the increase in the share of low-risk enrollments. Starting in 2021, the share of low-risk enrollments increased to 39%, and as enrollments continued to expand through 2022 and 2023, the low-risk share remained relatively stable at around 37%. Ultimately, about two-thirds (65%) of Project Blue clients met the program’s initial medium-high risk criterion.

**Table 17. Percent of enrollments that were low risk.**

| Year                            | % low risk |
|---------------------------------|------------|
| 2020*                           | 26.6%      |
| 2021                            | 38.6%      |
| 2022                            | 37.4%      |
| 2023                            | 36.7%      |
| *Includes data from Q4 of 2019. |            |

## Services delivered

For clients enrolled on or before September 30, 2023, Project Blue’s service data cover services delivered through April 2024. Since post-release services can be provided for several months after a client’s release from jail, records of services delivered will extend

well beyond the end of enrollment in September 2023. The data reported below are based on services delivered through the first quarter of 2024.

Project Blue's service data are incomplete for services delivered prior to the fourth quarter of 2021. For some clients, no service records were available. Specifically, of the 620 people enrolled in Project Blue between October 2019 and September 2023, we observed service histories for 500 individuals.<sup>35</sup> The service history data show no records of services delivered in 2020 and only two service deliveries during the first two quarters of 2021. For all but five clients, service delivery records begin in the fourth quarter of 2021. Due to these gaps in service records, we are unable to evaluate the extent to which Project Blue met its service delivery objectives, as outlined in its logic model, during the first two years of the project (from Q4 2019 to Q3 2021).

Services data improved in late 2022 after HOB purchased and implemented a Salesforce database to manage service-related data. This improvement is reflected in an increase in the number of service records starting in the fourth quarter of 2022. Since the countywide expansion, Project Blue's service delivery records have become more complete.

Project Blue's service data includes the types and dates of service episodes. Most service episodes (two-thirds of all reported service episodes) are categorized as case management. These services involve in-person, phone, or virtual discussions with a Project Blue case manager, which may include referrals to other services, addressing specific needs, problem-solving day-to-day problems (e.g., transportation, housing), and

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<sup>35</sup> In addition, we have records of participation in RSW during 2019 and 2021 for an additional 66 persons.

providing encouragement to continue engaging with Project Blue. Other service categories include Project Blue programming (e.g., RSW, Pod Town Hall meetings), specialized courses and trainings (e.g., parenting, financial literacy, writing workshops), empowerment practices (e.g., Better Me, Better We, Restorative Circles, Empower You Speaker Series), self-help substance use programs (e.g., Alcoholics Anonymous/Narcotics Anonymous (AA/NA), and referrals for legal advice.

For the 500 clients with available service records, we report on the distribution of the number of service engagements (Table 18, below). The data are organized by the first quarter in which a service was delivered. These records are partial, as not enough time has passed to capture services delivered in more recent quarters. However, for the main comparison—changes between 2022-Q2 and 2022-Q3—sufficient time has passed to capture services. In 2022-Q3, Project Blue expanded enrollments, incorporating clients from both Erie County facilities, including the county correctional facility that housed lower-risk inmates. This expansion led to an increase in the number of clients receiving their first service, but it also resulted in a decrease in the number of services delivered to each client.

In 2022-Q3, Project Blue provided its first service to 111 clients, a significant increase from the 25 served in the previous quarter. This rise in the number of services per client. For example, between 2022-Q2 (before the expansion) and 2022-Q3, the average number of services per client dropped by half, from 24.5 to 12.4. The median also fell by more than half, from 16 to 7, with other points in the distribution showing similar declines. The decrease in services during 2022-Q3 marked a reversal of the slight upward trend in

services per client that had been observed from 2021-Q4 through 2022-Q2. From 2022-Q3 through 2023-Q1, service delivery stabilized at this lower level, remaining roughly half of what had been provided between 2021-Q4 and 2022-Q2.

**Table 18. Project Blue service delivery: Summary statistics on the number of services received through 2024-Q1, by first quarter of service delivered.**

| 1st service<br>quarter   | Distribution of number of services |             |        |             | Clients<br>served |
|--|------------------------------------|-------------|--------|-------------|-------------------|
|  | Mean                               | 25th p-tile | Median | 75th p-tile |                   |
| 2021-Q4  | 18.5                               | 4.0         | 13.0   | 28.0        | 71                |
| 2022-Q1  | 18.4                               | 4.0         | 12.0   | 25.0        | 62                |
| 2022-Q2  | 24.5                               | 5.0         | 16.0   | 38.0        | 25                |
| 2022-Q3  | 12.4                               | 2.0         | 7.0    | 18.0        | 111               |
| 2022-Q4  | 12.7                               | 3.0         | 8.0    | 16.0        | 78                |
| 2023-Q1  | 13.6                               | 4.0         | 7.0    | 19.0        | 50                |
| 2023-Q2  | 7.0                                | 2.0         | 5.0    | 9.0         | 47                |
| 2023-Q3  | 3.4                                | 1.0         | 2.5    | 4.0         | 18                |
| 2023-Q4  | 7.3                                | 2.0         | 6.0    | 12.0        | 22                |
| 2024-Q1  | 2.7                                | 1.0         | 2.0    | 4.0         | 10                |
| Total  | 13.6                               | 3.0         | 8.0    | 17.0        | 500               |
| <b>Notes.</b> Days in service equals the last delivery date minus first delivery date. Service data begin in Q4 2021. Results may be subject to change with updates to the service data. |                                    |             |        |             |                   |

In its program logic model, Project Blue identified intermediate outcomes related to program completion and receipt of necessary services. Given the diverse needs of clients, we expected to see variation in the services delivered, and this is what we observed. However, the predominant service provided was case management, as noted earlier. The number of clients who received at least one case management session aligned with enrollment trends, meaning that nearly all clients received case management services.<sup>36</sup>

<sup>36</sup> Technically, we found that 476 of the 500 clients with available service data received case management. We expect that future updates to the data, which will complete missing records, will show that all clients received at least one case management service.

Project Blue reported 19 different types of services. In addition to case management, the most received services were related to employment and education (including RSW), as well as housing and transportation. Nearly 200 clients received at least one service in these two categories (Table 19, below). Empowerment services, which focused on self-help, self-betterment, and building supportive and empathetic behaviors, were utilized by approximately 10% of clients. AA/NA services were used by a smaller portion of clients.

A total of 77 clients received RSW or employment and education services, though this number underrepresents the full count of RSW participants. An additional 66 clients who received RSW are recorded in a separate data file. Combined, the records of 141 clients indicate involvement in RSW, a key component of Project Blue’s intervention.

***Table 19. Number of clients receiving at least one service episode by category of service.***

| Quarter of Service   | Case management | RSW/educ/employ. | Empowerment | Housing/transport. | AA/NA | Misc. |
|--|-----------------|------------------|-------------|--------------------|-------|-------|
| 2021-Q4  | 66              | 9                | 8           | 14                 | 11    | 10    |
| 2022-Q1  | 49              | 15               | 15          | 12                 | 19    | 11    |
| 2022-Q2  | 23              | 16               | 6           | 15                 | 9     | 2     |
| 2022-Q3  | 106             | 5                | 4           | 25                 | 0     | 17    |
| 2022-Q4  | 75              | 6                | 6           | 17                 | 0     | 10    |
| 2023-Q1  | 53              | 17               | 9           | 20                 | 0     | 16    |
| 2023-Q2  | 46              | 6                | 4           | 8                  | 0     | 8     |
| 2023-Q3  | 21              | 3                | 0           | 0                  | 0     | 1     |
| 2023-Q4  | 24              | 0                | 0           | 1                  | 0     | 1     |
| 2024-Q1  | 13              | 0                | 0           | 0                  | 0     | 0     |
| Total  | 476             | 77               | 52          | 112                | 39    | 76    |
| <b>Notes.</b> Data through Q1 2024. Service delivery data begins in Q4 2022. Results may be subject to change with updates to the services data. |                 |                  |             |                    |       |       |

To assess the extent to which Project Blue met its service objectives, the service history data used to report on service episodes needs to be supplemented. This is especially important since case management may serve as the primary avenue for referrals and delivery of other services. Case management calls and meetings often include referrals, summaries of discussions about clients' needs, and other relevant details that shed light on the services provided and clients' progress in their case plans. To build a more comprehensive record of services, we plan to review and analyze case notes for additional service-related information. We have already requested and received an extract of the "case notes" recorded by case managers, and we are in the process of analyzing them to identify further service records.<sup>37</sup>

### Preliminary program outcomes

Not all clients enrolled in Project Blue had sufficient time to complete their treatment or be discharged from the program by the end of 2023. Of the 620 people enrolled in Project Blue, approximately 21.5% were still actively receiving services, while the remaining 78.5% had been discharged, as shown in Table 20 (below). Discharge reasons were available for most clients. Among those with discharge records, 9% (56 individuals) successfully completed the program. Twenty-six percent were discharged as "no-contact" discharges, which could indicate that a client voluntarily disengaged, having assessed that they no longer required Project Blue's services, or it could reflect circumstances such as arrest, absconding, or other adverse events not yet been captured by the program. Eighteen percent were discharged due to events we classified as "revoked," including probation or

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<sup>37</sup> In our final report, we will include information about services derived from the case notes.

parole violations, new arrests, or program violations. Another 26% were discharged for other reasons, which included program violations, transfers to state prison, new arrests, parole or probation revocations, or missing data on their discharge reason. The discharge reasons listed reflect the reasons for discharge from Project Blue. Clients may experience other outcomes—such as probation revocation or arrest- that occur after discharge, but these are not considered discharge reasons. Arrests and revocations typically lead to bookings into jail, and in future analysis, we will investigate bookings that occur after discharge, including clients who were discharged successfully.

**Table 20. Current program status of Project Blue clients.**

| <b>Status</b>   | <b>n</b>   | <b>%</b>   |
|---|------------|------------|
| Active  | 133        | 21.5       |
| Completed Successfully  | 56         | 9.0        |
| No Contact  | 161        | 26.0       |
| Revoked   | 110        | 17.7       |
| Discharged Other  | 160        | 25.8       |
| <b>Total</b>  | <b>620</b> | <b>100</b> |
| <u>Notes.</u> Data through Q4 2023. Results may be subject to change with data updates. |            |            |

By risk level, comparable percentages of clients remained active in the program. Specifically, 20% of low-risk clients and 22% of medium-high-risk clients were still active in Project Blue by the end of the fourth quarter of 2023 (Table 21 below). The percentages of low- and medium/high-risk clients discharged for successful completion were also similar (10% vs 8%). However, a larger percentage of low-risk clients were discharged with no contact (32%) compared to medium/high-risk clients (23%). Additionally, a somewhat



larger percentage of medium/high-risk clients had revocation as their discharge reason (20%) compared to low-risk clients (13%).

**Table 21. Client program status by risk level: Number and percent by status.**

| Program Status   | Percent within risk category |          |       |
|--|------------------------------|----------|-------|
|  | Low                          | Med-High | Total |
| Active   | 20.0                         | 21.8     | 21.2  |
| Completed Successfully   | 10.0                         | 8.1      | 8.8   |
| No Contact   | 32.4                         | 23.1     | 26.3  |
| Revoked  | 13.3                         | 19.8     | 17.5  |
| Discharged Other   | 24.3                         | 27.2     | 26.2  |
| <b>Total</b>   | 100                          | 100      | 100   |
| Notes. Data are through Q4 2023. The data excludes 16 people for whom ACTS risk scores were not available. Results may be subject to change with data updates. |                              |          |       |

A larger number (and percentage) of clients enrolled in more recent years are still active in Project Blue compared to those referred in the earlier years of the project. Of the 133 active clients, 132 were referred during 2022 or 2023 (Table 22 below). Among the 220 clients engaged in Project Blue activities in 2020 and 2021, only one remained active. The number of active clients increased in 2022 and 2023, with 58% (101 out of 176) of clients enrolled in still active. As we receive future updates to the data, we will be able to track the outcomes of those currently classified as active.

Successful completion and program violation discharges were more common in 2020 compared to other years. Of the 148 clients referred in 2020, 33 (30%) were successfully discharged, and 49 (33%) were discharged due to program violations. Both types of discharges decreased in 2021, and by 2022, they became relatively rare; in 2022, 5% of discharges were for successful completion and 4% for program violations. As of

2023, no clients had yet achieved successful discharge, and two were discharged due to program violations.

**Table 22. Number referred, active, and discharged by selected discharge methods through 2023 by referral year.**

| Referral<br>year   | Number |            |            |                      |          |
|--|--------|------------|------------|----------------------|----------|
|  | Active | Successful | No contact | Program<br>violation | Enrolled |
| 2020*  | 1      | 33         | 25         | 49                   | 148      |
| 2021   | 0      | 12         | 22         | 13                   | 72       |
| 2022   | 31     | 11         | 78         | 8                    | 224      |
| 2023   | 101    | 0          | 36         | 2                    | 176      |
| Total  | 133    | 56         | 161        | 72                   | 620      |
| Notes. (*) includes referrals for Q4 2019. Data are through Q4 2023. Results may be subject to change with data updates. |        |            |            |                      |          |

The current number of active clients, along with 54 clients with missing discharge types (not shown separately in a table), limits the ability to draw definitive conclusions from the program outcome (discharge) statuses observed through 2023. Many of the active clients could eventually be discharged successfully, or they may be classified as no contact or discharged successfully, or they be classified as no contact or discharged for another reason. However, it is worth noting that, among all clients, including those still active, twice as many were discharged due to misbehavior or crime-related events (program violation, new arrest, or parole/probation violation) as were discharged for successful completion (18% vs 9%).

Additionally, 26% of clients were discharged with the ambiguous “no contact” discharge type. From interviews with Project Blue staff, it remains unclear whether the no-contact discharges reflect a client’s decision to quit because they felt their needs were met or if they lost interest and dropped out. One concern about the no-contact outcome

stems from recent research on recidivism rates in programs like Project Blue, which offer case management and service referrals. In that study, clients who exited the program for any reason (i.e., a no-contact outcome) had worse recidivism outcomes compared to those who completed the program or a matched control group.<sup>38</sup>

### Outcomes summary

By September 2023, Project Blue had enrolled twice the number of clients initially planned, reaching over 600 clients compared to the original target of 300 (150 in a treatment group and 150 in a control group). The expansion coincided with Erie County's financial support for the program, which, after being received in 2022, facilitated the enrollment of more than half (59%) of all clients. To accommodate this growth, Project Blue expanded its recruitment efforts by drawing clients from two facilities, rather than the single facility originally planned.

Project Blue accepted both clients identified by its CRO and those who volunteered to enroll in the program. The rate of denial was very low, with only 17 of 637 referrals (2.7%) being denied entry. More than one-third of its clients were classified as low-risk, which technically fell outside the program's original target population. However, due to the impacts of bail reform and the pandemic on jail populations, expanding into the low-risk pool helped Project Blue meet and ultimately exceed its enrollment targets.

Data on services remain incomplete, though they improved after Project Blue implemented a Salesforce database in 2022. Following the expansion of the client base to

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<sup>38</sup> Kevin Anderson & William Medendorp. (2024). Attrition from Jail Reentry Program Increases Recidivism. *American Journal of Criminal Justice*. Published online, April 26, 2024. <https://doi.org/10.1007/s12103-024-09764-w>

include individuals housed in both facilities, the level of services delivered decreased. This decline could be attributed to staffing constraints or may reflect the different needs of the increased number of lower-risk clients who were enrolled after the program expanded to both Erie County facilities. Further analysis is needed to determine which of these factors contributed to the decrease in service delivery.

By early 2024, approximately three to six months after completing its enrollment, Project Blue had discharged 79% of its clients. The most common discharge reason was no contact (26%). Based on the available data, it is unclear whether these clients were discharged because they successfully completed their self-identified course of programming, or if Project Blue lost contact with them due to absconding, arrests, or re-engagement with the criminal justice system. Future analyses will explore whether these clients were rebooked into jail. A minority of clients (less than 10%) were discharged for successfully completing their case plans.

Discharge reasons varied based on clients' risk level. Low-risk clients were more likely to be discharged due to "no contact" than medium-high-risk clients, while medium-high-risk clients had higher discharge rates due to program violations.

## Evaluation Issues Related to Implementation Changes

Due to changes in Project Blue's design, the evaluation approach has also been revised. Initially, Project Blue proposed to randomly assign candidates from its target population of medium- to high-risk individuals incarcerated in jail, particularly those with repeat or violent offenses, to either the Project Blue program or a control group. This randomized controlled trial (RCT) design would have allowed for direct impacts assessments by

providing a control group. However, the proposed RCT approach was abandoned, and the criteria for selecting the target population were expanded, allowing any inmate in jail to join Project Blue if they chose to participate. These modifications to the program's implementation did not come with a revised evaluation design, and Project Blue did not plan to collect data for a comparison group.

A second modification that impacts the ability to assess outcomes is Project Blue's decision to stop measuring or collecting data on intermediate outcomes, such as program completion milestones and other participation engagement metrics. The lack of these metrics eliminates the possibility of conducting a dose-response evaluation, which would have compared participants who fully engaged with the range of Project Blue services to those who were only marginally involved.

These modifications present several challenges for conducting a rigorous impact evaluation. However, a positive outcome of expanding the eligibility criteria for Project Blue is that it significantly increased the sample size of participants. Specifically, 620 clients were enrolled in the program. This larger sample allows us to consider a quasi-experimental evaluation design, matched on observables characteristics. Using data from all Erie County released inmates, we will create a comparison group that matches risk scores and other relevant measures between Project Blue participants and non-participants. Matching on risk scores is particularly important due to its strong predictive value for recidivism. If matching on observables produces a well-balanced sample, where Project Blue participants closely resemble other Erie County inmates across multiple dimensions and release periods, this matched comparison design will provide valuable

insights into Project Blue's impacts on key outcomes. With this matched sample, we will be able to detect differences in outcomes as small as 8.4%.

The lack of service referrals and other key outcome metrics for non-Project Blue participants limits the scope of our comparative analysis. However, the available data for Project Blue participants will allow for an examination of multiple recidivism outcomes, such as offense type and severity, parole or technical violation, and other specific revocation levels. With the Erie County Sheriff's agreement to provide historical jail booking data, we will also be able to assess differences in booking trajectories between Project Blue clients and the matched comparison group. Recidivism outcomes will be evaluated first for Project Blue's goal of reducing one-year recidivism, and second, by comparing recidivism over longer periods, such as 18 months or more after program completion.

Our ongoing evaluation efforts will focus on implementation and impact. The implementation evaluation will examine service delivery and sustainability, while the impact assessment will primarily concentrate on recidivism outcomes. The remaining implementation evaluation will explore client engagement, progress, and service receipt using case notes data and Project Blue's goals report. Project Blue has recently offered to share extracts of case notes maintained in Salesforce, which provide details of direct client contacts (in-person, phone, and text communications), interactions with other service providers, and transportation provided. Additionally, we will analyze the goals report, established in 2023, to track clients' progress in completing goals outlined in their case plan. Further work will also explore sustainability and the impact of county funding on

staffing and service delivery, with a focus on the shifts observed in service delivery overtimes.

## Chapter 4: Lucas County CJCC

### Summary and overview

The Toledo-Lucas County Criminal Justice Coordinating Council (CJCC) received a Bureau of Justice Assistance's (BJA) FY19 Innovations in Reentry Initiative (IRI): Reducing Recidivism Through Systems Improvement grant. CJCC serves as the administrative body for the Reentry Coalition of Northwest Ohio (RCNWO). Leveraging long-established relationships within the RCNWO, program partners adapted both treatment-specific interventions and the existing reentry initiatives to the challenges presented by the COVID-19 pandemic. They transitioned programs to online and hybrid formats to maintain delivery. The site successfully implemented its proposed randomized controlled trial (RCT) design and met its target population and enrollment goals, focusing on individuals released from the Lucas County Correctional Treatment Facility (CTF), a community-based facility providing treatment to non-violent felony offenders sentenced to up to six months. Despite the omission of one facility and the delayed implementation of TYRO Moms, the CJCC achieved its enrollment targets. Additionally, the treatment and controls were balanced in terms of risk scores and sex.

Despite efforts to increase the number of housing voucher applications completed and approved for treatment participants expected to be homeless upon release from the CTF, housing placement remained a persistent challenge throughout the project's implementation. As of December 31, 2023, TYRO case managers had provided 31 treatment participants with housing voucher application assistance; however, only two TYRO housing voucher holders had secured housing through the program. Additionally, the



ability to calculate all evaluation metrics as initially intended has been affected by changes in data collection methods. The transitions from the NORIS case management module to RIDGE's Salesforce system has resulted in the absence of some data elements that were originally planned for inclusion in the evaluation.

## Background on Lucas County's CJCC reentry efforts

The Toledo-Lucas County Criminal Justice Coordinating Council (CJCC) received a Bureau of Justice Assistance's (BJA) FY19 Innovations in Reentry Initiative (IRI): Reducing Recidivism Through Systems Improvement grant. As the administrative body for the Reentry Coalition of Northwest Ohio (RCNWO), CJCC, on behalf of the RCNWO, used the FY2019 SCA IRI grant to conduct a system assessment that identified both strengths and gaps within the reentry process. The grant supported the creation of an action plan to address these gaps and the implementation of the TYRO demonstration project. This project aimed to strengthen the relationships between incarcerated parents and their children, ultimately fostering stronger families as a strategy to reduce recidivism.

In 2013, the CJCC established a reentry committee to guide Regional Information System (NORIS), and the RCNWO to assess the reentry the direction of reentry efforts in Lucas County and provide recommendations to both the CJCC Board and the RCNWO regarding reentry initiatives. This included the creation of the role of Reentry Coordinator (RC) within CJCC. The RC works closely with the CJCC Reentry Committee, the Northwest Ohio system and supports the implementation of programs. As the governing body of NORIS, Lucas County CJCC has access to a comprehensive data repository that spans 22 Ohio and Michigan counties. This repository maintains criminal histories for 700,000

offenders and offers online access to critical data, including active local warrants, protection orders, mugshots, criminal histories, court records, jail records, and police records.<sup>39</sup>

Since 2013, Lucas County CJCC has secured more than \$4.8 million in SCA funding to support reentry initiatives. This coordinated approach to criminal justice reform has led to the development of a robust reentry system for individuals in Lucas County, Ohio. One key component of this system is the monthly event, '*Going Home to Stay*,' which brings together over three dozen state and local social service agencies, health plans, community-based organizations, and businesses to address the reentry needs of individuals. These services help to address some of the most pressing concerns for reentrants, including housing, education, employment opportunities, transportation, driver's license reinstatement, legal aid, modifying child support or visitation orders, record and fine expungements, and accessing health services.

As outlined in their SCA grant application, CJCC planned to partner with the Lucas County Correctional Treatment Facility (CTF) and the Western Ohio Regional Treatment and Habilitation Center (WORTH) in Allen County - community-based correctional facilities (CBCFs) that provide treatment for non-violent felony offenders sentenced up to six months. These facilities would support the CJCC project by providing clients. As CBCFs, both facilities train staff, including corrections officers, in motivational interviewing and trauma-informed practices, which are essential when working with high-risk individuals. Additionally, all CBCF program case managers are certified in substance abuse and

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<sup>39</sup> (<https://www.noris.org/About>)

mental health counseling. CBCF staff deliver eight hours per day of evidence-based programming aimed at addressing cognitive-behavioral challenges and chemical dependency issues that contribute to incarceration. The programming also covers vocational education, anger management, sex-specific issues, and grief and loss concerns.

Individuals typically spend the last 30-60 days of their sentence in the community, receiving aftercare. Aftercare, or intensive community supervision, involves daily reporting and group meetings designed to identify and prevent behaviors that could lead to re-arrest or detainment. During this period, individuals may also begin or complete other court-mandated programs, such as work release or electronic monitoring. Upon completion of their sentence, all aftercare clients are referred to their county Adult Probation Officer for continued community supervision.

## Lucas County IRI TYRO Project

The goals of the IRI TYRO demonstration project are twofold: (1) to reduce recidivism and (2) strengthen relationships between participants and their families, including their children, children's caregivers, and partners. This is achieved through pre-release TYRO Moms/TYRO Dads programming and ongoing post-release case management. The IRI TYRO demonstration project also partners with the Lucas County Metropolitan Housing Authority to provide housing vouchers for participants who lack housing upon returning to the community from a CBCF.

The TYRO model was developed by the founders of The RIDGE Project, drawing on their 25 years of experience in the criminal justice and welfare systems. The mission of

RIDGE is to build a legacy of strong families by breaking the generational cycles of poverty and incarceration. Since 2000, RIDGE's TYRO program has been delivered to thousands of individuals and, directly or indirectly, their families. RIDGE staff oversee the operational implementation of the TYRO demonstration project.

The TYRO program is designed to help individuals break the cycle of self-destruction and begin a journey of self-improvement. The curriculum is built upon the personal experience of one of RIDGE's founders, who spent 15 years incarcerated. The TYRO model is based on the belief that individuals have two basic responses to challenges: "Victim or Victor." This response plays a crucial role in determining whether someone will repeat a cycle of self-destructive behavior or take the first steps toward self-improvement. According to the TYRO philosophy, "Victims" succumb to their circumstances, while "Victors" overcome them. Without intervention, being stuck in a "Victim" mindset can lead to apathy (associated with grief) and complacency (linked to acceptance), resulting in a self-perpetuating cycle of self-destruction. Those who believe they have no alternative may continue down the path of the Victim, internalizing feelings of helplessness and hopelessness, and perpetuating the cycle of self-destruction.

The TYRO program is designed to break the cycle of self-destruction by inspiring people who have experienced victimization and defeat to shift their mindset and perspective on themselves and their circumstances. The stages of self-improvement and transformation are:

- (1) Recognize - an individual must first reflect on their life and acknowledge their role in creating their present situation.

- (2) Renew – at this stage, the individual realizes that building a new personal foundation is essential for meaningful change.
- (3) Rebuild - the individual begins to take concrete steps to rebuild their life, such as pursuing education or improving their health, while developing a plan to overcome barriers. As they progress, their confidence in their new identity grows.
- (4) Reinvent - the individual emerges as a transformed person, distinct from the one they were when they started the self-improvement process.
- (5) Reinvest - at this stage, the individual strives to sustain the cycle of self-improvement by exploring new ways to grow and beginning to invest in others, supporting and promoting their self-improvement.

## CJCC Target Population and Intervention

The TYRO intervention targeted male and female parents with moderate-to high-risk of recidivism by offering parenting curricula, family engagement events, and additional support services.

### Target Population

As originally proposed, the TYRO demonstration project aimed to assist male and female parents, aged 18 to 54, incarcerated at CTF or the WORTH Center. These individuals were assessed as moderate- to high-risk for recidivism using the validated Ohio Risk Assessment Screener (ORAS), and had histories of homelessness, substance abuse, and/or mental illness. The project focused on those scheduled for release under supervision (parole or probation) by September 30, 2022.

The ORAS is a validated risk assessment tool that identifies dynamic risk factors influencing future criminal behaviors. It assesses the likelihood of re-offending and measures individuals' needs, providing a foundation for creating personalized case plans. The automated case plans generated by ORAS can be adjusted to track specific objectives, phases of progress, and the application of incentives or sanctions based on behavior.

After completing the ORAS assessment, individuals are recruited for the project and, with consent, are randomly assigned to either the treatment or control group. RIDGE project staff handle the recruitment, consent, and enroll process. They coordinate with CTF to schedule group recruitment sessions, during which RIDGE staff explain the TYRO program, eligibility criteria, and study design. To assist with recruitment, RIDGE distributes brochures and displays posters at the facility. Additionally, men and women who have completed the TYRO program at each facility are enlisted to help with recruitment efforts. RIDGE staff invite eligible parents to apply for study participation and screen applicants using a RIDGE application form and ORAS scores obtained from CTF to ensure they meet the target population criteria. Only those who qualify are invited to enroll in the study. CJCC has partnered with a local evaluator, Midwest Evaluation and Research (MER), to implement the randomization process for the treatment and control groups. CJCC initially planned to enroll 150 people in the treatment group and 75 in the control group.

## Interventions

The TYRO intervention is designed around five components:

- (1) **TYRO Dads/Moms Parenting Program:** An evidence-informed parenting program<sup>40</sup> serving at least 150 incarcerated parents, who will attend at least 80% of the classes.
- (2) **Family Engagement Events:** Twenty-four Family Engagement events for incarcerated parents who complete TYRO Dads/Moms, their children, and primary caregivers.
- (3) **Couple Communication Training:** Offer Couple Communication training to incarcerated parents and their partners to strengthen relationships.
- (4) **Case Management:** Provide pre-and post-release case management services to all TYRO Dads/Moms completers to support their reintegration and ongoing progress.
- (5) **Alumni Community Meetings:** Eight quarterly TYRO Alumni Community meetings post-release to maintain support and engagement for TYRO Dads/Moms graduates.<sup>41</sup>

The TYRO intervention is designed to achieve its primary goals of strengthening relationships between incarcerated parents and their children, their child(ren)’s primary caregivers, and their partners (Table 23 below). The underlying premise of the TYRO model is that strengthening these relationships, in combination with the delivery of key intervention elements, will lead to reductions in recidivism. Intermediate goals include ensuring program fidelity and improving housing stability for participants. The resources

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<sup>40</sup> In its proposal for the evaluation participation grant, CJCC described the TYRO program as an “evidence-informed” practice. Other research has characterized it as a promising practice. See: Saint Wall Street (2013). *The RIDGE Project: Socio-Economic Report*. St. Petersburg, FL: Saint Wall Street, LLC. An evaluation of TRYO Dads found that included both incarcerated and non-incarcerated fathers, including person on probation or parole, found that the more TYRO sessions fathers participated in, the more likely parenting satisfaction increased, and father-child activities increased when TRYO enhanced fathers’ sense of self-efficacy in parenting. See: Young-Il Kim & Sung Joon Jang (2018). *Summary Report: Randomized Controlled Trial of the Effectiveness of a Responsible Fatherhood Program: The Case of TYRO Dads*. Fatherhood Research and Practice Network.

<sup>41</sup> Northwest Ohio Innovative Reentry Initiative Planning & Implementation Guide (2020). *Second Chance Act, Innovative Reentry Initiatives: Building System Capacity & Testing Strategies to Reduce Recidivism*. National Reentry Resource Center. Bureau of Justice Assistance.

and activities within the intervention are interconnected, collectively contributing to improved outcomes for TYRO participants.

TYRO participants engage in two hours of programming twice a week for five weeks, led by a RIDGE TYRO Facilitator and Case Manager (CM), before returning to the community. Participants are considered to have completed the TYRO intervention once they have attended at least 80% (8 out of 10 classes) of the core TYRO Dads/Moms curriculum. During the program, parents are guided through a process of developing a future vision and creating a path toward that vision. That path is created through the TYRO Accountability Plan (TAP), which helps parents set SMART goals (specific, measurable, achievable, relevant, and time-bound). The TAP also includes a self-assessment component, allowing participants to identify their unique needs, risks, and barriers to successfully return with their families and communities.

The RIDGE Facilitator-CM links TYRO participants to needed services based on their TAP plan. Participants who require housing for themselves and their families are eligible for a housing voucher to support their reintegration into the community. The RIDGE Facilitator-CM assists participants with completing housing voucher applications and obtaining pre-hire letters from employers willing to hire ex-offenders in high-demand areas, such as CDL truck driving. These pre-hire letters are crucial for accessing Workforce Innovation and Opportunity Act (WIOA) funding for education and job skills training in these high-demand jobs. The RIDGE Facilitator-CM also refers TYRO completers to job skills training and links them to standard re-entry services as needed.



RIDGE's TYRO intervention offers post-release voluntary activities for participants and their families. They host 24 Family Engagement events for reentrants who complete the TYRO program, inviting Dads/Moms, their children, and primary caregivers. TYRO provides an optional, two-day Couple Communication training. Once in the community, TYRO alumni are encouraged to attend ongoing quarterly TYRO Alumni Group meetings, where they can network and create a supportive community with fellow alumni.

Several system-level strategies, addressed through the IRI grant, serve as facilitators to the TYRO demonstration project. CJCC planned to integrate a case management module into the NORIS data system to track study participant progress and service referrals. CJCC intended to use the IRI grant funds to establish a process for sharing behavioral health assessment scores with external providers, strengthen relationships between RIDGE Facilitator-CMS and the Adult Probation Department, and develop a system for receiving and allocating housing vouchers. It aimed to create a list of "friendly" landlords to assist with addressing homelessness for returning individuals.

CJCC outlines clear outputs for its intervention, including goals such as 70% of participants reporting improved relationships with their children, their caregivers, and their partners, as well as increases in the amount of time spent with their children and greater financial support. CJCC also set targets for comparing the treatment and control groups, including a 50% difference in recidivism rates and a 20% reduction in recidivism rates among treatment-group completers.

**Table 23. Lucas County CJCC IRI demonstration project logic model.**

| Initiative Goals  | Input/Resources (Existing and Grant-Funded)  | Activities and Timeline   | Outputs/Process Measures  | Outcomes   |
|---|--|---|---|--|
| <p>Strengthen relationships between incarcerated parents and children, primary caregivers, and partners.</p> <p>Reduce recidivism.</p> <p>Implement curriculum with fidelity and quality.</p> <p>Implement high-quality Case Management starting early enough.</p> <p>Implement CQI throughout the lifecycle of Demonstration Project</p> <p>Distribute Housing Choice Vouchers</p> | <p>Grant funding</p> <p>Staff training</p> <p>Existing reentry committee/task force (meeting time, expertise, connections)</p> <p><u>Partners/Staff</u><br/>CJCC (community connections, data access)<br/>MER (evaluation expertise, experience in OH)<br/>RIDGE (TYRO curriculum and case management)<br/>Lucas Co Metro. Housing Authority</p> <p>Curricula (TYRO Dads, TYRO Moms, Couples Communication)</p> <p>Standard reentry services provided by facilities</p> <p>Housing Choice Vouchers</p> | <p>Recruit/enroll and randomly assign participants (Oct 2020 – June 2022)</p> <p>Provide TYRO Dads, Moms, and Couples Communication curricula; Family Engagement events (Oct 2020 – Sept 2022)</p> <p>Implement high-quality (responsive, adaptive, and thorough) Case Management and referrals (Oct 2020 – Sept 2023).</p> <p>-Track process implementation and outcomes data (Oct 2020 – life of project).</p> <p>-Implement CQI process (Oct 2020 – Sept 2022).</p> <p>-Track recidivism data (Oct 2020 thru life of project).</p> <p>-Follow-up data collection (beginning mid-Oct 2021, through Sept 2023)</p> | <p># of curriculum hours delivered and received</p> <p># of individual classes delivered and received</p> <p># of program completers</p> <p># of family engagement events</p> <p># of families/children in attendance at FE events</p> <p># of hours of case management provided</p> <p># of participants who received housing choice vouchers</p> <p># of CQI meetings</p> <p># of participants who recidivated in 12 months after release</p> | <p><u>Short-term (completers)</u><br/>-70% report improved relationships with their children, their child(ren)'s primary caregiver, and with their partner.</p> <p><u>Intermediate, 12 months after completion</u><br/>-70% report increase in time spent with their child(ren).<br/>-50% report increased financial support of their child(ren),<br/>-50% report reduced levels of conflict with their romantic partner.</p> <p><u>12-month comparisons:</u><br/>- Higher levels of housing stability in Tx vs. Ctrl.<br/>-50% lower recidivism among Tx vs. Ctrl.<br/>- Tx recidivism for completers 20% lower than the baseline rate.</p> |

## Fidelity

TYRO program fidelity is monitored by The RIDGE Project leadership through internal participant surveys and observations of TYRO Facilitators-CM. However, these data are not currently available to the GSU evaluation team. Overall study fidelity is assessed by MER, based on data provided by The RIDGE Project. RIDGE uses Salesforce to store program fidelity, process, and outcome data both while participants at CTF and in the community. Salesforce captures participant demographics, family information, risk assessments, program completion status, and case management data. Case management notes included referrals, service utilization and dates, as well as class and evaluation survey data. Additionally, Salesforce is used to collect information on session facilitators, session topics, and the mode of session delivery (virtual vs. in-person). This data is then provided to MER to assist in evaluating the IRI TYRO demonstration project, which includes the following process measures used to assess fidelity:

- number of curriculum hours delivered and received,
- number of individual classes delivered and received,
- number of program completers,
- number of Family Engagement events,
- number of families/children in attendance at Family Engagement events,
- number of hours of Case Management provided,
- number of participants who received Housing Choice Vouchers, and
- number of CQI meetings.

Additionally, Lucas County CJCC, The RIDGE Project, and MER hold monthly meetings to assess program implementation and identify areas for improvement. One example of this process involves reviewing the housing voucher application process. Due to the complexity of the application and approval procedures, RIDGE case managers began assisting with applications earlier in the pre-release case management process.

Challenges related to securing housing for the reentry population were also discussed with the assigned TTA coach, who provided contact information for other SCA grantees working on similar housing initiatives for peer learning opportunities.

### Business as usual

In addition to the TYRO interventions, treatment group participants also receive “business as usual” services, which include:

- Reentry services for all individuals leaving a secure facility,
- Services provided by the Lucas County Correctional Treatment Facility, from which both the treatment and control groups are drawn, and
- Aftercare services during the final 30-60 days of an individual's sentence, served in the community.

The key distinction between the treatment group services and “business as usual” is the inclusion of the TYRO intervention and pre- and post-release case management. This involves a warm hand-off to other community services, job training programs, ongoing invitations to participate in TYRO Alumni Group events, and assistance with housing voucher applications for treatment participants who are expected to be unhoused upon release from CTF.

## Local Evaluation

CJCC contracted with Midwest Evaluation and Research, Inc. (MER) to support the development and implementation of the SCA IRI grant and its evaluation. As part of the project, CJCC is conducting a randomized controlled trial (RCT) to enroll 150 participants in the treatment group and 75 in the control group. MER's local evaluation focused on addressing several primary and secondary research questions. The primary research questions addressed whether participation in the demonstration project led to:

- Improved relationships between participants and their child(ren).
- Improved relationships between participants and their child(ren)'s primary caregiver.
- Improved relationships between participants and their partners.
- A reduced likelihood of recidivism for participants.

Secondarily, MER aims to explore how varying levels of participant involvement in the program (i.e., dosage) affect outcomes, and to identify optimal dosages for maximizing program effectiveness.

MER plans to collect data from both treatment and control group members using a variety of methods. A 12-month post-release survey will be administered to gather information on participants' perceived self-concept, improvements in relationships with child(ren) and partners, reduced conflict with romantic partners, increased time spent with child(ren), increased financial support for child(ren), housing and employment stability, as well as alcohol, drug, and tobacco use, mental health status, and new or ongoing justice involvement. MER will coordinate with CJCC to obtain secondary data on behavioral health assessments, and it will gather criminal history and recidivism data from NORIS and

institutional corrections partners. Additionally, MER will collect data from RIDGE on participant enrollments, demographic information, baseline assessments, TYRO programmatic data, and TYRO-participant survey data immediately following the completion of the 5-week pre-release TYRO curriculum. RIDGE will also track housing voucher applications, approvals, and placements for TYRO participants.

## Implementation Challenges and Changes

The CJCC and RIDGE encountered challenges due to the COVID-19 pandemic, construction at CTF, and a relatively low number of women meeting the risk criteria for program participation. These challenges resulted in adjustments to the program design. Our efforts to understand these implementation changes were guided by several research questions, including:

- To what extent are the TYRO reentry demonstration project and housing voucher program being implemented as intended?
- What are the facilitators and challenges to implementing the TYRO reentry demonstration project and the housing voucher programs as intended? What study design changes and implementation adaptations were made in response to facilitators and challenges?
- What are the facilitators and barriers to collecting data to assess program implementation, outcomes, and impact?

## Methodology

Guided by the goals and objectives outlined in the SCA mandate and BJA funding solicitations, GSU reviewed various documents, including CJCC's IRI Grant Planning and

Implementation Guide, program operational guidelines and materials, Grant Award Modifications (GAMs), secondary program data, and the MER process evaluation report.<sup>42</sup>

To gain insight into project implementation practices and the rationale behind them, GSU conducted site visits, directly observing operations. Interviews were conducted with project partners, program participants, affiliated agencies, community-based organizations, and the training and technical assistance (T&TA) coach to discuss grant implementation, program operations, and decision-making. Additionally, GSU attended local reentry meetings and observed the operations of the CTF. GSU also met with MER to discuss program operations, review data systems, and establish connections with secondary data providers. Lastly, GSU engaged with secondary partners to explore potential data exchanges, capturing additional services provided to both treatment and control groups, as well as measuring secondary outcomes such as access to health care, mental health and substance use services, employment, housing, and child support.

Information gathered through these methods was used to assess the extent to which the program was implemented as intended and to understand the facilitators, challenges, and program adaptations in its implementation. This included examining how the COVID-19 public health emergency (PHE) and other contextual factors influenced recruitment, enrollment, staffing, service delivery, and coordination with other services. Additionally, it explored how these factors affected the coordination of grant activities

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<sup>42</sup> Friedman, L., Sevilla, E., Shepherd, M. (2022). Northwest Ohio Innovative Reentry Initiative Preliminary Process Evaluation Report. Midwest Evaluation and Research, Midwest Research Shepherd & Company.

among primary and secondary grant partners, local policies, and other reentry initiatives, as well as the use of TTA to guide program adaptations.

### Challenges and changes to planned interventions

CJCC made several adjustments to its initial implementation plan in response to the impacts of the COVID-19 pandemic on correctional populations and service providers, which resulted in delays in originally planned enrollment targets.

#### *Eliminating one location*

Originally, CJCC planned to implement its intervention in two locations: Lucas County and Allen County. However, prior to launching the TYRO demonstration program, CJCC submitted and received BJA approval for grant award modifications (GAM) to remove The WORTH Center in Allen County from the project. The decision to focus exclusively on the Toledo-Lucas County community and CTF was made after careful deliberation with project partners, who concluded that a two-county approach could dilute the intervention's effectiveness. According to MER's year one process evaluation report, study partners believed that attempting systemic change in two separate locations, each at different stages of development and with distinct needs, would risk underserving both communities. Interviews with key stakeholders confirmed this perspective. Additionally, the onset of the COVID-19 pandemic and its associated restrictions played a significant role in the decision to exclude the WORTH Center as a study location.

#### *Redirecting funding*

Second, CJCC chose to redirect funding from the development of the NORIS case management module to create an online application designed to connect formerly incarcerated individuals with reentry services. While this decision enhanced the project's



intervention, it also caused a delay in the implementation of the NORIS case management module. As a result, all programmatic data had to be captured within RIDGE's Salesforce case management system. This change limited data collection to what was available in Salesforce and hindered CJCC's ability to establish a process for sharing behavioral health assessment data between CTF, RIDGE, and behavioral health providers.

#### COVID-19 pandemic effects

The COVID-19 pandemic caused delays in implementation and required adjustments to both pre-and post-release service delivery. Pandemic-related restrictions impacted the flow of individuals into the CTF, which in turn reduced the potential number of program participants. To prevent the spread of the virus, correctional facility responses limited access to staff, necessitating a shift from in-person to virtual delivery of the TYRO Dad/Moms intervention. As pandemic-related restrictions eased, TYRO pre-release training was offered in a hybrid model within the men's section of CTF, eventually transitioning to in-person engagements. The need to start TYRO pre- and post-release activities virtually during the pandemic introduced technical challenges in delivering programming and engagement with participants, requiring enhanced collaboration between RIDGE and CTF staff. Furthermore, COVID-19 infections among TYRO participants within CTF may have limited their ability to attend all TYRO pre-release classes and/or led to the rescheduling of certain TYRO sessions.

The construction of a new women's section at CTF delayed the implementation of TYRO Moms until March 2022. As pandemic restrictions eased, services transitioned from a hybrid to in-person sessions. However, enrollment of new TYRO Moms study participants

was discontinued in the second quarter of 2022 due to the low number of women at CTF who met the risk-level criteria for study participation.

Despite the exclusion of The WORTH Center from the study, delays in implementation, and the early discontinuation of TYRO Moms, CJCC successfully achieved its RCT study enrollment targets within the period covered by the no-cost extension approved by BJA. By July 2023, CJCC enrolled 152 participants in the treatment group and 75 in the control group. The no-cost extension also allowed for improvements in data collection for the local evaluation, enabling MER to collect 12-month post-release survey data from most study participants who were released by September 30, 2023.

Pandemic-related restrictions impacted how RIDGE implemented TYRO pre- and post-release services, including Family Engagement events, Couple Communication training, and TYRO Alumni Community (TAC) meetings for TYRO Dads/Moms, requiring all of these to be delivered virtually. As restrictions eased, TAC meetings returned in-person. However, starting January 1, 2024, all TAC meetings are held virtually to support greater participation among TYRO alumni.

### *Housing vouchers*

Leadership changes at the Lucas County Metropolitan Housing Authority (LCMHA) and the pandemic delayed the implementation of the housing voucher intervention, as well as the distribution of vouchers to eligible individuals. In response, RIDGE case managers identified the need to begin engagement participants earlier in the pre-release period to navigate the extensive housing voucher application and approval process. This proactive approach led to a higher rate of completed and approved applications. Once approved,

voucher holders have three months to secure housing; if housing is not found within that timeframe, they must reapply or renew their voucher status. RIDGE case managers adapted their support to assist TYRO participants with renewing their housing vouchers. Despite these efforts, no TYRO treatment participants who received a housing voucher were able to secure housing during the grant period. CJCC, RIDGE, and MER hypothesized that this challenge stemmed from landlords' reluctance to rent to individuals with criminal histories, despite several local initiatives aimed at incentivizing landlords to rent to formerly incarcerated people (i.e., developing a "friendly landlord" list and providing additional LCMHA-led financial incentives and educational events).

#### *Training and technical assistance (TTA) experiences*

Lucas County CJCC engaged with their AIR-assigned TTA Coach in completing the requisite Planning and Implementation (P&I) Guide. Representatives from Lucas County CJCC, The RIDGE Project, and MER participated in monthly calls/virtual meetings with the TTA Coach, as well as various AIR-sponsored webinars. CJCC representatives noted that TTA support was instrumental in guiding the completion of the P&I guide, facilitating connections with other grantees addressing housing instability, and supporting strategic planning activities associated with RCNWO's efforts to identify strategies to strengthen reentry systems. With over 20 years of reentry experience, Lucas County CJCC and the RCNWO were often called upon to share lessons learned with other SCA grantees. GSU requested documentation from BJA and AIR on the number and types of TTA engagement provided, as well as any satisfaction or outcome data collected. However, this data has not been made available.

### *Fidelity*

The public health emergence (PHE) necessitated a shift in the implementation of the TYRO program, which was originally designed for in-person engagement, to fully virtual and hybrid interactions. Delays in the implementation of the new NORIS case management module led to changes in the intended data collection. While the RIDGE Project utilizes a robust Salesforce system to collect and monitor program data, some elements initially intended to monitor program implementation and fidelity are not integrated into the existing system. Additionally, preliminary data extracts from Salesforce shared by MER indicate that some data may be incomplete, as case managers enter case notes in the field and input data into Salesforce at a later time. This limitation impacted the local evaluation efforts to monitor study fidelity, as MER did not have access to all data elements originally planned for the study, including TYRO participant case notes, which were crucial for assessing program fidelity.

### *Local evaluation*

CJCC and MER have demonstrated adaptability in addressing evaluation challenges that impact measuring program outcomes and impacts. One challenge involved obtaining updated release of information (ROI) from study participants who began or completed the study prior to the implementation of the national cross-site evaluation. The original ROI signed by participants did not include GSU as an entity authorized to receive identifiable data. To address this, a data sharing agreement (DSA) was executed between GSU, Lucas County CJCC, The RIDGE Project, MER, CTF, and Lucas County Adult Probation. Following this, MER revised the original ROI, obtained Institutional Review Board (IRB) approval, and contacted study participants to request their signature on the updated ROI form.

Currently, 45.4% of study participants have not yet signed the updated ROI consenting to data sharing with GSU. To support this process, Lucas County CJCC has commissioned MER as the local evaluator to assist with obtaining and linking data files in a manner while ensuring the protection of participants' identifiable data, which will be provided to GSU for evaluation purposes.

MER's 12-month post-release survey of study participants achieved a 42% response rate among eligible treatment participants and 40% among control group members.<sup>43</sup> This response rate is comparable to national surveys, such as the American Time Use Survey. However, the small sample size of the MER survey (150 participants) limits its ability to track behaviors related to non-program services and activities. To improve response rates, MER has implemented additional strategies, including requesting secondary contact information from participants before their release from CTF, obtaining updated contact information from RIDGE case managers, and making extra efforts to reach participants via phone to administer the survey.

### Observations about implementation

The partners responsible for program implementation leveraged longstanding relationships through the Reentry Coalition of Northwest Ohio to adapt both treatment-specific interventions and existing reentry initiatives in response to the challenges posed by the PHE lockdown. By transitioning programs to online and hybrid formats, the site successfully met its RCT design, target population, and enrollment goals, despite the removal of the WORTH Center and the delayed and limited rollout of TYRO Moms. Although

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<sup>43</sup> Response rates as of December 2023.

efforts to increase the number of completed and approved housing voucher applications for treatment participants expected to be unhoused upon release from CTF were made, securing remained a significant challenge throughout the grant period. As of December 31, 2023, two TYRO housing voucher holders had successfully obtained housing through the program.

The ability of the site to calculate all evaluation metrics as initially intended has been impacted by shifts in data collection mechanisms. Originally planned to use a new NORIS case management module, the site transitioned to utilizing RIDGE's Salesforce system, which does not include all data elements originally proposed in the grant. Additionally, many fields are incomplete for all treatment participants across TYRO classes. Furthermore, because the cross-site evaluation awards did not commence until Lucas County CJCC had already started enrolling participants and obtaining ROI forms, approximately 45% of study participants have not signed the revised ROI allowing for the sharing of identifiable data with GSU. To address this limitation for impact assessments, Lucas County CJCC has enlisted MER as their local evaluator to assist in obtaining and linking data files in a manner that protects study participants' identifiable information for GSU's evaluation purposes.

## Program Recruitment, Enrollment, and Treatment

Here we provide an overview of CJCC's program enrollment, sample balance, service delivery challenges, and program completion outcomes. The program successfully met its enrollment target and primarily focused on recruiting participants classified as having medium to high criminogenic risk, as determined by the ORAS. However, thirteen

participants in the treatment group and four in the control group were classified as low or low-moderate risk level based on the closest risk score date before program enrollment. Both the treatment and control samples were generally balanced in terms of risk and participant sex. Program completion - defined as completing eight or more of the ten TYRO pre-release classes - was moderately high, with nearly 80 percent of treatment participants completing the program.

The research questions guiding this effort were as follows:

- To what extent did the project enroll the target population and achieve balance between the treatment and control samples?
- To what extent were services delivered as intended?
- To what extent did treatment participants receive referrals and connections to services from the case manager?
- To what extent did participants complete the RIDGE TYRO program?

## Methodology

Data used to answer the research questions were collected from quarterly extracts provided by MER, specific data requests from partnering organizations, and qualitative interviews with implementing partners conducted site visits and quarterly meetings.

Demographic information from MER and ORAS risk scores from Lucas County APD will be used to compare against the defined target population in the program description to determine how well the program adhered to its recruitment policies. The ORAS risk scores were determined using a “closest before enrollment” algorithm, which identifies the risk score prior to enrollment, if available.

Service data is derived from referrals, follow-up calls, housing data from LCMHA, mental health and substance use disorder treatment aggregate data from Lucas County MHR SB, and responses from the TYRO demonstration pre- and post-surveys. These surveys asked participants about the services they received, providing a comprehensive view of the referrals made. Follow-up calls help determine participants acted on the referrals, while programmatic data from LCMHA and MHR SB is used to determine whether the participants actually utilized the services. This data will be used in regression analysis to explore any potential correlation between service usage, dosage, and recidivism rates.

Finally, relationship improvement data is collected and analyzed from the TYRO demonstration study pre- and post-surveys, which include information on demographics, characteristics (family, housing, work, substance use, and mental health), self-concept, relationship statuses, partner relationships, co-parent dynamics, parenting, child relationships, and employment and finances. A difference-in-difference model will be used to compare changes in relationship responses between the treatment and control groups.

### **Program enrollment**

As of the latest data extract (December 2023), the CJCC sample contains 227 unique clients released from CTF between December 2020 and November 2023. We assessed selected characteristics of the samples to verify balance and ensure the randomization process was implemented as intended.

#### ***Enrollment and sample balance***

CJCC met its enrollment targets, enrolling 152 individuals into the treatment group and 75 into the control group (Table 24 below). Enrollment of women ended in the spring of 2022



due to delays related to the construction of a new women’s section at the CTF, as well as the low number of women in the facility who met the risk-level criteria for study participation. By the end of the enrollment period, 25% of the treatment group and 20% of the control group were women (data not shown). The relatively small number of women in the sample will limit the ability to conduct separate analyses for this subgroup.

**Table 24. Number enrolled in CJCC's study by quarter of enrollment.**

| Quarter                         | Number in: |         |
|---------------------------------|------------|---------|
|                                 | Treatment  | Control |
| 2020 Q4                         | 10         | 2       |
| 2021 Q1                         | 17         | 8       |
| 2021 Q2                         | 21         | 11      |
| 2021 Q3                         | 18         | 9       |
| 2021 Q4                         | 10         | 6       |
| 2022 Q1                         | 16         | 9       |
| 2022 Q2                         | 15         | 7       |
| 2022 Q3                         | 12         | 7       |
| 2022 Q4                         | 3          | 3       |
| 2023 Q1                         | 12         | 6       |
| 2023 Q2                         | 18         | 7       |
| Total                           | 152        | 75      |
| Note. Data as of February 2024. |            |         |

Participant data show that, of the 227 participants, 23.4% are female (53) and 76.6% are male (174). Women were enrolled at nearly equal rates as men during the first three quarters of the program, but enrollment of women began to decrease in the subsequent three quarters, with only men were enrolled from 2022-Q2 onward. Women were enrolled in roughly equal proportions in the treatment and control samples (25% and 20%, respectively), but the overall number of women enrolled (38 in treatment and 15 in control) will limit the ability to conduct separate analyses for women.

The treatment and control samples were relatively well-balanced in terms of risk scores (see Table 25). In both groups, less than two percent of participants were classified as low risk, with 55% in the moderate-risk category and 44% in the high-risk category. Both the treatment and control groups had 1.4% of participants designated as low risk. The two groups did not show significant differences in the proportion of moderate-risk participants. However, the treatment group had a slightly larger share of moderate-risk participants (2.7 percentage points higher) and a slightly smaller share of high-risk participants (2.7 percentage points fewer) compared to the control group.

**Table 25. Risk category distributions of treatment and control samples.**

| Risk score  | Percent within Tx and Ctrl |         | Difference:<br>Tx - Ctrl |
|---|----------------------------|---------|--------------------------|
|   | Treatment                  | Control |                          |
| Low   | 1.4%                       | 1.4%    | 0.0%                     |
| Moderate  | 54.8%                      | 52.1%   | 2.7%                     |
| High  | 43.8%                      | 46.5%   | -2.7%                    |
| <u>Note.</u> The data excludes 10 individuals for whom the risk score was missing; 6 from the treatment group and 4 from the control group. |                            |         |                          |

Data on participant age were available for more than half (55%) of all enrolled individuals (124 of 277).<sup>44</sup> Among those with age data, the treatment group had a smaller percentage of individuals in the youngest age range (22-29) compared to the control group, with 23% of the treatment group and 38% of the control group in this category (Table 26). Conversely, the treatment group had a larger percentage of individuals in the oldest age group (50-plus years) compared to the control group (19% vs. 9%). Both groups had similar

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<sup>44</sup> Participant age is determined based on the participant's date of birth, which is considered personally identifiable information and can be released only upon completion of a signed ROI.

percentages of missing data. MER continues to obtain ROI from participants, which will increase the number of individuals for whom age data are available.

**Table 26. Age distributions of treatment and control samples.**

| Age group  | Percentage in |         | Difference<br>Tx-Ctrl |
|--|---------------|---------|-----------------------|
|  | Treatment     | Control |                       |
| 22-29  | 23.2%         | 38.2%   | -15.0%                |
| 30-39  | 53.6%         | 47.1%   | 6.6%                  |
| 40-49  | 24.6%         | 26.5%   | -1.8%                 |
| 50-plus  | 18.8%         | 8.8%    | 10.0%                 |
| Missing age  | 54.6%         | 54.7%   | -0.1%                 |
| <u>Note.</u> 124 people currently signed ROI allowing release of personal information. Efforts continue to obtain additional signatures. |               |         |                       |

#### *Services/treatments provided*

Our current data on treatment and services provided are limited to approximately half of the treatment sample, focusing primarily on individuals enrolled early in the project. The available service data covers TYRO pre-release classes and post-release TYRO alumni group activities attended. However, to create a more complete picture of services provided to both treatment and control groups, we need to integrate information from seven additional sources. These sources include:

- Data from follow-up phone calls that link service referrals to actual services received from MER.
- Services provided within the CTF to individuals prior to their release into the community.

- Adult probation supervision data, including behavioral progress on probation, probation compliance, and any violations.<sup>45</sup>
- County-funded mental health and substance use access and services from the Mental Health and Recovery Services Board (MHRSB) of Lucas County.<sup>46</sup>
- Data from Ohio Medicaid Department (OMD) on medical, mental health, and substance use access and services.<sup>47</sup>
- Data from the Ohio and Lucas County Jobs & Family Services (JFS) agencies on employment training, and child support, respectively.<sup>48</sup>

### *Preliminary program outcomes*

We have program completion data for all 152 individuals enrolled in the treatment group.

Program completion is defined as completing eight or more of the ten TYRO pre-release

classes. Overall, 80% of the treatment group successfully completed the program (see

Table 27).<sup>49</sup> Completion rates varied slightly between moderate- and high-risk clients, with

rates of 77.5% and 83%, respectively.

**Table 27. Completion rates by risk level.**

| <b>Risk score</b> | <b>Number enrolled</b> | <b>Number completing</b> | <b>Percent completing</b> |
|-------------------|------------------------|--------------------------|---------------------------|
| Low               | 2                      | 2                        | 100.0%                    |
| Moderate          | 80                     | 62                       | 77.5%                     |
| High              | 64                     | 53                       | 82.8%                     |

<sup>45</sup> We have a data sharing agreement with the CTF and Adult Probation Department (APD) and are in the process of finalizing agreements to obtain treatment and probation data.

<sup>46</sup> We have entered into a data sharing agreement with MHRSB to received aggregated treatment and control group utilization and costs data.

<sup>47</sup> After participating in meetings with OMD, we were approved to submit a data request for data for treatment and control participants. Receipt of the data are pending.

<sup>48</sup> We have submitted a data request to the Ohio JFS agency as required by new processes implemented in 2024. We have met with Lucas County JFS and are working on finalizing a data sharing agreement with them.

<sup>49</sup> The non-completer group (not shown in a table) includes two participants who passed away during the program and three who were re-incarcerated.

|         |     |     |       |
|---------|-----|-----|-------|
| Missing | 6   | 5   | 83.3% |
| Total   | 152 | 121 | 79.6% |

This report excludes data on recidivism, except for the note regarding the three program participants that were reincarcerated. We have requested data from the NORIS on jail bookings across northeast Ohio for the treatment and control group members.

#### *Observations on enrollment*

Lucas County met its enrollment targets for its planned experiment, despite delays and adjustments to the TYRO-Moms effort caused by the COVID-19 pandemic. Regarding risk and sex, the treatment and control group samples are relatively well balanced. However, for other attributes, such as age, we lack sufficient data to assess the balance between the samples. The treatment and control samples are balanced in terms of risk scores, even for the small percentages of individuals who fell outside the target risk categories. Program completion rates are high.

### **Evaluation Issues Related to Implementation Changes**

We will leverage the successful implementation of an RCT design by the Lucas County CJCC to study program impacts, with a primary focus on recidivism. To the extent data are made available, secondary outcomes will include employment training and employment, child support, and health-related outcomes. The RCT design enables a rigorous evaluation of the program. As originally proposed, CJCC recruited and enrolled at least 150 individuals into the treatment group, with over 90% classified as moderate- to high-risk individuals (conditionally exogenous assignment), all scheduled for release under supervision (parole or probation) by September 30, 2023. Using the same eligibility criteria,

CJCC also assigned 75 individuals to the control group. This RCT implementation allows for a direct comparison of outcomes between the treated and the control groups, enabling us to estimate the average treatment effect (impact) of participating in the CJCC interventions. Since TYRO tracks progress toward completion of various intervention components, our analyses will also examine whether there were any heterogeneous effects based on program completion rates or other metrics of engagement.

Given sample enrollment resulting from program changes, we will be able to compare the entire treatment and control groups. The sample sizes are sufficient to detect a 22.5 percentage point difference between the groups.<sup>50</sup> We should be able to conduct separate analyses for men, but our ability to compare outcomes for women will be limited. In our impact assessment, we aim to compare differences in outcomes such as recidivism. This differs from CJCC's proposed comparison of recidivism outcomes for its treatment group completers relative to baseline recidivism. In addition to comparing treatment and control groups, we will analyze how differential involvement in services and programs – both business as usual offerings and additional ones such as employment training (depending on available data) – affects outcomes.

Ongoing data collection will include quarterly programmatic data transfers, which will provide updated information on both treatment and control clients and programs. Risk score data will be updated annually as participants progress, due to the effort required to transcribe the data from reports. Criminal history data transfers will be obtained annually from NORIS. The last participant was enrolled in Q3 of 2023, and the final participant was

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<sup>50</sup> Based upon our analysis of the sample power completed in May 2024.

released to the community in Q4 of 2023. With assistance from MER, rolling 12-, 18-, and 36-month follow-up surveys will be conducted beginning in Q4 of 2024 through Q3 of 2025. While criminal history and risk score data are transferred annually in Q4, we will request a data transfer in Q2 of 2025 to assess rearrest and recidivism during the 18-month follow-up period.

Future evaluation efforts will incorporate services data into analysis to the extent data are made available. Treatment and control group members will be compared on the services they received, including those available to both groups, to assess the strength of the intervention provided. This will also include services received outside of the program, such as employment training through the Department of Jobs & Family Services. The services data will be integrated into analysis of recidivism outcomes between the treatment and control groups.

We will continue to monitor program implementation using process data collected by The RIDGE Project and MER as participants progress through the post-release phase of the study. This includes tracking referrals to additional services identified through ongoing case management by RIDGE and post-release survey data collected by MER. In collaboration with MER, GSU will obtain ongoing criminal history data from the NORIS to assess rearrests and recidivism. We are coordinating with CJCC and MER to gather data from CTF and Lucas County Adult Probation to assess the services received by study participants, both during the pre-and post-release periods.

We have established a DSA with the county behavioral health service board to obtain longitudinal, aggregate-level data on mental health and substance abuse services

utilization for both treatment and control groups. GSU engaged in conversations with the Ohio Medicaid Department and Ohio Job and Family Services (JFS) agency and was approved to submit data requests to obtain de-identified aggregated Medicaid utilization and cost data and job training and placement services for study participants. As of this report, GSU continue to engage in conversations with the Lucas County JFS to obtain de-identified data for evaluating compliance with child support orders. The quantitative data from these sources will be used to assess differences in program services and outcomes between treatment and control study participants, focusing on rearrest, recidivism, access to medical services, mental health and substance use treatment, substance misuse, employment and housing stability, and child support compliance. Furthermore, additional interviews with grant-implementing and secondary partners are planned to assess program sustainability, scalability, and to better understand the contextual factors that may help explain observed program outcomes and impacts.



## Chapter 5: Training and Technical Assistance Coaches' Views

In this report, we present findings from interviews with ten training and technical assistance (TTA) coaches about service delivery methods, forms of TTA, and grantee satisfaction with the TTA provided. We conducted semi-structured, in-depth interviews with the TTA coaches assigned to more than two dozen SCA grantees. The coaches interviewed were employed by one of three TTA contractors: the American Institute of Research, Vera Institute of Justice, and the Council of State Governments. We highlight several key themes that emerged from the TTA coach interviews.

Our analysis of the interviews revealed several common themes that characterized coaches' experiences, including:

- The importance of prior TTA coaching experience for delivering SCA TTA, especially in helping grantees identify project needs and in developing planning guides.
- Coaches aimed to be proactive in learning about the grantees, establishing rapport and trust. However, they reported receiving limited information from the grantee funder that would aid in their preparation.
- Peer learning as a method of delivering TTA was universally viewed favorably by grantees, and coaches aimed to facilitate peer connections.
- Coaches reported that the absence of clear expectations from the funder regarding the role of the TTA coach and desired outcomes for TTA hindered their ability to effectively plan and deliver TTA.

From the interviews, we inferred that the coaches conducted their work with a high level of professionalism, drew on prior TTA experience in supporting SCA grantees, and demonstrated a strong commitment to improving projects and, ultimately, SCA outcomes. We elaborate on the key themes in the sections that follow.

### Prior experience in delivering SCA TTA

Coach interviewees discussed how they drew on their past experiences, both as TTA coaches and in other roles, to inform their work with grantees at various stages of the grant timeline and in response to specific challenges. Some coaches spoke broadly about anticipating common challenges they had encountered with grantees in the past. For instance, many coaches mentioned that their experience influenced their approach during the grant planning phase, often recalling instances when they applied past learnings to assist less experienced grantees. Coaches observed that many of these less experienced grantees had not fully thought through the details of their implementation plans and processes. As a result, they encouraged these grantees to provide as much detail as possible in their Planning and Implementation (P & I) Guides. Coaches also reported discussing with grantees common implementation challenges they had seen in other similar projects, helping them identify potential obstacles and improve contingency planning in P & I Guides.

Coaches shared how they applied strategies that have been successful for them in the past to identify needs, particularly when grantees were less forthcoming or unaware of their own needs. Many coaches acknowledged this as a common challenge and emphasized the importance of uncovering needs through open conversations with

grantees. One reason for these discussions was that coaches reported not receiving performance data or other background information about grantees from the funder, which could help identify needs. To overcome this barrier, coaches invited local evaluators to TTA calls, as evaluators could highlight challenges that grantees might not consider or mention during calls. Coaches also discussed probing for needs and challenges by leveraging their awareness of contextual factors that could affect the grantees, such as state policy changes, and their knowledge of issues other grantees in similar areas or with comparable programs were facing.

Coaches described drawing on their prior work experience to inform various aspects of their work with grantees. This approach varied considerably among coaches. Some with direct service backgrounds highlighted how they applied rapport-building skills, developed through working with clients, to establish positive relationships with grantees. Others shared their experience in delivering or managing services similar to those of their grantees, which helped guide their support. Some coaches also leveraged their knowledge of the systems in which grantees operated to identify needs and assist with problem-solving. This ranged from experience working in different parts of the system (e.g., for a state agency) to previous work with systems in the grantees' area from past TTA contracts. A few coaches had experience working with the same grantee organization on a past contract.

### Proactive approaches to delivering TTA

Coaches described various strategies they use to proactively support grantees and anticipate their needs, although interviewees differed in the extent to which they relied on

proactive versus reactive approaches. One proactive strategy was maintaining a broader perspective on the project and its context, keeping the entire grant timeline in view while working with grantees. Coaches emphasized the importance of bringing this long-term outlook to TTA work, as it helps grantees - especially those with less experience or capacity - anticipate and address potential challenges, as well as identify opportunities for sustainability. Interviewees noted that many grantees are managing multiple demands and responsibilities, often focusing on immediate, pressing issues. As a result, they may overlook or fail to plan for upcoming challenges. TTA coaches, therefore, can serve as an additional resource for the grantee team, supporting longer-term thinking and planning.

Several coaches described taking a broader view of the context in which grantees operate to anticipate needs and challenges. This included monitoring events and activities at the federal, state, and local levels that could impact the grantee, such as policy changes and shifts in funding. Coaches noted that raising these issues through thoughtful questions allowed them to collaboratively identify and address needs that grantees might not have recognized or shared on their own. While this strategy was central to the approach of several coaches, others focused more narrowly on the grantee organization and its history, placing less emphasis on the broader system and context. These coaches relied more on grantee self-reporting challenges and directed their TTA support efforts toward responding to specific concerns or requests from the grantees.

Several coaches emphasized the importance of proactively assessing grantees' relationships and partnerships early in the planning phase and encouraging them to address any gaps during this stage to better prepare for implementation. They noted that

grantees often fail to engage with implementation partners during the planning phase or overlook the strength of the relationships necessary for successful implementation early in the grant period. Coaches believed that ensuring these relationships are established well before implementation is crucial, especially since significant time often passes between the initial grant submission and the actual start of the project.

### Peer learning as an effective TTA tool

Most coach interviewees described peer learning as one of the most effective components of TTA. All coaches recognized peer learning as a central element of their TTA delivery approach, with many noting that grantees frequently report satisfaction with peer connections, which often lead to observable, positive outcomes. Coaches emphasized the importance of getting to know their grantees well in order to facilitate meaningful peer connections. They also highlighted the value of internal discussions within their teams to connect grantees with colleagues who have relevant experience or expertise, as well as across different grant tracks. Several coaches expressed a desire for more communities of practice or regular convenings of peers delivering similar programs or focusing on issues. They believed such groups would be a valuable resource for grantees and would significantly enhance the overall TTA support available.

### Building trusting relationships with grantees

Coaches described several strategies for building rapport and trust with grantees, with many focusing their initial one-on-one meetings on getting to know the grantee and building a relationship. A common approach was adopting a “helping attitude,” where coaches aimed to meet grantees where they were and began conversations with questions

like, “How can I best help you?” and “What can I do to help you achieve your goals?”

Coaches explained that they work to demonstrate to grantees that they are partners with a vested interest in the success of the project. They also emphasized the importance of showcasing the value of TTA and their expertise early in the relationship to lay the foundation for a strong working partnership.

While many coaches spoke about positive relationships with grantees, they also acknowledged several barriers to building trust. Many coaches noted that travel restrictions related to the COVID-19 pandemic, which often prevented in-person meetings with grantees, made it harder to develop trusting relationships and limited their understanding of the grantees’ context. Several coaches also mentioned that having difficult conversations and addressing challenges was more challenging in a virtual environment. A few coaches felt that in-person interaction was so crucial that, once travel restrictions were lifted, they made a point to connect with grantees whenever possible, even arranging visits when travelling for conferences or site visits with other grantees.

Coaches reported facing challenges in overcoming the perception that they are government officials or compliance officers. They explained that some grantees view them as an extension of the funder, believing their main role is to monitor grantees and report back, which can lead to a lack of trust and openness. Additionally, coaches shared that they do not receive information or updates from the funder about grantees, which can create the impression that they are uninformed, inexperienced, or unprofessional.

## Clarity in expectations for TTA

Coaches described the lack of clear expectations about the role of the TTA coach and desired outcomes for TTA as significant barriers to effective planning and delivery. Interviewees mentioned the need for a better understanding of their intended role, particularly whether they are expected to support all grantee decisions, even those they disagree with, or if they should challenge grantees when their choices do not seem to improve their programs. Coaches also highlighted challenges stemming from unclear distinctions between the roles of grant management staff and TTA coaches, as well as their limited knowledge and awareness of grant management processes and decisions. They noted that grantees often feel frustrated and lack support for certain aspects of grant management, with some expressing that TTA coaches should be able to help. Additionally, coaches explained that not having access to grantees budgets and other grant management information can limit their ability to support grantees with planning and implementation issues, as addressing these challenges often involves financial and other considerations.

## Forthcoming TTA evaluation work

The coach interviews are part of our three-pronged effort to study TTA. In addition, we have completed interviews with the TTA provider leadership and with two dozen grantees, and we will prepare a paper that integrates our observations about the coach-grantee experience. Furthermore, we will distribute a survey to SCA grantees to gather their feedback on the quality, utility, and effectiveness of TTA in enhancing their learning and project operations.