# Making The Transition:
# Rethinking Jail Reentry in Los Angeles County

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# Acknowledgments

# Executive Summary

During the year ending June 2010, almost 13 million people were admitted to U.S. jails.[1] As jail populations continue to swell in many jurisdictions around the country, attention is turning to the importance of providing services that can help people succeed in the community upon release from jail and reduce the likelihood that they will return to custody. This is no small task, as people who come into contact with the criminal justice system often have chronic needs which are linked to reoffending. For example, research has documented that, as compared to the general population, these individuals have higher rates of mental illness and substance use, are more likely to be unemployed, and are more likely to have experienced violent victimization.[2] At the same time, people returning to the community from jail confront additional barriers as the result of their criminal justice involvement, often facing severely limited opportunities for employment and exclusion from certain government funded programs like public housing.[3] This places those leaving custody in a double bind: they are more likely to need services and support compared to the general population, but they face multiple obstacles to obtaining the most basic resources needed for stability. The significant challenges faced by those leaving jail and the high price of continued offending underscore the importance of capitalizing on jail contact to link individuals with services both while in the jail and as they return to the community.

However, providing supportive interventions in jail settings is extremely challenging. While a number of innovative practices exist, there is much progress to be made in the design of services that can support people as they leave jail and return home. In the nation's largest jail systems, hundreds of people enter custody every day. Most of these individuals are held for a matter of a few days and many are held in pretrial detention without a determinate release date. This situation makes it very difficult to quickly identify those who would benefit from support, determine the services that they need, and build the level of rapport required to engage people in services in the jail and when they return home.

In no place is this challenge felt more acutely than Los Angeles County, home to the largest network of jail facilities in the country. In 2001, the Los Angeles Sheriff's Department (LASD) founded the Community Transition Unit (CTU) to provide reentry services to individuals leaving the L.A. County Jail. Since then, LASD has made a significant effort to improve the provision of jail reentry services, and there are several examples of promising initiatives that are currently

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[1] T.D. Minton, *Jail Inmates at Midyear 2010* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2011, NCJ 233431).

[2] J.A. Swartz and A.J. Lurigio, "Serious Mental Illness and Arrest: The Mediating Effects of Substance Use," *Crime and Delinquency* 53, no. 4 (2007): 581-604; and H.J. Steadman, F.C. Osher, P.C. Robbins, B. Case, and S. Samuels, "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 60, no. 6 (2009): 761-765; Office of National Drug Control Policy (ONDCP), *Adam II: 2010 Annual Report Arrestee Drug Abuse Monitoring Program II* (Washington DC: ONDCP, 2011); and N. Freudenberg, "Jails, Prisons, and the Health of Urban Populations: a Review of the Impact of the Correctional System on Community Health," *Journal of Urban Health* 72, no. 2 (2001): 214-235.

[3] D. Pager, *Marked: Race, Crime, and Finding Work in an Era of Mass Incarceration* (Chicago: University of Chicago Press, 2007); J. Gonnerman, *Life on the Outside: The Prison Odyssey of Elaine Bartlett* (New York: Picador, 2004); and Legal Action Center, *After Prison: Roadblocks To Reentry: A Report On State Legal Barriers Facing People With Criminal Records* (New York: Legal Action Center, 2004).

under development. These initiatives, and other promising practices from jurisdictions throughout the United States, are described in Chapters Two, Three, and Four of this report. However, the majority of people held in the jail are still released without receiving services to address the underlying issues that led to their arrest; without a significant investment in reentry services, this situation will not change.

This project was designed to help LASD and community service providers address this shortfall and increase the impact and reach of reentry services for people returning to the community from the L.A. County Jail. To inform the design of strategies to improve reentry programming, LASD, The California Endowment (the Endowment), the Vera Institute of Justice (Vera), and community-based organizations are partnering to map the needs of the jail population and to identify barriers to accessing reentry services. Specifically, this study documents:

- The reentry needs of individuals held in L.A. County Jail facilities

- The opinions of people held in the jail, experiences with current reentry services, and barriers to accessing those services

- The views of key jail and community stakeholders about the state of reentry services

To this end, Vera collected data from multiple sources to ensure that the study represents the full range of perspectives on reentry issues. Vera researchers:

- Interviewed 80 individuals held in LASD custody about reentry needs and services

- Conducted 26 in-depth interviews with a range of stakeholders who have experience with reentry issues, including jail staff, community service providers, funders, and researchers

- Analyzed administrative data to describe the jail population and provision of reentry services in the jail

Recognizing that reentry is inherently a community issue, the study focused on two neighborhoods—South Los Angeles and Boyle Heights—in order to explore opportunities to bolster reentry services through enhanced coordination and partnership between LASD and community service providers.

This report describes findings from this research and provides a series of recommendations for maximizing the effectiveness of reentry services for the 160,000 people who pass through the L.A. County Jail every year. These recommendations build on the ongoing efforts of LASD and community service providers to enhance supportive services for individuals leaving the jail and returning to their communities. The report highlights a number of these promising practices, including the Community Transition Reentry Center, Just In Reach, the planned expansion of CTU's marketing efforts, A Better Chance Reentry Initiative, the Amity Foundation Mentoring Program, the COMPAS assessment and case management program, improved coordination of jail releases, Los Angeles County reentry task forces, and the Homeboy Industries program evaluation, as well as promising practices from other jurisdictions throughout the United States.

This report is intended as a starting point for conversations among LASD, community stakeholders, funders, other government agencies, and non-profit organizations about how to prioritize and implement initiatives to improve reentry services in Los Angeles. To make progress, it is essential that any plans reflect the diverse perspectives of these various stakeholders.

The report includes a detailed description of findings from Vera's analysis and provides a series of recommendations in three general areas: 1) reentry service delivery and engagement; 2) operations and efficiency; and, 3) coordination. In addition, Appendix A includes a comprehensive chart providing guidance on implementation for all of the recommendations, including information on the resource investment required, ease of implementation, magnitude and immediacy of impact, and likely community support for each recommendation.

## SUMMARY OF RECOMMENDATIONS

1. **EXPAND REENTRY SERVICE OUTREACH AND TAILOR IT FOR THE JAIL ENVIRONMENT.** There is limited awareness of the CTU and other reentry services among people held in the jail, restricting the extent to which individuals are able to request these supports. In order to improve knowledge of these services, LASD should expand marketing efforts and ensure that they are designed for the unique circumstances of the jail environment. Some of the recommendations in this realm include:

   - Provide CTU flyers via mail call and pass out flyers in dorms.

   - Expand the use of staff presentations about services to all dorms.

   - Distribute a condensed reentry guide widely throughout jail.

   - Ensure that materials (service request forms, signs, videos) are available in Spanish and provide translation in other languages as needed.

2. **CREATE CLIENT TARGETING AND TRIAGE SYSTEMS.** The combination of significant budget constraints and the projected growth of the jail population due to realignment make it essential to develop a system of triage to guide decisions about the allocation of scarce reentry resources. Targeting outreach efforts towards those with the greatest levels of risk and the most pressing needs would allow the CTU to achieve the maximum possible impact given capacity limitations. Recommendations in this realm include:

   - Triage clients based on level of need and opportunity to serve (e.g. frequent recidivists, longer stayers, etc.).

   - Ensure that CTU staff use the homeless list solely for homelessness-related programs, such as Just In Reach.

   - Prioritize people who are motivated to engage with services.

3. **INCORPORATE RISK AND NEEDS ASSESSMENTS INTO REENTRY SERVICES.** Being able to identify individual needs is a fundamental step in delivering reentry services. Because average lengths of stay in the jail are so brief, it is important to identify needs quickly, but with sufficient accuracy and detail to develop reentry service plans. It is also important that service providers can identify both needs that are linked to reoffending and each client's personal reentry priorities, which are not always the same. Recommendations include:

   - Use validated risk and needs assessment tools.

   - Consider using markers of recidivism risk from the LASD's administrative data systems (such as number of prior admissions) to flag people who are in need of the lengthy COMPAS assessment.

   - Pull previous assessments at the time of jail readmission and update them as necessary.

   - Target in-person assessments toward those who have a high opportunity to receive reentry services.

   - Consider a variety of assessment techniques depending on the type of information needed (e.g., a clinical mental health diagnosis vs. what a client feels is most important to their successful transition).

4. **INDIVIDUALIZE REENTRY SERVICE PLANS FOR MAXIMUM IMPACT.** Reentry services must avoid a "one-size-fits-all" approach. Service plans should address the needs identified during assessments, consider the client's personal priorities, and take into account logistical barriers to service provision, such as short lengths of stay. Recommendations include:

   - Provide an opportunity for everyone to receive basic support in reestablishing benefits and getting government identification.

   - Ensure that intensive services address criminogenic needs (needs that are associated with reoffending, such as substance use, problem solving skills, and anger management).

   - Differentiate between long and short stayers to design brief interventions and more intensive service plans.

   - Engage people in services by addressing the issues they view as personal priorities, such as employment, housing, and family unification.

5. **TAKE STEPS TO OVERCOME BARRIERS TO TRUST AND ENGAGEMENT.** Even with a well-developed service plan, barriers associated with the jail environment—like a distrust of jail-based services, or intimidation by gang members—can undermine efforts to engage people with reentry services. It is essential that LASD, the CTU, and other service providers take steps to diminish the impact of these challenges, enhancing trust in both the CTU and reentry services more generally. Recommendations in this realm include:

- Take steps to differentiate CTU staff from other LASD staff.

- Ensure the privacy of all client interactions with CTU and other service providers.

- Enhance the cultural responsiveness of reentry services.

- Evaluate and expand existing promising programs.

6. **STRENGTHEN LINKAGES BETWEEN THE JAIL AND COMMUNITY SERVICE PROVIDERS.** During the first few days and weeks immediately following reentry into the community, people are at heightened risk for rearrest and relapse, making this period critical for the success of people leaving jail. Without support from community service providers any progress made through services while in jail can easily be lost; the key to a successful transition is ensuring that service plans continue when people return to the community. It is essential that LASD and community providers work together to strengthen the linkages between services in the jail and the community. Recommendations in this realm include:

- Address community concerns regarding expansion of jail-based services.

- Expand jail in-reach services.

- Expand and enhance initiatives to provide support to reentry clients at the moment of release.

- Provide incentives to community-based organizations to stay in touch with clients.

- Build on the support offered by families and friends by involving them in reentry planning.

7. **STANDARDIZE THE PROCEDURES, STAFF TRAINING, AND SUPERVISION USED BY JAIL-BASED REENTRY PROGRAMS.** CTU activities would benefit from increased standardization of operations, particularly in the areas of staff training and supervision, case management, and data entry. Developing shared approaches and service standards in these areas would build upon the dedication and experience of CTU staff and serve the dual purpose of a) improving the efficiency, impact, and reach of reentry services; and b) enhancing the validity of outcome evaluations by ensuring that program implementation is consistent and that the requisite outcome data are available for analysis. Recommendations in this realm include:

- Increase standardization of CTU procedures.

- Create a step-by-step staff manual.

- Develop more intensive training activities.

- Develop routine supervision activities.

- Create mid-level clinical supervisory positions to provide additional support and clinical oversight for CTU custody assistants.

8.  **USE DATA TO FACILITATE REENTRY SERVICES PROVISION.** There are a number of ways that LASD and service providers can use data to increase the efficiency and impact of reentry services. By enhancing the data systems used and leveraging existing data, services providers can streamline the identification of clients, facilitate case management, and support evaluation efforts. Recommendations in this realm include:

    - Monitor the implementation of the COMPAS.

    - Build upon existing data to improve identification and targeting of new clients.

    - Use data to facilitate case management.

    - Standardize CTU data-entry procedures.

9.  **DEVELOP EVALUATION COMPONENTS FOR ALL REENTRY PROGRAMS.** Few agencies working inside or outside the jail have a sense of the return on their investment in reentry services. Yet, this information is essential for policy and budget decision-making, particularly in the current fiscal climate. Most importantly, evaluation is critical in determining the specific needs of the local reentry population and in measuring the impact of services on reentry outcomes. Recommendations in this realm include:

    - Track reentry outcomes by requiring service providers to record a core data set on client contact with post-release services.

    - Identify cost-effective ways to collect outcome data for all reentry programs.

    - Consider opportunities to design multi-agency evaluation activities.

10. **ENHANCE COLLABORATION AMONG REENTRY SERVICE PROVIDERS, THE DEPARTMENT OF MENTAL HEALTH, AND THE PROBATION DEPARTMENT.** There is currently limited coordination between LASD and other government agencies that serve individuals in the jail (e.g., DMH) or after they return to the community (e.g., Probation). There are a number of ways in which the various departments and agencies working with people who are held in the jail could work together to reduce duplication of activities and streamline service provision, improving individual outcomes and saving resources. Recommendations in this realm include:

    - Improve CTU involvement with DMH client release plans.

    - Continue and expand efforts to coordinate DMH and LASD release activities.

    - Consider potential CTU-Probation collaborations.

11. **INCREASE COLLABORATION BETWEEN AND AMONG JAIL AND COMMUNITY-BASED PROVIDERS.** Strong collaboration among jail- and community-based service providers is essential for successful reentry. Coordinated services can support a true continuum of care from jail into the community, reduce duplicative efforts, capitalize on diverse skills, enhance evaluation, and create an opportunity to better leverage resources. However, an "Us vs. Them" mentality hinders coordination between the jail and community organizations, and even between different providers in the community. Currently, competition for limited

funding and jail access may be inhibiting services providers from working together. Many recommendations in this report rely on the premise that various reentry service providers can overcome these barriers and improve collaboration. Recommendations in this realm include:

- Continue examining how to coordinate release times between the LASD and other providers.
- Increase collaboration and communication between the CTU and community providers.
- Move to a team case-management approach to reentry.
- Unify the various Los Angeles County reentry groups into one council.
- Address systemic barriers to accessing community services for people leaving the jail.

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# Introduction

Los Angeles County operates the largest jail system in the world, with an average daily population of more than 17,000 people held in eight different facilities. In a county of 10.4 million people spread out over 4,000 square miles, the Los Angeles County criminal justice system is extraordinarily complex, encompassing 88 municipalities, 47 law enforcement agencies, and more than 30 criminal courthouses. Adding to the challenges of managing a system this large, the county jail has been overcrowded for years, affecting both public safety and county resources. The persistent overcrowding has led to ongoing federal litigation and a federally imposed population cap.[4]

While the Los Angeles County Sheriff's Department and other agencies have taken many steps to reduce the population, overcrowding remains a countywide issue. Delays and inefficiencies throughout the system—from first contact with law enforcement through the court process—contribute to the numbers of people in custody. Overcrowding, in turn, creates dangerous conditions for people in custody and guards. In response to longstanding allegations of violence and a current FBI investigation, Sheriff Leroy Baca recently agreed to shut down the oldest, outdated sections of Men's Central Jail.[5]

## NEW PRESSURES: REALIGNMENT AND FISCAL CRISIS

Adding to the existing pressures on the criminal justice system, two recent events have wide-reaching implications for the system and the county jail in particular—the financial crisis and the State of California's implementation of the Public Safety Realignment Act, (Assembly Bills 109 and 117), commonly referred to as "realignment."[6] First, county revenues in Los Angeles have shrunk dramatically, along with state funding for the courts and case processing. In response, the Sheriff has closed jail beds and continues to utilize early release policies to meet the federal population cap.

Second, realignment has placed many formerly state-prison-bound offenders in local jails and many parolees on local supervision. Before realignment, people receiving sentences of one year or more would be sent to state prison. Now, individuals convicted of non-serious, non-violent and non-sexual felony offenses—who have no serious or violent prior convictions—are serving

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[4] See *Rutherford v. Baca, (*Not Reported) F.Supp.2d (C.D.Cal. 2006) WL 3065781.

[5] R. Faturechi, "L.A. County Sheriff Says Much of Troubled Jail Should Be Closed," *Los Angeles Times*, April 10, 2012. http://articles.latimes.com/2012/apr/10/local/la-me-baca-jail-20120411 (accessed May 14, 2012).

[6] In this report, "realignment" refers to Assembly Bill 109 and a number of additional laws that clarified and refined AB 109 before taking effect on October 1, 2011. The primary changes are as follows: (1) Many individuals convicted of non-serious, non-violent, and non-sexual offenses—who have no serious or violent prior convictions—are now serving their sentences in county jails, even if they are longer than one year; (2) Some offenders released from state prison are now released to the supervision of the Los Angeles County Probation Department rather than state parole; and, (3) Parole violators now serve any custody time for violations in county jail instead of state prison. See California Department of Corrections & Rehabilitation, available at: *http://www.cdcr.ca.gov/realignment/*.

their sentences in county jail, even if they are longer than one year. The County is also responsible for the supervision of most non-violent, non-serious offenders after release. For violations of that supervision, the County may now impose intermediate sanctions up to and including a period of "flash incarceration" in jail for up to 10 days. Most revocations of post-release community supervision are now handled by the local court system, but revocation time is limited to a maximum of 180 days in county jail.

Realignment is significantly expanding the roles and responsibilities of local criminal justice agencies. The Los Angeles County Probation Department (Probation) is now supervising all offenders released from state prison for non-serious, non-violent, and non-sexual crimes who would previously have been on parole (under the Post-release Community Supervision Program, or "PRCS"). Probation is responsible for determining PRCS eligibility, designing and providing appropriate supervision services, and for initiating flash incarceration and revocation procedures. In addition to housing the realignment population diverted to local control as well as PRCS and parole violators, the Sheriff's Department is providing arrest and flash incarceration support and is charged with developing a database to manage the PRCS program. Lastly, the Los Angeles County Superior Court will handle all PRCS and most parole revocation proceedings.

While the impact of these changes have yet to fully emerge, they are likely to present a significant strain on the already crowded county jail. The jail population has been projected to reach nearly 20,000 by the end of 2012 as realignment takes full effect.[7] The County is now under enormous pressure to reduce the overall jail population and to reserve its costly jail beds for high risk, serious offenders. The recent shift in custody and supervision of many offenders (and associated funding) from the state to the county presents a significant challenge but also a historic opportunity to reexamine the primary function of the jail, to expand alternatives to incarceration, and to focus efforts on reducing recidivism.

## REENTRY SERVICES IN LOS ANGELES

## LASD COMMUNITY TRANSITION UNIT

In this context, LASD is placing renewed emphasis on reentry services as one of the best ways to reduce recidivism and the overall jail population.[8] Recognizing the importance of the transition from jail to the community on the risk of future criminality, LASD instituted the Community Transition Unit in 2001 with the express goal of "link[ing] inmates to housing, mental health, drug rehabilitation, employment, and life skills services to help them transition out of jail and

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[7] J. Austin, W. Naro-Ware, R. Ocker, R. Harris, and R. Allen, *Evaluation of the Current and Future Los Angeles County Jail Population* (Denver, CO: The JFA Institute, April 10, 2012). See https://www.aclu.org/files/assets/austin_report_20120410.pdf.

[8] This emphasis is supported by the reentry research literature. See: F. Osher, "Short Term Strategies to Improve Reentry of Jail Populations: Expanding and Implementing the APIC Model*," American Jails*, Jan/Feb 2007: 9-18.

into a stable life style." [9] The CTU draws on national models to provide discharge planning and release preparation services for thousands of people in the jail annually. According to its website, the CTU "also seeks to enhance inmate participation in educational, vocational, and other life skills training programs" and "partners with correctional professionals, medical staff, mental health staff and numerous community based, faith based and governmental agencies who receive referrals and facilitate placements for the inmate participants."

The CTU currently employs a staff of 17 uniformed custody assistants who provide direct services to clients in the jail. CTU staff service all jail facilities, but are concentrated at its headquarters at the Inmate Reception Center (IRC) in downtown Los Angeles. CTU staff work at Twin Towers Correctional Facility (TTCF), with clients with mental illness; Century Regional Detention Facility (CRDF) with women; Men's Central Jail (MCJ) with the general male population; and the Pitchess Detention Center encompassing the North, South, East, and North County Correctional Facility (NCCF), with vocational program participants. The main source of CTU funding is the Inmate Welfare Fund. [10]

# PLANNED EXPANSION OF LASD REENTRY PROGRAMS

In the face of realignment, LASD is in the process of significantly expanding its efforts to provide supportive services for people in custody and after release, mainly focusing on the CTU and jail in-reach. To carry out the expansion, CTU plans to use realignment funds to hire an additional 18 custody assistants, three deputies, and one sergeant, and to partner with at least 14 service providers from community-based organizations (CBOs). LASD is heavily emphasizing the Education-Based Incarceration (EBI) initiative, where personalized curriculums are developed for participants based on academic and vocational assessments. [11] Coursework ranges from basic reading and writing skills to core subjects like science and history, and incorporates classes and reading materials as well as tools like MP3 players with pre-loaded lectures. There are also a number of vocational training programs geared towards acquiring marketable job skills and learning specific trades.

In February 2012, the department re-launched an innovative program called Just In Reach (JIR). [12] JIR is a partnership between Volunteers of America (VOA), Amity Foundation, and LASD with funding from the Corporation for Supportive Housing. It aims to help individuals obtain permanent housing through comprehensive case management, job development services, and mentoring that begins in jail and continues after release. JIR targets people who have been in

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[9] The Los Angeles County Sheriff's Department, "Community Transition Unit," http://www.lasdhq.org/divisions/ correctional/ bops/ctu/mission.html (accessed May, 14 2012).
[10] The Inmate Welfare Fund includes all profits from the jail commissary as well as "any money, refund, rebate, or commission received from a telephone company or pay telephone provider when the money, refund, rebate, or commission is attributable to the use of payphones by inmates while incarcerated." These funds must be used for programs and services (or related personnel and infrastructure) that benefit inmates. The Inmate Welfare Fund Commission serves as an advisory body for decisions about the use of inmate welfare funds, though the Sheriff has final authority. See http://la-sheriff.org/divisions/correctional/inmate_srvs/ovrview.html (accessed May 14, 2012).
[11] In development since 2010, LASD's EBI initiative was formally launched in October, 2011.
[12] A limited pilot version of the Just In Reach program was launched in August 2008. See http://www.urban.org/ UploadedPDF/411864_supportive_housing.pdf (accessed May 14, 2012).

jail three times in the last three years and who have been homeless three times in the last five years. The program served 131 individuals between February and March, 2012.

Major planned changes to reentry programming throughout the jail include:

- **_Risk and Needs Assessment._** The LASD is in the process of piloting a modified version of the Northpointe Institute for Public Management (Northpointe) COMPAS assessment to determine risk of reoffending and service needs for the realignment population. COMPAS produces a risk score that will be used to determine eligibility for release to community-based programs to complete sentences. LASD plans to expand use of the COMPAS to the entire jail population for use in developing appropriate service and discharge plans.

- **_Community Transition Resource Center (CTRC)._** Individuals released from custody will have access to the Center located in the Inmate Reception Center lobby. The CTRC will be staffed by CTU custody assistants and CBO service providers who will offer assistance with identification cards, copies of birth certificates, reinstatement of government benefits, disability services, referrals to community service agencies, taxi vouchers, bus tokens, and transportation to treatment facilities. The CTRC will also include a federally qualified health center where people can access medical treatment and pharmacy services.

- **_Reentry Housing Unit._** The CTU piloted a temporary housing unit for individuals within three to five days of release who have not participated in EBI or other programs. Service providers had regular access to this unit to share information about community-based programs, in order to provide support to these individuals in the days leading up to their release.

- **_Second Chance._** LASD's Education-Based Incarceration Unit and Department of Mental Health (DMH) have partnered with Volunteers of America to provide case management services to people in custody with co-occurring disorders who are also homeless and repeat offenders. Upon release, these clients will transfer into VOA supportive housing. The program is scheduled to start in May 2012.

The LASD also operates a number of other programs to address reentry needs, many in partnership with CBOs, including life skills, GED education, personal relations, computer skills, parenting, anger management, behavior modification, and drug and alcohol education.[13] L.A. Works provides a number of vocational and technical training programs like auto body repair and culinary arts. Some additional programs include:[14]

- **_Multidisciplinary treatment modules:_**

  o **_MERIT_** ("Maximizing Education Reaching Individual Transformation"), offered at six jail facilities, involves group housing and a four-phase program focusing on personal

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[13] Education Based Incarceration Inmate Programs Unit, Los Angeles Sheriff's Department, *Master Program List,* Sept. 16, 2011 (see Appendix B).
[14] Ibid.

relationships, parenting, substance abuse prevention, leadership and job skills training. The program is geared toward domestic violence offenders, military veterans, and Drug Court program participants.

   o **SMART** ("Social Mentoring Academic and Rehabilitative Training") provides health treatment, drug rehabilitation, GED classes, anger management, and life skills training to gay male inmates in ten-week sessions.

- **Amity Peer Mentoring** provides six months of group counseling sessions facilitated by a trained peer mentor with a history of criminal justice involvement. Participants are offered post-release housing in an Amity facility and receive follow-up one year after release.

- **Volunteers of America's Incarcerated Veterans Transition Program** identifies and recruits veterans in the jail and moves them into transitional housing with full wraparound services at the time of release.

- **Friends Outside** operates a jail-based program, PATA ("Placement and Transportation Assistance for Incarcerated Substance Abusers") that facilitates access to drug and alcohol treatment programs as alternative sentences for eligible individuals in jail custody.

## COMMUNITY REENTRY SERVICES

Reentry work begins in the jail but succeeds or fails in the community, particularly during the first days or weeks after release. For many people leaving jail, the support of community services providers can make the difference between long-term success in the community versus recidivism and rapid return to jail. This study explores the great potential in Los Angeles for expanding and strengthening the collaboration of community-based organizations, jail reentry services, and local funders to improve reentry services.

Los Angeles County boasts a wide range of community and grassroots organizations that are engaged in reentry support and advocacy, providing essential services like housing, education, employment, medical and mental health care, and substance abuse treatment. These community-based services are actively supported by grant makers who have recognized reentry as vital to the health of communities—The California Endowment (the funder of this study), the California Wellness Foundation, the Rosenberg Foundation, and others. Advocates have established several active task forces focused on reentry and the impact of realignment, including the Los Angeles Reentry Roundtable and the Los Angeles Regional Reentry Partnership. These organizations and collaborations have built a basic framework for connecting the jail and community pieces that are so vital for successful reentry, but they need to move to the next step of productive and efficient coordination with jail-based services. This study aims to provide a road map for this process—the recommendations in the report present concrete and tangible ideas for places to start improving communication to enhance the overall level of service.

Community-based services and support are critical to reentry because successful discharge planning must take into account the unique context of an individual's family and neighborhood

circumstances. This factor is especially important in areas disproportionately affected by high rates of incarceration—which tend to be neighborhoods that are primarily home to low-income residents from minority racial and ethnic groups.[15] The cycling of large numbers of people in and out of these neighborhoods is highly disruptive for both individuals and communities, leading to community-wide economic decline, weakened social networks, and diminished trust in law enforcement.[16] This destabilizing cycle of incarceration and reentry only exacerbates preexisting challenges in these under-resourced communities, making support for people returning from jail a key component of improving individual, family, and community outcomes.

While these communities often face a myriad of challenges, they may also provide valuable support for individuals returning from jail. For instance, studies show that most people stay with family members when they leave custody and that families often provide an important source of contacts to help people find work.[17] Involving family members in reentry planning may also decrease recidivism, with one study finding that more contact with family members during incarceration predicted lower rates of rearrest.[18] Furthermore, keeping families together can yield long-term benefits in terms of economic well-being and educational attainment of children.[19] In addition, if available, local service providers can be instrumental in keeping people out of jail.

## A COMMUNITY FOCUS: SOUTH LOS ANGELES & BOYLE HEIGHTS

Recognizing the inextricable role of community in the reentry process, this project focuses on individuals leaving the jail who have ties to two neighborhoods in Los Angeles: South Los Angeles (South L.A.) and Boyle Heights.[20] The decision to include these two neighborhoods is based on a combination of socio-economic factors and the fact that residents from South L.A. and Boyle Heights are disproportionately represented within the L.A. County Jail population.[21] Enhancing the ability of the jail to connect individuals with the supportive services needed during reentry will improve the effectiveness of community services addressing mental and

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[15] T.R. Clear, "The Problem with Addition by Subtraction: The Prison-Crime Relationship in Low-Income Communities," in *Invisible Punishment: The Collateral Consequences of Mass Imprisonment*, edited by M. Mauer and M. Chesney-Lind (New York: The New Press, 2002): 181-193; and D.E. Roberts. "The Social and Moral Cost of Mass Incarceration in African American Communities," *Stanford Law Review* 56, no. 5 (2004): 1271-1305.

[16] T.R. Clear, D.R. Rose, and J.A. Ryder, "Incarceration and the community: the problem of removing and returning offenders," *Crime & Delinquency* 47, no. 3 (2001): 335-351.

[17] M. diZerega, *Coaching Packet: Engaging Offenders' Families in Reentry*, (Silver Spring, MD: Center for Effective Public Policy, 2010); and L.A. Vigne, N.G. Visher, and C. Castro, *Chicago Prisoners' Experience Returning Home* (Washington, DC: The Urban Institute, 2004).

[18] R.L. Naser and C.A. Visher, "Family member's experiences with incarceration and reentry," *Western Criminology Review* 7, no. 2 (2006): 20-31.

[19] C.W. Nord and J. West, *Fathers' and Mothers' Involvement in Their Children's Schools by Family Type and Resident Status* (Washington, DC: U.S. Department of Education, Office of Education Research and Improvement, 2001, NCES 2001-032). J. Fields, *Children's Living Arrangements and Characteristics: March 2002,* Current Population Reports (Washington, DC: U.S. Census Bureau, 2003, P20-547).

[20] South L.A. and Boyle Heights are two of 14 California neighborhoods that are the focus of The California Endowment's Building Healthy Communities initiative; this study uses the Endowment's definition of the neighborhood boundaries. Refer to Appendix C to this document for maps of the neighborhood boundaries.

[21] Chapter One, Figure 1 details the representation of South L.A. and Boyle Heights residents in the jail.

physical health, drug treatment, housing and other welfare needs, and promote community health and stability.

Boyle Heights is almost exclusively Latino (94.1 percent, as compared to 47.7 percent county-wide and 37.6 percent state-wide). South L.A. historically incorporates some of the most concentrated black communities in Los Angeles County; currently 19.5 percent of the South L.A. population identifies as black (as compared to 8.7 percent county-wide and 6.2 percent state-wide).[22] The ethnic composition of these neighborhoods is mirrored within the jail where Latinos (49.1 percent) and blacks (31.0 percent) are the two largest racial and ethnic groups.[23] These neighborhoods face multiple challenges:

- high rates of unemployment—57 percent of Boyle Heights residents over 16 years of age and 56 percent of South L.A. residents over 16 years of age are either unemployed or "not in the labor force";[24]
- low rates of educational attainment—68 percent of Boyle Heights residents over 25 years of age and 67 percent of South L.A. residents over 25 years of age do not have a high school diploma or equivalency;[25] and
- high rates of poverty—33 percent of Boyle Heights residents and 34 percent of South L.A. residents are living at or below the poverty line.[26]

By focusing on underserved communities of color, this project provides an opportunity to build culturally responsive jail-based reentry services incorporating the specific needs of people from these communities and the challenges that they face accessing services both in the jail and in the community.

Another reason to focus the reentry study on these communities is to build upon their existing networks of grassroots organizers, faith-based communities, and local service organizations.

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[22] HealthyCity, "Population Characteristics, Ethnicty/Race, TCE Community: Boyle Heights, Year: 2010," http://www.healthycity.org/c/chart/geo/place_based_tce/zt/2/report_geo//yk/071#/report/[[2797,22009,[46],1]]/rank/[0,0,0,0,1,0]/yk/2012050312093410 (accessed May 14, 2012); HealthyCity, "Population Characteristics, Ethnicty/Race, TCE Community: South Figueroa Corridor / Vermont-Manchester, Year: 2010," http://www.healthycity.org/c/chart/geo/place_based_tce/zt/11/report_geo//yk/20120503121726179#/report/[[2797,2 2009,[46],1]]/rank/[0,0,0,0,1,0]/yk/20120503121726179 (accessed May 14, 2012); U.S. Census Bureau, "2010 Census Interactive Population Search: CA-California," http://2010.census.gov/2010census/popmap/ipmtext. php?fl=06 (accessed May 14, 2012); and U.S. Census Bureau, "2010 Census Interactive Population Search: CA-Los Angeles County," http://2010.census.gov/2010census/popmap/ipmtext.php?fl=06:06037 (accessed May 14, 2012).
[23] See Chapter One, Part D of this report for detail on race and ethnicity of the jail population.
[24] The California Endowment, "Boyle Heights: Map & Data, Employment Status," http://www.mycalconnect.org/ boyleheights/map/ (accessed May 14, 2012); and The California Endowment, "South Los Angeles: Map & Data, Employment Status," http://www.mycalconnect.org/southfig/map/ (accessed May 14, 2012).
[25] The California Endowment, "Boyle Heights: Map & Data, Educational Attainment," http://www.mycalconnect. org/boyleheights/map/ (accessed May 14, 2012); and The California Endowment, "South Los Angeles: Map & Data, Educational Attainment," http://www.mycalconnect.org/southfig/map/ (accessed May 14, 2012).
[26] The figure for South L.A. is for an area that is larger, but overlapping, with the definition of South L.A. used throughout the study. City of Los Angeles: Census 2000, South Los Angeles Community Plan Area," http://cityplanning.lacity.org/DRU/C2K/C2kFrame.cfm?geo=cp&loc=SCL&sgo=ct&rpt=PvR&yrx=dummy (accessed May 14, 2012); and City of Los Angeles: Census 2000, Boyle Heights Community Plan Area," http://cityplanning.lacity.org/DRU/C2K/C2kFrame.cfm?geo=cp&loc=BHt&sgo=ct&rpt=PvR&yrx=dummy (accessed May 14, 2012).

There are several examples in both neighborhoods of instances where these networks have mobilized to address issues of community concern, despite a lack of resources within the neighborhood and limited support from the larger Los Angeles community. For instance, a community organizing effort successfully limited the number of liquor stores that were rebuilt in South L.A. following the riots in the early 1990s, and in Boyle Heights, community organizers have played a major role in lobbying for physical improvements to the neighborhood, such as adding green spaces and fixing street lights, and responding to residents' concerns about gentrification. It is important that reentry planning incorporates and capitalizes on these neighborhood strengths.

## AIMS AND OBJECTIVES

The goal of the current project is to enhance reentry services for those returning to the community from the L.A. County Jail, with a focus on South L.A. and Boyle Heights. Using multiple data collection strategies and multiple sources, the project aims to describe:

- The self-identified reentry needs of men in the L.A. County Jail with ties to Boyle Heights or South L.A. (the interview cohort), including motivations for seeking help or engaging in services, views of the reentry services that are currently available, barriers to access, and perceptions of the cultural fit of existing services;

- The extent to which services offered in the jail and in the community correspond with the self-identified reentry needs of the interview cohort; and

- The views of key stakeholders (jail staff, community-based service providers, and community leaders) of the interventions that are currently provided, the practical barriers to providing support, and perceptions of the availability and cultural fit of existing jail-based and community-based services.

Despite several promising new programs and a renewed focus on reentry, the demand for reentry services greatly exceeds current capacity. In addressing these areas, the project aims to maximize the impact of existing services by identifying barriers to access and providing information to help identify and target underserved and high-risk groups.

The effectiveness of reentry services can be limited by the varied and often conflicting viewpoints held by the many groups that have a stake in reentry, including CTU staff and other uniformed LASD employees working in the jail, community providers, the clients of reentry services, and community members. In particular, barriers to communication and a lack of shared consensus about the goals of effective reentry services may hamper effective coordination of services for clients as they reenter communities.

The current study seeks to address these barriers by combining information from multiple sources in order to reflect the diverse perspectives of various reentry stakeholders. This report is designed as a starting point for discussions with LASD and community leaders about strategies for enhancing current reentry services (as laid out in this report's recommendations), implementing some of these suggestions, and testing their effectiveness.

# METHODS

The findings presented in this report are based on information collected from a variety of sources, including: semi-structured interviews with people held in jail custody; open-ended interviews with jail and community-based stakeholders and subject matter experts; and administrative data records from LASD's jail management system and CTU's case management system. In addition, the focus on Boyle Heights and South L.A. was threaded throughout these data collection methods. Specifically, Vera: interviewed individuals held in the jail with connections to these areas (i.e. those who lived there prior to arrest or lived there for a substantial period of time in the past); interviewed community-based stakeholders serving people in those neighborhoods; and discussed options for improving the impact of community services with officials, researchers and advocates who are knowledgeable about the issues facing these communities.

- ***Informational meetings.*** Prior to beginning the formal data collection methods, Vera held a number of meetings to introduce the study to jail and community partners, foster stakeholder buy-in, gather general information about the communities and jails, and solicit feedback before beginning data collection. Meetings and telephone conferences were held with The Endowment staff, a number of community service providers and leaders from South L.A. and Boyle Heights, and jail administrators and their staff. Vera also convened a South L.A. and Boyle Heights community stakeholder group meeting, including representatives from service and advocacy organizations from these neighborhoods. The opinions and feedback expressed in these meetings informed the study design, including the interview instruments, and provided context for the larger body of work.

- ***Interviews with people held in the L.A. County Jail.*** The researchers conducted semi-structured interviews with 80 men in LASD custody. Criteria for participation in the study included being: an adult male (18 or older);[27] housed in LASD's Men's Central Jail facility located in downtown Los Angeles;[28] with an affiliation with one of the study's target neighborhoods, Boyle Heights or South L.A. Interviews were conducted in-person by a Vera researcher working in the jail following a strict set of human subject protection guidelines that were approved by Vera's independent Institutional Review Board (IRB). The information collected during these interviews provided the basis for a description of the most prevalent and pressing reentry needs of men held in MCJ, individuals' knowledge of reentry services and motivation to engage with such services, the extent to which people are accessing services in the jail, and challenges to doing so. The period of time spent in the jail for these interviews also allowed for Vera researchers to observe the way in which jail services are provided and the way that jail culture impacts those services.[29]

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[27] Women held in LASD jail custody were not interviewed for this study, as women held in jail differ greatly from men in jail and should be studied independently. Refer to Appendix D for additional information.

[28] The L.A. County Jail includes eight facilities spread across the County, seven of which house male inmates. The largest of these facilities, MCJ, is designed to house 5,000 inmates, over a quarter of the average daily population.

[29] See Appendix D to this document for a full description of the interview methods.

- ***Interviews with jail and community stakeholders.*** In addition to the background meetings mentioned previously, Vera researchers conducted 26 formal interviews with people who work in the jail or community and have a stake in reentry services in L.A. While the research team originally planned on conducting 12 interviews, it quickly became clear that more interviews would be necessary to capture the diverse range of perspectives. Specifically, the team interviewed five people from LASD management and staff, the majority of whom work for the CTU, and 21 stakeholders working in the target communities (e.g., service providers, advocates, researchers) mental health care providers, and others working on county-wide reentry issues in L.A. County). These interviews covered a range of topics, including perceptions of reentry service effectiveness, views of practical and organizational barriers to providing these services, opinions on existing services that display cultural responsiveness, and suggestions for improving reentry supports. The data collected from these interviews was analyzed to describe commonly held views of reentry in Los Angeles (as well as points of disagreement), practical barriers to providing support, and perceptions of the availability and cultural fit of jail-based and community services. Stakeholder interviews also provided information about the management, staffing, and operations of the CTU.

- ***Administrative data records.*** Vera researchers analyzed data held in two LASD databases: a jail management system, the Automated Jail Information System (AJIS), and the CTU's case management system, the Facility Automated Statistical Tracking system (FAST). AJIS data included records of everyone arrested and booked into LASD custody between January 1, 2008 and December 31, 2008. This analysis provided a profile of the jail population, including demographics, neighborhood (based on zip code), and arrest charges. The team also analyzed records from the FAST case management system from July 2009 through June 2011 to provide a description of the referrals that CTU received for people in need of reentry services, including the rate and source of referrals and the demographics of those referred.[30]

- ***Review of best practices from the research literature and promising practices in Los Angeles County.*** The Vera team reviewed best practices for jail reentry and promising practices in Los Angeles in order to inform the recommendations provided in this report.

### Study Limitations

While Vera's findings and recommendations are extensive, they are by no means exhaustive. The scope of the study was limited in several ways. First, the CTU is a major focal point of this study because it is the main mechanism for transitioning people in the jail back to the community, and any changes to its practices will have a significant impact. However, Vera did not examine in detail the internal operations of the CTU and this report is not intended as a general CTU evaluation. Secondly, this study analyzed reentry services currently provided in the jail. In light of the significant changes occurring with LASD's reentry services, Vera incorporated and commented on the new plans wherever possible in this report. However, the impact of these plans cannot be described fully until they are put into practice. Lastly, while

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[30] Vera was unable to access information for equivalent years from FAST and AJIS, as a result of significant administrative delays in receiving approval for the request for AJIS records. Analysis was based on AJIS records from 2008 provided to Vera as part of a previous study.

researchers paid particular attention to the significant reentry issues related to the mental health needs of those held in the jail, the study did not closely examine the reentry services provided by the DMH, except as they interact with the CTU.

## REPORT STRUCTURE

The following chapters present the results of analysis relating to the major components of reentry programming. The findings are based on administrative jail records, interviews with 80 men in jail custody, and 26 interviews with: LASD employees responsible for delivering reentry services, community-based service providers, advocates, and researchers. Each chapter highlights findings from the study's multiple data sources and provides examples of promising practices and innovative approaches currently being used in L.A. and elsewhere in the country. The research findings in each chapter are followed by a series of practical recommendations for improving the targeting, reach, and competence of existing reentry services.

Many of Vera's recommendations build upon effective programs and policies already in place, while others highlight a need to supplement current practice with new approaches. The suggested changes will support the CTU and community organizations to maximize the impact of limited resources and, in many instances, may even help make the case for increasing those resources.

This study builds upon an assessment of CTU operations and information management needs Vera conducted in 2007 in partnership with LASD. That project, funded by the Corporation for Supportive Housing, familiarized Vera with the L.A. County Jail and its reentry services, and allowed for some measure of comparison with current practices. Vera also recently completed a two-year study of the county criminal justice system focused on reducing jail overcrowding.

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**2007 Review of CTU Operations**

Vera researchers, planners, and information management staff visited the CTU for one week during April 2007. They observed CTU operations and interviewed staff at most of the jail facilities, including Twin Towers Correctional Facility, Men's Central Jail, Century Regional Detention Facility, Pitchess Detention Center, and North County Correctional Facility. To better understand inmate needs and perceptions of the CTU, the team interviewed 25 CTU clients housed at CRDF, TTCF, MCJ, and Pitchess. Vera staff also spoke to CTU staff about their day to day experiences and data management needs, and analyzed data downloads from the FAST data system. Vera produced a memorandum, provided to the CTU, describing CTU operations at that time, highlighting challenges to the unit's efficiency, and making recommendations for improvement. The memorandum focused on two broad categories: operations and data management.

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The findings chapters in this report address: 1) the profile and needs of the reentry population; 2) reentry service delivery and engagement; 3) the operations and efficiency of reentry services, including staffing, data entry and administration, and evaluation; and 4) coordination within and between jail and community-based reentry service providers.

# Chapter One
## Profile of Interviewees in Jail Custody

This chapter provides a detailed description of demographic characteristics, service needs, and criminal justice involvement of individuals in LASD custody, drawing upon information from interviews with people held in the jail and administrative data from two systems: a jail management database (AJIS) and the CTU case management database (FAST). Much of this chapter focuses on the cohort of 80 people held in the jail who were interviewed by a Vera researcher over the course of several months in 2011.[31] These interview data provide a counterpoint to the information from interviews conducted with professional stakeholders groups and the administrative record review, describing the views, needs and experiences of people held in the custody of the jail, in their own words. This chapter is divided into the following sections:

- A. *Interviewee characteristics* (demographics, criminal history, etc.)
- B. *Reentry needs and priorities* of interviewees
- C. *Expectations for help* with reentry needs and priorities
- D. *Services offered and received*

## PART A: INTERVIEWEE CHARACTERISTICS

All interviews were conducted with men over 18 years of age who were housed in Men's Central Jail and had ties to Boyle Heights (n=36) or South L.A. (n=44).[32] While all of the individuals had some connection to these neighborhoods, about 15 percent were not living in one of them at the time of arrest and almost a quarter of the interviewees (23.8 percent) did not expect to return to these neighborhoods after their release from custody. *Figure A in Appendix E provides detail on neighborhood affiliation.*

The interviewees ranged in age from 18 to 60, with a median age of 33. Most interviewees were Latino (52.5 percent) or black (41.3 percent).[33] Boyle Heights interviewees were overwhelmingly Latino (86.1 percent). The majority of South L.A. interviewees were black (72.7 percent), but there was also a sizeable minority of South L.A. interviewees who identified as Latino (25.0 percent).[34] Figure 1, on the following page, presents race and ethnicity data for the interviewees.

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[31] Refer to Appendix D for detail on potential biases in the sample.

[32] South L.A. and Boyle Heights refer to the areas previously defined in the *Introduction*.

[33] Three individuals identified as both Latino and black; for the purposes of this analysis, however, the racial and ethnic categories are mutually exclusive and these three people are included in the "Latino" category. The majority of the interviewees who identified as Latino reported being of Mexican descent (n=33, 79 percent of all Latinos).

[34] For ease of interpretation, percentages are used throughout this report to describe the proportion of respondents in a given category or expressing a particular view or opinion. Note that in cases where the analysis refers to subgroups of interviewees (by neighborhood, for example) percentages may refer to a small number of respondents and differences between proportions should be interpreted with caution.

**Figure 1. Race and ethnicity, by neighborhood**
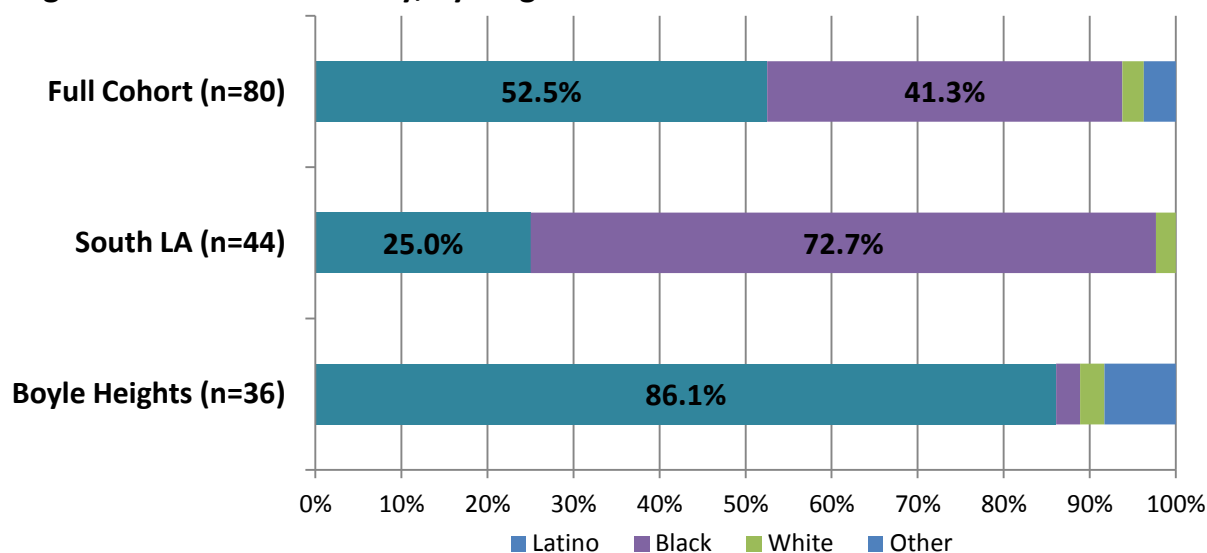


Just under half of the full cohort (46.3 percent) reported speaking a language other than English at home, with most of those individuals speaking Spanish.[35] Most of the interviewees (90.0 percent) were born in the United States, with roughly similar rates in both Boyle Heights (88.9 percent) and South L.A. (90.9 percent). *Figures B, C, and D in Appendix E provide detail on race/ethnicity, language, and interviewee and parent birthplace, by neighborhood.*

About two-thirds (62.5 percent) of the interviewees reported that they were in a relationship at the time of the interview. Almost two-thirds (63.8 percent) of the men interviewed also reported having children under 18, with a median of two children each. Of the 45 fathers who reported involvement with their children prior to arrest, most indicated that their children were under their mother's care at the time of the interview (84.8 percent, n=38).[36] *Figure E in Appendix E provides detail on relationships and children, disaggregated by neighborhood.*

The interviewees included both sentenced individuals (45.0 percent) and those held in pretrial detention (55.0 percent). For those who were sentenced, the median sentence length was 243 days, ranging from 10.5 days to 19,710 days.[37] Individuals also self-reported a wide range of charges, with interviewees most frequently naming the following charge categories in relation to the current jail stay:

- violent charges (27.5 percent of interviewees);
- drug charges (25.0 percent);
- property charges (17.5 percent);
- violations (17.5 percent); and
- public order charges (8.8 percent).

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[35] Only five participants were interviewed in Spanish, as per the preference of the interviewee.

[36] "Involvement with children" includes co-habitation, visitation rights, or another joint-custody arrangement.

[37] The long sentence lengths are due to people who were sentenced to prison but have not yet been transferred; individuals held for longer periods (with more opportunity to be recruited) are likely over-represented in the sample. Two interviewees were sentenced to drug treatment programs and thus do not have definitive sentence lengths.

The interviewees, on average, had lengthy histories of criminal justice contact with a median of six arrests and six jail stays (including current contacts). The median age of first arrest for this group was 18 years old, but there was substantial variation, with individuals reporting a range of ages from 10 to 44. *Figure F in Appendix E provides detail on interviewees' self-reported case status, sentence length, and charge information associated with the current jail stay. Figure G in Appendix E presents data on self-reported criminal justice history.* Figure 2 provides a comparison of basic characteristics for interviewees and the administrative data cohort, including both the full population of men booked into LASD custody in 2008 (N=139,452) and the population of men from South L.A. and Boyle Heights (N=1,648).

**Figure 2. Comparison of interviewees and administrative data cohort**

| | Interview cohort (n=80) | AJIS cohort, men only (N=139,452) | AJIS cohort, S.L.A./B.H. men only (N=1,648) |
|---|---|---|---|
| *Neighborhood* [38] | | | |
| South LA | 55.0% (44) | 0.8% (1,165) | 70.7% (1,165) |
| Boyle Heights | 45.0% (36) | 0.3% (483) | 29.3% (483) |
| *Race/Ethnicity* | | | |
| Latino | 52.5% (42) | 52.1% (72,590) | 49.4% (814) |
| Black | 41.3% (33) | 29.0% (40,505) | 48.7% (803) |
| White | 2.5% (2) | 15.4% (21,533) | 1.5% (24) |
| Other | 3.7% (3) | 3.5% (4,824) | 0.4% (7) |
| *Age* | | | |
| Median | 33 | 32 | 30 |
| Range | 18-60 | 18-92 | 18-81 |
| *Charge type* [39] | | (251,669 charges) | (2,894 charges) |
| Violent | 27.5% (22) | 10.3% (26,025) | 9.2% (266) |
| Drug | 25.0% (20) | 20.7% (52,135) | 20.3% (587) |
| Probation and Parole Violations[40] | 17.5% (14) | 9.9% (25,017) | 7.5% (216) |
| Property | 17.5% (14) | 11.1% (27,910) | 12.9% (374) |
| Public Order/Quality of Life | 8.8% (7) | 5.7% (14,363) | 4.7% (136) |
| Other Crimes[41] | N/A | 42.1% (105,975) | 45.3% (1,312) |

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[38] For individuals included in the AJIS cohort, zip code data was used to define neighborhood; South L.A. is defined as zip codes 90044 and 90037 and Boyle Heights is defined as zip codes 90033 and 90023. Note that 58.1 percent of all unique bookings of men in AJIS did not have any zip code data recorded. Of all bookings with zip code data recorded, 2.0 percent of bookings are affiliated with South L.A. and 0.8 percent are affiliated with Boyle Heights. When ranking home address zip codes associated with bookings by frequency, the four Boyle Heights and South L.A. zip codes are within the top three percent of all zip codes, which accounts for 69 percent of all bookings.

[39] For those in the AJIS cohort, charge type includes the count of all charges associated with each booking and does not focus on a "top charge." Charge categories were created by Vera researchers.

[40] Violations are likely undercounted because data are not consistently updated when someone is booked on a new charge and it is later discovered that they were also on probation or parole at the time of the new offense.

[41] "Other crimes" includes a wide variety of charges such as administrative offenses (e.g., failure to appear), status offenses (e.g., immigration related offenses), traffic offenses, etc. These offenses were not reported by the interview cohort; this may, in part, be due to the short lengths of stay associated with many of these charges.

## PART B: PRIORITIES AND NEEDS

As the result of previous studies conducted by Vera in L.A. and elsewhere in the country, the research team has come to understand that service providers' definitions of an individual's reentry service needs and the personal priorities of people held in the jail do not always coincide. To document both of these facets of 'need' the interviews used two different, but related, questioning strategies. One set of questions asked interviewees to self-define the most pressing challenges that they expected to face after release to assess "*personal priorities*". The second strategy involved administering a series of validated screening measures and behavioral questions to collect information on indicators of factors service providers would recognize as "*reentry needs*," including indications of homelessness, rates of drug use, signs of mental illness, educational attainment, and employment histories. Answers to these questions provided a measure of these *reentry needs*, irrespective of whether the interviewees identified each of these areas as a *personal priority*.

While often overlapping, *priorities* do not necessarily encompass all of a person's *needs,* and vice versa. It is important to be aware of both of these domains when planning reentry services. For instance, an individual may identify reuniting with family as his biggest reentry *priority,* but a service provider may be focused on the individual's history of substance abuse and preventing relapse as their primary *need*. While these two issues may certainly be related—addressing addiction related problems may be an essential step towards regaining contact with children—it is important that services are designed to address both personal priorities as well as demonstrated needs. In this example, a service provider may have more success in engaging the client in substance use treatment if that program is framed as one step towards the end goal of improving his relationship with his children.

## SELF-DEFINED REENTRY PRIORITIES

During the interviews, participants were asked what three things they would find most challenging upon leaving jail ("reentry priorities"), and their thoughts on which of the identified challenges would be: a) the most difficult to address, and b) the most important to address.[42] These responses were coded by the research team into one of fourteen categories. The five priorities that interviewees reported most frequently were employment (72.5 percent), housing (33.8 percent), problems with substance use (32.5 percent), improving relationships with family, children, and/or intimate partners (26.3 percent), and "staying out of trouble" (22.5 percent). Figure 3, on the following page, provides detail on the frequency with which each priority was reported.

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[42] Not all interviewees reported three needs; 17 people reported only two needs and five reported only one need.

**Figure 3. Most commonly cited reentry priorities[43] (n=80)**



Other*  5.0%
Health  2.5%
Mental Health  5.0%
Peer Influence  6.3%
Policing  6.3%
General reintegration into society  8.8%
Basic Needs  10.0%
Education  10.0%
Spiritual/Personal Development  11.3%
Financial Concerns  13.8%
Staying out of trouble  22.5%
Relationships  26.3%
Substance Use  32.5%
Housing  33.8%
Employment  72.5%

0.0  10.0  20.0  30.0  40.0  50.0  60.0  70.0  80.0

**Percentage of Interviewees Citing Each Priority**

Some categories were reported at similar rates regardless of neighborhood affiliations (e.g. employment concerns), but in other areas there were notable differences between South L.A. and Boyle Heights interviewees (see Figure 4, on the following page). In South L.A., interviewees were much more likely to prioritize the reentry challenges of housing and financial concerns. On the other hand, Boyle Heights interviewees reported needs related to staying out of trouble and substance use at higher rates than South L.A. participants. *Figure H in Appendix E provides information on these self-reported reentry priorities, disaggregated by neighborhood.*

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[43] Individuals reported up to three needs and, thus, the categories included in this table total more than 100 percent.

**Figure 4. Differences in reentry priorities, by neighborhood**
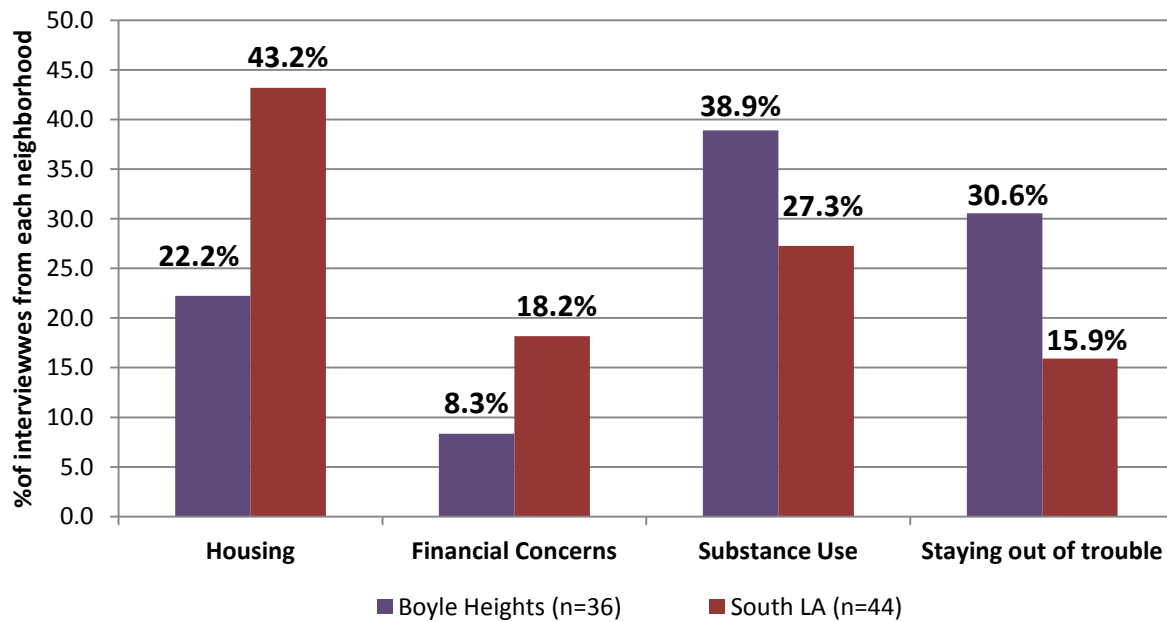


The five most commonly reported reentry priorities were also mentioned by the largest number of people as both the most important and the most difficult reentry challenges to address (see Figure 5, below). *Figure I in Appendix E provides detail on the most important and difficult reentry priorities, disaggregated by neighborhood.*

**Figure 5. Most important and most difficult reentry priorities (n=80)**
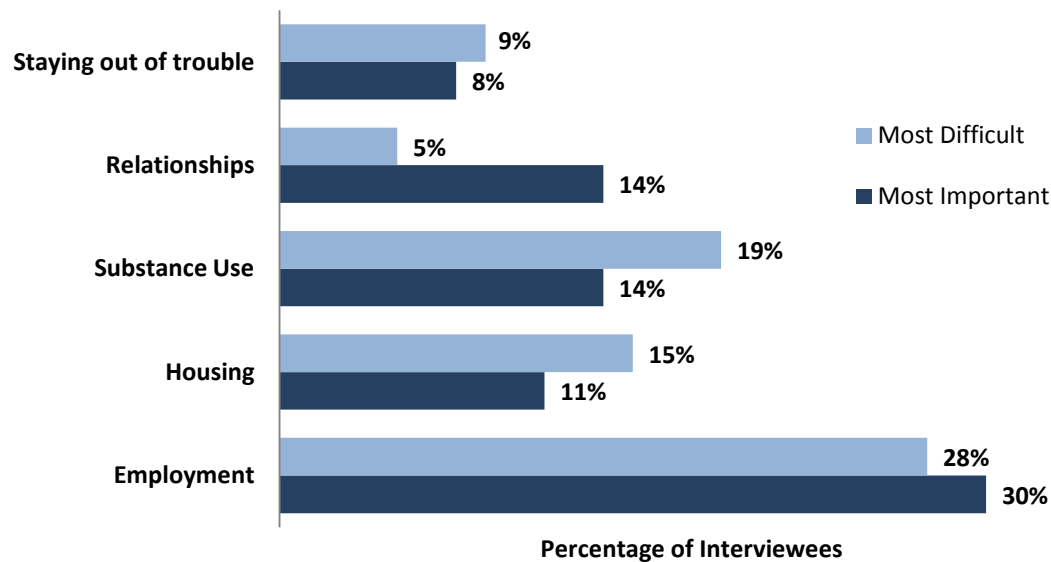


Interviewees were particularly emphatic about the central role of employment and housing in post-release success; a number of people suggested that, if these key needs are not addressed, return to jail is almost guaranteed. As two interviewees explained:

*"A job program would be real cool. They throw a wolf in the middle of the desert with no meat and we're hungry. That's why we keep coming back, there's no work!"*

*"If you don't have housing, you don't have anything. Trouble comes knocking. When you have housing, you can lay down any time. That's the key thing... If you're not rested, bathed, and fed, you don't stand a chance to do anything or participate in any [community] programs.*

## REENTRY NEEDS

People face a number of challenges when they leave jail and return to the community, including problems finding employment and stable housing, a need for education and training, issues related to mental health and substance use, and the stresses of environmental influences, like gangs, family, and friends. The interview included a number of measures designed to investigate these common reentry needs using a combination of validated scales and targeted questions about individual circumstances, such as employment, housing, and behavioral health. When appropriate, this section compares the responses to these more "objective" questions about reentry needs to the self-defined priorities described in the previous section, highlighting the overlap or mismatch between the services people want and the kinds of needs that reentry services generally target.

### *Employment*

A majority of interviewees were unemployed at the time of arrest (58.7 percent), with many reporting that they had been unemployed for more than one year (36 percent, n=29) and some reporting that they had never been employed (8 percent, n=6). This coincides with the finding that employment was the most commonly cited reentry priority (72.5 percent of interviewees, refer to *Self-Defined Reentry Priorities* for detail). Furthermore, for those who were employed at the time of arrest, one third reported that their job did not provide sufficient income to cover basic expenses, like rent, food, and transportation. Figure 6 provides detail on interviewees' last period of employment. *Figure J in Appendix E provides these data, by neighborhood.*

**Figure 6. Employment before arrest (n=80)**



- Employed at arrest 41%
- Unemployed at arrest 59%
- 15% Last job was 2010 or later
- 36% Last job was before 2010
- 8% Never had a job
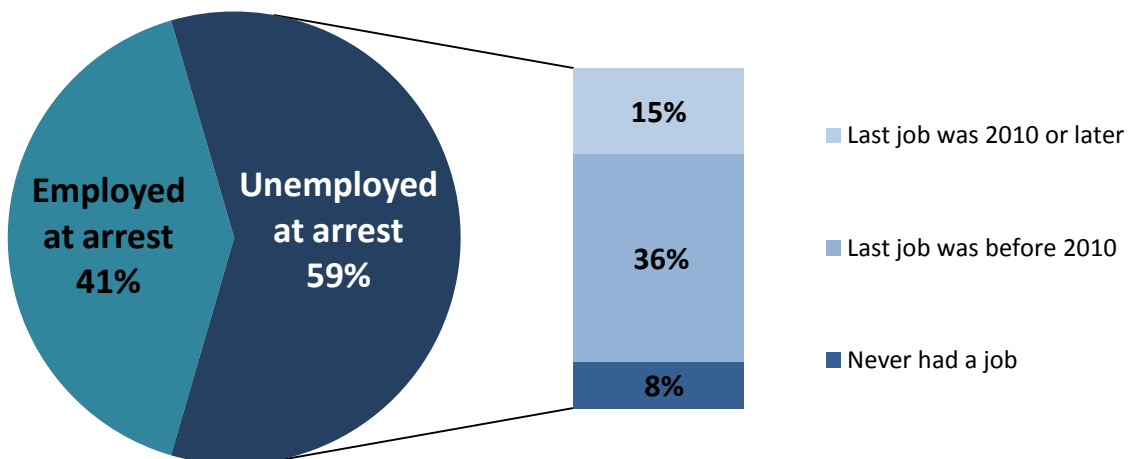
A number of interviewees expressed a desire for skill development and job training for specific trades: *"something that's needed in the workforce."* As one person put it, *"The field I was in, [irrigation], is obsolete now… I'd need to either go back to school or receive some type of job training."* Some people suggested courses on electrical engineering, culinary arts, mechanics, or bus driving; others specifically noted a need for training in computer skills and office skills. Figure 7 provides detail on the last job held by those interviewees who reported having any history of employment, regardless of their employment status at the time of arrest.

**Figure 7. Last job type for interviewees with any history of employment (n=74)**
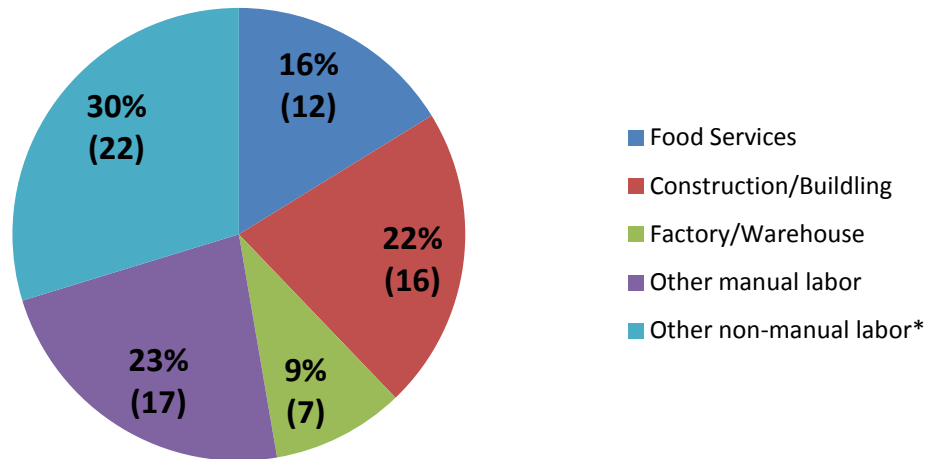


*Other non-manual labor includes a variety of jobs, such as security, in-home supportive services, barbers and make-up artists, office jobs, and sales.

In addition to training for specific trades, some interviewees highlighted a need for training specifically on the process of applying for jobs:

> *"[They could] offer programs such as… how to do a job interview. I've never done that. I would love to practice in today's job market on how to do the interview."*

Interviewees suggested that the jail should provide classes that teach inmates about various steps of the process, including writing a resume, filling out job applications, and interviewing. Another person suggested that the jail put in place computer classes that also provide opportunities for individuals to apply for jobs online, while still in jail.

A few people brought up the additional complications of trying to find work when you have a criminal record, noting a need for targeted employment resources that can direct people to companies willing to hire people who have felony convictions. As one person explained, *"We need job referrals, jobs that someone with a felony can qualify for. Referrals that are geared towards us."* Some interviewees suggested that companies open to hiring people with criminal records should come to the jail, to offer job training or participate in job fairs, and provide opportunities for individuals to apply for employment opportunities with them before release.

> *"If an outside resource would come in offering work, I would jump on it regardless of pay. We need more agencies to come in and do job training, it would be very helpful."*

## Education

Interviewees reported a wide range of educational attainment from no schooling (n=1) to Bachelor's degrees (n=4), but a substantial portion (42.5 percent) had neither a high school diploma nor a GED (see Figure 8 for detail). Education levels were generally lower among the interviewees from Boyle Heights than those from South L.A. (52.8 percent of Boyle Heights interviewees did not have a high school diploma or GED, as compared 34.1 percent of South L.A. participants). However, only ten percent of all interviewees self-reported education as a reentry priority. *Figure K in Appendix E provides further detail on educational attainment, disaggregated by neighborhood.*

**Figure 8. Highest level of education (n=80)**
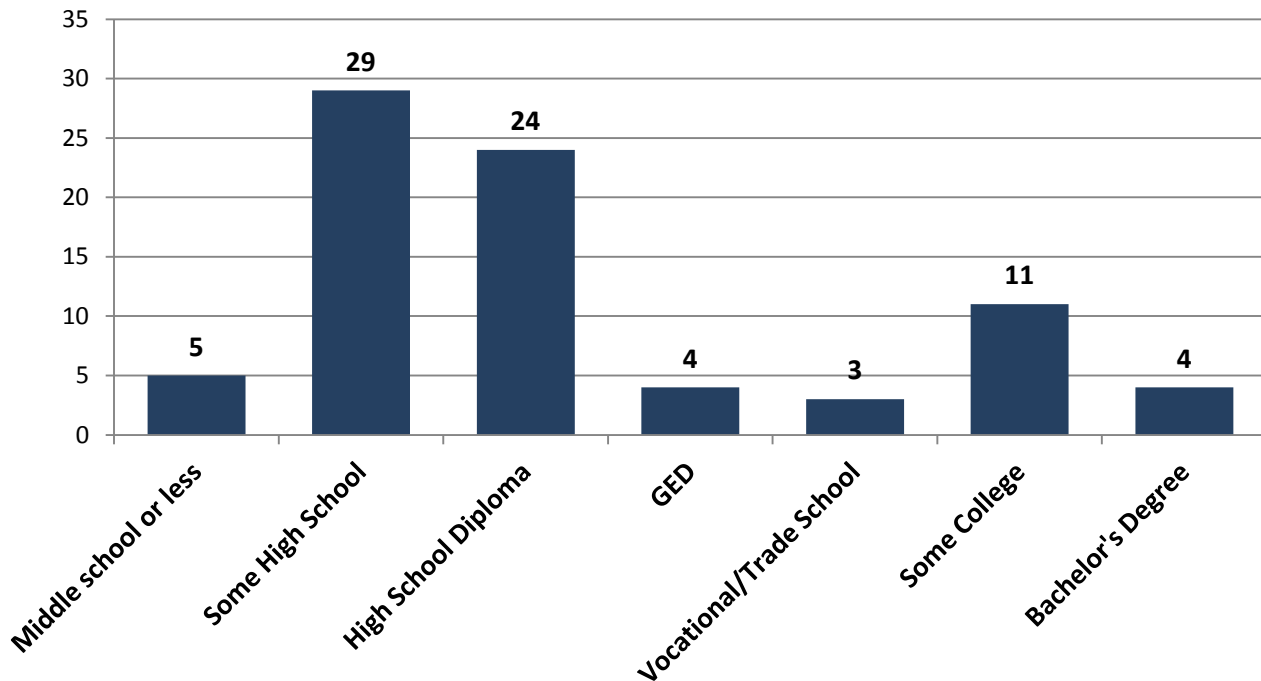


## Housing

In order to provide a proxy of housing stability, interviewees were asked where they slept the night before their arrest and where they expected to stay when they left the jail. Prior to arrest, the majority of interviewees reported "stable" housing arrangements—living in their own house or apartment or at a family member's home (58.8 percent). Just under one-fifth (18.8 percent) of the interviewees reported "unstable housing" the night before arrest, defined as staying with a friend, in a hotel, or on the street or in another public place.[44] However, the study's neighborhood focus has likely led to an underrepresentation of people who are homeless or unstably housed in the study and this figure might not be representative of the extent of homelessness throughout the larger jail population. Figure 9 provides detail on pre-arrest housing and post-release housing expectations. *Figure L in Appendix E presents this information, disaggregated by neighborhood.*

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[44] About a third (33.8 percent) of interviewees self-reported housing as a personal reentry priority, including a wide range of needs, from simply finding a place to sleep to obtaining their own apartment or house.

**Figure 9. Housing before arrest and post-release housing expectations (n=80)**
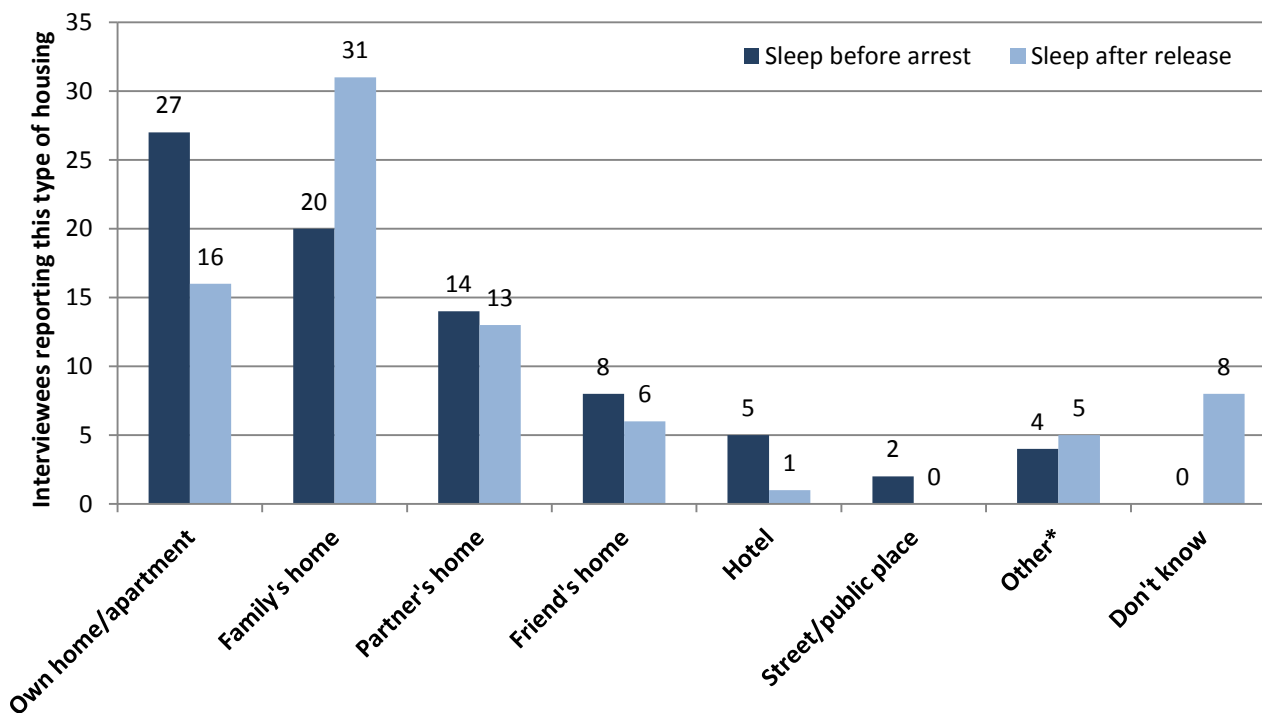


*The "Other" housing category includes rehabilitation centers, halfway houses, hospitals, and transitional housing.

A number of responses imply a need for support with housing following release; eight people expected to return to a friend's home or a hotel following release. Another eight people reported that they did not know where they would stay when they left jail, a possible indication of unstable housing. A significant proportion of those interviewees who were living in their own house or apartment at the time they were arrested (n=14) did not expect to be able to live in their own residence after release, with far more people reporting they would live with a family member post-release. Researchers did not collect details on the reasons that people were unable to return home (e.g., eviction due to criminal justice involvement, or falling behind on rent payments while in jail), but this finding suggests the need to further explore this issue with the aim of developing interventions to help people maintain existing housing arrangements.

### *Substance use*

Responses to a brief screen for drug abuse and dependency suggest very high rates of problems connected to substance use. Sixty percent of the interviewees screened positively for a substance-related problem, corresponding with the DSM criteria for a diagnosis of drug dependence. This indicates quite high levels of substance use needs, and is nearly twice the number of people who identified substance use as a reentry priority (32.5 percent of the sample). Figure 10 provides detail on the disparities between the proportion of interviewees self-reporting substance use needs and those identified by a validated screening tool for substance dependency, the Texas Christian University Drug Screen (TCUDS).

**Figure 10. Substance use needs (n=80)**
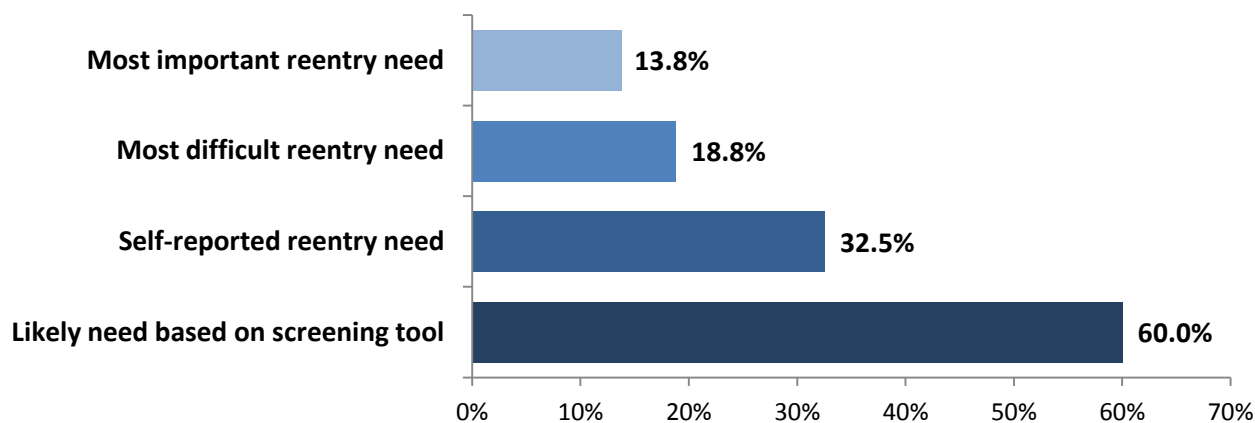


The disparities illustrated in Figure 10 underscore barriers to providing drug treatment services in the jail or as part of reentry programming, with almost half of those who experience symptoms of substance dependence not self-identifying as requiring support in this area. This finding suggests that many people in the jail either do not want to address their substance use or do not view accessing treatment as a priority when compared to competing needs.

Positive screens were particularly high among Boyle Heights interviewees at 72.2 percent, as compared to 50.0 percent of South L.A. interviewees. Furthermore, a larger proportion of Boyle Heights interviewees reported that it was "extremely important" to get substance use treatment after leaving the jail. *Figures M, N, and O in Appendix E provide detail on various indications of substance use needs, by neighborhood.*

Respondents reported using a variety of substances with varying frequencies—ranging from once in the twelve months before arrest to daily use during that same period. Ninety-four percent of interviewees (n=75) reported using any drugs or alcohol in the past 12 months, including 63 people who reported using at least one illicit drug. When these individuals were asked which substances caused them the most serious problems, the most common responses included alcohol (24.0 percent, n=18) and methamphetamine (20.0 percent, n=15); only four people reported that marijuana caused the most problems. Nineteen people (25.3 percent) of those who reported any drug or alcohol use during the preceding year reported that they did not have any substance-related problems. For those individuals who reported that a doctor or other medical professional has told them that they had a drug or alcohol problem, people most frequently reported that those issues were related to alcohol (n=7) and methamphetamine (n=5). *In Appendix E , Figures P and Q provide detail on the substances that people reported using, how frequently they used them, and which caused the most serious problems.*

### *Mental health*

Identifying mental health problems in correctional settings is difficult and the interviews conducted with people in jail custody as a part of this study did not provide an opportunity for a full psychiatric assessment, the "gold standard" measure of mental health need. As an alternative, the interviews employed the Correctional Mental Health Screen for Men (CMHS-M), a short tool validated for use in correctional settings that is designed to detect signs of mental health

problems that warrant a full psychiatric assessment. While only five percent of the interviewees self-reported mental health as a reentry challenge, 42.5 percent of the cohort screened positively as having some indication of mental health problems that warrants a complete clinical assessment for mental illness.[45] This suggests that as few as one in eight of those who may benefit from psychiatric services self-identify mental health as one of their top three priority areas of need.

Furthermore, about 34 percent of the cohort screened positive on both the substance use and mental health screens, indicating a possible co-occurring substance use and mental health disorder. Figure 11 provides detail on disparities between self-reported mental health needs and potential issues indicated by the CMHS-M. The disparities between self-reported mental health needs and these other measures highlight the importance of thinking carefully about the tools that are used to identify mental health issues.

**Figure 11. Mental health needs (n=80)**
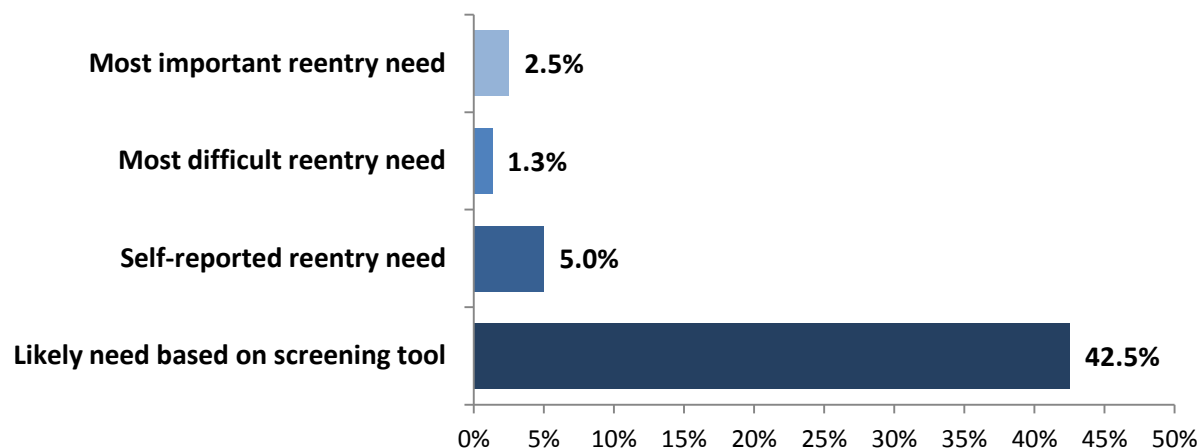


Again, positive mental health screens were higher among Boyle Heights participants (52.8 percent) than among people from South L.A. (34.1 percent). Boyle Heights interviewees also reported higher rates of diagnosed mental illnesses (38.9 percent) than South L.A. participants (20.5 percent).[46] However, when participants were asked if they would benefit from talking to someone about their mental health, 52.8 percent of Boyle Heights interviewees responded in the affirmative (the same proportion that had positive screens), but 68.2 percent of South L.A. interviewees reported that they would benefit (twice the rate of people who had positive mental health screens). *Figure R in Appendix E provides detail on the various indications of mental health need, by neighborhood.*

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[45] LASD and the DMH conduct screening and assessment interviews to identify people with serious mental illness during the jail intake process. Those who require intensive treatment and individuals who pose a threat to the safety of themselves or others are diverted to Twin Towers (the mental health facility at the jail). As such, the rates of mental health problems described here may be an undercount. In addition, individuals who were diverted to Twin Towers may be more likely to self-report mental health needs, making the MCJ sample biased towards those that are less likely to report mental health as a priority.

[46] Of those with previous diagnoses (n=23), most had depression (n=7), anxiety (n=6), and bipolar disorder (n=5). Median age of diagnosis was 16.5 years old for Boyle Heights and 20.5 years old for South LA.

There are several potential explanations for the disparity in rates of mental health need between the study's two focus neighborhoods. For example, there may actually be higher rates of mental illness in Boyle Heights, or South L.A. residents may have just been less willing to reveal their mental health needs. However, the finding that nearly six out of ten interviewees stated that they would "benefit from talking to someone about their mental health" suggests that this simple question may provide a first step in deciding who requires further screening or assessment. Furthermore, the disparity in rates of identified mental health problems between Boyle Heights and South L.A. may also have implications for developing culturally responsive screening and assessment tools. *In Appendix E, Figure S provides detail on individuals' mental health screens and histories and Figure T provides detail on potential co-occurring disorders, disaggregated by neighborhood.*

### *Other medical conditions*

Almost three-quarters of interviewees (73.7 percent) reported being in "good" to "excellent" health. Slightly less than a quarter (23.3 percent) reported "fair" health, and only five percent of the study cohort stated that they were in "poor" health. This corresponds with the low numbers self-reporting health as a reentry priority (only two people out of the sample identified health issues as a reentry need). Despite these generally positive reports on health status, when asked to explain their health, some of the sample did have health problems, including a range of conditions, such as asthma and high blood pressure. In some instances, people who said they were in "good" health also reported serious health issues like Hepatitis C and gunshot wounds.

### *Stigma, self-esteem, and social skills*

Some interviewees spoke about the detrimental impact that the experience of incarceration has on the reentry process. A few people noted a *"fear of rejection"* and shame in connection with the post-release job search: *"Should I lie about being a convict? It gets sad being turned down."* Another person discussed the way in which this rejection can have far-reaching repercussions, explaining that *"[b]eing denied a job because you're on parole leads to depression and then to drugs."* Others spoke more holistically about the negative impact of incarceration on one's emotional well-being:

> *"We come away with PTSD from jail. We have shame and depression, live in fear of people finding out about our past."*

> *"We need psychological support; we lose so many people in here. Our morale goes away; it's bad for the soul."*

Interviewees highlighted a need for classes that teach social skills and life skills, focusing on new ways of thinking and ways to approach relationships and other social situations. One person noted that he would like to see, *"Programs for motivation to help me change my way of thinking; maybe even how to make friends and connect with others."* This finding was notable, as the interview instrument does not include any questions that specifically address this area, yet many of the participants brought up the issue without any prompt. As one individual explained:

> *"Jail could be doing more to address issues around relationships and teach inmates how to be more social. You feel inferior to everyone else here.*

*Social skills need to be addressed by the programs here. Like a class that deals with self-esteem, not just anger management and domestic violence. Teach self-worth so inmates can feel good when they leave here."*

In addition, some interviewees specifically noted positive experiences with Moral Reconation Therapy and the way in which it helped them change their behavior.[47]

### *Policing*

There were a number of people who felt that policing and parole practices would make it difficult to avoid rearrest. A number of interviewees cited arbitrary stops by police and trivial parole or probation violations as a major contributing factor for rearrest:

*"In my neighborhood, you can be walking to the store for your mother and be arrested. Nine times out of ten the police will stop you."*

*"But there's still a chance [that I'll be rearrested] because parole makes it very difficult. If you have a water pistol in your room, it's a simulated weapon. They can search your home for these things and you're back in jail."*

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[47] Moral Reconation Therapy (MRT) is a cognitive behavioral approach commonly used in corrections, which aims to address "ego, social, moral, and positive behavioral growth." MRT is included in SAMHSA's National Registry of Evidence-based Programs and Practices (see http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=34).

Project participants were asked whether they expected to receive assistance to address their self-defined reentry priorities. The vast majority of the sample (91 percent) expected to receive help with at least one of their reported priorities, and half of the interviewees expected to receive help with *all* of their reported priorities. *See Figure U in Appendix E for detail on help expectations, disaggregated by neighborhood.*

## SOURCES OF SUPPORT

In order to better understand interviewees' expectations, we asked who they thought would provide support for each reentry priority. The majority of interviewees (79 percent) believed they would receive help from someone in their community, compared to only 38 percent who believed they would receive assistance from someone in the jail. Figure 12, below, provides additional detail. *Figure V in Appendix E provides this information by neighborhood.*

**Fig 12. Expectations about who will help with reentry priorities (n=80)**
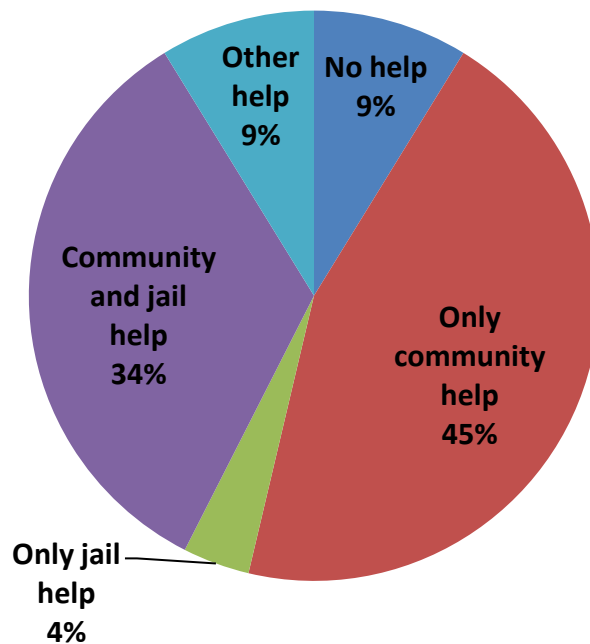
Perceptions about the source of help varied somewhat across categories of need. For instance, most people who identified housing or employment as reentry priorities did not expect to recieve support from jail staff to address these problems. In contrast, interviewees who named substance use issues as a reentry priority were almost twice as likely to say that they expected to get treatment support from the jail. Figure 13 provides further details on interviewees' beliefs about sources of support for each of the top five reported reentry priorities.

**Figure 13. Expected sources of help for top five reentry priorities**



| | Jail help only | Both jail and community help | Community help only | Other help | No help |
|---|---|---|---|---|---|
| Staying out of trouble (n=18) | | | 50% | 17% | 33% |
| Relationships (n=21) | 10% | 14% | 29% | 14% | 33% |
| Housing (n=27) | 7% | 19% | 33% | 11% | 30% |
| Employment (n=58) | 9% | 12% | 47% | 7% | 26% |
| Substance Use (n=26) | 15% | 27% | 27% | 19% | 12% |
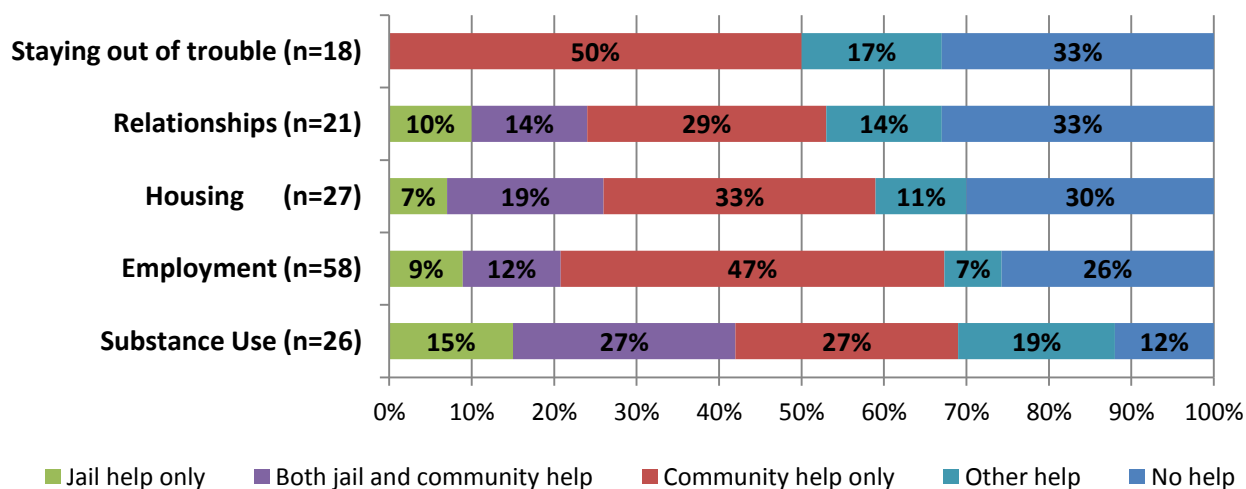
# SOCIAL NETWORKS

Interviewees reported a range of experiences with supports outside of the jail. Some people reported strong social support, noting that family and friends would provide both tangible and intangible help, from leads on jobs to emotional support. *"I have no real reentry obstacles. I have lots of support and a job possibility."* Furthermore, some saw their social networks as a source of motivation to change: *"I need to do something more for [my children], be there for them when they need me. I can't do anything for them being in here."* Others noted that they have very limited networks of support, with some people reporting feeling isolated, without anyone to talk to or turn to for help. One man noted, *"If my sister would have let me sleep in her car the night of my arrest, I wouldn't have been walking the streets."*

Interviewees were also asked questions about sources of social support in three domains: emotional support (do you have anyone to talk to when you are upset?); material aid (is there anyone who would lend you 25 dollars?); and socializing (is there anyone you can hang out with to relax and have fun?). Almost all interviewees reported having support in each of these areas (96.3 percent). The most common sources of support were family (parents, siblings, and others), significant others, friends, and neighbors. A substantial minority also reported religious leaders as a source of emotional support (31.3 percent). *See Figure W in Appendix E for more detail.*

Though in many cases social networks provide positive support and influences, a number of community stakeholders mentioned that multigenerational histories of criminal justice contact and gang affiliation can impede individual efforts to end criminal activity. Interviewees commonly had family histories of incarceration and gang affiliation, with half reporting that at least one family member had been to jail and 41 percent of all interviewees reporting at least one family member who is gang-involved. *See Appendix E, Figure X for detail by neighborhood.*

Similarly, friends and neighborhoods can have a negative impact on reentry outcomes. When asked about personal priorities for reentry, about one fifth (22.5 percent) of interviewees reported

a need to "stay out of trouble" and another five people discussed the risk of returning to patterns of drug use and involvement with gangs once surrounded by old friends. A few interviewees noted that returning to the same neighborhood would be problematic. For example, one person explained, *"If I stay away from Hollywood I'll be okay. My friends do drugs and I get in trouble when I'm around them. I plan to stop associating with them."*

About one-fifth (21.3 percent) of the interviewees reported that they had some involvement with a gang; an additional 3.8 percent reported that they were previously in a gang but had since ended their involvement.[48] These rates were higher among Boyle Heights interviewees, with 36.1 percent reporting past or present gang involvement, compared to 15.9 percent of South L.A. interviewees. *See Figure Y in Appendix E for detail on interviewee gang involvement.*

## PART D: SERVICES OFFERED AND RECEIVED

About a fifth (n=17) of the interviewees had been offered help in the jail with one of their reentry priorities in the past (including the jail stay when the interview took place) and only 11 people reported actually receiving services (see Figure 14). Despite low rates of engagement, most interviewees expressed a desire for services, with 89 percent of interviewees responding positively when asked if they would accept if someone offered them services in the jail.

**Figure 14. Service engagement in the jail**

|  | Full Cohort (n=80) |
| --- | --- |
| *Services* | |
| Has anyone in the L.A. County Jail ever offered to assist you with any of [your reentry priorities]? | 21.3% (17) |
| Did you accept the offer?[49] | 20.0% (16) |
| *Status of services at the interview* | |
| Services received | 11 |
| Services pending | 4 |
| Services denied | 1 |
| *If offered help with these needs today, would you accept?* | |
| Yes | 88.8% (71) |
| No | 7.5% (6) |
| Missing | 3.8% (3) |

---

[48] No one explicitly noted gangs as a reentry priority and very few mentioned it during the interviews. This may stem from fear of sharing negative feedback about one's gang, or maybe few see gang involvement as an issue. Furthermore, Vera researchers were told anecdotally that high-security housing areas tend to have a larger proportion of gang members; this study's limited access to these housing areas may have biased the sample towards a population with lower levels of gang involvement.

[49] It was clear from interviewee responses if they had *accepted* services, but in some cases the services may have been pending at the time of the interview (e.g., a General Relief request that cannot be completed until release).

The services most frequently reported by interviewees as being offered in the jail relate to substance use treatment (n=7), housing/shelters (n=6), education (n=6) and General Relief (n=5).[50] Individuals were also offered services relating to employment, SSI, religious support, counseling, and basic needs (e.g., transportation, clothing).

# CTU SERVICES

The Community Transition Unit is the primary mechanism the jail uses to link individuals with reentry services.[51] Vera asked interviewees some specific questions about their familiarity and experiences with the CTU. Of the eighty interviewees, about one third (32.5 percent) had heard of the CTU. About half of this group had heard about the CTU from other inmates (n=12), while others reported hearing dorm announcements, (n=9), seeing a sign (n=1), or learning of CTU from a combination of these sources (n=3) (see Figure 15).

In some instances, interviewees reported hearing dorm announcements relating to reentry services, but did not connect these announcements with CTU services. For example, some people recalled "deputies" making announcements for General Relief, suggesting that these individuals were neither aware of the name of the unit, nor were they aware of the distinction between general LASD staff and CTU custody assistants.

**Figure 15. How interviewees learned about the CTU (n=25)[52]**



- Other inmates
- Jail staff
- Sign
- More than one source

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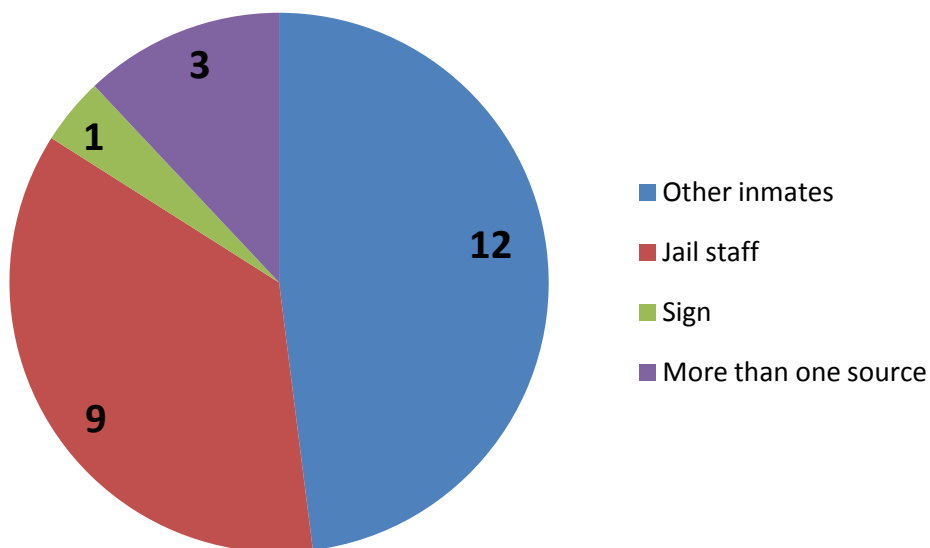
[50] General Relief (GR) is a "County-funded program that provides financial assistance to indigent adults who are ineligible for federal or State programs." For eligibility criteria, see http://dpss.lacounty.gov/dpss/gr/default.cfm.

[51] The CTU is explained in more detail in the *Introduction*.

[52] There was missing data for one of the 26 people who knew about the CTU on how they heard about the CTU.

It was apparent from interviews, however, that even when they had heard of the CTU, many people did not understand its role. For example, a number of people implied that General Relief is the only thing that the CTU can provide, with some individuals noting that they would not seek CTU services because they did not want to receive General Relief, suggesting a lack of clear messaging about the role of the unit in the jail. Of those individuals who had heard of the CTU, nine had met someone from the CTU and six went on to receive services (see Figure 16).

**Figure 16. CTU awareness and contact**

**100%** — **80 people were interviewed**

**32.5%** — **26 were aware of the CTU**

**11.3%** — **9 had contact with the CTU**

**7.5%** — **6 received CTU services**
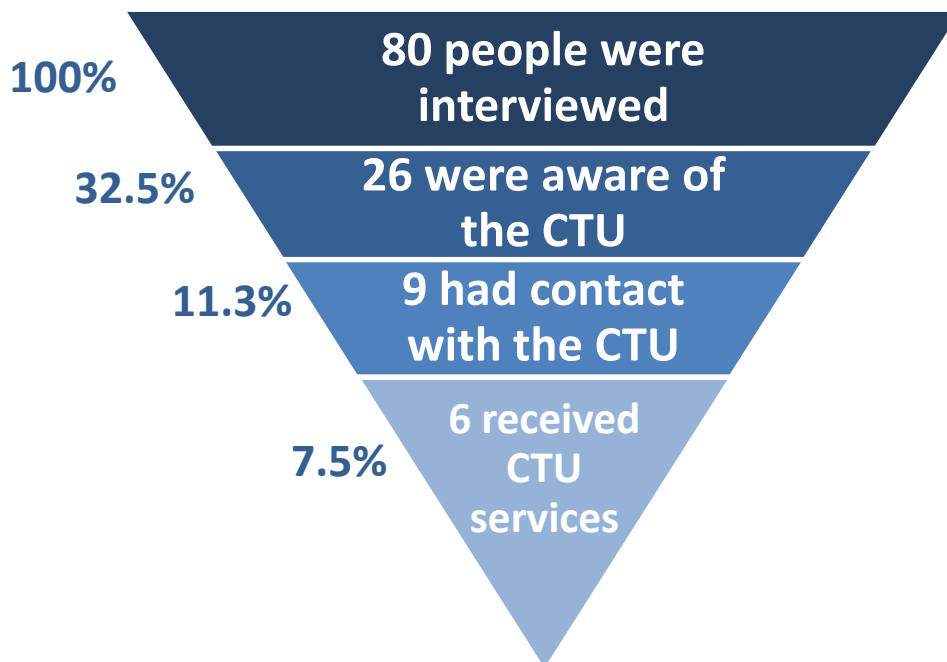
The six people who were able to connect with the CTU expressed satisfaction with the services, indicating that the CTU was either somewhat helpful (n=2) or very helpful (n=4). These individuals reported that the CTU staff are respectful and "do their job," in sharp contrast to their views of most LASD staff. As one interviewee explained:

*"They worry about your well-being for when you leave. Do you have housing, [are you] financially set? They make it their job. Deputies don't care, though"*

*"CTU gives you a good start, instead of just leaving with property in your hand."*

### CTU referral sources

In addition to information collected as a part of the interviews with people held in the jail, the Vera research team analyzed data from the CTU's data management system (FAST) for requests entered between July 2009 and June 2011. Due to a number of complications related to the FAST database, the analyses presented here are limited to information on referral sources, request types, and demographics of people referred to the CTU.[53]

The CTU recruits clients using a range of resources including information on homelessness collected at jail intake, referrals from other staff working in the jail, 'early release' lists, and self-referrals (including inmate request forms). Figure 17 provides detail on the source of the 17,144 referrals to the CTU that occurred over four six-month periods between July 2009 and June 2011. Referrals fell by 37 percent between the first six-month period and the last, with much of the decrease being driven by a drastic reduction in inmate request form referrals (a 46 percent decrease in this type of referral over the 18 month period).[54] During that time, inmate request forms were the most common referral source (53 percent of all referrals between 2009 and 2011), followed by the homeless list (31 percent).

**Figure 17. CTU referral sources[55]**



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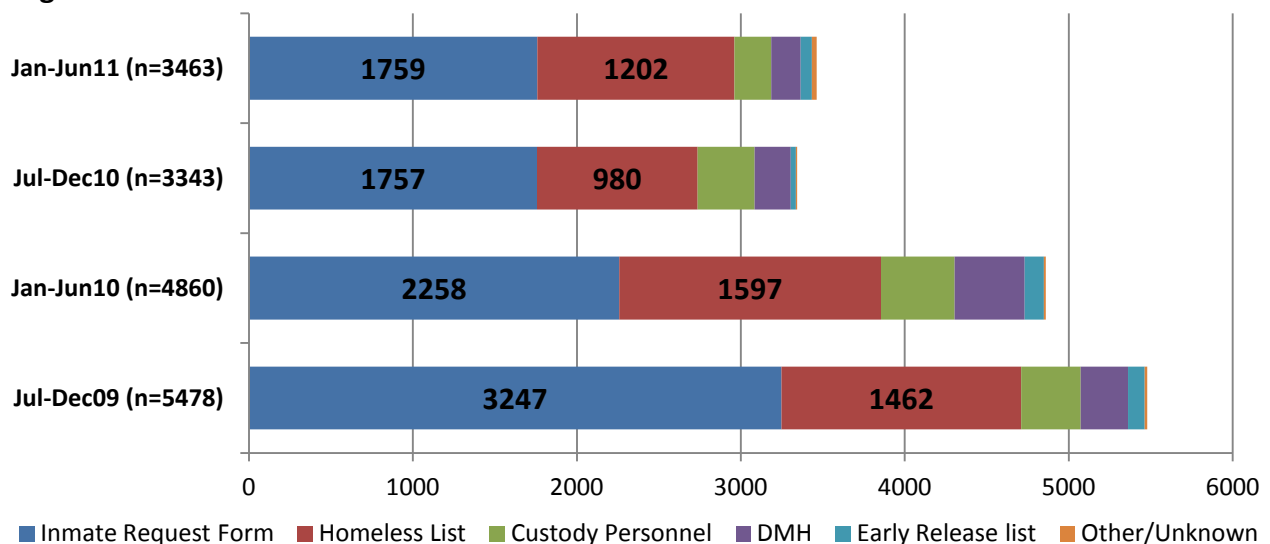
[53] It is not possible to be certain if people in the FAST database have had contact with the CTU directly, or if they were entered into the system based on CTU protocol (e.g., all individuals on the homeless list used to be added to the database). It is also difficult to determine the outcome of CTU contacts (e.g., if someone requests housing assistance, FAST does not always include data on resultant contact or services). The CTU recognizes these complications and is in implementing a new data system with the aim of addressing many of these issues.

[54] In part, this decline in CTU referrals may be associated with a modest decrease in the overall jail population and reduced reliance on the homeless list for targeting CTU clients. However, these factors are unlikely to explain the full extent of the decrease and it is possible that other environmental factors may explain some of the reduction.

[55] These 17,144 referrals were associated with 14,669 unique bookings.

In addition, FAST flags individuals who fall into a few specialized client pools, including people who are homeless, veterans, and the mentally ill. Figure 18 provides detail on the percentage of the unique bookings that appear in the FAST system which also have each type of flag.[56]

**Figure 18. Special population flags in the CTU database**
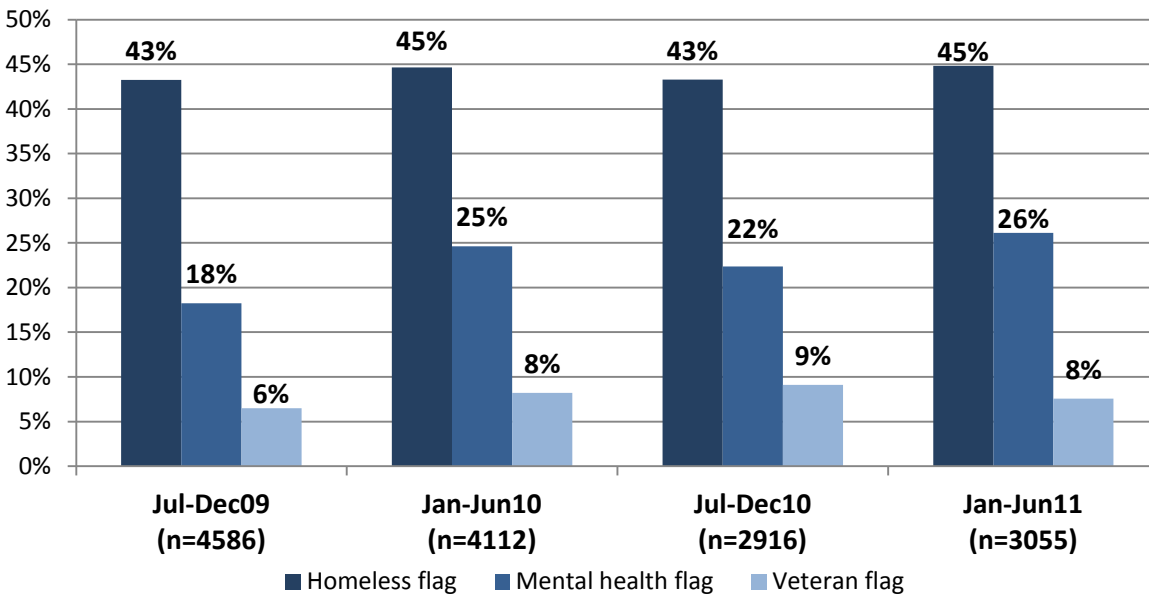


## Characteristics of individuals in the CTU database

In order to examine the extent to which the individuals in the CTU's database are representative of the overall jail population, the Vera research team analyzed demographic and charge information from FAST and AJIS (see Figures 19 and 20, on the following page).[57] In general, older individuals (46 to 63 years old) were overrepresented in the CTU database as compared to the general jail population, possibly as a function of higher levels of need amongst older people in the jail or a greater willingness to seek support.[58] In regard to race and ethnicity, black individuals were overrepresented in the CTU database and Hispanic individuals were underrepresented.[59] Women were only slightly overrepresented in the CTU data, making up 21 percent of the unique bookings in the CTU database as compared to 17 percent of the bookings in AJIS data.

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[56] The vast majority (95 percent) of FAST records with a mental health flag were referred from TTCF or the women's facility, CRDF.

[57] There are 14,669 unique bookings in the CTU database; the CTU population for Figures 19 through 21 varies slightly from this figure due to missing data in these realms.

[58] This group also had a higher prevalence of mental health flags than the overall CTU population.

[59] The overrepresentation of black clients in the CTU database is likely driven in part by the homeless list; 41 percent of those on the homeless list are black, 24 percent are white, and 31 percent are Hispanic. Note that "Hispanic" is used when referring to CTU and AJIS data, as that is the language used in those data systems. The Vera research interview instrument, on the other hand, uses the term "Latino."

**Figure 19. Age groups of individuals in CTU and AJIS databases**

| | 18-21 | 22-45 | 46-63 | 64+ |
|---|---|---|---|---|
| AJIS data (n=169,002) | 14% | 68% | 18% | 1% |
| CTU data (n=14,647) | 9% | 61% | 29% | 1% |
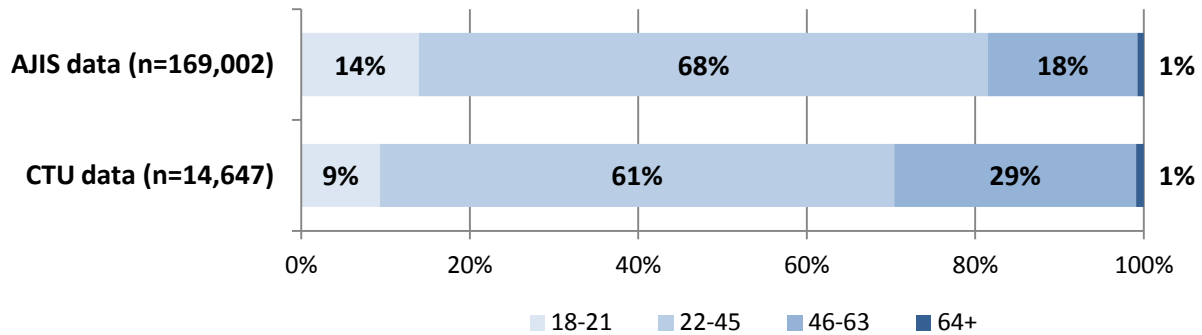
**Figure 20. Racial/ethnic groups of individuals in CTU and AJIS databases**

| | Hispanic | Black | White | Other |
|---|---|---|---|---|
| AJIS data (n=169,002) | 49% | 31% | 17% | 3% |
| CTU data (n=14,649) | 29% | 43% | 24% | 4% |
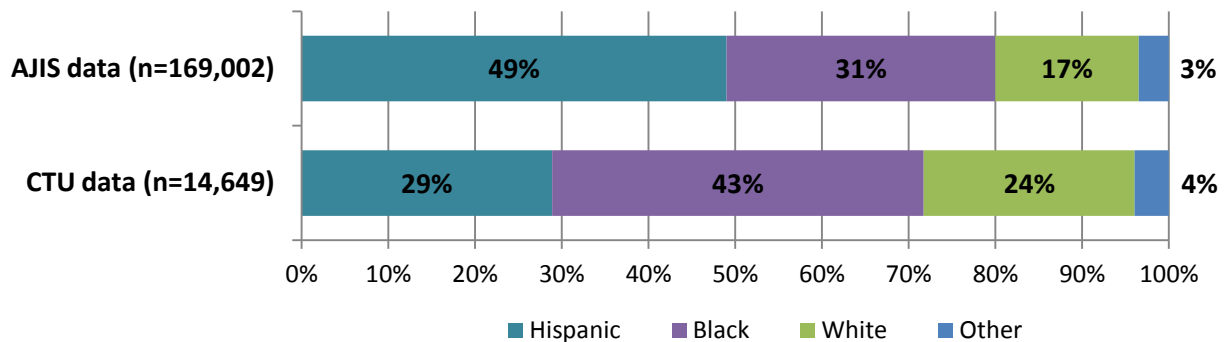
Figure 21, below, describes information on arrest charges, comparing data from FAST with AJIS records for everyone who was arrested and booked into jail custody during 2008. This shows that people who are known to the CTU are disproportionately facing drug, property, and administrative charges (administrative charges include court offenses, like failure to appear, municipal code offenses, etc.). Conversely, individuals who appear in the CTU's data system are less likely to be facing public order charges, violent charges, or a range of 'other' charges (these include a wide range of offenses, such as indecent exposure, criminal threats, stalking, disobeying a domestic relations court order, and others).

**Figure 21. Charge type for individuals in CTU and AJIS databases**

| | Drug | Property | Administrative | Other | Violent | Public Order |
|---|---|---|---|---|---|---|
| AJIS (n=304,565) | 22% | 12% | 13% | 27% | 10% | 6% |
| CTU data (n=14,639) | 31% | 21% | 20% | 20% | 6% | 2% |
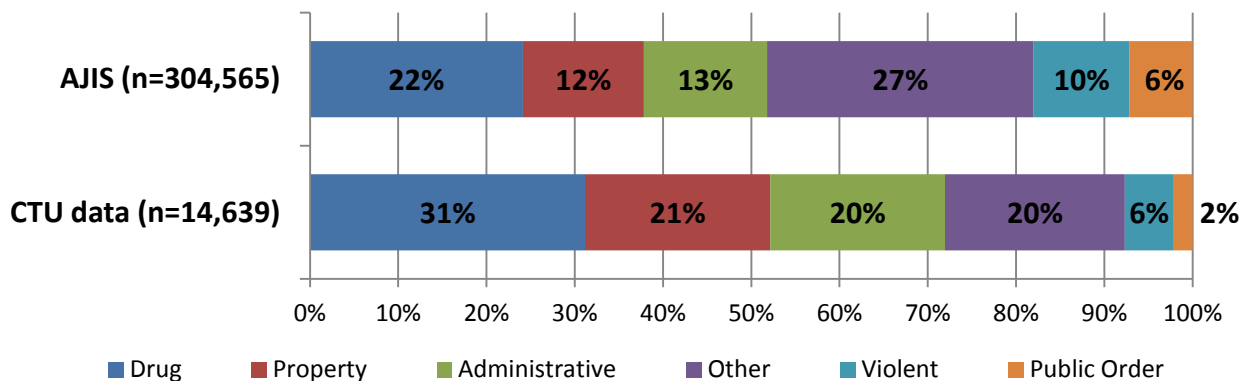
# Chapter Two
## Reentry Services & Engagement

Reentry services in the L.A. County Jail are overwhelmed by the potential level of demand. There are approximately 400 to 450 daily admissions to LASD custody; with a staff of 19, the CTU is only equipped to serve a small fraction of this number.[60] Because these capacity constraints make it impossible to provide reentry services to everyone who enters the jail, CTU staff and other providers working in the jail must selectively target potential clients and prioritize the delivery of services. Without a structured approach to service delivery, scarce resources can be easily squandered by targeting people who do not require or want support, trying to intervene with people who are released too quickly to access the programs being offered, or providing services that fail to address clients' most vital needs.

In light of the pressing need to increase the capacity of existing services, Vera recommends that LASD increase investment in reentry programming. However, it is just as important that reentry service providers ensure that resources are directed towards those who are most in need of support and that service models incorporate strategies to maximize engagement both within the jail and in the community after release.

To promote client engagement with services, this chapter discusses the following components of engagement, highlighting the importance of:

A. *improving awareness of the CTU and reentry services* among people held in the jail;
B. *targeting reentry services* for key client groups;
C. *assessing needs and priorities* of clients of reentry services;
D. *developing service plans* that are tailored to individual needs, priorities, and circumstances;
E. *maximizing service accessibility and engagement in the jail environment*; and,
F. *focusing on the transition into the community*.

**Figure 22: Essential steps in reentry service delivery and engagement**



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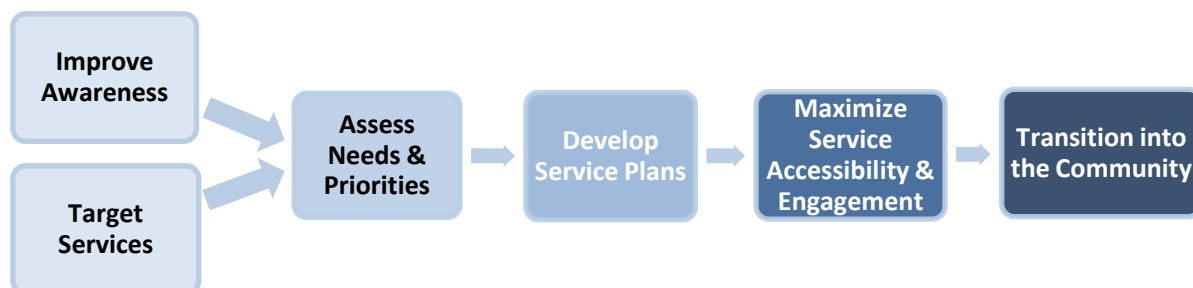
[60] The CTU plans to add 12 new staff positions to respond to realignment and the growing jail population. While a significant enhancement to the unit's current capacity, a much larger investment of staff, training and other resources is required to meet the demand for supportive services in the jail.

Engagement is an ongoing process, not a one-time activity. While the CTU and community reentry providers have recently expanded and improved their efforts to connect clients with services (refer to the *Introduction* for a description of these activities), Vera's findings highlight areas where perceived or actual barriers to engagement persist. This chapter combines information from qualitative interviews with jail and community service providers and stakeholders, the jail inmate survey, and analysis of administrative jail records to document ongoing challenges, highlight successes and promising approaches currently employed by LASD, and provide recommendations for additional measures to further encourage the participation of people in jail with reentry services.

## PART A: IMPROVING AWARENESS OF THE CTU & REENTRY SERVICES

There are a number of benefits to focusing reentry services towards specific populations (discussed in detail in *Part B* of this chapter), but these targeting efforts should be balanced with the need to provide services that are accessible to those who self-select to receive support. In order to maximize opportunities for people to request help they must be aware of the reentry services that are available in the jail and know how to access these services. However, publicizing reentry services in the jail is far from straightforward. A lack of trust between people in custody and jail staff, security concerns, language barriers, and literacy issues can all undermine efforts to inform people of the programs and services that are available. This section discusses strategies for increasing access to reentry services by advertising existing services and ensuring that information is readily available in the jail about how to request support.

To be effective, publicity strategies should go hand in hand with an increased investment in reentry services, ensuring that the capacity to provide supportive services is able to keep pace with increases in demand. Refer to *Part B: Targeting reentry services* and *Part D: Developing service plans* for recommendations on how to make the most efficient use of resources, by targeting high need populations for more intensive services and providing less resource-intensive, "lighter touch" services to others.

## PART A – FINDINGS

- ***Limited awareness of CTU and reentry services among people held in the jail.*** The CTU currently uses a number of approaches to promote their services, including dorm announcements, videos, and signage; plans are in place to expand the scope of these marketing activities. Other service providers in the jail, such as the MERIT program, use dorm announcements and sign-up sheets.

  Despite the variety of methods used to advertise CTU services, people in jail custody currently have limited awareness of both the CTU specifically and reentry services generally. As documented in Chapter One, many individuals interviewed for this study had no knowledge of available services or how to request such services. A minority of the

interviewees (32.5 percent) had heard about the CTU and only six people out of 80 ultimately received CTU services.[61] A few people noted a general awareness of the program, but did not know it "by name." Furthermore, there was general confusion about the role of the CTU and the distinction between CTU employees and other jail staff.

- **Inmate request forms.** Of the 17,154 referrals between July 2009 and June 2011, inmate request forms were the most common source of referrals (53 percent of all referrals).[62] While it is not possible to tell from the data if people are specifically requesting CTU support, or if these requests are being referred to the CTU by default, there is a clear desire for supportive services. On the other hand, there are a number of issues with the current forms that may still be limiting the volume of requests. Many interviewees expressed familiarity with the forms and knew where to find them, but some suggested that their placement in boxes *outside* the dorm is not very accessible. Researchers also noticed that the boxes are often empty. In addition, the inmate request form is on the bottom half of a larger sheet used to lodge complaints, and the full paper is commonly referred to by jail staff as a "complaint form." A few interviewees mentioned that they were hesitant to fill out a form for fear of antagonizing LASD officers. Relying on the forms also presupposes sufficient English literacy skills. People in custody and CTU staff mentioned that it often takes 'weeks' to respond to requests and this may not happen before the time of release.[63]

- **Provision of information via posters and videos.** The CTU is promoted in a video playing at the Inmate Reception Center (IRC) during intake; none of the men held at MCJ who were interviewed for this study mentioned seeing this video. Only two interviewees noted seeing signs for the CTU and Vera researchers did not see any CTU posters in Men's Central Jail. Vera researchers saw signs promoting CTU services posted in the North County facility's reception center and, at Men's Central, outside of the CTU headquarters located within closed doors from the Inmate Reception Center (very few individuals held in the jail pass by the CTU office). These signs are misleading, however, and make it appear that the CTU only serves veterans.

- **Referrals from jail staff and others.** The CTU receives a number of referrals from other jail staff, including custody assistants, deputies, class facilitators, and chaplains, as well as family members who can make requests via a 1-800 telephone number.

- **Dorm announcements and word of mouth.** CTU staff periodically visit dorms and classrooms to announce available services. These dorm announcements were one of the most common ways that interviewees learned about the CTU, second only to hearing about the CTU from other people in custody. Both of these methods highlight the value of in-person

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[61] Our interview sample may be biased in favor of greater awareness of CTU services given that a number of them were housed in school dorms or trustee dorms, where CTU is more likely to make announcements about their services; thus, the true proportion of the jail population who is aware of the CTU is likely less than one third.

[62] The 17,154 referrals were associated with associated with 14,669 unique bookings. Referrals do not necessarily indicate any interaction with clients. Data on contact with clients, or services provided are not recorded in a consistent manner within the FAST system, making it difficult to analyze rates of contact or case outcomes.

[63] Due to issues with the FAST data system, the Vera research team was unable to explore the CTU's follow-up on the referrals generated by inmate request forms, or the time from receipt to client contact.

communication as compared to paper and video advertisements. One CTU staff member explained that the CTU tends to focus in-person publicity efforts primarily on the trustee and school dorms, making regular announcements during the MERIT program classes. Thus, these announcements may not reach many groups within the jail, such as people in higher-risk classification areas and others who may benefit from reentry services.

# PART A – RECOMMENDATIONS

The CTU has planned an expansion of its current strategies for publicizing its services that addresses many of the findings described above. Based on findings from this research, Vera fully supports full implementation of these enhanced marketing strategies and provides further recommendations for maximizing their impact.

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**Promising Practice**
**Planned Expansion of CTU Marketing Strategies[64]**

As a part of a planned expansion of marketing strategies, the CTU intends to publicize reentry services in the following ways:

"Signage located throughout jail facilities;

The "Out the Gate" reentry video will be shown throughout IRC and inmate housing locations via television monitors. This video, which includes segments on "taking responsibility for your life" and adjusting "mentally & emotionally to your community upon release," also contains information on how to contact CTU for CTRC services;

The placement of mobile push carts containing program brochures regarding services, public benefits, veterans, and CTU information will be available in areas where inmates congregate to ensure maximum exposure;

Distribution of the "L.A. Reentry Guide." This guide uses a "Self-Help" format that provides information on an abundance of community resources—such as telephone numbers, websites, addresses, etc. on services and organizations throughout Los Angeles County. The guide is easy to read and comprehend but, most importantly, it provides the inmate the option of contacting the agencies themselves or contacting staff at CTU for assistance and guidance.

The CTRC program will also be marketed to the families of inmates who will view a slide show video which will be shown over television monitors in the visiting waiting room areas throughout the jail facilities. The video provides a comprehensive orientation about the programs and services available in jail facilities. Families will also have access to the "L.A. Re-entry Guide" which will be readily available to them upon request."

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In addition to the planned marketing expansion, the approaches listed on the following page may increase awareness of CTU services within the jail.

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[64] This material is from the LASD Inmate Services Bureau AB109 Public Safety Realignment Plan, Sept. 23, 2011.

- *Replace inmate request forms with "Service Request Forms" that are completely distinct from "complaint forms," easy to understand, and widely available.* This form should be distinct from the general "complaint form" to avoid potential misunderstandings about the purpose of the forms. The Service Request Forms could employ a "tick-box" format for commonly requested services (e.g., General Relief, housing, etc.) alongside a space for recording additional notes or requests for other types of support. The forms should be available in English and Spanish, and should be located inside the dorms, rather than right outside. These request forms could also be provided to all jail-based service providers (e.g., MERIT providers, chaplains, etc.) to maximize accessibility. Ideally, there should be a method for tracking CTU requests, providing benchmarks for measuring response times to inmate requests.[65] It would also be helpful to prioritize request types, so that issues like medication requests are handled more quickly. Furthermore, the CTU may want to consider placing a priority on Service Request Forms over other types of referrals to the CTU; by providing timely responses to these client-driven requests, even if the individual's needs cannot be immediately met, the CTU can foster trust and a reputation of responsiveness among people held in the jail.

- *Provide CTU flyers via mail call and pass out flyers in dorms.* A few individuals in custody suggested that flyers be passed out within the dorms and via mail call, making it more likely that individuals will see advertisements. This approach may be particularly useful for short-stayers and individuals who are held in segregation units, as both have limited opportunities to learn about services. Flyers could also be available in visitation areas, providing a low-resource method of informing families of the services that are available. The CTU's planned information carts could also be made available during mail call and in visitation areas.

- *Place televisions playing CTU informational videos in other areas in addition to the IRC.* Vera supports the CTU's plans to play the "Out the Gate" video throughout all jail housing areas. In the IRC, people may be too preoccupied with intake procedures (transfers, medical screenings, classification, etc.), too disoriented by the effects of intoxication or detox, or too overwhelmed upon admission to absorb information about reentry services.

- *Expand the use of staff presentations about services to all dorms.* Given the success of in-person announcements, CTU staff or other jail staff should consider making weekly standardized announcements about CTU and other jail-based services throughout the jail, beyond the school and trustee dorms.

- *Distribute a condensed reentry guide widely throughout jail.* The CTU is already planning to increase distribution of its reentry guide throughout the jail. Based on interviews with people in custody, the CTU should consider distributing the detailed comprehensive reentry guide to all service providers, but a condensed and accessible version (in English and Spanish) might be more helpful for people held in the jail. Vera supports LASD's plans to distribute this guide as widely as possible.

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[65] For example, by time-stamping request forms as they are received, the CTU could monitor response times for different types of requests, providing important management information for improving services.

- ***Provide training on reentry services for certain deputies and people in custody throughout the jail.*** LASD should consider training staff to answer questions about the reentry services available in the jail and to encourage people to access services, providing the CTU with greater reach than is possible with either its current staff of 17 custody assistants, or with the additional 18 custody assistants who will be hired. The CTU could also capitalize on word-of-mouth communication by providing a similar training to a subset of people held in the jail. One interviewee suggested that the dorm "house mouse" (the person who acts as an informal liaison between jail staff and people held in each dorm) could act as a peer educator, "pollinating the dorms" with information about reentry services.

- ***Conduct outreach to defense lawyers about available services.*** The jail may want to consider sending regular email correspondence to public defender offices with information on the reentry services that are available for people in the jail.

- ***Ensure that materials (service request forms, signs, videos) are available in Spanish and provide translation in other languages as needed.*** This is a very low-cost way to improve awareness of services. It is important that translation services are well publicized.

## PART B: TARGETING REENTRY SERVICES

Targeting strategies aim to maximize the effectiveness and reach of reentry services by using set criteria to identify those who are underserved and/or may benefit the most from reentry interventions. Appropriate groups for targeted interventions may include long stayers, frequent recidivists, or people with particular types of need, such as the chronically homeless or people requiring mental health or substance abuse treatment. Methods for targeting services may include brief screenings, risk assessment interviews, and/or use of jail administrative data to identify repeat recidivists and those who are likely to be rearrested upon release.

## PART B – FINDINGS

The CTU currently uses or is planning to use several active methods of reaching reentry clients in the jail including targeting people who are homeless, veterans, and participants in specialized programs like MERIT, and administering an assessment tool to identify appropriate clients.

- ***Current targeting initiatives:***

  - ***Targeting people who are homeless or veterans.*** Currently LASD engages in limited targeting of the homeless and veteran populations through self-identification during the jail intake interview, referrals from religious services, and via inmate request forms. While the CTU has an ongoing focus on veterans, Vera heard conflicting information about the extent to which reaching the homeless population is an explicit aim of the CTU and if the homeless list is still being used to target clients.

CTU policy does not involve using the homeless list except for certain specific programs. Some CTU staff mentioned that most clients are recruited through the homeless database, while another staff person said they receive a homeless list "every now and then." About one third (31 percent) of CTU referrals in the FAST database between July 2009 and June 2011 were attributed to the homeless list. However, issues with the FAST database make it difficult to determine how many of those referrals resulted in contact with the CTU. Some reentry programs have a more specific focus; the Just In Reach program, for example, targets people who are homeless, repeat offenders, and charged with lower level offenses.

When Vera analyzed this issue in its 2007 assessment of CTU operations and information management needs, researchers concluded that the homeless list was not an effective means of targeting clients.[66] Researchers found that the homeless list was often inaccurate and that custody assistants spent a lot of time reaching out to people identified on the list who either did not want services or were not actually homeless.

o *Informal targeting and triage based on security level, criminal history, length of stay, and motivation to engage in services.* Individual CTU staff members employ a range of 'informal' mechanisms for targeting potential clients. For example, while CTU does not officially target services based on security level or offense type, one staff member explained that they tend to prioritize repeat offenders classified as mid-range security levels five through seven who are booked on drug, robbery, burglary, or attempted murder charges. This person noted that lower level inmates are not targeted because they are typically released too quickly to complete applications for services like General Relief. Another person noted that those classified as higher risk are not prioritized because they may pose a risk to staff and are often held in the jail en route to state prison, rather than being released directly back into the community.

Some CTU staff also noted focusing on people who are motivated to modify their behavior and take part in services. This idea is supported by the range of responses from people held in the jail who were interviewed for the study—from those who see jail as the right time to try to make a change ("*Because I'm tired of this revolving door in/out of the system,*" or, "*It starts in here. It's supposed to be about rehabilitation*")—to others who have no interest in accessing services ("*I enjoy being self-sufficient. I don't want to rely on anybody else*"). Furthermore, some people may want help, but do not view the jail as an appropriate place to access services ("*It's not a rehab… it's not that type of system*").

▪ *Future plans for targeting efforts:*

o *Education-Based Incarceration.* Since 2011, LASD has been in the process of implementing an Education-Based Incarceration approach throughout LASD

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[66] D. Coursen, M. Goldern, J. Parsons, G. Shin, and N. Sugie, "Assessment of CTU operations and information management needs," memo to the Los Angeles County Sheriff's Department (New York: Vera Institute of Justice, June 28, 2007).

facilities, with the aim of "deterring and mitigating crime by investing in [LASD] offenders through education and rehabilitation."[67] While implementation is ongoing, LASD plans to expand EBI to include a wide range of initiatives and programs, from playing educational videos in the dorms to extensive programs, like Moral Reconation Therapy and the MERIT Bridges to Recovery Program.[68] The CTU is planning to focus the vast majority of reentry efforts on people who participate in EBI programming with the assumption that these people have demonstrated that they are amenable to services, and are therefore more likely to benefit from reentry supports.

o ***Targeting based on a standard measure of risk and needs.*** At the time of this study, the CTU was not using standard measures of risk and need to proactively identify reentry clients or to determine specific reentry needs. However, researchers were informed that the Department is in the process of implementing the COMPAS, an interviewer-administered risk assessment tool, which has been tailored to the needs of LASD. The decision to adopt the COMPAS reflects best practices in risk and need assessment.

Specifically, the COMPAS is a validated assessment tool designed for use in correctional environments that includes a series of questions to assess an individual's risk of re-offending.[69] In the short term, the CTU plans to use a modified version of the COMPAS to: (1) assess the risk and needs of the realignment population serving their sentences in the jail in order to determine eligibility for community-based alternatives to custody, and (2) provide information for case management purposes.[70]

Researchers were informed that the CTU is nearing completion of a test phase of the COMPAS, which focuses on MERIT participants, people in wheelchairs, and women. The CTU plans to require CBOs with jail contracts or memorandums of understanding to enter COMPAS case management information for all clients in order to improve their capacity to monitor client outcomes. Even with the planned addition of 18 custody assistants, the time required to complete full COMPAS assessments with all those entering custody may severely limit the availability of CTU staff to provide other reentry planning services.[71]

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[67] Los Angeles County Sheriff's Department (LASD), *Education Based Incarceration*, (Los Angeles: Los Angeles County Sheriff's Department, Correctional Services Division, 2010).

[68] The MERIT Bridges to Recovery Program is a "domestic violence intervention and recovery program" (Ibid.).

[69] T. Brennan, B. Dieterich, and B. Ehret, *Research Synthesis and Reliability of COMPAS* (Northpointe Institute for Public Management, Inc., 2007). For more information on the various COMPAS assessment software, see http://www.northpointeinc.com/software-suite.aspx.

[70] Initially, COMPAS will be administered to those who are both in the sentenced AB 109 population and already engaged in programming, like MERIT. Individuals who complete the jail-based program and have a low risk score on COMPAS will be eligible to complete their sentences in a community-based alternative to corrections (CBAC) program. In the longer term, LASD plans to have CTU staff administer the assessment to the entire jail population.

[71] Due to technical difficulties with integrating CHHRS data into COMPAS, the 132 questions are currently being completed by hand, which is taking about 55 minutes per assessment. CTU reports that the computerized version should take about 12-15 minutes to complete.

o   ***Realignment population.*** CTU plans to use COMPAS to assess the realignment population in order to determine risk and needs levels. Vera was told that the realignment cohort will also be targeted for Education-Based Incarceration programming according to identified needs. Individuals who complete a jail-based program and have low COMPAS risk scores will then be eligible to complete their sentences in an LASD community-based program.

## PART B – RECOMMENDATIONS

The combination of significant budget constraints and the projected growth of the jail population due to realignment make it essential to develop a system of triage to guide decisions about the allocation of scarce reentry resources. Such a system would allow the CTU to achieve the maximum possible impact given capacity limitations, targeting outreach efforts towards those with the greatest levels of risk and the most pressing needs. For example, in many jail systems a small number of frequent recidivists consume a disproportionate amount of the jail's resources.[72] In many cases, these people cycle through the jail repeatedly without ever self-identifying as requiring reentry services. Similarly, those who are homeless, mentally ill or chronic substance users may be harder to reach, but may benefit the most from being linked with supports in the community.

▪   ***Triage clients based on level of need and opportunity to serve.*** The CTU should consider developing a triage system that focuses on those clients who are most likely to need and benefit from reentry services. Potential CTU clients could be classified using a combination of COMPAS risk scores (need) and opportunity to provide services (e.g., projected length of stay), targeting those who both have the highest levels of need and will be in jail a sufficient amount of time to engage in services. This classification system could also be shared with CBOs to prioritize the provision of jail in-reach services and community-based reentry services in the community. Chapter Three, Part B of this report provides a detailed description of strategies for using administrative data to inform decisions about triaging reentry services.

**Figure 23. Need-opportunity triage system**

|                  | Low Need     | High Need            |
|------------------|--------------|----------------------|
| Low Opportunity  | Low Priority | Low Priority         |
| High Opportunity | Low Priority | Target Population     |

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[72] G. Shubert, *Frequent Users of Public Services: Ending the Institutional Circuit, Changing Systems to Change Lives* (Washington, DC: Corporation for Supportive Housing, 2009).

Within this framework, there are a few groups within the jail that may provide a focus for targeting and outreach efforts:

o *Longer stayers.* The combination of brief lengths of stay and unpredictable release times means that pretrial detainees and those serving short sentences are difficult to engage and serve. One way of maximizing the impact of services is to target those who are serving longer sentences, including the new realignment cohort, ensuring that there is adequate time to conduct meaningful reentry planning. The CTU should consider targeting this population and those serving longer county sentences as they near the end of their jail terms, given the greater opportunity to provide services and the possibility that these groups may be at high risk of recidivism.

o *People sentenced to jail terms.* The CTU should consider focusing on individuals who will serve their sentences within the jail (regardless of AB109 status). Targeting this group has the dual advantage of reaching those who are held in the jail for long enough to receive a meaningful 'dose' of reentry services and who have a set release date, allowing for more effective reentry planning.

o *Pre-existing CTU clients.* By identifying those who have received services during prior jail stays and reconnecting them with their case manager, the CTU can maximize engagement and help ensure continuity of service provision. To this end, an automatic data trigger should be included in the jail's data system to quickly alert the CTU when a former client is readmitted (see Chapter Three, Part B for detail on using administrative data for this purpose).

o *People with mid-level risk classifications.* As discussed earlier in this section, a few CTU staff noted targeting people with a mid-level security classification. Given resource constraints, the CTU may want to make the focus on this group a part of official CTU protocol.

o *Frequent recidivists.* Individuals who are caught in the revolving door of repeated incarceration consume a disproportionate amount of jail resources. For instance, of the 80 men in MCJ interviewed for this study, the 20 most frequent recidivists self-reported a median of 22.5 previous jail stays each, compared to an average of four admissions for the remainder of the interview cohort. Successfully linking this population with services can both improve individual outcomes and lead to longer term reductions in the total jail population.

| Promising Approach |
|---|
| **Using Screening Tools to Identify Frequent Users of Multiple Government Systems[73]** |
| An analysis conducted by the Economic Roundtable for the Corporation for Supportive Housing identified "frequent users" of public services among the adult homeless population in Los Angeles. According to this analysis, the top ten percent of service users incurred average monthly costs of $6,529 related to their use of jail, mental health, general health care, and housing services. Sixty-nine percent of this group had been in jail custody at least once during the preceding three-year period. The Economic Roundtable developed a 27-item screening tool to identify the heaviest service users as a way of targeting housing services. For those successfully placed in supportive housing, average monthly costs fell by $4,589, a 70 percent decrease. |

- ▪ ***Ensure that CTU staff use the homeless list solely for homelessness-related programs, such as Just In Reach.*** CTU policy currently restricts use of the homeless list to the identification of appropriate clients for the Just In Reach program, but Vera received conflicting responses from staff about its use. Given that confusion, the CTU should clarify its policy and train all staff members on using the homeless list only for identifying candidates for housing-related services.

- ▪ ***Prioritize individuals who are motivated to engage with services.*** As documented by Vera in 2007 and confirmed by interviewees in the current study (both CTU staff and men held in the jail), many people are not ready to engage with services, either because they do not believe they need help or have no interest in receiving services in a jail setting. There are two main strategies for determining who is ready to take part in reentry services:

  - o ***Identify those who have a demonstrated interest in engaging in services by focusing on those who self-elected to participate in programming in the jail***. For example, the CTU plan to focus on EBI clients capitalizes on a group of people who have already shown a commitment to change.

  - o ***Use assessments of treatment readiness and motivational interviewing to reach those who are less likely to independently seek out services***. There are a number of validated assessment tools that can be used to measure readiness to access treatment services. (In fact, LASD's new COMPAS tool includes one of these assessments as an additional screening option.) Motivational interviewing techniques can strengthen individuals' motivation to change and increase rates of engagement.[74] These strategies may be useful for gauging and enhancing motivation among target

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[73] D. Flaming, P. Burns, G. Sumner, M.H. Moreno, and H. Toros, *Crisis Indicator: Triage Tool for Identifying Homeless Adults in Crisis* (Los Angeles: Los Angeles Economic Roundtable, 2011); and Corporation for Supportive Housing, "Los Angeles Frequent Users Systems Engagement (FUSE) Program," http://www.csh.org/ csh-solutions/ community-work/systems-change/local-systems-change-work/los-angeles-fuse (accessed May 14, 2012).

[74] For examples of screening tools designed to assess motivation to access drug and alcohol treatment see the Readiness to Change Questionnaire (RCTQ) and Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). Note that these tools are designed to assess readiness to access substance use treatment services specifically and are not geared towards general motivation to engage in other types of services. See Appendix F for further detail on these scales.

populations described previously who have higher risks and needs but may be less likely to independently seek out services. For example, people with mental health or developmental disorders may be less likely to participate in EBI, but may readily accept services if offered.

Using these two strategies in tandem builds on current engagement of clients in programming without excluding those who are less likely to request services but may benefit greatly.

# PART C: ASSESSING NEEDS & PRIORITIES

Being able to identify individuals' specific needs is a fundamental step in delivering reentry services. Because average lengths of stay in the jail are so brief, it is important to identify needs quickly, but with sufficient accuracy and detail to develop reentry service plans. The choice of screening and assessment tools will depend on a variety of factors including the resources available, the skill level and training of staff, and the available reentry services. Conducting an assessment of housing needs, for example, is obviously unnecessary if reentry programming does not include housing services and may raise false expectations of support.

# PART C – FINDINGS

- ***Assessments currently used in the jail.*** Currently, the CTU uses a variety of approaches during intake and assessment, based on the individual preferences of CTU staff. Some CTU employees have developed structured processes to learn about needs and service requests, such as standardized intake forms and interview questions. Others prefer more informal and conversational methods to learn about people's reentry needs, and others offer a particular service that meets a specific need (e.g., General Relief) rather than conducting an assessment to determine an individual's full range of needs. In addition, staff may use self-reported information from jail intake interviews, inmate request forms, and other referrals to identify needs. The implementation of the COMPAS across the jail will provide a standardized method for identifying reentry risks and needs.

- ***Reentry needs and personal priorities.*** As reported in Chapter One, self-defined reentry priorities do not always correspond with the needs that are flagged by more targeted questions or structured screens and assessments. For instance, very few people held in the jail identified mental health as a reentry priority (four out of 80 interviewees); yet, over two-thirds of the interviewees (n=64) responded in the affirmative when asked, "Would you benefit from talking to someone about your mental health?" Similarly, while about a third of interviewees reported substance use issues as a reentry priority, almost twice as many individuals showed signs of substance dependence based on their responses to questions from a validated screening tool. The disparities in these numbers highlight that individuals may prioritize reentry concerns differently than service providers.

# PART C – RECOMMENDATIONS

The CTU should expand upon its plans to formally identify and assess the reentry needs of all people in jail custody.

- ***Use validated risk and needs assessment tools.*** Validated assessment tools are an essential component of identifying reentry needs and Vera supports LASD's decision to begin implementation of the COMPAS. As the CTU is still piloting the COMPAS, it is not yet clear if the assessment will meet all of CTU's needs, if the tool is too burdensome to implement jail-wide, or if it does not provide all of the requisite information for planning reentry services. The COMPAS includes certain additional tools which may be used as supplements when triggered by responses to the questions in the main COMPAS assessment. These supplements include screening tools for drugs, mental health, criminal thinking, motivation to change, and sex offender risk. If the full COMPAS is too burdensome or does not provide sufficient information, the CTU may want to consider using only the shorter screening tools in COMPAS or from elsewhere that focus on discrete areas of need. For example, the Correctional Mental Health Screen for Men and Women (CMHS-M and CMHS-W) or the Texas Christian University Drug Screen (TCUDS), which is available in COMPAS, provide short alternatives.[75] A list of additional screening and assessment tools that are commonly used in correctional settings is included in Appendix F, including a summary of the domains covered by each tool, average time to administer, training requirements and cost.

- ***Consider using markers of recidivism risk from the LASD's administrative data systems to flag people who are in need of the lengthy COMPAS assessment.*** Given capacity constraints, the LASD could consider using administrative data markers of recidivism risk (such as number of prior admissions) to flag people who are most in need of the more detailed assessment that the COMPAS provides (see *Chapter Three, Part B* for more detail).

- ***Pull previous assessments at the time of jail readmission and update them as necessary.*** The results of previous assessments should be pulled and updated immediately if someone is readmitted to jail, both reducing duplication of activities and client "assessment fatigue" (refer to *Chapter Three, Part B* for more information on using an automatic "trigger" to alert the CTU when a former client returns). While some assessments should be readministered (e.g., diagnostic assessments), there may be certain information that does not need to be collected multiple times. For instance, if an individual provided the CTU with information on his full mental health history during a previous period of incarceration, it would not be necessary to conduct the same interview again during subsequent jail stays.

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[75] J. Ford and R.L. Trestman, *Evidence-Based Enhancement of the Detection, Prevention, and Treatment of Mental Illness in the Correction Systems*, Final Report (Washington, DC: U.S. Department of Justice, 2005); K. Knight, D.D. Simpson, and J.T. Morey, *Evaluation of the TCU Drug Screen*, Final Report (Washington, DC: U.S. Department of Justice, National Institute of Justice, October 2002, Doc No. 196682).

- ***Target in-person assessments toward those who have a high opportunity to receive reentry services.*** Given the short average lengths of stay in jails, the CTU should time assessments in such a way that it avoids spending valuable staff time assessing individuals who will leave the jail within a few days and will not have time to receive services. For example, data describing all people arrested and booked into the jail between January 1, 2008 and December 31, 2008 indicate that almost a quarter (24 percent) of people booked into the jail stayed for two days or less and 44 percent left the jail in one week or less. For people who are still in the jail after the end of the first week, the average length of stay is 35 days. Conducting assessments after the end of the first week could help minimize the resources spent assessing very short stayers.

- ***Consider a variety of assessment techniques depending on the type of information needed.*** As self-defined priorities are not always representative of an individual's full scope of needs, it is essential to ask a range of questions. Even the phrasing of questions can yield different information, particularly around sensitive issues like substance use. For instance, asking, "What drugs do you use?" or "Has your drug use ever made you so sick that it caused you to miss work?" may detect issues that individuals would not readily admit to if asked, "Do you have a drug problem?" At the same time, it is important to identify people's personal priorities, as those are the issues they will be most motivated to address; if someone identified employment as their most pressing reentry need, for example, they may not be enticed by mental health services, regardless of how severe their mental health needs may be.

## PART D: DEVELOPING SERVICE PLANS

Individuals interviewed for the study emphasized the importance of walking out of the jail with "a plan." As one interviewee explained, *"I need guidance and the right direction. Where will I go when I leave here? ...I need a plan."* However, reentry services must avoid the "one-size-fits-all" approach; service plans should address the needs and priorities identified during assessments and take into account logistical barriers to service provision, such as length of stay.

### PART D – FINDINGS

- ***There is a mismatch between perceptions of services offered and individual needs and priorities.*** Of note is the "mismatch" between some of the services promoted by jail administration and those needs prioritized by people held in the jail. For example, LASD has put great effort into marketing the initiative on Education Based Incarceration—the need for which is supported by this study's findings that over 40 percent of people interviewed in the jail had not received a high school diploma or GED. However, only 10 percent of those interviewed for the study self-identified education as a reentry priority. While EBI includes many vocational-related programs, its name or marketing may be missing the mark. Far more

interviewees noted the importance of job training than academic programs in order to learn new skills and to become more competitive in the job market.

People held in the jail who were interviewed for this study had a number of specific recommendations for services that the jail could provide, including:

- o Job training, including training for specific trades, computer classes, and guidance on job search skills, from resume writing to interviewing;
- o Basic mental health services in the general population, including talk therapy;
- o Peer mentoring programs; and
- o Social skills and self-esteem enhancing classes designed to help individuals with communication issues, relationships, and feelings of self-worth.

Notably, a number of these suggestions are in fact already occurring in some capacity within at least one of the LASD facilities. For example, a wide range of programs are provided under the umbrella of EBI, which extends well beyond traditional educational programs (e.g., GED classes) and includes job-training programs, life skills courses, parenting classes, and other services.[76] Few of the people interviewed for this study were aware of these programs, suggesting a need to improve marketing of existing services.

Some of the people held in the jail who were interviewed for the study commented favorably on programs like MERIT and Amity's peer mentoring, which address some of the areas of need listed above, including life skills and the expanded use of peer mentors in reentry services.

- ▪ ***The impact of length of stay on service provision.*** Even for those who stay in the jail long enough to receive some kind of services, length of stay may impact the type of services provided. The LASD jail population has a wide range of lengths of stay, from less than one day to 480 days, providing very different opportunities for service provision. Some of the supports available in the jail take minutes to provide (e.g., providing a reentry resource guide) while others take months (the twelve-week Bridges to Recovery program).

## PART D – RECOMMENDATIONS

- ▪ ***Provide an opportunity for everyone to receive basic support in reestablishing benefits and getting government identification.*** There are some services that everyone can benefit from. As the CTU and its partners expand services with the Just In Reach and CTRC programs, they should make sure that the following basic requirements for reentry are satisfied before all releases: (1) government benefits like General Relief or Supplemental Security Income are established or reestablished; and, (2) identification is secured.

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[76] For instance, a Job Preparation course within the Adult Basic Education program trains individuals held in the jail on creating a resume and cover letter, completing a job application, and searching for jobs. See LASD, 2010.

> ### Promising Approach
> ### Risk, Need, Responsivity Theory
>
> A growing number of criminal justice interventions and assessment tools are based on Risk, Need, Responsivity (RNR), a set of theories first developed in the 1990s to inform the targeting and delivery of treatment programs.[77] In order to maximize impact, RNR incorporates three main principles into the development of service plans:
>
> 1) **Risk.** The most intensive services should be reserved for clients who have the highest risk of recidivism. Risks for reoffending include a number of static factors, like age, gender, arrest charge, or criminal history. For those who are *unlikely* to recidivate, the best option is often not to intervene at all–studies have shown that providing intensive services to this group can actually make people worse, potentially leading to increased rates of reoffending.[78]
>
> 2) **Need.** Services should be targeted at those with the highest levels of need. Needs include a number of dynamic factors, or "criminogenic needs", such as substance use, antisocial personality, criminal associates, problem solving skills, and hostility/anger; services are most effective if they address an individual's criminogenic needs.
>
> 3) **Responsivity.** Services should be tailored to the specific situation of individual clients, including such elements as motivation, environmental support, positive relationships with correctional staff, mental functioning, and self esteem.
>
> Tools such as the COMPAS and LSI-R assess a combination of static factors (risks) and dynamic factors (needs) that have been shown to predict reoffense rates.

- ▪ ***Ensure that intensive services address criminogenic needs.*** Services should be tailored based on levels of need as determined by validated screening and assessment tools, with plans designed to address individuals' "criminogenic needs" that predict recidivism.[79] As noted previously, the most intensive services should be provided to those who are high-risk and high-need; those who are low-risk and low-need may not require any interventions at all.

> ### Promising Practice
> ### A Better Chance Reentry Initiative (ABC)
>
> A program spearheaded by the ACLU and funded by the Soros Foundation, the ABC task force seeks to remove barriers to reentry for people with disabilities in the L.A. County Jail. ABC is working with the LASD and the new CTRC to provide assistance to individuals with disabilities in (re)establishing SSI benefits immediately upon release.

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[77] D.A. Andrews and J. Bonta, *The psychology of criminal conduct: 2nd Edition* (Cincinnati, OH: Anderson, 1998).

[78] F. Taxman, M. Thanner, and D. Weisburd, "Risk, Need, and Responsivity (RNR): It *All* Depends," *Crime Delinquency* 52, no. 1(2006): 28-51.

[79] Criminogenic needs are characteristics that are linked to offending behavior. Some examples from the research literature are: antisocial personality patterns; procriminal attitudes; social supports for crime; substance abuse; family/marital relationships; school/work; and prosocial recreation. See D.A. Andrews, J. Bonta, and S.J. Wormith, "The Recent Past and Near Future of Rsk and/or Need Assessment," *Crime and Delinquency* 52, no. 1 (2006): 7-27.

- ***Differentiate between long and short stayers to design brief interventions and more intensive service plans.*** Of course, services must account for a person's projected length of stay to ensure that plans are realistic about what services can be delivered before release. For those who are only in jail for a few weeks, quick and low cost ("light-touch") services can be offered, such as providing resource guides, screening for benefits, and providing transportation upon release. Some services require longer periods of time to administer, including 12-step programs, relapse prevention, therapy, anger management classes, limited-duration therapeutic communities, literacy training, and job training programs.

- ***Engage people in services by addressing the issues they view as personal priorities, such as employment, housing, and family unification.*** People are more likely to participate in programs that focus on their personal priorities, so services should address these client-defined priorities alongside needs that are associated with recidivism. For instance, almost three-quarters of the individuals held in the jail interviewed for this study named employment or job-training as a priority, but only four people mentioned accessing mental health supports as a personal priority, despite very high levels of need in this area. A job training program that also provides referrals to mental health services may help engage people with needed psychiatric treatment that they may not otherwise seek out. Similarly, a few interviewees highlighted the need to make changes in their behavior for the sake of their children and families. Reentry programs that focus on rebuilding family relationships may also provide a powerful incentive for individuals to address their criminogenic needs (e.g., abstaining from drinking as a necessary step to regain the trust of family members).

## PART E: MAXIMIZING SERVICE ACCESSIBILITY & ENGAGEMENT

Even with a well-developed service plan, barriers associated with the specific environment of the jail—like a distrust of jail-based services, or intimidation by gang members—can undermine efforts to engage people with reentry services.

## PART E – FINDINGS

- ***Negative perceptions of LASD staff.*** Actual or perceived intimidation in the jail may prevent people from requesting or accessing services. One of the most common reports from people in the jail was concern about the "*disrespectful*" way people in custody are treated by LASD staff, and the detrimental effects that this can have on individual reentry outcomes. Many interviewees reported a negative view of their treatment in the jails including comments that "*deputies here treat us like dirt,*" and like "*animals.*" People noted that this treatment contributes to recidivism and a lack of engagement with programming.

> *"…there's a lack of sensitivity. If they want to see men go back out with a non-criminal attitude, then there has to be less dehumanization… If they commit a crime, they do the time, but don't desensitize the process."*

Not surprisingly, a number of interviewees expressed mistrust of any services provided by the jail, stating *"It's coming from the jail, so I wouldn't trust it,"* and that they would not want any help from anyone or anything associated with the jail. When asked if there's anything the jail could do to prepare a person in jail for reentry, one interviewee explained that there are things that the jail could help with, but he is afraid to ask the staff for anything for fear of retaliation.

A number of interviewees—both stakeholders and people in custody—mentioned that this lack of trust for the Sheriff's Department staff created a barrier to engagement with CTU staff. Because they wear the same uniforms as other correctional officers, many people assume that CTU staff are guards and therefore avoid any contact with them. In contrast, most individuals who actually came in contact with the CTU gave very positive feedback about specific CTU staff members, noting that they *"worry about your well-being,"* suggesting that CTU and other reentry staff working in the jail can address trust issues if they can overcome the initial hurdle of being viewed as general correctional staff.

- **Gang culture.** Another aspect of the jail environment that impedes service engagement is the gang culture and racial "politics" that exist within the dorms. As one person explains,

    > *"Anything in here is hard because it depends on who you are, what race, whether you're in a gang. Too many politics."*

    Inside the jail, the constraints of a strict hierarchy may prevent gang members from requesting or accessing services. A CTU staff member stated that "*gangs dictate the rules, a gang leader might tell the inmate not to ask for help.*" For example, in many housing units, 'shot callers'—leaders of the gang structures within each unit—must approve any contact with service providers. Even when approved, the action of receiving any services is stigmatized, preventing effective service provision.

    Aside from specific gang intervention efforts like Homeboy Industries, most jail and community reentry services do not effectively tailor services to reach this population.[80] Similarly, one person held in the jail explained that, *"They have the school dorm but we [Latinos] can't do that. Other Latinos think you're trying to hide something [if you are] in a special dorm."* Outside the jail, gang membership may hinder a person's ability to travel to specific neighborhoods for services or may make someone ineligible for services.

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[80] As described on its website, Homeboy Industries, "Started as a jobs program offering alternatives to gang violence in one of the toughest neighborhoods in Los Angeles, Homeboy assists at-risk, recently released, and formerly gang involved youth to become contributing members of their communities through a variety of services in response to their multiple needs." Homeboy provides services in a number of domains, including employment, education, substance use, mental health, and tattoo removal (see http://homeboy-industries.org/index.php/about-us/).

- ***Challenges related to language and cultural responsiveness.*** There is a perception among community stakeholders that CTU staff members do not share cultural, language, or socioeconomic backgrounds with their clients.[81] This may be a misperception or may indicate conflation of CTU staff with general LASD guards. From Vera's observations, while CTU employees may have very different socioeconomic backgrounds from the people they serve in the jail (and by virtue of employment with LASD do not have personal experience with the criminal justice system), many staff members are people of color and a number of them speak Spanish and/or other languages.

  Individuals held in the jail and CTU staff noted that most of the forms, announcements, and programming related to reentry services are not available in Spanish, except by special request for translation. While feasible to get translation services, many people may be unaware of this possibility or may be reticent about making any special requests.

  This issue presents challenges for community providers as well. The shifting demographics of South Los Angeles from an African American majority to a Latino majority have not been reflected in the service orientation of some providers with a history of serving African American clients. As one stakeholder noted, South Los Angeles organizations were "*historically equipped to serve African Americans, but now things are different and providers need training and awareness of Latino community issues.*"

- ***Perceived lack of mental health services in the general population.*** When asked about their mental health, a number of people held in the jail who were interviewed for this study expressed a desire to "*let out my problems*" or "*release things from [my] mind.*" One interviewee discussed his concern that the only treatment available was medication:

  > "*I could definitely use some type of therapy, counseling. On the outside there are places but I don't think it exists in here. I just went through something extremely traumatic. They just want to put me on meds but I don't want to be on meds. I don't want to get an addiction to anything. That's not the type of behavior change I want to engage in.*"

- ***Positive experiences with peer mentoring services.*** A number of people held in the jail referenced the benefits of programs that use peer-mentoring strategies to overcome many of the barriers to providing services in the jail environment. A common theme in these comments was the belief that peer mentors or educators are able to "inspire" and motivate people in the jail in a way that is unique to people who have a shared experience. When talking about the facilitator of a spiritual growth class, one interviewee explained:

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[81] Individuals who appear in the CTU database are disproportionately black and white as compared to the general jail population, and Latinos are comparatively underrepresented; while only 31 percent of the jail population is black, 43 percent of bookings in the CTU database were associated with people who were recorded as black; on the other hand, only 29 percent of bookings in the CTU database were associated with people who were recorded at Latino, but 49 percent of jail bookings were for people who were Latino. While more research needs to be done to explore this issue, it does suggest a need to consider ways to improve service outreach to the Latino population.

> *"This program has changed me… [The facilitator] opened up and shed tears about her past and how much she's changed. That really spoke to me because she also has kids and similar life experiences. She pounded it into me−I'm not coming back."*

The benefits of peer mentoring programs were underscored by a number of stakeholders, including CTU staff and community interviewees, who highlighted that peer mentors help overcome a number of the trust issues associated with providing services in the jail, can enhance motivation to change, and may address issues related to the cultural responsiveness of services. One CTU staff person noted that peer mentoring may be the best chance of connecting with 18 to 25 year olds and gang members—two (often overlapping) groups that numerous stakeholders named as the most challenging populations to engage in reentry services. This CTU staff person explained:

> *"They can talk to the inmate on a level we can't. If I'm an ex-gang member, I can tell when another gang member is lying… I think it's pertinent and important to continue bringing in people from the outside who have experience with case management and have experience with the system… these guys are able to turn them around in a really fast manner. Peer mentorship, it's huge."*

## PART E – RECOMMENDATIONS

- ▪ ***Take steps to differentiate CTU staff from other LASD staff.*** CTU should strongly consider returning to the polo-shirt uniforms in order to differentiate CTU staff from guards and to encourage trust and engagement with clients. This idea was supported by CTU staff, who noted that the difference in uniform provided a clear visual way of differentiating them from other LASD custody personnel.

- ▪ ***Ensure the privacy of all client interactions with the CTU and other service providers.*** Based on the observations of Vera researchers in Men's Central Jail, the LASD should consider creating a private and protected area for interactions between jail reentry service staff, external service providers and reentry service clients. The structure of certain facilities like NCCF allows CTU staff working in these locations to issue hall passes to their clients, enabling them to walk to private offices located in the jail. The physical environment of some of the older jail facilities−Men's Central in particular−is more challenging in this regard. However, LASD should consider expanding the use of hall passes across the network of jails, allowing people to walk to private locations and so minimizing concerns about intimidation by deputies or gang members in the jail. The pending closure of some of MCJ may provide an opportunity to implement this change, as individuals held in MCJ are relocated to other facilities that may be more amenable to these strategies.[82]

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[82] R. Faturechi, 2012.

- ***Enhance the cultural responsiveness of reentry services.*** A perception that the CTU lacks cultural responsiveness may be limiting service engagement and damaging community relations. The CTU should make a concerted effort to make all services more culturally responsive and to share this information with community stakeholders. On a basic level, all announcements, services, and request forms should be available in Spanish. As mentioned above, expanding peer mentorship programs in the jail may also enhance the capacity, reach, and cultural responsiveness of reentry services. In addition, it may be beneficial to use specialized approaches for certain populations, like gang members and young people:

  o ***Promote the engagement of shot callers in services.*** A few stakeholders suggested that targeting outreach to "shot callers" (the gang leader in each jail housing unit) or other higher-ups in the gang structure may have a trickle-down effect. If gang leaders buy-in to services, it may increase the odds that they will allow others within the gang to take part as well. This approach would require careful implementation and the support of external organizations experienced in gang-related issues.

  o ***Expand use of peer mentors and peer educators.*** Given the positive response from people held in the jail, as well as community-based and jail-based service providers, the CTU and other service providers should consider expanding peer mentor programs in order to overcome trust issues that discourage engagement, particularly among young adults (18 to 25) and gang members. This recommendation is supported by research, which has found that peer mentoring plays an important role in reentry: One literature review explains:

    > *"...a critical factor in successful reentry was having similarly situated staff members who could serve as powerful and credible role models that the clients could identify and bond with, learn from, and be inspired by. This effect was particularly strong if the staff members came from the same neighborhoods as the clients."[83]*

    Research has shown that peer mentoring programs are not only beneficial to clients, but to the mentors and service organizations as well, contributing to the ongoing rehabilitation of mentors and providing service organizations with employees who are committed, passionate, and as effective (or more so) than professionally trained employees.[84] LASD should continue its policy of providing security clearance in select cases to individuals who have previous criminal justice system involvement, and would normally be denied access.

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[83]For a detailed summary of the research literature, including descriptions of the benefits to clients, mentors, and reentry services organizations of peer mentoring programs, see John Jay College of Criminal Justice, CUNY and The Fortune Society, *Employing Your Mission: Building Cultural Competence in Reentry Service Agencies*, http://www.jjay.cuny.edu/TOOL_KIT_2Employing_Your_MissionFINALLoResEmailable110501.pdf.
[84] Ibid.

**Promising Practice**
**Amity Foundation Mentoring Program**

The Amity Foundation's Mentoring Program is largely based on the Extensions curriculum created by Naya Arbiter and Fernando Mendez.[85] The curriculum encourages a holistic approach to change−rather than just addressing the symptoms of problems−and covers a wide range of topics, including: "Criminal and Addictive Thinking, Anger Management, Aggression and Violence, Domestic Violence, Relapse Prevention, Parenting, Health Education, and Substance Abuse Education." One-hour group sessions on these topics are led within the jail by an Amity Foundation peer mentor who has a history of criminal justice involvement, who provides experiences from his or her own life in order to spur conversation and foster a sense of trust among the group. The program is intended to last six months, with a year of follow-up after release. Participants may also seek placement in one of Amity's aftercare residential facilities, which are based upon the therapeutic community model.

- ▪ ***Evaluate and expand existing promising programs.*** A number of existing programs have received positive feedback from a range of people held in the jail, community service providers and leaders, and jail staff. These include education-based incarceration programs, like MERIT and SMART, organizations with peer mentoring components, like Homeboy Industries and the Amity Foundation, and the Just In Reach program. It is important that these programs are evaluated to demonstrate effectiveness; establishing empirical support for programs is instrumental in demonstrating their value to key decision makers and enhancing the ability to fundraise for program expansions. *Chapter Three* includes a more detailed discussion of program evaluation.

## PART F: TRANSITION INTO THE COMMUNITY

The first few days and weeks immediately following reentry into the community are critical for the success of people leaving jail. Research shows that people returning home from prison and jails are at greatest risk of rearrest during the first few months following release.[86] Drug users who have abstained from use while in jail are at elevated risk of overdose during the first days and weeks in the community and people who received pharmacotherapy for mental illness while in custody require uninterrupted access to medication to avoid rapid deterioration of their mental health.[87] In addition, people often need support to reintegrate with their families, find work,

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[85] Amity Foundation, "Story of Hope," http://www.amityfdn.org/Continued.php (accessed May 14, 2012); and Extensions LLC, "Naya Arbiter Extensions Curriculum for Relapse Prevention and Recidivism Reduction," http://webcache.googleusercontent.com/search?q=cache:nXrXOt8ZjkAJ:www.extensionsllc.com/+&cd=1&hl=en&ct=clnk&gl=us (accessed May 2, 2012).
[86] P.A. Lanagan and D.J. Levin, *Recidivism of Prisoners Released in 1994* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2002).
[87] L.C. Merall, A. Kariminia, I.A. Binswanger, M.S. Hobbs, M. Farrell, J. Marsden, S.J. Hutchinson, and S.M. Bird, "Meta-analysis of drug-related deaths soon after release from prison," *Addiction* 105, no. 9 (2010): 1545-1554.

secure housing and avoid the temptation of substance use.[88] Without support from community service providers and access to medical services, any progress made in jail as the result of contact with reentry services can easily be lost. The key to a successful transition is ensuring that service plans continue when people return to the community.

# PART F – FINDINGS

- **Unpredictable release times.** People may be released from jail at any time of day or night, either from court or from the jail, presenting significant challenges for successful reentry. Many discharge plans include a specific plan for transition at the moment of release from jail, especially for high need clients. These plans cannot be followed if the CTU or other service providers do not know when someone is about to be released. When asked about the biggest challenges in reentry service, a CTU staff member answered: *"the release process—knowing when someone will be released. You see someone one day, discuss a plan, then two days later they're gone."* This is particularly important for substance users and people with mental health needs who need to transfer directly into a program to have a chance at success in the community.

- **Debates around the expansion of services in the jail.** LASD is currently engaged in a significant expansion of jail-based services, including jail in-reach, educational programming, and the new Community Transition Reentry Center. A number of stakeholders and some people interviewed in custody felt that, given the lack of resources for community services, funding should not be directed towards the jail. One person in custody emphasized that he doesn't need services in the jail, he needs them in the community. Others talked about not trusting the jail and the idea that jail is for punishment, not rehabilitation.

  Similarly, the majority of providers in the study do not believe that the LASD should be in the business of providing services at all, and that there should definitely not be an expansion of LASD reentry services. One of the specific issues raised is that uniformed CTU staff—who started as guards and typically lack social work or case management experience and training—are not able to establish the level of trust or quality of service provision needed to truly help people in jail. One provider working in the jail stated that: "*a lot of the guys are interested until they see the CTU officer in the uniform. They don't want to talk to someone who works for the Sheriff's Department.*" Additionally, a number of CBO interviewees expressed serious doubts about people choosing to access services at the CTRC after release or returning to the jail for services.

- **Jail in-reach services.** The CTU is engaged in a large expansion of "jail in-reach" through Just In Reach and the CTRC. Following the jail in-reach model, both initiatives allow for community service organizations and agencies to provide services within the jail in order to foster relationships with clients before they are released. Despite the reticence expressed by

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[88] A.L. Solomon, J. Osborne, S. LoBuglio, J. Mellow, and D. Mukamal, *Life After Lockup: Improving Reentry from the Jail to the Community* (Washington, DC: Urban Institute, 2008).

community stakeholders, this approach is supported by the comments of many people held in the jail who were interviewed by Vera. These interviewees emphasized the importance of inviting community organizations to come into the jail to provide services, like peer mentoring, and the benefit of beginning the reentry process while still in the jail, by reinstating benefits, obtaining identification, and applying for jobs.

For many community stakeholders, their skepticism about jail services generally also applied to these specific efforts to expand jail in-reach. Some CTU staff saw this as a key reason to *expand* in-reach services, however, suggesting that it is essential to bring more community service providers into the jail to do what LASD and the CTU cannot.

One community stakeholder echoed this idea, stating that, "*Any services provided only by LASD will not be well received. [We] need to provide non-profits the access to reach inmates, then work with CTU for screening.*" However, this person also cautioned against "*[providing] too high a level of service while people are in there – [they] do not trust it.*"

- ***Tension between social supports and negative influences in the community.*** Some community stakeholders highlighted a tension that exists for many people leaving jail who need support from family and friends during the reentry process, yet also need to resist family, peer, and environmental pressures to engage in criminal activity. Interviews with people held in the jail supported this notion. For example, 51 people interviewed for the study while they were held in the jail noted that either "drinking and/or smoking buddies" or gang members were one of their sources of social support, meaning they could talk to them if they were upset, ask them for financial support, or relax and spend time with them. At the same time, some of these individuals also noted a need to remove themselves from the negative influence of the neighborhood in order to stay out of trouble.

## PART F – RECOMMENDATIONS

- ***Address community concerns regarding the expansion of jail-based services.*** As LASD carries out planned expansions to jail-based services, it is essential that it address the community concerns identified in this study. In particular, it will be important to include community providers and other stakeholders in the design and implementation of new programs in order to build support and consensus. LASD should continue to use a competitive process to select in-reach providers. In order to maximize the volume of applicants, LASD should ensure that requests for proposals are publicized to a wide range of community providers and that the application process is straight-forward and feasible for service providers with limited resources. Such steps may encourage CBO buy-in and improve the overall level of service. In addition, increasing transparency about funding sources and the restrictions on use of Inmate Welfare Funds may help address some of the issues raised by community stakeholders. Additional recommendations about improving coordination with community-based stakeholders may be found in *Chapter Four, Part B*.

- ***Expand jail in-reach services.*** Best practices dictate that people with high levels of need be released directly to a community-based program. One way of maximizing continuity of

service provision is to use the jail in-reach to link people in the jail with community service providers before release.[89] Vera supports CTU's plans to expand these services. In order to be successful, however, this effort must be conducted in tandem with general initiatives to improve relationships with community services providers, as described above.

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**Promising Practice**
**Just In Reach**

A partnership between Volunteers of America, Amity Foundation, and the LASD with funding from the Corporation for Supportive Housing, Just In Reach aims to help individuals obtain permanent housing through comprehensive case management, job development services, and mentoring. The underlying principle of the in-reach model is that, by forging relationships between reentry service clients and community based providers while people are still held in the jail, the likelihood that they will engage with services upon release is increased. The target population for the Just In Reach program includes people who have been in jail three times in the last three years and who have been homeless three times in the last five years.

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- ▪ *Expand and enhance initiatives to provide support to reentry clients at the moment of release.* The moment of release is critical to successful reentry. If individuals are released directly to the streets with no resources and nowhere to go, they will be even more vulnerable during a period of heightened risk of reoffending and relapse. Immediately upon release, individuals have several basic needs, including: identification and benefits, clothing, housing, appropriate medication, and transportation to a safe place.

  There are a number of interventions which can ease the transition by addressing these needs, including the provision of necessary materials, providing transportation to treatment programs, and management of the release decision itself.[90] The CTRC aims to provide support in many of these realms (see following description for further details). As noted previously, however, competing priorities and a desire to leave the jail premises as quickly as possible may mean that many people will not take advantage of these services immediately upon release from jail. Service engagement may be bolstered by advertising these services in the jail or engaging people in CTRC-provided services in the days preceding their release.

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**Promising Practice**
**Community Transition Reentry Center (CTRC)**

The CTU is in the process of developing a new reentry clinic. Immediately upon release, access will be available to the CTRC, located in the lobby of the IRC. The CTRC will provide medical treatment, pharmacy services, and support to obtain identification cards, copies of birth certificates, re-instatement of government benefits, disability services, referrals to community services, taxi vouchers, bus tokens, and transportation to treatment facilities via shuttle vehicles.

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[89] A. Crayton, L. Ressler, D.A. Mukamal, J. Jannetta, and K. Warwick, *Partnering with Jails to Improve Reentry: A Guidebook for Community-Based Organizations*, Urban Institute, August 2010.
[90] Solomon et al., 2008.

- **_Provide incentives to CBOs to stay in touch with clients in the community._** Once people are linked to service providers in the community, it is important to maximize post-release service retention. Strategies to maximize engagement may include providing transportation to service provider locations, proactive outreach to contact clients who miss appointments and the use of peer outreach, and 'sponsorship' and other types of mentor support to maximize engagement. Because these strategies for maintaining contact with formerly incarcerated clients are resource intensive, LASD and other funders should consider providing payments based on the number of clients that reach key service-contact milestones following release. These payments should be based on the level of client need. For example, maintaining contact with homeless clients who have co-occurring mental health and substance abuse disorders requires a significant investment of resources compared to other client groups, and this difference should be reflected in the level of reimbursement.

- **_Build on the support offered by families and friends by involving them in reentry planning._** Families are an essential source of support for many people leaving jail. Relatives can help find employment, financial support and accommodation.[91] For example, of the 80 people who were interviewed for this study while they were in LASD custody, the majority (n=44) expected to live with a family member or partner upon release from jail. Reuniting families can also yield benefits for partners and children of people returning from jail, such as increased family stability, enhanced emotional and financial supports, and improved educational outcomes for children.[92]

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**Promising Approaches**
**Engaging Families in the Jail Reentry Process[93]**

During incarceration
- Ask about family relationships and pro-social supports as part of jail intake assessments
- Incorporate family and peer supports into reentry case plan
- Create strengths-based reentry goals that build on existing family and peer supports
- Encourage inmates to maintain contact with family members by calling or writing
- Provide an opportunity to discuss concerns about parenting and/or custody issues
- Adopt policies that encourage family visitation, like providing transportation for family members and family-friendly visiting rooms

Preparing for the transition to the community
- Notify families of expected release dates (when known)
- Offer pamphlets, classes and other resources to help family members prepare for the return of their formerly incarcerated relative
- Provide parenting classes and other resources to support reunification with children
- Work with probation agencies to incorporate an awareness of the importance of family into community supervision practices

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[91] diZerega, 2010.
[92] T.R. Clear et al, 2001; C.W. Nord and J. West, 2001; and  J. Fields, 2003.
[93] Adapted from diZerega, 2010.

# Chapter Three
## Operations & Efficiency

While the CTU requires a significant investment of additional resources in order to meet the potential level of need for reentry services, it is equally important to ensure that current resources are used as efficiently as possible. The way that reentry services are managed and organized inside the jail has a major bearing on the impact and reach of those services. In particular, the current study highlighted issues related to standardization of procedures, staff training, and data management. The findings and recommendations in this chapter are organized under the following headings:

   A. *the recruitment, training, and management of CTU staff*;
   B. *data entry, management, and use*; and
   C. *the evaluation of reentry services*.

These areas are particularly important to consider as LASD implements the Community Transition Resource Center and temporary housing program, and manages the new COMPAS assessment system.

As noted previously, capacity constraints are a key challenge facing the CTU and reentry services in the jail more generally. The CTU currently employs 23 staff people to provide services to a jail population of more than 16,000, with plans to add 18 custody assistants, three deputies, and one sergeant. While this report outlines a number of ways to maximize the efficient use of resources, these strategies will not be sufficient to address the severe understaffing of the CTU. It is essential that the CTU staff and reentry services scale up to meet the demands of the jail population, particularly in light of the increasing burdens on the jail as a result of realignment.

## PART A: RECRUITMENT, TRAINING, & MANAGEMENT OF CTU STAFF

CTU activities would benefit from standardized protocols, particularly in the areas of staff recruitment and training, intake and data entry, and case management. Developing shared approaches and service standards in these areas would serve the dual purpose of: a) improving the efficiency, impact, and reach of reentry services; and b) enhancing the validity of outcome evaluations by ensuring that program implementation is consistent and that the requisite outcome data are available for analysis.

# PART A – FINDINGS

- **CTU staff eligibility.** CTU staff seem genuinely committed to their work and to the belief that people in custody can change their lives; however, the lack of standardized hiring and training requirements may impede the unit's efficiency. Vera was told that the CTU does not have formal hiring criteria (e.g., minimum number of years with LASD, educational qualifications) and that new staff are selected based on attendance records, expressed interest, and an interview with the CTU director. CTU custody assistants described the key skills a staff person should possess as compassion, patience (for dealing with people in custody and outside agencies), and interpersonal skills.

- **CTU staff training.** Most CTU staff do not have experience in social work, case management, counseling, or other social service disciplines, so all training in this realm is conducted on the job. Training for newly recruited CTU employees is provided by more experienced CTU staff members. The only mandatory training component involves a brief period where new recruits 'shadow' existing staff, observing interactions with CTU clients. The training period officially ends when new staff complete a check-off form with an experienced officer, certifying that they are familiar with the unit's policies and procedures on: case management; data entry and information systems; officer safety; client identification and assessment; engagement; release planning; and client monitoring and tracking. The form appears to be out dated (e.g., references use of the homeless list), however, and does not provide more detailed guidance on how staff should be trained on each topic. CTU staff would benefit from a more structured training protocol. While potentially effective, the shadowing method is not easily replicable; training varies significantly depending on the person conducting it and the facility where it takes place. One staff member paraphrased his training experience, saying he was essentially told, "*This is the goal, there are the resources, there are the inmates, work with it.*" The training was described more as a "*familiarization*" than a formal training, a "*learn as you go*" approach. Vera was told that a staff member who often conducts the training provides new staff with a packet containing samples of the resource guide, inmate request form, and an intake form and arranges for new recruits to observe CTU custody assistants during their daily activities. Vera did not learn about any formal orientation regarding the CTU core mission or any standardized training on intake, data entry, or service provision.

- **CTU mission and role.** At a macro level, CTU staff and managers have a shared understanding of a core mission to improve reentry outcomes for individuals leaving the jail; however, there are a variety of interpretations of what a successful reentry outcome means and how the CTU works towards that end goal. When asked about the CTU's main goal, three staff members gave overlapping but different answers—some focused on the very short-term and others on the long-term: "*To transition inmates back to the community*," "*To lower the rate of recidivism*," and "*To successfully transition someone from custody into a program.*" In regard to how the CTU should accomplish these goals, managers tended to talk about providing comprehensive wraparound services for reentry clients while several CTU custody assistants described more short-term goals of connecting clients to basic benefits like General Relief and social security. Vera also heard conflicting responses about the role of

custody assistants, with some describing themselves as case managers and others describing themselves as "liaisons" whose primary role is to make referrals.

- ***CTU service provision.*** Individual CTU staff members have designed their own methods and procedures for providing services. According to a number of CTU staff interviewed as part of this study, these procedures are based on the culture of the specific jail facility where they work and the level of access (to people in custody, resources, and other staff) available to CTU custody assistants working in a variety of settings. Other procedures are linked to personal preference; for instance, some staff created their own intake questionnaires, others informally track service referrals after release, and others focus their outreach efforts on certain dorms.

- ***Lack of formalized supervision processes.*** While CTU staff noted that they can seek support from CTU management as necessary, there are no standard procedures in place for oversight of case management and Vera researchers did not observe or learn about any form of clinical supervision. For instance, the CTU does not currently hold case conferences or regular staff meetings for CTU custody assistants to report back on their caseloads, address issues, or request input from CTU management or other staff members—a standard practice in most case management programs. CTU staff noted that they engage in this process in an informal way, reaching out to other staff members or management if an issue arises.

# PART A – RECOMMENDATIONS

CTU can build upon the dedication and experience of its staff members to increase the number of people it is able to reach and the effectiveness of its services by considering the following recommendations:

- ***Increase standardization of CTU procedures.*** While some flexibility may be appropriate—and even desirable based on the difference in culture across facilities and the varying needs of different client groups—some overall standardization would help improve outreach efforts and the effectiveness of reentry services. Specifically, the CTU could significantly increase staff efficiency and client outcomes by formalizing standard operating procedures for a range of activities, including training, intake procedures, data entry, supervision, and tracking clients in the community, among others. Standardizing practices will help ensure that CTU staff act consistently across facilities.[94] Because people in custody are moved so often within the jail, they are more likely to stay engaged in services if they can expect the same type and manner of service from all CTU custody assistants. In addition, standardizing procedures will increase the capacity of the CTU to conduct meaningful evaluation of the performance of both individual custody assistants and the program overall. Two key ways to enhance standardization include the creation of a detailed staff manual (which would put these standard procedures in writing) and developing a more extensive training curriculum (which would ensure that all new CTU staff are trained in the same way).

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[94] For example, the CTU protocol could require all CTU staff to make daily announcements offering services and to follow up with clients within two days of receiving a referral.

- ***Create a step-by-step staff manual.*** While any documents created to guide the provision of reentry services in the jail should allow for flexibility, a CTU staff manual would serve as an important tool for training and an ongoing reference guide for staff, providing service standards and clarifying any discrepancies about CTU mission, role, and service provision. The guide would also support staff in making decisions when unexpected situations arise in the course of their work. This manual could include:

  - The mission statement and description of the CTU's role;
  - Clear guidelines on target population, assessments, triage system, and service model;
  - A checklist to guide staff-client interactions;
  - An "FAQ" section; sample scenarios ("what ifs");
  - A description of other jail service providers and the CTU staff's role in relation to those entities, such as DMH and CBOs; and,
  - Information on recognizing mental illness, suicidality, substance use, etc.

- ***Develop more intensive training activities.*** Although custody assistants who care about reentry services already seem to gravitate toward the CTU, expanding training activities would help ensure that new staff understand CTU procedures (improving consistency across facilities) and that they acquire the skills needed to perform the specialized duties of a CTU custody assistant. Additional trainings for current staff would bolster capacity to serve clients as effectively as possible. Specifically, LASD may want to consider implementing the following training activities:

  - Involve new staff in mock client interviews;
  - Explore the possibility of providing specialized training to certain CTU staff in areas like motivational interviewing and mental health;
  - Require a longer period of shadowing current employees and instituting follow-up with the trainer who would observe the new employee in a service setting;

  As discussed in *Chapter Four: Coordination*, LASD and CBOs may want to consider joint trainings as a cost effective means to raise the overall level of reentry service and to encourage collaboration and trust among jail and community based providers.

- ***Develop routine supervision activities.*** Regularizing supervision of custody assistants would allow management to ensure that staff are following the standard procedures (intake procedures, data entry, etc.) and provide ongoing support for staff—thus improving the capacity and impact of the CTU. LASD may want to consider implementing the following supervision activities:

  - Implement regular case management meetings to provide a forum for a) discussing emergent client needs, b) sharing information on effective practices, and c) advising and troubleshooting with management and staff when problems arise;
  - Develop individual performance measures for CTU staff (e.g. number of clients contacted, referrals to community providers or average time from receiving a referral to first client contact); and

o   Conduct annual or semi-annual reviews of custody assistants' work, including a review of individual performance measures, discussion of training needs, and feedback on performance and professional goals.

▪ ***Create mid-level clinical supervisory positions to provide additional support and clinical oversight for CTU custody assistants.*** The CTU may want to consider having 2-3 people with clinical training on staff (e.g., an individual with a Masters in Social Work or Credentialed Alcoholism and Substance Abuse Counselor qualification). These individuals would not be responsible for CTU strategy or policy, but could provide both clinical oversight and mentorship for the other custody assistants and case management services for CTU clients who require more intensive supports. While these individuals could be hired externally, Vera recognizes the value of experiences gained from working in a custodial environment, and the CTU may want to consider providing additional training for existing CTU staff. For instance, the CTU could provide incentives for CTU custody assistants to pursue additional education, such as opportunities for promotion, tuition credits, or salary increases.

## PART B: DATA ENTRY, MANAGEMENT, & USE

There are a number of ways that data can be used to improve reentry planning, including identifying individuals to target for reentry services, facilitating case management and staff accountability, and providing ongoing performance measurement metrics for assessing service engagement and recidivism. In 2007, Vera reviewed the CTU's FAST database and provided a number of recommendations on how it could be improved for these purposes. CTU is currently implementing a COMPAS assessment and case management system developed by Northpointe (as previously noted). LASD plans to use the results of the COMPAS assessment to determine eligibility for release into CBAC programs in order to reduce the jail population, and the CTU plans to use the system to replace FAST for case management purposes.[95]

### PART B - FINDINGS

▪ ***LASD multiple data systems do not easily interface.*** LASD uses many data systems for jail management purposes, including the Automated Justice Information System (AJIS), the Jail Inmate Classification System (JICS), the Jail Health Information System (JHIS), the DMH Information System (IS), and CTU's FAST data system (soon to be replaced by the Northpointe database). These systems do not communicate sufficiently to support CTU reentry services. For example, IS is completely separate from other jail databases and DMH data on client needs cannot easily be shared with the CTU when someone returns to the

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[95] Vera was not able to conduct a review of the CTU's new Northpointe data system at the time of writing and a number of these recommendations may be incorporated into these systems.

general population from Twin Towers.[96] Furthermore, the lack of interface between FAST and other jail databases presents a lost opportunity to improve the efficiency of reentry services.[97] Specifically, if CTU's system interfaced with other databases it could help:

- o inform decisions about which groups to target based on administrative data records;
- o minimize duplicate data entry; and
- o quickly locate individuals when they are moved between various LASD facilities.

▪ ***Data are not collected or used in ways that facilitate case management and program oversight.*** CTU collects a significant amount of helpful information about many people in the jail and there are general guidelines for the types of information on CTU requests, referrals, and contacts that should be recorded using the FAST database. However, the CTU does not follow a standard protocol for how custody assistants enter data and provides little oversight of data entry for CTU staff members. Vera researchers were told that individual staff members often decide how to enter information about client requests and contacts, leading staff members to record data in FAST in a variety of ways. For instance, cases that appear as "closed" in the request status field include both successfully completed referrals to services and requests that are disposed of because the client left LASD custody.

Furthermore, as CTU acknowledges, FAST's structure limits its usefulness as a tool for case management or program oversight. One example is that a lot of information is entered in narrative format, rather than using "drop-down" menus with standard responses. This setup makes it difficult to quickly review the status of a given case or to use aggregate data on all CTU contacts to inform program management decisions. In addition, some of the fields in the FAST data system have a character limit, restricting CTU staff from writing longer notes and in some cases forcing staff to delete previous notes in order to enter new information.

In the absence of an effective case management system, some staff members have created their own data collection systems as 'work-arounds' to support their individual case management activities. For instance, one staff member uses his own intake questionnaire to record information about client needs that is not effectively captured by FAST; others record general case management notes in narrative form in personal notebooks.

▪ ***LASD reentry services have no way of identifying repeat entrants.*** There is no system in place to flag CTU clients when they reenter the jail. This inability to flag former clients may result in lost opportunities to quickly reconnect returning clients with their existing CTU case managers, duplication of activities (e.g., if screenings are re-administered and service plans are rewritten), and inefficient use of resources.

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[96] Local and federal regulations govern the release of identifiable data on individuals' diagnosis and treatment but there may still be opportunities to share limited information to improve coordination between DMH and LASD.
[97] LASD plans to populate much of the COMPAS database with data from the Consolidated Criminal History Reporting System (CCHRS).

# PART B – RECOMMENDATIONS

- ***Monitor the implementation of the COMPAS.*** Vera provided a list of recommendations for improving data systems following the 2007 review of the FAST database. As the CTU tests the new COMPAS database, it should ensure that the system addresses these recommendations and meets all of the CTU's and LASD's data needs, such as recording the results of intake assessments, documenting release plans, and using information about a person's service contacts from previous jail stays to inform current service plans. (The main findings from the 2007 report are summarized below.)

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**Data System Recommendations from the 2007 Report**

- Replace FAST with a database better suited to the CTU's case management and evaluation needs. It should interface with other jail databases, automatically populating the database with jail intakes, current client location, and release dates in order to:
    - Minimize duplicate data entry and streamline client identification,
    - Provide a measure of the overall denominator of potential clients,
    - Reduce time wasted tracking individual transfers between different housing units, and
    - Plan services and contacts around projected release dates.
- Use common jail identifiers (CII and booking number) to track CTU clients.
- Make it easier to view an individual's full CTU history across multiple bookings.
- Distinguish clearly between requests for services and CTU contacts.
- Improve the categorization of referral sources, request types, and case statuses to ensure that they are relevant and unambiguous.
- Enhance capacity to monitor post-release outcomes (e.g., service contact, length of contact).
- Explore the possibility of sharing data electronically with community service providers to track outcomes and ease the transition between the jail and the community.

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- ***Build upon existing data existing data to improve identification and targeting of new clients.*[98]** The jail's data systems can be a powerful tool for identifying people who are cycling through the jail without conducting resource-intensive screening and assessment interviews. Information included in the jail's data systems such as a person's current age, their age at first arrest, and history of prior incarcerations can all be used to automatically predict risk of recidivism (see 'using administrative data to predict recidivism' below). This functionality requires a data system that can identify the same clients during recurrent jail stays using a unique identifier; e.g. the Criminal Investigation and Identification number (CII).[99]

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[98] Chapter Two's section on Targeting and Recruitment contains findings and recommendations specifically related to the use of administrative data to improve targeting of reentry services.

[99] Each individual should have a unique CII that is attached to all records of contact with the L.A. County Jail. Theoretically, this number can be used to find an individual's full history of jail admissions (each of which has a unique booking number), allowing the jail to determine an individual's prior jail admissions or rates of recidivism, an important outcome measure for any reentry program.

> **Promising Practices**
> **Using Administrative Data to Predict Recidivism**
>
> Vera researchers working with the New York City Department of Correction (DOC) developed a proxy for recidivism risk using data routinely recorded in the jail's database. To create the Service Priority Indicator (SPI), Vera tracked rates of recidivism for all men who entered the jail during March 2008. A variety of factors in the DOC data were found to significantly predict readmission within one year (age, charge type, number of prior jail admissions, recent prior admission). These factors allow DOC to quickly classify someone entering jail for risk of recidivism. For example, someone older with no prior admissions may be classified as 'low risk' of readmission, versus someone facing a drug charge with a long history of priors, may be classified as 'high risk.' The SPI correlates with actual rates of recidivism; 24 percent of the 'low risk' group were readmitted to DOC custody within one year of release compared to 84 percent of the 'very high' risk group.[100]

- ▪ ***Use data to facilitate case management.*** The CTU should ensure that the new data system allows for the easy identification of people who have previously received CTU services, at the point of admission to the jail. Including an automatic 'flag' in the data system to identify prior reentry service clients will provide an opportunity to reconnect returning inmates with providers who have served them during prior stays, reducing wasted resources on repeated assessments and building on pre-existing client/service-provider relationships.

  Similarly, a data system should automatically update information on housing assignments. CTU custody assistants mentioned that they often waste time looking for clients, when people held in the jail are moved without warning to different housing areas in a facility or to a different jail entirely. At a minimum, CTU staff and other reentry providers should be able to query the jail information system to confirm client location before making a service visit.

  The CTU and other agencies (e.g., DMH, CBOs) working in the jail or serving people after release could share limited assessment and service information, while still maintaining client confidentiality. Information sharing initiatives would allow service providers to capitalize on previously collected data, making services more efficient (avoiding duplicate assessment and intake procedures) and improving the capacity to evaluate service outcomes. For instance, DMH and the CTU could seek client waivers for release of information, which would enable the agencies to share release plans for individuals moving from TTCF to general population. This would help ensure that these clients do not "fall through the cracks" during transfer and that the CTU is aware of the full scope of the individual's needs.

  However, this kind of information sharing is dependent on having adequate data in all systems involved. For example, the CTU database identifies "DMH service users", but this designation covers a range of contact types, ranging from a referral for a DMH evaluation to the provision of intensive therapeutic services. Detailed information on service provision is unavailable owing to the contact narrative structure of the DMH database: DMH staff enter information about client contacts and services in a text field, making it very difficult to search or compile outside of a client's individual record.

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[100] Q. Wei (Vera Institute of Justice), May 1, 2012, personal communication.

- ***Standardize CTU data-entry procedures.*** A formal process for recording basic information on CTU clients would provide valuable information for designing case management plans, tracking outcomes, creating a triage system, and conducting longer term CTU evaluations. A reliable core data set describing CTU clients, the referral source and the services that they received from the CTU would provide a powerful tool for determining the types of people towards whom the CTU and CBOs should focus their outreach efforts—i.e., the characteristics of those people who are likely to benefit the most from reentry services. Standardizing data entry processes would also allow CTU service managers to produce regular performance reports as a tool for providing feedback to staff, ongoing monitoring of the program, and improving service provision. The CTU should also conduct regular reviews of custody assistants' data entry to ensure quality and consistency.

  Before rolling out the new assessment system to the full population, LASD should verify that COMPAS meets all of the CTU's case management needs, such as recording the results of intake assessments, documenting release plans, and linking information from an individual's service contacts from previous stays to inform current service plans.

## PART C: EVALUATION OF REENTRY SERVICES

Few agencies working inside or outside the jail have a sense of the return on their investment in reentry services. Money is spent and assumptions are made about the effects—both financial and substantive—of policy and program choices, without empirical information on the real costs incurred or benefits realized. Yet, this information is essential for policy and budget decision-making, particularly in the current fiscal climate. Outcome data are also increasingly required by funders. Most importantly, evaluation is critical in determining the specific needs of the local reentry population and in measuring the impact of services on reentry outcomes.

## PART C – FINDINGS

- ***Jail and community reentry service providers lack sufficient outcome data and performance measurement systems.*** The jail- and community-based reentry providers interviewed for this study do not have the appropriate data or data systems needed to identify the specific reentry needs of the inmate population and to measure the effectiveness of services provided. LASD and CBO reentry service providers discussed their beliefs and opinions about the services needed by the reentry population but do not, for the most part, track any measurable data on this. Similarly, the CTU and many CBOs involved in this study did not discuss any formal efforts to evaluate the success of their programs, or even to define what success would mean—from a client showing up after a referral for services, to securing employment, to preventing recidivism. Notably, a few organizations have previously conducted large-scale program evaluations or are currently working with program evaluators (e.g., Amity Foundation, Homeboy Industries).

One specific issue is that there is currently no comprehensive attempt to track people as they leave the jail, making it difficult to determine the extent to which the CTU and other LASD reentry service providers are linking their clients with community-based services. Vera researchers were told that a 60-day client follow-up was required at one point, to see if clients made contact with service providers, but that any tracking is now at the discretion of individual staff members. Certain CTU staff members check informally with service providers or directly with clients after release, but these efforts may not be captured in any data systems.

- *CBOs have limited institutional support for data collection and evaluation.* CBOs are well aware of the increasing importance of evaluation to funders. But a number of smaller organizations expressed frustration because funds are not typically available to support data collection or analysis. While several community stakeholders mentioned the onerous administrative burdens required by grantors, they did not talk about evaluation as a way to improve and tailor their own programs. Organizations such as the Community Coalition have tried to fill this gap by providing capacity-building services, but these organizations struggle with securing funding for this type of work.

# PART C – RECOMMENDATIONS

- *Track reentry outcomes by requiring service providers to record a core data set on client contact with post-release services.* As previously stated, reentry services are most effective if they continue into the community. While there is currently no system to monitor contact with providers after their clients are released, the CTU is working to address this issue (see *Promising Practice: Tracking Reentry Outcomes*, below). Vera supports this plan as a way of collating data on engagement for case management and evaluation purposes.

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**Promising Practice**
**Tracking Reentry Outcomes**

As part of the CTRC, the CTU plans to use a COMPAS case management database to allow the LASD and its partners to collect and track service referrals, arrest patterns, length of stay, and mental health needs. CTU also plans to use the database to increase collaboration with the Probation Department and DMH. Furthermore, the CTU intends to use a web-based system that complements the COMPAS to improve its capacity to track reentry outcomes; the CTU aims to have CBOs enter information on mutual reentry clients into this system, thereby providing the CTU with valuable data for tracking purposes.

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- *Identify cost-effective ways to collect outcome data for all reentry programs.* Vera recommends that the CTU and all community-based organizations build evaluation activities into the design of their reentry programs. Large scale, in-depth program evaluations are important and provide detailed information, but they typically require significant investments of time and funding. Many agencies and community-based organizations are not in a position to conduct comprehensive evaluations, but they can design and administer performance management plans that regularly collect quantitative information that can be used to

demonstrate outcomes and modify programs. Organizations would also gain the flexibility of being able to use these data on an ongoing basis to test and adjust new models before large-scale implementation. Recognizing this need, The California Endowment is addressing this issue for its grantees (and others) through its Evaluation Department, which provides a variety of resources to help grantees and their communities increase their capacity to evaluate programs. Similarly, the Center for Effective Public Policy has created a coaching packet for agencies to design systems to measure the impact of reentry efforts.[101]

▪ ***Consider opportunities to design multi-agency evaluation activities.*** With little time and money for evaluation, community-based organizations should consider collaborating on creating or updating performance measurement systems. For example, a number of agencies could contract a software company to create a single case management system that would meet the needs of all of the agencies involved, both reducing the costs for any single agency and standardizing the measures agencies collect to monitor performance. A multi-agency group like the Community Coalition, the Los Angeles Regional Reentry Partnership, or the Reentry Roundtable may be appropriate forums for this effort. Organizations could consider joint funding requests to support this work. The CTU should also develop a method to regularly measure its services and make sure that all programs include an evaluation piece.

In designing an evaluation component for reentry services, it is important to consider all of the relevant data elements that are required to understand the provision and impact of services. For example, to assess the impact of services it is important to collect information on all clients prior to service provision to allow for a baseline measurement. This may be achieved by entering information from initial assessments into a case management database. Similarly, to assess the impact of different intervention types, it is important that any case management system records the nature of service contact and service "dosage", including the type, frequency, and period of treatment. Organizations also need to consider what outcomes to measure. Recidivism is one key indicator, but there are a number of factors that can provide useful information, including service engagement, employment, education and housing rates, involvement in mentoring programs, average earnings, and substance use.

The following is a list of important tasks that organizations could approach collectively:
   o Collecting baseline information
   o Developing shared data systems to track service delivery and outcomes
   o Creating a central resource for evaluation advice and technical support
   o Developing joint funding applications

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**Promising Practice**
**Homeboy Industries Evaluation**

Homeboy Industries is currently engaged in a five-year program evaluation conducted by researchers at the University of California, Los Angeles. The evaluation is measuring client outcomes and re-involvement in the criminal justice system. One major challenge of the evaluation was the organization's lack of electronic to track client contacts and services.

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[101] S.B. Rossman and L. Winterfield, *Coaching Packet: Measuring the Impact of Reentry Efforts* (Silver Spring, MD: Center for Effective Public Policy, 2009).

# Chapter Four
## Coordination

Strong collaboration among jail- and community-based service providers is critical for successful reentry. Coordinated services can support a true continuum of care from jail into the community, avoid overlapping or duplicative services, capitalize on the strengths and capacities of different service providers, generate the ability to track client outcomes to evaluate services, and create an opportunity to leverage resources. Many agencies compete for limited funding and jail access, which may inhibit their ability to work together. When asked about collaboration, stakeholders used the following phrases: "*fragmentation of services,*" "*nothing encourages collaboration among agencies,*" "*turf wars,*" and "*no one knows what other agencies in the jail are doing.*" A number of Vera's findings suggest room for improved collaboration between agencies involved in reentry work, including the LASD, CBOs, DMH, Probation, and private funders, among others. Such collaboration will enable agencies with limited funding to pool resources and increase their collective capacity.

This chapter is divided into the following sections:

A. ***Coordination within and between LASD and other government agencies,*** and
B. ***Coordination between LASD and community-based organizations***.

## PART A: COORDINATION WITHIN & BETWEEN LASD AND OTHER GOVERNMENT AGENCIES

There are a number of ways in which the various departments and agencies working with people who are held in the jail could enhance coordination to reduce duplication of activities and streamline service provision, improving individual outcomes and saving resources.

## PART A – FINDINGS

- ***CTU-DMH collaboration.*** Insufficient communication among agencies negatively impacts the transition of people with mental health needs from the jail into the community. One interviewee described "*parallel processes*" for the CTU and DMH for the release of people with mental health needs. The two departments seem to work with minimal collaboration to plan the transition of those vulnerable clients from the jail into the community. At times it is unclear which agency is responsible for transition planning; as a result, some people who require treatment and other supportive services upon release may be overlooked by both agencies. A DMH clinician explained that a release evaluation is conducted for all inmates who are referred for DMH assessment and treatment, and that this information becomes part of the comprehensive release plan that DMH creates for all of their mental health clients. The

release planning process aims to address transportation, housing, mental health care, and medications. However, conversations with psychiatrists who have worked in the jail suggest that DMH release plans vary widely—some are comprehensive and have services in place prior to release, while others are limited to a list of referrals.

Even when a comprehensive release plan is in place, it may be impossible to implement if DMH clients are released at very short notice or in the middle of the night. If a DMH case worker has sufficient notice of a release date, he/she may be able to connect an inmate to a Full Service Partnership (FSP) which provides intensive wraparound services and provides transportation at the time of release. However, DMH clients are often released with insufficient notice to implement the comprehensive release plan. In some cases, the DMH case worker may be able to help inmates activate benefits like Supplemental Security Income (SSI) to pay for the necessary services. If the DMH plan is not shared with the CTU or LASD staff handling the release, however, it may never be executed. To address these issues, Vera researchers were told that there has been some discussion about cross trainings between DMH and CTU staff to improve collaboration and information-sharing, but these trainings have not yet been scheduled.

In addition, there is no standard mechanism for sharing information from DMH assessments and reentry service plans when individuals are transferred from TTCF to other facilities. While some DMH clinicians may refer individuals to the CTU, there is no formal referral mechanism in place for such transfers. Furthermore, once the individual returns to the general population, DMH discontinues working on the release plan. This lack of coordination may cause people to "fall through the cracks" as they move back into the general population. It may also result in duplication of screening activities if the CTU does make contact with an individual who already has a DMH release plan.

- **LASD and CBOs / Los Angeles County Probation Department.** Several interviewees discussed the potential role of the Probation Department in reentry. Certain reentry services, such as drug treatment or employment training, are common conditions of probation for many people when they are released from jail. CBO representatives stated that they have very little communication with the Probation Department, except when they are called in "at the last minute for services" to meet probation conditions, but that there is "not enough time to meet the demands." There was little discussion about the relationship between the CTU and Probation Department. Strong LASD and Probation coordination is especially important with realignment because Probation will be supervising many more people released from jail custody.

## PART A - RECOMMENDATIONS

- **Improve CTU involvement with DMH client release plans.** Although CTU and DMH resources are strained, involving the CTU with DMH client discharge planning may resolve a number of issues. The CTU may be able to coordinate the logistics of releases directly to service providers and could help provide DMH clients with support for important reentry needs, such as reactivation of benefits and identification. Joint clients of these two agencies

may benefit from a coordinated approach to service provision and release planning. In particular, when DMH clients are transferred from TTCF to general population facilities, any pre-existing release plans should be provided to the CTU, with the consent of the client.

- ***Continue and expand efforts to coordinate DMH and LASD release activities.*** The CTU and LASD should continue their efforts to make sure that people with mental health needs are only released once they are connected with DMH or the CTU, regardless of whether the releases are from court or directly from jail. Vera was told that there has been discussion about CTU clients wearing special wristbands to alert LASD staff to involve CTU before release, and this could potentially include DMH clients as well. Discharge plans for all clients with mental health needs, including all DMH and CTU clients (including all assessments, services, medication and special needs), should be shared with community providers before release, with client permission. Vera supports the plan to convene "cross trainings" for CTU and DMH staff.

- ***Consider potential CTU-Probation collaborations.*** There may be potential for the CTU, CBOs and Probation to work together to help newly released people meet their probation conditions. However, these initiatives should target those people who are at high risk of recidivism; research has shown that providing intensive service to those who are low risk may actually increase rates of recidivism.[102] This issue underscores the need for an accurate risk and needs assessment and corresponding service plan that is shared with community providers before release, to ensure that individuals receive the appropriate levels of supervision and services in the community.

## PART B: COORDINATION BETWEEN LASD & COMMUNITY-BASED ORGANIZATIONS

As noted previously, the risk of re-offending or relapse is highest in the period immediately following release from jail, making it is essential that there is a smooth transition from services in the jail to services in the community. This transition requires meaningful communication and coordination between LASD and community services providers. Furthermore, with the recent push towards jail in-reach services, it is imperative that LASD and community stakeholders are able to work together to coordinate services within the jail to ensure successful reentry outcomes.

## PART B - FINDINGS

- ***Jail access for CBOs.*** Many CBO interviewees stated that it is very difficult to gain access to the jail and several people mentioned the belief that special influence or contacts with

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[102] C.T. Lowenkamp and E.J. Latessa, "Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders," *Topics in Community Corrections* (2004): 3-8.

high-ranking LASD officials is required to have a chance at providing services there. Interviewees also mentioned the importance of developing relationships with individual LASD personnel to facilitate day-to-day access and movement within the jail, with the caveat that these relationships must be re-established when staff changes. There are also significant administrative burdens associated with jail access including extensive paperwork and criminal background checks. This delays new programs or personnel changes, and prevents the participation of some people with criminal records who are affiliated with CBOs from providing services, despite the high-demand for peer mentoring services identified by community stakeholders, CTU staff, and people held in the jail.

- ▪ **_Coordination among CBOs._** A number of CBOs and funders expressed frustration that service providers in the target communities do not collaborate enough, thus missing opportunities to leverage resources and strengthen the continuum of local reentry services. They cited a culture of delivering services in Los Angeles County that encourages competition, not collaboration, and cited the number of different reentry groups as evidence.[103] Services are often fragmented, so that employment training may be available at one agency, for example, but benefits or housing support is provided elsewhere. Also, similar services are offered by many different agencies which encourages "turf wars" among agencies as they compete for funding, whether from the LASD, other government agencies, or private foundations.

  There is also little or no coordination among service providers inside the jail. Several organizations working inside the jail stated that they were not aware which other organizations were working there, the services provided, or those organizations' missions. There is no forum for coordination among jail providers organized by LASD or others. This may change if the new CTRC program engages all the agencies working in the jail and provides an opportunity for regular, coordinated communication.

- ▪ **_"Us versus Them" mentality._** While a number of CBOs have worked inside the jail for a long time and have strong relationships with both LASD and the CTU, there is miscommunication and a general lack of trust between LASD and organizations working in the community. Several community-based stakeholders described an "us versus them" mentality. A number of providers interviewed for this study did not believe that the LASD should be in the business of providing reentry services at all and others, while generally supportive of the idea of in-jail services, expressed some reservation about LASD playing this role. Interviewees mentioned that uniformed staff who started as guards and, for the most part, lack social work or case management experience and training, are not able to establish a level of trust and service provision to really help people in jail. One person stated:

  > _"Any services provided only by the Sheriff's Department will not be well received. They need to provide non-profits the access to reach inmates, then work with CTU for screening. They should not provide too high a level of service while people are in there because they do not trust it."_

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[103] Los Angeles area reentry councils include the Los Angles Reentry Roundtable, the Los Angeles Regional Reentry Partnership, and the ACLU/SC Reentry Task Force.

Similarly, another stakeholder expressed their skepticism saying: *"What are they doing having sworn people in a capacity where they need to have trusting relationship with inmates, people who become case managers after three hours of training?"* Interviewees also noted that the CTU cannot continue services after release. CBOs expressed significant reservations about the CTRC, believing that the services will fail to engage individuals in jail custody and will favor the few organizations that already have relationships with the LASD.

It is also evident that miscommunication or misinformation about funding further divides CBOs and the CTU. CBOs expressed the belief that the CTU has unrestricted, unlimited Inmate Welfare Funds and makes arbitrary decisions about awarding funds to community groups. The CTU, however, discussed restricted funds and a strong interest in working to collaborate with CBOs proposing specific projects to find potential funding sources.

- ***Restrictions on community-based reentry services.*** Several community stakeholders and CTU and DMH staff discussed the lack of sufficient inpatient and outpatient community-based services for people with mental health needs who are released from the jail. Many providers have eligibility restrictions or give priority to people who are not involved in the criminal justice system. A psychiatrist who formerly worked in the jail told Vera that outpatient clinics often have a two to six week wait for appointments and may refuse a reentry client because they are too seriously ill or because they do not want to take on patients with open legal cases. Another interviewee mentioned that some providers offer substance abuse services but not mental health services, so those with co-occurring disorders cannot receive all of the services they need in one place.

# PART B - RECOMMENDATIONS

- ***Continue examining how to coordinate release times between the LASD and other providers.*** People are released from the jail at all times of day and night. An ongoing challenge for reentry service providers in the jail is making sure that the CTU and other service providers have advance notice of release for people with discharge plans. Many organizations are only available during business hours so cannot arrange transportation during other times. The LASD has not typically communicated adequately with the CTU or CBOs about releases for CTU clients to ensure that they are either picked up immediately or held until transportation can be provided.

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**Promising Practice**
**Coordinating Jail Releases**

The CTU plans to change procedures for all releases from the jail to CTRC programs, which will only occur Monday to Friday during business hours. The CTU also plans to purchase three shuttle vehicles to transport clients directly to community programs. The new CTRC will be staffed 24 hours per day 7 days a week.[104]

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[104] The CTU will need to monitor these changes to make sure that individuals do not perceive that participation in services will lead to a delayed release, as this may be seen as a disincentive for service engagement.

- *Increase collaboration and communication between the CTU and community providers.* Vera recommends strengthening and formalizing the relationships between CTU and CBOs working in and outside the jail through regular meetings, joint trainings, program evaluation, and information sharing. Trainings on reentry assessment, service provision and evaluation are relevant for both CTU and CBO staff and would facilitate relationships and trust among the groups and should improve the overall level of service. It would also be helpful to provide training to CBOs on CTU intake and case management procedures. A collaborative approach might help dispel misperceptions about CTU funding and jail access. It might be possible to submit a joint funding request to support this type of collaboration and evaluation. For groups working inside the jail or those interested in doing so, the CTU may want to consider creating a mechanism for providing regular briefings. These briefings should explain the process for accessing the jail, identify and describe the groups currently working with the jail, and explore areas for collaboration and/or improvements.

  In addition, CTU representatives often attend local reentry group meetings. As one stakeholder noted, CTU visits and presentations to community groups are an effective way to improve coordination. The CTU could consider expanding these efforts into regular visits to community organizations to discuss jail reentry services and to explain opportunities for collaboration. More intensive community outreach by the CTU may help develop trust and stronger relationships that will help the jail and community providers as they work to address the reentry needs of a larger and longer-term jail population because of realignment.

- *Move to a team case-management approach to reentry.* A reentry team approach involving all organizations working inside the jail would improve case management by bringing together the CTU, CBOs, DMH, and others to create comprehensive reentry plans that address all needs, including medical care, mental health needs, substance use, housing, employment, etc. The group could provide regular case management and review. Team meetings would build relationships among partners and facilitate the discussion of any new issues or concerns. The following description of case management teams provides a useful example of this coordinated approach.

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**Promising Practice**
**Case Management Teams[105]**

In Alexandria, Virginia, case management teams comprised of community providers and jail staff are used to support in-jail treatment and link inmates with community treatment and services. There are regular case reviews by a behavior management team, which includes security personnel, classification personnel, and clinicians (both mental health and medical) who develop a treatment plan integrating the needs of the individual in custody and the institution.

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- *Unify the various Los Angeles County reentry groups into one council.* Los Angeles County boasts several active and engaged reentry groups doing important work, including the Los Angeles Reentry Roundtable and the Los Angeles Regional Reentry Partnership.

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[105] K. Healey, *Case Management in the Criminal Justice System*, Research in Action (Washington, DC: U.S. Department of Justice, National Institute of Justice, 1999, NCJ 173409).

However, a unified council speaking with one voice is particularly important as local communities deal with the impact of realignment. Financial and administrative support is necessary to make a group like this as useful as possible. The council could identify gaps in reentry services in particular communities and address them jointly. A council could also spearhead an advocacy campaign to engage grassroots and elected officials' support around reentry issues. To address community-specific issues, a county-wide council could break down into working groups by geography or issue.

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**Promising Practice**
**Reentry Council of the City & County of San Francisco**

The Reentry Council coordinates local efforts to support adults exiting out of San Francisco County Jail, San Francisco juvenile justice out-of-home placements, the California Department of Corrections and Rehabilitation facilities, and the United States Federal Bureau of Prison facilities. The 23 members include representatives from all relevant government agencies—the Mayor, the Board of Supervisors, criminal justice agencies, social service agencies, health and mental health agencies, three Mayoral appointees, and four individuals appointed by the Board of Supervisors who must be former inmates of the San Francisco County Jail, and/or a state or federal prison facility. In addition to the 23 council members, dozens of individuals serve on three subcommittees, representing a range of individual and organizational stakeholders.

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- ***Address systemic barriers to accessing community service for people leaving the jail.*** A council also creates the opportunity to address barriers to reentry services in the community. Stakeholders identified two areas of particularly high need in both South Los Angeles and Boyle Heights—employment and housing. A reentry council could use and leverage realignment or other funds to build community provider capacity in these areas. A single entity group could also speak with a unified voice to lobby on behalf of individuals returning from jail around common barriers to successful reentry, such as open criminal cases preventing access to DMH outpatient clinics, difficulties accessing the jail for peer mentors with criminal records, or service fees required by certain providers (i.e. fees for counseling or anger management courses).

# Conclusion

This is a critical moment for reentry in Los Angeles County. In the face of shrinking budgets, jail and community-based reentry service providers are under tremendous pressure to respond to the needs of approximately 17,000 people held in the overcrowded L.A. County Jail. The recent state-sponsored realignment is adding to that pressure, with many individuals formerly bound for state prison now being sentenced to terms in the county jail, many longer than one year. Furthermore, as more people are sentenced to local community supervision, there may also be increasing numbers of people spending time in the jail after violating probation and parole conditions.

At the same time, LASD is in the process of significantly revising its approach to reentry services with, most notably, a new focus on assessment and case management, Education-Based Incarceration, and the planned Community Transition Reentry Center. LASD plans to use new tools to assess individuals' risk and needs, move eligible individuals into community-based alternatives to incarceration, and design and evaluate service plans to address the needs of those who remain in jail custody. The Department is also implementing the EBI initiative throughout the jail to identify and provide appropriate programming for eligible individuals in custody—including academic, vocational, and life skills. The Community Transition Reentry Center aims to meet the immediate needs of people at the time of release and to increase access to community-based organizations. In addition, the jail has reinstated the Just In Reach program, based on local research findings and national best practices that suggest that this approach is an effective model for providing reentry services. The CTU is also in the process of implementing a new data-system to address longstanding problems with the previous FAST database.

This combination of innovative programming and investment in reentry services present an important opportunity for stakeholders in the jail, in communities and in funding agencies to re-evaluate the best use of the county's costly jail beds and to focus resources on reducing recidivism. This report is intended to help the LASD and its community partners step back and rethink reentry services in the jail and during the critical transition from jail to home. This is the time to examine what works, what does not, and why. With a growing jail population, it is of paramount importance that the LASD and its community partners coordinate the use of their limited resources to provide services that will help people succeed in the community upon release from jail, thus reducing the likelihood of rearrest.

Although many promising programs are in place or planned, significant barriers threaten to undermine LASD's new efforts to reinvigorate reentry services. An underlying theme throughout Vera's findings was a significant lack of trust and coordination between LASD and community stakeholders. All stakeholders must keep this in mind while planning or implementing any reentry services; a supported transition between the jail and community is critical and the events of the immediate hours or days after release often dictate whether an individual returns to jail or succeeds in the community. A number of recommendations in the report are aimed at strengthening the collaboration between jail and community-based providers in order to support the transition home and to make sure that reentry resources are used in the most effective way possible.

Vera's recommendations can be distilled into several major themes—(1) maximizing the use of existing resources, (2) ensuring the integrity of the reentry expansion that is currently underway; and (3) building capacity by making the case that services work and lead to cost-savings.

## MAXMIZE THE USE OF EXISTING RESOURCES

First, the report describes several ways to enhance LASD's existing reentry resources to make them as effective as possible. _Target reentry clients:_ Ideally, everyone in custody should have access to reentry services, but if that is not possible, LASD needs a data-supported system to identify the clients who would benefit the most from reentry services. This system should be used to proactively conduct outreach to those high-need groups and to design tailored service plans taking into account risk and needs and length of stay. _Maintain contact with clients:_ LASD should maintain contact with their clients by identifying those people that are motivated to engage with services and providing interventions that address their self-defined priorities, with a particular focus on the critical period immediately prior to release. _Standardize CTU activities:_ In order to improve the effectiveness of its services and to reach more people in jail custody, the CTU should adopt standardized procedures for identifying potential clients, conducting assessments and developing service plans. _Improve linkages to the community_: Immediate and long-term supports for the community transition should be strengthened by expanding jail in-reach, improving connections to CBOs, and incorporating family involvement in reentry activities. Further, data should facilitate and inform all jail-based and post-release services. By using data already available in the jail's administrative systems, the CTU can: reactivate service plans upon client readmission to jail, identify appropriate CTU clients, inform customized reentry service plans, and monitor and evaluate reentry client outcomes in the jail and after release.

## ENSURE THE INTEGRITY OF IMPLEMENTATION

LASD's new reentry plans offer real promise, but it essential that those plans maintain integrity as they are put into practice. Vera enthusiastically supports plans to: implement a risk and needs assessment; move eligible individuals in the realignment population out of jail and into community-based programs; and use a case management database that will allow the jail and community service providers to share information and track outcomes for mutual clients. Vera also supports the expansion of jail in-reach programs that will establish essential relationships between individuals in custody and community-based providers that will continue after release.

However, some of the challenges identified in this report (such as the lack of awareness and engagement with services of many people in jail custody, distrust of jail staff, the small reentry staff in the jail, and CTU's lack of standardized procedures) may undermine the implementation of these new programs. The plans are ambitious and raise many additional questions: will the COMPAS assess risk and needs accurately and will the associated database function appropriately as a case management system? Will this database also allow CBOs to input data, as

planned? Is it realistic for the CTU to assess everyone in the jail? Will Just In Reach be taken to scale? Will people leaving the jail stop in the IRC lobby to utilize the services at the CTRC?

Several of Vera's recommendations may help LASD respond to these challenges and ensure that the programs are implemented effectively: *Expand and tailor CTU outreach:* Expanded and tailored outreach efforts, especially towards harder to reach populations, should increase awareness and engagement in reentry services throughout the jail. Improving cultural responsiveness by, for example, offering announcements and services in Spanish, should also help build CTU trust and participation in services. *Standardize CTU procedures:* This recommendation is particularly important for developing and implementing new programs. Standard staff training, procedures, and supervision (for service provision and data entry) should improve the overall level of CTU services. It will also enhance the validity of outcome evaluations by ensuring that program implementation is consistent and that the requisite data are available for analysis. Community-based organizations that provide services in the jail and serve clients into the community should also be required to collect data to allow for program evaluation.

## BUILD CAPACITY

While there is much to be gained from improving the efficiency and reach of existing services, a significant investment in both jail and community reentry services is required to meet the level of demand. This may seem unfeasible, given the current fiscal climate. However, because jail is so costly and incarceration so damaging to individuals and their families, even modest reductions in recidivism can yield huge savings that can be reinvested in reentry programming. In order to make this case, Vera developed recommendations to help LASD and CBOs increase their capacity to demonstrate that their reentry services work. The report stresses the importance of evaluation, as a tool to allow reentry service providers to demonstrate the value of what they are doing. Data on the impact of services on a range of outcomes, such as recidivism, can then be used to demonstrate cost savings and build community and government support for reentry.

The main recommendation about building capacity is to develop evaluation components for all reentry services. *Incorporate data:* Because evaluation relies heavily on accurate data, all of Vera's recommendations around incorporating data into jail-based and post-release services are relevant here. Data systems should be used to identify, triage and track clients in jail and after release; to reactivate returning clients and assessments; and inform and maintain case management. Agencies working in the jail and in the community should commit to collecting basic information on the needs, demographics and services provided to their clients. This information can provide a basis for better understanding the combinations of interventions that are most effective with different client groups. *Increase collaboration:* Enhanced collaboration among CTU, DMH, Probation, and between and among jail and community-based providers is essential in supporting a true continuum of care from jail into the community, reducing duplicative services, capitalizing on diverse skills and capacities, enhancing evaluation, and creating an opportunity to better leverage resources. The CTU should also consider moving toward a team case-management approach that involves representatives from DMH, Probation, community service providers or other relevant agencies.

**Realignment and Reentry**

As discussed throughout the report, the challenges and opportunity of realignment have recently placed a spotlight on local reentry services. This issue cuts across many of the recommendations identified in the report and highlights the need for services that help reduce recidivism as the jail and community struggle to respond to the growing numbers and needs of people in local custody. Many people in the realignment cohort will have significant needs and most will be held for a sufficient period of time to benefit from intensive services. Risk and need assessments are particularly important for this population to determine the services that they require and to help determine those clients that may be eligible for community-based programs.

Additional recommendations with particular import for the realignment population include:

- *Expand and tailor CTU outreach and services, with a particular focus on encouraging engagement with services.*
- *Create client targeting and triage systems based on level of need and opportunity to serve; prioritize individuals who are motivated to engage in services.*
- *Incorporate risk and needs assessments into reentry services.*
- *Individualize reentry service plans for maximum impact that address criminogenic and self-identified needs.*
- *Strengthen immediate and long-term supports for transitioning into the community, including expanding jail in-reach, maintaining client contact in the community, and involving families in reentry activities.*
- *Enhance collaboration between CTU and Probation, which is particularly important for the realignment clients who have been previously or will be supervised by Probation after release.*

# FURTHER RESEARCH

There were a number of areas identified in the study that Vera was not able to explore fully but deserve greater attention. These include:

- ***The reentry needs of women in the L.A. County Jail.*** Given the extent of the differences between male and female jail populations (see Appendix C for detail), this study did not examine the specific needs of women and their access to reentry services. While some of the findings may also be relevant for reentry services provided to women in the jail, it is important that a separate study is conducted to look into women's unique needs and experiences.

- ***Reentry services for individuals with mental health problems.*** This report was only able to touch briefly on the specific reentry issues facing individuals with mental health problems. It is important that more in-depth research is conducted on people with severe and persistent mental illnesses, as well as the DMH mechanisms for providing reentry services, and the way those mechanisms interface with LASD reentry services more generally.

- ***Culturally responsive reentry services.*** This study had limited success in exploring model practices for culturally responsive reentry services. Most of the stakeholder interviewees were neither able to point to specific programs as examples of promising practices, nor able to articulate what culturally responsive services should look like. In addition, the interview tool used with individuals held in the jail included questions about the cultural fit of jail-based reentry services, adapted from an existing questionnaire that was developed and validated for use in community mental health settings. During the study fieldwork period it became clear that these questions were not able to address sufficiently issues of cultural responsiveness and a significant proportion of interviewees found the questions to be irrelevant to their experience within the jail. More research is needed to identify best practices in this realm using more flexible, unstructured research methods that are better able to explore the cultural fit of existing services.

- ***Service effectiveness and impact.*** As data collection and outcome tracking for reentry services improve, it will be essential for the CTU and other reentry services providers to conduct evaluations of their programs. Evaluation will enable providers to: monitor their own programs and adjust them as necessary; make a case for increased funding for impactful programs; and ensure that reentry services are leading to improved outcomes for individuals leaving the jail.

- ***Capacity of services in the community.*** This study focused largely on the reentry services provided by the jail. It is important that communities offer the services that individuals need when they return home. More research should be conducted to gauge the extent to which community providers are able to meet the demands of this population. This information will also provide a persuasive tool for increasing funding to under-resourced communities.

## NEXT STEPS

This report identifies many promising jail-based reentry practices implemented by LASD and its community partners, but also highlights several areas LASD should examine and improve. The report contains many recommendations, some requiring new resources, others suggesting small changes to existing policies and procedures. They are all feasible with the support and commitment of local stakeholders. To assist the stakeholders with next steps, Vera analyzed and ranked the implementation feasibility of each recommendation. It bears repeating that this report is intended as a starting point for conversations among LASD, community stakeholders, funders, other government agencies, and non-profit organizations about how to prioritize and implement initiatives to improve reentry services in Los Angeles County.

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# Appendix A
## Implementation and Feasibility Analysis

Key: ○= low, ◉= medium, ●= high

| Recommendations | Ease of implementation | Magnitude of impact | Immediate impact | Likely level of community support | Requires few additional resources | Potential for cost-savings? |
|---|:---:|:---:|:---:|:---:|:---:|:---:|
| **Chapter Two: Reentry Service Delivery & Engagement Recommendations** | | | | | | |
| Replace inmate request forms with service request forms that are completely distinct from "complaint forms," easy to understand, and widely available. | ● | ◉ | ● | ● | ● | |
| Provide CTU flyers via mail call and pass out flyers in dorms. | ● | ◉ | ● | ● | ● | |
| Place televisions playing CTU informational videos in other areas in addition to the IRC | ◉ | ◉ | ● | ● | ◉ | |
| Expand the use of staff presentations about services to all dorms. | ◉ | ◉ | ● | ● | ◉ | |
| Distribute a condensed reentry guide widely throughout jail. | ● | ◉ | ● | ● | ● | |
| Provide training on reentry services for certain deputies and people in custody throughout the jail. | ◉ | ◉ | ◉ | ● | ◉ | ✓ |
| Conduct outreach to defense lawyers about available services. | ● | ◉ | ● | ● | ● | |
| Ensure that materials (service request forms, signs, videos) are available in Spanish and provide translation in other languages as needed. | ● | ● | ● | ● | ● | |

# Appendix A
## Implementation and Feasibility Analysis

Key: ○= low, ◉= medium, ●= high

| Recommendations | Ease of implementation | Magnitude of impact | Immediate impact | Likely level of community support | Requires few additional resources | Potential for cost-savings? |
|---|---|---|---|---|---|---|
| **Chapter Two: Reentry Service Delivery & Engagement Recommendations, continued** | | | | | | |
| Triage clients based on level of need and opportunity to serve. | ○ | ● | ◉ | ● | ◉ | ✓ |
| Ensure that CTU staff use the homeless list solely for homelessness-related programs, such as Just In Reach. | ● | ◉ | ● | ● | ● | |
| Prioritize individuals who are motivated to engage with services. | ○ | ● | ● | ● | ◉ | ✓ |
| Use validated risk and needs assessment tools. | ◉ | ● | ● | ● | ○ | |
| Consider using markers of recidivism risk from the LASD's administrative data systems to flag people who are in need of the lengthy COMPAS assessment. | ○ | ● | ◉ | ◉ | ○ | ✓ |
| Pull previous assessments at the time of jail readmission and update them as necessary. | ◉ | ● | ◉ | ● | ● | ✓ |
| Target in-person assessments toward those who have a high opportunity to receive reentry services. | ● | ● | ● | ● | ● | ✓ |
| Consider a variety of assessment techniques depending on the type of information needed. | ◉ | ● | ● | ● | ◉ | |

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# Implementation and Feasibility Analysis

Key: ○ = low, ◉ = medium, ● = high

| Recommendations | Ease of implementation | Magnitude of impact | Immediate impact | Likely level of community support | Requires few additional resources | Potential for cost-savings? |
|---|:---:|:---:|:---:|:---:|:---:|:---:|
| **Chapter Two: Reentry Service Delivery & Engagement Recommendations, continued** | | | | | | |
| Provide an opportunity for everyone to receive basic support in reestablishing benefits and getting government identification. | ○ | ● | ● | ● | ◉ | |
| Ensure that intensive services address criminogenic needs. | ○ | ● | ◉ | ● | ◉ | |
| Differentiate between long and short stayers to design brief interventions and more intensive service plans. | ◉ | ● | ◉ | ● | ◉ | ✓ |
| Engage people in services by addressing the issues they view as personal priorities, such as employment, housing, and family unification. | ○ | ● | ● | ● | ○ | ✓ |
| Take steps to differentiate CTU staff from other LASD staff. | ● | ● | ● | ● | ● | |
| Ensure the privacy of all client interactions with CTU and other service providers. | ○ | ● | ● | ● | ◉ | |
| Enhance the cultural responsiveness of reentry services. | ○ | ● | ● | ● | ◉ | |
| Evaluate and expand existing promising programs. | ○ | ● | ◉ | ◉ | ○ | ✓ |

# Appendix A
# Implementation and Feasibility Analysis

Key: ○= low, ◉= medium, ●= high

| Recommendations | Ease of implementation | Magnitude of impact | Immediate impact | Likely level of community support | Requires few additional resources | Potential for cost-savings? |
|---|---|---|---|---|---|---|
| **Chapter Two: Reentry Service Delivery & Engagement Recommendations, continued** | | | | | | |
| Address community concerns regarding expansion of jail-based services. | ◉ | ● | ◉ | ● | ● | |
| Expand jail in-reach services. | ◉ | ● | ◉ | ● | ○ | |
| Expand and enhance initiatives to provide support to reentry clients at the moment of release. | ◉ | ● | ◉ | ● | ○ | |
| Provide incentives to CBOs to stay in touch with clients in the community. | ◉ | ● | ◉ | ◉ | ○ | ✓ |
| Build on the support offered by families and friends by involving them in reentry planning. | ○ | ◉ | ◉ | ● | ◉ | |

# Appendix A
# Implementation and Feasibility Analysis

Key: ○= low, ◉= medium, ●= high

| Recommendations | Ease of implementation | Magnitude of impact | Immediate impact | Likely level of community support | Requires few additional resources | Potential for cost-savings? |
|---|---|---|---|---|---|---|
| **Chapter Three: Operations & Efficiency Recommendations** | | | | | | |
| Increase standardization of CTU procedures. | ◉ | ● | ◉ | ● | ◉ | ✓ |
| Create a step-by-step staff manual. | ◉ | ● | ◉ | ◉ | ◉ | |
| Develop set training and supervision activities. | ◉ | ● | ◉ | ◉ | ◉ | |
| Create mid-level clinical supervisory positions to provide additional support to CTU custody assistants. | ◉ | ● | ◉ | ◉ | ◉ | ✓ |
| Build upon existing data to improve identification and targeting of new clients. | ◉ | ● | ● | ● | ● | ✓ |
| Use data to facilitate case management. | ○ | ● | ◉ | ◉ | ◉ | ✓ |
| Standardize CTU data entry procedures. | ● | ● | ● | ◉ | ● | ✓ |
| Track reentry outcomes by requiring service providers to record a core data set on client contact with post-release services. | ◉ | ● | ◉ | ◉ | ◉ | |
| Identify cost-effective ways to collect outcome data for all reentry programs. | ○ | ● | ◉ | ● | ◉ | |
| Consider opportunities to design multi-agency evaluation activities. | ○ | ● | ○ | ◉ | ◉ | ✓ |

# Appendix A
## Implementation and Feasibility Analysis

Key: ○= low, ◉= medium, ●= high

| Recommendations | Ease of implementation | Magnitude of impact | Immediate impact | Likely level of community support | Requires few additional resources | Potential for cost-savings? |
|---|---|---|---|---|---|---|
| **Chapter Four: Coordination Recommendations** | | | | | | |
| Improve CTU involvement with DMH client release plans. | ○ | ◉ | ◉ | ● | ◉ | |
| Continue and expand efforts to coordinate DMH and LASD release activities. | ◉ | ● | ● | ● | ◉ | ✓ |
| Consider potential CTU-Probation collaborations. | ○ | ● | ◉ | ◉ | ◉ | ✓ |
| Continue examining how to coordinate release times between the LASD and other providers. | ◉ | ● | ● | ● | ◉ | |
| Increase collaboration and communication between the CTU and CBOs. | ○ | ● | ◉ | ● | ◉ | ✓ |
| Move to a team case-management approach to reentry. | ○ | ● | ◉ | ◉ | ○ | |
| Unify the various Los Angeles County reentry groups into one council. | ◉ | ◉ | ◉ | ◉ | ◉ | |
| Address systemic barriers to community services for people leaving jail. | ◉ | ● | ◉ | ◉ | ◉ | |

# Appendix B
## LASD Master Program List

## EDUCATION BASED INCARCERATION
## INMATE PROGRAMS UNIT

*Religious & Volunteer Services Unit*

    Multi-Denominational Services

    12 Steps

    Celebrate Recovery

    Friends Outside

    Interacting with the Real World

    Malachi Men

    A Purpose Driven Life

*Life Skills Programs*

    GED Preparation (LA Works)

    Adults Bonding With Children (ABC)

    Alcohol Anonymous

    Anger Management

    Chemical Dependency

    Domestic Violence Prevention

    Drug Education

    Hollywood Impact Studios

    Job Preparation

    Narcotics Anonymous

    Parenting

    Personal Relations

    Planned Parenthood

    Project Direct (Mental Health)

    RSAT (Substance Abuse)

    Share Tolerance

# Appendix B
## LASD Master Program List

### *Multidisciplinary Treatment Modules*

Maximizing Education, Reaching Individual Transformation (MERIT)
- Creative Writing
- Government
- Project Fatherhood
- World History

Bridges to Recovery Program (Domestic Violence)

Veterans Program

Impact Program

Social Mentoring Academic and Rehabilitative Training (SMART)
- Chemical of the Brain
- Wii Therapy
- Movie Therapy
- Art Therapy
- MP3 Player Therapy

Blanket Therapy

### *Vocational and Technical Training Programs (LA Works)*

Animal Pet Grooming/Animal Caretaker

Autobody Service and Repair

Bicycle Repairer

Combination Welder

Commercial Construction and Masonry

Commercial Embroidery (Pending Staff Training)

Commercial Nursery Operations /Landscaping and Groundskeeping

Computer Operator/Office Occupations

Commercial Painting

Commercial Sewing

Culinary Arts and Hospitality

Custodial Building Maintenance

Eyeglass Refurbishing (Lyons Club)

Graphic Arts/Sign Fabrication

Printing Occupations

Telecommunications - Directory Assistance Operator

Woodworking

# Appendix B
## LASD Master Program List

***Public Health Programs and Services***

Counseling and Testing

Transitional Case Management

Educational Programs

      Take Charge – Stay Safe

      Pre-release Health Preparedness

      Women Moving Ahead

      Sexually Transmitted Infection (STI) Education

      Health Education and Risk Reduction (Harm Reduction in English & Spanish)

      Hepatitis C Education Peer Education Training Program

      Health First Condom Distribution Program

      HIV/Substance Abuse

***Contracted Programs***

AMER-I-CAN(Pending Contract Renewal)

Children of Incarcerated Parents

Harriet Buhai (Pending Contract Renewal) Legal Assistance Program

Esperanza Project (Immigrant Rights Project)

***Behavior Modification Programs***

Moral Reconation Therapy (MRT)

Women in Transition Support (WITS)

# Appendix C
## Boyle Heights and South Los Angeles Neighborhood Definition Maps



Boyle Heights

Map Created by Healthy City 11/09
Geographic data from NAVTEQ.

The California Endowment

HealthyCity

South Figueroa Corridor / Vermont-Manchester

Map Created by Healthy City 11/09
Geographic data from NAVTEQ.
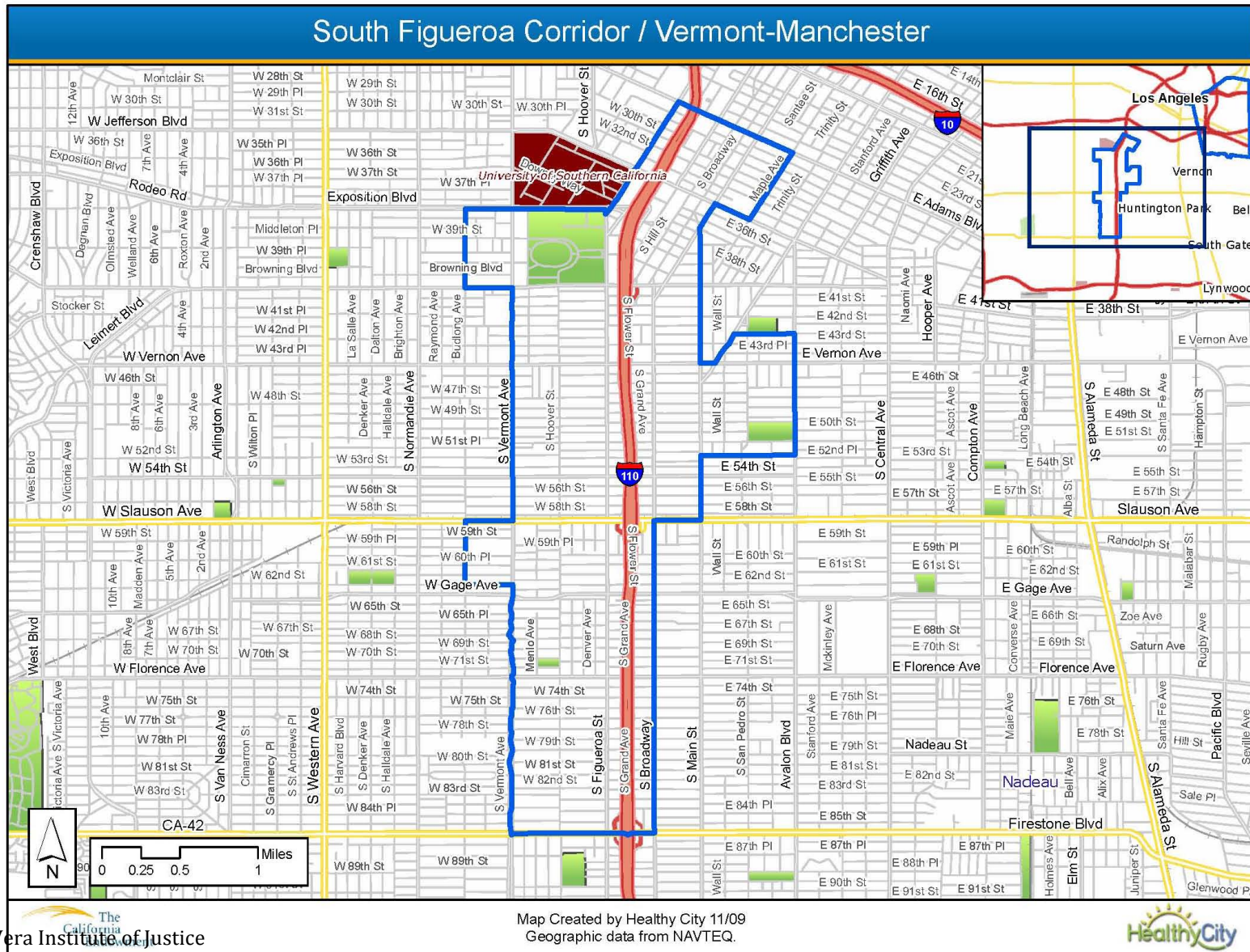
## PROCEDURES AND INSTRUMENTS FOR INTERVIEWS WITH PEOPLE HELD IN THE JAIL

The Vera researcher conducted interviews in semi-private spaces within the jail, out of earshot of deputies and custody assistants, in order to balance issues of confidentiality and safety. Interviews were conducted using a semi-structured questionnaire which includes a combination of validated scales, close-ended questions, and open-ended questions, yielding both quantitative and rich qualitative information. Vera incorporated feedback from a number of community stakeholders into the design of the questionnaire in order to ensure that the interviews covered topics important to community members. Interviews were conducted in Spanish or English, as per the preference of the interviewee. The interview tool included questions on:

- reentry needs and/or strengths, including:
    - self-identified needs
    - mental health
    - substance use
    - housing status
    - employment history
    - family history of incarceration and gang involvement
    - supports and social networks
- those needs which are most important or pressing
- perceptions of CTU and other jail-based services
- barriers to accessing services, both in the jail and community
- the cultural fit of reentry services and screening
- motivations for signing up with CTU providers and other service providers or reasons for declining the offer of services

In addition, three validated scales were used. These included:

- ***The Correctional Mental Health Screen for Men (CMHS-M)***. This 12-item screen is typically used during jail intake to indicate need for a full mental health assessment, with items that detect possible symptoms of various psychiatric disorders. It takes less than five minutes to complete and has been validated with correctional populations.[1] We were unable to find a suitable tool that is validated in both English and Spanish, so this tool was translated into Spanish and reviewed by a Spanish/English bilingual clinical psychologist with experience conducting mental health assessments.

- ***The Texas Christian University Drug Screen II (TCUDS II)***. This 15-item scale was designed to identify individuals with a history of heavy or dependent patterns of drug use (based on the DSM and the NIMH Diagnostic Interview Schedule) in criminal justice-settings. It takes about 5 minutes to administer and is available in English and in Spanish. It has been validated with correctional populations.[2]

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[1] J. Ford and R.L. Trestman, 2005.
[2] K. Knight et al., 2002.

- ***Survey of Cultural Competency of Adult Services***. A modified version of this 52-item scale was used. This scale was originally designed to measure consumer views of the cultural competency of mental health services. The scale was validated with a culturally diverse population of mental health service consumers in Maryland.[3] It takes about 5 minutes to administer. This scale was adapted for use in this study by making it briefer (15 items) and altering the language to make the questions more directly address services received within the jail. No scales were found (validated or otherwise) that measured consumer opinions of cultural competence for correctional populations and it is the only validated scale that was found during an extensive literature review that measured client perceptions of cultural competence of the services and providers they interact with. We included select items from this scale that are relevant to the study population and altered some items to correspond with jail populations and services provided in jails.

  - ***Note: Issues with the Survey of Cultural Competency of Adult Services***: Responses to these questions are not included in the analysis presented in this report as they presented a number of issues during administration. Several individuals found the questions to be irrelevant to their experience within the jail context and chose not to answer a number of the items, particularly those that spoke about the extent to which service providers explicitly considered an individual's culture. This highlights a need to create new tools and approaches to evaluate these concepts.

## SAMPLE FOR INTERVIEWS
## WITH PEOPLE HELD IN THE JAIL

Criteria for participation in the study included: being an adult male (18 or older); being housed in LASD's Men's Central Jail (MCJ) facility located in downtown Los Angeles; having an affiliation with one of the study's target neighborhoods, Boyle Heights or South LA. Neighborhood affiliation was determined via: a) a list of individuals with zip codes corresponding with Boyle Heights and the segment of South LA relevant to this study, generated from the jail's data management system; or, b) an in-person screen conducted by a Vera researcher.

There are a number of potential sampling biases in the individuals responding to the in-custody interview that must be taken into account when reviewing the findings and recommendations in this report. Specifically:

- ***The exclusion of women.*** The study does not include interviews with any women held in the jail. Women held in jail differ greatly from men in jail. Studies have found that female jail inmates are significantly more likely than their male

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[3] L.J. Cornelius, N.C. Booker, T.E. Arthur, I. Reeves and O. Morgan, "The Validity and Reliability Testing of a Consumer-Based Cultural Competency Inventory," *Research on Social Work Practice* 14, no. 3 (2004): 201-209.

counterparts to have a range of chronic medical problems (cancer, diabetes, asthma, arthritis, etc.), psychiatric disorders (depressive, bipolar, PTSD, etc.), and drug dependence.[4] Furthermore, guidelines for treatment of female inmates with substance use disorders call for gender-specific treatment as women respond differently to certain programs and have different success rates than men.[5] As these differences may impact the experiences of women both while incarcerated and upon release, the reentry needs of women held in jails should be studied independently.

- **Other sampling biases.** In addition, the sampling protocol may have also resulted in underrepresentation of the following groups:

  o **Short-stayers**. People held in the jail for short periods of time had fewer opportunities to be recruited for the study; in some cases, individuals on the zip-code list (generated at the beginning of the week) had already been released from the jail when the interviewer attempted to contact them.

  o **Individuals housed in high-security areas.** Participants were recruited from security levels two through eight, with the majority of interviewees falling between security level four and eight. Those held in the highest security level (nine) were excluded from this study as the Vera researcher would require a custody staff escort at all times, compromising the confidentiality of the interview, in addition to concerns for researcher safety.

  o **Individuals who are homeless or lack stable housing.** The neighborhood focus of this study required that all interviewees have a connection to Boyle Heights or South LA as determined through zip code information held by the jail or through an informal screening conducted by the interviewer. Individuals who are homeless are both less likely to appear on the zip-code list used for recruitment claim such a connection and to claim a connection to specific neighborhoods.

  o **Individuals housed in the jail mental health treatment facility.** LASD and the DMH conduct screening and assessment interviews to identify people with serious mental illness during the jail intake process. Those who require intensive treatment and individuals who pose a threat to the safety of themselves or others are diverted to Twin Towers (the mental health facility at the jail). As such, the rates of mental health problems among the sample may be an undercount as we were not able to interview individuals held in Twin Towers. These individuals likely have very different needs and experiences with reentry planning and services.

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[4] I.A. Binswanger, J.O. Merrill, P.M. Krueger, M.C. White, R.E. Booth and J.G. Elmore, "Gender Differences in Chronic Medical, Psychiatric, and Substance-Dependence Disorders among Jail Inmates," *American Journal of Public Health* 100, no. 3 (2010): 476-482; and H.J. Steadman et al., 2009.

[5] Patricia A. Kassebaum, *Substance Abuse Treatment for Women Offenders: Guide to Promising Practices* (Rockville, MD: U.S. Department of Health and Human Services, 2002, SMA 99-3303).

# Appendix E
## Additional Figures

**Figure A. Neighborhood affiliation, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Neighborhood before arrest* | | | |
| Boyle Heights | 33.8% (27) | 75.0% (27) | -- |
| South LA | 51.3% (41) | 5.6% (2) | 88.6% (39) |
| Other - LA | 13.8% (11) | 16.7% (6) | 11.4% (5) |
| Other - non LA | 1.3% (1) | 2.8% (1) | -- |
| *Neighborhood after arrest* | | | |
| Boyle Heights | 31.3% (25) | 69.4% (25) | -- |
| South LA | 36.3% (29) | 2.8% (1) | 63.6% (28) |
| Other - LA | 21.3% (17) | 19.4% (7) | 22.7% (10) |
| Other - non LA | 2.5% (2) | 2.8% (1) | 2.3% (1) |
| Don't know | 8.8% (7) | 5.6% (2) | 11.4% (5) |
| | | | |
| Same neighborhood | 67.5% (54) | 69.4% (25) | 65.9% (29) |
| Different neighborhood | 23.8% (19) | 25.0 (9) | 22.7 (10 |
| Don't know | 8.8% (7) | 5.6% (2) | 11.4% (5) |

**Figure B. Race and ethnicity, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Race/Ethnicity* | | | |
| Latino | 52.5% (42) | 86.1% (31) | 25.0% (11) |
| Black | 41.3% (33) | 2.8% (1) | 72.7% (32) |
| White | 2.5% (2) | 2.8% (1) | 2.3% (1) |
| Other | 3.7% (3) | 8.3% (3) | -- |

**Figure C. Language, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Language* | | | |
| Speaks a language other than English at home | 46.3% (37) | 75.0% (27) | 22.7% (10) |
| *Spanish* | 34 people | 25 people | 9 people |
| *Other* | 3 people | 2 people | 1 people |

**Figure D. Place of birth for interviewee and parents, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Born in the US* | | | |
| Yes | 90.0% (72) | 88.9% (32) | 90.9% (40) |
| No | 10.0% (8) | 11.1% (4) | 9.1% (4) |
| *Mother born in the US* | | | |
| Yes | 63.8% (51) | 44.4% (20) | 79.5% (35) |
| No | 35.0% (28) | 55.6% (16) | 18.2% (8) |
| Don't know | 1.3% (1) | -- | 2.3% (1) |
| *Father born in the US* | | | |
| Yes | 53.8% (43) | 30.6% (11) | 72.7% (32) |
| No | 43.8% (35) | 69.4% (25) | 22.7% (10) |
| Don't know | 2.5% (2) | -- | 4.5% (2) |

**Figure E. Relationships and children, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *In a relationship?* | | | |
| Yes | 62.5% (50) | 55.6% (20) | 68.2% (30) |
| No | 36.3% (29) | 41.7% (15) | 31.8% (14) |
| Don't know | 1.3%% (1) | 2.8% (1) | -- |
| *Children under 18?* | | | |
| Yes | 63.8% (51) | 61.1% (22) | 65.9% (29) |
| No | 35.0% (28) | 36.1% (13) | 34.1% (15) |
| Don't know | 1.3% (1) | 2.8% (1) | -- |
| *Number of children under 18* | (n=50)* | (n=22) | (n=28)* |
| Median number | 2 | 2 | 2 |
| Range | 1 - 10 | 1 - 4 | 1 - 10 |

*One participant declined to share how many children he has.

# Appendix E
## Additional Figures

**Figure F. Self-reported criminal justice data for current jail stay, by neighborhood**

|  | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| **Charges** | | | |
| Violent | 27.5% (22) | 16.7% (6) | 36.4% (16) |
| Property | 17.5% (14) | 19.4% (7) | 15.9% (7) |
| Drugs | 25.0% (20) | 19.4% (7) | 29.5% 13) |
| Violations | 17.5% (14) | 30.6% (11) | 6.8% (3) |
| Public Order | 8.8% (7) | 11.1% (4) | 6.8% (3) |
| Don't know | 2.5% (2) | -- | 2.3% (1) |
| Refused | 1.3% (1) | 2.8% (1) | 2.3% (1) |
| **Case status at interview** | | | |
| Sentenced | 45.0% (36) | 50.0% (18) | 40.9% (18) |
| Pretrial | 55.0% (44) | 50.0% (18) | 59.1% (26) |
| **Sentence length in days** | (n=33) | (n=16)* | (n=17) |
| Median sentence | 311.8 | 273.8 | 311.8 |
| Range | 10.5 – 19,710.0 | 75.0 – 8,7600.0 | 10.5 – 19.710.0 |

*Two people were sentenced to drug treatment programs with an indeterminate length.

**Figure G. Self-reported criminal justice history, by neighborhood**

|  | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| **Arrest history** | (n=79) | (n=36) | (n=43) |
| Median number of arrests | 6 | 8 | 6 |
| Range | 1 - 100 | 2 - 45 | 1 - 100 |
| **History of jail stays** | (n=79) | (n=36) | (n=43) |
| Median number of jail stays | 6 | 8 | 6 |
| Range | 1 - 100 | 1 - 29 | 1-100 |
| **Age at first arrest** | | | |
| Median (years) | 18 | 18 | 18 |
| Range | 10 - 44 | 12 - 44 | 10 - 40 |

**Figure H. Self-reported reentry priorities, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Most Common Needs* | | | |
| Employment | 72.5% (n=58) | 75.0% (n=27) | 70.5% (n=31) |
| Housing | 33.8% (n=27) | 22.2% (n=8) | 43.2% (n=19) |
| Substance Use | 32.5% (n=26) | 38.9% (n=14) | 27.3% (n=12) |
| Relationships | 26.3% (n=21) | 27.8% (n=10) | 25.0% (n=11) |
| Staying out of trouble | 22.5% (n=18) | 30.6% (n=11) | 15.9% (n=7) |
| Financial Concerns | 13.8% (n=11) | 8.3% (n=3) | 18.2% (n=8) |
| Spiritual/Personal Development | 11.3% (n=9) | 13.9% (n=5) | 9.1% (n=4) |
| Education | 10.0% (n=8) | 13.9% (n=5) | 6.8% (n=3) |
| Basic Needs* | 10.0% (n=8) | 16.7% (n=6) | 4.5% (n=2) |
| General reintegration into society | 8.8% (n=7) | 11.1% (n=4) | 6.8% (n=3) |
| Policing | 6.3% (n=5) | 2.8% (n=1) | 9.1% (n=4) |
| Peer Influence | 6.3% (n=5) | 8.3% (n=3) | 4.5% (n=2) |
| Mental Health | 5.0% (n=4) | 8.3% (n=3) | 2.3% (n=1) |
| Health | 2.5% (n=2) | -- | 4.5% (n=2) |
| Other* | 5.0% (n=4) | 5.6% (n=2) | 4.5% (n=2) |
| *Number of Needs self-reported* | | | |
| 3 needs | 72.5% (n=58) | 83.3% (n=30) | 63.6% (28) |
| 2 needs | 21.3% (n=17) | 16.7% (n=6) | 25.0% (n=11) |
| 1 need | 6.3% (n=5) | -- | 11.4% (n=5) |

*"Basic Needs" include transportation, clothing, and identification. "Other" needs include getting assistance dealing with a DUI charge, gang violence, deportation, and parole restrictions posing a barrier to reintegration.

# Appendix E
## Additional Figures

**Figure I. Most difficult and most important reentry priorities, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Most Important Priority* | | | |
| Employment | 30.0% (n=24) | 27.8% (n=10) | 31.8% (n=14) |
| Housing | 11.3% (n=9) | 8.3% (n=3) | 13.6% (n=6) |
| Substance Use | 13.8% (n=11) | 11.1% (n=4) | 15.9% (n=7) |
| Relationships | 13.8% (n=11) | 16.7% (n=6) | 11.4% (n=5) |
| Staying out of trouble | 7.5% (n=6) | 11.1% (n=4) | 4.5% (n=2) |
| Financial Concerns | 3.8% (n=3) | -- | 6.8% (n=3) |
| Spiritual/Personal Development | 5.0% (n=4) | 8.3% (n=3) | 2.3% (n=1) |
| Education | 3.8% (n=3) | 5.6% (n=2) | 2.3% (n=1) |
| Basic Needs | -- | -- | -- |
| General reintegration into society | 5.0% (n=4) | 5.6% (n=2) | 4.5% (n=2) |
| Policing | 2.5% (n=2) | 2.8% (n=1) | 2.3% (n=1) |
| Mental Health | 1.3% (n=1) | -- | 2.3% (n=1) |
| Health | 1.3% (n=1) | -- | 2.3% (n=1) |
| Other | -- | -- | -- |
| Peer Influence | 1.3% (n=1) | 2.8% (n=1) | -- |
| *Most Difficult Priority* | | | |
| Employment | 27.5% (n=22) | 36.1% (n=13) | 20.5% (n=9) |
| Housing | 15.0% (n=12) | 11.1% (n=4) | 18.2% (n=8) |
| Substance Use | 18.8% (n=15) | 19.4% (n=7) | 18.2% (n=8) |
| Relationships | 5.0% (n=4) | 5.6% (n=2) | 4.5% (n=2) |
| Staying out of trouble | 8.8% (n=7) | 11.1% (n=4) | 6.8% (n=3) |
| Financial Concerns | 5.0% (n=4) | 2.8% (n=1) | 6.8% (n=3) |
| Spiritual/Personal Development | 2.5% (n=2) | 2.8% (n=1) | 2.3% (n=1) |
| Education | 2.5% (n=2) | 2.8% (n=1) | 2.3% (n=1) |
| Basic Needs | 1.3% (n=1) | -- | 2.3% (n=1) |
| General reintegration into society | 3.8% (n=3) | 2.8% (n=1) | 4.5% (n=2) |
| Policing | 1.3% (n=1) | -- | 2.3% (n=1) |
| Mental Health | 2.5% (n=2) | 2.8% (n=1) | 2.3% (n=1) |
| Other | 1.3% (n=1) | -- | 2.3% (n=1) |
| Health | 2.5% (n=2) | -- | 4.5% (n=2) |
| Peer Influence | 2.5% (n=2) | 2.8% (n=1) | 2.3% (n=1) |

# Appendix E
## Additional Figures

**Figure J. Employment history, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Last had a job…* | | | |
| …at the time of arrest | 41.3% (33) | 38.9% (14) | 43.2% (19) |
| …in the last year (since 2010) | 15.0% (12) | 19.4% (7) | 11.4% (5) |
| …before 2010 | 36.3% (29) | 36.1% (13) | 36.4% (16) |
| …never had a job | 7.5% (6) | 5.6% (2) | 9.1% (4) |

**Figure K. Educational attainment, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Education* | | | |
| No education | 1.3% (1) | -- | 2.3% (1) |
| Elementary School | 1.3% (1) | 2.8% (1) | -- |
| Middle School | 3.8% (3) | -- | 6.8% (3) |
| Some High School | 36.3% (29) | 50% (18) | 25.0% (11) |
| High School Diploma | 30.0% (24) | 25.0% (9) | 34.1% (15) |
| GED | 5.0% (4) | 5.6% (2) | 4.5% (2) |
| Vocational/Trade School | 3.8% (3) | 2.8% (1) | 4.5% (2) |
| Some College | 13.8% (11) | 8.3% (3) | 18.2% (8) |
| Bachelor's Degree | 5.0% (4) | 5.6% (2) | 4.5% (2) |

**Figure L. Housing before arrest and post-release housing expectations, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Sleep before arrest* | | | |
| Own home/apartment | 33.8% (27) | 33.3% (12) | 34.1% (15) |
| Family's home | 25.0% (20) | 30.6% (11) | 20.5% (9) |
| Partner's home | 17.5% (14) | 11.1% (4) | 22.7% (10) |
| Friend's home | 10.0% (8) | 11.1% (4) | 9.1% (4) |
| Hotel | 6.3% (5) | 8.3% (3) | 4.5% (2) |
| Street/public place | 2.5% (2) | 2.8% (1) | 2.3% (1) |
| Other* | 5.0% (4) | 2.8% (1) | 6.8% (3) |
| *"Unstable" housing** | *18.8% (15)* | *22.2% (8)* | *15.9% (7)* |

# Appendix E
## Additional Figures

| (Figure L continued) | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Sleep after release* | | | |
| Own home/apartment | 20.0% (16) | 27.8% (10) | 13.6% (6) |
| Family's home | 38.8% (31) | 38.9% (14) | 38.6% (17) |
| Partner's home | 16.3% (13) | 16.7% (4) | 15.9% (7) |
| Friend's home | 7.5% (6) | 5.6% (2) | 9.1% (4) |
| Hotel | 1.3% (1) | -- | 2.3% (1) |
| Street/public place | -- | -- | -- |
| Other* | 6.3% (5) | 2.8% (1) | 9.1% (4) |
| Don't know | 10.0% (8) | 8.3% (3) | 11.4% (5) |
| *"Unstable" housing** | *8.8% (7)* | *5.6% (2)* | *11.4% (5)* |

* "Other housing" includes includes rehabilitation centers, halfway houses, hospitals, and transitional housing.
"Unstable housing" includes friends' homes, hotels, and streets or public places.

## Figure M. Indications of substance use problems, by neighborhood
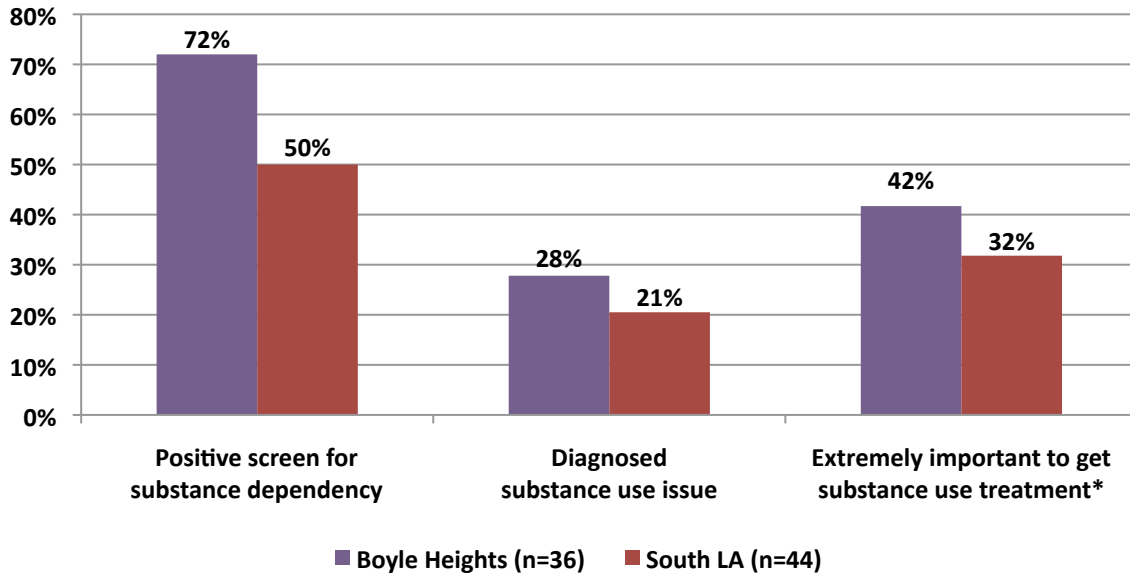


*As self-reported by interviewees.

**Figure N. Indications of substance use treatment needs, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Substance use screen result* | | | |
| Positive Screen | 60.0% (48) | 72.2% (26) | 50.0% (22) |
| *Previous substance abuse/dependence diagnosis from a doctor/medical professional* | | | |
| Yes | 23.8% (19) | 27.8% (10) | 20.5% (9) |
| Median age at diagnosis (years) | 23 | 21 | 28 |
| Age range (years) | 13-43 | 13-43 | 21-40 |
| *Drug treatment program history (not including AA/NA)* | | | |
| Never | 58.8% (47) | 61.1% (22) | 56.8% (25) |
| 1 time | 18.8% (15) | 22.2% (8) | 15.9% (7) |
| 2 times | 7.5% (6) | 8.3% (3) | 6.8% (3) |
| 3 times | 6.3% (5) | 5.6% (2) | 6.8% (3) |
| 4 or more times | 7.5% (6) | 2.8% (1) | 11.4% (5) |
| Refused | 1.3% (1) | -- | 2.3% (1) |
| *Self-help drug treatment history (e.g., AA or NA)* | | | |
| Never | 45.0% (36) | 36.1% (13) | 52.3% (23) |
| 1 time | 2.5% (2) | 2.8% (1) | 2.3% (1) |
| 2 times | 3.8% (3) | 2.8% (1) | 4.5% (2) |
| 3 times | 5.0% (4) | 2.8% (1) | 6.8% (3) |
| 4 or more times | 42.5% (34) | 55.6% (20) | 31.8% (14) |
| Refused | 1.3% (1) | -- | 2.3% (1) |
| *Importance of getting drug treatment while in the jail* | | | |
| Not at all | 46.3% (37) | 38.9% (14) | 52.3% (23) |
| Slightly | 8.8% (7) | 13.9% (5) | 4.5% (2) |
| Moderately | 11.3% (9) | 8.3% (3) | 13.6% (6) |
| Considerably | 10.0% (8) | 13.9% (5) | 6.8% (3) |
| Extremely | 22.5% (18) | 25.0% (9) | 20.5% (9) |
| Refused | 1.3% (1) | -- | 2.3% (1) |
| *Importance of getting drug treatment after leaving jail* | | | |
| Not at all | 33.8% (27) | 19.4% (7) | 45.5% (20) |
| Slightly | 8.8% (7) | 19.4% (7) | -- |
| Moderately | 6.3% (5) | 5.6% (2) | 6.8% (3) |
| Considerably | 13.8% (11) | 13.9% (5) | 13.6% (6) |
| Extremely | 36.3% (29) | 41.7% (15) | 31.8% (14) |
| Refused | 1.3% (1) | -- | 2.3% (1) |

# Appendix E
## Additional Figures

**Figure O. Severity of drug problems, by neighborhood**

|  | Full Cohort (N=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Severity of drug problems pre-arrest* | | | |
| Not at all | 33.8% (27) | 13.9% (5) | 50.0% (22) |
| Slightly | 16.3% (13) | 16.7% (6) | 15.9% (7) |
| Moderately | 20.0% (16) | 33.3% (12) | 9.1% (4) |
| Considerably | 10.0% (8) | 8.3% (3) | 11.4% (5) |
| Extremely | 18.8% (15) | 27.8% (10) | 11.4% (5) |
| Refused | 1.3% (1) | -- | 2.3% (1) |

**Figure P. Substance use type and frequency**

| Substance Type | Frequency of Use in the Past 12 Months | | | | |
|---|---|---|---|---|---|
|  | Never | Few times | Monthly | Weekly | Daily |
| Alcohol | 16.3% (13) | 28.8% (23) | 13.8% (11) | 27.5% (22) | 12.5% (10) |
| Marijuana | 45.0% (36) | 13.8% (11) | 10.0% (8) | 8.8% (7) | 21.3% (17) |
| Cocaine | 76.3% (61) | 15.0% (12) | 5.0% (4) | 2.5% (2) | -- |
| Crack | 81.3% (65) | 10.0% (8) | 1.3% (1) | 2.5% (2) | 3.8% (3) |
| Methamphetamines | 75.0% (60) | 2.5% (2) | 5.0% (4) | 7.5% (6) | 8.8% (7) |
| Amphetamines | 82.5% (66) | 11.3% (9) | -- | 3.8% (3) | 1.3% (1) |
| Heroin | 90.0% (72) | 1.3% (1) | 1.3% (1) | 1.3% (1) | 5.0% (4) |
| Other drugs | 78.8% (63) | 13.8% (11) | 1.3% (1) | 2.5% (2) | 2.5% (2) |

**Figure Q. Substance type that caused the most serious problems (n=75)**
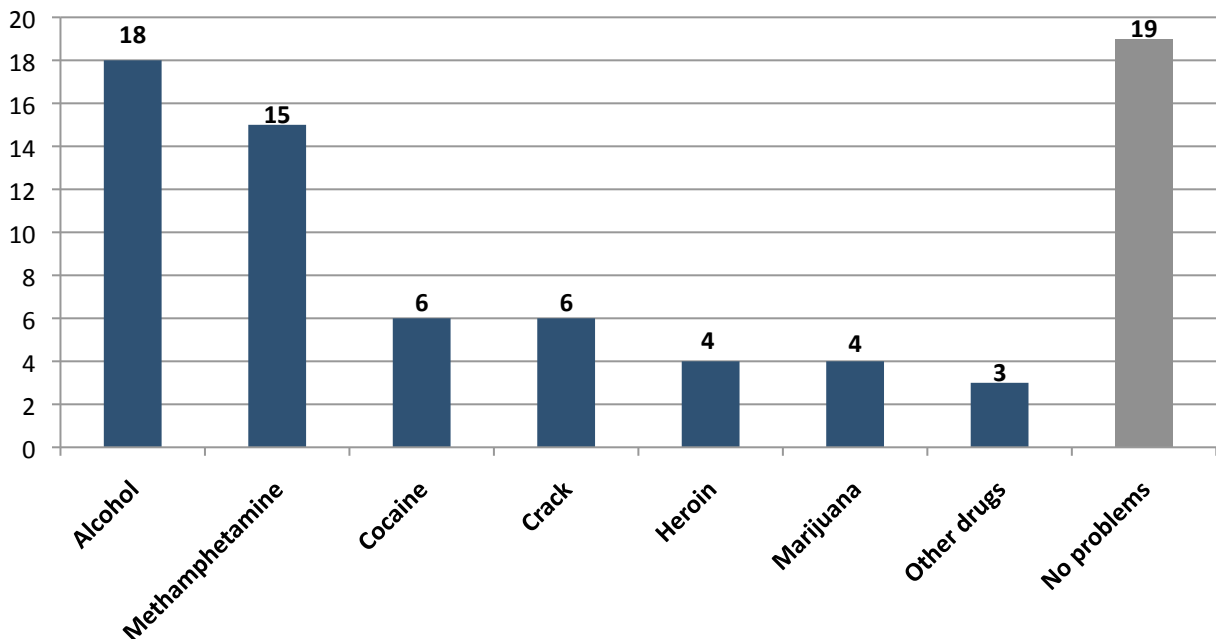
**Figure R. Indications of mental health needs, by neighborhood**



■ Boyle Heights (n=36)  ■ South LA (n=44)
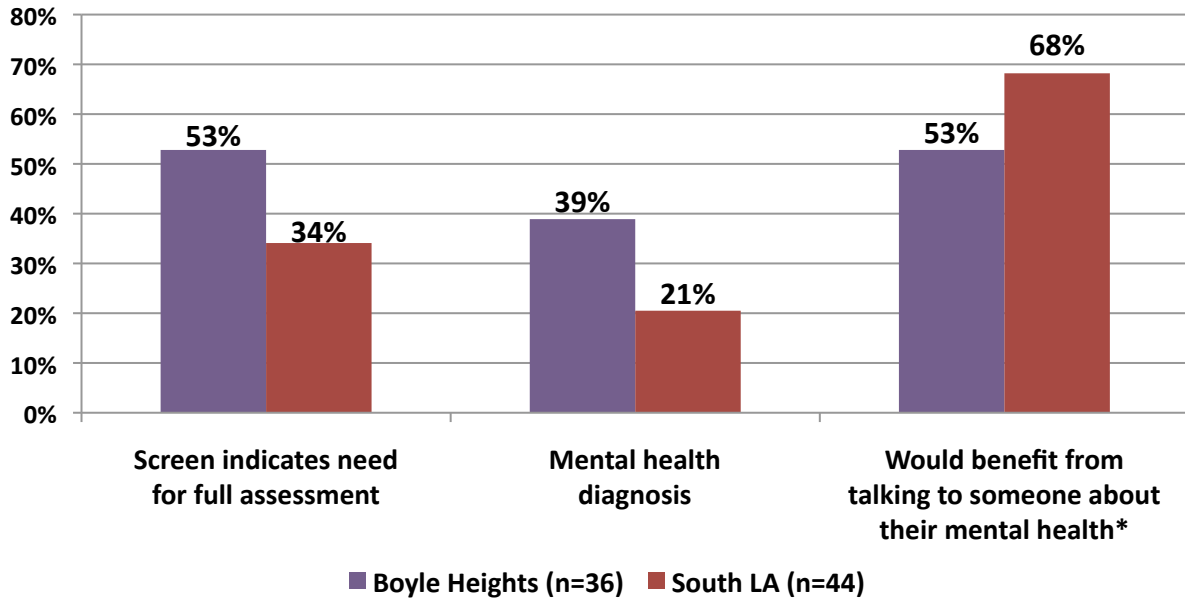
*As self-reported by interviewees.

**Figure S. Mental health history, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| **Mental health screen result** | | | |
| Positive Screen | 42.5% (34) | 52.8% (19) | 34.1% (15) |
| **Previous mental health diagnosis from a doctor/medical professional** | | | |
| Yes | 28.8% (23) | 38.9% (14) | 20.5% (9) |
| **Any past mental health treatment?** | | | |
| Yes | 30.0% (24) | 33.3% (12) | 27.3% (12) |
| **Ever any psychiatric medication?** | | | |
| Yes | 27.5% (22) | 33.3% (12) | 22.7% (10) |
| **Benefit from talking to someone about mental health?** | | | |
| Yes | 61.3% (49) | 52.8% (19) | 68.2% (30) |
| No | 33.8% (27) | 41.7% (15) | 27.3% (12) |
| Don't know | 5.0% (4) | 5.6% (2) | 4.5% (2) |

**Figure T. Possible co-occurring substance use and mental health disorders**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| **Positive mental health and substance use screens?** | | | |
| Yes | 33.8% (27) | 44.4% (16) | 25.0% (11) |

# Appendix E
## Additional Figures

**Figure U. Expectations of any help with reentry priorities, by neighborhood**

| | Full Cohort (n=80) | | Boyle Heights (n=36) | | South LA (n=44) | |
|---|---|---|---|---|---|---|
| | Number Reporting this Priority | Percentage Expecting Help | Number Reporting this Priority | Percentage Expecting Help | Number Reporting this Priority | Percentage Expecting Help |
| *Self-Reported Reentry Priorities* | | | | | | |
| Employment | 58 | 70.7% (41) | 27 | 77.8% (21) | 31 | 64.5% (20) |
| Housing | 27 | 70.4% (19) | 8 | 87.5% (7) | 19 | 63.2% (12) |
| Substance Use | 26 | 84.6% (22) | 14 | 85.7% (12) | 12 | 83.3% (10) |
| Relationships | 21 | 81.0% (17) | 10 | 100.0% (10) | 11 | 63.6% (7) |
| Staying out of trouble | 18 | 66.7% (12) | 11 | 72.7% (8) | 7 | 57.1% (4) |
| Financial Concerns | 11 | 90.9% (10) | 3 | 100.0% (3) | 8 | 100.0% (7) |
| Spiritual/Personal Development | 9 | 88.9% (8) | 5 | 100.0% (5) | 4 | 75.0% (3) |
| Education | 8 | 62.5% (5) | 5 | 60.0% (3) | 3 | 66.7% (2) |
| Basic Needs | 8 | 50.0% (4) | 6 | 33.3% (2) | 2 | 100.0% (2) |
| General reintegration | 7 | 71.4% (5) | 4 | 75.0% (3) | 3 | 66.7% (2) |
| Policing | 5 | 40.0% (2) | 1 | -- | 4 | 50.0% (2) |
| Peer Influence | 5 | 60.0% (3) | 3 | 66.7% (2) | 2 | 50.0% (1) |
| Mental Health | 4 | 100.% (4) | 3 | 100.0% (3) | 1 | 100.0% (1) |
| Health | 2 | 100.0% (2) | 0 | -- | 2 | 100.0% (2) |
| Other | 4 | 25.0% (1) | 2 | 50.0% (1) | 2 | -- |
| *Any expected Help with Needs?* | | | | | | |
| Expects some help | -- | 91.3% (73) | -- | 94.4% (34) | -- | 88.6% (39) |
| Expects no help | -- | 8.7% (7) | -- | 5.6% (2) | -- | 11.4% (5) |

# Appendix E
## Additional Figures

**Figure V. Source of expected help with reentry priorities, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Expected Help with Needs?* | | | |
| None | 8.8% (7) | 5.6% (2) | 11.4% (5) |
| Only help from the community | 45.0% (36) | 50.0% (18) | 40.9% (18) |
| Only help from the jail | 3.8% (3) | 2.8% (1) | 4.5% (2) |
| Help from the community and jail | 33.8% (27) | 36.1% (13) | 31.8% (14) |
| Help from other | 8.8% (7) | 5.6% (2) | 5.0% (11.4%) |

**Figure W. Social networks and supports (full cohort, n=80)**

| | Emotional assistance | Material aid | Social participation |
|---|---|---|---|
| *Support source* | | | |
| Parents/Step-Parents | 75.0% (60) | 70.0% (56) | 70.0% (56) |
| Siblings | 63.8% (51) | 66.3% (53) | 75.0% (60) |
| Other family (aunts/uncles, cousins, grandparents) | 56.3% (45) | 63.8% (53) | 70.0% (56) |
| Significant other | 58.8% (47) | 55.0% (44) | 65.0% (52) |
| Friends | 72.5% (58) | 76.3% (61) | 91.3% (73) |
| Drinking/Smoking buddies | 28.8% (23) | 17.5% (14) | 52.5% (42) |
| Gang member | 8.8% (7) | 11.3% (9) | 17.5% (14) |
| Neighbors | 33.8% (27) | 32.5% (26) | 48.8% (39) |
| Teacher/guidance counselor | 12.5% (10) | 5.0% (4) | 2.5% (2) |
| Social worker/therapist/counselor | 18.8% (15) | 6.3% (5) | 6.3% (5) |
| Religious Leader | 31.3% (25) | 20.0% (16) | 17.5% (14) |
| Someone else | 17.5% (14) | 11.3% (9) | 22.5% (18) |
| *At least one of these sources?* | | | |
| Yes | 98.8% (79) | 98.8% (79) | 98.8% (79) |
| Median number of sources | 5 | 4.5 | 5 |
| Range | 0-9 | 0-10 | 0-10 |

**Figure X. Family history of criminal justice involvement, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Family jail history* | | | |
| No | 50.0% (40) | 50.0% (18) | 50.0% (22) |
| Yes | 50.0% (40) | 50.0% (18) | 50.0% (22) |
| *Brother/sister* | 18..8% (15) | 16.7% (6) | 20.5% (9) |
| *Mother/father* | 10.0% (8) | 8.3% (3) | 11.4% (5) |
| *Uncle/aunt* | 6.3% (5) | 11.1% (4) | 2.3% (1) |
| *Other: cousins, mother of kids* | 10.0% (8) | 13.9% (5) | 6.8% (3) |
| *Multiple relations* | 3.8% (3) | -- | 6.8% (3) |
| *Family gang involvement* | | | |
| No | 58.8% (47) | 58.3% (21) | 59.1% (26) |
| Yes | 41.3% (33) | 41.7% (15) | 40.9% (18) |
| *Brother/sister* | 13.8% (11) | 16.7% (6) | 11.4% (5) |
| *Mother/father* | 1.3% (1) | -- | 2.3% (1) |
| *Uncle/aunt* | 3.8% (3) | 8.3% (3) | -- |
| *Other: cousins, nephews, grandson, yes but unsure* | 10.0% (8) | 2.8% (1) | 15.9% (7) |
| *Multiple relations* | 11.3% (9) | 13.9% (5) | 9.1% (4) |
| *Refused* | 1.3% (1) | -- | 2.3% (1) |

**Figure Y. Gang involvement, by neighborhood**

| | Full Cohort (n=80) | Boyle Heights (n=36) | South L.A. (n=44) |
|---|---|---|---|
| *Gang involvement* | | | |
| Yes | 21.3% (17) | 30.6% (11) | 13.6% (6) |
| Used to be | 3.8% (3) | 5.6% (2) | 2.3% (1) |
| Refused | 1.3% (1) | 0 | 2.3% (1) |

# Appendix F
## Review of Screening and Assessment Instruments

| Assessment | Time to Administer | Can be Self-Administered | Multiple Languages | Computer or Audio-Based | Men or Women | Staff Training | Used in Corrections | Validated | Jurisdictions | Notes |
|---|---|---|---|---|---|---|---|---|---|---|
| **Combined Risk and Needs Assessments** | | | | | | | | | | |
| Addiction Severity Index (ASI) | 60 minutes | No | No – English Only | No | Both | Clinician recommended | Yes | Yes | NJ, ND | Part of the screening can be self-administered, the interview section is conducted by clinician; Wide scope |
| Correctional Offender Management Profile for Alternative Sanctions (COMPAS) | Varies by jurisdiction | No | Yes | Yes | Both | Some training required | Yes | Yes | CA, NY | Separated risk for violence, recidivism, failure to appear, and community failure BL: False Negative |
| CJ Comprehensive Intake | ~90 minutes | No | Yes | No | Both | Minimal training | Yes | | | |
| Global Appraisal of Individual Needs (GAIN-I) | Full version: ~120 minutes Quick version: 15-20 minutes | Yes | Yes | Yes | Both | 4 day "train-the-trainer" | Yes | Validated | CA | Primarily designed for Juveniles |
| Level of Service Inventory-Revised (LSI-R, LSI-R: SV, LS/CMI) | LSI-R: SV ~10 LSI-R: ~30-45 LS/CMI: ~45-60 | No | Yes | | Both | Some training required | Yes | Yes | WA, MA, various, Widely used | BL: False Positive WH: False Negative |
| Offender Profile Index (OPI) | ~30-45 minutes | No | No – English Only | Yes | Versions for men & women | Some training required | Yes | Yes | | Primarily focus on SU |
| Psychopath Checklist-Revised (PCL-R) | ~10 minutes (20 items) | No | | | | Trained professional recommended | | | OR | |

# Appendix F
## Review of Screening and Assessment Instruments

| Assessment | Time to Administer | Can be Self-Administered | Multiple Languages | Computer or Audio-Based | Men or Women | Staff Training | Used in Corrections | Validated | Jurisdictions | Notes |
|---|---|---|---|---|---|---|---|---|---|---|
| **Violent Risk** | | | | | | | | | | |
| Historical, Clinical, Risk Management-20 (HCR-20) | ~10 minutes (20 items) | No | Yes | | both | Trained professional recommended | Yes | Yes | TX, widely used | Reliably predicts the risk of verbal abuse & damage to property, but less reliable for physical assault |
| Violence Risk Scale (VRS) | ~10 minutes (26 items) | | | | | Trained professional recommended | | | | |
| Violence Risk Appraisal Guide (VRAG) | ~10 minutes (12 items) | No | Yes | No | Both | Trained professional recommended | Yes | YES | TN | |
| Violent Offender Risk Scale (VORS) | | | | | | | Yes | | | |
| **Mental Health** | | | | | | | | | | |
| Millon Clinical Multiaxial Inventory-III (MCMI-III) | ~30-40 minutes | No | Yes, Spanish | Yes, audio | Both | Clinician recommended | Yes | Yes | CO | |
| Mini International Neuropsychiatric Interview (MINI) | ~41 minutes | No | Yes | Yes | Both | 4 hour training. Clinician recommended | Yes | Yes | LA | |
| Minnesota Multi-phasic Personality Inventory (MMPI-2) | ~60-90 minutes | No | Yes, Spanish | Yes | Both | Clinician recommended | Yes | Yes | NC | |
| Structured Clinic Interview for DSM-IV | ~1-2 hour | No | Yes, Various | | Both | Clinician recommended | Yes | Yes | MD, NJ | |
| Personality Assessment Inventory (PAI) | ~50-60 minutes | No | Yes, Spanish | No | Both | Clinician recommended | Yes | Yes | PA | |
| **Brief mental health** | | | | | | | | | | |
| Beck Depression Inventory (BDI) | ~5 minutes | Yes | Yes, Spanish | No | Both | Minimal training | Yes | Yes | NC,WA | Effective in detecting depression in alcohol users, limited scope |
| Brief Jail Based Mental Health Screen | ~5 minutes | Yes | Yes | Not sure | Both | Minimal training | Yes | Yes | Various | Low reliability for women |

# Appendix F
## Review of Screening and Assessment Instruments

| Assessment | Time to Administer | Can be self-administered | Multiple Language | Computer or Audio-Based | Men or Women | Staff Training | Used in Corrections | Validated | Jurisdictions | Notes |
|---|---|---|---|---|---|---|---|---|---|---|
| **Brief mental health** | | | | | | | | | | |
| Brief Symptom Inventory (BSI) | ~8-10 minutes | Yes | Yes, Spanish | No | | Minimal training | Yes | | | May react to defensive responses, requires 6th grade reading level |
| Co-Occurring Disorders Screening Instrument for Mental Disorders (CODSI-MD) | ~10 minutes | Yes | | | | Minimal training | Yes | Yes | | Validated for co-disorder Separated version for SMI |
| Colorado Symptom Index (CSI) | ~5 minutes | Yes | Not sure | Not sure | Both | Minimal training | Yes | Yes | Popular in jail diversion programs | Valid for co-disorder |
| Correctional Mental Health Screen (CMHS) | ~5 minutes | Yes | Yes | Not sure | Versions for men & women | Minimal training | Yes | Yes | Various | |
| Jail Screening Assessment Tool (JSAT) | ~20-30 minutes | No | Not sure | Not sure | Both | Minimal training | Yes | Yes | | |
| K6+ (Kessler-6 plus) Self-Report Measure Mental Health | ~5 minutes | Yes | Yes | Yes | Both | Minimal training | Yes | Yes | | Screen for non-specific psychiatric distress; has problems in detecting SMI |
| Modified MINI Screening (MMS) | ~10-15 minutes | Not sure | Yes | Not sure | Both | Minimal training | Yes | Yes | OASAS | Valid for co-disorders |
| Mental Health Screening Form III (MHSF-III) | ~20-30 minutes | Yes | Yes | Not sure | Both | Minimal training | Yes | Yes | | Valid for co-disorders, problems detecting SMI |
| Referral Decision Scale (RDS) | ~5 minutes | Yes | Yes | Not sure | Both | Minimal training | Yes | Yes | | May not be accurate for co-disorders; has a limited scope |
| Symptom Checklist 90 – Revised (SCL-90-R) | ~30 minutes | Yes | Yes, Spanish | Yes, Audio and Computer | Both | Minimal training | Yes | Yes | | Bad track record identifying depression in alcoholics harder to administer |

# Appendix F
## Review of Screening and Assessment Instruments

| Assessment | Time to Administer | Can be Self-Administered | Multiple Languages | Computer or Audio-Based | Men or Women | Staff Training | Used in Corrections | Validated | Jurisdictions | Notes |
|---|---|---|---|---|---|---|---|---|---|---|
| *Substance use* | | | | | | | | | | |
| Composite International Diagnostic Interview—Substance Abuse Module (SAM) | ~30-45 minutes | No | Yes, available in Spanish | No | Both | Clinician recommended | | Yes | | |
| Drug Abuse Screening Test (DAST) | ~10 minutes | Yes | Yes, available in Spanish | No | Both | Minimal training | Yes | Yes | | Focus on Drug addiction |
| Drug Use Screening Inventory- Revised (DUSI-R) | ~20-40 minutes | Yes | Yes | Yes | Both | Some training required | Yes | Yes | CO | Requires equivalent of a fifth grade reading level. |
| Michigan Alcoholism Screening Test (MAST) | ~10 minutes | Yes | No | No | Both | Minimal training | Yes | Yes | NC | Focus on Alcohol addiction |
| Readiness to Change Questionnaire (RTCQ) | ~10 minutes | Yes | Yes, available in Spanish | No | Both | Minimal training | Yes | Yes | | Focus on Alcohol addiction |
| Simple Screening Instrument for Substance Abuse (SSI-SA) | ~10 minutes | Yes | No | | Both | Minimal training | Yes | Yes | | Might generate false positive; no examination on SU history |
| Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) | ~10 minutes | Yes | Yes, translated in Spanish | No | Both | Minimal training | Yes | Yes | VA | |
| Substance Abuse Subtle Screening Inventory-2 (SASSI-2) | ~30-45 minutes | Yes | Yes, available in Spanish | Yes | Both | Minimal training | Yes | Yes | CO, IN | |
| TCU Drug Screen (TCUDS) | ~10 minutes | Yes | Yes | | Both | Minimal training | Yes | Yes | TX,WA,PA | |
| *Housing* | | | | | | | | | | |
| Individualized Housing Action Plan | ~30 minutes | No | No | No | Both | Minimal training | Yes | No | MI | Administered as an interview |

# Appendix F
## Review of Screening and Assessment Instruments

| Assessment | Time to Administer | Can be Self-Administered | Multiple Languages | Computer or Audio-Based | Men or Women | Staff Training | Used in Corrections | Validated | Jurisdictions | Notes |
|---|---|---|---|---|---|---|---|---|---|---|
| *Education* | | | | | | | | | | |
| Comprehensive Adult Student Assessment System (CASAS) | 30 minutes | | | | | | | | KY | |
| BETA III (IQ test) | ~ 30 minutes | Yes | | | | Minimal training | Yes | Yes | WA, PA, NC | IQ test |
| Cultural Fair Test of Intelligence (CFTL) | | | | | | | | | CO | IQ test |
| Test of Adult Basic Education (TABE) | ~ 60 minutes | | | | | Minimal training | Yes | Yes | CO, NC, PA | Widely used |
| Weschler Adult Intelligence Scale (WAIS) | ~ 60-90 minutes | Yes | | | | Minimal training | Yes | Yes | PA, NC | IQ test |
| Writing Range Achievement Test (WRAT) | 15-30 minutes | | | | | Minimal training | Yes | Yes | PA, NC | |
| *Employment* | | | | | | | | | | |
| Barriers to Employment Success Inventory (BESI) | ~20 minutes | Yes | | Yes | Both | Minimal training | No | Yes | WI MD | Wide scope |
| PC Plus Employment Screening | ~10 minutes | Yes | | Yes | Both | Minimal training | | Yes | UK | Including assessment of education |
| *Social Support* | | | | | | | | | | |
| Family Adaptability and Cohesion Scale (FACES III) | ~15 minutes | Yes | | | | Minimal training | No | Yes | | |
| Multidimensional scale of social support (MSPSS) | ~5 minutes | Yes | | | Both | Minimal training | Yes | Yes | | Widely used in adolescent delinquency study |
| Relational Inquiry Tool (RIT) | ~20 minutes | Not Recommended | No | Can enter input in database | Both | 3-4 hours training | Yes | No | OH, MI,MA | Strength- based, family-focused |
| Social Support Questionnaire (SSQ) | ~20 minutes | Yes | | | | Minimal training | Yes | Yes | Canada | |