



Module 8 Targeted Transition Interventions

Welcome to *Targeted Transition Interventions*. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module concentrates on the development and implementation of appropriate jail transitional strategies and follow-up services in the community.

Your jurisdiction's targeted interventions may range from comprehensive programs that transition the individual from the jail to the community, to resource packets and referrals to community-based providers.

Some interventions will occur in jail, while others will take place in the community after release. Ideally, many interventions will be available both in and outside the jail facility—beginning in jail and continuing with a community-based provider after the individual's release, facilitating greater continuity of service delivery.

Responding to the reentry needs of incarcerated individuals requires a comprehensive, multi-systems approach that starts at sentencing and continues in the community after release. It's essential to systematically and objectively determine needs that may cause them to reoffend and then directly match clinical and community-based resources to those needs. Courts, probation and parole, correctional officials, medical and clinical providers and community resources must work together to create a continuum of effective programming behind the wall and in the community to ensure truly corrective services.

Levin Schwartz, LCSW
Director, Clinical and Reentry Services
Franklin County Sheriff's Office
Franklin County, Massachusetts

This module has five sections and will take between 10 and 15 minutes to complete.

Recommended audience for this module

- Sheriffs
- Jail administrators
- Correction officers involved in transition efforts
- Jail treatment staff
- Pretrial services staff
- Community corrections staff

- Reentry coordinators
- Community providers
- Social service providers
- Probation officers
- Pretrial services
- County board members
- Criminal justice council members
- Judges and officers of the court

This module also includes a list of resources to help in the process

Module Objectives

In *Module 5: Targeted Intervention Strategies*, you learned about the 11 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and the importance of using the risk-need-responsivity model to determine the appropriate strategies to address an individual’s criminogenic factors pre- and post-release.

The purpose of this module is to identify jail and community intervention strategies based on the risks and needs of the pretrial and sentenced population. An intervention can be as simple as providing resource packets before release, or as comprehensive as working with a case manager and community-based providers weeks or months before release and after return to the community.

In this module, you will have the opportunity to explore tasks 6 through 11 of the Targeted Intervention Strategies section of the TJC Implementation Roadmap.

Task 6. Define scope and content of jail transition interventions currently in place.

Task 7. Provide resource packets to all jail inmates upon release.

Task 8. Deliver in-jail interventions to selected inmates.

Task 9. Deliver community interventions to selected releases.

Task 10. Provide case management to selected jail entrants.

Task 11. Provide mentors to selected jail entrants.

This module has five sections:

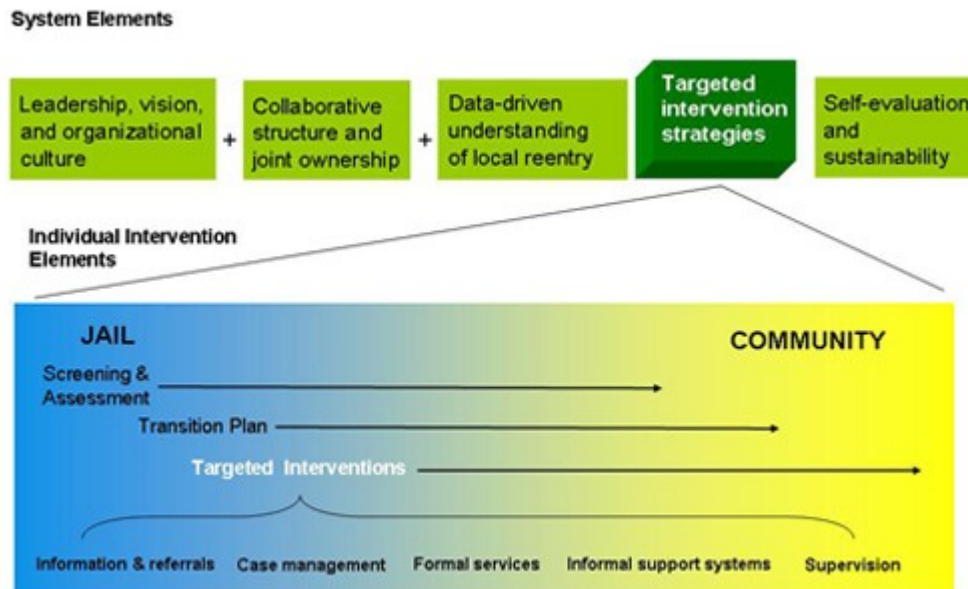
1. Identifying Your Present Interventions
2. Resource Packet Development
3. Delivering In-Jail and Community Interventions through Evidence-Based Curriculum
4. Incentivizing Program Participation and Support
5. Terms Used in the Field.

By the end of this module, you will be able to

- Define the scope and content of jail transition interventions currently in place.
- Create resource packets.
- Deliver in-jail and community interventions to targeted populations

The Transition from Jail to Community Model

This visual indicates where *Tailored Intervention Strategies* fits in the *Transition from Jail to Community* model.



Section 1: Identifying Your Present Interventions

This section will help you first identify the current jail and community transition intervention programs currently in place and then determine gaps in service. This is a starting point in any intervention process and is useful for the following reasons:

- Helps you to understand service availability and accessibility
- Helps you identify gaps in services
- Assists in evaluation of new resources and/or approaches
- Improves responsiveness
- Improves system continuity
- Helps jails and service providers coordinate their interventions
- Gives you information to develop resource guides

Intervention examples

1. Resource information and referrals
2. Courses
3. Training sessions
4. Formal services, treatment, and training
5. Case management
6. Mentoring
7. Supervision

You will want to briefly describe the type of interventions available, the client and staff type, and when and where the intervention takes place.

Next, use other sources to add to your inventory. These can include the following:

- Health and human service resource guides are available in most cities and counties. The United Way or government agencies publish these guides, which often focus on a particular need, such as homelessness, HIV/AIDS, or job training.
- Partnering agencies and stakeholders, discussed in the *Collaborative Structure and Joint Ownership* module, have a wealth of knowledge on available services.
- The presently and formerly incarcerated are often willing to assist in understanding system efficiencies and gaps in service. Consider convening several focus groups of recently released individuals and others released some time ago, and ask them directly which resources were helpful and which were not.

Do not assume that all the information you receive is accurate and current.

- All services must be contacted before being listed in your final inventory and should be contacted every six months to verify the information.
- Some service providers will tell you they provide multiple programs, when the reality is they mainly refer clients to other services.
- Make sure to question providers on the specific programs they offer and the eligibility requirements.

- Services not meeting the needs of the inmates or not consistent with known best practices should be deleted from the database and alternative agencies sought.

The following are categories that might be included in a community inventory:

Service Provider Database Categories	
Agency name	Appointment required
Program name	Referral required
Services provided	Language(s) spoken
Address	Eligibility requirements
Contact person	Program exclusions
City, state, zip code	Space availability
Neighborhood or geographic zone	Documents required
Phone number	Fee structure
E-mail address	Other information
Web site address	Date agency first contacted
Fax number	Date agency information last updated
Hours and days of operation	Comments
Weekend days and hours	

Finally, develop a database that inventories programs in the jail and the community to better manage available services and help you identify any gaps or lack of continuation of services from the jail to the community.

Provided in Appendix A is a template of a jail- (J) and community-based (CB) service and treatment inventory table. You will want to revise the template based on the service availability in your community. However, the 29 interventions listed are the most common services offered and found useful by those transitioning from jail to the community.

Conducting a case flow analysis

Many communities conduct a case flow analysis to take an inventory of the resources available and evaluate the resource gaps in their community. Such an analysis involves community agencies; corrections, pretrial services, probation, the courts, parole; social work agencies; and the incarcerated themselves in the cataloguing of available information and data and asks them to identify and fill in any community resource gaps. Allow all participants to include what information, data, and/or community resource they would find valuable to help transition people from jail to the community that does not presently exist.

The process of conducting a case flow analysis is as follows:

- Identify who will be responsible for developing the case flow analysis.
- Develop a standardized template for all partners to fill out.
- Make it available electronically to facilitate dissemination and easy updating.
- Solicit partner input during the meeting and/or through a survey.

- Emphasize the importance of partners being open about what resources they do and do not have.
- Develop the case flow report.
- Use the information to identify gaps in service and/or resources and make recommendations.

The following questions and TJC Pre-Implementation Case Flow Process templates attached to them are designed to help you start this process. We include four blank Case Flow Process templates for your own analysis. No two jail systems are alike, so make sure to modify the questions and templates to fit your needs.

Under each template, we also provide an example from one county to help you understand how the tables might be completed. Remember that these examples are pre-TJC implementation, so the goal here is to observe how one county filled in its information and the resource gaps this particular county is facing.

We hope this promotes more discussion in your own county. For example, in the *Case Flow Process In-Jail Services and Treatment Programs County Example*, the county acknowledges that no anger management programs are offered because of a lack of volunteers. This is the type of detail you will want to include in your own analysis to help the reentry implementation committee understand the present process, how individuals are presently flowing through the system, and ways to improve the process.

1. Screening and Assessment Key Questions

- What screens and assessment instruments are used?
- What type of individuals are screened and assessed?
- What percentage of the total population is screened and assessed?
- At what point in the process is this done?
- How will screening and assessment help to determine interventions?
- Is treatment based on the risk and needs level identified from assessment instruments?
- Who is responsible for completing the assessments?
- Is assessment information shared with staff in the facility?
- Is assessment information shared with community agencies and other system stakeholders?
- How are assessment data stored?
- Are assessment data analyzed?
- Who makes decisions based upon data analysis?
- What gaps do you see in the present system?
- What are the strengths of the current system?

See Appendix B for Case Flow Process: *Screening and Assessment* Template and County Example.

2. Case Management Services Key Questions

- How does an inmate “enter” the case management system?
- Does screening and/or assessment contribute to case management?
- What are the key intervention decision points as the inmate moves through your jail-to-community system?
- How is an inmate’s movement in and through the system (case flow) monitored or tracked? Is this information entered into a database? How do court ordered services match with practices associated with needs-driven targeted case planning?
- How is an inmate’s movement/compliance with court-ordered services tracked?
- What information are providers expected to report? How often?
- How are referrals and utilization captured in the system?
- How is this process coordinated with community providers?
- Have interventions assigned routinely by the courts, community corrections, or the jail as part of a routine case management practice or policy been determined to be evidence-based?
- What are the gaps in the present system?
- What are the strengths of the current system?

See Appendix C for Case Flow Process *Case Management Services* Template and County Example.

3. In-Jail Treatment and Transitional Programs Key Questions

- How is movement into programs determined?
- Is there good coordination between the jail and community provider staff?
- Do in-jail programs match community-based programs on approach or curriculum?
- Have in-jail and community programs been evaluated rigorously and deemed as evidence based?
- What is the referral process?
- Are inmates linked to the same providers they worked with in the jail as they reenter the community?
- Is there a central classification system that considers reentry case flow?
- Is risk to reoffend information used in concert with objective jail classification information?
- Does jail classification prevent groups of inmates from utilizing transition services?
- How are inmates solicited to participate in programs?
- How is movement into programs determined?
- Does screening and/or assessment drive the program/intervention assignment?
- Is a standardized means or method utilized to identify or solicit offenders equally, regardless of sanction, placement, or any other factor?
- What is the primary focus and goal of transition programs?
- Is programmatic information provided to community providers? How?
- How are data collected on this process?
- What are the major gaps in this system at present?
- What are the strengths of the current system?
- How is success measured?

See Appendix D for Case Flow Process *In-Jail Services and Treatment Programs* Template and County Example

4. Community-Based Treatment Key Questions

- When inmates transition to the community, are they linked to the same providers they saw in the jail?
- For individuals needing multiple services, who coordinates services across providers?
- Do programmatic initiatives within the community match similar initiatives offered within the jail?
- Is there good coordination between jail and community management and staff?
- Does jail treatment or transition staff remain engaged in the process and “reach out” to community providers to assist community programs and enhance program continuity?
- What is the referral process from jail to the community provider?
- Does programmatic information flow to and from community providers?
- Are universal case plans available and/or shared?
- How are data collected on this process?
- What are the major gaps in providing transitional service from the jail to the community at present?
- What are the strengths of the current interagency collaborations?

See Appendix E for the Case Flow Process *Community-Based Treatment* Template

Once the case flow process is completed, have the reentry council review the case flow tables to discuss how individuals are presently flowing through the system and ways to improve the process.

Key considerations when evaluating the information obtained from the case flow analyses:

- What are the characteristics of the high-risk clients you are trying to serve?
- What are the goals of each program and how will goal attainment be measured and evaluated?
- How do the goals of individual programs or stakeholders fit with the goals of the system at large?
- How long will clients be in jail?
- What services can be provided at the facility based on length of stay?
- Does the program dosage and intensity compare to that of similar evidence-based programs?
- How will in-jail interventions be linked to community-based interventions?
- Will there be a coordinated plan and curriculum?
- Does the curriculum have to be delivered in sequential order (e.g., do you have to start at lesson 1, or can you come in at lesson 10)?

The case flow tables should also help you understanding the following issues:

- The pre-initiative process by which the jail population interacts with each partnering agency
- How the community serves the jail population
- Resources needed to fill identified gaps and/or change existing practice

For more information and examples from the field

1. Allegheny County, Pennsylvania Department of Human Services. Cover Letter. A template of a cover letter and a self-report questionnaire you can send to agencies requesting information about their services. The questionnaire was adapted from a survey developed by Department of Human Services, Allegheny County, Pennsylvania. Available:

<http://www.urban.org/projects/tjc/toolkit/module8/Allegheny%20Cover%20Letter%20and%20Questionnaire.pdf>

2. Davidson County, TN Sheriff's Office. Davidson County In-Jail Program Target Populations Spreadsheet : Excel format. Available : <http://www.urban.org/projects/tjc/toolkit/module8/In-Jail-Program-Target-Populations.xls>

3. Kent County, MI. TJC Pre-Implementation Case Flow Maps. Available :

<http://www.urban.org/projects/tjc/toolkit/module8/Kent-TJC-CASE-FLOW-MAPPING-August-09.pdf>

4. Urban Institute. Jail Transition in "Your" County. A questionnaire that you can send to different stakeholders in your community, including the formerly incarcerated, to better understand their perceptions of the barriers that impede individuals from receiving services. Available:

<http://www.urban.org/projects/tjc/toolkit/module8/Jail%20Transition%20Questionnaire.pdf>

5. Urban Institute. In Custody Client Flow Chart. Available:

<http://www.urban.org/projects/tjc/toolkit/module8/Client-flow-chart.pdf>

Reentry Revisited:

Let's revisit what we have learned so far in the Targeted Transition Interventions module. Please answer the following questions

1. An inventory of interventions helps to identify the programs in place and determine gaps in services. (True/False)
2. Services that do not meet the needs of inmates should be
 - Sent an ultimatum to improve.
 - Issued a final warning.
 - Earmarked for additional funding.
 - Deleted from the database, and alternative agencies sought.

Summary

In this section, you learned that by making a detailed inventory of all jail-based, transitional, and community interventions, you can clearly identify the programs that are currently in place and determine any gaps in service delivery. Templates were provided, including a self-report questionnaire for agencies, a survey of stakeholders' perceptions of transitional barriers, and a completed intervention inventory.

Section 2: Resource Packet Development

This section will help you create resource packets or guides to empower those incarcerated to use services while in jail and after release. You will also learn the best way to distribute the guides, including training for jail staff.

The development of a user-friendly county- or city-specific resource brochure, pamphlet, or pocket-size resource guide will help the returning population and their families understand the community resources available to meet their needs.

The content of resource brochures and guides ranges from listing the most important numbers and hotlines to providing a description of the challenges inmates face at release and helpful tips to manage them.

Resource packets are important for a number of reasons:

- Link those leaving jail to interventions that can help them.
- Help jail staff gain a better understanding of community services when assisting inmates.
- Provide an easy guide for the formerly incarcerated when they are released.

Flesch Reading Ease Software

Transition plans need to be written at a reading level the average incarcerated person can understand. Many of those in jail read between the fifth- and seventh-grade levels, so consider that when developing your transition plans.

An easy way to measure the readability of your reentry plans is to use the Flesch Reading Ease readability assessment software, available in Microsoft Word. The following directions explain how to access these readability statistics when using Microsoft Word 2007:

- Click the **Microsoft Office Button**, and then click **Word Options**.
- Click **Proofing**.
- Make sure **Check Grammar with Spelling** is selected.
- Under **When correcting grammar in Word**, select **Show readability statistics** check box. Click OK.
- Now you will get the readability statistics whenever you click F7 full document spelling check.

After Microsoft Word checks for spelling errors, it will display information about the reading level of the document

Following are 12 recommendations for the development of reentry guides:¹

- 1. Provide an honest and hopeful introduction.**
- 2. Provide letters of support and sponsorship from other former inmates.**

Include positive statements by formerly incarcerated individuals dispersed throughout the resource:

Been in the game since I was 12. By the time I was 22, I was through. I gave up the game because I had children and I didn't want them comin' into the jail to see me. I'm soft but I know where I come from²

- 3. Prioritize crucial first steps, and include a reference list for less immediate issues.**

A reentry guide should focus on the immediate, crucial aspects of moving toward life stability within the first few months after release; true self-sufficiency and social reintegration should be handled through other routes.

- 4. Incorporate the guide into a training curriculum with in-person support.**

The most effective way to prepare individuals for reentry is through in-person prerelease instructional programs. Introducing the guide and its contents during prerelease classes will familiarize those incarcerated and give them a chance to make arrangements before release to increase the likelihood of successful transition to the community.

- 5. Provide the guide well ahead of release to help prepare a smoother transition.**

Having the guide available in advance will allow individuals to consider employment, housing, and other topics prior to release, weighing the feasibility and benefits of their options. The guide will also provide a basis for program officers or case managers to discuss these options with transitioning offenders. This process of personal orientation and familiarization is essential to maximizing the positive effect of resource packets.

- 6. Include content that helps to manage specific challenges.**

Sample text of job letters and resume layouts can make guides more engaging and effective in helping plan for reentry.

- 7. Include maps of cities, transportation routes, and the locations of major service providers.**

¹ Mellow and Dickenson, "The Role of Prerelease Handbooks for Prisoner Reentry," *Federal Probation* 70 (2006): 70–76. Available at http://www.uscourts.gov/fedprob/June_2006/handbook.html.

² New York City Commission on Human Rights, *Making It Happen & Staying Home* (2005), New York: New York City Commission on Human Rights, p. 5.

Maps of geographic areas with different service providers marked can be an excellent source of information, especially for those with minimal reading skills.

8. Include informative, motivational text, being conscious of prevalent literacy levels.

Remember that many inmates have learning disabilities and have difficulty reading above a sixth-grade level. Therefore, the complexity and length of text in a guide must be compatible with the literacy levels of the intended audience.

9. Include only service providers committed and accessible to individuals with a history of involvement in the criminal justice system.

The clients should be referred to agencies that best meet the needs of the inmate population. Some agencies specialize in working with women or other distinct groups of offenders. Both the client and the agency must be comfortable working with one another. Agencies may assert that they work with the formerly incarcerated but in practice seek to waitlist them or refer them to another agency.

10. Be sensitive to language barriers.

The issue of developing foreign language versions for certain jurisdictions is also important to consider.

11. Keep the guide small, portable, and discreet.

Make the guide reasonable and attractive for individuals to carry with them. If possible, the guide should be designed to be transportable in a back pocket. Gang colors and titles that would mark users as formerly incarcerated should be avoided. These small design features are likely to have important effects on clients' use of the guide.

12. Evaluate reactions before and after publication of the guide.

Objective evaluation of the guide to refine the first edition and subsequent revisions is the only way to gauge effectiveness. Focus groups and questionnaires with those incarcerated, corrections staff, provider agencies, and transitional experts can be used to help improve content.

Benefit Boards and Online Community Resource Databases

Benefit boards located throughout your facility and online community resource databases are easy and effective ways to share resources for those transitioning back to the community. The [San Diego County District Attorney's office](#), [San Diego County Sheriff's Department](#), [San Diego County Probation Department](#), and [San Diego Re-entry Roundtable](#) developed in partnership 2-1-1 San Diego, a reentry section on the 2-1-1 website: <http://www.211sandiego.org/Re-entry>.

San Diego's 2-1-1 Post Incarceration Re-Entry Resources

The screenshot displays the San Diego 2-1-1 website. At the top, it features the 2-1-1 logo with the text "3 simple numbers. 1 helpful voice." and "DIAL 2-1-1". A search bar is located in the top right corner. Below the header, there is a navigation menu with links for "WHO WE ARE", "SUPPORT 2-1-1", "RESOURCES & SERVICES", "DISASTER RESPONSE", "EN ESPAÑOL", and "CONTACT US". The main content area is titled "Post Incarceration Re-Entry Resources" and includes a large image of a hand holding a compass. Below this, there are logos for the City of San Diego, the Sheriff's Office, and the County of San Diego. A section titled "Updates on Prop 47 - A law that reduces some felonies to misdemeanors" provides information about the law and how to file a petition for reclassification. A sidebar on the right lists various hotlines, including the Access & Crisis Line, National Suicide Prevention Lifeline, California Poison Control System, Adult Abuse API, Child Abuse CRM, County HIV Testing Clinic, AOD/HIV, Search Spanish-Speaking on California, Child Emergency Screening Line, and San Diego Family Justice Center.

For more information and examples from the field

Following are examples of different types of resource materials for people transitioning from jail and prison to the community.

1. Cuyahoga County, Ohio. 2011. *Going Home to Stay: A Guide for Successful Reentry for Men and Women*. Available: <http://www.211cleveland.org/Publications.aspx>
2. Davidson County, TN Sheriff's Office. 2008. Reentry packet and information and referral guide. Available: <http://www.urban.org/projects/tjc/toolkit/module8/Davidson%20Reentry%20Packet.pdf>
3. Douglas County, KS. Reentry resource list with map and bus routes. Available: <http://www.urban.org/projects/tjc/toolkit/module8/Resource-Listing-Wit-%20BUS-ROUTE.pdf>.
4. Douglas County Sheriff's Office Corrections Division. Crisis Resource Card. Available: <http://www.urban.org/projects/tjc/toolkit/module8/Douglas-County-resource-cards.pdf>.

5. Howard County, MD. Howard County Probation reporting information sheet. Available: http://www.urban.org/projects/tjc/toolkit/module8/Howard_CS_EC_Reporting_Instructions.pdf.

6. Fishman, Nancy and Jeff Mellow. 2008. *Essex County Smart Book: A Resource Guide for Going Home* will give you a better idea of information you may want to include in a resource guide. Available: http://www.njpt.uscourts.gov/Work_Force_Dev/Essex_Co_Smartbook.pdf

7. Howard County, MD. Howard County Reentry Xpress session outline. Available: http://www.urban.org/projects/tjc/toolkit/module8/Howard_County_ReentryXpress_Outline.pdf.

8. Orange County Sheriff's Department Inmate Service Division. Client Release Guide: A guide to food, shelter & other emergency services in Orange County. Available: <http://www.urban.org/projects/tjc/toolkit/module8/Release-Guide-5-28-10.pdf>.

Reentry Revisited

Let's revisit what we have learned so far in the Tailored Transition Interventions module. Please select the phrase that correctly completes the following sentence.

To be most effective, a resource guide should be

- In gang colors.
- As comprehensive as possible with all services needed for full reintegration.
- Written in English only.
- Focused on immediate steps toward life stability.

Summary

Identifying the community resources available and accessible to individuals transitioning back to the community is critical for successful reentry. Resource guides link incarcerated people to helpful interventions and inform jail staff of existing community services.

Section 3: Delivering In-Jail and Community Interventions through Evidence-Based Curriculum

This section explains the process of developing and delivering interventions through an evidence-based curriculum to selected people in the jail and upon release to the community. Interventions can include short courses, training sessions, formal services, and treatment programs. Whenever possible, the program and services offered in the jail should mirror or work in conjunction with community programs, ideally by the same provider in and out of the jail.

Course selection must consider

- The individual's length of stay
- The level and type of criminogenic risk and need that will be targeted and serviced
- Group space and staff who can deliver the curriculum
- Training needs of staff to deliver the curriculum
- Alignment with existing programs and services both in jail and the community.

Work done while in jail to begin treatment, develop relationships with service providers, and connect individuals to service appointments in the community will have less impact after release if there is no follow-up in the community. Community-based organizations and support networks must provide continuity of care—or in many cases, initiate care—through services, training, treatment, and case management when an individual is released.

There are five basic steps to developing and delivering interventions.

Step 1: Determine which individuals should receive which interventions.

The eligibility for participation in any in-jail and community-based intervention is based on a thorough risk/needs assessment, a completed transition plan, and the individual's length of jail stay. Secondary considerations include jail and community capacity, staff availability, staff training, financial resources, and receptivity of the incarcerated population.

Guided by evidence-based practices, low-risk individuals with few needs do not receive comprehensive interventions but still have access to less intensive referrals and services in the jail and the community.

High-risk individuals with many needs should receive the most comprehensive interventions available at the jail and upon release.

See Appendix F for a table that outlines the type of in-jail and community interventions available to a person based on his or her risk and needs score and length of stay in the facility or program. As you see, the longer the length of stay, the more interventions are available in the jail setting.

Step 2: Select interventions.

After you identify your population needs, it's time to define the content and curriculum of evidence-based short courses, training sessions, formal services, and treatment programs designed to reduce recidivism.

Research shows that certain interventions have the greatest impact on recidivism rates for correctional populations. The following are five major areas of treatment:

- Cognitive behavioral/life skills groups
- Substance abuse groups/ CBT substance abuse treatment
- Job readiness and employment
- Educational programs
- Housing and community reintegration planning

We recommend that you enlist programming experts, such as those listed below, to suggest evidenced-based interventions for your population:

- Psychologists
- Correctional researchers
- Staff from institutes and government agencies
- Consultants
- Other jail facilities

These experts understand the importance of evidence-based interventions and will be helpful in discussing with you which interventions are backed by research proving their effectiveness. They should also be able to help you to understand the research and build capacity within your own organization to evaluate programs and services and ensure that you utilize only those programs or services that are proven to be effective. You can often locate them by contacting

- American Correctional Association
- American Jail Association
- American Probation and Parole Association
- Substance Abuse and Mental Health Services Administration's Center for Behavioral health and Justice Transformation(GAINS Center)International Community Corrections Association
- National Institute of Corrections
- Colleges and universities
- Community-based organizations

Remember, regardless of whom you work with, make sure to have them show you why theirs is an evidenced-based intervention. Empirically based studies have provided evidence of statistically significant effectiveness of the treatment or program.

Step 3: Pilot the new intervention.

Pilot testing your program on a small group before extending the intervention to all individuals who meet the criteria is necessary for the following reasons:

- It allows you to identify which factors helped or hindered implementation of the intervention before you spend a large amount of time and money on the intervention. It allows you to determine whether staff are adequately trained, and if not, gives you time to help them improve the delivery of the intervention.

Step 4: Implement the intervention.

High-quality implementation of the intervention is the next step. An evidenced-based curriculum alone does not guarantee successful implementation. Your organization has to be “ready” and have the capacity to meet the challenges of implementing a new program. The following factors influence high-quality implementation:³

- **Staff selection**
Identify who is best qualified to carry out the intent of the curriculum. Beyond academic credentials, certain characteristics should be part of the staff selection process (e.g., respect for those in need, knowledge about the community of their return, and open-mindedness).
- **Pre-service and in-service training**
Training is an efficient way to provide knowledge of background information, theory, and values to staff and to introduce and reinforce the core components of a new curriculum and the rationale for key practices.
- **Ongoing consultation and coaching**
Typically, most of the skills needed by staff for the successful implementation of a new curriculum are learned on the job with the help of training and a consultant or coach who is familiar with the core concepts of the curriculum, as well as the organizational or system culture in which the curriculum will be delivered. Such a presence helps to diagnose misdirection and missed opportunities and maximizes scarce resources. In cases where errors in implementation or delivery are identified, remediation in the form of coaching and consultation has proven to be quite beneficial.
- **Staff evaluation**
Assessment of staff progress provides useful feedback to administrators and curriculum developers regarding the progress of implementation, the quality of training and coaching, and strengths and weakness in the intervention itself. Care, however, should be taken to ensure that evaluations are based upon objective criteria that all understand and agree with.
- **Facilitative administration**

³ C. A. Denton, S. Vaughn, and J. M. Fletcher, “Bringing Research-Based Practice in Reading Intervention to Scale,” *Learning Disabilities Research & Practice* 18 (2003): 201–211

A leadership team that is oriented as an action learning team uses data to inform decision making to support the overall process. Such a team also uses systems of objective evaluation to keep staff organized and focused on desired outcomes, as well as program fidelity.

- **System interventions**

Develop strategies to work with external stakeholders and resources to ensure diffusion of complementary messages throughout the jail and the community. Mixed messages from different parts of the system will impede individual change.

Step 5: Extend the new intervention to all individuals who meet the criteria.

Moving to a full-scale implementation of the intervention occurs once the pilot program has been determined to be successful. Of course, once you have fully implemented the program, your work to develop effective transitional services is not complete. Developing and delivering evidence-based interventions is an ongoing, iterative process. In *Module 9: Self-Evaluation and Sustainability*, you will learn methods for continually evaluating your progress and ensuring that you are delivering the most effective and valid interventions.

For more information and examples from the field

1. Finn, Peter. 1997. The Orange County, Florida, Educational and Vocational Programs, National Institute of Justice Program *Focus*. A recommended resource on how programs can be implemented in your jail. Available: <http://www.ncjrs.gov/pdffiles/166820.pdf>
2. Kent County, MI Sheriff's Office. Reentry Program Schedule of Classes. Available: <http://www.urban.org/projects/tjc/toolkit/module8/kent-county-reentry-program-schedule-of-classes.pdf>
3. La Crosse County, WI. *Thinking for a Change Training*. Training flyer for system stakeholders. Available: <http://www.urban.org/projects/tjc/toolkit/module8/Thinking-of-a-change-T4C-Training.pdf>
4. Orange County, CA Probation Department. Orange County Transitional Reentry Center Orientation Handbook. Available: <http://www.urban.org/projects/tjc/toolkit/module8/OCTRC-Orientation-Handbook.pdf>
5. Sullivan County, NH Department of Corrections. 2011. Community Corrections Program Schedule of Programs and Services. Available: <http://www.urban.org/projects/tjc/toolkit/module8/Community-Corrections-Schedule.pdf>

6. Urban Institute. A table of different cognitive-behavioral, substance abuse, fatherhood, and staff curricula, including cost and number of classes required. Available: <http://www.urban.org/projects/tjc/toolkit/module8/CurriculaTable.pdf>

7. Urban Institute. A table of educational programming available through satellite TV and other distance learning techniques. Available: <http://www.urban.org/projects/tjc/toolkit/module8/Satellite%20Program%20Table.pdf>

8. Urban Institute. 2011. TJC Intervention Inventory (LSI-R Version) Available: <http://www.urban.org/projects/tjc/toolkit/module8/TJC Intervention Inventory Sample LSIR version.doc>

9. Fresno County, CA. Fresno County TJC Unit Sergeant and Correctional Officer Job Descriptions. Available: http://www.urban.org/projects/tjc/toolkit/module8/TJC_Sergeant_Jobline.pdf and http://www.urban.org/projects/tjc/toolkit/module8/Fresno_TJC_CO_Jobline.pdf.

Reentry Revisited

Let's revisit what we have learned so far in the Tailored Transition Interventions module. Please answer the following questions.

1. The First step toward developing an intervention in your jail is
 - Identify key stakeholders.
 - Select interventions.
 - Determine which individuals should receive interventions.
 - Successfully implement the intervention.
2. An evidence-based intervention is a treatment or program that has demonstrated statistically significant effectiveness in empirical studies. (True/False)
3. An important factor influencing the high-quality implementation of interventions is
 - Unambiguous buy-in on the part of all staff, especially leadership.
 - A smorgasbord of innovative and groundbreaking programs.
 - A willingness for staff to “follow their guts” rather than a manual.
 - A belief that “nothing works.”

Summary

In this section, you learned the five basic but necessary steps to develop and deliver evidence-based interventions. You learned that it is important to receive advice from programming experts, as well as to pilot-test intended interventions.

Section 4: Incentivizing Program Participation and Support

This section aims to help you understand how to support prosocial behavior through incentivizing program participation and mentoring. Often, the target population for in-jail and community interventions is resistant because of long histories of failed efforts in programs and ambivalence about change.

As Former Deputy Commissioner Kathleen Coughlin of the New York City Department of Corrections notes, incarcerated people have been disappointed numerous times before by the criminal justice and social service systems, and they are both “program-weary” and “program-wary.”

Your recruitment and retention efforts must take into account this resistance to programming, because limited outreach will undoubtedly result in low participation and completion rates.

Research indicates that incentives can motivate people to sign up and complete programs.

In-Jail Incentives	Community-Based Incentives
<ul style="list-style-type: none"> • Increased visitation • Later curfews for work release inmates • Later lock-in times • More phone access • More recreation time • More television • Movie nights • Access to more television channels • Certificates of completion • Letters of recognition • Graduation ceremonies • Improved housing assignments • Extra or early movement into community corrections • Good time credits • Extra Food or snacks • Juice machines • Microwave • Hand Sanitizer 	<ul style="list-style-type: none"> • Bus passes • Access to phone cards • Food vouchers • Special activities for people who participate in programs – donated by the community • Housing • Family reconciliation efforts • Certificates of completion • Letters of recognition • Being asked to serve as a mentor to other offenders • Reduction of supervision conditions • Early termination of supervision • Community recognition

Mentoring

Mentoring can help with successful reintegration by providing positive role models to people returning to the community. Ideally, individuals are paired with mentors during custody, with the intent of maintaining the relationship in the community after release. It is important to note that if former offenders are to be considered for this purpose, they must be well past their own

criminal issues and have demonstrated consistent prosocial behavior over a significant period of time (generally understood to be a minimum of one-year).

Though each mentor/mentee relationship is different, a successful mentor will have the following attributes:

- Good listener
- Positive role model
- Has good boundaries
- Communicates effectively
- Understands the time commitment
- Patient
- Has knowledge and resources to help solve problems and address needs, within appropriate limits
- Clear on the role and what they can and can't do (i.e., they know they're not a case manager)
- Maintains contact and provides updates with the agency overseeing the mentoring program

Peer mentoring by previously incarcerated individuals or those in recovery who have turned their lives around and have maintained a prosocial lifestyle for an extended period since their offense can also serve an important role in the transition process. In fact, research has found that support from recovering peers may be more effective in reducing recidivism than support from clinical staff or correctional officers.¹

Terms to Know

Mentoring: The practice of matching up an individual who has a stable educational, professional and personal life with another individual who is in need of guidance in those areas

You can't beat the credibility of an ex-offender when trying to show offenders how their lives can be different. They can look a prisoner in the eye and say, "I have been in your shoes."

Sheriff Michael Hennessey
San Francisco Sheriff's Department

Training

Developing a mentoring program takes time, and a training program is required to teach volunteers how to mentor people while they are incarcerated and after release.

Following are a few recommendations:

- Screen all mentors to ensure they have the appropriate demeanor, time commitment, and motivation to dedicate a minimum of one year working with a mentee.
- Provide a mentor training program.
- Provide ongoing support during the mentorship.

For more information and examples from the field

1. National Mentoring Partnership: Expanding the World of Quality Mentoring. Mentoring resources and information in the Program Resource section of this website. Available: <http://www.mentoring.org/>
2. SAMHSA. 2005. *Successful Strategies for Recruiting, Training, and Utilizing Volunteers: A Guide for Faith- and Community-Based Service Providers*. Available: http://www.samhsa.gov/sites/default/files/volunteer_handbook.pdf.
3. San Diego, CA. San Diego County presentation on Las Colinas Reentry Facility client flow. Available: http://www.urban.org/projects/tjc/toolkit/module8/San_Diego_LCDRF_Flow.pdf.
4. Fresno County, CA. Fresno County TJC Unit Guidelines and Procedures (incentive structure described therein). Available: http://www.urban.org/projects/tjc/toolkit/module8/Fresno-TJC-Guidelines-and-Procedure_FINAL.pdf

Reentry Revisited

Let's revisit what we have learned so far in the Targeted Transition Interventions module. Please answer the following question.

As resistance to intervention is highly likely among the jail population, it is important to incentivize participation. (True/False)

Summary

In this section, you learned that incentivizing program participation and developing mentor/mentee relationships can increase the chance for a successful transitional from the jail to the community.

Section 5: Terms Used in the Field

This section defined a number of basic terms used in this module. These terms have been highlighted in purple throughout the module, allowing you to rollover on the term to see the definition.

Core components of an intervention: The most essential concepts (those that contribute significantly to changes in attitudes, beliefs, and behaviors), activities, and ideas included in the intervention.

Evidence-based: A practice that has been proven to be effective through scientific research and, once applied locally, is measurable and evaluated consistently for its effectiveness.

Incentive: A method or action used to reinforce program participation and/or the exhibit of prosocial skills or behavior.

Mentoring: “The practice of matching up an individual who has a stable educational, professional and personal life with another individual who is in need of guidance in those areas.”⁴

Post-release interventions: Interventions designed to aid the individual’s transition from jail to the community and to sustain gains made through prerelease interventions. Examples of discharge interventions include resource packets; referrals to community agencies; scheduled appointments in the community; a temporary supply of medication; identification documents; updated transition plans; transportation to a service provider, home, or probation office; and contact information for key individuals who will facilitate the individual’s service plan in the community.

Pre-release interventions: Interventions delivered either by jail staff or community-based providers in the jail. Examples of prerelease interventions include provision of informational resources such as resource packets, information bins in the facility, or a designated resource officer; brief training programs that prepare individuals for reentry; services such as drug and alcohol treatment, educational programs, and job training; access to community-based and informal social supports such as family, mentors, and members of the faith community; and case management to facilitate continuity of care.

Conclusion

Jail-based and community interventions include the distribution of resource packets, working closely with case managers or treatment managers, and participating and completing an evidence-based cognitive-behavioral program. Before delivering interventions, a detailed resource inventory should be drawn up. It is important to keep the inventory updated. Interventions that are provided should have empirical studies that show them to be effective.

⁴ Institute on Women & Criminal Justice, *Mentoring Women in Reentry: A WPA Practice Brief* (2008). Available <http://www.wpaonline.org/pdf/Mentoring%20Women%20in%20Reentry%20WPA%20Practice%20Brief.pdf>.

Such interventions must be targeted to those who have the greatest risks and needs. Carefully considered incentives may promote program participation.

Module 8: Appendix A

Template of a Jail- (J) and Community-Based (CB) Service and Treatment Inventory Table

	Intervention	Provider(s) Name		Eligible Population		Program Capacity		Curriculum		Comments	
		J	CB	J	CB	J	CB	J	CB	J	CB
1.	Anger Management										
2.	Aging & Disability Services										
3.	Cognitive-Behavioral Change										
4.	Community Corrections										
5.	Community Resource Packets										
6.	Domestic Violence										
7.	Drug or Alcohol Treatment										
8.	Educational Services										
9.	Family										
10.	Food/Clothing										
11.	Gender-Specific Treatment										
12.	Health Care Benefits										
13.	HIV/Communicable Disease										
14.	Housing										
15.	Identification										
16.	Income/Benefits/Entitlements										
17.	Life Skills Training										
18.	Job Skills Training										
19.	Employment										
20.	Management of Financial Resources										
21.	Medical/Dental Care/Local Health										

	Clinic										
22.	Mental Health Care										
23.	Medication Assistance										
24.	Orientation/Info Sessions on Community Providers										
25.	Parenting										
26.	Rent Assistance										
27.	Religious Studies										
28.	Social Security										
29.	Transportation										

Module 8: Appendix B

TJC Preimplementation Case Flow Process: Screening and Assessment Template and County Example

This template highlights gaps in your screening and assessment practices. Once completed, this template should reflect your current state and flow of screening and assessment, rather than what you would like to have available.

A quick reminder: Screens are used to identify an individual's potential risk or needs as the individual enters the jail or another agency, while assessment is the process of identifying and documenting the specific risk and needs.

	Assessed Population				Screening Tool Used	Who Completes	When Applied
	Pretrial/Sentenced	Felon / Misdemeanor	Length of Stay	Special Population			
Initial Screening							
Classification Screening							
Risk/Needs Assessment							
Mental Health Assessment							
Medical Assessment & History							
Suicide Prevention							
Pretrial Release							
Community Corrections							

TJC Preimplementation Case Flow Process: Screening and Assessment County Example

	Assessed Population				Screening Tool Used	Who Completes	When Applied
	Pretrial/Sentenced	Felon / Misdemeanor	Length of Stay	Special Population			
Initial Screening	Both	Both	All	All	Summit	Booking	Immediately upon every booking
Classification Screening	Both	Both	> 72 hours	All	Summit	Classification Sgt	@ 72 hours, @ 30 days, @ 60 days, @ 90 days
Risk/Needs Assessment	Sentenced	Both	> 60 days	Reentry	LSI.R LSI.R SV	Reentry Director	Generally, 2 weeks after sentencing
Mental Health Assessment	Both	Both	> 24 hours	All	Summit	Booking	> 24 hours if NOT book-&-release, know they are bonding < 24 hours
Medical	Both	Both	> 24	All	Summit	Booking	> 24 hours if

Assessment & History			hours				NOT book-&-release, know they are bonding < 24 hours
Suicide Prevention	Both	Both	Any	All	Facility-based	Anyone	As risk factors present
Pretrial Release	NONE						
Community Corrections	Pretrial if presumptive community corrections	Felony	Any	All	LSI.R	ISO	Usually postconviction, presentence on inmates that are presumptive Community Corrections probation

Module 8: Appendix C

TJC Preimplementation Case Flow Process: Case Management Services Template and County Example

This template highlights gaps in your case management services practices. Once completed, this template should reflect your current state and flow of case management rather than how you would like it to flow or what case management services you would like to have available.

A quick reminder: Case management refers to coordinated case management and the staff can be jail or community based.

	Case Managed Population				Who Provides Case Management	Case Managers Report To
	Pretrial/Sentenced	Felon / Misdemeanor	LOS	Special Population		
In-Jail Case Management						
Transitional Case Management						
Community-Based Case Management						
Mental Health Case Management						

TJC Preimplementation Case Flow Process Case Management Services County Example

	Case Managed Population				Who Provides Case Management	Case Managers Report To
	Pretrial/Sentenced	Felon / Misdemeanor	LOS	Special Population		
In-Jail Case Management	Both	Both	No length	Mentally ill, developmental disability, prior consumer of case management services	Social Service Providers	As needed, as arises
Transitional Case Management	Sentenced	Both	> 60 days	Generally, reentry inmates	Reentry Director Program Director	Reentry Director
Community-Based Case Management	Both	Both	N/A	Mentally ill, developmental disability, prior consumer of case management services	Social Service Providers	As needed, as arises
Mental Health Case Management	Both	Both	No length	Mentally ill	Social Service Providers	Reentry Director

Module 8: Appendix D

TJC Preimplementation Case Flow Process: In-Jail Services and Treatment Programs Template and County Example

This template highlights gaps in your in-jail services and treatment program practices. Once completed, this template should reflect your current state and flow of in-jail services and treatment programs rather than how you would like it to flow or what services and programs you would like to have available.

A quick reminder: The template identifies services offered in a jail setting by jail or community-based staff.

Services	Eligible Population	Serviced Population	Program Capacity	Curriculum	Provider(s)
Anger Management					
Substance Abuse Treatment					
Employment Readiness and Job Retention					
Job Skills Training					
Educational Services					
Mental Health Services					
HIV/Communicable Disease					
Cognitive-Based Treatment					
Orientation/Info Sessions on Community Providers					
Community Resource Packets					
Family					
Parenting					
Gender-Specific Treatment					

TJC Preimplementation Case Flow Process In-Jail Services and Treatment Programs County Example

Services	Eligible Population	Serviced Population	Program Capacity	Curriculum	Provider(s)
Anger Management No programs offered at this time, however, due to lack of qualified volunteers or interns, etc.	All except segregated inmates	Has been offered in Max, Med, Min, & all female custody levels	Groups generally limited to 8 inmates or fewer	Cage Your Rage materials primarily, though CMH offered Max program (curriculum unknown)	CMH, community volunteers, interns (School of Social Welfare)
Substance Abuse Treatment	All except segregated inmates	Medium, minimum & female pod primarily, but all pods have some services occasionally	AA & especially NA are very limited by volunteer	* 12 Steps for both AA, NA * HC-adapted to native circle concepts and	AA, NA, Health Center

			availability, with medium pod the only NA group at this time	White Buffalo recovery curriculum * CMH curriculum	
Employment Readiness (including one-on-one resume coaching) and Job Retention	All except Max, SPM & segregated inmates	Med, Min, (co-ed PRN)		Improvised lesson plan (Note: Currently using 8 DVD "Employment After Prison" series & handbook to provide some continuing jobs programming	Private contractor Greystone Educational Materials DVD series
Job Skills Training	None at this time				
Educational Services	All except Max & segregated inmates	All except Max & segregated inmates	Up to 10 inmates from each security classification may attend each class	State-approved high school curriculum State Board of Education	LL & two volunteers for tutoring
Mental Health Services	All including segregated inmates	All	100%	Professional standards	CMH
HIV/Communicable Disease	All except segregated inmates	All except segregated inmates	All except segregated inmates	Improvised lesson plan workshop	CAP
Cognitive-Based Treatment	All except Max, SPM & segregated inmates	All except Max, SPM & segregated inmates	All except Max, SPM & segregated inmates	DBT modified & ST uses DVDs & thinking reports, structured discussions CMH = Dialectical Behavior Therapy	Ex-offender contractor & program director for Stinkin' Thinkin' for DBT
Orientation/Info Sessions on Community Providers	All including segregated inmates	All including segregated inmates	All including segregated inmates		Pod officers & booking, reentry director, programs director
Community Resource Packets	Posted in all pods	All including segregated inmates			
Family (visitation services only)	All except segregated inmates			Visitation services only	
Parenting	All except segregated inmates	All including segregated inmates	All including segregated inmates	Thirteen Principles of Effective Parenting	CMH
Gender-Specific Treatment	All except male Max, SPM & segregated inmates				CMH

Legend

AA **Alcoholics Anonymous**
 CMH **Community Mental Health** (both professional staff & intern providers)
 HC **Health Center**
 Service Center **SCESC**
 PRN (females only included at request of reentry director)

NA **Narcotics Anonymous**
 CAP **County Aids Project**
 LL **Learning Lab South Central Education**
 ST **Stinking Thinking**

Module 8: Appendix E

TJC Preimplementation Case Flow Process: Community-Based Services and Treatment Programs Template

This template highlights gaps in your community-based services and treatment program practices. Once completed, this template should reflect your current state and flow of community-based treatment practices rather than how you would like it to flow or what services you would like to have available.

A quick reminder: The template identifies services offered solely in the community by community-based providers.

Services	Eligible Population	Serviced Population	Program Capacity	Curriculum	Provider(s)
Anger Management					
Substance Abuse Treatment					
Employment Readiness					
Job Skills Training					
Educational Services					
Mental Health Services					
HIV/Communicable Disease					
Cognitive-Based Treatment					
Orientation/Info Sessions on Community Providers					
Community Resource Packets					
Family Parenting					
Gender-Specific Treatment					

TJC Preimplementation Case Flow Process: Community-Based Services and Treatment Programs County Example

Services	Eligible Population	Serviced Population	Program Capacity	Curriculum	Provider(s)
Anger Management	Generally, person-related offenses (M or F)	Unknown	Unknown	Unknown	CMH, Probation, HCC
Substance Abuse Treatment	Addicted	Addicted	For state-funding, limited	Cognitive-based; 12 step	DCCCA, Prof. Treatment Services, Private
Employment Readiness	Anyone	Unemployed, to improve employment	Unknown	Unknown	Workforce Ctr, Ind Inc, SRS
Job Skills Training	Anyone	Improve Skills	Unknown	Unknown	County Community College certificate programs
Educational Services	Anyone	Improve education level	Unknown	Unknown	Diploma Completion, SRS
Mental Health Services	Mentally Ill	Mentally Ill	Unknown	Unknown	CMH, private

HIV/Communicable Disease	Anyone for testing, family of patients, patients	??	Unknown	Unknown	CAP, LDCHD
Cognitive-Based Treatment	??	??	Unknown	Unknown	CMH, DCCCA, Probation,
Orientation/Info Sessions on Community Providers	Individually by providers at providers				
Community Resource Packets	Anyone	By request	Unlimited	Info and referral only	Jail, Headquarters, United Way
Family	Families; Court Ordered	Families	Unknown	Info and referral only	TFI, DCCCA Preservation, Success by 6
Parenting	Parents; Court Ordered		Unknown		TFI,
Gender-Specific Treatment			Unknown		WTCS,

Module 8: Appendix F

Interventions			
Risk & Needs	Length of Time Short: 72 hours or less	Length of Time Medium: 3–30 days	Length of Time Long: 31+ days
Low	<ul style="list-style-type: none"> Information resources 	<ul style="list-style-type: none"> Information resources Short course on accessing services 	<ul style="list-style-type: none"> Information resources Short course on accessing services Longer course(s) as appropriate (e.g., resume development) In-house programming and activities
Medium	<ul style="list-style-type: none"> Information resources Short course on accessing services Referrals to specific providers based on screening 	<ul style="list-style-type: none"> Information resources Short course on accessing services Possibly make referrals to specific providers based on screening 	<ul style="list-style-type: none"> Information resources Full assessment Individual transition/case plan In-house programming and treatment as necessary Tailored transition plan Referrals and appointments with community providers
High	<ul style="list-style-type: none"> Information resources Short course on accessing services Referrals to specific providers based on screening Possibly schedule appointments 	<ul style="list-style-type: none"> Information resources Short course on accessing services Referrals to specific providers based on screening Schedule appointments Tailored transition plan 	<ul style="list-style-type: none"> Information resources Full assessment Individual transition/case plan In-house intensive programming and treatment In-house case management Tailored transition plan Referrals and appointments with community providers Post-release service provision Post-release case management Possibly supervision