Compass-SAMHC Behavioral Health Care Greater Arizona Reintegration Services Project (GARSP)
Cumulative Evaluation and Outcomes Report

April 2014

LeCroy & Milligan
ASSOCIATES, INC.

Acknowledgements

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List of Acronyms Common in this Report:
ASPC = Arizona State Prison Complex
GARSP = Greater Arizona Reintegration Services Project
SAMHSA = Substance Abuse and Mental Health Services Administration
GPRA = Government Performance and Results Act
RSS = Recovery and Support Specialist
ADOC = Arizona Department of Corrections
ORP = Offender Reentry Project
SAIS = Services Accountability Improvement System

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Executive Summary

This report presents the cumulative findings of the Greater Arizona Reintegration Services Project (GARSP) evaluation for the three-year grant time frame from October 1, 2010 to September 30, 2013 and no-cost extension through January 31, 2014. GARSP is a project of Compass Behavioral Health Care (Compass-SAMHC) and is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This report presents cumulative quantitative and qualitative data on project implementation and client outcomes.

Project and Evaluation Overview

Compass-SAMHC was awarded an Offender Reentry Project (ORP) grant from SAMHSA to expand and enhance substance abuse treatment and related recovery and reentry services to adult offenders (ages 18 and over), returning to Pima County from several Arizona prisons. GARSP has four primary goals of: 1) increasing statewide collaborative efforts to reduce recidivism, substance abuse/use and increase self-sufficiency and stability among the offender population; 2) promoting sobriety and improved mental health status among participants; 3) providing participants with a continuum of treatment and supportive services; and 4) providing treatment and support services with evidence-based practices to improve the ability of each individual to achieve self-sufficiency and stability.

The evaluation of GARSP includes process and outcome components to assess project implementation, progress towards project goals, and provide feedback for continuous project improvement. This report provides the cumulative findings of evaluation data collected over the course of the grant. Areas covered include:

- Project implementation, the continuum of treatment, end-of-project transition procedures, and collaboration efforts;
- Participant recruitment, enrollment, and demographic characteristics;
- Government Performance and Results Act (GPRA) data;
- Client outcomes comparing intake and follow-up GPRA data.
- Assessment of project successes and barriers to implementation; and
- Promising practices learned from this project.

Participant Demographics

A total of 517 participants completed their GPRA intake interview with staff between March 1, 2011 and December 31, 2013. The grant originally proposed to enroll 1,200 clients into the program, which was later reduced by the Project Officer to 1,140 clients; an average monthly enrollment of approximately 32 participants. The majority of participant enrollment occurred between the third quarter of the first year and the third quarter of the second year; this timing reflects the need for adequate grant start-up and relationship building with referring institutions prior to enrollment. During the time period from March 2011 to June 2012, GARSP enrolled an average of 22 participants per month. In the third year of the grant, enrollment averaged 10 participants per month, as staff placed greater emphasis during this period on completing 90, 180, and discharge GPRA interviews. Enrollment continued into December 2013 and discontinued in January 2014, as staff focused on discharging and transitioning clients as the end of the grant approached.

Males constituted 58% of the population served by GARSP and females made up 42%. One person identified as transgender (.02%). More than half of clients (54%) identified as white, non-Hispanic and 29% identified as Hispanic/Latino. The majority of clients (83%) fall into the age range of 25 years to 54 years of age. More than two thirds (68%) of GARSP participants had a high school diploma/equivalent or less education at intake. Almost three quarters (74%) of GARSP participants served have children, of which 24% at intake had children who are living with someone else due to a child protection order and 23% had lost their parental rights for at least one child. At client intake, more than two thirds (68%) screened positively for a co-occurring mental health and substance use disorder. Additionally, 67% reported having experienced or witnessed violence or trauma in their lives. Women were significantly more likely than men to have experienced trauma or violence.

As of January 31, 2014, 343 clients successfully graduated from the project; 134 clients were discharged from the project before completion, involuntarily due to nonparticipation; and 38 people were referred to another program with satisfactory progress at the end of the grant.

Completion of Follow-up GPRA Interviews and Client Discharge

Throughout the course of the grant:

- 517 clients were enrolled into the GARSP project and completed the GPRA intake interview;

- 450 clients completed their 3-month follow-up GPRA interview;

- 441 clients completed their 6-month follow-up GPRA interview; and

- 515 clients were discharged from the project.

GARSP began conducting client's 180-day GPRA interview in March 2011. The program's 180-day GPRA completion rate steadily increased over time, with an overall average completion rate of 62.1%.

Progress towards Grant Goals

Goal 1: Increase Statewide Collaborative Efforts

The first goal of GARSP is to increase statewide collaborative efforts to reduce recidivism, substance abuse/use, and increase self-sufficiency and stability among the offender population. A critical statewide collaboration that GARSP Therapists developed in FY1 (October 1, 2010 – September 30, 2011) and maintained and strengthened in FY2 (2011-12) and FY3 (2012-13) is their relationship with referring correctional facilities throughout the state of Arizona. Additionally, GARSP staff forged relationships with probation officers, clerks and judges of the Tucson City Court, and Job Developers at the Primavera Foundation, in efforts to better serve clients. The GARSP Project Director and Lead RSS staff also participated in the Pima County Reentry Coalition.

Through collaboration with the Arizona Department of Corrections, and specifically corrections officers, the majority of referrals came from Arizona State Prison Complex (ASPC) at Perryville (33%), followed by ASPC Tucson (18%), and ASPC Douglas (14%). Factors that contributed to strong collaboration with correctional facilities include: having a well-staffed project; consistent and regular visits made by therapists assigned to correctional facilities; improved relationships with referring corrections staff; and strong word-of-mouth referrals among inmates.

Goal 2: Promote Sobriety and Improved Mental Health Status

The second goal of GARSP is to promote sobriety and improved mental health status among participants. Several notable program outcomes were achieved in support of clients' sobriety and mental health status.

Alcohol Use

Data collected on client alcohol consumption during the 90 days prior to incarceration (asked at intake), and at 90 and 180 days post release from prison, shows a significant decrease in consumption, both in general and drinking to intoxication, from pre-incarceration to 90 and 180 days post. Prior to incarceration, 47% of GARSP clients reported drinking for an average of 41 days (out of 90) and 27% drank for all 90 days. At 90 days post intake, 91% reported sobriety and at 180 days, 88% reported sobriety. Those who did consume alcohol at 180 days did so in greater moderation compared to pre-incarceration, with an average of 8 out of 90 days, and the largest proportion (25%) reported drinking for 2 out of the 90 days.

Drug Use

Client drug use followed a similar decreasing trend. At intake to the program, 57% of GARSP clients reported having used drugs during the 90 days prior to incarceration. At the 90 day interview, 91% reported sobriety and at 180 days, 87% reported sobriety (in the last 90 days). The average number of days using drugs declined over time, from 66 days (out of 90) at pre-incarceration, to an average of 9 days at 90 days post intake, and an average of 10 days at 180 days post intake. Overall, the data on drug and alcohol use suggests that changes made at 90 days were sustained through 180 days for the majority of clients.

Mental Health

At intake into the program, 68% screened positively for a co-occurring substance abuse and mental health disorder. Overall, the majority of clients reported having consistently good or improved health at 180 days post return from prison. Of clients who reported good to excellent health at intake, 87% felt the same at their 180 day GPRA. On the other hand, 42% of those reporting poor health at intake also indicated poor health at 180 days. This portion of the GARSP population that did not report improved health over time is significantly more likely to have screened positively for a co-occurring disorder

at intake. Cross tabulation of inpatient, outpatient, and emergency room service use by co-occurring status at intake reveals that those who screened positive are more commonly the recipient of medical services; however this finding was significant only for increased use of the ER at 180 days post intake.

Goals 3 & 4: Provide a Continuum of Treatment and Support Services

The third goal of GARSP is to provide persons with a continuum of treatment and supportive services designed to promote sobriety and prevent recidivism into the criminal justice system. Likewise, the fourth goal of GARSP is to provide treatment and support services with evidence-based practices to improve the ability of each individual to achieve self-sufficiency and stability. A total of 6 modalities and 27 treatment, case management, and education services were provided to clients over the course of the grant. All clients received case management services from RSS staff, linking them to services at Compass-SAMHC and other community-based resources and services. Additionally, over 90% of GARSP clients received outreach services, outpatient treatment, recovery support, after care services, and residential detoxification. As part of outpatient and recover support, 59% of clients participated in individual counseling and 29% in group counseling.

Additionally, RSS staff supported clients to access resources and services include: pre-employment and employment services; housing and half way houses; clothing and hygiene; house furnishings and goods; medical, behavioral, and dental health services provides as well as eye glasses; HIV/ AIDS testing and services; services specifically for women; assistance with obtaining funds for ID cards and utility bills; provision of SunGO smart cards to enable use of the Tucson bus system; computer use and resources; access to food; and access to a prepaid cellular phone.

Self-sufficiency and Stability
Notable outcomes achieved in support of clients' self-sufficiency and stability include:

- 94% of GARSP clients completed the Homeless Court program to regain their driver's license and pay off fines.

- 80% of clients received support for accessing transportation resources.

- 78% of clients worked with their RSS to find and maintain living arrangements that were affordable, safe, and would best meet the needs of the individual.

- At clients' latest follow-up GPRA interview (at least 3-months post intake), 62% of clients reported living in housing, 34% were living in an institution (medical or corrections), and 4% were living in a shelter or were homeless.

- 61% of GARSP clients received testing for HIV/AIDS and, if needed, medical support through the grant partnership with Southern Arizona AIDS Foundation (SAAF).

- The project distributed over 500 monthly bus passes to clients from October 2012 to January 2014, at a steady distribution of an average of 32 cards per month. The program's utilization of the SunGo fare card supports clients beyond the life of the grant as it is valid for up to four years from date of receipt and clients may re-load their card at the cost of $.50 per ride or $15 for 30 days of unlimited rides.

- To meet short-term transportation needs, GARSP distributed 1,838 two-ride bus passes from October 2012 to June 2013 and 190 one-day bus passes from July 2013 to January 2014.

- A total of 228 clients were referred to the Primavera Foundation for employment coaching and support; 72% of clients served experienced a favorable outcome: obtaining employment (25%); being hired through Primavera Works (6%); completing an application/ resume and searching for job leads (26%); attending a Primavera workshop (3%); and returning to school (2%). Additionally, 10% were referred to other services to address more pressing needs, some of which limited their employability.

- Analysis of GPRA data suggests that clients that were successful at finding employment after reentry were more likely to keep their employment. However, those who could not find employment were more likely to remain unemployed.

- 60% of discharged clients received aftercare recovery coaching and 51% received aftercare relapse prevention support.

Recidivism

Notable outcomes achieved in support of reducing client recidivism into the criminal justice system include:

- At 90 days post reentry, <u>97% of clients had not been arrested</u> in the 30 days prior, avoiding involvement in the criminal justice system for a new crime. At 180 days post reentry, this figure remained fairly steady at 96% avoiding re-arrest in the 30 days prior.

- GARSP clients also showed a reduction in the number of days spent in jail from 3-months to 6-months post release. At 90 days post reentry, <u>51% had not been re-incarcerated</u>, which increased to 66% at 180 days post reentry. When comparing responses of clients that completed both a 90-day and 180-day GPRA (N=284), clients reported being incarcerated for significantly fewer days at the six month mark. This significant finding suggests that GARSP clients who are spending time in jail after their release from prison, are spending fewer days in jail from three to six months post release.

- The results of a logistic regression model reveals that five factors are significant predictors of re-incarceration for these study participants. These factors are; employment status, amount of interactions with family/friends, status at completion of program, attendance at support group, and receipt of peer coaching and or mentoring. Overall these factors in the model accounts for 38% of the variance in re-incarceration.

Implementation Successes and Challenges

GARSP staff achieved numerous successes in project implementation, through mid-course corrections and a result of the "maturation" of the project. Key successes include:

- Ongoing development of efficient processes for client enrollment, activity tracking, and GPRA interview completion;
- Well-established interest in project from 3-years of operation;
- Strong support received from corrections staff and parole officers;
- Transitioning activities in place to support clients post grant funding; and
- Evidence of a positive client culture and successful re-entry of participants.

Ongoing challenges of project implementation include:

- Gaps in community and needed mental health services for people who lack medical insurance to pay for medication;
- Limited economic resources and access to housing at release, such as availability of funds for short-term assistance;
- Lack of legal documentation upon re-entry; and
- Clients not using services of the Primavera Foundation to the fullest potential.

Recommendations for Future Reentry Projects

Based on best practices learned from GARSP, the evaluation team recommends that future reentry projects consider the following strategies to promote program success:

- Projects should enroll clients after their release from prison, rather than while incarcerated, to ensure commitment to the program and improve GPRA follow-up completion rates.

- Projects should use multiple methods to optimize GPRA completion: development of efficient GPRA tracking databases from the beginning of a project, ongoing efforts by case managers to keep participant contact information current, formal GPRA administration for staff, and effective budgeted incentives for participants who complete the final GPRA. GARSP should continue the practice of discharging and/or graduating clients from the project, as appropriate, and track the number that exit with and without completion of their treatment plan.

- Staffing should include a staff member with broad administrative skills or, at least, projects should develop such processes and adequately train staff in using them.

- Projects should continuously build and nurture relationships with key community partners to better serve client needs. GARSP staff forged strong and trusting relationships with corrections staff by consistently working with all levels of corrections staff. GARSP staff also formed relationships with parole officers and clerks and judges of local city courts. Through this project, staff also further built relationships with other community service providers, such as employment and housing

services, to which clients were referred for resources and support. The Project Director and Lead RSS also attended meetings of the Pima County Reentry Coalition. These partnerships can provide a forum for disseminating information about projects and determining strategies to address gaps in services needed by clients.

- Projects should identify the conditions that signify a client has "graduated" (or should be terminated) from the program. Projects should implement the practice of discharging and/or graduating clients from the project, as appropriate, and track the number that exit with and without completion of their treatment plan.

- Projects should transition clients to work with other service providers in the community and encourage them to develop more long-term support systems, so they are in place upon graduation.

- Projects should partner with an employment services provider in the community to support clients' obtainment of employment post reentry. Primavera staff interviewed offered several recommendations that future projects should consider:
  - o Situate job assistance services at the location where primary project services are delivered to allow for greater accessibility, including "walk-ins."
  - o Hold job assistance workshops or individual sessions in a private space so that participants feel more comfortable attending and disclosing information.
  - o Offer clients pre-employment training and tools, such as computer literacy for conducting web-based employment searches.

- The results of the GARSP logistic regression model suggest several areas that prisoner re-entry programs can emphasize to support clients in not returning to jail. Recommended areas include:
  - o Utilization of the RSS and peer-to-peer coaching model;
  - o Encouragement of clients to connect with and build a recovery support system through RSS mentoring and coaching, engaging in community based support groups, and connecting with family and friends who support recovery;

- o Utilization of after care services, such as relapse prevention strategies;

- o Utilization of pre-employment and employment coaching services to assist clients in obtaining employment; and

- o Accurately identifying and diagnosing clients with co-occurring disorders; and

- o Providing clients who face mental health issues with extra clinical and therapeutic support, as well as referrals to external resources.

- Current and past GARSP participants provided the following recommendations that future projects should consider:

  - o All people interviewed had a strong desire to work but struggled to obtain employment. Projects should consider providing parolees with specific information on where to look online for employment; and provide them with a list of businesses that will hire ex-felons. Similarly, participants could benefit from gaining basic computer literacy skills to aid in applying for positions online and communicating via email.

  - o Projects should consider hosting a social outing for the group, such as a BBQ or a picnic, so that people can get to know each other better. This type of interaction can help new people enter the group more easily and help everyone feel more comfortable about talking openly and less guarded about disclosing information.

  - o Projects should consider offering parolees a class or series that explicitly helps people build "life skills" so they can "function in the world" post prison and learn strategies to avoid relapse and have a successful re-entry. Examples of life skills include dressing professionally, improving one's interactions and communication with people, and learning how to make better choices and decisions. Examples of strategies for successful re-entry include learning and identifying one's triggers, avoiding those triggers or learning to make better choices around them, and building a support system of positive people.

Introduction

Compass-SAMHC Behavioral Healthcare was awarded a three-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand and enhance substance abuse treatment and related recovery and reentry services to adult offenders (ages 18 and over) who are returning to Pima County from several Arizona prisons. This initiative is called the Greater Arizona Reintegration Services Project (GARSP) and the grant time frame is from October 1, 2010 to September 30, 2013 (with a no-cost extension through January 31, 2014). The following are the primary goals of this project:

1. Increase statewide collaborative efforts to reduce recidivism, substance abuse/use and increase self-sufficiency and stability among the offender population;

2. Promote sobriety and improved mental health status among participants;

3. Provide people with a continuum of treatment and supportive services designed to promote sobriety and prevent recidivism into the criminal justice system; and

4. Provide treatment and support services with evidence-based practices to improve the ability of each individual to achieve self-sufficiency and stability.

Evaluation Overview

LeCroy & Milligan Associate, Inc. performed the evaluation of GARSP. The design of the evaluation includes process and outcome components to: 1) assess project implementation; 2) monitor progress towards project goals; 3) determine client outcomes; 4) provide feedback to the Project Director for continuous project improvement; and 5) identify best practices for future reentry programs. This report presents the cumulative evaluation findings of the GARSP evaluation for the three-year grant time frame from October 1, 2010 to September 30, 2013 and no-cost extension period through January 31, 2014.

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Areas covered in this report include:

- Project implementation, the continuum of treatment, end-of-project transition procedures, and collaboration efforts;

- Participant recruitment, enrollment, and demographic characteristics;

- Government Performance and Results Act (GPRA) data, including follow-up interview completion rate;

- Client outcomes comparing intake and 6-month GPRA data.

- Assessment of project successes and barriers to implementation; and

- Best practices learned from this project.

Evaluation Methodology

The evaluation of GARSP includes quantitative and qualitative data, collected through multiple methods and from several informants, including: intake, 90, 180, and discharge GPRA interviews with participants; focus groups with project staff; interviews with community partners; in-depth interviews with current and past participants; and analysis of data on client service receipt. All data collection tools, protocols, and related documents (e.g., informed consent form) were reviewed and approved by project staff, as well as Argus Independent Review Board, Inc.

Throughout the course of the grant, the evaluation team met periodically with GARSP staff and maintained regular communication by e-mail and phone regarding project and evaluation planning and updates. The evaluation team also worked with the Project Director and Lead RSS staff to analyze preliminary client data and determine variables that are included in the outcome analysis presented in this report.

GPRA Data Collection

The GARSP Therapist and a trained RSS conducted the Center for Substance Abuse Treatment (CSAT) GPRA interviews with clients and entered this data into SAMHSA's Services Accountability Improvement System (SAIS) online data portal. Exhibit 1 displays the program's cumulative statistics on GPRA data collection. Developed and mandated by SAMHSA, the CSAT-GPRA Core Client Outcome Measures are client-level data items that have been selected from widely used data collection instruments. The interview protocol includes questions on client demographics, as well as outcome measures on substance use, criminal activity, mental and physical health, family and living conditions, education/employment status, and social connectedness (see Exhibit 2).

Exhibit 1. GPRA Data Collection Statistics

	Number Completed	Response Rate
Intake	515	-
90 Day	450	87%
180 Day	441	86%
Discharge	515	100%

Exhibit 2. GARSP Evaluation Outcome Measures

Baseline Data	**Services Received**	**Mediating Factors**	**Outcomes**
• Gender • Age • Race/ethnicity • Previous exposure to violence • Co-occurring status • Children • Education	• Number of modalities received • Number of treatment, case management, and after care service types received. • Number of treatment, case management, and after care service sessions received	• Employment • Housing • Social Connectedness • Income • Inpatient and outpatient treatment receipt	• Substance use/ sobriety • Re-arrest rate • Re-incarceration rate • Mental health • Pro-social behaviors • Satisfactory discharge status

Stakeholder Interviews and Focus Groups

The evaluation team gathered information-rich, qualitative data about project implementation from key stakeholders on an annual basis. During the last quarter of each year, the evaluation team facilitated 1.5-2 hour focus groups with GARSP staff to discuss project implementation strategies, successes, and challenges. The evaluation team also completed 30-45 minute interviews (individually, in person or by phone) with community partners including parole and corrections officers, halfway house managers, and employment service providers. Evaluation staff developed interview guides unique for each type of partner to gather information on their role and experience in working with both GARSP staff and participants. Additionally, in the third year of the project, the team conducted 30-45 minute individual interviews with four current and one graduate of GARSP (several attempts were made to interview a total of four graduates and six current participants). The client interview guide included questions on their recruitment, service use, helpfulness of services, resources, and referrals, and feedback on project staff.

Service Utilization Data

The Project Director and Lead RSS staff developed and maintained internal databases to track client use of services and resources, such as bus pass and food card receipt, and homeless court outcomes. Service utilization data was also entered into SAIS upon completion of a client's discharge GPRA. The Primavera Foundation, a key project partner, also maintained a database on service use and client outcomes from their employment services.

Data Analysis

Quantitative data was analyzed using the Statistical Package of the Social Sciences (SPSS 21) (Wagner & Wagner, 2012). Descriptive statistics were performed, including frequencies, percentages, and central tendencies. Bi-variate statistics were also performed, including cross tabulation and chi square tests and means comparison and paired samples t-tests. Finally, the evaluation team completed a logistic regression analysis, which is useful for predicting the dependent variable (recidivism), based on predictor independent variables. Statistical results were deemed significant if the p value was .05 or less, indicating that the possibility of the relationship occurring by chance is less than 5%.

Qualitative data was analyzed using content and thematic analysis techniques (Glesne, 2010; Patton, 2005). Key concepts were coded based on the framework of the interview questions and patterns that emerged from the data. Verification of codes and common and divergent themes was achieved through investigator triangulation. Additional members of the evaluation team then reviewed the findings to verify the validity of the analysis.

Client Participation and Demographics

This section of the report presents information on client participation in GARSP, including enrollment, duration of participation, and status at grant closure. This section also presents demographic information of the clients served, as collected at intake to the program.

Client Participation

Enrollment

A total of 517 participants completed their GPRA intake interview with staff between March 1, 2011 and December 31, 2013. Exhibit 3 shows the number of participants enrolled each month over the course of the grant and Exhibit 4 displays quarterly enrollment figures. The grant originally proposed to enroll 1,140 clients into the program, for an average monthly enrollment of approximately 32 participants. The majority of participant enrollment occurred between the third quarter of the first year and the third quarter of the second year; this timing reflects the need for adequate grant start-up and relationship building with referring institutions prior to enrollment.

During the time period from March 2011 to June 2012, GARSP enrolled an average of 22 participants per month. In the third year of the grant, enrollment averaged 10 participants per month, as staff placed greater emphasis during this period on completing 90, 180, and discharge GPRA interviews. Enrollment continued into December 2013 and discontinued in January 2014, as staff focused on discharging and transitioning clients as the end of the grant approached.

Exhibit 3. Monthly Participant Enrollment Data, 10/1/2010 – 1/31/2014
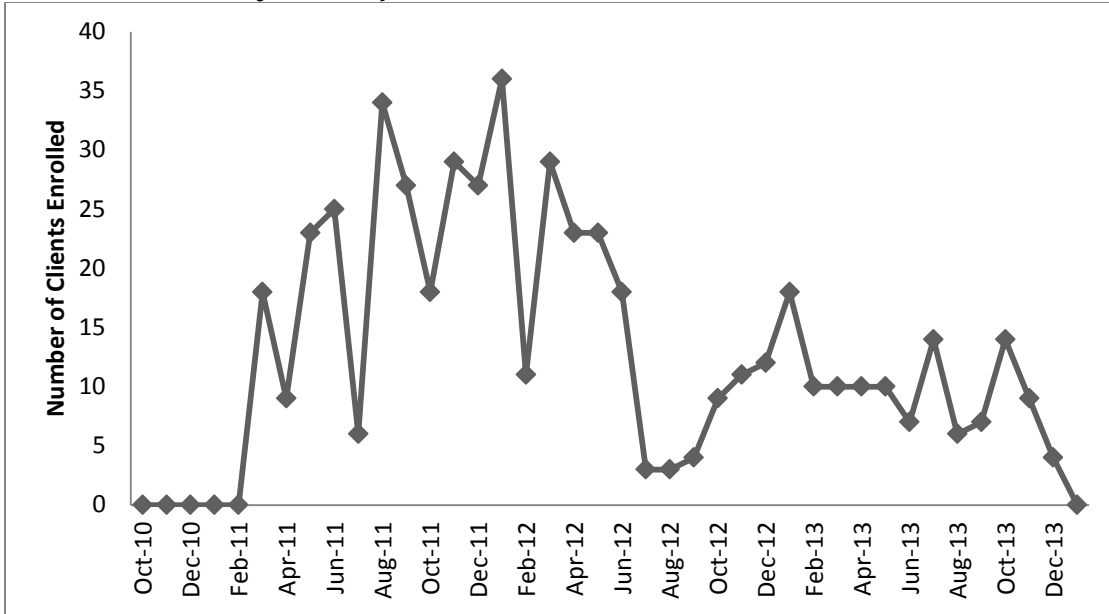
Exhibit 4. Quarterly Participant Enrollment Data, 10/1/2010 – 1/31/2014
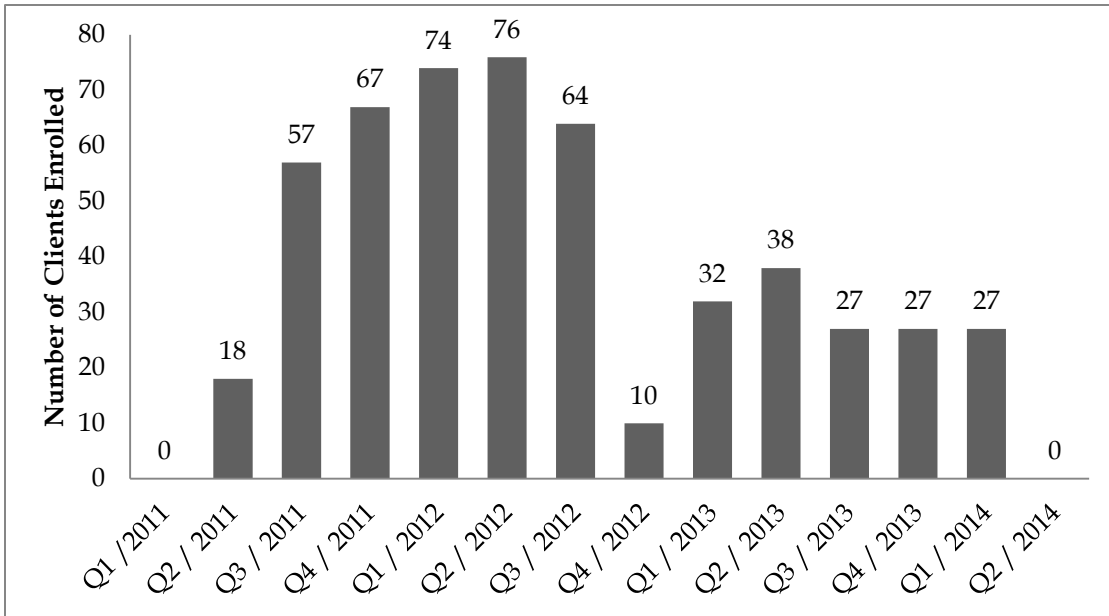
Duration of Participation

Exhibit 5 displays a histogram of the number of days that GARSP clients (N=513) were enrolled in the project and eligible for receipt of service. The number of days that clients were enrolled ranged from 34 days to 953 days, with an average of 579 days and median of 651 days.

Exhibit 5. Histogram of Number of Days Clients were Enrolled in GARSP
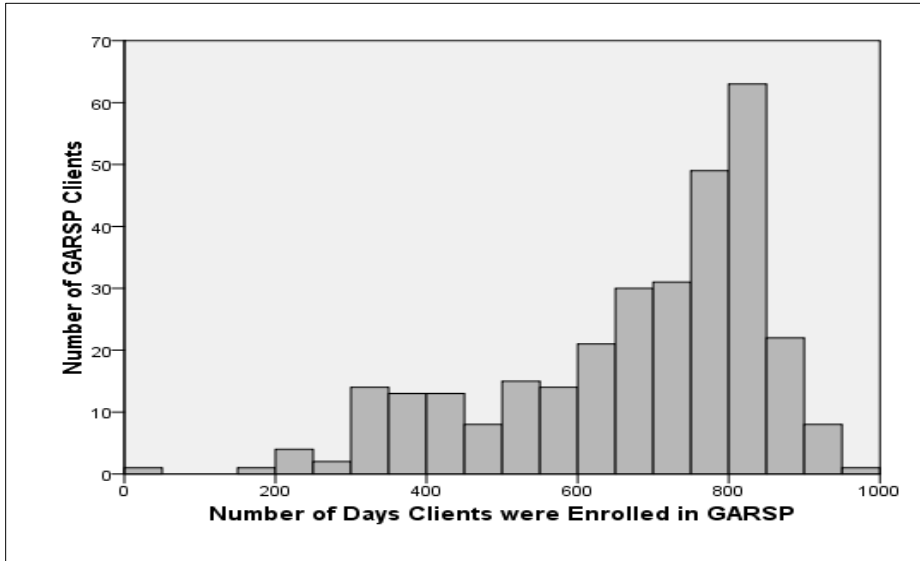
Client Status at Grant Closure

Exhibit 6 displays the status of GARSP clients as of March 31, 2014. Approximately two thirds of clients (67%, N=343) of clients completed and graduated from the program; 26% (134) were terminated from the program involuntarily due to nonparticipation; and 7% were referred to another service or program with satisfactory progress.

Exhibit 6. Client Status Compared by Enrollment Statistics

Client Status	Percent	N
Completion/graduate	67%	343
Terminated, involuntarily discharged due to nonparticipation	26%	134
Referred to another program/service with satisfactory progress	7%	38
Total	**100%**	**515**

Client Demographics

This narrative provides key demographic characteristics of the 517 participants served by GARSP. These data are captured during the GPRA interviews. The total number of clients is 517, unless otherwise noted.

Gender

Males constituted 58% (297) of the population served by GARSP and females made up 42% (219). One person identified as transgender (.02%).

Race/Ethnicity

Exhibit 7 shows that 54% (278) of clients self-reported as white, non-Hispanic and 29% (147) identified as Hispanic/Latino. Additionally, 16% (83) identified as black, 12% (61) as American Indian or other native persons, and one person is Asian (.02%).

Exhibit 7. Race and Ethnicity of Clients Served, 10/1/2010 – 1/31/2014
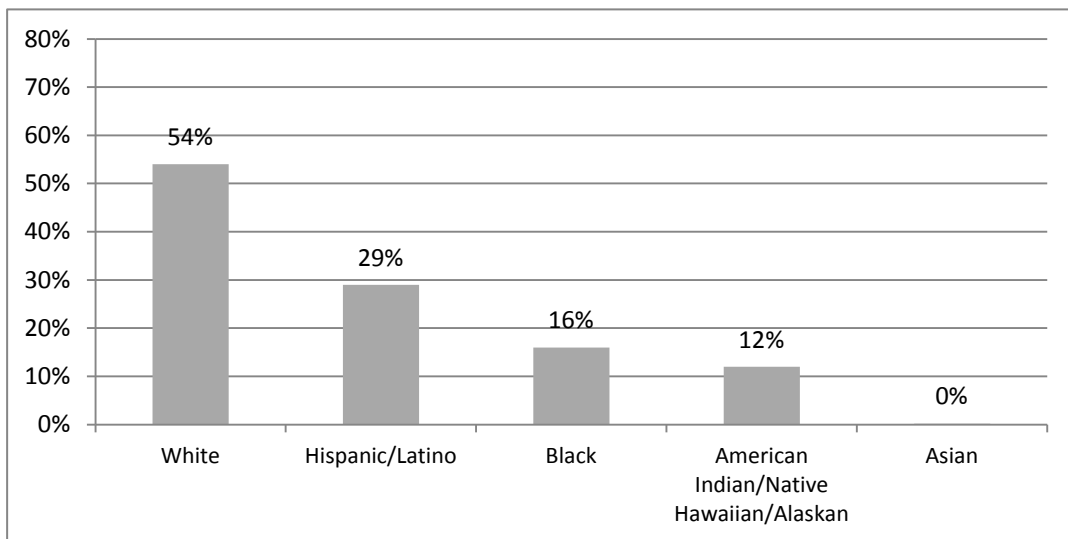
Age

The average age of participants is 38 years (10.4 SD), with a range of 19 to 65 years of age. While there is a wide variance in ages of clients, Exhibit 8 shows that 83% of clients fall into the age range of 25 years to 54 years of age.

Exhibit 8. Age of Clients Served, 10/1/2010 – 1/31/2014

Age Range	Percent	N
Age 18 to 24 years old	12%	60
Age 25 to 34 years old	30%	154
Age 35 to 44 years old	28%	146
Age 45 to 54 years old	25%	128
Age 55 to 64 years old	5%	28
Age 65 years old or greater	.02%	1
Total	**100%**	**517**

Education

The highest level of education achieved by clients ranges from 4th grade to a bachelor's degree. Exhibit 9 shows that more than two thirds (68%, 347) of GARSP participants have a high school diploma/equivalent or less education. Eleven percent (58) enrolled in vocational or technical education after high school, of which 48 completed with a degree. Additionally, 19% (98) have taken some college courses and 2% (13) hold a bachelor's degree.

Exhibit 9. Education Completed by Clients Served, 10/1/2010 – 1/31/2014

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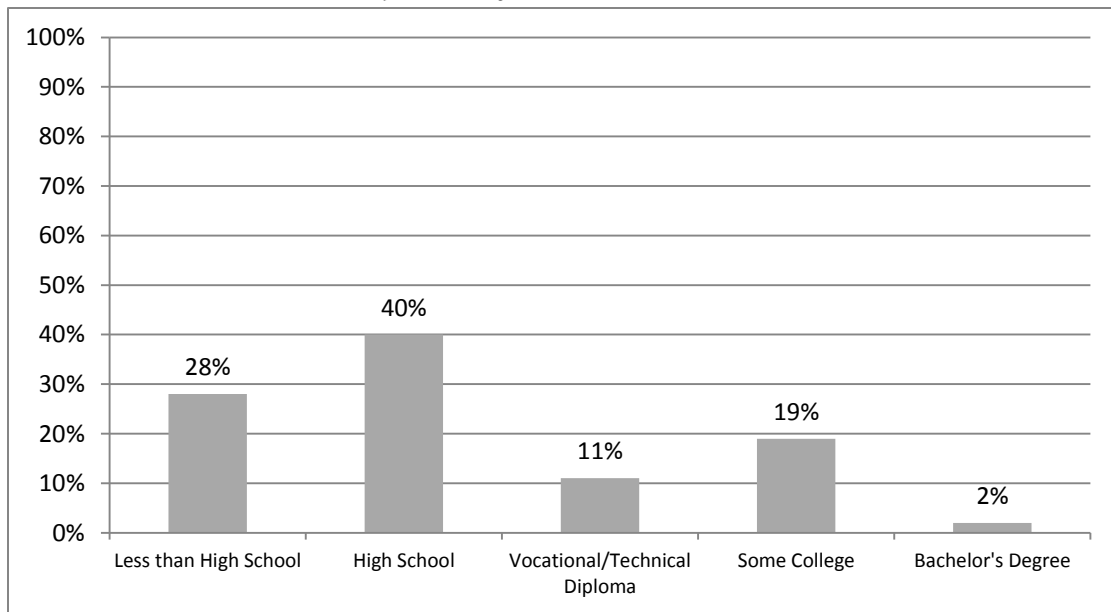
Children

Almost three quarters or 74% (380) of GARSP participants served have children, with clients having a median and average of three children and a range of one to 18 children. Four women in GARSP were pregnant at the time of their intake. Of those with children, 24% (91) have children who are living with someone else due to a child protection order and 23% (85) have lost their parental rights for at least one child.

Co-Occurring Health Screen

During the intake process, 99% (512) of participants were screened for co-occurring mental health and substance use disorders, of which 68% (350) screened positively, indicating presence of a co-occurring disorder.

Military Involvement

SAMHSA added questions about military service during the course of the grant. Of the 267 people who were interviewed at intake after these questions were added, 5% (13) were military veterans (12 served in the Armed Forces and one served in the National Guard). Only one person was on active duty at the time of their interview. Of the 12 people who have served, five were deployed to a combat zone, including Iraq/Afghanistan (3) and the Persian Gulf (2).

Previous Exposure to Violence

More than two thirds of GARSP clients (67%, N=168) reported having experienced or witnessed violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment or assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief). Exhibit 10 shows that women are significantly more likely to have experienced violence then men (x^2=18.130, p=.000). However, regardless of gender, the majority of these clients (N=166) reported that this violent experience has led to avoidance behaviors (83%) and caused them to have nightmares (74%), feel hyper vigilant (75%) and numb and detached (72%).

Exhibit 10. Previous Exposure to Violence by Gender
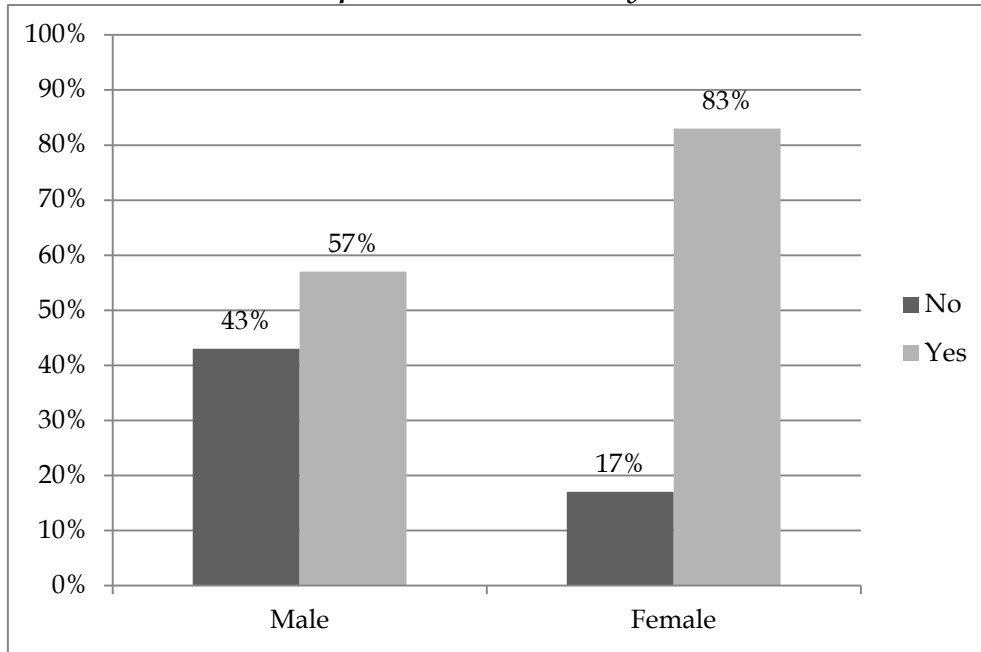
Probation/Parole Status

Slightly more than one third of GARSP participants (39%, N=202) were on probation or parole at their intake to the program.

GPRA Data Summary Information

GPRA Interview Completion and Follow-up Rates

Throughout the course of the grant:

- 517 clients were enrolled into the GARSP project and completed the GPRA intake interview;

- 450 clients completed their 3-month follow-up GPRA interview;

- 441 clients completed their 6-month follow-up GPRA interview; and

- 515 clients were discharged from the project.

It should be noted that the "window" for administering the 180-day (6-month) GPRA is from 150 to 240 days after project intake. Exhibit 11 shows the project's monthly completion rate of the 180 day (6-month) GPRA interview, beginning in March 2011 to the present, as documented by SAIS. SAIS calculates this percentage by dividing the number of interviews completed by the total number that were due and then multiplying by 100. The graph shows a steady increase in the project's 6-month completion rate over time, as indicated by the linear forecast trendline. SAMHSA sets a target 6-month follow-up completion rate of 80%.The project's average completion rate for all fiscal years was 62.1%, compared to the average of all grantees of 74.4%.

Exhibit 11. 180-day GPRA Interview Completion Rates, 2011-2014
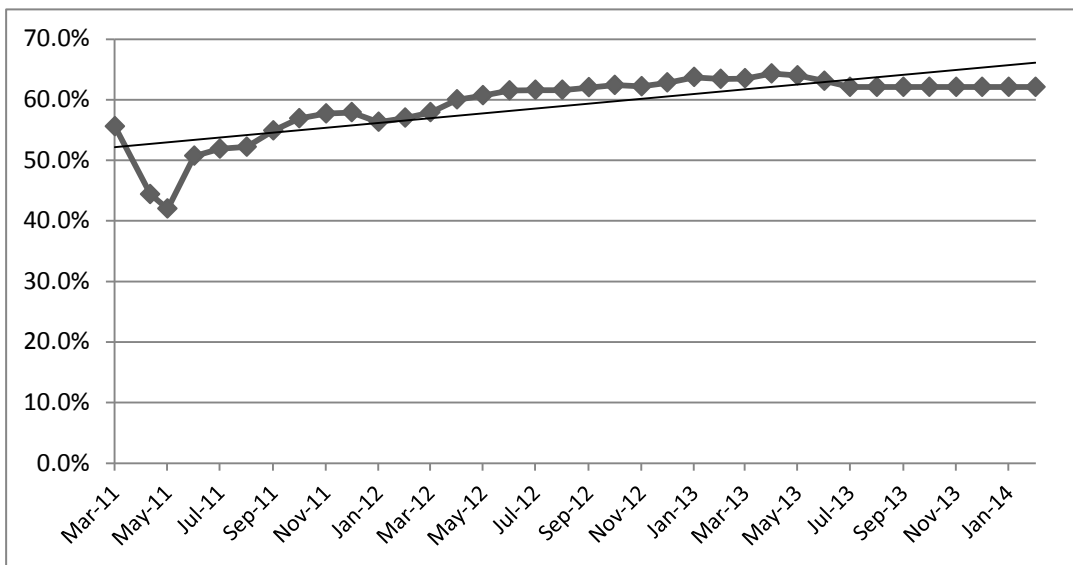
GPRA Summary Data

The following information summarizes GPRA data collected from GARSP clients over the course of the grant, derived from the SAIS data portal. The section sub-headings mirror those required for the SAMHSA report.

How many clients did grantee plan to serve?

Initially Compass-SAMHC proposed to serve 1,200 clients. Per request to the Project Officer, GARSP was granted a 5% reduction in proposed clients served to 1,140 clients, for an average monthly enrollment of approximately 32 participants.

How many new clients were actually served?

Project staff defines service and treatment as beginning during GPRA intake interview and assessment because a therapeutic interaction occurs during this process. A total of 517 new clients were served in some capacity by GARSP over the course of the grant.

How many intake/admissions were completed?

A total of 517 intake/admissions were completed.

How many clients completed the intake/admissions GPRA assessment but did not receive treatment from project staff?

All 517 clients that completed the intake/admissions GPRA assessment received treatment from project staff.

How many clients were discharged from the project before completion?

Over the course of the grant, 134 clients were discharged from the project before completion, involuntarily due to nonparticipation. A total of 38 people were referred to another program with satisfactory progress at the end of the grant.

How many clients graduated from the project (i.e., clients who successfully completed the project)?

A total of 343 clients graduated from the project.

Progress Towards Grant Goals

The GARSP project seeks to address four grant goals through provision of direct services offered by Compass-SAMHC, GARSP Therapists, and RSS case managers; as well as through coordination and collaboration with the Arizona Department of Corrections and other community organizations and service providers. This section reviews the grant's progress towards reaching its four goals:

1. Increase statewide collaborative efforts to reduce recidivism, substance abuse/use and increase self-sufficiency and stability among the offender population;

2. Promote sobriety and improved mental health status among participants;

3. Provide people with a continuum of treatment and supportive services designed to promote sobriety and prevent recidivism into the criminal justice system; and

4. Provide treatment and support services with evidence-based practices to improve the ability of each individual to achieve self-sufficiency and stability.

Goal 1: Increase Statewide Collaborative Efforts

The first goal of GARSP is to increase statewide collaborative efforts to reduce recidivism, substance abuse/use, and increase self-sufficiency and stability among the offender population. A critical statewide collaboration that GARSP Therapists developed in FY1 (October 1, 2010 – September 30, 2011) and maintained and strengthened in FY2 (2011-12) and FY3 (2012-13) is their relationship with referring correctional facilities throughout the state of Arizona. Additionally, GARSP staff forged relationships with probation officers, clerks and judges of the Tucson City Court, and Job Developers at the Primavera Foundation, in efforts to better serve clients. The GARSP Project Director and Lead RSS staff also participated in the Pima County Reentry Coalition.

Referring Correctional Facilities

Over the course of the grant, GARSP therapists have built rapport and developed cordial, cooperative relationships with correctional facility staff. These relationships have contributed to efficient dissemination of information about the project and increased enrollment numbers over time. Exhibit 12 shows the number and percentage of client referrals to GARSP from different facilities for each fiscal year and in total. The majority of referrals came from ASPC Perryville (33%, N=166), followed by ASPC Tucson (18%), and ASPC Douglas (14%). The increase in enrollment at ASPC Perryville over time is in part a result of the movement of all female inmates from the Southern Arizona Correctional Release Center (SACRC) Unit of ASPC Tucson to that facility.

Exhibit 12. Number and Percentage of Referrals from Facilities

Facility	FY1 N	FY2 N	FY3 N	Oct-Jan N	Total N	% of Total
ASPC Perryville	35	69	49	13	166	33%
ASPC Tucson	17	46	26	3	92	18%
ASPC Douglas	11	35	19	6	71	14%
MCCTF	27	10	16	2	55	11%
ASPC Florence	9	22	8	2	41	8%
ASPC Lewis	12	15	7	1	35	7%
ASPC Safford	10	10	1	0	21	4%
PCJ	8	10	0	0	18	4%
SACRC Unit	3	3	0	0	6	1%
ASPC Yuma	1	0	0	0	1	0%
ASPC Eyman	0	1	0	0	1	0%
ASPC Winslow	1	0	0	0	1	0%
Total	**134**	**221**	**126**	**27**	**508***	**100%**

*Data for nine clients was not available at the time of reporting.

Arizona Department of Corrections

Arizona Department of Corrections (ADC) provided referrals for 435 GARSP enrollees from the Arizona State Prison Complexes (ASPC) through the course of the grant. The GARSP Project Director and Therapists initially presented information on the project to prison management (e.g. Wardens), who allowed Therapists that received the appropriate clearance to enter the facilities. Once Therapists built good relationships with correction officers (CO), the COs

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would assess inmates for interest in the program and then arrange for a meeting with a GARSP Therapist on site. Therapists would meet with inmates directly, individually and as a group, to provide them with information about the project and screen them for eligibility. GARSP Therapists also noted that most inmates in ASPC facilities who sought out GARSP services did so based on word of mouth referrals from other inmates.

Marana Community Correctional Treatment Facility

Marana Community Correctional Treatment Facility (MCCTF) is a privately operated state prison located just north of Tucson, Arizona, and provided 11% (55) of GARSP client referrals to the project. It should be noted that beyond the control of the GARSP project, many inmates in this facility have shorter-term sentences and do not meeting the project's eligibility criteria.

Pima County Jail

Pima County Jail (PCJ) referred 4% (18) of participants, primarily during the first and second fiscal years. However in the third fiscal year, PCJ was not a referral source for GARSP because these inmates were served by another grant-funded project that worked with this specific population.

Collaboration with Corrections Officers

The evaluator conducted phone interviews with two COs that collaborated with GARSP, one of whom works at the ASPC in Perryville and the second who works at ASPC in Douglas.

ASPC Perryville

John, currently a CO IV at Perryville, has been involved with GARSP almost from the beginning of the program. John decided to work closely with GARSP for three reasons: 1) He felt it offered a more needed services that other reentry programs he had previously encountered; 2) GARSP explicitly addressed the need for mental health services that many individuals leaving prison have; and 3) Related to reason #2, he recognized that the GARSP staff who came to the prison to present information to staff and recruit inmates were highly qualified behavioral health professionals and would be able provide the services participants needed.

In his earlier position as a CO III, John played a major role in participant recruitment, disseminating flyers to inmates and helping identify inmates who were sincerely interested in committing to the program. Although flyers about the program were posted on dorm bulletin boards, John believes that information about the program spread by word of mouth also played an important role in program recruitment. In addition, information about GARSP was included on one of the TV channels available to inmates. Beyond assisting GARSP in the yard in which he worked, John spread information about GARSP to all of the other Perryville yards.

John identified two challenges GARSP faced at Perryville. One challenge was that it was more difficult to conduct recruitment activities with inmates at higher (i.e., Max and Close) custody levels. Such inmates have greater restrictions on their movement around the prison than those at lower custody levels. Thus, GARSP staff could not arrange to meet with them in locations such as a CO III's office and instead had to put on a protective vest and meet with them in a locked down yard or by their cells.

A second challenge identified was obtaining cooperation from CO IIIs who were not familiar with GARSP or GARSP staff. Corrections staff are charged with maintaining security on their units – they are extremely hesitant to give entry to their units to individuals with whom they are not familiar. In this way, both CO IIIs and, even more so, CO IVs acted as de facto gate keepers to recruitment. John recounted that it took a few months for Perryville staff to become familiar enough with the visiting GARSP staff person to allow him access to the facility's yards. Cooperation of corrections staff is key in other ways beyond access – they are responsible for arranging a secure location for a meeting, preparing an inmate to be interviewed (e.g., handcuffing them, if needed), and moving them to the meeting location. John emphasized the importance of a program having the "right" person doing the recruitment and that it is vital that the same person come to the corrections facility every time in order to develop a good relationship with prison staff. As noted above, John thought GARSP fulfilled such requirements.

John offered a few suggestions for ways to improve recruitment for GARSP or a future Compass-SAMHC re-entry program. He recommended that the program do an initial presentation to executive staff – Captains, the Community Corrections Liaison, Assistant Deputy Wardens, Deputy Wardens, and the Warden. After approval to recruit at the facility has been secured, he suggested that GARSP hold group meetings with lower custody inmates to which informational pamphlets could be distributed, which would help develop interest and spread information about the program at the prison. He also encouraged the use of pre-screening by corrections staff to ascertain if inmates are truly interested in participating in the program's activities.

ASPC Douglas

Samuel is a CO III at ASPC Douglas and has worked with GARSP for approximately 2 years. He learned about the program from a presentation GARSP made to the prison's staff at which GARSP staff members distributed a brochure about the program and their business cards.

Douglas inmates found out about GARSP through several means. As at Perryville, information about GARSP was posted on bulletin boards in areas frequented by prisoners. Word of mouth was also important. Samuel assisted GARSP in recruitment by talking about the program with inmates. He helped to screen out people who were planning on returning to Phoenix and, therefore, would not be eligible to participate in GARSP. However, even some who originally planned to return to Phoenix after release changed their destination to Tucson in order to utilize the assistance and services offered by GARSP. Others chose to enroll in GARSP and be released to Tucson to avoid returning to the gang-affiliated lifestyle they previously had in Phoenix. In his conversations with inmates, Samuel also learned that some inmates had no outside sponsor to help them find a place to stay upon release. He would give them a list of options, one of which was GARSP. GARSP was attractive to inmates because of the program's assistance in helping participants find a halfway house immediately upon release.

Samuel pointed out that getting assistance with transportation to the city to which they have been paroled is extremely important to people being released from ASPC Douglas, and is another enticement of GARSP. Transportation from

Douglas to Tucson by a private company costs $25-$30; this fee is costly as a prisoner is only allowed to save a maximum of $50 during their first incarceration and $100 during a later incarceration. Samuel would mention to inmates that GARSP will help them with the transportation to Tucson, find a halfway house, and get them into a substance abuse treatment program.

If an inmate expressed interest in GARSP, Samuel would contact GARSP to set up a meeting. GARSP staff would keep Samuel informed about when they would be visiting the prisons and which yards they would be visiting. Samuel would help by putting a room aside where GARSP staff and inmates could talk and ensure that inmates had passes required to attend such meetings. Samuel noted that the inmates tended to trust the GARSP staff member who visited ASPC Douglas because he visited the prison on repeated occasions. Repeated visits seemed to instill confidence in the GARSP staff person, so that he would follow through with his promises. As Samuel noted, "they did not have to worry 'Is he going to pick me up?'"

Samuel's impression is that, in general, inmates think GARSP is a good program. They are aware that no halfway house would be willing to come and get them while GARSP will help them find a halfway house and provide employment assistance. Samuel, too believes GARSP is successful. He estimates he has referred between 25 and 50 inmates. He judges GARSP as having been successful by the fact that he doesn't see the inmates that join GARSP coming back to ASPC Douglas as he observes with inmates who leave but do not join GARSP.

Samuel's 2-year long collaboration with GARSP allowed him to be aware of challenges the program faced at ASPC Douglas. He noted that only a small percentage of Douglas CO IIIs came to the initial GARSP personation for a variety of reasons – some may taught the night before, some may been working, etc. Some only learned of the program by noticing inmates coming to his office. He noted that the CO IIIs have seen other programs to help inmates succeed fail and, therefore, tend to like to see the proof of success before supporting a new program. He also observed that CO IIIs have a large amount of paperwork – some may not want to get involved in supporting a program that will require any of their time. As to why he had gotten involved with assisting GARSP in recruitment while other CO IIIs had not, Samuel said, "I see as part of my job helping them be successful in reentry."

Samuel offered a few suggestions for ways to improve recruitment for GARSP or a future Compass-SAMHC re-entry program. One suggestions, almost identical to a suggestion John made, was to work to get as many prison staff present as possible at the initial program presentation – the warden, assistant wardens, and CO IIIs. He advised that the presenters should be sure to provide their phone number and e-mail address to all present and to leave a lot of handouts about the program for distribution to inmates. He also felt it was important to convince get the "buy-in" of CO IVs on program. Unrelated to engaging corrections staff, Samuel suggested that the prison offer more occupational training to inmates so they may find work when they get out.

Collaboration with Parole Officers

A parole officer was interviewed regarding his experience of collaborating with GARSP staff regarding mutual clients for about 2 ½ years (a second parole officer could not be reached for an interview by the time of this reporting). He became aware of GARSP when an RSS staff person transported a GARSP client to their initial parole intake appointment. Although he often saw RSS staff at appointment drop-offs, his main contact with GARSP staff occurred via e-mail and telephone. Through communication with GARSP staff, he would find out whether a client was fulfilling parole requirements through participation in GARSP. Depending on their crime, a parolee might have to participate in project activities for anger management or substance abuse prevention. The parole officer viewed GARSP as a benefit to parolees by offering assistance and resources from the outset of prison exit. He felt that obtaining such services on their own could be costly and difficult for clients. RSS staff would also support parolees during instances of substance abuse relapse, by attending meetings with the client and parole officer to discuss strategies for staying on track. Parole officers further supported RSS staff in doing their job, by helping them track down disengaged clients.

The parole officer interviewed had only positive things to say about the RSSs with which he came into contact. As an example of how GARSP assisted clients, he recounted how an RSS had made a great effort to assist a client experiencing a health crisis. This interviewee wished that more offenders were able to re-enter society with a support system like GARSP and hoped the project could continue. He described GARSP clients as being "a step ahead at release from

prison" as compared to other parolees and having better success in community supervision. His only suggestion for project improvement was that parole officers be informed that an inmate was enrolled in GARSP prior to their release. This would preclude a parole officer having to spend time lining up the same resources for them (e.g., an anger management project) that GARSP would be providing.

Collaboration with Tucson City Courts

With the hiring of a third RSS staff in September 2012, GARSP expanded its collaboration with the Tucson Homeless Court Project and built relationships with local judges. The Homeless Court Project of the Tucson City Court assists people who are receiving treatment services with paying for outstanding warrants, fines, and unresolved cases, without serving time in jail. GARSP's designated RSS staff helped clients navigate the Homeless Court process and clear their record through community service or scheduled payments.

Collaboration with the Primavera Foundation

Of the organizations that GARSP staff referred clients, the most active project collaborator was the Primavera Foundation. The Primavera Foundation is a nonprofit organization with a mission of providing pathways out of poverty through safe, affordable housing, workforce development, and neighborhood revitalization. Job Developers kept regular contact with GARSP staff regarding mutual clients, through phone and email communication and by attending bi-weekly meetings at Compass-SAMHC.

Pima County Reentry Coalition

The GARSP Project Director and Lead RSS participated in the county-wide collaborative effort, the Pima County Reentry Coalition (Pima County is the service area covered by Compass-SAMHC). The coalition includes 68 members from a range of social service agencies, government departments, and health and education institutions (see Exhibit 13). The Project Director attends monthly meetings at which connections are fostered and information is shared between providers about services and projects for and legislation affecting the reentry population. The Project Director and RSS staff gave several presentations about GARSP to the Coalition during this grant.

Exhibit 13. Participants of the Pima County Reentry Coalition

Name of Organization or Government Agency	
Arizona Department of Corrections Work Release Work Furlough Center	Old Pueblo Community Services
AmeriCorps VISTA Yavapai Reentry Project	Our Family Services, Inc.
Amistades, Inc.	Pascua Yaqui Nation One Stop Division
Amity Circle Tree Ranch	Peace Education Project
Arizona Youth Partnership	Pima Career Group
Arizona State University, College of Public Projects	Pima Community College, Community Campus
Children's Protection Center and Shelter of New Mexico	Pima County Accommodations School District
Carondelet Health Network	Pima County Adult Probation Department
Center for Applied Behavioral Health Policy	Pima County Attorney's Office
City of Tucson, Ward Five Office	Pima County Behavioral Health Administration
City of Tucson, Ward One Office	Pima County Faith Based Office
Community Food Bank of Southern Arizona	Pima County Health Department
Compass Health Care, Inc.	Pima County Juvenile Court Center
COPE Community Services	Pima County Office of the Chief Medical Director
Community Partnership of Southern Arizona (CPSA)	Pima County Public Defender's Office
Diocese of Tucson/Catholic Social Services, Inc.	Pima County Public Library
El Rio Behavioral Health Center	Pima County Sheriff's Department, Corrections Bureau
Federal Correctional Complex, United States Penitentiary	Pima Prevention Partnership
Goodwill Industries of Southern Arizona	Portable, Practical Educational Preparation (PPEP, Inc.)
Help Tucson, Inc.	Primavera Foundation
Higher Ground	Reformers Unanimous
HOPE, Inc.	Rising Star Baptist Church
Inside/Out, Inc.	Shalom Ministries, Inc.
Institute of Social Justice	Social Service Career Alliance

Name of Organization or Government Agency	
Judge Charles Pyle , U.S. Dist. Ct., Dist. of Arizona	Sullivan Jackson Employment Center
Judge Mike Pollard, Tucson City Court	Sunnyside School District
Judge Ron Wilson, South Tucson, Community Justice Court	Tohono O'odham Nation One Stop Division
Judge Carmen Dolney, Pima County Consolidated Justice Court	U. S. Department of Justice
La Frontera, Inc.	U.S. Attorney's Office
Law Ministries, Inc.	U.S. Probation
Loved Ones of the Incarcerated	University of Arizona, Civil Rights Restoration
Luz Social Services, Inc.	University Physicians Hospital
Mayor's Office Successful Strategies for Community Reintegration	Veterans Administration Outreach Project
Miracle Center	Wings for Women
Oasis Family Life Center	

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Goal 2: Promote Sobriety and Improved Mental Health Status

The second goal of GARSP is to promote sobriety and improved mental health status among participants. This section highlights clients' self-reported change in alcohol and drug use and mental health outcomes, from pre-incarceration (asked at program intake) and at 90 days and 180 days post release and with GARSP intervention.

Alcohol Use Outcomes

The GPRA interview includes questions on alcohol use in the 90 days prior to incarceration (asked at intake) and at 90 and 180 days post release from prison. The interview asks about consumption of any alcohol (e.g., beer, wine, liquor, grain alcohol), as well as drinking to intoxication (five or more drinks in one sitting and four or fewer drinks in one sitting).

Change in Alcohol Use, General

Summary statistics on clients' alcohol use at three points in time is shown in Exhibit 14. At their intake to the program, 47% (239) of GARSP clients reported having used alcohol in the **90 days prior to incarceration**, for between 1 and 90 days, an average of 41.4 days (35.9 SD), median of 36 days, and mode of 90 days (27%, N=64). At their **3-month (90 days)** follow-up interview, 91% (313) reported sobriety and 9% (33) reported alcohol use for between 1 and 30 days. Those who did consume alcohol did so in greater moderation compered to pre-incarceration, with an average of 6.5 (8.9 SD) days, median of 2, and mode of 1 day (33%, N=11). At their **6-month (180 days)** follow-up, there was a slight increase in alcohol usage, as 12% (40) reported alcohol use in the past 90 days and 88% (284) reported sobriety. Those who drank alcohol did so an average of 8.2 (9.2 SD) of the 90 days, median of 4, and mode of 2 days (25%, N=10).

Exhibit 14. Alcohol Use in Past 90 Days at Pre-Incarceration, 90-Day, and 180-Day Follow-up

Time Period	Percent (N) Utilization	Range of Days Used	Average Days	Median Days	Mode Days
Pre-Incarceration	47% (239)	1 to 90	41.4	36	90
90 Days	9% (33)	1 to 30	6.5	2	1
180 Days	12% (40)	1 to 30	8.2	4	2

A paired-samples t-test compared average days of alcohol use for 90 days prior, at pre-incarceration and at 90 and 180 days post release (see Exhibit 15). Results showed a significant drop in alcohol usage from both pre to 90 days (t=11.986, p = .000) and pre to 180 days (t=11.125, p = .000). No significant difference was observed in comparing 90 days to 180 days, due to the low averages for both time periods (t=-.028, p=.978). This finding suggests that changes made at 90 days were sustained through 180 days for the majority of clients.

Exhibit 15. Average Days of Alcohol Use in Past 90 Days at Pre-Incarceration, 90-Day, and 180-Day Follow-up
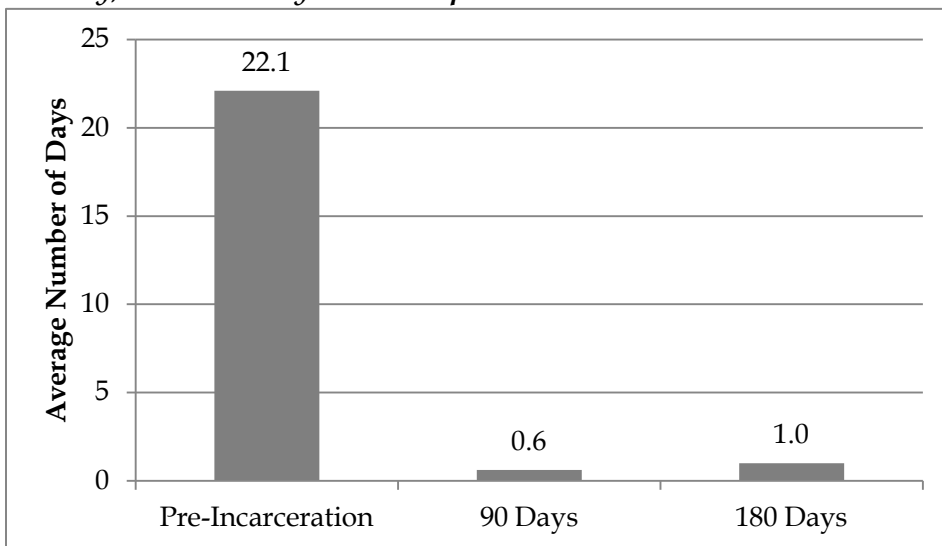
Change in Intensity of Alcohol Use

In addition to alcohol use, change in intensity of alcohol intake (i.e., drinking to intoxication) was examined from pre-incarceration to 6-month (180 days) follow-up. Of those who drank alcohol at **pre-incarceration**, 88% (213) drank to intoxication for an average of 41.7 days (36.0 SD), median of 36 days, and mode of 90 days (27%, N=58). However, at **6 months** post intake (180 days), only 10% (33) reported drinking alcohol in excess to intoxication for between 1 and 30 days, average of 7.9 (9.18 SD), median of 4, and mode of 1 day (27%, N=9).

A paired-samples t-test revealed a significant reduction in days of intoxication from pre-incarceration to 6-month follow-up. Exhibit 16 shows that clients drank alcohol to intoxication for a significantly fewer number of days at the 6-month follow-up, compared to alcohol use 90 days prior to their incarceration (all paired-sample t-tests were significant at the .000 level).

Exhibit 16. Average Days of Alcohol Consumption and Intoxication, Pre-Incarceration and 180-Day Follow-up
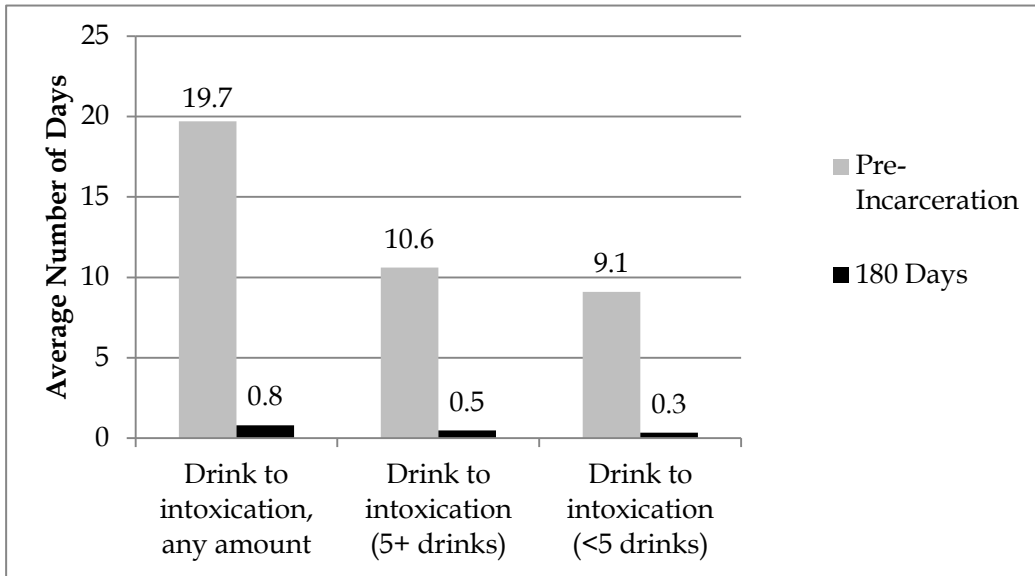
Drug Use Outcomes

Similar to alcohol use, the GPRA instrument examined drug use, in general and by type of drug and route of administration. Use of drugs includes un-prescribed use or misuse of prescription medication, misuse of over-the-counter medication or products, and use of illegal drugs.

Change in Drug Use, General

Summary statistics on client drug use at three points in time is shown in Exhibit 17. At intake to the program, 57% (291) of GARSP clients reported having used drugs during the **90 days prior to incarceration**. Of those who used drugs **prior to incarceration**, the number of days used ranged from 1 to 90 days, with a mean of 66.4 days (32.6 SD), and median mode of 90 days (58%, N=169). At clients' **3-month (90 days)** follow-up interview, 91% (313) reported sobriety and 9% (33) reported drug use for between 1 and 27 days (of the past 90 days), an average of 8.9 days (8.9 SD), median of 5, and mode of 1 day (27%, N=9). At

clients' **6-month (180 days)** follow-up, there was a slight increase in drug use as 87% (281) reported sobriety and 13% (43) reported drug use for 1 to 30 days (of the past 90 days). Those who used drugs used for an average of 9.5 days (9.8 SD), median of 4 days, and mode of 2 days (21%, N=9). Five people seemed to have relapsed, as they reported drug use for 30 of the past 90 days at their 6-month interview.

Exhibit 17. Drug Use in Past 90 Days at Pre-Incarceration, 90-Day, and 180-Day Follow-up

Time Period	Percent (N) Utilization	Range of Days Used	Average Days	Median Days	Mode Days
Pre-Incarceration	57% (291)	1 to 90	66.4	90	90
90 Days	9% (33)	1 to 27	8.9	5	1
180 Days	13% (43)	1 to 30	9.5	4	2

A paired-samples t-test compared average days of drug use for 90 days prior, at pre-incarceration and 90 and 180 days post release (see Exhibit 18). Results showed a significant drop in drug usage from both pre to 90 days (t=18.229, p = .000) and pre to 180 days (t=17.145, p = .000). No significant difference was observed in comparing 90 days to 180 days, due to the low averages for both time periods (t=.118, p=.906).

Exhibit 18. Average Days of Drug Use in Past 90 Days at Pre-Incarceration, 90-Day, and 180-Day Follow-up
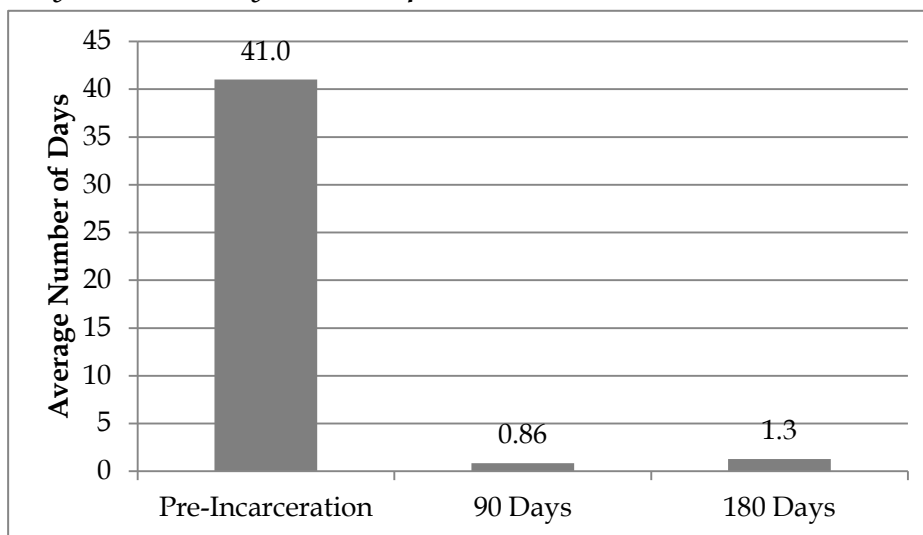
Change in Drug Use by Drug Type

Exhibit 19 shows the types of drugs that GARSP clients reported using in the past 90 days, at pre-incarceration (asked at program intake) and 90 and 180 days post exit from prison. **Prior to their arrest**, GARSP clients commonly smoked Marijuana/Hashish (34%), smoked or injected Methamphetamines (28%), smoked Crack or snorted Cocaine (25%), and injected Heroin (10%). Common types of prescription drug abuse included oral usage of benzodiazepines, Percocet, OxyContin or Oxycodone, and Morphine. Overall, every drug type examined by the GPRA interview was used by at least one GARSP client at pre-incarceration.

At **90 days post release** from prison, drug use dropped significantly, with between 2% and 5% of clients still using one of the four main drug types used prior to their arrest (Marijuana/Hashish, Methamphetamines, Crack/cocaine, and Heroin). Furthermore, GARSP clients discontinued use of most prescription drugs at 90 days post exit.

At **180 days post release** from prison, GARSP clients were still abstaining from prescription drug abuse. However, a slight increase was observed in use of both Methamphetamine (7%) and Marijuana/Hashish (4%), compared to the 90 day report.

Exhibit 19. Type of Drugs Used in Past 90 Days at Pre-Incarceration, 90-Day, and 180-Day Follow-up

Drug Type	Pre-Incarceration % (n)	90 Days % (n)	180 Days % (n)	Primary Route(s)
Marijuana/Hashish	34% (175)	3% (10)	4% (14)	Smoke
Methamphetamine	28% (139)	5% (17)	7% (21)	Smoke/IV
Cocaine/Crack	25% (127)	3% (10)	3% (10)	Smoke/Nasal
Heroin	10% (50)	2% (8)	3% (10)	IV Injection
Benzodiazepines	9% (47)	0	1% (4)	Oral
Percocet	7% (37)	.2% (1)	.6% (2)	Oral
OxyContin/codone	7% (35)	0	.3% (1)	Oral
Hallucinogens/Psychedelics	6% (30)	0	0	Oral
Morphine	5% (23)	.2% (1)	1% (3)	Oral
Non-Rx Methadone	3% (16)	0	1% (3)	Oral
Dilaudid	2% (9)	0	.3% (1)	Oral
Other tranquilizers	1% (6)	0	0	Oral
Codeine	1% (5)	.2% (1)	0	Oral
Demerol	.8% (4)	0	0	Oral
Non-Rx GHB	.8% (4)	0	0	Oral
Inhalants	.8% (4)	0	0	Oral
Ketamine	.6% (3)	0	0	Nasal
Tylenol 2-4	.4% (2)	.2% (1)	0	Oral
Darvon	.2% (1)	0	0	Oral
Barbiturates	.2% (1)	0	0	Oral
Total N	**513**	**346**	**324**	**-**

Even though a few individuals continued to use drugs 180 days post release from prison, overall usage of the top five drugs used pre-incarceration declined significantly. A paired-samples t-test comparing average days of drug types used at pre-incarceration and 180 days post release shows a significant decrease in average drug use over time (see Exhibit 20). All paired-sample t-tests were significant at the .000 level.

Exhibit 20. Average Days of Drug Use at Pre-Incarceration and 180-Day Follow-up
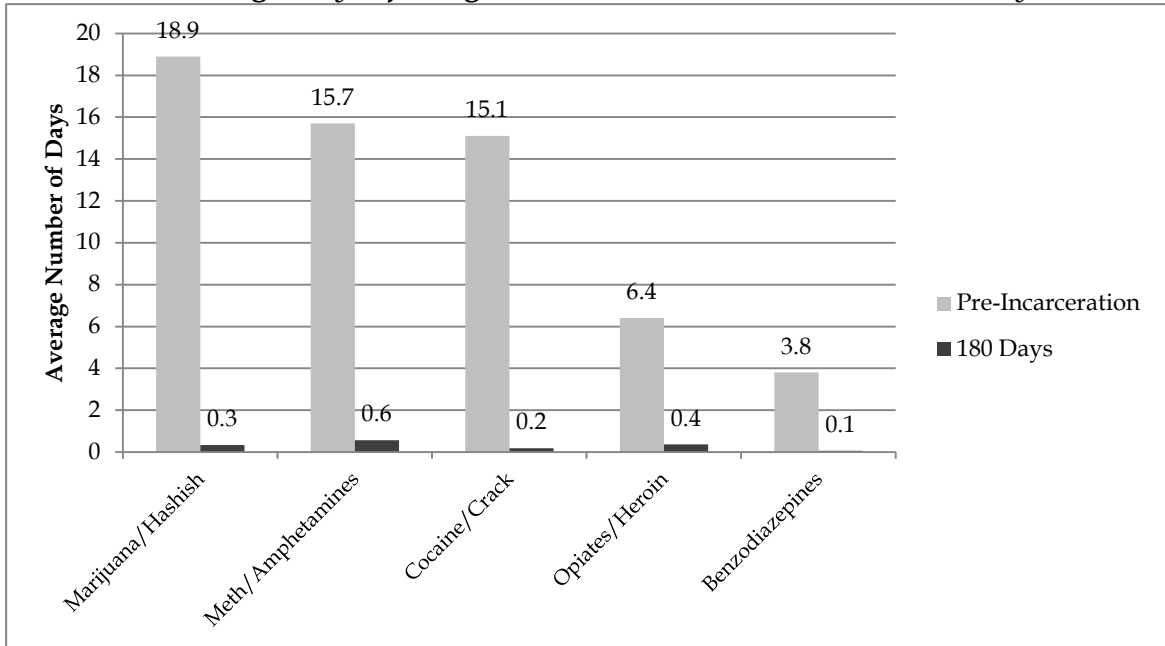
Change in Use of Drug Injection

Exhibit 21 shows a significant decrease over time in percentage of GARSP clients who injected drugs in the 90 days prior to each reporting period (t=5.751, p=.000). Additionally, Exhibit 21 shows the percentage of those who injected drugs that reported sharing injection paraphernalia for each time point. Pre-incarceration, 13% (65) of GARSP clients reported injecting drugs in the 90 days prior and 19% (13) reported using needles, syringes, cookers, cotton, or water that someone else had used. At 90 days post release, only 3% (10) of clients were injecting drugs, however, 50% of those were sharing needles, etc. Injection of drugs remained at 3% (11) at the 180 day GPRA interview, with 36% of these people sharing needles. Interestingly, when comparing injection use from pre to post, those who injected drugs at pre-incarceration were significantly more likely to continue injecting drugs at the 180 day GPRA, compared to those who did not inject drugs initially (x^2=13.720, p=.000).

Exhibit 21. Injected Drugs and Shared Needles in Past 90 Days at Pre-Incarceration, 90-Day, and 180-Day Follow-up
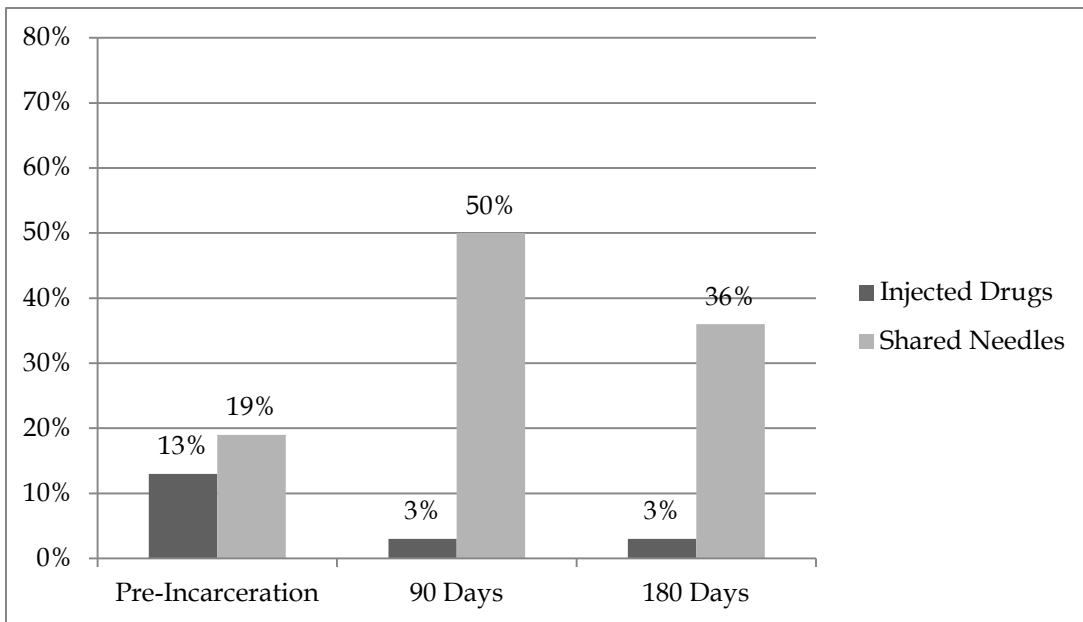
Mental Health Outcomes

At intake into the program, 68% (348) screened positively for a co-occurring substance abuse and mental health disorder. In addition to this screen, clients were asked at intake, 90 days, and 180 days post exit to rate their overall health status, including mental, emotional, and physical health. Exhibit 22 shows that, overall, the majority of clients reported consistently good or improved health at 180 days post return from prison (x^2= 28.664, p=.000). As shown in Exhibit 22, 87% of clients who reported good to excellent health at intake felt the same at their 180 day GPRA. Only 13% of those in good health at intake reported a shift to poorer health. Furthermore, 58% of those reporting fair to poor health at intake felt that their health had improved approximately 6 months later. However, 42% of those reporting poor health at intake also indicated poor health at 180 days. This portion of the GARSP population that did not report improved health over time is significantly more likely to have screened positively for a co-occurring disorder at intake (x^2= 6.943, p=.008)

Exhibit 22. Health Status Report at Intake and 180-Day Follow-up

		Intake	
		Good to Excellent	**Fair to Poor**
180	**Good to Excellent**	87% (222)	58% (38)
Days	**Fair to Poor**	13% (34)	42% (28)
Total		100% (256)	100% (66)

(x^2= 28.664, p=.000)

Exhibit 23 shows clients' use of medical services in the past 30 days, as reported at the 90 day and 180 day GPRA follow-up collection points. Cross tabulation of service use by co-occurring status at intake reveals that those who screened positive are more commonly the recipient of medical services (this finding was significant only for use of ER at 180 days).

At 90 days, almost half of clients reported utilizing outpatient treatment (of which 74% screened positive for a co-occurring disorder at intake). Similarly, at 180 days, 41% utilized outpatient treatment services (of which 74% screened positive for a co-occurring disorder). Inpatient treatment was utilized by a low proportion of GARSP clients, however nearly all clients that used this service screened positively for a co-occurring condition at intake (93% at 90 days, 88%

at 180 days; note that significance could not be determined due to the small sample size). Regarding emergency room visits, 8% of clients at 90 days and 11% at 180 days reported use of the ER. At 180 days, clients who screened positively for a co-occurring disorder at intake were significantly more likely to visit the ER than those who did not (x^2=4.391, p=.04).

Exhibit 23. Use of Medical Services in Past 30 Days at 90-Day and 180-Day Follow-up

Service Used	90 Days	180 Days
Outpatient Treatment	47% (164)	41% (132)
Inpatient Treatment	4% (15)	5% (16)
Emergency Room	8% (28)	11% (34)*

*(x^2=4.391, p=.04)

Exhibit 24 shows the percentage of clients that self-reported experiencing various mental health conditions in the 30 days prior to their intake and 180 day follow-up interview. The P Value column displays the results of a paired-samples t-test that compared average number of days the condition was experienced at the two points in time. A high proportion of clients reported symptoms of serious anxiety and depression at both intake and the 180 day GPRA, with little change reported by individuals over time. The two areas that showed a statistically significant decrease in activity over time are having difficulty concentrating and remembering and having received a prescription to address a psychological or emotional problem.

Exhibit 24. Self-Report of Medical Conditions in Past 30 Days at Intake and 180-Day Follow-up

Condition Reported	Intake	180 Days	P Value*
Experienced serious anxiety or tension	60% (304)	54% (175)	.57
Experienced serious depression	41% (208)	41% (132)	.12
Experienced hallucinations	23% (117)	14% (46)	.26
Trouble concentrating, remembering	**35% (180)**	**32% (105)**	**.04**
Trouble controlling violent behavior	9% (45)	12% (40)	.11
Attempted suicide	.2% (1)	.2% (1)	1.00
Received Rx for medication	**33% (169)**	**28% (90)**	**.00**

*The P Value column displays the results of a paired-samples t-test that compared average number of days the condition was experienced at the two points in time. Areas that showed a significant change are represented in bold.

Client Success Stories

A GARSP project graduate and four current participants were interviewed by the evaluation team to gather information on their experiences and the impact of the project on their treatment and recovery process.

Project Graduate

GARSP staff informed the evaluation team that there was project graduate who kept in touch and expressed interest in providing information for the evaluation from the participant perspective. GARSP staff verified with the former client that she was interested in being interviewed and the evaluation team contacted in her by phone in late September 2013. For this report, she is referred to by the pseudonym of Susan to protect her confidentiality.

Susan reported that she became aware of GARSP through a flyer posted in the prison where she was incarcerated. After submitting paperwork to prison staff, she was interviewed on two occasions at the prison by GARSP staff prior to her release. She remembers the interview including questions about her background, support system, and goals after release. GARSP staff also informed her of the project's willingness to provide transportation at time of release.

At release, a friend picked Susan up at the prison and allowed her to stay at her home. Susan reported that her early time out was spent doing post-release basics - completing required life skills classes, visiting her parole officer, and looking for work. A couple of weeks after release she made use of a GARSP referral to Primavera Foundation's job development specialist. In addition to getting assistance in updating her resume and gaining information about available jobs, she was able to get clothing assistance and a bicycle from other Primavera projects and participated in other Primavera workshops. She reports that one of the most important things she learned at Primavera was how to use a computer to complete on-line applications and send and receive e-mails. Within a month of her release Susan had found employment. She continued to speak regularly with her RSS and had individual therapy sessions twice a month; however, her daytime job precluded her participating in group therapy sessions.

Susan identified the assistance she received from her RSS, therapist, and Primavera as the aspects of GARSP that helped her the most. She felt more secure knowing the GARSP staff was there to help her with information or referrals about whatever she needed. Susan noted that her RSS asked her to report back if the referrals were successful so GARSP could know to use them with other clients. She especially appreciated that she could be honest with staff about how she was feeling and not be judged.

After leaving prison and joining GARSP, Susan maintained contact with and received emotional support from two women who interviewed at the same time as her to join the project. She continues to communicate with one of the women. She also periodically contacts her former RSS, continuing to feel a strong bond with her even after graduating from the project. Overall, Susan feels the services, resources, and referrals GARSP provided, especially Primavera, helped her make her transition back into the community a smooth one. She similarly credits the life skills, recovery, and budgeting classes she received through parole as helping her to successfully move forward in life. Susan could only suggest one way GARSP might be improved – to offer group therapy sessions for clients at night to make them accessible to those whose work in the daytime.

Current Participants

Individual interviews were conducted in person or by phone with two male and two female GARSP clients, to gather their feedback on the project and their experience. All individuals first heard about GARSP through word-of-mouth referrals from other inmates and meeting with a GARSP Therapist on site. Three people interviewed were specifically interested in receiving counseling for prior substance abuse, with the goals of preventing relapse, successfully completing parole, and getting one's life back on track. One participant also heard that the project provided people with bus passes and assistance with accessing halfway houses. The fourth participant was interested in GARSP initially to obtain a ride from prison back to Tucson; however he has since benefitted from both individual and group therapy.

The interviewees received a variety of GARSP services, including: individual and group therapy; bus pass and SunGo fare card receipt; utilization of the homeless court project to re-obtain a driver's license; and utilization of Primavera Foundation for pre-employment assistance.

A critical element of the project that three of the four interviewees noted as helping parolees make it on the outside is receipt of the bus pass to gain access to affordable and safe transportation. Bus passes are used to visit parole officers, travel to and from Compass-SAMHC for appointments, look for employment, and attend church.

Another critical element of the project is their work with the RSS staff. One person noted, their RSS "went out of his way" to help in her search for employment post release. He would conduct internet searches for jobs on her behalf, provide her with job leads, help her access professional clothing donations from a project called Angels Wings of Grace, and print out directions to employment locations. Both have found their RSS staff to be helpful, good listeners, and easy to talk to. One person specifically noted that GARSP has helped parolees to access services in the community more efficiently, such as halfway houses. Another woman specifically she made reference to the availability and helpfulness of GARSP staff, stating: "I could call them up at any time;" "They were helpful to my needs;" and "If you have a problem you can talk to them." All people interviewed look forward to talking with their RSS and Therapist and keep in touch in person or by phone at least once a week. Additionally, one of the men interviewed, who worked with both male and female RSSs, found that interacting with people outside of prison (as opposed to a CO or another inmate) has helped him to develop social and communication skills.

Furthermore, all have benefitted from individual and group therapy sessions. The people who lead the sessions facilitate discussion, listen, give advice, and help the group reflect on and process information gained. People in groups, specifically the women's group, speak openly and honestly about their experiences and the interviewees find it helpful to hear about coping strategies and how people make them work or struggle to make them work on a daily basis. One woman participated in some GARSP group sessions, but said she preferred individual counseling because she is a shy person. However, she

talked about ways that group sessions were helpful. At first she also did not like to hear other group members talking about having had to stop associating with substance users, even a boyfriend or husband, in order to stay clean of drugs and achieve a successful reentry. She indicated, "I wasn't willing to change my friends. But I finally got it." She singled out relapse prevention information she received, such as tips about "triggers" and asking for help when it is needed, as being especially helpful in her recovery.

All participants interviewed have achieved positive outcomes from the project, including: scheduling job interviews; remaining sober (one person relapsed but is currently sober); participating in regular group and individual counseling; and finding stable housing and transportation (via bus pass and bicycle). Individually, one person is working on addressing anger issues and resolving conflict with family members. Another was recently reunited with family members, which has provided even greater motivation to successfully complete the remaining six weeks of parole.

Two interviewees provided recommendations for improving the project.

- Both people have a strong desire to but struggle to obtain employment. They suggest that GARSP should provide parolees with specific information on where to look online for employment; and provide them with a list of businesses that will hire ex-felons.

- Parolees could greatly benefit from taking a class or series that explicitly helps people build "life skills" so they can "function in the world" post prison and learn strategies to avoid relapse and have a successful re-entry. Examples of life skills include dressing professionally, improving interactions and communications with people, and making better choices and decisions. Examples of strategies for successful re-entry include learning and identifying one's triggers, avoiding those triggers or learning to make better choices around them, and building a support system of positive people.

- In addition to group therapy, GARSP should host a social outing, such as a BBQ or a picnic, for group members. This type of interaction can help new people enter the group more easily and help everyone feel more comfortable talking openly and less guarded about sharing information.

Goals 3 & 4: Provide a Continuum of Treatment and Support Services

The third goal of GARSP is to provide persons with a continuum of treatment and supportive services designed to promote sobriety and prevent recidivism into the criminal justice system. Likewise, the fourth goal of GARSP is to provide treatment and support services with evidence-based practices to improve the ability of each individual to achieve self-sufficiency and stability. This section describes the treatment and support services. This section describes the treatment modalities and services received by the 515 clients were discharged by the program as of 3/31/2014.

Overview of Services Provided to GARSP Clients

A total of 6 modalities and 27 treatment, case management, and education services were provided to clients over the course of the grant. GARSP staff utilized a range of 1 to 6 to six modalities with GARSP clients (an average of 5.7, .926 Std. and mode of 6), with 91% receiving 5 to 6 modality types as part of their treatment plan (see Exhibit 25). Out of the 27 services available, individual clients received between 1 and 19 services, with an average of 9.5 (3.118 Std.) and median of 10 services. Overall, 78% of clients received between 5 and 12 service types (see Exhibit 26).

Exhibit 26. Number of Modalities Used with GARSP Clients
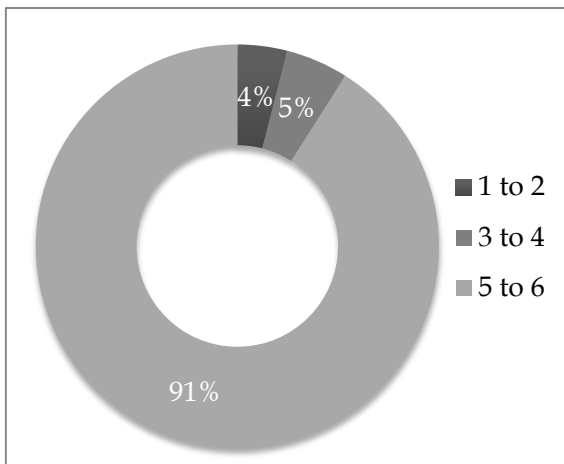
Exhibit 25. Number of Services Used with GARSP Clients
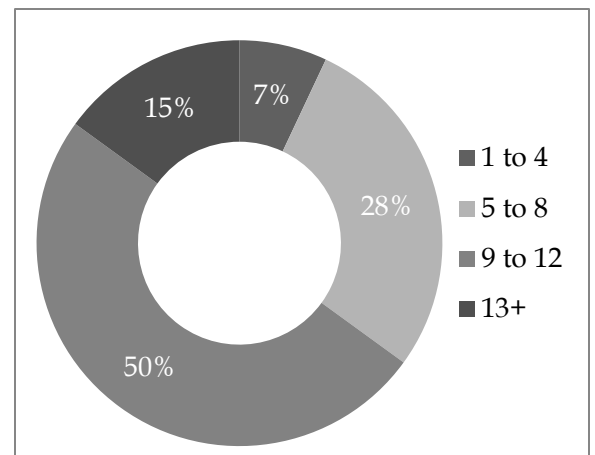
Modalities

Exhibit 27 shows the percentage of discharged clients who received at least one day each modality offered by the program.

- The modality type provided to all clients (N=515) was **case management**, defined by SAHMSA as identifying, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client's family.

- **Outreach** services were provided to 99% (514) of clients, defined as educational interventions conducted by RSS staff, face to face with high risk individuals in the clients' neighborhoods or other areas where clients' typically congregate.

- 96% (493) of GARSP clients received **outpatient treatment**, defined as admittance to a hospital or clinic for treatment that does not require an overnight stay.

- 94% (487) received **recovery support** services from RSS and Therapists who provided clients with assistance in:
    - Housing, educational, and employment opportunities;
    - Building constructive family and other personal relationships;
    - Stress management;
    - Alcohol- and drug-free social and recreational activities; and
    - Recovery coaching or mentoring to help manage the process of obtaining services from multiple systems, including primary and mental health care, child welfare, and criminal justice systems.

- Treatment modalities received to a lesser extent by approximately 92% of GARSP clients include: **after care services** (N=471) (treatment given for a limited time after the client has completed his/her primary treatment program) or treatment in a free-standing **residential detoxification** facility (other than a hospital) (N=470).

Exhibit 27. Modalities Received by Discharged Clients

Modality	Percentage
Case Management	100%
Outreach	99%
Outpatient	96%
Recovery Support	94%
After Care	92%
Residential Detoxification	91%
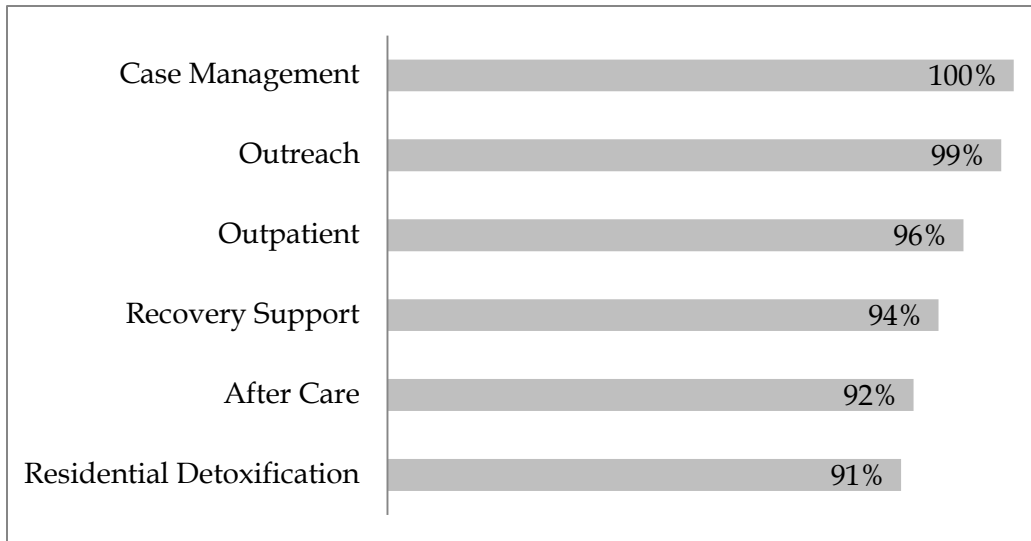
Treatment Services

GARSP provided clients with 11 different types of treatment while in the program (see Exhibit 28); primary services included (N=515):

- **Assessment** (98%, 502)—to examine systematically in order to determine suitability for treatment;

- **Screening** (94%, 482) - a gathering and sorting of information used to determine if an individual has a problem with alcohol and drug abuse, and if so, whether a detailed clinical assessment is appropriate;

- **Individual Counseling** (59%, 306) - professional guidance of an individual by utilizing psychological methods;

- **Group Counseling** (29%, 150) - professional guidance of a group of people gathered together utilizing psychological methods; and

- **Co-occurring Treatment/Recovery Services** (20%, 101) - assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).

Exhibit 28. Treatment Services Received by Discharged Clients
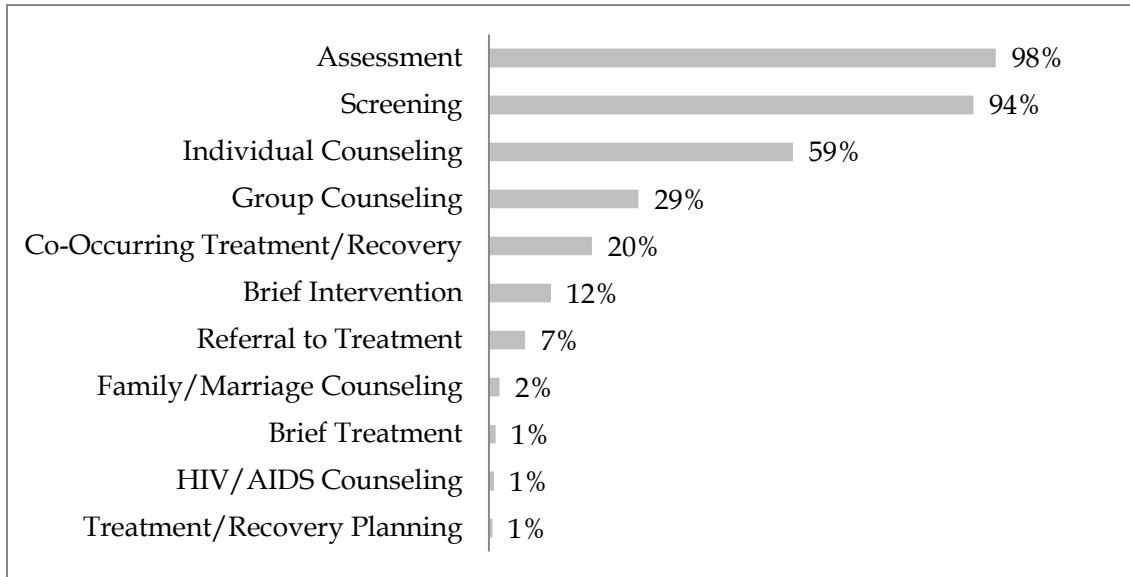
Exhibit 29 presents the summary statistics for treatment services received by GARSP clients, including the number of clients that received this service, the minimum and maximum number of sessions received, the total number of sessions received by all GARSP clients, the average number of services received per client, and standard deviation. Services with the highest average number of sessions includes individual and group counseling, with an average of 6.6 and 6.1 sessions per client, respectively.

Exhibit 29. Summary Statistics of Treatment Services

Treatment Service	N	Min	Max	Total	Mean	Std. D
Assessment	502	1	19	1,323	2.6	1.612
Screening	482	1	5	598	1.2	.573
Individual Counseling	306	1	50	2,008	6.6	7.043
Group Counseling	150	1	32	913	6.1	6.311
Co-Occurring Treatment/Recovery	101	1	8	236	2.3	1.757
Brief Intervention	62	1	17	164	2.7	2.959
Referral to Treatment	34	1	13	72	2.1	2.371
Family/Marriage Counseling	12	1	11	45	3.8	3.793
Brief Treatment	4	1	10	21	5.3	4.031
HIV/AIDS Counseling	3	1	5	7	2.3	2.309
Treatment/Recovery Planning	2	1	2	3	1.5	.707

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Case Management and Other Services

The RSS staff provided case management, education, and peer-to-peer recovery support services to GARSP clients, as shown in Exhibit 30. Seven categories of case management and other services were commonly provided to GARSP clients, discussed in detail below. Additionally, Exhibit 31 presents the summary statistics for case management services. Of the services received by 85 or more clients, peer coaching or mentoring received the highest average of 8 sessions per client, followed by transportation services, averaging 5.2 sessions per client.

Exhibit 30. Case Management and Other Services Received by Discharged Clients

Service	Percentage
Information and Referral	90%
Peer Coaching or Mentoring	81%
Transportation	80%
Housing Support	78%
Pre-Employment	70%
HIV/ AIDS Medical Support/Testing	61%
Employment Coaching	36%
Substance Abuse Education	17%
Family Services	1%
HIV/AIDS Education	1%
Individual Services Coordination	1%
Alcohol- and Drug-Free Social Activities	1%
Alcohol/Drug Testing	0.2%
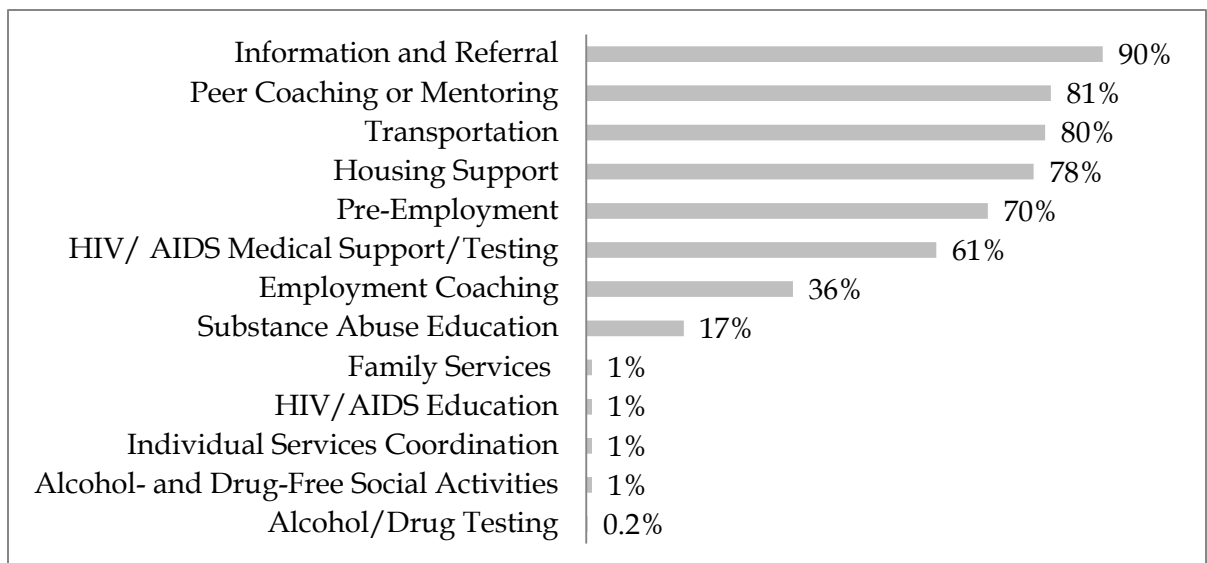
Exhibit 31. Summary Statistics of Case Management and Other Services

Service	N	Min	Max	Total	Mean	Std. D
Information and Referral	461	1	19	1,754	3.8	3.069
Peer Coaching or Mentoring	415	1	55	3,326	8.0	8.427
Transportation	412	1	54	2,155	5.2	5.513
Housing Support	402	1	63	1,399	3.5	4.129
Pre-Employment	361	1	19	1,043	2.9	2.715
HIV/ AIDS Medical Support/Testing	316	1	11	349	1.1	.636
Employment Coaching	186	1	22	585	3.1	2.875
Substance Abuse Education	85	1	19	347	4.1	4.411
Family Services	4	1	20	28	7.0	8.756
Alcohol- and Drug-Free Social Activities	4	1	12	16	4.0	5.354
Individual Services Coordination	3	1	25	31	10.3	12.858
HIV/AIDS Education	3	1	4	6	2.0	1.732
Alcohol/Drug Testing	1	1	1	1	1.0	-

Information and Referrals

Almost all GARSP clients (90%, 461) received information and referrals from their RSS and Therapists. This broad category is defined by SAMHSA as the provision of resources to a client that promotes healthy behavior and/or the direction of a client to other sources for help or information. GARSP Therapists and RSS case managers continuously linked clients to services at Compass-SAMHC and other community-based resources. In summary, out of GARSP clients who received information and referrals:

- The average number of client referrals provided was 3.8 (3.1 SD), median of 3, and mode of 1 service instance.

- 79% (366) received 1 to 5 instances of information and referrals.

- 21% (70) received a more intensive level of referrals, ranging from 6 to 19 instances.

Exhibit 32 provides an overview of the services GARSP participants have needed and organizations to which they were referred by RSS staff. Two notable information and referral services provided to GARSP clients include the Tucson Homeless Court and food assistance programs.

Tucson Homeless Court and City Court. With the hiring of a third RSS staff in September 2012, GARSP expanded its collaboration with the Tucson Homeless Court Project and built relationships with local judges. The Homeless Court Project of the Tucson City Court assists people who are receiving treatment services with paying for outstanding warrants, fines, and unresolved cases, without serving time in jail. GARSP's designated RSS staff helped clients navigate the Homeless Court process and clear their record through community service or scheduled monetary payments. A total of 48 people participated in Homeless Court and 94% (45) successfully completed this program to regain their driver's license and pay off fines. At grant closure, the RSS staff transitioned GARSP clients to the Tucson City Court.

Exhibit 32. Organizations to which Clients were Referred

Service Needed	Referred Organizations
Housing and halfway houses	Transitional Living Communities; Serving Jesus with Joy; Galivan House; Salvation Army; Exodus Ministries; Primavera Men's Shelter; Gospel Rescue Mission; Church on the Street; Clean and Serene; Brothers in Recovery; Mi Casa
Pre-employment, employment, resume development, job search	Primavera Foundation; Pima County OneStop Career Centers; Eagles Wings of Grace
HIV/AIDS testing and support	Southern Arizona AIDS Foundation
Clothing and hygiene	St. Vincent de Paul; World Care; YWCA's Your Sister's Closet; Turn Your Life Around; Interfaith Community Services; Eagles Wings of Grace; Casa Maria
House furnishings and household goods	Tucson Urban League (Starting Over Supplies); St. Vincent de Paul; Gospel Rescue Mission
Medical, behavioral health, dental, and eye glasses (on a sliding scale)	El Rio; St. Elizabeth's of Hungary; Southern Arizona Mental Health Corporation (SAMHC); Lion's Club; Pima County discount prescription card
Assistance with funds for ID cards, utility bills, bus passes	Interfaith Community Services; Traveler's Aid; Salvation Army
Computer use and resources	Pima County Public Library; Pima County OneStop Career Centers
Services for women	The Pink House; YWCA's Your Sister's Closet; Eagles Wings of Grace
Food	Tucson Community Food Bank; Interfaith Community Services; St. Joseph's Pantry; Casa Maria
Cell phone	SafeLink; Terracom

Food Assistance. GARSP provided grocery story gift certificates as incentives to clients who completed the 180 day GPRA. Data available from 4/1/2013-1/31/2014, shown in Exhibit 33, indicates that 37 people received this assistance during this time frame.

Exhibit 33. Food Card Distribution for Clients, 4/1/2013 – 1/31/2014
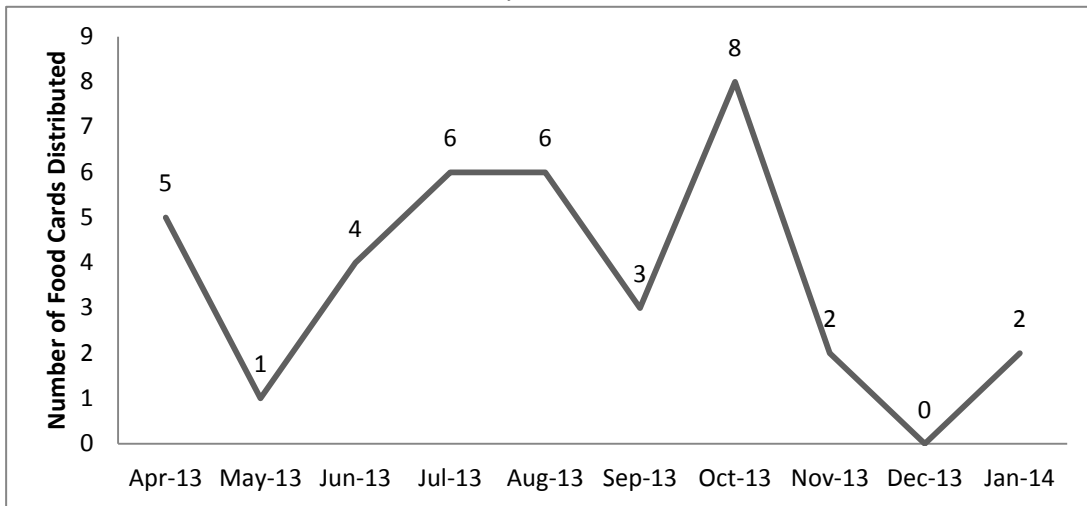
Peer Coaching/Mentoring

Peer coaching and mentoring services were provided to clients by RSS staff in support of the client's recovery; the RSS position requires that the employee has overcome similar life circumstances. In total, 81% (415) of GARSP clients received peer coaching and mentoring in the following ways:

- The average number of times clients were provided with peer coaching and mentoring support was 8.0 (8.4 SD), median of 5, and mode of 1.

- 75% (311) of clients received peer coaching and mentoring from RSS staff from 1 to 10 times during their participation in the program;

- 15% (63) received peer coaching and mentoring from 11 to 20 times; and

- 10% (41) received peer coaching and mentoring from 21 to 55 times.

Transportation

In addition to helping participants access resources and support services, 80% (412) of GARSP clients received support for accessing transportation resources (including reinstatement of their driver's license through the Homeless Court program), ranging from 1 to 54 times during their participation in the program. In summary, of 412 clients:

- The average number of times clients were provided with transportation support was 5.2 (5.5 SD), median of 4, and mode of 1.

- 59% (243) utilized transportation services from 1 to 4 times during their participation in the program;

- 33% (137) received 5 to 12 transportation services; and

- 8% (32) received a high level of assistance with transportation access, ranging from 13 to 23 times; in three outlying cases, individuals were provided with 31, 40, and 54 instances of transportation support.

Bus Pass Receipt. From October 2012 to January 2014, the project provided participants who maintained active engagement with their RSS and Therapist with bus passes, purchased by GARSP from the Tucson's Sun Tran bus system. The project distributed a total of 507 monthly bus passes to clients from October 2012 to January 2014, an average of 32 cards per month. To meet short-term transportation needs, GARSP distributed 1,838 two-ride bus passes from October 2012 to June 2013 and 190 one-day bus passes (which replaced the two-ride option) from July 2013 to January 2014 (see Exhibit 32).

On June 30, 2013, the Sun Tran bus system instituted the use of the SunGO fare card, a reusable card with a photo ID that the user periodically reloads with money. GARSP staff provided clients with a letter that verified their low-income status, so they could qualify for the monthly fare card at a reduced rate of $2.00 per month (which the program then paid to load with unlimited monthly rides). The program's utilization of the SunGo fare card supports clients beyond the life of the grant as it is valid for up to four years from date of receipt and clients may re-load their card at the cost of $.50 per ride or $15 for 30 days of unlimited rides.

Exhibit 34. Bus Pass Distribution to Clients, 10/1/2012 – 1/31/2014
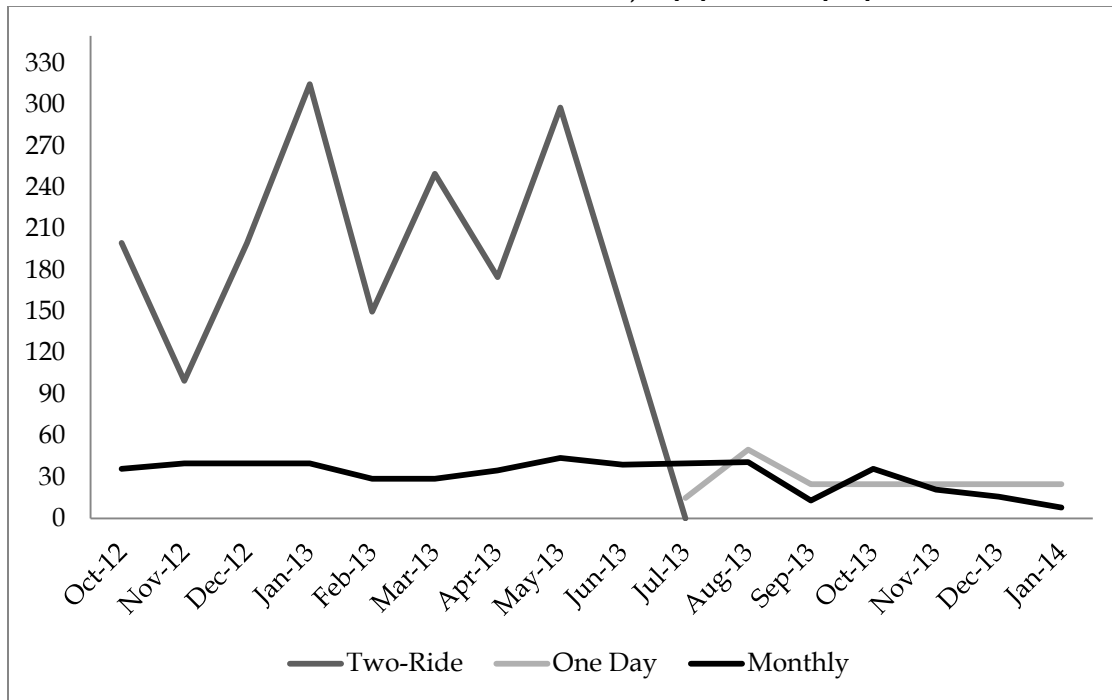
Housing Support

RSS case managers provided 78% (402) of GARSP clients with support to find and maintain living arrangements that were affordable, safe, and would best meet the needs of the individual. Halfway houses and other transitional housing programs, shown in Exhibit 30, were common referred resources. Of those who received housing support services,

- The average number of client referrals to housing was 3.5 (4.1 SD), median of 2, and mode of 1.

- Nearly two-thirds of GARSP clients, 64% (258), only required 1 to 3 instances of support for housing during the course of their participation in the program;

- 30% (122) utilized 4 to 8 instances of housing support; and

- 6% (22) received a high level of housing support, ranging from 9 to 19 instances of support, and, in one outlying case, one person received housing assistance 63 times.

Reflections from a Halfway House Owner. The evaluation team interviewed the owner of a halfway house for women to which RSS staff commonly referred GARSP clients. The house has 12 beds in four shared rooms and the cost of residence is $100 per week. In addition to a bed, the house provides cable television and use of the house phone number as their contact number. Women apply to stay at the house by having a corrections officer e-mail an application on their behalf. Women are accepted into the house depending on their record in prison, such as disciplinary actions, how they seem to be doing overall, and perceptions of current residents. Although the women provide a date of release, in some cases for reasons beyond their control they do not show up on the designated day. Therefore, the owner keeps at least one bed open for women who may show up without a "reservation."

Anecdotally, the owner felt that GARSP clients typically have co-occurring substance and mental health issues; other than that, GARSP residents are not distinctively "different" from other residents. Her general impression of her residents is that some are very motivated to find work while others are not. Nevertheless, she expressed understanding of how difficult it is for women just out of prison to find work. She mentioned a fast food company that had changed its policy and no longer hired ex-felons.

To help residents, the owner gives the women two weeks to find work, before they need to begin paying off their accrued weekly rent; she will sometimes extend this deadline if a well-intending person has trouble finding employment. She is also willing to waive the 6:00 p.m. curfew if women are able to obtain evening employment. Furthermore, food and clothing left behind by former residents are made available to those who need them. In addition to monitoring their employment, the owner monitors whether residents are participating in recovery activities. She maintains a log meeting attendance, such as counseling sessions, Alcoholics Anonymous or Sober Project meetings, and other recovery activities in which they participate.

Pre-employment/Employment Services

Data on client participation in employment services was maintained both by GARSP staff and Primavera Job Developers. Additionally, two Job Developers were interviewed to gather information about their services (one assisted clients from the launch of the project through the end of July 2013; the second took over this position in August 2013 to the present). Data collected by GARSP staff for the 515 discharged clients shows that:

- 70% (361) received pre-employment services, which SAMHSA defines as drug tests, assessments, and background checks to help employers identify prospective employees. Clients participated in an average of 2.8 (2.7 SD) pre-employment sessions, a median of 2, and mode of 1 session; and

- 36% (186) received employment coaching support, which SAMHSA defines as providing tools and strategies to assist clients in gaining employment. GARSP clients had an average of 3.1 (2.9 SD) employment coaching sessions, a median of 2, and mode of 1 session.

Exhibit 35 shows a summary of outcomes from client participation in Primavera employment services, from March 2011 to December 2013, as reported by the Primavera Job Developer.

Exhibit 35. Employment Coaching Outcomes from the Primavera Foundation

	Percent	N
Favorable Outcomes		
Completed master application/ resume, and referred to job leads	26%	60
Obtained employment	25%	57
Referred to other services	10%	23
Hired by Primavera Works	6%	14
Attended workshop	3%	7
Returned to school	2%	4
Unfavorable Outcomes		
Missed appointment/no contact	21%	47
Probation revoked/relapsed	4%	10
Neutral Outcomes		
Moved out of area	3%	6

A total of 228 clients were referred to Primavera in an average time of 27.7 days post release from prison (median of 17 and mode of 9), with a range in referral time from 1 day to 183 days (approximately 6 months post release). Clients were referred to Primavera in two main ways: 1) an RSS or Therapist would have a client call Primavera during a case management meeting or therapy session Compass-SAMHC, or 2) a Job Developer would attend group therapy sessions at the Compass-SAMHC outpatient office or spend time in the lobby before and after group sessions to build rapport and give clients contact information directly. One of the Job Developers interviewed also utilized time at the Compass-SAMHC office to follow up with individuals previously assisted. For example, she would bring clients copies of their finished resume or answer additional questions regarding a job search.

Job Developers reported that they would usually see about two GARSP clients at Primavera, twice per week; once for a first appointment and twice for a follow-up visit. The first appointment commonly takes about 2 hours and subsequent meetings last 60-75 minutes. During the first visit, the Job Developer completes an intake form that helps her get a variety of information about the client - convictions, barriers to employment, short and long-term goals, etc. The Job Developer then reviews a sample application and, if the client is willing to stay long enough, helps them piece together their work history for a resume. After the initial client meeting, the Job Developer is able to ascertain if a client has a strong enough work history and commitment to finding work to warrant writing a custom reference letter; for clients without such qualities the Job Developer will write a more general reference letter.

Overall, employment coaching services include: helping clients to identify their work skills and experience, build a resume, and search and apply for jobs; and providing clients with referrals to resources (e.g. clothing vouchers, low-income verification letter for bus pass, etc.). Some GARSP clients only seek assistance with building a resume. However, clients that want more assistance work with Job Developers to strategize on overcoming barriers employment: lack of skills, lack of transportation, lack of contact phone number or e-mail, etc. Job Developers also practice mock interviews with clients and, in particular, teach them effective ways to answer questions regarding a felony conviction. Job Developers also provide job leads and referrals to community resources such as

for work clothing and food. Job Developers typically ask clients to schedule weekly in-person or phone check-in meetings, and usually give clients reminder calls about their appointments. In addition to individual meetings, they also offered workshops on job readiness at both Primavera and Compass-SAMHC. Job Developers commented that a client's success in finding work ultimately falls on the client and depends on their motivation and whether they are ready to make change in their life.

As shown in Exhibit 33, 72% (165) of clients experienced a favorable outcome from working with Primavera, including: obtaining employment (25%); being hired through Primavera Works (6%); completing an application/ resume and searching for job leads (26%); attending a Primavera workshop (3%); and returning to school (2%). Additionally, 10% were referred to other services to address more pressing needs, some of which limited their employability (e.g. SSDI benefits, Veteran's Affairs, housing, substance abuse, mental health issues.)

A quarter of clients that worked with Primavera had an unfavorable outcome, including missed appointments or no contact post referral (21%), and their probation was revoked or they relapsed in some way (4%). As shown in Exhibit 33, 21% (47) of GARSP clients would not make or keep appointments because of other issues, such a case before Child Protective Services, requirements from their parole officer, and limited access to transportation. If a client did not show up for an appointment, the Job Developer would try to contact them to re-schedule. If they could not get in touch with the client, they would inform their RSS about it.

HIV/AIDS Medical Services

Almost two-thirds (61%, 316) of GARSP clients received testing for HIV/AIDS and, if needed, medical support for those who have HIV/AIDS through the grant partnership with Southern Arizona AIDS Foundation (SAAF).

After Care Services

Various types of after care services are provided to GARSP clients, depending on their need post discharge from the program. After care services include:

- 60% (307) of discharged clients received between 1 and 20 sessions of **recovery coaching,** defined by SAMHSA as guidance involving a combination of counseling, support and various forms of mediation treatments to find solutions to deal with breaking the habit of substance abuse. In summary, clients received an average of 3.6 (3.5 SD) recovery coaching sessions, a median of 2, and mode of 1 session.

- 51% (261) of discharged clients received between 1 and 38 instances of **relapse prevention**, defined by SAMHSA as identifying a client's current stage of recovery and establishing a recovery plan to identify and manage relapse warning signs. Overall, clients received an average of 4.7 (4.9 SD) relapse prevention sessions, a median of 3, and mode of 1 session.

- One client received 25 sessions of **continuing care** services from GARSP post discharge, defined by SAMHSA as health care for extended periods.

Self-Sufficiency and Stability Outcomes

The fourth goal of GARSP is to provide treatment and support services with evidence-based practices to improve the ability of each individual to achieve self-sufficiency and stability. This section describes client outcomes regarding self-sufficiency and stability, based on GPRA data.

Housing

GARSP clients achieved some positive outcomes in terms of housing, when comparing their living situation reported at their first follow-up interview (either at 90 or 180 days) to their second follow-up interview (either at 180 days or discharge) (see Exhibit 36) (N=286). Of the clients who were **housed** at their first follow-up interview post release from prison, 85% remained in a housing situation at the time of their second follow-up; the remaining moved to an institution (11%) or a shelter/became homeless (4%). Of those living in an **institution** at their first follow-up, more than half (51%) remained in an institution and almost half (47%) moved into housing. Only a low proportion of 2% became homeless or was living in a shelter after leaving an institution. Of

those living homeless or in a shelter at their first follow-up, almost half (47%) moved into housing and 40% entered an institution, while two people remained in this unstable condition. Note that statistical significance could not be determined due to the small sample size of sheltered/homeless clients.

Exhibit 36. Living Situation Compared by Initial and Second Follow-up GPRA

		Initial Follow-Up		
		Shelter/Street	**Institution**	**Housed**
Second Follow-up	**Street/Shelter**	13% (2)	2% (3)	4% (5)
	Institution	40% (6)	51% (66)	11% (16)
	Housed	47% (7)	47% (60)	85% (121)
Total		100% (15)	100% (129)	100% (142)

Overall, of the 385 people who completed a GPRA interview at least three months post reentry, 62% (240) were living in housing, while 34% (129) were living in an institution (including hospitalization and incarceration). Only 4% of GARSP clients were living in less stable conditions of a shelter (11) or homeless on the street (5).

Employment

Of the 345 people who were at least three months post their release into the community, at the time of their last follow-up GPRA interview:

- 18% (71) were employed full-time (35+ hours a week);
- 12% (48) were employed part-time;
- 29% (110) were unemployed and looking for work;
- 41% (157) were unemployed and not looking for work; and
- 7% (26) were enrolled in a training project (part- or full-time).

Exhibit 37 shows the change in employment status of the 287 clients who completed both an initial follow-up interview (either at 90 or 180 days) and a second follow-up interview (either at 180 days or discharge). These results are statistically significant (x^2=94.866, p=.000). Over two-thirds (70%) of clients who were **employed** at their first follow-up interview maintained their employment by the time of their second interview; however, 30% became unemployed. More than a third (35%) of clients who were **unemployed** but looking for work at their first interview gained employment, however 65%

remained unemployed. Finally, 11% of those **not looking for work** at the time of their first interview ended up gaining employment. Nevertheless, the remaining 89% remained unemployed. These results suggest that those were successful at finding employment after their reentry were more likely to keep their employment. However, those who could not find employment were more likely to remain unemployed.

Exhibit 37. Employment Status Compared by Initial and Second Follow-up GPRA

		Initial Follow-Up		
		Employed (PT or FT)	**Unemployed, Looking**	**Unemployed, Not Looking**
Second Follow-up	**Employed (PT or FT)**	70% (43)	35% (32)	11% (15)
	Unemployed, Looking	19% (12)	42% (39)	24% (32)
	Unemployed, Not Looking	11% (7)	23% (21)	65% (86)
Total		100% (62)	100% (92)	100% (133)

Income

Exhibit 38 shows the sources of income that GARSP clients reported receiving in the 30 days prior to their intake, 90-Day GPRA interview, and 180-Day GPRA interview. At client intake, two thirds (66%) reported earning money from another source, with the majority specifying income earned or received in prison from gate fees, prison jobs, and the Women in Prison Project (WIPP). More than a third (36%) of clients received money from family and friends at the time of their release from prison. Money from family and friends and "other income sources" are the only categories of income that markedly decreased from program intake to 90 days post intake. Once clients were established in the community, a greater percentage of clients earned income from wages and public assistance, with a steady increase observed in both categories from 90 days to 180 days post intake.

Exhibit 38. Sources of Income Earned in Past 30 Days at Intake, 90-Day, and 180-Day Follow-up

	Intake % (n)	90 Days % (n)	180 Days % (n)
Wages	1% (6)	30% (103)	38% (123)
Public Assistance	1% (5)	29% (99)	35% (114)
Retirement	.2% (1)	.6% (2)	.6% (2)
Disability	0	2% (6)	5% (15)
Non-Legal Activity	.4% (2)	2% (8)	2% (6)
Family/Friends	36% (184)	25% (87)	25% (80)
Other Source	66% (333)	28% (97)	14% (46)
N	**504**	**346**	**324**

Exhibit 39 displays the measures of central tendencies for total income earned, based on clients' self-report for the 30 days prior to data collection. A common trend across all three points in time is that the most frequently reported amount of income (mode) was $0. However, a paired-samples t-test of income figures reported by clients who completed both the 90-Day and 180-Day GPRA (N=284), shows that clients earned a significantly higher average amount of income ($448) at 180 days, compared to 90 days ($362) (t=-2.054, p=.041)

Exhibit 39. Total Income Earned in Past 30 Days at Intake, 90-Day, and 180-Day Follow-up

	Intake	90 Days	180 Days
Average	$71.79	$365.53	$448.23
Std. Deviation	$118.56	$645.90	$588.75
Median	$45	$108	$200
Mode	$0	$0	$0
Range	$0-$1,500	$0-$5,000	$0-$3,500
N	**502**	**346**	**324**

Social Connectedness

Exhibit 40 shows that from intake to the program to 90 days post intake, clients increased their level of social connectedness through increased interactions with family and friends and increased attendance at support groups. For the majority of clients, these interactions were either maintained or increased at the 180-Day follow-up interview.

Exhibit 40. Social Connectedness of GARSP Clients at Intake, 90-Day, and 180-Day Follow-up
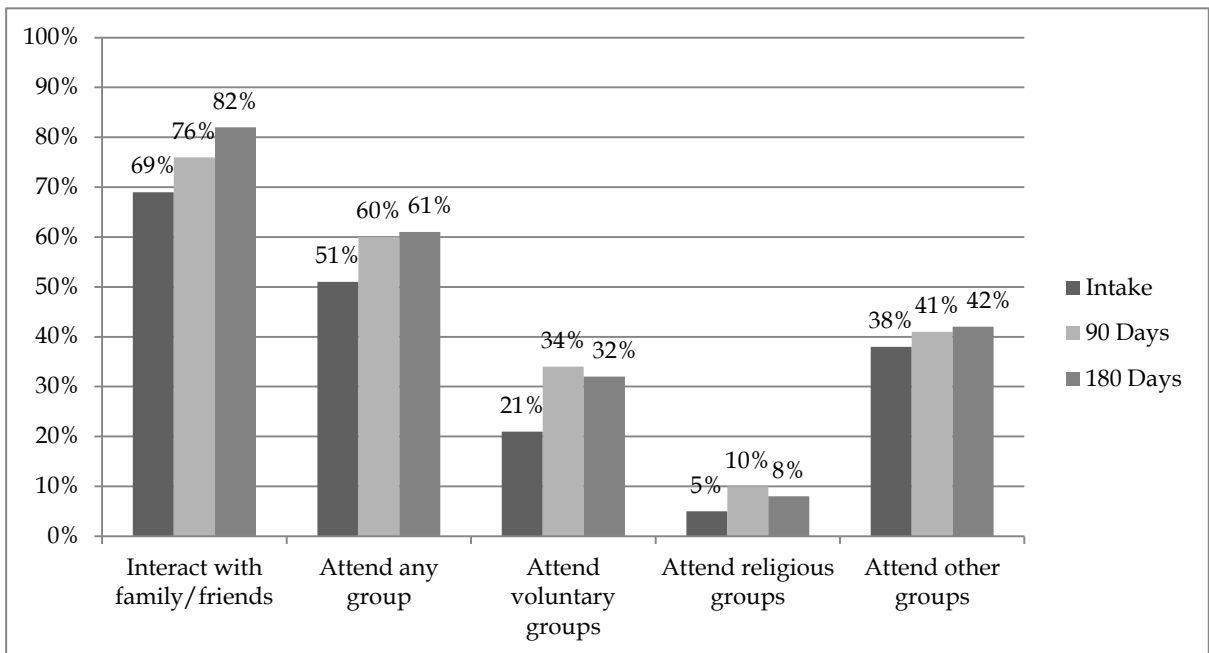
Recidivism Outcomes

The third goal of GARSP is to provide persons with a continuum of treatment and supportive services designed to promote sobriety and prevent recidivism into the criminal justice system. This section provides a summary of recidivism outcomes based on GPRA data (see the section on Goal 2 regarding sobriety). A report on recidivism by the Pew Center on the States (2011), documents the importance of understanding and analyzing recidivism – the rate at which offenders return to prison - due to the overcrowding of prison populations and growing state spending on corrections. The Pew Center report estimates that in 2008, one in 100 American adults was incarcerated. The rising prison population has resulted in the quadrupling of total state spending on corrections over the

past two decades, which topped $52 billion in 2011. Given the nation's wilting economy, policy makers are scrutinizing corrections outcomes, of which recidivism is a key factor. A longitudinal study conducted by the U.S. Department of Justice's Bureau of Justice Statistics (2002) shows that 51.8% of offenders released from state prison in 1994 had returned to prison within three years, for violating the conditions of their release or committing a new crime. From 2004-2007, 15,795 prisoners from Arizona state prisons were released into the community, of which 39.1% recidivated. Data from this program on re-arrests and re-incarceration at 90 days post reentry and 180 days post reentry is presented below and shown in Exhibit 41.

Re-arrests

At 90 days post reentry, 97% (337) of 346 clients had not been arrested in the 30 days prior. Exhibit 41 shows that 3% (9) of GARSP clients had been arrested during this time frame. Eight were arrested once and one person was arrested 3 times; three were for a drug-related offense. At 180 days post reentry, 96% (310) of 324 clients had not been arrested in the 30 days prior. Only 4% (14) of clients had been arrested during this time frame, of which 10 were arrested once and four were arrested between 2 and 4 times. Twelve of these arrests were for a drug-related offense. No significant difference was observed in number of arrests from 90 to 180 days post intake, suggesting that the majority of people were not arrested for a new crime during this time frame.

Exhibit 41. Rates of Re-arrest and Re-incarceration at 90-Day and 180-Day Follow-up
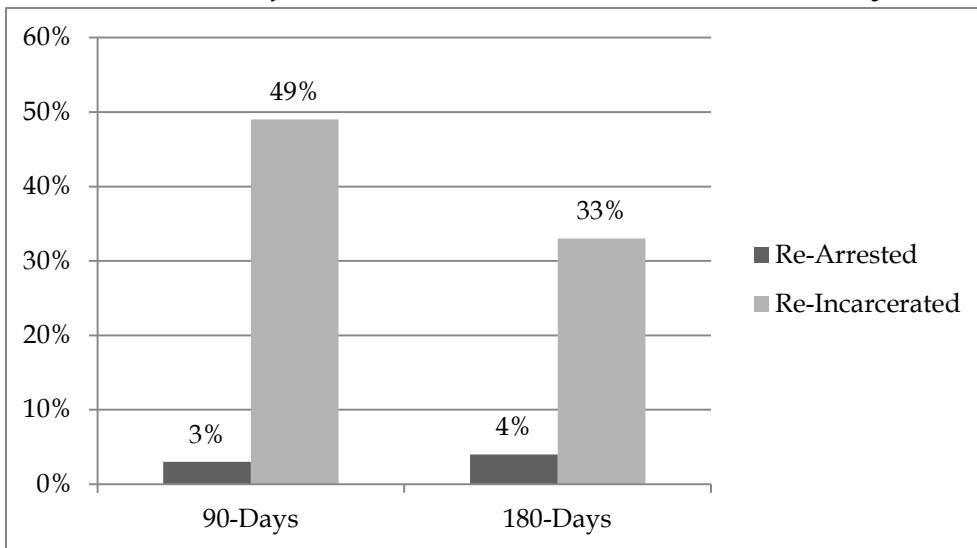
Re-incarceration

At 90 days post reentry, 51% (177) out of 346 had not been re-incarcerated in the 30 days prior. However, Exhibit 36 above shows that 49% (169) of GARSP clients were re-incarcerated during this time frame. Time spent in jail ranged from 1 to 30 days, with an average number of 27 nights in jail (6.8 SD) and median and mode of 30. Almost three quarters (73%) of those re-incarcerated spent the entire 30 days prior to the 90-day reporting period in jail. However, at the 180-day follow-up, the percentage of respondents who had not been re-incarcerated in the 30 days prior increased to 66% (214) of 324. Exhibit 34 shows that 33% (110) of those interviewed at the 180-day GPRA spent between 2 and 30 nights in jail, with an average of 27 (6.8 SD) and median and mode of 30 nights. In summary, at six months post reentry, two-thirds of GARSP clients avoided returning back to jail.

GARSP Outcomes Study: Relationships between Client Characteristics, Service Utilization, and Re-Incarceration

The evaluation team performed additional analyses to examine the impact of client characteristics, service utilization, and mediating factors, on whether or not a client was re-incarcerated in the 30 days prior to their follow-up GPRA interview (recidivism). Exhibit 2 displays the GARSP logic model and variables examined for this study. Variable types include:

- Data collected on client characteristics at entry to the program;

- Data on GARSP service receipt and intensity;

- Mediating factors that are both short-term outcomes and mediators of program level outcomes; and

- Program level outcomes.

The total population of clients served by GARSP is 517. This outcomes study utilizes data from a sub-sample of 385 clients, who completed both the intake GPRA interview and a follow-up GPRA interview at 3 months (n=61) or at 6 months (n=324). Three month survey data was included in the study in the 61 cases where a 6 month follow-up survey was not collected.

Variables Examined in the Analysis

The following variables are included in the analysis. These variables were included for several reasons: 1) based on the GARSP program theory and logic model (see Exhibit 2); 2) relationships suggested in the recidivism literature; 3) they have an adequate sample distribution across the two categories; and 4) exploratory statistical analysis revealed correlation.

Dependent Variable: Re-Incarceration

The dependent variable of this study is whether or not a client was re-incarcerated at any time during the 30 days prior to their follow-up GPRA interview. Re-incarceration can be the result of a parole violation (n=128) and/or being arrested for a new crime (n=13). Exhibit 42 shows that 37% of GARSP clients were re-incarcerated for between 1 and 30 days of the 30 days prior to their 3 or 6 month follow-up GPRA interview. Whereas 63% were not incarcerated for any of the 30 days prior to follow-up. This 30 day time frame represents 60 to 90 days post release from prison and into the program for those who completed the 3 month (90 Day) follow-up GPRA; and 150 to 180 days post release for those who completed the 6 month (180 Day) follow-up GPRA interview. This dichotomous variable was chosen as the study dependent variable because it produces an adequate sample size and distribution across the two groups to allow for meaningful statistical analysis. For example being re-arrested or not was not a viable dependent variable for this study because only 4% (16) of follow-up interviewees were re-arrested for a new crime committed. Data analysis on this limited population would not yield meaningful findings.

Exhibit 42. Re-Incarceration Status, 30 Days Prior to 90 Day or 180 Day Follow-up GPRA

Reason	N	Percent
Re-incarcerated	141	37%
Not re-incarcerated	245	63%
Total	**386**	**100%**

Independent Variables: Client Characteristics

In an outcomes study, independent variables are used to predict the dependent variable. Exhibit 43 displays the categorical independent variables related to client characteristics that were examined as factors with a possible relationship to re-incarceration, based on the GARSP program theory and recidivism literature. For the purposes of this analysis, the variables were re-coded into dichotomous categories of 0/1, where the code of 0 represents the negative attribute or the untested condition (in the case of demographic variables of gender, race, ethnicity, and children) and 1 represents the desirable attribute or the tested condition. Frequencies for the desired attribute or tested condition of variables included in the analysis are shown in Exhibit 2.

Exhibit 43. Client Characteristics Included as Independent Variables

Variables	% (n)
Gender, male	57% (297)
Race, white	54% (278)
Ethnicity, Hispanic/Latino	29% (147)
Has children	74% (380)
No involvement with Child Protective Services	85% (440)
No co-occurring substance abuse and mental health diagnosis	32% (167)
Greater than a high school education	35% (181)
Employed	30% (119)
Attends a self-help or recovery support group	60% (230)
Has interactions with family and/or friends who support recovery	81% (314)
Self-reports that psychological or emotional problems are not at all to slightly bothersome	58% (222)
Discharged from the program with satisfactory progress	74% (380)

Independent Variables: Service Utilization and Dosage

In addition to the categorical independent variables listed above, 16 continuous variables representing service receipt and dosage were also included in the analysis as possible predictors of re-incarceration (Exhibit 44). The first two variables are composite variables. The first is a calculation of the total number of services types received, out of the possible 27 treatment, case management, and education service types. The second one is a calculation of the total number of sessions received for all service types. The remaining variables represent the number of sessions received over the course of the grant for specific services. These services were selected from the range of services offered, because they were received by an adequate portion of the population and at varying levels of intensity. For example, screening services were not included because this is a standard service provided once to all clients; additionally, HIV/AIDS counseling was excluded because it was a service provided to only three clients. Descriptive statistics are presented in Exhibit 4, including the minimum and maximum number, as well as the average number of sessions and standard deviations.

Exhibit 44. Service Utilization Independent Variables

Variables	N	Minimum Value	Maximum Value	Mean Value	Std. D
Total number of service types received	515	1	19	9.5	3.118
Total number of sessions received	515	1	245	36.5	33.586
Assessment	515	0	19	2.8	1.645
Individual counseling	515	0	50	3.9	6.312
Group counseling	515	0	32	1.8	4.383
Co-occurring treatment and recovery	515	0	8	.46	1.209
Pre-Employment	515	0	19	2.0	2.630
Employment Coaching	515	0	22	1.1	2.294
Transportation	515	0	54	4.2	5.356
Substance Abuse Education	515	0	19	.67	2.341
Peer Coaching or Mentoring	515	0	55	6.5	8.201
Housing Support	515	0	63	2.7	3.922
Information and Referrals	515	0	19	3.4	3.129
After care: relapse prevention	515	0	38	2.4	4.235
After care: recovery coaching	515	0	20	2.2	3.253

Insignificant Relationships

Bi-variate analyses performed to explore the relationship between the dependent and independent variables revealed several insignificant relationships, based on the results of a chi square (x^2) or t-test; therefore these independent variables were excluded in the subsequent analytical steps. The following demographic variables had no significant impact on a client's re-incarceration status, shown in Exhibits 45 through 50:

- Gender;
- Race and ethnicity;
- Children and their interactions with CPS; and
- Education level achieved.

Exhibit 45. Gender by Re-Incarceration Status

Area	Male	Female
Re-Incarcerated	37% (80)	36% (61)
Not Re-Incarcerated	63% (138)	64% (107)
N	218	168

(x^2=.006, p=.937)

Exhibit 46. Race by Re-Incarceration Status

Area	White	Non-White
Re-Incarcerated	36% (75)	37% (66)
Not Re-Incarcerated	64% (132)	63% (113)
N	179	207

(x^2=.017, p=.896)

Exhibit 47. Ethnicity by Re-Incarceration Status

Area	Hispanic	Non-Hispanic
Re-Incarcerated	34% (36)	37% (104)
Not Re-Incarcerated	63% (175)	66% (69)
N	279	105

(x^2=.294, p=.587)

Exhibit 48. Children by Re-Incarceration Status

Area	Children	No Children
Re-Incarcerated	35% (38)	37% (103)
Not Re-Incarcerated	65% (70)	63% (175)
N	108	278

(x^2=.117, p=.733)

Exhibit 49. Children in CPS Custody by Re-Incarceration Status

Area	Children in CPS Custody	No Children in CPS Custody
Re-Incarcerated	47% (28)	35% (113)
Not Re-Incarcerated	53% (32)	65% (213)
N	60	326

(x^2=3.149, p=.076)

Exhibit 50. Education by Re-Incarceration Status

Area	High School Degree or Less Education	More than a High School Degree
Re-Incarcerated	39% (97)	32% (44)
Not Re-Incarcerated	61% (153)	66% (92)
N	250	136

(x^2=1.579, p=.209)

Likewise, five types of service utilization showed no significant impact on re-incarceration status, shown in Exhibit 51.

Exhibit 51. Insignificant Service Utilization Variables

Service Utilization Variable	Re-Incarcerated (N=141)	Not Re-Incarcerated (N=245)	t	P
Transportation	4.46	5.47	-1.639	.102
Assessment	2.80	3.04	-1.631	.104
Co-occurring treatment and recovery	.49	.59	-0.743	.458
Individual counseling	5.34	4.84	0.675	.500
Housing Support	3.19	3.25	-0.122	.903

Significant Relationships

The following variables demonstrated a significant relationship to recidivism, based on results from a chi square (x^2) or t-test. Therefore, therefore these independent variables were included in the subsequent regression analysis. **Being employed** is significantly related to not getting re-incarcerated. Exhibit 52 shows that clients who were not employed at follow-up (51%) were significantly more likely to return to incarceration than those employed at follow-up (4%).

Exhibit 52. Employment by Re-Incarceration Status

Area	Not Employed	Employed
Re-Incarcerated	51% (136)	4% (5)
Not Re-Incarcerated	49% (130)	96% (115)
N	266	120

(x^2=78.658, p=.000)

Having **stronger social connectedness** is significantly related to not getting re-incarcerated. Exhibit 53 shows that clients who did not attend a voluntary, religious/faith-affiliated, and/or other self-help group for recovery (50%) were significantly more likely to return to jail compared to 27% of those who attended such groups. Exhibit 54 demonstrates this same relationship, with clients who lack interactions with family and friends that support their recovery being significantly more likely to return to jail than those who have supportive interactions.

Exhibit 53. Attends Support Group by Re-Incarceration Status

Area	Does Not Attend	Attends
Re-Incarcerated	50% (78)	27% (63)
Not Re-Incarcerated	50% (78%)	73% (167)
N	156	230

(x^2=20.493, p=.000)

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Exhibit 54. Interactions with People who Support Recovery by Re-Incarceration Status

Area	No interactions	Has interactions
Re-Incarcerated	67% (48)	30% (93)
Not Re-Incarcerated	33% (24)	70% (221)
N	72	314

(x^2=34.675, p=.000)

Successful completion of GARSP is significantly related to not returning to jail. Exhibit 55 shows that more than half (54%) of clients who were discharged from the program with unsatisfactory completion returned to jail, compared to only a third of those who were satisfactorily discharged. Successful program completion was determined by GARSP therapists and RSS staff at the time of a client's exit from the program, whether it was due to graduation or referral to another program or involuntary discharge as a result of nonparticipation.

Exhibit 55. Program Discharge Status by Re-Incarceration Status

Area	Discharged Unsatisfactorily	Discharged Satisfactorily
Re-Incarcerated	54% (30)	33% (110)
Not Re-Incarcerated	46% (26)	67% (219)
N	56	329

(x^2=8.386, p=.004)

Receipt of a greater level of service intensity from GARSP is significantly related to not being re-incarcerated. Exhibit 56 displays the results of an independent-samples t-test, comparing average service utilization and client's age by re-incarceration status. All t-tests shown below produced statistically significant results. These findings reveal that not being re-incarcerated is significantly related to receiving a greater level of service intensity. For example, those who did not return to jail received a higher average number of service types of 10.7, compared to 9.4 of those who were re-incarcerated. Furthermore, clients who were not re-incarcerated received an average of 50.3

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sessions of various services, compared to 33.2 of the re-incarcerated. The specific service types are sorted in descending order by average of those who did not return to jail. **Notable services include: peer coaching or mentoring with RSS staff, receipt of information and referrals, after care services, group counseling, and pre-employment services.** Exhibit 56 also shows that age and, more specifically, being older is significantly related to not returning to jail.

Exhibit 56. Significant Continuous Variables

Independent Variable	Re-Incarcerated (N=141)	Not Re-Incarcerated (N=245)	t	P
Total number of service types received	9.4	10.7	-4.539	.000
Total number of sessions received	33.2	50.3	-4.729	.000
Peer Coaching or Mentoring	4.0	10.1	-7.950	.000
Information and Referrals	3.6	4.4	-2.329	.020
After care: relapse prevention	1.3	3.7	-5.967	.000
After care: recovery coaching	1.7	3.2	-4.677	.000
Group counseling	.9	2.8	-4.486	.000
Pre-Employment	1.7	2.8	-4.227	.000
Employment Coaching	.8	1.8	-3.948	.000
Substance Abuse Education	.4	1.0	-2.578	.010
Age	36.7	39.1	-2.241	.026

Regression Analysis Findings

Exhibit 57 shows the independent variables that are significant predictors of whether or not a GARSP participant returned to jail in the 30 days prior to their follow-up GPRA interview (r^2 = .38). The significant factors account for 38% of the model that predicts re-incarceration, which is a limitation of this analysis. However, this model correctly predicted re-incarceration status in 81% of cases based on the variables included. The five variables in Exhibit 57 (excluding the constant) are significant predictors of re-incarceration, with a positive correlation (indicated by the positive values under the *Beta (B)* column). In other words, the presence of these desirable attributes predicts that a person will not be re-incarcerated; likewise, the absence of these attributes predicts that a person is more likely to be re-incarcerated. The *exp(B)* column shows the odds ratio or the likelihood that each desirable attribute will lead to not being re-incarcerated.

Exhibit 57. Logistic Regression of Re-Incarceration Status

Variable	B	p	Exp(B)
Employed	3.129	.000	22.842
Interactions with family and/or friends who support recovery	1.329	.000	3.776
Satisfactorily discharged from the program	.888	.027	2.431
Attends a self-help recovery support group	.821	.003	2.272
Received peer coaching and mentoring sessions	.118	.000	1.125
Constant	-3.049	.000	.047

More specifically:

- Employment correctly predicts the probability of classification of a person in the "not re-incarcerated" group about 23 times more often than predicting the probability of classifying a person in the "re-incarceration" group.

- Participants with stronger social connectedness of having interactions with family and friends who are in support of their recovery are 3.8 time more likely to not return to jail. Likewise, those who attend a self-help recovery support group are 2.3 times more likely to not return to jail.

- Two variables related to GARSP services also showed statistical significance in predicting re-incarceration. GARSP participants who were satisfactorily discharged from the program are 2.4 times as likely to not return to jail, compared to those who were discharged unsatisfactorily. Furthermore, clients who received peer coaching and mentoring sessions with an RSS staff are 1.1 times as likely to not return to jail.

The results of this logistic regression reveals that five factors are significant predictors of re-incarceration for these study participants. These factors are; employment status, amount of interactions with family/friends, status at completion of program, attendance at support group, and receipt of peer coaching and or mentoring. Overall these factors in the model accounts for 38% of the variance in re-incarceration. This leaves the majority (62%) of the variance in the model not explained.

Conclusions from the Outcomes Study

This outcomes study utilized data from a sub-sample of 385 clients who completed both the intake GPRA interview and a follow-up GPRA to examine the relationship between client characteristics and service utilization with whether or not a client returned to jail by the time of their follow-up interview. Overall, 37% of these clients were re-incarcerated for between 1 and 30 days of the 30 days prior to their follow-up GPRA interview; whereas 63% were not incarcerated for the 30 days prior.

Results from the bi-variate statistical analyses (cross-tabulation and x^2 test; means comparison and independent samples t-test) suggest that being older, employed, and having a support system in place (i.e. social connectedness) are significantly related to a client not being re-incarcerated at three to six months post their intake to the program. A client's successful discharge from the program and receipt of a greater level of GARSP service intensity are also

significantly related to not being re-incarcerated at follow-up. Notable services include: peer coaching or mentoring with RSS staff, receipt of information and referrals, after care services, group counseling, and pre-employment services.

The logistic regression model tested variables that are associated with re-incarceration status, with the exception of age. Being employed, having a strong social support system in place, successful discharge from the program, and receipt of peer coaching and mentoring sessions with an RSS staff are significantly associated with not returning to incarceration. These variables mirror key aspects of the GARSP program model. RSS staff work individually with participants, through peer coaching and mentoring, to help them connect with and build a social support system that is in favor of their recovery. Additionally, GARSP's primary grant partner, the Primavera Foundation, provided pre-employment services for clients, both individually and in groups. Employment counselors helped GARSP clients to build a resume, search and apply for jobs, learn and practice interviewing skills, and even acquire professional attire. Overall, participants who were discharged satisfactorily from the program, as determined by their therapist and RSS staff, were more likely to not return to jail by the time of their follow-up interview.

Exhibit 58 presents a summary of the key factors that are related to a client not returning to jail at three to six months post intake.

Exhibit 58. Summary of Factors Related to Not Returning to Jail

Factors Associated with Not Returning to Jail
Being employed
Having Interactions with family and/or friends who support recovery
Attending a self-help recovery support group
Received peer coaching and mentoring sessions
Satisfactorily discharged from the program

Factors Impacting Employment of GARSP Participants

A notable finding of this study is that employment is an influential "protective factor" of not returning to jail; participants who were employed at follow-up were 22.8 times more likely to not be re-incarcerated than those who were unemployed. Anecdotally, GARSP staff have observed that employment keeps clients "out of trouble" in several ways, such as providing structure and routine, holding them accountable to performance, and providing a legitimate source of income. Unfortunately, a high percentage of GARSP clients reported being unemployed at their follow-up interview, with 70% (274) being unemployed and only 30% (120) being employed. The researchers further investigated the characteristics and service receipt of the 30% who obtained employment.

Interestingly, gender, race, ethnicity, age, children, and education status were not related to employment. Being employed was significantly related to having interactions with family and friends that support recovery and not being diagnosed with a co-occurring mental health and substance abuse disorder (p values were = .000). In fact, 90% of those who did not have supportive family and friends were not employed, compared with 64% of those who had positive interactions. Looking at the impact of mental health issues on employment, more than three out of four (79%) GARSP clients with a diagnosed co-occurring disorder were not employed at the time of their follow up; compared with 49% of those not facing mental health issues. Furthermore, 79% of those who reported feeling moderately to extremely bothered by their psychological or emotional issues stemming from mental health were unemployed at follow-up, compared to 62% of those who reported minimal to no concern.

Service utilization also had some impact on obtainment of employment. The following services showed a significant relationship to employment (p≤.05):
- Utilizing more service types (an average of 11 out of 27 types)
- Participating in peer coaching and mentoring (average of 9 sessions);
- Engagement in after care services of relapse prevention (average of 4 sessions); and
- Utilizing employment coaching (average of 2 sessions).

Limitations of this Analysis

All research designs should be acknowledged in terms of their relative strengths and limitations. One limitation of this study is the sample of GARSP clients who completed a follow-up GPRA interview. The total population of clients served by GARSP is 517. This outcomes study utilized data from 385 clients who completed either a 6 month follow-up GPRA (n=324) or a 3 month follow-up GPRA interview (n=61). Three month survey data was included in the study in the 61 cases where a 6 month follow-up survey was not collected, to increase the sample size and improve the robustness of the data. Furthermore, the GARSP model did not include use of a control or comparison group; rather comparisons were derived from within the population served based on characteristics at intake and level of service receipt. A lack of comparison group makes it difficult to determine whether and to what extent the program caused the results observed. Additionally, the results of this logistic regression accounts for 38% of the variance in re-incarceration. This leaves the majority (62%) of the variance in the model not explained.

Project Implementation

This section highlights the key successes, lessons learned, and challenges in project implementation, identified through this evaluation over the course of the GARSP grant. Successes provide suggestions for "best practices" that future reentry projects should consider in project implementation; while challenges highlight areas that future reentry programs might work to mitigate.

Implementation Successes and Lessons Learned

Results from the evaluation of the GARSP project implementation evaluation reveal numerous successes. In some cases, these successes build on previous accomplishments, which resulted from implementation made in earlier reporting periods. In some cases, an implementation success informs a lesson learned.

Ongoing Development of Efficiencies in the Enrollment Process

The process of enrolling participants into GARSP post-release (e.g., 24-48 hours after release from prison) rather than while still incarcerated began in Year 2, under the advisement of the SAMHSA Project Officer and technical assistance providers as a strategy for improving GPRA follow-up completion rates. This revised process allowed GARSP therapists to better evaluate potential enrollees' fit with the project prior to enrolling them. Additionally, GARSP staff noted that enrollees who arrived at Compass-SAMHC to complete their GPRA interview within a day or two after their release, were more apt to commit to the program. Future reentry projects should consider adopting a similar recruitment process, if permitted by funders.

Improved Procedures for Tracking and Completing GPRA Interviews

GARSP staff developed and monitored client databases to track eligibility for 90-day and 180-day GPRA administration. These databases have proven to be valuable tools in prioritizing staff contacts with participants and obtaining completed GPRA interviews within the mandated window of time. Project staff updated a client contact information sheet (see Appendix A) whenever a participant visited the office for services. In Year 3, the lead RSS staff also received training from SAMHSA to administer the GPRA interview, which helped increase the project's capacity to maximize capture of GPRA data. In

addition, the project utilized $20 grocery store gift cards as an incentive for participants to come to the project office to complete the 180-day GPRA within its time window. The increased rates of GPRA completion realized by the project points to the importance of using multiple methods to optimize GPRA completion: development of efficient GPRA tracking databases from the beginning of a project, ongoing efforts by case managers to keep participant contact information current, formal GPRA administration for staff, and effective budgeted incentives for participants who complete the final GPRA.

Ensure that Project Staffing Incudes Strong Administrative Skills

The project continues to benefit from hiring an RSS staff person who has strong organizational skills and is proficient in database development and participant tracking. This RSS has helped to improve project data management in several areas, including tracking bus pass distribution, Homeless Court assistance, and participants due for GPRA administration. Staffing of future re-reentry projects that will have a large number of participants should include a staff member with broad administrative skills or at least have programs develop such processes and adequately train staff in using them.

High Level of Support by Correctional Facility Staff

GARSP therapists built and nurtured a positive relationship with staff at the correctional facilities, from which they recruited participants since the beginning of the project. Many of the staff that the therapists collaborated with were periodically rotated through different units, raising the potential for decreased cooperation. However, therapists report that when their correctional staff allies were rotated to a new yard, they spread the word about the project to a new population of inmates. Data from interviews with GARSP and correctional facility staff support the view that it is vital that reentry project staff members visit prisons to make informational presentation to prison staff and talk directly to prisoners with have high-level "people skills." As the front-line contact point for the project, such reentry staff symbolize the project; cooperation with a project by corrections staff and inmate interest in joining a project appear to be strongly influenced by how that person is viewed. Even for the GARSP staff person who was praised by both corrections staff and GARSP participants, it initially took several months to get the recognition and interest needed to access yards from some corrections staff.

Strong Support from Parole Officers

The project garnered strong support from participants' parole officers. Most of the participants' parole officers willingly supplied participant contact information to RSSs, as needed, and some made completion of GARSP a condition of their parole. According the RSSs, participants and parole officers viewed GARSP as a support system that helped parolees to not violate their parole. Information from interviews with GARSP staff indicates that at least some parole officers became aware of GARSP connection with their clients by seeing RSS staff in the waiting room when parolees came to report. It may be useful for future reentry projects to use more formal channels to share information about the benefits of participation in the program by parolees and how cooperation with the program may also assist a parole officer in their work.

Transitioning of Clients from Homeless Court to Tucson City Court

Since the Homeless Court process commonly required monthly court visits over a 6-month period, the RSS staff transitioned GARSP clients to the Tucson City Court, so that clients may receive this type of service prior to the end of grant funding. In this court, individuals may pay off their fines in a lump sum or pay $25 to set up a payment plan and then pay off their fines over time. However, in the Tucson City Court, community service is not an option for paying off fines, which makes it more difficult for GARSP clients to clear their records. While assisting individuals in Homeless Court appears to be a useful reentry service, specifically for regaining one's driver's license, the process can be time-consuming. Future reentry programs should consider the value of providing the service during initial decisions around budgeting and staffing.

Transitioning Clients to Other Service Providers

RSS staff provided periodic reminders to clients about other services and resources available to them in the community. In particular, the RSS staff referred GARSP graduates to other behavioral health agencies operating in Pima County, with some already utilizing such services. Future projects should follow the GARSP lead and begin to identify alternative and transitional services before the project end date.

Evidence of a Positive Client Culture

GARSP offered four group counseling sessions for participants each week, two for males and two for females. Project staff reported that at one consistently well-attended session for women, seasoned GARSP participants acted as mentors for women new to the project. In an earlier interview, a GARSP client noted that the women in her group had forged a strong bond and that it was helpful for her to listen and learn from other's stories and experiences. It may be useful for future reentry projects to organize group social activities in addition to group therapy sessions to further such networks of social support.

Challenges and Barriers to Implementation

Over the course of the grant, GARSP faced several challenges related to achieving grant targets and providing or referring services for clients. The following areas are potential pitfalls that future reentry projects should consider mitigating, when possible.

Gaps in Community and Mental Health Services

RSSs found that some participants needed services that were not readily available through the current community resources available. Additionally, a portion of the re-entry population needed services beyond what GARSP could offer to successfully re-enter into the community, such as those with a serious mental illness or in need of certain types of controlled medication but who lack health insurance coverage to access regular medical care and cover the cost of medication.

Limited Economic Resources and Access to Housing at Release

There is a wide range in the amount of money participants generally have available for housing and other needs at release from incarceration. For example, the owner of a halfway house who was interviewed for this evaluation noted that parolees feel stressed upon reentry because they quickly have to deal with obtaining housing, food, a bus pass, a job, and other necessities. She suggested that reentry projects should provide some initial housing assistance funding. She also suggested that agencies make jobs available for those getting out of prison, as many companies will not hire ex-felons.

Lack of Identification at Release

Many participants lacked legal identification at release, such as a driver's license, identification card, or a social security card. Such identification is generally needed to access government and private services and show proof of citizenship when applying for jobs. A service provided to GARSP clients by both GARSP staff and the Primavera Foundation, a key project partner, was obtainment of legal identification. This service often included providing clients with a letter to verify their low or no-income status, in order to access income eligible rates for services.

Primavera Foundation Services Not Used to Full Potential

Below lists many reasons why clients did not use or discontinued use of Primavera Foundation services. This data was extracted from Primavera staff notes regarding their work with GARSP clients and interviews with Primavera staff. The main reasons noted in the reporting period and overall are the client never met with staff, the client met once with staff and never followed-up, and the client faces barriers to employment related to having a serious mental illness. The RSS agree that fewer participants are going to Primavera for help in their job search or attending Primavera workshops at Compass-SAMHC than the number of people who can benefit from this service. According to the RSSs, many clients feel they can handle the job search on their own. Clients also have to take the initiative to get to Primavera for individual assistance or to attend a workshop. GARSP is considering coordinating future Primavera workshops at Compass-SAMHC before or after a group therapy session so that participants who are already on site may take better advantage of Primavera service. Reasons why clients did not use or discontinued use of Primavera Foundation services include the client:

- was referred but never met with staff;
- met once with staff and did not follow-up;
- was less employable due to a serious mental illness;
- was re-incarcerated;
- moved out of the service area;
- relapsed back to drug/alcohol use;
- became a full-time student; and
- lacks documentation to obtain employment.

Local Conditions

Due to the poor economy in the GARSP service area, there are limited employment positions available for those who are attempting to reintegrate into society. This condition may have an impact on client attrition, retention, and overall success with the project.

Dissemination Efforts

GARSP's dissemination activities in this reporting period include attendance at Pima County Reentry Coalition Meetings and providing a presentation on project updates; RSS staff continuing to spread awareness about GARSP and forge positive working relationships with community partners; GARSP therapists continue to have a consistent presence at prisons, leader to greater word-of-mouth referral from corrections officers and inmates.

Recommended Promising Practices for Future Reentry Projects

Based on the lessons learned from the evaluation of GARSP, the evaluators suggest that future reentry project consider use of the following promising practices:

- Projects should enroll clients after their release from prison, rather than while incarcerated, to ensure commitment to the program and improve GPRA follow-up completion rates.

- Projects should use multiple methods to optimize GPRA completion: development of efficient GPRA tracking databases from the beginning of a project, ongoing efforts by case managers to keep participant contact information current, formal GPRA administration for staff, and effective budgeted incentives for participants who complete the final GPRA. GARSP should continue the practice of discharging and/or graduating clients from the project, as appropriate, and track the number that exit with and without completion of their treatment plan.

- Staffing should include a staff member with broad administrative skills or, at least, projects should develop such processes and adequately train staff in using them. Projects should also employ multiple RSS staff to allow for more intensive focus on clients. This type of support should also be provided 24/7 through shift work.

- Projects should continuously build and nurture relationships with key community partners to better serve client needs. GARSP staff forged strong and trusting relationships with corrections staff by consistently working with all levels of corrections staff. GARSP staff also formed relationships with parole officers and clerks and judges of local city courts. Through this project, staff also further built relationships with other community service providers, such as employment and housing services, to which clients were referred for resources and support. The Project Director and Lead RSS also attended meetings of the Pima County Reentry Coalition. These partnerships can provide a forum for disseminating information about projects and determining strategies to address gaps in services needed by clients.

- Projects should identify the conditions that signify a client has "graduated" (or should be terminated) from the program. Projects should implement the practice of discharging and/or graduating clients from the project, as appropriate, and track the number that exit with and without completion of their treatment plan.

- Projects should transition clients to work with other service providers in the community and encourage them to develop more long-term support systems, so they are in place upon graduation.

- Projects should partner with an employment services provider in the community to support clients' obtainment of employment post reentry. Primavera staff interviewed offered several recommendations that future projects should consider:

    o Situate job assistance services at the location where primary project services are delivered to allow for greater accessibility, including "walk-ins."

    o Hold job assistance workshops or individual sessions in a private space so that participants feel more comfortable attending and disclosing information.

    o Offer clients pre-employment training and tools, such as computer literacy for conducting web-based employment searches.

- The results of the GARSP outcomes study suggest several areas that prisoner re-entry programs can emphasize to support clients in not returning to jail. Recommended areas include:

    o Utilization of the RSS and peer-to-peer coaching model;

    o Encouragement of clients to connect with and build a recovery support system through RSS mentoring and coaching, engaging in community based support groups, and connecting with family and friends who support recovery;

    o Utilization of after care services, such as relapse prevention strategies;

- o Utilization of pre-employment and employment coaching services to assist clients in obtaining employment; and

- o Accurately identifying and diagnosing clients with co-occurring disorders; and

- o Providing clients who face mental health issues with extra clinical and therapeutic support, as well as referrals to external resources.

- Current and past GARSP participants provided the following recommendations that future projects should consider:

  - o All people interviewed had a strong desire to work but struggled to obtain employment. Projects should consider providing parolees with specific information on where to look online for employment; and provide them with a list of businesses that will hire ex-felons. Similarly, participants could benefit from gaining basic computer literacy skills to aid in applying for positions online and communicating via email.

  - o Projects should consider hosting a social outing for the group, such as a BBQ or a picnic, so that people can get to know each other better. This type of interaction can help new people enter the group more easily and help everyone feel more comfortable about talking openly and less guarded about disclosing information.

  - o Projects should consider offering parolees a class or series that explicitly helps people build "life skills" so they can "function in the world" post prison and learn strategies to avoid relapse and have a successful re-entry. Examples of life skills include dressing professionally, improving one's interactions and communication with people, and learning how to make better choices and decisions. Examples of strategies for successful re-entry include learning and identifying one's triggers, avoiding those triggers or learning to make better choices around them, and building a support system of positive people.

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Appendix A. Client Contact Information Sheet

Contact Information	Emergency Contact Name: Emergency Contact Number: Release For emergency Contact: Yes □ No □
Client Name Street Address City, ST ZIP Code Home Number: Cell Phone	Emergency Contact Name: Emergency Contact Number: Release For emergency Contact: Yes □ No □
Contact Level:	Parole/Probation Officer: Parole/Probation Office: Contact numbers
	TX Due: **90 due:**
	180 WINDOW:

Note to Change:

Last Updated: