

## Alameda County Probation Department Reentry Services RFP Guidance

This document lays out some points of consideration for the Alameda County Probation Department's (ACPD) upcoming RFP development for the new Transition Day Reporting Center (TDRC) contract. Specifically, this includes ideas for overarching frameworks including a summary of literature related to one-stop shops for community supervision clients, existing promising models of one-stop shops, and other considerations.

### Guiding Frameworks

There are multiple conceptual frameworks which can be used to guide the development of the future reentry center evolving from the current TDRC. George Mason University (GMU) recommends a public health version of the Risk-Need-Responsivity framework that incorporates "Healthy Living" and One-Stop Shop models. These align with evidence-based practices and reinforce client successes in lifestyle changes. The Risk-Need-Responsivity framework uses a large body of supporting research to address those factors affecting offending behavior and stabilization in the community, while the Healthy Living framework takes into consideration the whole person, not just their crimes and criminogenic needs.

#### **Risk-Need-Responsivity Framework**

The Risk-Need-Responsivity (RNR) framework (Andrews, Bonta, & Hoge, 1990; Andrews & Bonta, 2010) posits that improvements in outcomes will result when justice-involved individuals are linked to programming based on their static criminal justice risk and dynamic risk factors. The three core RNR principles are: **Risk** – place justice-involved individuals in programming and controls based on their level of risk, with moderate- and higher-risk individuals participating in more structured, intensive programming; **Need** – target key dynamic behaviors that are known to affect offending and place involved individuals with more complex behavioral issues into more structured, intensive programming; and **Responsivity** – maximize treatment effects with interventions that are cognitive-based and tailored to individual's risk, needs, and strengths. General responsivity refers to the use of treatment approaches which are supported through research, particularly cognitive-behavioral treatment. The concept of specific responsivity notes that other factors beyond criminogenic needs may influence the response to treatment, making these factors important to address for treatment success. Systemic responsivity posits that the agency or jurisdiction must have the appropriate balance of services and programs that are matched to the needs of clients in order to achieve a sustainable impact on reducing recidivism (see Taxman, 2014).

#### *Why Focus on Risk, Criminogenic Needs, and Responsivity Factors?*

- Standardized instruments are more reliable than clinical judgments (Andrews & Bonta, 2010).
- Treatment focusing on higher-risk individuals is more likely to be impactful, while low-risk individuals that do not have needs in a given area may have adverse outcomes from participating in more intensive treatments (Andrews & Bonta, 2010; Andrews et al., 1990; Lipsey, 2009).
- Empirical research has consistently identified eight criminogenic needs which reliably predict reoffending (Andrews & Bonta, 2003; Andrews & Bonta, 2010; Andrews, Bonta,

& Wormith, 2004; Bonta, Law, & Hanson, 1998; Dowdon & Andrews, 1999a; Dowdon & Andrews, 1999b; Gendreau et al., 1992; Gendreau, Little, & Goggin, 1996; Hanson & Morton-Bourgon, 2004; Lipsey & Derzon, 1998; Simourd & Andrews, 1994): history of antisocial behavior, antisocial personality pattern, antisocial cognition, antisocial peers, family, school/work, leisure and recreation, and substance abuse. With exception of historical antisocial behavior, these needs are dynamic and may be influenced through intervention.

- Certain criminogenic needs (such as substance use, antisocial attitudes, antisocial peers and family, and employment) have been shown to be particularly important factors in predicting future recidivism and may be viewed as primary targets for intervention (Caudy, Durso, & Taxman, 2013; Taxman, Caudy, & Pattavina, 2013; Wooditch, Tang, & Taxman, 2013).
- Cognitive-behavioral interventions have been shown to be effective with both adult and juvenile offender populations (Barnes, Hyatt, & Sherman, 2017; Landenberger & Lipsey, 2005; Lipsey, 2009).
- Other important factors, such as developmental age, gender, culture, mental health, cognitive abilities, motivation, and stability (e.g., housing) may influence an individual's ability to benefit from treatment (Andrews & Bonta, 2010).
- Programs which more strictly adhere to the risk-need-responsivity principles are more likely to be effective in reducing recidivism (Andrews, Dowden, & Gendreau, 1999; Lowenkamp & Latessa, 2005).

#### *How to Use the RNR Model in Community Corrections Settings?*

- Ensure treatment-planning is informed by a validated assessment tool which collects information about risk levels, dynamic criminogenic needs, and responsivity factors.
- Match interventions to the appropriate risk level and identified criminogenic needs for each client. Prioritize the criminogenic needs assessed as most problematic.
- Use treatment supported by research evidence for the population of interest.
- When making treatment decisions, consider other non-criminogenic factors that may influence the client's ability to participate effectively and receive the full benefits of interventions.

While the RNR framework helps to define areas of target behaviors, the language used tends to focus on deficits instead of building strengths. And, it does not take advantage of recent desistance literature which emphasizes assisting individuals in exiting a life of offending behavior through seeing a purpose for living a prosocial life, and for vesting in civic responsibilities.

#### **Healthy Living Framework**

Healthy living encompasses everything from staying connected with family to taking medication and exercising to being a contributing member of the community. Many individuals on supervision and/or in treatment will benefit from help and encouragement from their supervision officers and treatment providers to achieve these goals. Helping the individual focus on healthy living behaviors will allow them to have “wins” along the way to long-term supervision goals

that may be challenging to achieve. Making behavioral changes in some areas can be motivating, leading to a larger drive for greater lifestyle changes.

### *Why Focus on Healthy Living?*

- Compared to the general population, individuals with criminal justice involvement have high rates of both physical and behavioral health disorders, many of which require medication management, regular physician visits, and practicing health habits. Left untreated or under-treated, these health concerns can be very disruptive to a person's daily functioning (Gideon, 2013).
- A large number of individuals in the criminal justice system and individuals with substance use disorders are homeless or unstably housed, including stays at homeless shelters or moving frequently from various friends' and relatives' homes. The harsh conditions of homelessness can lead to poor health, and many health issues may also result in some becoming homeless. Common health concerns related to homelessness include mental health problems, substance abuse, bronchitis and pneumonia, problems caused by being outdoors, and wound and skin infections (National Library of Medicine, 2018).
- Many individuals who are criminal justice-involved or engaged in treatment have limited access to nutritious foods, and many have limited knowledge of how to cook or have trouble finding the time with work, treatment, and other obligations (Heller, 2016).
- An estimated 70-80% of criminal justice-involved individuals smoke cigarettes, which is associated with numerous, long-term health conditions (Cropsey et al., 2015).
- Sleep habits have an impact on many aspects of life, including energy level, productivity, safety, and appetite (Cordeiro, 2014).
- Finding new hobbies and ways to spend leisure time like exercise can be a vehicle for individuals to connect with new people and to develop healthier, prosocial habits. Social connectedness matters—having people to rely on for emotional support can be an important stabilizing factor in individual's lives (Warland et al., 2013).
- A focus on health assists the individual in recognizing that they are like everyone else, individuals must learn to manage risk factors in their lives and contribute to their communities and families. This is reinforcing.

### *How to Help Promote Health Living?*

- Healthy living starts with the home. Supervision officers and treatment providers should check in frequently with their clients about where they are living, who they are living with, and how they feel about their living situation. Is it stable? Are they getting along with the other people in the home? Is the home conducive to staying crime- and drug-free? Do they feel safe?
- Individuals may need help accessing healthcare. This can include everything from obtaining an identification card to enrolling in health insurance to finding healthcare providers and following up with medications, appointments, and recommendations.
- Individuals may need help managing their medications, symptoms, and healthcare provider recommendations. Some tools that can help with these things include calendars, phone alarms, and daily pill boxes.
- Supervision officers and treatment providers can help individuals understand how their eating patterns can impact not only their bodies but their emotions and demonstrate the

numerous benefits to improving eating habits. Learning how to cook can be an activity that increases family or friend bonds. Individuals have the option of using SNAP benefits at many farmer's markets to acquire fresh produce.

- There are numerous medications, apps, and strategies to help individuals quit smoking. Supervision officers and treatment providers should make individuals aware of the different options that are available and encourage them to try new ones when the first attempt does not work.
- The first step to developing healthy sleep is understanding what can negatively affect sleep habits. Individuals should understand the impact of keeping a consistent schedule, avoiding electronics and alcohol that can negatively affect sleep habits, and having a bedtime routine.
- Social connections are important to life wellness and happiness. Encouraging more engagement in prosocial activities with others can improve both health and reentry success. Social media is no substitute for real social interaction and communicating with friends and family one-on-one.

### **One-Stop Shop Framework**

One-stop shops are a model of service delivery where diverse needs can be met from multiple organizations in one, single location. The one-stop shop approach seeks to address wide-ranging needs of individuals by increasing awareness and information about available assistance, reducing barriers to services by having them available on-site, and increase collaboration and coordination between service partners.

#### *Why Focus on Comprehensive, One-Stop Shops?*

There is very little empirical literature on one-stop shop models. However, the available research base, while small, provides some promising insight into the potential of this approach.

- *One-stop shops* have shown some promising signs despite the limited research to date. For instance, **Minnesota's High-Risk Revocation Reduction program** focused on individuals who had previously violated community supervision conditions, providing a one-stop "community hub" where case management; cognitive-behavioral interventions; mentoring; and assistance for transportation, housing, and employment were offered. A randomized experiment assessed the effectiveness of this program, comparing participants to a control group receiving standard case management services. The study found that program participants had 28% fewer revocations and 43% fewer reconvictions, but no difference in re-arrests or re-incarcerations for a new crime during the 1-2 year follow-up period (Clark, 2014; Clark, 2015).
- **Baton Rouge created the Post Release Skills Program** for parolees with a one-stop shop and comprehensive programming. Services included: case management, cognitive behavioral interventions, substance abuse monitoring/testing and treatment, behavioral accountability, GED, computer learning, career planning, family classes, electronic monitoring. While the program only lasted a year and had a small sample size (n=37) of individuals who completed or nearly completed the multi-month<sup>1</sup>

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<sup>1</sup> Participants typically took 8-9 months to complete the program.

program, those who exited the program successfully had lower recidivism rates<sup>2</sup> (8%) compared to the overall recidivism rate for Louisiana (30.9% in 2002 and 14.4% in 2003) (MN DOC, 2006).

- In **Santa Clara County, the Reentry Resource Center** uses a one-stop shop model of service delivery. Although client outcomes were not studied, one research project found promising metrics related to service delivery, such as the majority of clients stating they: were comfortable receiving services (86%), were provided adequate information (72%), were provided useful information and had their questions answered most or all of the time (86%), found the check-in/registration process to be easy to understand (94%), and were connected to all of their needed services (77%) (Redlich, 2018). Based on administrative records, 8-55% of service requests were linked depending on the service type. Reasons given for low linkage rates were faulty data entry (i.e., they *were* linked but it wasn't recorded), eligibility restrictions, and lack of client follow-through.
- In contrast, other studies have not identified these same benefits. **New York City's Fortune Society** has a more fluid, open-door policy where anyone can use their drop-in center who has been incarcerated in the past 10 years, although 35% of participants were referred by probation or parole officers. The Fortune Society's services include the Alternatives to Incarceration program, peer counseling, health services, family support services, education assistance, substance abuse treatment, mental health counseling, and a housing facility. After controlling for various risk factors with multivariate analyses and using propensity score matching to create comparable groups, Fortune Society participants had higher re-arrest rates compared to similar state prison releasees who did not participate in Fortune Society (it is unknown what other services they may have received) (McDonald, Dyou, & Carlson, 2008). The program did have a benefit for securing housing, but only when compared to local jail releasees. Approximately half (53%) of 89 **Serious and Violent Offender Reentry Initiative** (SVORI) programs reported using a one-stop shop model (Lattimore et al., 2008). The national evaluation did not find a beneficial effect of SVORI programming on recidivism for a subset of evaluated SVORI programs; however, the evaluation did not parse outcomes by program type, so it is impossible to determine how one-stop shop models fared compared to other types of service delivery models (Lattimore & Visser, 2009).

Given the limited empirical data on one-stop shops, research on related interventions can also be useful for consideration:

- *Collaborative, multi-service programs with accompanying case management* have found positive effects. Specifically, 7 of the 10 evaluations meeting the What Works in Reentry Clearinghouse thresholds for high study rigor found positive benefits related to recidivism metrics, with two of the remaining programs having no statistically significant impact and one producing a negative outcome (CSG, n.d.). Moreover, cost-benefit analyses performed for two studies found overall net financial savings. In contrast, the Clearinghouse's assessment of *case management programs* found no consensus for

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<sup>2</sup> The report where this study was referenced did not define recidivism, and the original study is not publicly available.

positive benefits of case management alone. Part of the issue is that case management is a poorly defined service—much of it can be passive (referrals only). Active case management where the case manager assists the individual in connecting with and engaging in services is a more successful model.

- Day reporting centers have mixed results from empirical research. A randomized, experimental design compared medium- and high-risk New Jersey parolees enrolled in day reporting centers to those enrolled in parole supervision with a structured phased sanction system (Boyle et al., 2013). This study found that, while the day reporting center participants were less likely to violate parole in the short-term, there were no significant differences in violations, arrests, convictions, or time to arrest in the 21-month period after starting the program. Studies relying on less rigorous methods have found mostly mixed evidence in support of day reporting centers for adult probationers or parolees (Brunet, 2002; Champion, Harvey, and Schanz, 2011; Craddock, 2004, 2009; Craddock and Graham, 2002; Marciniak, 2000; Ostermann, 2009). (It should be noted that many of these studied programs differed from the TDRC in having mandated daily reporting and/or requirements to stay in the center for substantial periods of time during each visit.)

#### *How to Serve Probationers Through a One-Stop Shop?*

- Barriers to utilizing services should be reduced by having a public transportation-accessible location and/or through providing general transportation assistance and transportation to/from the center from nearby correctional facilities. The location should be welcoming and not within problematic gang territory.
- Assessments are an important first step for determining eligibility and appropriate services. Assessments should use validated tools that measure risk, criminogenic needs, responsivity factors, and biopsychosocial factors including overall health.
- Available services should address all criminogenic needs, account for responsivity factors, and encourage healthy lifestyles. Recommended services include:
  - Basic needs (e.g., food, clothing, safe space), identification, government benefit enrollment, and reduction of other immediate barriers
  - Active case management services
  - Cognitive restructuring through validated CBT programs
  - Health insurance enrollment, on-site health screenings, and health referrals
  - Mental health screening, assessment, and referrals
  - Mental health medication management
  - On-site emergency housing and assistance with securing permanent housing
  - Job/vocational training and employment support
  - Secondary/GED and post-secondary education and literacy
  - Legal aid
  - Life skills such as computer skills, financial management, and interpersonal relationships
  - Parenting, family reunification, and child support
  - Substance use assessment, treatment referrals, and on-site support groups
  - Substance use medication management
  - Substance use group therapies
  - Crisis intervention services

- Behavioral change should be encouraged through evidence-based approaches, including behavior contingency management, motivational interviewing, the risk-need-responsivity principles, and therapeutic alliances with probation officers and service providers. Services should be strengths-based and responsive to gender and culture.

## Promising Models from the Field

When developing a reentry model, one should abide by certain principles that have been proven to affect the transition from incarceration back into society. The U.S. Department of Justice (2016) outlines their roadmap to reentry with five key principles for a successful transition. They are summarized below:

- Principle 1: Upon incarceration, every individual should be provided an individualized reentry plan tailored to their risk and recidivism and programmatic needs.
- Principle 2: While incarcerated, each individual should be provided education, employment training, life skills, substance abuse, mental health, and other programs that target their criminogenic needs and maximize their likelihood of success upon release.
- Principle 3: While incarcerated, each individual should be provided the resources and opportunity to build and maintain family relationships, strengthening the support system available to them upon release.
- Principle 4: During transition back to the community, halfway houses and supervised release programs should ensure individualized continuity of care for returning citizens.
- Principle 5: Before leaving custody, every person should be provided comprehensive reentry-related information and access to resources necessary to succeed in the community.

Existing programs can also serve as sources of inspiration. The Eisenhower Foundation supported six programs across the United States considered to be best practice models for community reentry (Drake & LaFrance, 2007). These programs include the Center for Employment Opportunities (New York), The Fortune Society (New York), the Gemeinschaft Home (Virginia), Opportunities to Succeed (multiple locations), Pioneer Human Services (Washington), and Safer Foundation (Illinois). Moreover, one-stop shops in San Francisco, Santa Clara County, Contra Costa County, Los Angeles, and Tulsa serve as examples of this model for community supervision populations. While these sets of programs do not necessarily have empirical support (e.g., the Fortune Society and Opportunities to Succeed were shown to not have beneficial effects), there are some notable features worth considering:

- Most programs provide very comprehensive services and/or referrals, including case management, education, employment, family/parenting, public assistance, health & mental health, and life skills. Substance treatment, housing, legal aid, and expungement services are less universal, but included for some models.
- Already familiar to the ACPD team is San Francisco's CASC whose beautiful facility serves as a welcoming source to draw in participants and encourage them to spend time there.
- Locations close to the releasing jail (Los Angeles, San Francisco, Santa Clara) or co-location with probation (San Francisco, Santa Clara)
- Active recruitment at jails and/or prisons (NY Center for Employment Opportunities, San Francisco)

- Positive, welcoming language (Contra Costa’s “welcoming hub” and “reentry *success* center”- clients “become members”)
- Emergency housing (NY Fortune Society)
- Specific focus on job *retention* (Los Angeles, NY Fortune Society, IL Safer Foundation)
- Inclusion of basic health services (NY Fortune Society, Santa Clara, VA Gemeinschaft)
- Wider eligibility criteria (NY Fortune Society, San Francisco, Santa Clara)
- Continuity in services between incarceration and post-release (VA Gemeinschaft, San Francisco 5-Keys reentry unit, WA Pioneer human services)
- Mentorship (VA Gemeinschaft, Los Angeles)
- Active outreach to serve individuals in other locations (e.g., at courts) (Santa Clara)
- Multi-disciplinary team model with weekly meetings with the partnership team (Tulsa)

## Other Important Considerations

1. It will be important for the awarded vendor to prioritize communication, awareness-raising, outreach, and relationship-building with the front-line probation staff. ACPD should build in dedicated responsibilities for these types of activities to support strong, collaborative working relationships between probation and service provider staff and to ensure that probation staff thoroughly understand the center’s purpose, eligibility, and service offerings. Dependent on preliminary success of the PRCS/TDRC pilot, an agreement to support similar collaboration activities should also be built in.
2. Currently, the TDRC’s eligibility criteria is moderate- and high-risk probation clients who are under active supervision (i.e., not kiosk). ACPD should discuss whether the mission and funding would support a center open to all re-entering individuals, or should be restricted to probation clients, and which risk-levels will be eligible for obtaining services at the center.
3. Attention should be focused on intervention characteristics which are most conducive to beneficial outcomes, particularly evidence-based treatment modalities, approaches which have been validated with similar populations, dosage intensity, and the use of rolling versus cohort enrollment models.
4. One-stop shops are especially appropriate for information-sharing, referrals, and entry into services, but ACPD should consider whether the best model for long-term service delivery is on-site at the reentry center, through other organization locations throughout the county, or a combination of both.
5. The structure of partnerships and oversight is a critical one for developing the RFP. Some considerations related to this are:
  - a. Whether initial referrals to the reentry center and its partners should be (1) universal, (2) performed by the probation intake officer who performs COMPAS assessments, or (3) performed by the assigned supervising probation officer?
  - b. Whether the role of coordination and oversight of the one-stop shop facility should be performed by ACPD staff or an external vendor? If an external vendor, should this organization also provide their own services (e.g., case management



only, case management plus other services such as CBT)? Will on-site community providers all be overseen by a single entity (i.e., ACPD versus RFP vendor)?

- c. How can case management and other support referrals be delineated and/or streamlined between probation officers and the vendor?
  - d. An emphasis should be made to have an integrated system of care where the reentry center and partners share information and share case management of individuals. This will reduce duplication of services, and also reduce client exhaustion of receiving services. Integration is different than coordination—integration requires staff from agencies to act boundaryless, to be part of all systems, and to focus on the client’s outcomes first.
6. It will be important to incorporate certain data and performance measurement requirements. The RFP should include all required metrics for the BJA Second Chance Act grant and AB109 funding sources. It is also recommended that it capture more holistic reentry outcomes beyond recidivism (e.g., measures related to employment, housing, family), including strength, success, and resiliency measures. Client satisfaction surveys should be collected in a way that avoids skew (e.g., at multiple time-points during a client’s progression or at a single point in time for all current clients as opposed to exit surveys which only collect information from individuals who have remained engaged in the program).

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