

Transition from Jail to Community

ONLINE LEARNING TOOLKIT



Module 5: Targeted Intervention Strategies

Welcome to *Targeted Intervention Strategies*. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module provides an overview of targeted intervention strategies that are designed to improve the outcomes of people transitioning from jail to the community. This module also will explain how to use the Triage Matrix Implementation Tool to match offenders to the appropriate intervention and how to use the risk-need-responsivity model to increase the likelihood of success for those transitioning from jail to the community.

"Reentry is ultimately a local issue. Whether we like it or not, parolees are coming back into our communities. Once a parolee has returned, there is very little the Department of Corrections can do to improve his or her chance to successfully reintegrate into our community. All the critical needs have to be provided by our local community. And any new crimes committed by parolees adversely impact the public safety of our community. So it's in our best interest to help increase the probability of success for these parolees."

Rick Roney, Chair, Santa Barbara County Reentry Committee
Santa Barbara, California

This module has three sections and should take 10 to 15 minutes to complete.

The recommended audience for this module includes:

- Sheriffs
- Jail administrators
- Correction officers
- Jail treatment staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Probation officers
- Pretrial services
- County commissioners
- County board members
- Criminal justice council members

This module also includes resource lists for additional reading.

Module Objectives

This module provides information that will help you to understand why and how targeted intervention strategies form the core of the Transition from Jail to Community (TJC) model at the individual level and comprise the basic building blocks for effective jail-to-community transition.

Improving transition at the individual level involves the introduction of specific interventions at critical points along the jail-to-community continuum. The underlying premise, based on research, is that interventions at these key points can facilitate reintegration and reduce reoffending, thereby increasing public safety.

Critical to this approach are the principles that:

- interventions should begin in jail with the booking process and continue, as needed, throughout incarceration and upon release into the community;
- targeted and more intensive interventions should be used for medium- to high-risk offenders identified through the assessment process, as they are most likely to recidivate;
- interventions should be tailored to the specific needs, risks, and strengths of each individual.

This module discusses the:

- primary elements of targeted intervention strategies;
- benefits of using targeted intervention strategies to help people transitioning from jail to the community;
- research evidence that supports the principles underlying targeted intervention strategies.

This module contains the following three sections:

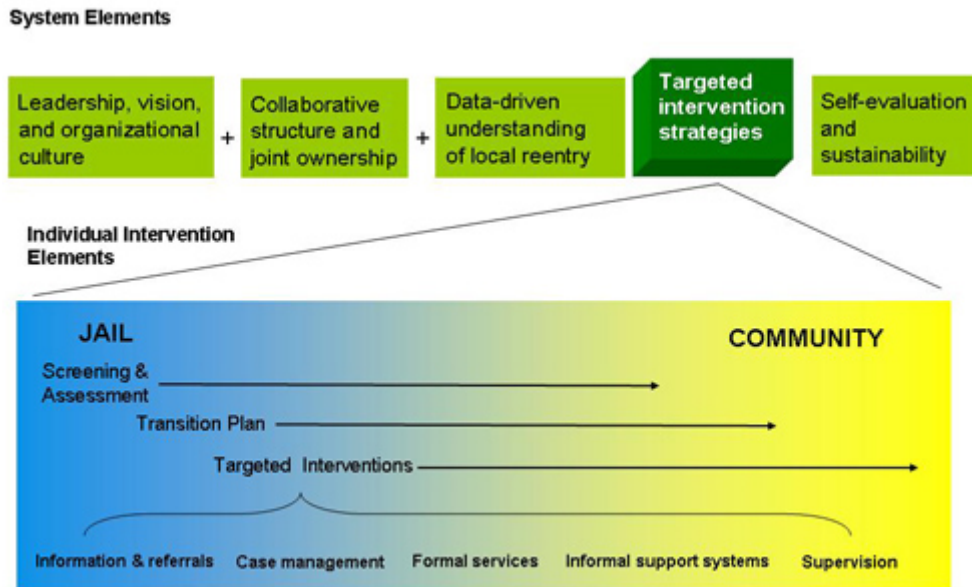
1. A Triage Approach to Targeted Interventions
2. The Risk-Need-Responsivity Model for Assessment and Rehabilitation
3. Terms Used in the Field

By the end of this module, you should be able to:

- explain why targeted intervention strategies are needed;
- complete the Triage Matrix Implementation Tool;
- identify the key transition intervention strategies of the TJC's Implementation Roadmap;
- discuss the research that supports targeted intervention strategies;
- understand the risk-need-responsivity model for assessment and rehabilitation.

The Transition from Jail to Community Model

The visual below indicates how *Targeted Intervention Strategies* are included in the *Transition from Jail to Community* model. They comprise one of five key system elements that must be in place for the TJC model to work.



Section 1. A Triage Approach to Targeted Interventions

In this section, you will learn the importance of prioritizing resources and targeting intervention strategies based on system and individual factors. Clearly, given the diversity of the jail population, unpredictable lengths of stay, limited resources, and principles of evidence-based practice, it is not possible or desirable to provide the same level of intervention to everyone who enters the jail setting.

In fact, to obtain an optimum level of efficiency and effectiveness, quick screening tools should be used to separate low-risk offenders from their medium- and high- risk counterparts. Interventions can occur both inside and outside the jail. The key is to match the right person to the right resources so that higher risk individuals receive more intensive interventions in the jail and the community. Therefore, the TJC project recommends a triage system to help a system determine “who gets what.”

Triage Planning

The word *triage* comes from the French term “trier,” to sort. We often think of triage scenarios when natural and human disasters occur and decisions have to be made quickly to identify and treat the most seriously injured.

Terms to Know

Triage: The process by which a person is screened and assessed immediately on arrival at the jail or community service to determine the urgency of the person’s risk and needs in order to designate appropriate resources to care for the identified problems

Triage protocols are effective because they:¹

- bring order to a chaotic situation;
- quickly sort a large number of people on the basis of a serious condition;
- set the path for individualized treatment;
- facilitate a coordinated effort between jail- and community-based supervision agencies and providers;
- are fluid enough to accommodate changes in the number of people involved in the process, the availability of resources, and the extent of need.

A jail setting is a busy and sometimes chaotic environment, but decisions still have to be made at reception to determine each individual’s risk and needs. This is a particularly acute problem within a jail facility because of the rapid rate of turnover and short length of stay of most inmates. A triage matrix, tailored to the needs, resources, and timelines of your jurisdiction, will help determine the appropriate allocation of services by categorizing individuals and identifying the appropriate mix of targeted interventions.

¹ United States Army, Office of the Division Surgeon, 10th Mountain Division. Presentation delivered as part of a Trauma Focused Training. Fort Drum, NY.

The following case studies will help you to begin thinking about the unique risk and needs of your population.

Case study 1. Mr. Smith is a 34-year-old, single man serving a nine-month sentence for possession of crack cocaine. Mr. Smith has an extensive history of criminal offenses that includes three state terms of incarceration and 10 jail sentences. Mr. Smith has spent nearly 11 years of his adult life in jail or prison. Mr. Smith's file also indicates that he dropped out of school in the tenth grade, has a history of significant reading problems that were never addressed by the educational system, and was homeless and unemployed at the time of his arrest.²

Case study 2. Mr. Jones is a 19-year-old, single man serving a 15-day sentence for possession of marijuana and medication (i.e., Concerta, a stimulant used to treat ADHD) for which he didn't have a prescription. Prior to his arrest, Mr. Jones had no prior criminal record, attended community college, was employed part-time as a waiter at a local eatery, and lived with his mother.

Using these two case studies, ask yourself the following questions about these individuals:

- Which screenings and assessment instruments are needed to identify their risk and needs as they enter your facility?
- What are their unique risks?
- How *pressing* is the need for intervention?
- How *extensive* is the need for intervention?
- What is the likelihood of reoffending and how severe might the crime be?
- What are their unique needs?
- Do you know their length of stay?
- What factors would you use to sort them by risk and needs?
- What type of jail and community intervention is required?
- What type of transition planning and which specific targeted interventions, if any, are needed?

Don't worry if you don't have all the answers. In this module and the next three modules, you will learn how to perform the following 10 tasks (outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and designed to address these and related topics):

1. Complete the Triage Matrix Implementation Tool.³
2. Apply screening instruments to all jail entrants.
3. Apply risk/needs assessment instrument(s) to selected jail entrants.
4. Produce transition case plans for selected jail entrants.
5. Define the scope and content of jail transition interventions currently in place.
6. Provide resource packets to all jail inmates upon release.
7. Deliver in-jail interventions to selected inmates.
8. Deliver community interventions to selected released inmates.
9. Provide case management to selected jail entrants.

² Fretz, Ralph. 2006. *What Makes a Correctional Treatment Program Effective: Do the Risk, Need, and Responsivity Principles (RNR) Make a Difference in Reducing Recidivism?* Kearney, N.J.: Community Education Centers, Inc. <http://www.cecintl.com/UploadedFiles/Frez.pdf>.

³ Available: http://www.urban.org/projects/tjc/toolkit/module1/Triage_Matrix.xls

10. Provide mentors to selected individuals.

To begin, review The Triage Matrix Implementation Tool referenced in Task 1 and developed by the TJC project team to help your jurisdiction prioritize goals, identify target populations, and allocate limited resources to your jurisdiction's intervention strategies. An example of this document is available in Appendix A, and a full version is available at

http://www.urban.org/projects/tjc/toolkit/module1/Triage_Matrix.xls. The underlying concept is that everyone in the jail population should get some intervention, which may be as minimal as receiving basic information on community resources, but the most intensive interventions are reserved for inmates with higher risk and needs. The triage matrix includes the following four sections:

1. Screening and Assessment
2. Transition Case Plan
3. Pre-Release Interventions
4. Post-Release Interventions

The triage matrix includes a worksheet for each section and a sample matrix with all sections completed. All content in the sample triage matrix is approximate and should be adapted to fit your community. We recommend that you fill in the triage matrix as soon as possible to better understand the strengths and gaps in your present transition system.

For more information and examples from the field

1. Bogue, Brad, Nancy Campbell, Mark Carey, Elyse Clawson, Dot Faust, Kate Florio, Lore Joplin, George Keiser, Billy Wasson, and William Woodward. 2004. *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Washington, DC: National Institute of Corrections. <http://nicic.gov/Library/019342>
2. Christensen, Gary. January 2008. *Our System of Corrections: Do Jails Play a Role in Improving Offender Outcomes?* Washington, DC: Crime and Justice Institute and the National Institute of Corrections. <http://nicic.gov/library/files/023357.pdf>
3. Dunworth, Terry, Jane Hannaway, John Holahan, and Margery Austin Turner. Rev. 2008. "Beyond Ideology, Politics, and Guesswork: The Case for Evidence-Based Policy." Washington, D.C.: The Urban Institute. http://www.urban.org/UploadedPDF/901189_evidencebased.pdf.
4. U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration. October 2007. *A Guide to Evidence-Based Practices on the Web*. <http://www.samhsa.gov/ebpWebguide/index.asp>
5. Case planning worksheet (Urban Institute). Available: <http://www.urban.org/projects/tjc/toolkit/2011/module5/Case-Planning-WKST.pdf>

Summary

Now that you have completed this section, you should understand that incarcerated people have varying needs. Some require intensive interventions, while others require little or no intervention. The Triage Matrix Implementation Tool and the TJC Implementation Roadmap can help you prioritize goals, identify task and target populations, and allocate resources efficiently and effectively

Section 2. The Risk-Need-Responsivity Model for Assessment and Rehabilitation

In the last section, we frequently used the terms *risk* and *needs*. In this section, you will learn the research behind the risk-need-responsivity (RNR) model and why this model is an important concept to understand when carrying out the 10 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap.

Risk-Need-Responsivity Model

Researchers have spent years formulating the principles of effective intervention strategies for correctional populations. Many researchers support the risk-need-responsivity (RNR) model, which states that the risk and needs of the incarcerated individual should determine the strategies appropriate for addressing the individual's criminogenic factors before and after release.

According to Don Andrews and James Bonta, leading criminal justice scholars, the RNR model is based on the following three principles:⁵

- 1. Risk principle.** Match the level of service to the offender's risk of reoffending, based on static factors (e.g., age at first arrest, gender) and dynamic factors (e.g., substance abuse, antisocial attitudes). High-risk offenders should receive more intensive intervention.
- 2. Need principle.** Assess **criminogenic needs** and target them in treatment. High-risk offenders should receive intensive treatment, while low-risk offenders should receive minimal or no treatment.
- 3. Responsivity principle.** Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities, and strengths of the offender.

Principles of Effective Correctional Intervention⁴

Latessa and his colleagues identify eight principles of effective correctional intervention. They are included here so you can better understand how to increase the chance of successful intervention. Tools such as the Correctional Program Assessment Inventory (CPAI) are available to determine the extent to which your strategy meets these principles.

Principle 1. Organizational Culture

Principle 2. Program Implementation/Maintenance

Principle 3. Management/Staff Characteristics

Principle 4. Client Risk/Need Practices

Principle 5. Program Characteristics

Principle 6. Core Correctional Practice

Principle 7. Inter-Agency Communication

Principle 8. Evaluation

⁴ From Latessa, Edward J., Cullen, Francis T., and Gendreau, Paul. 2002. "Beyond Correctional Quackery—Professionalism and the Possibility of Effective Treatment." *Federal Probation*. 66(2): 43-49.

⁵ Bonta, James and D. A. Andrews. 2007. *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa: Public Safety Canada, June. Available at: http://www.publicsafety.gc.ca/res/cor/rep/risk_need_200706-eng.aspx.

Criminogenic needs are dynamic (changeable) risk factors that are proven through research to affect recidivism. These factors include:⁶

- antisocial values, beliefs, and cognitive emotional states.
- rage, anger, defiance, criminal identity.
- antisocial friends.
- isolation from prosocial others.
- substance abuse.
- lack of empathy.
- impulsive behavior.
- family dysfunction, such as criminality, psychological problems, abuse, neglect.
- low levels of personal education.

Terms to Know

Risk: The probability that an offender will commit additional offenses

Criminogenic Need: Factors that research has shown have a direct link to offending and can be changed.

Responsivity: Matching an offender's personality and learning style with appropriate program settings and approaches

Criminologist Edward Latessa believes that programming focused on cognitive behavioral therapy is the most effective way to treat criminogenic needs. As he states, "Thinking and behavior are linked: offenders behave like criminals because they think like criminals; changing thinking is the first step towards changing behavior."⁷

Risk and Public Safety

Risk relates to the actual and perceived threats that offenders released from jail pose to the safety and property of potential victims in the community.⁸ Imagine such risks as being on a continuum: At one end are offenders who are too dangerous to be safely managed in the community and at the other end are offenders who pose no real risk to public safety.

When determining where a person falls on the continuum (risk assessment), you need to consider a number of factors (criminogenic needs) that research has shown are associated with recidivism. These criminogenic needs are dynamic, in that they can change over time.⁹ Ensuring that the returning inmate has accessed and will continue to access partnership services that address criminogenic needs is critical for managing and reducing any potential risks he or she may pose to the community.

⁶ Latessa, Edward J., Cullen, Francis T., and Gendreau, Paul. 2002. "Beyond Correctional Quackery: Professionalism and the Possibility of Effective Treatment." *Federal Probation* 66(2): 43-49.

⁷ Latessa, Edward. "Understanding and Implementing Correctional Options that Work: The Principles of Effective Intervention." Presentation conducted April 2, 2004 by Edward Latessa, Center for Criminal Justice Research, School of Criminal Justice, University of Cincinnati. Available at: [http://www.hawaii.edu/hivandaids/USA/PA/DOC/PA_DOC_Principles_of_Effective_Correctional_Intervention_\(4-2-04\).pdf](http://www.hawaii.edu/hivandaids/USA/PA/DOC/PA_DOC_Principles_of_Effective_Correctional_Intervention_(4-2-04).pdf)

⁸ Chapman, Tim, and Hough, M. 1998. *Evidence-based Practice: A Guide to Effective Practice*. London: Home Office Publications Unit.

⁹ Ohio Department of Rehabilitation and Correction, Intensive Program Prisons web page. http://www.drc.state.oh.us/web/ipp_criminogenic.htm.

For more information and examples from the field

1. Fretz, Ralph. 2006. *What Makes A Correctional Treatment Program Effective: Do the Risk, Need, and Responsivity Principles (RNR) Make a Difference in Reducing Recidivism?* describes the risk-needs-responsivity model, and the importance of generating a treatment environment. Available: <http://www.cecintl.com/UploadedFiles/Freyz.pdf>
2. *Evidence-based Practice in Corrections: A Training Manual for the California Program Assessment Process (CPAP)*. 2006. University of California, Irvine: Center for Evidence Based Corrections. Available: <http://ucicorrections.seweb.uci.edu/pdf/CPAPTrainingManual.pdf>
3. Scott, Wayne. 2008. *Effective Clinical Practices in Treating Clients in the Criminal Justice System*. Paper written for the National Institute of Corrections. Boston, Mass.: Crime and Justice Institute. Available: <http://nicic.gov/library/files/023362.pdf>

Summary

Now that you have completed this section, you should understand the basis for effective practices central to the TJC model. By accurately assessing risk, you can determine the most appropriate treatment interventions. You should understand that only needs that are directly related to offending should be the subject of interventions. Interventions should be responsive to the offender's individual learning style, motivation, abilities, and strengths.

Section 3. Terms Used in the Field

This section defines a number of basic terms used in this module. These terms will be highlighted throughout the module, allowing you to rollover the term to see the definition.

Assessment. The systematic collection, analysis, and utilization of objective information about an offender's level of risk and need.¹⁰

Cognitive behavioral process. The complex relationship among thoughts, feelings, and behavior. People learn to manage this relationship from personal experience and from interaction with significant others. Deficits in the cognitive behavioral process may reinforce antisocial behavior, and these deficits often can be corrected through cognitive behavioral therapy.¹¹

Criminogenic factors. Recognized factors that have been proven to correlate highly with future criminal behavior.

Criminogenic needs. Factors that research has shown have a direct link to offending and can be changed.

Effective practice. Modes of operation that produce intended results,¹² and, in relation to the TJC model, that enable the successful community reintegration of offenders so they end up leading productive and crime-free lives.

Evidence based practice: the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual offenders by integrating individual clinical expertise with the best available external clinical evidence from systematic research.¹³

Modeling. Within a social-learning environment, the demonstration of prosocial skills by correctional officers, staff, and counselors to reinforce positive changes exhibited by transitioning offenders. An all-important aspect of any transition effort because successful transition efforts have been proven to take place within social-learning environments.

Responsivity. Matching an offender's personality and learning style with appropriate program settings and approaches.¹⁴

Risk. The probability that an offender will commit additional offenses.¹⁵

¹⁰ Zajac, Gary. 2007. *Principles of Effective Offender Intervention*. Pennsylvania Department of Corrections, Office of Planning, Research, Statistics & Grants, Camp Hill, PA. Available: http://www.portal.state.pa.us/portal/server.pt/gateway/PTARGS_0_483066_0_0_18/PrinciplesofEffectiveIntervention.pdf

¹¹ Chapman, Tim and Michael Hough. 1998. *Evidence-based Practice: A Guide to Effective Practice*. London: Home Office Publications Unit.

¹² Ibid.

¹³ Adapted from David L Sackett, William M.C. Rosenberg, J.A. Muir Gray, R. Brian Haynes and W. Scott Richardson. 1996 (January). "Evidence based Medicine: What It Is and What It Isn't." *British Medical Journal* 312, 71-72.

¹⁴ Zajac, Gary. 2007. *Principles of Effective Offender Intervention*. Pennsylvania Department of Corrections, Office of Planning, Research, Statistics & Grants, Camp Hill, PA. Available: http://www.portal.state.pa.us/portal/server.pt/gateway/PTARGS_0_483066_0_0_18/PrinciplesofEffectiveIntervention.pdf

¹⁵ Ibid.

Triage. The process by which a person is screened and assessed immediately on arrival at the jail or community service to determine the urgency of the person's risk and needs in order to designate appropriate resources to care for the identified problems.¹⁶

Conclusion

Now that you have completed this section, you should understand the basis for effective practices central to the TJC model. By accurately assessing risk, you can determine the most appropriate treatment interventions. You should understand that only needs that are directly related to offending should be the subject of interventions. Interventions should be responsive to the offender's individual learning style, motivation, abilities, and strengths

¹⁶ Cook, S. and D. Sinclair. 1997. "Emergency Department Triage: A Program Assessment Using the Tools of Continuous Quality Improvement." *Journal of Emergency Medicine* 15: 889-894.

Who Gets What? A Triage Matrix Implementation Tool to Help Sites Operationalize the TJC Model (September 2009)							
	Brief Description	Target Population	When	Where	Who Provides	Incentives	Questions/Next Steps
Screening and Assessment							
Screening	Quick initial review to assess an inmate's immediate risks and needs and make decisions regarding follow-up and further assessment (examples include acute mental or physical health screens, suicide screen, etc.)	Everyone (sentenced and pretrial)	At booking	In jail	Correctional staff/intake officers	Mandatory	What items are included in the screen? Is this recorded electronically, or paper only?
Classification	Assessment to determine housing placement in the jail	Those who are in jail at least 48-72 hours.	After booking and initial screening	In jail	Correctional staff/classification staff	Mandatory	As this is already standard practice in most jails, can other assessment activities be combined with it?
Detailed Assessments	More comprehensive risk/needs assessment conducted when initial screen determines need for follow-up (e.g. comprehensive mental health assessments and risk/needs assessments)	Those in jail at least 72 hours; those who warrant further follow-up based on initial screen. Sentenced and pretrial	After booking; before housing placement (if any) and ongoing after housing placement (first 2 weeks)	In jail if still incarcerated; at release point otherwise	Correctional program staff; community supervision officers (pretrial and/or probation); or staff from community service agency	Mandatory	Which assessments should be used for which risks and needs?
TRANSITION CASE PLAN							
Transition Case Plan	Transition plans specify the types of supports and services an individual needs, when and where interventions should occur and by whom, and the activities for which an individual needs to take responsibility. There are three components of a transition plan: In-custody (pre-release) plans covering the period of incarceration; discharge plans, covering the period immediately following release; and post-release plans, covering the mid to long-term transition period.	In-custody (pre-release) plan: Locally determined but generally sentenced and pretrial whose assessments determine need for a case plan and expected to stay in jail more than 2 weeks. Discharge plan: Everyone expected to stay more than two weeks Post-release plan: Locally determined but generally sentenced and pretrial whose assessments determine need for a case plan and expected to stay in jail more than 2 weeks	In-custody (pre-release) plan: After detailed assessment (within one week after) Discharge plan: After detailed assessment; reassess monthly Post-release plan: After detailed assessment; reassess monthly	In-custody (pre-release) plan: In jail Discharge plan: In jail Post-release plan: Initially developed in jail; revised in community	Ideally, one individual would oversee all phases of the transition plan. This individual could be a correctional casemanager; community service provider; community supervision officer (pretrial and/or probation); correctional program staff	Formal recognition for plan completion; release earlier in the day for those with a plan; improved access to services	What does the form look like? What are the categories? Checklist for all or solely for med-high risk? If the plan is not overseen by one person, how does it "follow" the individual? Establish process to share plan information with providers and community supervision.

Module 5: Appendix A

	Brief Description	Target Population	When	Where	Who Provides	Incentives	Questions/Next Steps
PRE-RELEASE INTERVENTIONS							
Resource Information & Referrals	Information that can be provided to all individuals upon release	Everyone (sentenced and pretrial)	At booking; while completing discharge plan; upon release	Release point	Correctional staff; community service providers; inmates	Improved access to services	What information is provided? Who puts it together?
Short Courses (1hour to 1 day)	Short informational sessions (e.g. on accessing resources, resume development, etc.)	All sentenced and pretrial in jail more than 24 hours	After booking (first 24-72 hours)	In jail or other facility	Correctional staff; community service providers or volunteers	Additional privileges for attendance (extra rec, visiting, phone calls, etc.); earned good time	What is the content of the short course(s)?
Brief Training Sessions (3-10 days)	Short-term services such as skill training, psycho-educational classes, etc.	Low or medium risk/need with short/medium LOS (both sentenced and pretrial) whose assessments determine eligibility and who are in jail long enough (e.g., more than 72 hours).	After screening and assessment(s)	In jail or other facility	Community service providers in the lead as a bridge to post-discharge services; correctional staff	Additional privileges for attendance (extra rec, visiting, phone calls, etc.); earned good time	Are these stand alone courses, or designed to funnel participants into post-release services?
Formal Services, Treatment, Training	Longer-term services such as cognitive based groups, educational services, employment readiness, job training and placement, mental health and substance abuse treatment	High risk/need with long LOS (at least 30-90 days) who are assessed as needing a particular treatment or training program. Both sentenced and pretrial	After transition plan is developed (2-4 weeks)	In jail or other facility	Community service provider; Correctional program staff	Visiting and rec privileges for program participants in good standing; earned good time	How long do you have to have for treatment interventions (in the facility) to be successful? Inventory community providers who could provide "in-reach"
Case Management	Intensive support and management for high risk/need individuals who need to follow strict treatment regimens	Those determined to be high risk and high need	Coincides with transition plan development	In jail or other facility	Community social worker; correctional social worker	First in line for ID's, benefits. Small tangibles like bus passes and food vouchers	Which organization can supply case managers? Can the same case managers work with the offender both pre- and post-release?
Mentoring	Support services for individuals when they are in jail and links them to community based resources and treatment	Locally determined	After case plan development	In jail or other facility	Community service provider or volunteer; successful former offenders, faith-based groups	Supported mentor/mentee activities (e.g. college admissions counseling) Visiting and rec privileges for program participants in good standing.	How should mentors be match with mentees? What are the skills or connections mentors need to bring to the table? Would drawing on successful ex-offender require a change in jail policy?

Module 5: Appendix A

	Brief Description	Target Population	When	Where	Who Provides	Incentives	Questions/Next Steps
POST-RELEASE INTERVENTIONS							
Resource Information & Referrals	Information that can be provided to all individuals after release	Everyone (sentenced and pretrial)	After release (first 24 hours or ideally at release)	At release or In community	Community service provider; community supervision officer (pretrial and/or probation), mentor or volunteer	Improved access to services	Where is this provided? One location or multiple locations?
Brief Training Sessions (3-10 days)	Brief interventions immediately following release (e.g., How to access resources, resume development and job search assistance, skill training, psycho-educational classes, etc.)	Those determined high need by assessment but not enough time in jail or low/medium risk/need	After release (first week out)	In community -	Community service provider; community supervision officer (pretrial and/or probation); correctional transition staff, or volunteer	Small tangible items for participants (e.g. bus passes, food vouchers)	Determine need for these sessions. If need exists, who provides them, and where? Combined with resource information distribution?
Formal Services, Treatment, Training	Longer-term services such as cognitive based groups, educational services, employment readiness, job training and placement, mental health and substance abuse treatment	High risk/need assessed as needing a particular treatment or training program	Upon release (start within first week after release)	In community	Community service provider	If these are intensive programs, the incentives for participation need to be robust. Condition of probation if applicable.	How do you get people to show up for and continue with this treatment when it's not mandatory? How do you ensure the highest risk are prioritized for treatment? How do you identify evidence-based and/or best practice programs?
Case Management	Intensive support and management for high risk/need individuals who need to follow strict treatment regimens	Those determined to be high risk and high need	Upon release (start within first week after release), continuation from pre-release case management where possible	In community	Community social worker, ideally same individual as pre-release	Short-term rent assistance, small tangibles like bus passes and food vouchers. Condition of probation if applicable.	Is this targeted for the frequent fliers, or the dangerous? Where do the case managers come from, and to whom do they report?
Mentoring	Support services for individuals upon release and connects them to community based resources and treatment	Locally determined	After release	In community	Community service provider or volunteer; successful former offenders, faith-based groups	Short-term rent assistance, small tangibles like bus passes and food vouchers Supported mentor/mentee activities (e.g. college admissions counseling?)	How are mentors recruited, how are they matched with mentees? Who provides support and advice to mentors?
Supervision	For those with terms of community supervision following release, supervision agencies can broker services and hold individuals accountable	Those who are released onto supervision	Upon release (start within first week after release)	In community	Community corrections agent	Mandatory	Does which individuals get this have to be taken as a given, or is there an opportunity for strategic allocation?