

# New York City Jail Reentry Project Organizational Survey\*

## Section I. Description of Organization & Services

**1) Respondent**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**2) Name of Agency** \_\_\_\_\_

**3) Street Address of Agency** \_\_\_\_\_

**4) Contact Person(s) for Agency** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**5) Interviewer** \_\_\_\_\_

**6) Date of Interview** \_\_\_\_\_

**Interviewer:** Read and review informed consent form with respondents; answer any question; obtain their signature; seal signed form in an envelope and give respondent a copy of the form.

**Interviewer read:** In order to more effectively address community goals and challenges relating to prisoner reentry, organizations may form relationships with other groups, organizations, and governmental agencies. This interview is an attempt to gain a better understanding of the collaboration and coordination of organizations; what the positive and negative concerns may be; and what kinds of relationships work best.

Keep in mind that your response should be based upon your organization's experience, and not from your individual perspective. For the purpose of this survey, prisoner means any person who is or was incarcerated, detained, or admitted to a correctional facility at the local, state or federal level (e.g., New York City jails and New York State prisons).

\* This survey was adapted from surveys produced by the Center on Urban Poverty and Social Change, Case Western Reserve University, Cleveland, Ohio and from the Department of Human Services, Allegheny County, Pennsylvania.



**9) Services Provided by Your Entity**

For each service listed, please indicate whether your agency/organization provides the following services by writing *an X in each box that applies*

**What services do you offer? .**

<b>Mark Below</b>	<b>Services</b>
	Alternative to Incarceration (ATI)
	Anger management training
	Case management
	Child care and child development
	Child welfare/foster care
	Community organization/advocacy
	Culture and arts
	Drug and alcohol counseling
	Drug and/or alcohol treatment
	Education/literacy assistance
	Emergency food/clothing/shelter
	Employment & training services
	Financial planning
	Housing referral/assistance
	Information & referral
	Legal assistance
	Life-skills training
	Medical treatment and/or assistance
	Mental health treatment and/or assistance
	Mentoring
	Offender support
	Parent/family counseling
	Psychological assistance
	Religious ministry
	Self-help support group
	Violence prevention/conflict resolution training
	Other (please specify)

## Section II. Description of Clients & Service Needs

Your agency was mentioned in three New York City prisoner reentry handbooks published in 2005.

Likosky, Stephan (2005). *Connections 2005-2006 and The Job Search*. NY: The New York Public Library.

Lopez, Gerald (2005). *The Center for Community Problem Solving Reentry Guide: A Handbook for People Coming Out of Jails and Prisons and for their Families and Communities*. NY: The Center for Community Problem Solving Press. (474 pages)

Whitaker, William (2005). *Making it Happen & Staying Home*. NY: NYC Commission on Human Rights.

**10) Do you serve returning prisoners? Write an X in one box.**

Yes

No

Don't know

**11) Do you explicitly limit your services to individuals with a criminal history? Write an X in one box.**

Yes

No

Don't know

**12) Do you identify/classify returning prisoners as such in your records? Write an X in one box.**

Yes

No

Don't know

**13) To what extent do you agree or disagree that returning prisoners need specialized services which differ from the services given to your other clients. Write an X in one box.**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**14) Approximately what percentage of your clients are *returning prisoners*?**

\_\_\_\_\_ percent.

Don't know

**15) Do you market your services to *returning prisoners*? Write an X in one box.**

Yes

No

Don't know

**16) What percent of your clients are court-ordered to obtain your services?  
Write an X in one box.**

\_\_\_\_\_ percent.

**17) From what geographic area(s) do you draw the majority of your clients?**

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**18) To what extent do you agree or disagree that returning prisoners come from the same geographic area(s) as the majority of your other clients. Write an X in one box.**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

No opinion

**19) Do you receive monies targeted toward serving *returning prisoners*? Write an X in one box.**

Yes

No

Don't know

**20) What skills or training does your staff need to be most effective when working with prisoners returning to the community?**

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**Section III. Organizational Collaboration**

**21) Is there a culture of organizations in New York City working together to reintegrate prisoners back to their communities? Write an X in one box.**

Yes

No

21a) Can you name and describe some recent examples of your organization working together to reintegrate prisoners back into the community?

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21b) What discourages effective cooperation between organizations working to reintegrate prisoners back into the community?

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**22) Do you believe the political atmosphere in the community where your organization works is supportive of organizational alliances, or not supportive? Write an X in one box.**

Supportive

Not Supportive

22a) Follow up: What do you see that supports this belief?

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**23) Has your organization ever worked together with other organizations relating to prisoner reentry issues? Write an X in one box.**

Yes→ Ask question 23a

No→ Skip to question 26

23a) What were the names of some of these organizations (up to five)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**24) What was the purpose or goal of each relationship and how long has each relationship lasted?**

Purpose or goal of relationship	Duration (months)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**25) On what basis or by what criteria do you decide whether working relationships between organizations have been successful or unsuccessful?**

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**26) Are you aware of any problems that generally result from organizations working together on prisoner reentry issues? Write an X in one box.**

Yes → Ask question 26a

No → Skip to question 27

26a) What problems have you noticed, and how should they be addressed?

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#### **Section IV: Collaboration with Governmental Agencies**

**Interviewer Read:** Now I am going to ask you a series of questions about New York City Department of Corrections (NYC DOC), and the nature of your organization's relationship with the NYC DOC.

**27) Are you familiar with any NYC DOC reentry initiatives? Write an X in one box.**

Yes

No

27a). Has your organization established a relationship with NYC DOC? Write an X in one box.

Yes → Ask question 27b

NO → Skip to question 28

27b) With which component at NYC DOC \_\_\_\_\_

27c) What is the person's name and title of the NYC DOC person you work with?

Name \_\_\_\_\_ Title \_\_\_\_\_

**Interviewer Note:**

If the respondent reports having been involved with more than one NYC DOC unit or more than one project Ask them which they have been most involved with and focus on that relationship first, then repeat the items for each unit or project with which the respondent as been involved.

When reading the items, use the appropriate verb and tense (past, present, future), depending on the status of the relationship and note the specific unit or the specific name of the project with which the respondent has been involved.

**28) What is the purpose of the relationship your organization has undertaken with NYC DOC?**

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28a) What is the current status of your organization's relationship with NYC DOC?

**Interviewer:** Review options and write an X in all boxes that apply

Planned

Ongoing

Completed

**29) In what ways do you believe it will be advantageous for your organization to work with New York City Department of Correction?**

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**30) Is your organization's relationship with NYC DOC defined by ways of organization documents, memos, or written agreements, etc.? Write an X in one box.**

Yes                  No

30a) Have clear strategies for goal attainment been created? Write an X in one box.

Yes → Ask question 30b

No → Skip to question 31

30b) Is there a written agenda describing these goals and objectives? Write an X in one box.

Yes                  No

**31) In pursuing the relationship we are discussing here, does your organization and NYC DOC share responsibility for specific tasks? Write an X in one box.**

Yes → Ask question 31a

No → Skip to question 32

31a) Are the responsibilities documented in writing? Write an X in one box.

Yes → Ask question 31b

No → Skip to question 31c

31b) In what documents are these responsibilities described? Write *an X in all boxes that apply*.

Memos      Agreements      Reports      Other (Please describe)

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**(Interviewer:** Please request copies of the documents: "Could you provide me with a copy of these documents before I leave" .

31c) Please describe these shared responsibilities

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**32) What is the process by which NYC DOC and your organization make decisions in this relationship?**

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**33) Does your organization and NYC DOC share any of the following resources?**

(Interviewer: *Write an X in all boxes that apply*):

Staff

Office Space

Meeting Space

Transportation

Mailing Lists

Funding

Volunteers

Technical assistance

Membership

Office supplies/equipment

Leadership

Promotion/publicity

Information

Community contacts

Other (please specify):

**34) What specific benefits do you anticipate as a result working with NYC DOC?** (If asked: Benefits can refer to increased influence or credibility, better services, higher levels of funding, access to decision makers, etc.)

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34a) Do you expect your organization and NYC DOC to share equally in the benefits.? Write *an X in one box*.

Yes → Skip to question 35

NO→ Ask question 34b

34b) Follow up: Are you concerned about any potential problems in this regard and, if so, how should they be addressed?

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**35) Do you expect this relationship to:** Write an X in one box.

Endure beyond the accomplishment of its specific goals or

Terminate with completion of its goals?

**36) How long do you expect this relationship to continue?** Write an X in one box.

6 months or less

6 months to one year

1 year to 2 years

2 years to 3 years

3 years to 4 years

5 years or more

**37) What policy changes in how bureaucracies work would help you be more effective in reintegrating prisoners back into the community?**

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**Interviewer Read:** Now I am going to read you a series of statements about your relationship with NYC DOC.

As I read each statement, please tell me whether you agree or disagree with what the statements says. As you can see, a 10 means that you Strongly Agree with the statement and a 1 means that you strongly disagree with the statement.

The scale includes numbers from 1 to 10 so you can indicate whatever number seems to match how you feel about the statement. There are also options available if you Don't Know of if the question is Not Applicable.

**38) With regard to the purpose of our relationship, my organization and NYC DOC share a common vision.** (If asked: Common Vision refers to shared goals, priorities, methods, etc.).

Strongly Disagree ----- Strongly Agree

1	2	3	4	5	6	7	8	9	10
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DK = Don't know

NA=Not applicable

**39) The atmosphere between my organization and NYC DOC is characterized by mutual trust.** (If asked: Mutual Trust refers to confidence to share important information, funding and other planning, public acknowledgement of organizational relationships, etc.

Strongly Disagree ----- Strongly Agree

1	2	3	4	5	6	7	8	9	10
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DK = Don't know

NA=Not applicable

**40) My organization and NYC DOC have communicated fully our reasons for participating in this relationship.**

Strongly Disagree ----- Strongly Agree

1	2	3	4	5	6	7	8	9	10
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DK = Don't know

NA=Not applicable

**41) Influence is shared equally among the participants in this relationship.** (If asked: Influence refers to the ability to have input into decision making, the ability to influence implementation strategies, etc.)

Strongly Disagree ----- Strongly Agree

1	2	3	4	5	6	7	8	9	10
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DK = Don't know

NA=Not applicable

**42) I believe the relationship between my organization and NYC DOC will result in positive change in how we reenter people back into the community.**

Strongly Disagree ----- Strongly Agree

1	2	3	4	5	6	7	8	9	10
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DK = Don't know

NA=Not applicable

**43) NYC DOC is an important force for change in this community.**

Strongly Disagree ----- Strongly Agree

1	2	3	4	5	6	7	8	9	10
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DK = Don't know

NA=Not applicable

**44) I am satisfied with the current relationship between my organization and NYC DOC.**

Strongly Disagree ----- Strongly Agree

1	2	3	4	5	6	7	8	9	10
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DK = Don't know

NA=Not applicable

**45) If you could, what would you change about your relationship with NYC DOC.**

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**46) What incentives would make it more likely that your organization would form a working relationship with NYC DOC?**

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**47) What do you believe NYC DOC must do next in order to be more successful in reentering prisoners back into the community?**

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**48) Are there other organizations in the community that presently work with NYC DOC? Write an X in one box.**

Yes → Ask question 49

No→ Skip to question 50

**49) Do they have similar activities working with the same people? Write an X in one box.**

Yes → Ask question 49

No→ Skip to question 50

**50) Is this a source of conflict? Write an X in one box.**

Yes → Ask question 50a

No→ Skip to question 51

50a) Please explain

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## Section V: The Community

**Interviewer Read:** Now I am going to ask you a few questions about the nature of the community of where your organization works.

**51) What attitudes or circumstances in the community your agency works in harms the success of reentering prisoners back into the community?**

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**52) Can you list the names of two individuals and/or organizations in your community who are or could be successful in helping your agency reintegrating prisoners back to the community?**

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**53) Are there further comments you would like to make about this survey, about NYC DOC, or about working within inter-organizational collaboration in general?**

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**54) Is there anything else you would like to say about your organization and connections with other entities or organizations within and outside the community that work with people returning home from prison?**

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**55) Would you like to receive a copy of the NYC Department of Correction Reentry Report when it is published? Write an X in one box.**

Yes

No

**56) Thank you very much for taking the time to talk with me today. If I have questions after I review this questionnaire I'd like to call you. Is that okay with you? Write an X in one box.**

Yes

No