

Hello,

As part of an effort to learn more about Denver's reentry process, including the Life Skills program offered at Denver County Jail and the Community Reentry project, individuals involved with the process are being asked to share their opinions on an anonymous online survey.

The OMNI Institute (OMNI), an applied social science research company in Denver, has been contracted to evaluate the reentry process, and Human Resources Consortium has been contracted to evaluate reentry client outcomes. OMNI has been tasked with designing, implementing, and analyzing this survey. Thus, only OMNI researchers will have access to individual responses to the survey; only summarized results from the survey will be shared.

OMNI will be sending out an e-mail shortly with instruction on how to access the online survey. Please keep an eye out for the e-mail/survey link. If you do not receive it by the end of this week (Friday, August 29th), or if you feel that you have received this e-mail in error, please contact me.

Thank you,

Denver County Jail Life Skills and Community Reentry Project (CRP) Survey

This survey is about your experiences with the Denver County Jail Life Skills program and/or the Community Reentry Project (CRP).

The survey will help the Denver Crime Prevention and Control Commission (Department of Safety), learn more about how the Life Skills program and CRP is working and gather recommendations to improve it.

This is not a test and there are no right or wrong answers. Please answer the questions based on what you really think and have experienced.

Completing the survey is voluntary and anonymous. **Your participation and responses will not affect your job in any way and** your name will not be tied to your answers. Therefore, **the answers you give will be kept private** and nobody will know how you respond to the questions. Only the researchers at OMNI Institute, an outside social science research company that has been contracted to help evaluate how the Life Skills program and CRP is working will have access to the survey answers, but they will not know how any one individual responded. Reporting of the survey results will combine your answers with answers from others who took the survey.

Please make sure to read every question. If you don't find an answer that fits exactly, use the one that comes closest. If you are not comfortable answering a question, or feel that a question does not apply to you or no answer comes close, skip it. However, all of your answers are very important. We want to hear YOU describe your experiences and thoughts.

Thank you very much for completing this survey!

SURVEY

BACKGROUND INFORMATION

(1) In the reentry process, where is your position located primarily?

- Denver County Jail
- Community Reentry Center

(2) How long have you worked in the reentry process? _____ number of months

CLIENT TRANSITION AND OVERALL COMMUNICATION

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/No opinion
(3) There are clear procedures in place that guide the operations of the reentry process from jail to community.	<input type="radio"/>				
(4) The transition process between the Jail and the Community Reentry Center is working well.	<input type="radio"/>				
(5) The transfer of paperwork and information about clients between the jail and the community is helpful.	<input type="radio"/>				
(6) The transfer of paperwork and information about clients between the jail and the community is efficient.	<input type="radio"/>				
(7) Information is shared about changes, updates, and challenges that take place within the reentry process.	<input type="radio"/>				
(8) The level of communication between management and my position is sufficient.	<input type="radio"/>				
(4a) If Disagree or Strongly Disagree to Q4: Please describe why you think the transition process between the Jail and the Community Reentry Center isn't working well and share any suggestions you have for how that transition process could be improved.					
(5a) & (6a) If Disagree or Strongly Disagree to Q5 or Q6: Please describe why you think the transfer of paperwork and information about clients between the jail and the community isn't working well and share any suggestions you have for how that transfer could be improved.					
(8a) If Disagree or Strongly Disagree to 8: Ask Question 8a below.					

(8a) Please indicate who in the reentry process you would like to have increased communication with (check as many as apply)

- Management Staff
- Administrative Staff
- Diversion Officer
- CRP Case Managers
- Classroom Instructors
- Deputy Sheriffs
- Service Providers
- Reentry Committee
- Crime Prevention and Control Commission
- Other (Please list): _____

(9) Who do you typically go to when you have questions about the reentry process? (Check as many as apply)

- Management Staff
- Administrative Staff
- Diversion Officer
- CRP Case Managers
- Classroom Instructors
- Deputy Sheriffs
- Service Providers
- Reentry Committee
- Crime Prevention and Control Commission
- Other (Please list): _____

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/No opinion
(10) There are opportunities for me to provide feedback about the reentry process.	<input type="radio"/>				
(11) When I provide feedback about the reentry process I feel I am listened to	<input type="radio"/>				
(12) When I provide feedback about the reentry process I feel my feedback is acted upon.	<input type="radio"/>				
(13) I feel that I am knowledgeable about the existing resources available to my clients.	<input type="radio"/>				
(14) I am empowered to created new partnerships and alliances to improve my services to my clients.	<input type="radio"/>				

CLIENT BENEFITS AND OUTCOMES

(15) The goal of the reentry process is

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/No opinion
(16) Services offered through reentry programming are culturally relevant and responsive to gender, class, and age.	<input type="radio"/>				
(17) The reentry process is able to provide clients with the resources they need.	<input type="radio"/>				
(18) The reentry process is designed to successfully serve its targeted population.	<input type="radio"/>				
(19) The reentry process improves clients' chances of transitioning back into their communities successfully.	<input type="radio"/>				
(20) The reentry process helps reduce the chances of clients reoffending.	<input type="radio"/>				

(21) What do you feel are the top **three** factors that have the greatest impact on whether a client will successfully transition back into his/her community? (Please check the top three factors)

- Education
- Attitude/Motivation
- Being substance free
- Good mental health
- Good physical health
- Employment-related skills
- A positive support network
- Access to case management services
- Family support

(22) What additional services do you see a need for? (If there aren't any, please write None):

(23) How do you define success when working with clients?

(24) Do you feel that you have sufficient time to deliver services to clients (i.e. case management, needs assessment, instruction, referrals, etc.)?

- Yes
- No **If NO:** Why do you not have sufficient time to deliver services to clients? (Check as many as apply)
 - Too many clients
 - Not enough time
 - Management pressure
 - Other (Please list): _____

(25) In your opinion, what changes to the reentry process might improve client benefits and outcomes?

PROGRAM MANAGEMENT

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/No opinion
(26) The CPCC has demonstrated a commitment to the issues of effective community reentry.	○	○	○	○	○
(27) The Reentry Committee has demonstrated a commitment to the issues of effective community reentry.	○	○	○	○	○

For staff and providers at the County Jail only:

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/No opinion
(28) The Denver Sheriff Department provides adequate support for the Life Skills Program.	○	○	○	○	○
(29) There are sufficient resources to be successful in my work at the Denver County Jail.	○	○	○	○	○
(30) The Life Skills Program fits into the Denver County Jail structure and culture well.	○	○	○	○	○
(31) There is clear management of the Life Skills Program that provides consistent supervision, productive feedback and direction to staff.	○	○	○	○	○
(32) Life Skills Program management takes the initiative to improve services and relationships with its partners.	○	○	○	○	○
(33) Life Skills Program management is a good fiscal steward of its program funding.	○	○	○	○	○

(34) Please describe any barriers/challenges you face related to your work in the Life Skills Program:

For staff and providers at the Community Reentry Project only:

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/No opinion
(28) The Matthews Center provides adequate support for the Community Reentry Project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(29) There are sufficient resources to be successful in my work at the Community Reentry Project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(30) The Community Reentry Project fits into the Matthews Center structure and culture well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(31) There is clear management of the Community Reentry Project that provides consistent supervision, productive feedback and direction to staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(32) The Community Reentry Project management takes the initiative to improve services and relationships with its partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(33) The Matthews Center is a good fiscal steward of its program funding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(34) Please describe any barriers/challenges you face related your work at the Community Reentry Project:

For everyone:**ASSESSING CLIENT NEEDS**

(35) Do you administer any assessments or screening tools to clients?

- Yes
 No **IF NO: SKIP to Q40**

(36) Please list the assessments that you administer to clients:

- (37) Are any of these validated instruments?
- Yes
 - No
 - Don't know
- (38) How long does it typically take you to administer assessments to a client? _____ number of minutes
- (39) Do the assessments you administer provide sufficient information to determine a client's needs?
- Yes
 - No **IF NO:** What else would be useful to help you determine a client's needs?

COLLECTION, SHARING AND MANAGEMENT OF DATA

- (40) Do you have access to client-related information collected by others involved in the reentry process?
- Yes **IF YES:** From which sources do you access client-related information?
 - No **IF NO:** What client-related information would be useful to your work that you currently do not have access to?
- (41) How often do you enter data in the Reentry Database?
- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1-2 | 3-4 | 1-2 | 3-4 times a | 5 or more |
| Never | times a | times a | times a | day | times a day |
| | week | week | day | | |
| <input type="radio"/> |
- (42) How often do you refer to the Reentry Database for information about a client?
- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1-2 | 3-4 | 1-2 | 3-4 times a | 5 or more |
| Never | times a | times a | times a | day | times a day |
| | week | week | day | | |
| <input type="radio"/> |

IF NEVER to Q 41 & Q42: SKIP to Q 45

- (43) What client information stored in the Reentry Database is most useful to your work?
- (44) Is there client information that would be useful to your work that you don't have access to or that is not currently being tracked in the Reentry Database?
- Yes **IF YES:** What additional client information would be useful to you?
 - No

(45) Would you like to know more about how the data in the Reentry Database are being used?

- Yes **IF YES:** What would you like to know more about and how should that information be shared?
- No

(46) Please list any other feedback you have about the Reentry Database:

LAST PAGE OF SURVEY:

Your survey is now complete. Thank you again for participating!

Memorandum of Understanding for Research

Exhibit 8.2. Memorandum of Understanding for Research
<p style="text-align: center;">MEMORANDUM OF UNDERSTANDING (“MOU”) BETWEEN _____ DEPARTMENT OF CORRECTION (“DOC”) AND _____ COLLEGE</p> <p>The Department of Correction (“DOC”) and _____ College have agreed to enter into this Memorandum of Understanding (“MOU”) in an effort to conduct research that will to increase the understanding of _____.</p> <p>Research Design <i>The researcher explains how the research will be carried out.</i></p> <p>Data Requested <i>The researcher lists the type of data the DOC will provide.</i></p> <p>Use of Data</p> <ol style="list-style-type: none"> 1. <u>Confidentiality and Disclosure</u> <ol style="list-style-type: none"> A. All individually identified information obtained, learned, developed, or filed by _____ College in connection with this study shall be held confidential by _____ College and shall not be disclosed by _____ to any person, organization, agency, or other entity except as authorized or required by law. B. All of the reports, information or data, furnished to or prepared, assembled or used by _____ College under the agreement are to be held confidential, and _____ College agrees that the same shall not be made available to any individual or organization without the prior written approval of the Correction Administrator or his designee. C. Beyond the final report, _____ College has the right to publish any additional materials related to the work performed under this MOU. _____ College must furnish DOC with a copy of any proposed publication or public disclosure, at least 60 days in advanced of the proposed publication data. No data or information that specifically identifies an inmate will be disclosed by _____ College. For the purposes of this agreement, “disclosure” includes the oral or written release, publishing or provision of access to information learned in the course of the study. D. _____ College shall at all times preserve the confidentiality and security of information learned during the course of the study. _____ College shall restrict the use and disclosure of information learned during the study to those person or entities (including agents and subcontractors) that have been hired, designated, or assigned by _____ College to conduct the study. _____ College will disclose no data or information that specifically identifies an inmate.

E. The provisions of this Article shall remain in full force and effect following the termination of, or cessation of, the services required by this MOU.

2. Security of Data

A. _____ College agrees to hold all information confidential and to keep all data received from DOC securely and to restrict access to the data. In particular, John Jay College will not store the data on a file server or in any other computational domain where the data could be accessed by others.

3. Acknowledgement

A. _____ College will use the following citation in all published works: "Data utilized in this study were made available by the _____ Department of Correction and have been used after obtaining any necessary permission. The analyses and interpretations expressed herein represent the opinions of the authors, and do not necessarily reflect the opinions of DOC or _____ College."

B. _____ College agrees to indemnify and hold harmless DOC and the City _____ or County _____ against any and all claims whatsoever, including attorney fees, arising by _____ College's failure to comply with the confidentiality requirements of this MOU.

4. Copyright

_____ College shall not make any claim to copyright ownership of materials provided by DOC and shall not provide copies of the materials to others nor make copies, except as necessary to carry out statistical research.

5. Contact Person

To facilitate successful administration of this study and MOU, each party will designate a principal representative who will act as the contact person for each party in regard to this study. The contact person for DOC is _____. The contact person for John Jay College is _____.

6. Termination

Any party may terminate this MOU by giving written notice to the other parties. The provisions of this Article shall remain in full force and effect following the termination of, or cessation of, the services required by this MOU.

7. Modification

This MOU sets forth the entire agreement between the parties, superseding all prior agreements and understandings, written or oral, and may not be altered or modified except by a writing signed by all parties.

_____ Date

Sheriff	
Department of Correction	
_____	_____
_____	Date
College	