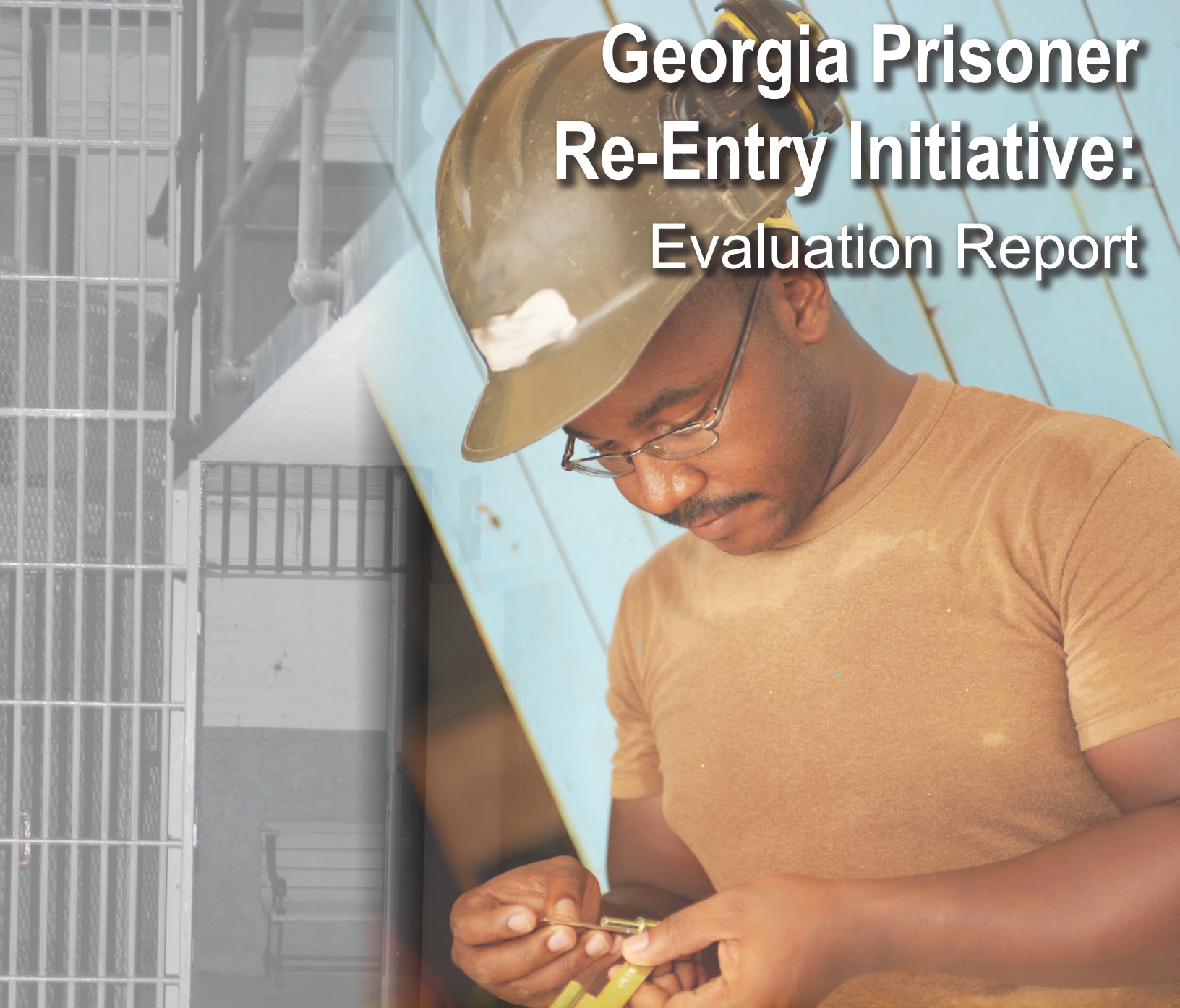


# Georgia Prisoner Re-Entry Initiative: Evaluation Report



## Disclaimer

This project has been funded, either wholly or in part, with Federal funds from the U.S. Department of Justice, Bureau of Justice Assistance (BJA) under the State Recidivism Reduction Grant (SRR-2014-CZ-BX-0021), as well as the State of Georgia. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or the Bureau of Justice Assistance (BJA).

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# Executive Summary



In 2012, Georgia faced an increasing challenge. The Georgia prison population more than doubled over ten years, topping 56,000 inmates and corrections expenditures increased from \$492 million in 1990 to \$1 billion per year without any observed reduction in recidivism. At the same time, the jail backlog exceeded 3,800 inmates with an annual state jail reimbursement of \$25 million. The overall recidivism rates, measured by three-year reconviction, have been consistent, averaging approximately 27% from 2000 through 2012. The Georgia prison population was expected to reach 60,000 inmates by 2018, costing the state an additional \$264 million according to 2011 projections.

Governor Deal initiated Justice Reinvestment Initiative (JRI) efforts in Georgia and formed a Criminal Justice Reform Council to address this growing problem. The culmination of this effort led to sweeping legislation in 2012. Governor Deal, with unanimous legislative support, enacted legislation (HB-1176) that addressed many aspects of Georgia's criminal justice system, particularly improving outcomes among those released from prison. As a result, Governor Deal created the Governor's Office of Transition and Re-Entry Services (GOTSR) to reduce recidivism among offenders released from prison and who return to Georgia communities. The GOTSR mission was to coordinate state and local criminal justice and human resource agencies to expand and reshape Georgia's prison re-entry initiatives, recognizing the barriers and challenges inmates face upon release. In collaboration with the Georgia Department of Corrections and the Board of Pardons and Paroles, GOTSR applied for a Bureau of Justice Assistance (BJA) State Recidivism Reduction grant (herein referred to as the Georgia Prisoner Re-Entry Initiative (PRI)). In 2014, GOTSR formulated and implemented a re-entry framework that begins the day a person enters prison and continues through their release from prison and supervision in the community.

This reentry framework consists of three elements. This first encompasses admission into prison until the “point of eligibility for parole or release.” Assessment of risk/needs and classification occur in this stage, as does prison programming to address identified risks and needs: substance abuse, cognitive thinking, vocational/educational (GED), mental health, and other criminogenic needs that affect recidivism. The second stage begins before releasing the inmate from prison and targets needs and release preparation: employment, housing, ancillary services, and aftercare. The final stage begins when the person returns home and is subject to post-release supervision. The supervision phase ensures the person receives services and programming during the high-risk re-entry period.

GOTSR implemented PRI in three phases. Phase-1, which began in 2014, included Bibb, Chatham, Dougherty, Fulton, Muscogee, and Richmond counties. Phase-2 followed in 2016, with DeKalb, Floyd, Hall, Lowndes, and Troup counties. The third phase started in 2017 and included Clayton, Cobb, Douglas, Gwinnett, Liberty and Newton counties. In 2015, Georgia sunset GOTSR and migrated re-entry services to a newly created Department of Community Supervision (DCS), consolidating probation and parole supervision under one agency.

Georgia funded the Phase-1 evaluation; and then, BJA funded staff to support the implementation of the PRI framework and evaluate the Phase-2 sites. The first evaluation question centered on whether the State implemented the PRI model as designed and whether DCS enacted mid-stream corrections to ensure program fidelity. This process review examined which aspects of the PRI model may have contributed to recidivism outcomes. The second part examined recidivism using different measures, including re-arrest over time and whether PRI met its proposed BJA reduction targets for two-year felony reconviction. The evaluation also examined other outcomes such as employment and housing stability, as well as drug test results.

## **Recidivism Reduction**

The evaluation found that PRI was effective at reducing recidivism rates across all Phase-1 and Phase-2 sites. However, this reduction and overall effect varies by individual counties. The BJA recidivism reduction target cited in the grant application specified a 15% rate-of-change as a Georgia goal over two years for felony reconviction among PRI participants compared to a statistically matched group of non-PRI cases. The evaluation documented a respectable 14% reduction in the rate-of-change for reconviction rates for all Phase-1 and Phase-2 participants.

Among re-arrest (any offense or felony), the findings are encouraging overall. Across all Phase-1 sites and Phase-2 sites, there was a 10% reduction-in-risk. The reduction-in-risk was even higher among some counties which registered a 30% reduction-in-the risk for arrest depending on the measure (felony or any offense) and the number of months after release.

Not all counties achieved a significant reduction in recidivism during the study period. Each county started at a different point on the continuum regarding its local employment base, non-profit program providers, ancillary services, and faith-based participation. These community deficits affected their ability to absorb an influx of new cases and provide services compared to other sites, which may have had stronger infrastructure during the study period.

## **Community Support and Buy-In**

As part of the PRI framework, PRI coordinators built local steering teams to address identified gaps in the community. Although the teams got off to a slow start, they eventually formed strong working partnerships. While community partners expressed appreciation to the attention given to returning citizens, the partners contend that capacity remains limited until dedicated State or federal funding is provided. This is particularly pertinent in the communities described earlier with a less established non-profit infrastructure. The State's returning citizens are competing with non-justice involved citizens, as well as local justice initiatives (e.g., jail services, specialty courts) regarding service access. While anecdotal, the annual Reentry Summit hosted over 700 community partners from across the state, an unprecedented event never seen in Georgia that points to a growing momentum and support to work with the reentry population. In short, the steering teams are still an essential part of the PRI program to gauge community issues, barriers, and gaps.

## **Community Capacity Building**

Community coordinators have logged over 3,500 new resources across the seventeen PRI sites. On average, 80% percent of their logged activity focuses on capacity building, while coordinators spend the remaining 20% addressing the individual needs of returning citizens. In many cases, community supervision officers request their help on complex cases. Across all sites, coordinators logged over 30,000 contacts, including more than 10,000 face-to-face contacts to create

new resources, expand capacity and service offerings, find new employment opportunities, or directly link returning citizens to service providers. Non-profit organizations and private corporations made up 46% of coordinator contacts, while 16% involved the faith-based community. This commitment to non-profit and corporate resources shows the priority given to programming and employment, a PRI goal. The true measure of success is whether coordinators achieved their intended goal. As they work through issues and connect with local resources, coordinators met their goals in 80% to 90% of their community efforts.

## **Coordinators and the Supervision Connection**

Over time, the PRI officers said that they came to view the coordinators as a force multiplier to identify new resources and provide direct support with complex cases. Although direct support to officers was not part of the original GOTSRI framework, it has proven to strengthen the relationship between PRI staff and sworn personnel to better leverage resources that support returning citizens. This new role appeared following migration of the PRI staff to the newly created Department of Community Supervision. Coordinators often provide officers with a referral or get involved directly with the case to ensure proper service connections (referred to as a direct linkage), particularly in acute cases. On average, coordinators invest an apt 20% of their effort providing direct linkage support which has fostered a working relationship with sworn personnel.

Between 2014 and 2017, DCS relied on dedicated PRI officers to supervise PRI cases. Located in the same office in many sites, dedicated PRI officers had ready access to the coordinators, which fostered a close working relationship marked by frequent and often daily interaction, making it easier to consult on community gaps and complex cases. In 2017, DCS distributed the PRI caseload to all community supervision officers rather than continuing to rely on dedicated PRI officers. DCS and the research team discussed this fundamental shift before implementing the policy. Although this decision improves operational efficiencies and resource (officer) allocation, both the officers (former PRI officers) and the coordinators report that this new approach has adversely affected the close officer-coordinator relationship. Many officers state that they are not aware of which of their cases hold PRI status, and officers now report a degradation in officer/coordinator interaction. DCS should review these findings and consider alternative options to balance operations and field coordination issues.

## **In-Reach Model**

The foundation of the “In-Reach” concept represents a seamless hand-off from the institution to the community. In practice, this meant that when the Georgia Department of Corrections (GDC) identified PRI-eligible inmates, those prospective participants were transferred to a prison near their residence. At that point, the local-resource providers and the community coordinator or In-Reach specialist were supposed to meet with the PRI-eligible person while still in prison. The idea was that such meetings would be used to conduct assessments, develop post-release case plans, schedule post-release appointments and develop a relationship and trust with the person to help strengthen the working alliance. Unfortunately, the community providers were never able to implement the vision as designed. Although community providers were excited about PRI, they did not have the time and available staff to visit prisons routinely to conduct assessments, participate in transition teams, and schedule appointments in prison. They contend that In-Reach and the staff investment requires financial support.

As a workaround, staging ended and In-Reach specialists were stationed around the state. Their job is to work directly with PRI-eligible cases to introduce PRI, conduct an assessment using a PRI specific questionnaire (Transitional Accountability Plan #3 – TAP3), to identify post-release needs, and provide the inmate with a list of resources they can access in their community. While In-Reach staff have worked hard to complete the TAP3, community supervision officers did not consider the TAP3 to be a treatment plan or supervision plan. As a result, 83% of officers say that they do not review the TAP3. Difficulties securing providers to come into the prisons at the outset of the In-Reach program and the limited use of the TAP3 likely explains why the In-Reach program never demonstrated a significant reduction in recidivism when compared to a matched group of non-In-Reach cases.

## **Housing Assistance and Residential Stability**

There is consensus that housing coordinators in Phase-1 sites or the community coordinators in Phase-2 sites have had success expanding emergency and short-term housing. Officers express a high degree of satisfaction with such resources, as well as the direct support that the coordinators provide in service acquisition of these services for acute cases. However, the availability of “quality,” permanent housing is still a major resource gap identified by officers. There is no significant

difference in housing stability between PRI participants and non-PRI participants. This conclusion does not mean that PRI did not make a difference. In PRI sites, coordinators and officers worked together to move offenders around to different short-term housing options while non-PRI counties did not have this advantage. As one officer PRI said, “no one on my PRI caseload is homeless.”

## **Getting a Job and Employment Stability**

There is clear evidence that PRI participants outperform non-PRI offenders in their ability to get jobs more quickly after release. There was a substantive and statistical difference between PRI and non-PRI cases in the time it takes to get a job following release, with PRI registering much lower times. However, once persons get a job, they still face the same challenges keeping the job (e.g., transportation, educational/vocational skills). In one county that showed a substantial reduction in recidivism, the time to employment (measured in days) was longer than other PRI sites. Site visits and interviews with officers revealed that the jobs PRI cases are acquiring are higher quality and higher paying jobs, which take longer to obtain compared to traditional post-release employment.

## **Conclusions**

There is sufficient evidence to conclude that PRI met its BJA recidivism reduction targets, including the BJA 2-year reconviction target and Georgia re-arrest measures. Unfortunately, the In-Reach program, as implemented, did not show a significant reduction in recidivism in the Phase-1 or Phase-2 sites. Overall, it is difficult to disentangle the disparate interventions and dosages to isolate the contribution specific actions or programs had on the reported recidivism reduction. These interventions evolved over the study period, and often varied across the 11 sites. Examples include consolidation of probation and parole under a new agency (resource allocation), expanded employer base, new short-term/emergency housing, decreasing unemployment rates, use of direct linkages and officer support, increased engagement of the faith-based community, and an expanded employment base. Applied Research Services, Inc., as the research partner, has agreed to track recidivism after the grant to gather enough follow-up data needed to examine inter-county recidivism.



# Chapter 1:

## PRI Conceptual Framework



### Prior Research

Every year approximately 650,000 individuals re-enter society after being released from state and federal prisons. This process, known as prisoner re-entry, refers to the broad array of policies, programs, and services that seek to facilitate the effective transitioning of offenders back into the community. Ranging from relatively modest local efforts to well-funded national evaluation programs, these interventions may change general correctional practice; encompassing innovative modifications of traditional approaches, they may even represent completely new means of doing business. The importance of effective re-entry is readily apparent when we recognize that nationally close to two-thirds of persons are rearrested within three years of their release from prison. A Bureau of Justice Statistics report of individuals released from prison in 15 states in 1994 found that more than two-thirds (67.5%) of those released were rearrested within three years of their release, with just over half (51.8%) returning to prison within that same three years (Langan & Levin, 2002). In Georgia reconviction remains around 27%. Society pays a significant cost for this high rate of recidivism with offenders, families, and the community bearing these costs. Despite this, however, it has only been in the last two decades that re-entry has become a central policy issue. As such, an ever-increasing number of re-entry programs have taken root in prisons and community settings, with varying degree of success (Jonson and Cullen, 2015).

Re-entry research has attempted to address the overarching question as to what can steps can assist ex-offenders to reintegrate and adjust to life after prison. The challenges they face are many, including lack of resources, substance use and mental health issues, lack of formal education, and numerous barriers to securing

stable housing and employment (Anderson et al., 2018; Gunnison et al., 2015). While most studies assessing the success of re-entry efforts have addressed outcomes such as effectiveness in finding stable employment and housing, the focus of re-entry research remains on recidivism. This points to a return to criminal conduct after a previous conviction. Measuring recidivism includes examining re-arrest, re-conviction, and return-to-prison over varying lengths of time. James (2015) describes three general phases associated with re-entry programs: those that take place during a period of incarceration, those that span the release period, and longer-term, more comprehensive programs that focus on assisting ex-offenders as they attempt to reintegrate into their communities. Research to date suggests that the most effective programs are those that begin during incarceration and extend throughout the release and reintegration process, spanning all three phases identified by James (2015). There also appears to be a consensus building that suggests the most effective programs are those that focus on work training and placement, substance abuse and mental health treatment, and provision of housing assistance (James, 2015). Despite lagging somewhat behind, comprehensive evaluations of re-entry initiatives have borne mixed fruit.

James (2015) in a review for the United States Congress concludes some services exist that can effectively assist ex-offenders to reintegrate into their communities and reduce recidivism, including programs that provide vocational training, treat substance use and mental health disorders, and increase placement in stable housing. In keeping with the Risk-Needs-Responsivity Model of Bonta and Andrews (2007), those programs demonstrating the greatest degree of effectiveness are intensive, focus on high-risk offenders, span the entire re-entry process, and include substantial community-based components (James, 2015).

Wright and colleagues (2013) conducted a narrative review of 35 re-entry studies examining 29 re-entry programs that appeared in the professional literature from 2000 through 2010. Most of the programs (23 of 29, or 79%) reported mostly positive findings. Of those with successful outcomes, the most common program components were substance abuse treatment and life skills training. The most successful programs also shared some common program characteristics, which included education, substance abuse prevention, residential treatment, and provision of aftercare services. Overall, these authors conclude that substance abuse treatment, provision of aftercare, and the inclusion of a housing component seemed to have the largest impact on an ex-offender's ability to reintegrate into their communities and reduce their risk of re-offense (Wright et al., 2013). Furthermore, and broadly consistent with program effectiveness research, the longer the program, the better the associated outcomes. Programs that included aftercare were, not surprisingly, the longest and the most successful types of interventions (Wright, 2013).

Wright et al. (2013) acknowledge that experimental studies (those that include random assignment to treatment and control/comparison groups) are less likely to find positive effects than quasi-experimental studies (also referred to as correlational studies). Muhlhausen (2015) largely dismisses quasi-experimental methods and concludes based on his review of re-entry studies using experimental designs that the findings are not at all promising.

Jonson and Cullen (2015), commenting on the relative lack of rigorous research of re-entry initiatives, state that while re-entry services appear in general to reduce recidivism, program effects are extremely variable and at times appear to increase the risk for recidivism. As did Wright et al. (2015), Jonson and Cullen find that effective re-entry programs are largely consistent with the risk-need-responsivity model. They also opine that rigorous evaluation of carefully designed programs is necessary to identify what works for whom and under what circumstances in the field of re-entry.

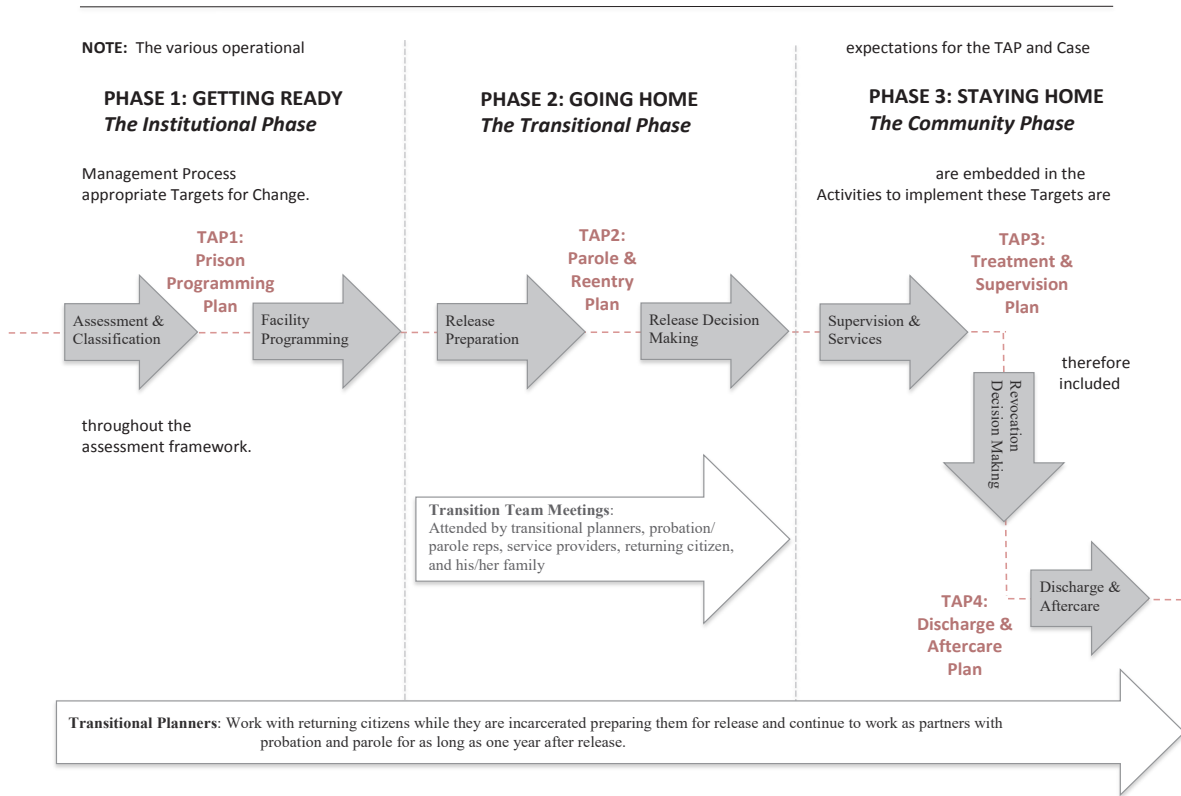
## **Georgia Transition Accountability**

Under the Original Conceptual Framework, the transition plan consists of three phases:

1. Getting Ready: This phase encompasses admission into prison until the “point of eligibility for parole or release.” Assessment of risk/needs and classification occur in this phase, as do prison programming to address said risks and needs.
2. Going Home: This phase begins before the target release date from prison and involves release preparation and release decision making (improving parole release guidelines).
3. Staying Home: This phase begins as soon as the person is released from prison and ends when discharged from community supervision. The supervision phase ensures the person receives required services and programming while also administering graduated sanctions.

These phases constitute the Transitional Accountability Plans (TAPs) as displayed in Figure 1.

## Transition Accountability Planning (TAP) Flowchart



Together, these plans provide an assessment of needs and direct treatment and supervision upon release from prison, as well as after-care and support after their term of community supervision (TAP-1 – TAP-4).

### Transitional Accountability Plan #1 (TAP-1): Institutional Phase (Getting Ready)

The re-entry process begins on the first day of prison (see Attachment 1). A TAP-1 is generated based upon the results of the Next Generation Assessment which sets the stage for programming during the incarceration period. The Georgia Department of Corrections (GDC) oversees and directs the TAP-1. The initial re-entry process focuses on identified risk and needs and incorporates this data into the case management to schedule and administer the appropriate treatment programs to address criminogenic needs: physical health, mental health, substance abuse, criminal thinking, education and vocational skills, employment, peer group associations, trauma, residential/economic stability, and the offender's motivation-to-change (responsivity). Together, the offender's risk of recidivism and their needs

should drive placement into the appropriate evidence-based prison programs (*Report of the Re-Entry Policy Council, MI Department of Corrections*).

### ***Identifying Risks and Need***

The Georgia Department of Corrections implemented the Next Generation Assessment (NGA) in September 2014 to identify the risks and needs of new prison admissions to guide the case planning process. The impetus for this project was GDC's desire to more accurately predict the risk and needs of new inmates while avoiding the costly annual fees and staff time associated with self-report questionnaires. GDC wanted an automated alternative that relies upon official data entered into correctional databases which would continually update based upon newly-entered data.

At the same time, the new assessment had to embrace the Risk-Needs-Responsivity Model (RNR). The theoretical framework has three components.

- **The Risk Principle:** The degree of programming matches institutional programming based on the assessed degree of risk. The greater the risk, the more programming, and the more intensive programming should be applied. Providing intensive programming (referred to as over-programming) to low-risk offenders, as well as mixing low- and high-risk offenders can do more harm than good.
  
- **The Need Principle:** GDC directs programs towards criminogenic needs that influence criminal behavior and, if implemented with fidelity, can reduce recidivism.
  
- **The Responsivity Principle:** In addition to evidence-based programs, participants programming should be matched to their assessed level of motivation and possess the requisite skills necessary to participate appropriately in programming.

This NGA instrument was built using data from GDC's SCRIBE database, the Georgia Crime Information Center (GCIC) and the Georgia Board of Pardons and Paroles databases and was validated (normed) using Georgia offender. The tool demonstrated a high degree of validity in its ability to identify offender risk and needs. Figure 2 describes the Central 8 needs scales (Andrews & Bonta, 2010).

**Figure 2. NGA Central-8 Factors**

<b>Scale</b>	<b>Central-8 Factors</b>
Substance Abuse	History of Antisocial/Criminal Behavior, Substance Abuse
Criminal Thinking	History of Antisocial/Criminal Behavior, Antisocial personality pattern Antisocial cognitions/pro-criminal attitudes
Peer Associates	Antisocial associates, Family and/or marital/relationship issues
Family Stability	
Education	School and/or work issues/failure/instability, Leisure and/or educational deficiencies in seeking stable employment
Employment	School and/or work issues/failure/instability,
Mental Health	Antisocial personality pattern
Trauma	Antisocial personality pattern, Antisocial cognition and pro-criminal attitudes

All needs domains were developed using a combination of institutional databases: SCRIBE (GDC case management), parole case management, GDC classification/ diagnostic data, prior probation/parole supervision performance, and prior criminal history (Georgia Crime Information System). NGA was built with the RNR model in mind, aiming to identify risks and enable staff to make programmatic decisions based on motivation. The responsivity scale measures motivation to change – those with higher levels of motivation should receive priority placement into programs over those with less motivation. The NGA combines assessed risk and needs scores to form risk/needs matrix:

<b>Risk/Need Matrix</b>		<b>Assessed Need</b>				
<b>Score</b>		<b>1 - 2</b>	<b>3 - 4</b>	<b>5 - 6</b>	<b>7 - 8</b>	<b>9 - 10</b>
<b>Assessed Risk</b>	<b>1 - 2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>9</b>
	<b>3 - 4</b>	<b>5</b>	<b>6</b>	<b>13</b>	<b>14</b>	<b>20</b>
	<b>5 - 6</b>	<b>7</b>	<b>8</b>	<b>15</b>	<b>16</b>	<b>22</b>
	<b>7 - 8</b>	<b>10</b>	<b>11</b>	<b>17</b>	<b>18</b>	<b>24</b>
	<b>9 - 10</b>	<b>12</b>	<b>19</b>	<b>21</b>	<b>23</b>	<b>25</b>

The use of a matrix allows for the consideration of not just risk and needs, but also the relationship between specific risk and needs. The green cells represent low risk/needs scores (matrix = low), the yellow cells represent medium risk/needs scores (matrix = medium), and the red cells represent high risk/needs scores (matrix = high). The NGA assigns a unique number (1-25) to each need, such that the higher the number, GDC can prioritize those with the highest needs while accounting for estimated time-to-serve. Such prioritization ensures that participants can enter and complete the program before release.

To maximize responsivity, offenders assessed to possess little motivation but presenting with significant other needs (e.g., substance abuse needs) should complete Motivation for Change early in their incarceration to increase motivation and thereby increase the likelihood of successful program completion addressing their core areas of need. Adjustments can be made along each RNR dimension to fit referral criteria to capacity and address different levels of treatment intensity.

### ***Translating NGA Results in Program Placement Criteria and Program Delivery***

During the diagnostic and classification phase of incarceration, GDC generates an automated case plan (TAP-1) for each inmate. The case plan is derived using NGA scores in combination with established agency program referral criteria. The case plan lists recommended programming based on the offender's unique risk/needs profile. While GDC does not refer to the case plan as the TAP-1, it meets the targets of change for the TAP-1. GDC relies on the TAP-1/case plan to match the right offenders to the appropriate evidence-based programs and other programs designed to address relevant criminogenic risk/needs.

NGA and RNR profiles are used to identify offenders (high-risk/high need) for program enrollment upon arrival to their home institution (depending on space availability). GDC relies on placement criteria using an offender's unique risk, needs, and motivation for change (responsivity) scores to guide programming. GDC currently employs the following programs to address criminogenic needs:

Substance Abuse: Residential Substance Abuse Treatment (RSAT), Matrix Early Recovery Skills, and Matrix Relapse Prevention.

Criminal Thinking: Moral Reconciliation Therapy (MRT), Thinking for Change, and Detour.

Education: If the offender does not have a high school diploma/GED the TABE is administered. In addition to the NGA, GDC administers a comprehensive set of educational tools (TABE, WRAT) to match needs to results. GDC schedules adult education (GED) classes depending on the score.

Mental Health: Although the NGA does have a mental health scale, actual needs, programming and medication is determined at diagnostic/classification phase and periodically in the institution.

Other GDC programs include anger management, predatory sexual programs, GED programs, and vocational programs geared toward aptitude and need.

### **Transitional Accountability Plan #2 (TAP-2): Re-Entry Case Planning (Going Home)**

The TAP-2 summarizes inmate's needs, programming completed during incarceration, and programming recommended needs upon release (also referred to as the Re-Entry Case Plan). GDC worked together with Parole and others on the PRI leadership team to edit the existing Re-Entry Case Plan to ensure that it met the PRI TAP-2 requirements and would be most useful to probation and parole officers who would take over supervision of these cases upon release from prison. Appendix 1 is an example of a Re-Entry Case Plan/TAP-2. The TAP-2 includes TAP-1 information on risk/needs and incorporates a transcript describing their enrollment and completion (or non-completion) of institutional programs required under their original Case Plan (TAP-1). This plan addresses background, completed/enrolled programs, and current NGA risk and needs profiles. It also provides a section for notes or comments for post-release programming. This plan is available to institutional counselors, In-Reach specialists, PRI staff, and community supervision officers (CSOs). This plan establishes the post-release action plan to target deficiencies and needs following release.

### **Transitional Accountability Plan #3 (TAP-3): Community Supervision (Going Home)**

The TAP-3 collects additional data before release to assist in community supervision and development of a tailored treatment strategy that matches the person to community resources based on individual needs. This tool, in collaboration with the community, alerts staff and the community to priority needs, such as housing, employment, treatment, and ancillary services (additional detail provides in In-reach chapter). See Appendix 2.



## **Transitional Accountability Plan #4 (TAP-4)**

The TAP-4 serves as an aftercare plan after following the end of the sentence. The concept was to provide persons with a plan to ensure continuity of care and access to services. As of the close of the grant period, Georgia had not yet developed or implemented a TAP-4.

## **Maximizing Justice Re-Investment**

In addition to the Recidivism Reduction Grant, Georgia received funding under the Maximizing Justice Re-Investment Grant to implement an In-Reach framework. Unlike traditional re-entry where offenders are released directly from their home prison, the Georgia In-Reach model included three components: staging, prison In-Reach, and a hand-off to community supervision that included a transition accountability plan targeting needs upon release (TAP-3).

The first step in the process is staging. In this step, the Georgia Department of Corrections (GDC) identifies PRI eligibility upon admission to prison through the NGA (TAP-1) which generates risk and need scores for each inmate. Any inmate with a medium or high risk of felony arrest is eligible for PRI participation. If the inmate meets this criterion, GDC transfers the inmate to the home prison or transitional center in or near their county of release at least 90 days before release or earlier. GDC refers to this transfer process as staging.

Once staged, In-Reach encounters can occur. In-Reach specialists would coordinate visits to the prison so that local treatment providers (programming, employment, education) could meet with inmates in the staged institution to collect additional details (TAP-3) and to match the inmate with the appropriate treatment needs. This coordinated in-prison contact with the inmates would ensure providers (non-government organizations (NGOs) could match the inmate to the right programming, explain the program, and schedule a post-release contact.

This entire process is designed to ensure a seamless hand-off from the institution to the community and supervising authority. The returning citizen is assigned to a PRI Officer (CSO that supervises PRI cases) who conducts an intake interview upon release, reviews the TAP-3, and confirms appointments and treatment schedules. At the same time, the In-Reach specialist coordinates with a transition team and community coordinators to ensure service needs are available and scheduled.

As part of the staging process, GDC did not transfer some PRI-eligible inmates to an institution near their residence if special circumstances were present. GDC did not want to interfere with current programs, such as Residential Substance Abuse Treatment (RSAT) and other important programs required to meet their TAP-1 & TAP-3 plans. GDC did not stage inmates with special circumstances, such as physical health needs, mental health, or security concerns. Although GDC tried to stage all inmates, they did not want to disrupt the continuity of care currently underway in their assigned institution.

## **Georgia's In-Reach Design**

Georgia designed a detailed In-Reach plan based upon the Michigan model. The plan included the key elements of staging, contact with Prison In-Reach staff (PIRS), and completion of a TAP-3. The PRI Steering Committees established a 13-step plan that should occur before release (April 2015).

1. The NGA risk criteria and the county of release (PRI site) determine PRI eligibility. At the beginning of the program, Georgia had six PRI county sites.
2. Within 24 hours of staging, In-Reach staff meet with the inmate to confirm their intention to reside in a PRI county. If so, the In-Reach specialist will review the TAP-2 with the inmate. This interview also includes a description of an ethics consent form and with specific instructions that participation (post-release tracking) is optional. However, such consent only limits the research team from tracking the participant after release. Non-consent does not affect required or recommended programming and PRI supervision.
3. Complete the TAP-3.
4. The In-Reach specialist will notify the local Community Coordinator (CC), PRI Community Supervision Officer (CSO) and local steering team co-chairs that a TAP-3 is available for review and input.
5. The In-Reach specialist, community coordinator, and community supervision officer serve as transition team members and use the initial TAP-3 to determine other appropriate transition team members based on offender needs.
6. The community coordinator consults with Steering Team Co-Chairs, schedules transition team meetings, and leads the team. The community coordinator is responsible for ensuring that TAP-3 completion.
7. The returning citizen attends the transition team meeting where the staff makes referrals and recommendations for programs/services. The transition team schedules post-release appointments (one day to three months post-

release), and all transition team plans, referrals and recommendations are entered into official state agency databases.

8. The team shares the TAP-3 with the transition team via hardcopy or through authorized access to state agency databases.
9. The In-Reach specialist and Institutional Re-entry Counselor review the TAP-3 with the returning citizen at least 30 days before release to ensure buy-in and finalize. The In-Reach specialist will email the finalized TAP-3 to the community supervision officer and the community coordinator.
10. The staff review the Order of Release and any special instructions with the returning citizen before release and schedule the initial CSO post-release appointment. If needed, the In-Reach specialist will coordinate transportation.
11. After release, the community supervision officer completes their initial interview, including a review of the TAP-3 and confirmation of all placements and appointments. The community supervision officer becomes the transition team leader and may invite other transition team members to the initial interview or future meetings. The goal of transition team involvement is to facilitate the celebration of success, discuss areas where improvement is needed, and adjust the TAP-3/TAP-4 as necessary.
12. The transition team provides timely updates to the community supervision officer who updates the TAP-3 as needed and enters information into the state agency database.
13. If a returning citizen is not from a PRI site, staff may still assist with referrals.

The rationale behind In-Reach is to allow community providers to “reach into” the prison to assess needs, develop case plans, and ensure services and appointments are ready at release. This coordination provides a smooth, seamless transition from prison to life in the community. Starting this process while still incarcerated ensures the returning citizen that a team is in place to provide help, and the community supervision officer is an active part of the team, well-versed on the needs and risk.

## **Implementing PRI Framework: Design and Objectives**

The PRI framework requires a team of professionals working symbiotically at different points in the criminal justice system. Some players work inside the prison to handle re-entry tasks, such as coordinating pre-release documents (birth certificate, driver's license, and other identification). Other team members work in the community.

### ***Community Coordinator***

As part of the PRI project, a Community Coordinator (CC) serves each PRI county. The community coordinator conducts community assessments and develops a comprehensive plan. The comprehensive plan is updated annually. These assessments provide a detailed portrait of community providers by service type which allows the identification of service gaps and barriers. Filling gaps and bridging barriers, capacity building is the coordinators' central focus. Capacity building refers to increasing identified service providers that are willing to work with the offender population.

In addition to building capacity, coordinators lead local steering teams. Steering teams consist of local providers representing a wide array of specialty areas (e.g., substance abuse, mental health, faith-based). These teams meet monthly or quarterly to discuss ways to overcome barriers and service gaps. Coordinators also serve as the transition team lead before PRI participant release. Working with the steering team, they can identify appropriate service connections and invite apt persons to serve on the participant's transition team. At the end of supervision, the community coordinator will finalize the TAP-4, the formal hand-off from state supervision to community providers.

### ***Housing Coordinator***

Georgia funded five Housing Coordinators (HC) at the beginning of the grant. Each site has a coordinator while Fulton County, the largest county, has two assigned housing coordinators. These housing specialists are responsible for building housing capacity in their community to accommodate all returning citizens in need of housing. Housing needs include permanent to temporary housing, as well as specialized needs for emergency housing, mental health, and sex offenders. When applicable, housing coordinators serve on transition teams and aim to secure housing upon release of the returning citizen. Through the transition team, they are also called upon to assist if housing circumstances change, and new needs arise.

### ***Prison In-Reach Staff***

While community and housing coordinators work in the community, Prison In-Reach Staff (PIRS) work in prisons near PRI counties and assist inmates before release. They also serve Transitional Centers located in those same communities. After PRI-eligible inmates are “staged” (sent to correctional facilities in or near the communities where they will reside after release), In-Reach specialists meet individually or in a group setting with staged inmates to introduce the PRI program. They also inquire about residency upon release. PRI eligibility requires residency in one of the designated PRI counties; if the person no longer plans to reside in a PRI county, they are ineligible for PRI services. The In-Reach specialist initiates the TAP-3 process and works with the community coordinator to build a transition team based on individual needs. The In-Reach specialist keeps the TAP-3 updated until release and notifies the transition team if there are status changes. The In-Reach specialist actively participates in team meetings. In many respects, they serve as a pre-release liaison for the inmate.

### ***Post-Release Supervision: PRI Community Supervision Officers***

At program outset, designated “PRI Officers” supervised PRI participants in the community. The collaboration between the officer and the community coordinator ensured regular contact about the changing needs of the returning citizen. In 2014 (start of grant), the Board of Pardons and Paroles supervised parolees while the Georgia Department of Corrections supervised probationers. In Georgia, approximately 75% of all releases are split-probationers; therefore, they are required to serve a probation sentence after prison. In other cases, a parolee, upon completing their prison sentence, is transferred to a probation caseload if the judge imposed a split sentence. Although both agencies had a different supervision model, they relied on static and dynamic risk factors to guide daily decisions regarding the optimal supervision strategy. GDC and the Board of Pardons and Paroles both designated PRI officers who managed PRI cases in addition to their regular caseload. The community coordinators supported the officers by assuming responsibilities to expand resource capacity, such as increasing eligible employers, program providers, transportation services, and ancillary service outlets. In July of 2015, the State created the Department of Community Supervision to consolidate all community supervision under one agency, relieving the parole board and GDC of community supervision. After agency creation, DCS adopted the parole supervision model where the PRI participants received an intensive 90-day supervision period, adjusted based on compliance, risk, and case re-entry progress, as well court or parole conditions.

### ***Continuous Quality Improvement Coordinator***

The PRI initiative began with a staff member solely dedicated to Continuous Quality Improvement (CQI). Their role began initially with the development of CQI forms reflecting practice standards. The forms provided a standardized way to assess program and site differences. As policies changed, DCS tweaked and improved these forms. CQI staff conducted announced site visits and assessed community coordinator and In-Reach specialist performance. At the conclusion of each site visit, CQI staff shared the results with the site, as well as the Chief and PRI DCS management. If the CQI staff observed non-compliance, they offered remedies. The goal was to ensure that PRI sites were operating according to DCS policies and that In-Reach was functioning as expected.

### ***Faith-Based Initiatives/Mentoring Staff***

The PRI initiative includes a faith-based component. The Healing Communities initiatives have two areas: Stations of Hope and mentoring. Stations of Hope originally involved only faith-based organizations but has been expanded to include nonprofits and government agencies. The key tenant is that these organizations espouse the principles of repentance, forgiveness, grace, and restoration and they maintain a commitment to serve victims and offenders in need of healing and to advocate for policy reform. Stations of Hope do not just serve the PRI population; rather, they open their doors to all offenders as well as victims. Local steering teams are required to have at least one member from the faith-based community, often affiliated with a Station of Hope.

Mentoring is the second component and named, "I Choose Support." This program is faith-based and involves community volunteers serving as mentors to provide one-on-one support and guidance to persons nearing their incarceration release date and persons completing time on probation or parole. Mentors agree to work with their mentees for a minimum of six months. Mentors serve as a positive role model while helping with life-skill issues, serve as a ready ear to listen, refer persons to community resources, and offer emotional support. The I Choose Support component gained momentum in the final year of the grant period. At the end of the grant, approximately 100 mentors were listed in the PRI mentoring website as both trained and mentored an offender.

# Chapter 2:

## Research Methods



Given the comprehensive nature of PRI, a correspondingly comprehensive strategy was required to evaluate PRI implementation. The methodology consists of two components as a means of documenting program activities and assessing the performance objectives and outcomes: process evaluation and outcome evaluation. The process evaluation and concurrent focus on fidelity of implementation, the findings of which were provided at regular intervals both formally and informally, allowed stakeholders to address any program deviations observed during implementation. Outcome evaluation components specifically addressed the following research questions about PRI participants and non-PRI comparison cases:

1. Was there a reduction in reconviction rates?
2. Was there a reduction in re-arrest rates?
3. Was there a reduction the time to re-arrest rates?
4. Did PRI participants demonstrate improved job stability?
5. Did PRI participants acquire jobs faster?
6. Did PRI participants exhibit greater housing stability?
7. Did PRI participants exhibit lower rates of positive drug screens?
8. Did In-Reach contacts improve outcomes (recidivism, intermediate outcomes)?
9. Did increased In-Reach contacts reduce recidivism and improve intermediate outcomes?

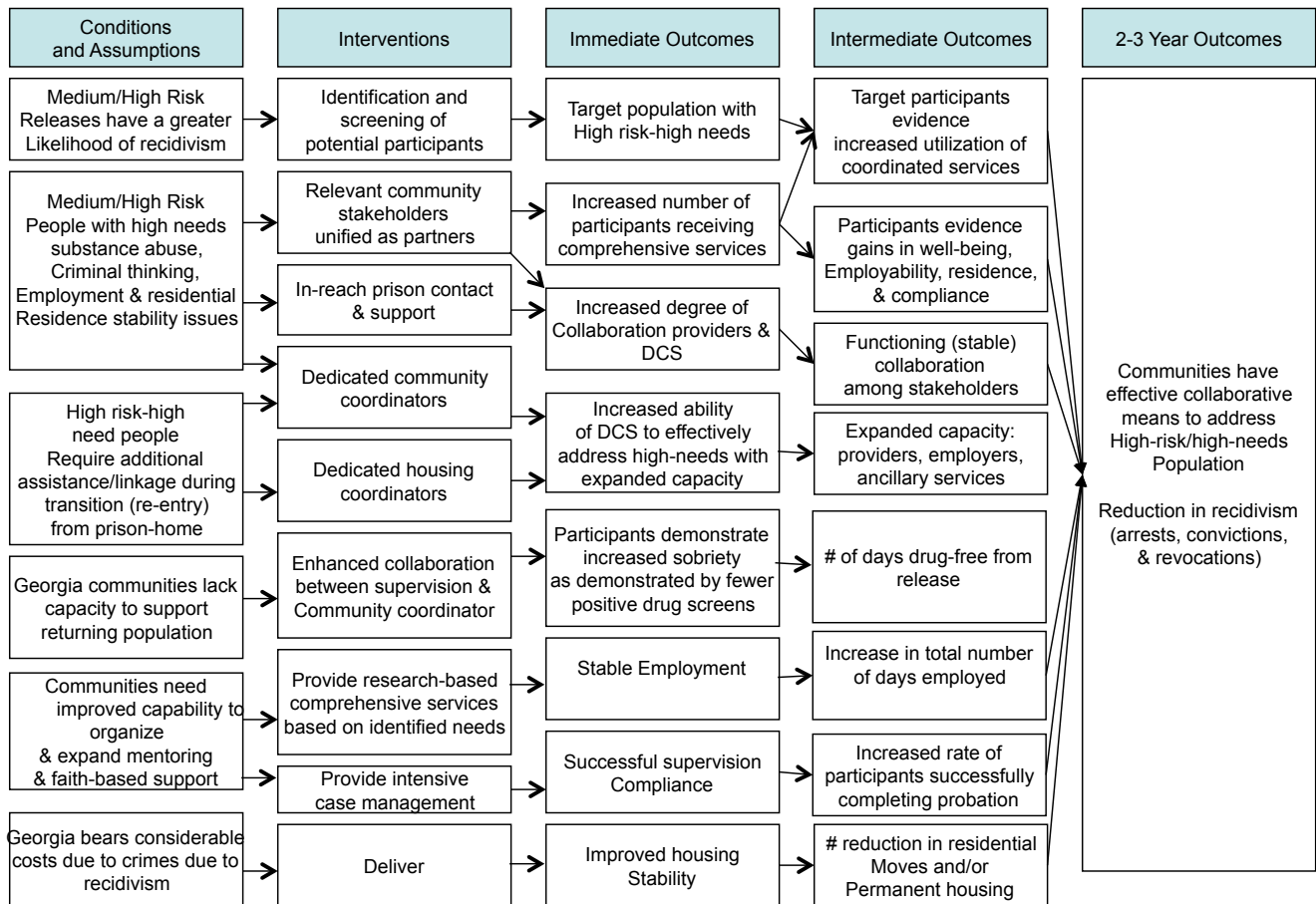
## Process Evaluation Components

The two key objectives that were the focus of the process evaluation were to document the program activities in enough detail to allow replication and understanding of program outcomes and to ensure that the PRI, as implemented, strictly followed the initial PRI framework. Given the phased implementation approach, the process findings were thought to be critical for the second phase sites. Essentially, counties and communities need to know the detailed process information - the “who, what, where, when, how, and how much” associated with program implementation in the phase-1 counties – to successfully implement the program in their counties. The research team provides such information over the past four years during quarterly reports. Process evaluation components also provided the level of detail necessary to address differences among and between sites and either interpret them or control them as needed to more fully understand program outcomes.

One final but critical aspect of the process evaluation involved assessing the fidelity of implementation of PRI as implemented to PRI as designed and as depicted in the PRI Logic Model (Figure 3). PRI, as implemented, should demonstrate the directional, logical relationships between the objectives, target population, available resources, interventions, outputs, and outcomes depicted in the logic model. Taken together, the results of the process evaluation provided local steering committees and other stakeholders with the data necessary to engage in the process of continuous quality improvement (CQI), information critical to making mid-course corrections to ensure long-term PRI fidelity.



Figure 3. PRI Logic Model: Evaluation



One early challenge to fidelity occurred in 2015 when Georgia passed HB-310 to create the Department of Community Supervision (DCS) to manage all community supervision. This removed the Department of Corrections from probation supervision and the Board of Pardons and Paroles from parole supervision. Although the PRI program underwent significant revisions. As a result, staff consolidation and field oversight provided some organizational benefits. The process evaluation had to shift to adjust to this new organizational structure. The process evaluation components focused on the following data-gathering methods, each discussed in detail in the subsequent section:

- Attitudinal Surveys of Criminal Justice Personnel & treatment personnel
- Network Development, collaboration, and provider fidelity
- Information sharing and program collaboration
- Offender contacts and intervention delivery details
- Organizational analysis

**Attitudinal Surveys: System and Treatment/Community Providers**

A central aspect of our process efforts was to administer an attitudinal survey

among treatment providers, court personnel, parole/probation officers, and other PRI participants. The survey was designed to assess domains related to knowledge about the program, perceived effectiveness compared to other community/pretrial release programs, interagency networking and collaboration, participation patterns, number and frequency of contacts among re-entry program participants, types of interactions (coordination, planning, oversight, monitoring, offender tracking), and level of satisfaction with interagency contacts among system and treatment personnel. This survey measured the degree to which system and treatment personnel attitudes toward these issues have changed throughout PRI implementation.

### ***Network Collaboration***

PRI includes programs in multiple counties across the state, making it imperative to assess the differences among these programs and counties regarding programming, collaboration and coordination, employment opportunities, client characteristics, and other program elements that could potentially influence the outcomes analysis. The organizational analysis documents operational components of the re-entry program, its operational environment, and program dynamics experienced during development and implementation. Other issues include developmental conflicts and issues, obstacles, and network collaboration dynamics. Close coordination among probation/parole and the treatment community has been documented to be a critical component in successfully moving inmates from prison to re-entry. To assess the degree of coordination and collaboration among partners, ARS administered the Wilder Collaboration Factors Inventory (WCFI). This survey assesses the degree of health and growth of a collaborative body, providing an understanding of how participating agencies and organizations work together in a field that is unfortunately often characterized by provincialism and competition as opposed to cooperation and collaboration.

### ***Capacity Building and Information Sharing: PRI Resource Tracking***

In addition to the collection of qualitative data as described above, the process evaluation included extensive quantitative data about day-to-day efforts to expand capacity and support the PRI program. The objective is to measure the effort and progress coordinators expend engaging the community and expanding access providers and services, including programming (substance abuse, medical, mental health), as well as ancillary services. Depending on the community, the expanding or maintaining resource capacity varies significantly. Some communities, such as Fulton or Chatham, have a well-developed non-profit infrastructure while other PRI sites are in the nascent stages of development. Therefore, the PRI Resource Tracking not only measures new resources acquired but measures progress toward acquiring new resources. How do you measure progress toward a mid-term or

long-term goal? It may take months to convince a new (high value) employer to hire returning citizens.

The private sector refers to soft-metric indicators, although intangible, provides evidence that the organizational activity and expenditures have value even though such effort may not translate directly into a hard outcome (new or expanded resource) immediately. These indicators serve as evidence to suggest that today's efforts will have a beneficial impact in the mid and long-term. Soft measures are markers demonstrating that the organization is moving in the right direction even though hard evidence is not yet available.

While hard outcomes show the organization has met its stated objective (reduce recidivism), the soft-metrics refer to initiatives that push community engagement, conversations (meetings), interactions, awareness, commitments and promises, and action plans that will produce the desired outcomes. These indicators require structure and documented efforts compared to activity reports. These measures include a stated objective, desired outcome (new jobs), progress toward the objective, likely outcome (promised), timeline, current barriers, and eventual benefit to the PRI.

### ***Organizational Analysis***

The organizational analysis examined the structure and organizational components and whether these arrangements were consistent with the PRI conceptual framework. Such an analysis is necessary to identify problem areas and occasions where the program as implemented demonstrated a degree of drift from the proposed PRI conceptual framework. The original evaluation plan involved using a Strategic Triangle Model effort, but that plan changed when the new agency (Department of Community Supervision) agency adopted an aggressive internal organizational analysis initiative. The agency adopted the SWOT model (Strengths, Weaknesses, Opportunities, Threats). The organizational analysis, therefore, focused instead on direct observation and reliance upon data collected from a project-specific PRI website that collects field transaction and activity. This information was used to examine organizational functioning at the sites as well as capacity building efforts.

## **Process Evaluation Tools**

### ***Structured Interviews***

ARS conducted statewide personal structured interviews to measure the perceptions, attitudes, and experiences of community coordinator and PRI officers. Questions were updated annually to reflect policy changes and data. Informal interviews were also randomly conducted.

### ***Surveys***

Surveys were a key component to data collection. Surveys were conducted online as well as in person at meetings, depending on circumstances. Stakeholders were surveyed twice online and once in person. Community supervision officers were surveyed online near the conclusion of the project. All PRI staff were surveyed in-person at a statewide staff meeting. Survey results were used to help inform future process evaluation efforts.

### ***Continuous Quality Improvement (CQI) Reviews***

The grant funded a CQI coordinator within DCS to monitor PRI implementation internally. DCS and ARS designed a CQI form which was modified over time after the creation of DCS and associated changing organizational needs. CQI staff monitored all sites and routine visits and reported findings to ensure immediate corrections.

### ***Site observations***

ARS staff visited all Phase I and II sites on multiple occasions to observe steering team meetings, onsite statewide meetings, training, and PRI orientations, as well as In-Reach activities and coordinator intakes. Site observations provided important data and helped research staff to both detect implementation issues, as well as to provide context and understanding of local differences.

### ***Prison In-Reach Collection***

To measure In-Reach activity, ARS designed data collection protocol in 2015 (Appendix 4) for In-Reach specialists to record In-Reach activity as they visited prisons and transitional centers to visit with inmates. GDC incorporated the data collection protocol into SCRIBE, the GDC case management system. In 2017, DCS migrated the In-Reach protocol to the DCS case management system (Portal). Although it did not collect identical fields, it was close enough to ensure data consistency from 2015 to 2017.

### ***PRI Resource Tracking Website***

As noted above, data requirements for the process evaluation increased. ARS, in cooperation with the CQI staff and other DCS personnel, developed the PRI Resource Tracking Website in 2015 to track all field activity. The website launched in early 2016, growing steadily as both modules as demand increased. In the first months of implementation, the site collected data on resources that coordinators had built and on “communications”, which was a log of their daily activities. Together these data allowed the examination of key issues such as the volume and type of PRI resources developed and pursued, as well as information on the burdens associated with capacity building, addressing such questions as: how long does it take to bring on a new provider? How much effort must be expended on partners to maintain those relationships? The website also collected information on direct linkages to determine how many individual coordinators were working with post-release, and to determine the types of services that were needed. The PRI tracking website also included a Healing Communities module. This module, added in 2016, allowed the collection of data regarding resources and communication regarding Stations of Hope and a second module that allows mentors to record interactions with mentees (duration, frequency, location, purpose). This module also provided the data needed to evaluate the “I Choose Support” initiative (See Appendix 5 for selected screenshots).

### ***Measures of Post-Release Success***

An essential element of the PRI evaluation concerns outcome components, such as the degree to which measurable differences exist between re-entry program participants and non-re-entry program offenders on multiple measures of recidivism (re-offending). In order to measure recidivism, two issues had to be taken into consideration: base rates and follow-up period (Clear, 1995; Harris, 1994; Morgan, 1994; Sigler and Williams, 1994; Geerken and Hayes, 1993; Ashford and LeCroy, 1988; Schmidt and Witte, 1988; Glaser, 1985; Maltz, 1984; and Wright, Clear, and Dickson, 1984).

Because Georgia has disparate offender populations under varying degrees of legal jeopardy and community sanctions, the outcome analysis relied on multiple measures of post-release behavior. ARS relied on Georgia’s official measure of recidivism (reconviction) for grant reporting and public releases. Data were also collected on re-arrest rates and other more proximal, interim outcome measures, yielding early outcomes useful for monitoring the program at different points following release, with the first 18 months following release considered to be the high-risk release window.

Although these measures reflect judicial and law enforcement responses to offender behaviors, other measures are sensitive to inmates who are experiencing problems following release but not reflected in these measures. Violation of parole conditions, including low-level misdemeanors, could lead to confinement in a local jail pending Board disposition. This measure effectively takes the offender off the street, reducing significantly the opportunity to fail. In some cases, the Board of Pardons and Parolees or a judge (via a split sentence) returns the offender to community supervision without a new conviction or prison revocation depending on the offense.

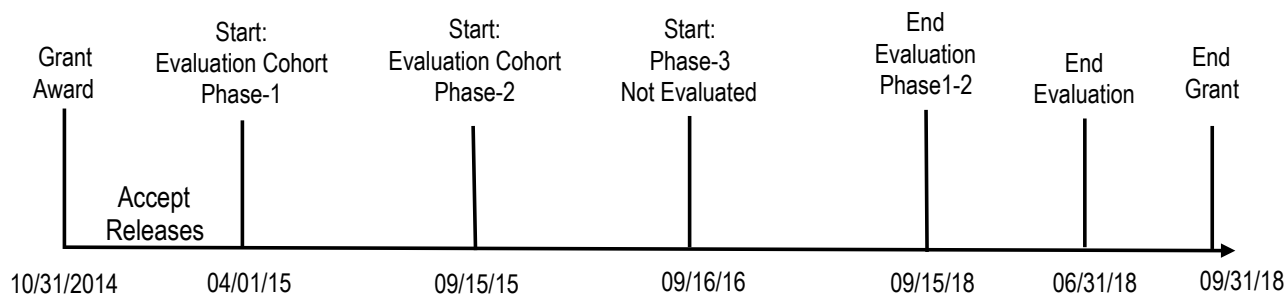
Besides simply noting the presence of failure, the timing of failure is an important variable in allocating resources as well as evaluating whether program interventions (as funded) can delay recidivism during the critical 18-month period. Extending the time to re-arrest (through engagement in the treatment system) among populations who frequently commit less serious offenses and whose arrests stem in large part from their substance abuse (homelessness, petty theft, etc.) can have a considerable impact on jail and correctional populations (Goldkamp and Weiland, 1993; Goldkamp, 1994b). As a result, ARS employed logistic regression with recidivism bounded by time intervals (6-months, 12-months, etc.). Although survival analysis is also an appropriate statistical method, the standard logistic findings, with bounded time intervals, is easier for policymakers to interpret and understand. In addition to reconviction, re-arrest, and return-to-prison, the evaluation examined a variety of other outcome variables commonly identified in the extant probation/ community supervision, re-entry program, and recidivism literature. These measures include, for example, the following: new arrest (any crime), new index arrest, new violent index arrest, new drug arrest, reconviction (felony). Given the emphasis on immediate results tracking, ARS also included a collection of potential precursors to recidivism among the PRI participants and non-PRI offenders. These measures included residential moves, employment changes, drug test results, and changes in post-release risk level, providing hints to later failure that are observable before reflected in Georgia's official recidivism measures.

## **Cohort Development**

The PRI program focuses on post-release "re-entry" which is the period after prison the returning citizens enter a high-risk milieu immediately upon release which has proven to increase the risk of recidivism among returning citizens. Increased risk may stem from housing instability, unemployment, food/clothing, lack of family

support, transportation, access to medical or mental health services, or basic ancillary services and support. This critical window often occurs between the first day of release to approximately 18-months when the offender is at the highest risk to commit a new crime. Figure 4 describes this project timeline Georgia used to implement 17 PRI sites. The PRI evaluation study employed a prospective design beginning at the program start date. The NGA risk scores were not available before 2014; therefore, retrospective comparison groups were not possible or desirable based on changes in the Georgia criminal justice system before 2014.

**Figure 4. Evaluation Cohorts & Timeline**



To qualify for PRI eligibility, prospective participants must have satisfied three criteria: legal status, NGA risk score, and county of residence (designated PRI county). In Georgia, people exit prison under one of three legal categories: parolee, probationer (referred to as a split sentence), or sentence expiration. To qualify for PRI participation, the offender had to spend time on parole or probation following release. The second qualification is the risk of felony re-arrest using the NGA risk score. All releases must have a risk of medium or high risk. GDC knows the legal status following release and NGA risk scores before release. Table 1 reports the percentage of all releases that are PRI-eligible, offenders scoring medium or high.

**Table 1. Percent (%) PRI Eligibility for all Releases by County**

County	Pct (%) PRI Eligible
<i>Phase-1</i>	
Bibb	59.9%
Chatham	57.3%
Dougherty	74.2%
Fulton	63.4%
Muscogee	66.7%
Richmond	60.1%
 <i>Phase-2</i>	
DeKalb	63.1%
Floyd	62.4%
Hall	61.7%
Lowndes	61.0%
Troup	63.6%

Finally, the third criterion is that DCS must supervise prospective candidates in a PRI county. For staging inmates, GDC used the projected county of residence based on Parole Board residency plan or reported county of residency if unknown. However, unless GDC/Parole has a residence plan, predicting the permanent county of residence is uncertain in many cases. Residential uncertainty stems from inter-county/circuit and inter-state transfers from one jurisdiction to another. Although the parolee or probationer may upon release report to their assigned office such as in the county of conviction, it is not uncommon to move the offender to another office for supervision to maximize the person's chance of success (home, family, employment). In some cases, DCS transfers people to another state under interstate compact agreements. Such movements were taken into account to determine whether the prospective participant is moving (leaving a PRI county or moving into a PRI county).

Extensive analysis of the GDC and the DCS movement (history) files were required to isolate inter-office (county) transfer across counties. This analysis identified people who were released directly to a PRI county or transferred to a PRI county from a non-PRI county or vice-versa. The PRI cohorts do not include those reporting to a PRI or non-PRI county and transferred out-of-state. The analysis dropped all out-of-state transfers if they moved soon after reporting to their supervision county. The offender was classified as a PRI case if the move occurred within 60-days.



The objective was to ensure that offenders stayed in the PRI sites long enough to participate in the PRI intervention. Taking these factors into account, Georgia has exposed approximately 20,100 participants to PRI in 17 counties since October 2014 (See Table 2) across all three phases.

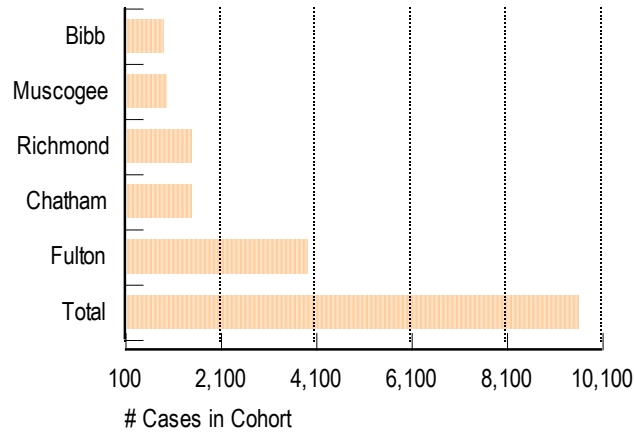
**Table 2.**  
**Total # Program Participants**

Counties	No.
<b>Phase-1 Total</b>	9,611
Bibb	916
Chatham	1,505
Dougherty	804
Fulton	3,928
Muscogee	964
Richmond	1,493
 <b>Phase-2 Total</b>	 4,635
DeKalb	2,332
Floyd	725
Hall	640
Lowndes	393
Troup	546
 <b>Phase-3 Total</b>	 6,050
Clayton	1,343
Cobb	1,821
Douglas	573
Gwinnett	1,521
Liberty	186
Newton	606
<b>Grand Total</b>	<b>20,296</b>

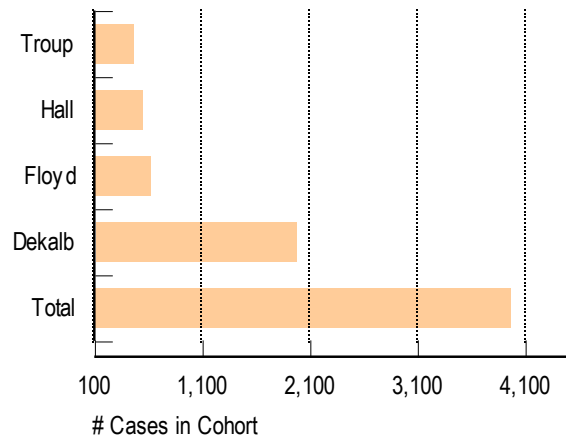
The evaluation plan only examined Phase-1 and Phase-2 participants, as the Phase 3 sites started much later in the project, therefore, limiting the time available to track outcomes. Based on Phase-1 and 2 street time, there was enough data to track participants for two years. Although the PRI program started in October 2015, the Phase-1 evaluation began in April 2015 to allow GOTSr to ramp-up the PRI program (hiring, training, etc.). Figures 5-6 report the number of participants in the

evaluation cohorts, taking the program ramp-up and eligibility criteria into account, as well as inter-county transfers.

**Figure 5. Number Cases in Phase-1 Evaluation Cohorts**



**Figure 6. Number Cases in Phase-2 Evaluation Cohorts**



For this reason, the evaluation cohort size does not mirror the exact number of PRI participants who entered the PRI program. On average, the outcome analyses include 11,000 PRI eligible offenders across 11 Phase-1 and Phase-2 counties.

**Cohort Descriptions**

Table 3 displays the Phase-1 and Phase-2 profiles for PRI participants in the evaluation cohorts. Although Phase-1 included several of Georgia’s most populated counties, the Phase-2 sites are remarkably similar regarding selected demographics, prior employment, and offense type. This conclusion also applies to prior criminal history and average risk-needs scores (Tables 4 & 5).

**Table 3. Unweighted Phase-1 & Phase-2  
NGA Scale Averages (1-Low to 10-High)**

Variable	Phase-1 Pct (%)	Phase-2 Pct (%)
<i>Race</i>		
African-American	57.1%	64.3%
Caucasian	42.9%	35.7%
<i>Sex</i>		
Male	88.5%	89.3%
Female	11.5%	10.7%
<i>Admitted Age Group</i>		
Less Than Age 26	34.5%	34.9%
Age 26 or Older	65.5%	65.1%
<i>Employment</i>		
None	40.0%	40.0%
Full-time/Part-time	60.0%	60.0%
<i>Current Offense Type</i>		
Violent/Sex	38.1%	39.1%
Property	34.3%	30.9%
Drug Sales	6.8%	5.7%
Drug Possession	11.9%	10.3%
Other	8.9%	14.0%

Drug Possession includes high-volume,  
trafficking levels

**Table 4. Unweighted Phase-1 & Phase-2  
Unmatched Criminal History (Arrest Episodes)**

Prior Arrests	Phase-1 Avg.	Phase-2 Avg.
Felony	7.97	8.52
Misdemeanors	5.52	5.89
Total	13.49	14.42
Violent	1.42	1.64
Sex	.09	.09
Property	3.66	3.76
Drugs	2.14	2.11
Prob/Parole Violations	3.70	4.06

**Table 5. Unmatched Phase-1 & Phase-2  
NGA Scale Averages (1-Low to 10-High)**

Variable	Phase-1 Avg.	Phase-2 Avg.
<i>Risk</i>		
Risk of Any Arrest	7.63	7.76
Risk of Felony Arrest	7.57	7.69
Risk Violent Arrest	6.84	7.11
<i>Criminogenic Needs</i>		
Criminal Thinking	6.52	6.52
Education	5.32	5.26
Employment	5.20	5.12
Peers	6.19	6.24
Mental Health	5.42	5.19
Substance Abuse	7.09	6.73
Trauma	5.60	5.43
Motivation	6.56	6.10

Drug Possession includes high-volume,  
trafficking levels

These findings are encouraging. The different phases started at different times. For people participating in Phase-2 sites, persons released before program start-up were eligible to serve in statistically matched cohorts (along with the other 148 counties), at least until such time that the Phase-2 started. In past research, Fulton

County (Atlanta) is peerless concerning population size, demographics, crime rates, non-profit infrastructure, and the number of returning citizens. However, in recent years, other counties have registered similar large county characteristics. For instance, DeKalb County, a Phase-2 site, is similar regarding the number of releases before the PRI program start-up. Some Phase 3 sites in the metropolitan Atlanta area are likewise similar in numbers and demographics, including Clayton, Cobb, and Gwinnett counties.

***Propensity Score Matching (PSM): Identifying a Statistical Control Group***

In observational studies, researchers have no control over assignment to treatment and control groups, which can lead to large differences in observed covariates and limited ability to accurately assess group differences in outcomes. In other words, Georgia cannot randomly assign returning citizens to PRI and non-PRI counties. Retrospective cohorts are another viable option in some studies, but this approach was not appropriate for the PRI evaluation. Propensity score matching (PSM) is a technique used to reduce these potential sampling biases. Formally, a propensity score is the probability that an individual will receive treatment, based on observed covariates. Propensity score matching can be used to provide unbiased estimates of treatment effects (Rosenbaum and Rubin, 1983).

The first step in propensity score matching is to create propensity scores for all individuals in both the treatment and control groups. Using SPSS-R, logistic regression models were used to compute the propensity to predict the probability of treatment. The PSM model uses measured covariates affecting the likelihood of treatment group assignment, and propensity scores range from 0 to 1. Higher values indicate a greater probability of treatment group assignment. The next step is to use the score to match people in the treatment and control groups. In other words, PSM will pair one (or more) member(s) of the treatment group with one (or more) member(s) of the control group based on the similarity of their propensity scores. If treatment and control meet the propensity score balance requirement, groups are balanced on propensity scores, and thus they will also be balanced on all the covariates that were used to calculate the propensity score. When groups are balanced, the effects of differences in covariates on treatment effects will be significantly reduced or even eliminated, allowing for a more accurate assessment of differences between the treatment and control groups.

Propensity score matching models were run in SPSS version 24 (R-PSM3) using a custom dialogue created by Felix Thoemmes (see Bertsekas and Tsent, 1988; Hansen, 2004; Hansen & Klopfer, 2006; Hansen and Bowers, 2008, Ho, King and Stuart, 2007; Toemmes, 2012; Bates, Maechler, Bolker, and Walker, 2013; Thoemmes & Liao, 2013). High correlations with other covariates led to the

dropping of four covariates. Through an iterative process, different covariates were used to optimize balance. The final model used ratio (2-to-1) nearest neighbor matching with a 0.1 caliper, replacement, and discarded treatment and control units that were outside the area of common support. Supervision Type (probation split or parole supervision) made up the on the only exact match variable. Nearest neighbor matching indicates that treatment subjects are matched to control subjects that have the closest proximity on the propensity score. Refining the matching included a specification of a 0.1 caliper, meaning units that were more than 0.1 apart on propensity scores could not be matched. The 2-to-1 ratio indicates that two control group subjects could be matched with one treatment subject. This approach is recommended for cases in which the size of the two groups differs substantially. A 1-to-1 match would discard too many potentially useful subjects. Given the number of potential comparison cases, 2-to-1 matching was considered appropriate. Matching with replacement means that a single unit in the control group can be reused and matched with more than one unit in the treatment group. Finally, units in both the treatment and control groups that were outside the region of common support were discarded. The region of common support is the “region in the distributions of the estimated propensity scores in the treatment and control group for which units in both groups are observed” (Thoemmes, 2012). This practice is recommended to improve balance and avoid matching treatment and control units that are very dissimilar.

### ***Identification of Sources for Treatment and Control Groups***

Georgia implemented the PRI program in three phases, In Phase-1, Georgia selected six urban counties/cities that represent significant population centers: Bibb, Chatham, Dougherty, Fulton, Muscogee, and Richmond. Using retrospective cohorts for potential control subjects was not possible. PRI participant eligibility depended on the Next Generation Assessment (NGA) risk score range of medium to high risk. This NGA was completed in 2014 and was not available until October 2014, the grant start date. Although the Department of Corrections and the Board of Pardons and Paroles used risk tools to supervise parolees/probationer, such tools were not appropriate either moving forward or for a retrospective design. The NGA offered the only risk measure validated for all inmates regardless of supervising agency.

Therefore, several methods were used to identify PSM-eligible cases. First, the Phase-1 evaluation cohort did not begin until April 2015. This delayed evaluation date provided for the identification of PRI eligible participants with release dates between October 31, 2014 and April 2015. Second, the PRI eligible participants in other Phase-2 sites were available for selection as controls because they started six months later. The Phase-2 sites include several large metropolitan counties

with similar demographics, including DeKalb, Hall, and Lowndes counties. This is in addition to the remaining 148 counties (of 159 total counties) available for selection as PSM controls. SPSS-R cannot compute propensity scores in cases wherein any variable in the data file contains missing data. However, missing data was limited, and accounted for less than 1% of the cases. An iterative process identified the optimal set of individual-level PSM variables. Typically, a standardized difference of 0.1 (10%) or larger indicates a meaningful imbalance between groups. The final models discarded very few cases for non-matches (See Appendix 6 for diagnostics). The PSM models also included an exact match on supervision status (probation/parole). It was also necessary to build separate PSM models for all 11 Phase-1 and Phase-2 counties: Bibb, Chatham, Dougherty, Fulton, Muscogee, Richmond, Dekalb, Floyd, Hall, Lowndes, and Troup. For all 11 counties, the diagnostic statistics resemble those found in the Phase-1 and Phases 2 analyses (County PSM statistical diagnostics are available upon request).

### ***Inverse Probability of Weighting (IPTW)***

In IPTW, the propensity scores serve as inverse weights to estimate average treatment effect. In short, this method weights participants and non-participants on the inverse of their probability of treatment allocation using covariates as baseline characteristics. In effect, Roche et al. (2016) consider the weighted cases as a pseudo-dataset whereby the confounding variables are balanced between the treatment and comparison groups and this method also preserves the original sample size when creating the pseudo-dataset. IPTW was used to weight the 13 study cohorts to match PRI with non-PRI participants. Pirrachhio et al. (2012) report that IPTW yields accurate and unbiased of treatment effects. Tables 7 and 8 compare percentages on NGA needs scales (low, medium, high) between PRI intervention and non-PRI cases (weighted). As evidenced in these tables, PSM matching yields remarkably similar results between participants in the PRI intervention group compared to non-PRI cases.

**Table 6. Phase-1 NGA Profile: Matched Cohorts  
(Medium-High Risk for Felony Arrest)**

Risk x Needs Scale	Phase-1		Bibb		Chatham		Dougherty		Fulton		Muscogee		Richmond	
	Matched	PRI	Matched	PRI	Matched	PRI	Matched	PRI	Matched	PRI	Matched	PRI	Matched	PRI
<b>Criminal Thinking</b>														
Low	13.5%	13.1%	13.7%	14.9%	13.9%	13.9%	10.2%	10.6%	11.1%	11.2%	11.6%	11.5%	17.2%	20.3%
Medium	34.2%	35.2%	31.2%	31.8%	35.4%	38.4%	28.9%	28.9%	33.3%	31.7%	33.9%	34.0%	38.8%	39.6%
High	51.7%	51.2%	55.0%	53.0%	50.1%	47.0%	60.6%	59.9%	55.0%	56.7%	53.3%	53.4%	43.8%	39.9%
<b>Substance Abuse</b>														
Low	14.6%	14.6%	10.6%	12.6%	15.3%	13.7%	12.3%	11.2%	16.1%	15.9%	14.1%	13.3%	15.2%	17.2%
Medium	31.9%	32.3%	28.8%	30.1%	36.0%	39.1%	32.3%	31.9%	31.7%	30.9%	32.3%	31.4%	34.2%	31.5%
High	53.4%	53.0%	60.6%	57.2%	48.6%	47.0%	55.2%	57.0%	52.1%	53.1%	53.4%	55.2%	50.5%	51.2%
<b>Education</b>														
Low	11.3%	11.8%	11.0%	11.3%	12.4%	14.5%	8.6%	8.2%	10.2%	10.0%	10.1%	11.0%	15.3%	15.5%
Medium	51.2%	49.9%	47.6%	47.6%	56.1%	55.3%	47.9%	45.7%	49.0%	46.3%	54.4%	51.7%	53.5%	54.0%
High	37.5%	38.3%	41.5%	41.0%	31.5%	30.3%	43.4%	46.1%	40.8%	43.7%	35.6%	37.3%	31.2%	30.4%
<b>Employment</b>														
Low	9.1%	9.2%	8.4%	8.7%	10.0%	11.1%	6.5%	6.9%	7.8%	8.4%	9.9%	8.8%	11.2%	11.1%
Medium	51.1%	50.6%	45.4%	47.4%	56.9%	59.6%	49.3%	46.8%	48.8%	46.1%	52.1%	50.5%	54.2%	55.5%
High	39.8%	40.1%	46.2%	43.8%	33.1%	29.3%	44.2%	46.4%	43.4%	45.4%	38.0%	40.6%	34.6%	33.3%
<b>Peers</b>														
Low	9.0%	8.4%	9.9%	11.2%	9.4%	9.0%	7.7%	6.9%	8.1%	6.2%	9.2%	8.5%	11.0%	11.4%
Medium	41.8%	41.0%	40.1%	41.5%	45.8%	43.9%	38.4%	40.1%	39.2%	38.3%	41.8%	37.5%	46.9%	47.1%
High	48.8%	50.1%	49.8%	47.1%	44.2%	46.3%	53.4%	52.4%	52.2%	55.0%	47.9%	53.2%	41.8%	41.5%
<b>Mental Health</b>														
Low	17.7%	18.2%	13.9%	15.3%	20.5%	20.0%	13.8%	14.5%	16.1%	16.7%	17.9%	17.6%	20.6%	23.6%
Medium	39.5%	38.2%	34.4%	34.1%	43.1%	45.3%	37.1%	37.4%	37.8%	35.2%	39.9%	38.3%	41.9%	40.8%
High	42.5%	43.2%	51.7%	50.4%	36.1%	34.1%	48.9%	47.8%	45.6%	47.7%	41.3%	43.3%	37.4%	35.4%

**Table 7. Phase-2 NGA Profile: Matched Cohorts  
(Medium-High Risk for Felony Arrest)**

Risk x Needs Scale	Phase-1		DeKalb		Floyd		Hall		Lowndes		Troup	
	Matched	PRI	Matched	PRI	Matched	PRI	Matched	PRI	Matched	PRI	Matched	PRI
<b>Criminal Thinking</b>												
Low	14.2%	14.3%	11.2%	12.7%	17.3%	19.5%	17.6%	14.8%	12.0%	12.2%	11.2%	13.2%
Medium	36.1%	34.4%	36.4%	35.0%	39.2%	37.1%	35.4%	33.1%	35.3%	30.8%	35.8%	34.2%
High	49.3%	50.9%	52.1%	51.9%	43.5%	43.5%	45.5%	51.1%	52.7%	57.0%	51.6%	51.6%
<b>Substance Abuse</b>												
Low	14.9%	14.3%	21.1%	21.9%	6.4%	7.8%	11.1%	9.5%	12.4%	10.0%	10.7%	5.9%
Medium	29.4%	30.1%	35.5%	35.3%	26.4%	25.7%	26.6%	26.3%	22.0%	27.2%	26.9%	26.0%
High	55.7%	55.5%	43.4%	42.8%	67.2%	66.5%	62.3%	64.2%	65.6%	62.7%	62.3%	68.0%
<b>Education</b>												
Low	11.6%	12.6%	12.0%	14.9%	12.6%	14.7%	12.4%	7.8%	9.3%	11.1%	7.3%	8.7%
Medium	49.9%	48.8%	50.5%	47.5%	55.3%	56.1%	51.1%	52.6%	42.1%	42.3%	48.6%	41.6%
High	38.5%	38.6%	37.5%	37.6%	32.1%	29.2%	36.5%	39.7%	48.6%	46.6%	44.1%	49.8%
<b>Employment</b>												
Low	9.3%	10.0%	8.7%	10.7%	11.2%	12.6%	11.9%	8.8%	6.3%	7.5%	7.1%	7.3%
Medium	48.1%	47.6%	53.4%	51.8%	52.5%	48.0%	44.6%	45.0%	40.7%	40.5%	50.7%	40.2%
High	42.6%	42.4%	37.9%	37.5%	36.3%	39.4%	43.4%	46.2%	53.0%	52.0%	42.2%	52.5%
<b>Peers</b>												
Low	8.4%	7.6%	9.3%	7.6%	11.2%	8.8%	7.3%	8.3%	6.5%	5.7%	5.0%	7.3%
Medium	39.0%	37.9%	43.1%	42.7%	42.8%	43.0%	36.0%	27.3%	33.5%	34.1%	34.7%	29.7%
High	52.2%	54.1%	47.1%	49.3%	46.1%	48.2%	55.4%	63.7%	59.7%	60.2%	58.9%	62.6%
<b>Mental Health</b>												
Low	18.2%	18.1%	21.3%	22.7%	11.2%	13.5%	17.0%	16.8%	13.1%	13.6%	16.7%	13.7%
Medium	37.4%	38.1%	39.3%	39.2%	41.6%	41.1%	36.3%	32.6%	35.7%	37.6%	40.6%	38.4%
High	44.2%	43.5%	39.0%	37.9%	47.3%	45.4%	46.2%	50.1%	51.3%	48.7%	42.2%	47.5%



# Chapter 3:

## Process

### Evaluation Findings



Georgia PRI experienced several changes at the outset that affected PRI, at least from an organizational standpoint. The principal change was the creation of a new community supervision agency, a shift from the original 2014 BJA proposal.

#### ***Governor's Office of Reentry and Transition Services (GOTSR)***

As the State instituted Justice Reinvestment Initiative (JRI) reforms starting in 2012, the Governor created GOTSR as an independent office reporting to the Office of the Governor to direct and coordinate Georgia's reentry efforts. Staffed with a director and support staff, GOTSR worked with the Georgia Department of Corrections (GDC) and the Board of Pardons and Paroles (BPP), as well as support agencies such as the Department of Community Affairs (housing) and Health and Human Services. Before receiving Second Chance Act grant funding, GOTSR hired community coordinators to work in the Phase 1 counties: Bibb, Chatham, Dougherty, Fulton, Muscogee, and Richmond.

GOTSR collaborated with GDC and the Board of Pardons and Paroles to apply for a BJA correctional planning grant to pave the way for making application for a State Recidivism Reduction grant, as well as a Maximizing JRI grant, and a BJA Enhanced Supervision grant. Upon award of these funds, GOTSR was the lead agency coordinating all grant activities and PRI activities, with GDC serving as the fiscal agent.

#### ***Department of Community Supervision: Probation and Parole Merger***

The Georgia Department of Corrections (GDC) supervised the State's felony probationers and managed the State's prison system. The Board of Pardons and Paroles (BPP) supervised parolees. For parole, this responsibility was in addition to their constitutional duties to grant clemency and consider pardons

and commutations. As Georgia relied increasingly on mandatory minimums (no-parole), there was increasing concern that many offenders would return to Georgia communities without supervision. To create a seamless and efficient supervision model, the Georgia General Assembly passed HB 310, which was signed into law by Governor Deal on May 7, 2015, creating the Department of Community Supervision. As part of this legislation, Georgia sunset GOTSR and transferred all PRI operations and oversight, including the three BJA grants, to the newly created Department of Community Supervision. For continuity, GDC continued to serve as the fiscal agent during the entire grant period.

As expected, former GOTSR personnel adjusted to new policies and procedures as a unit within one of the largest criminal justice agencies in the state. At the same time, probation and parole officers were rebranded as Community Supervision Officers (CSOs), a decision that reflected a new vision that DCS would not create separate parole and probation officers. For efficiency and cost-savings, officers would supervise both probationers and parolees. This required probation officers to learn how to interact with the parole board, while former parole officers had to learn how to navigate the court system. Under GOTSR, Atlanta central office oversaw all PRI staff and functions. By 2015 and with the increasing number of PRI staff, DCS placed PRI coordinators under the supervision of DCS field chiefs, who also managed all supervision and field operations. Additionally, former probation staff who worked on GDC re-entry services were re-assigned to DCS.

The process findings summarized in the following pages will identify the strengths of this organizational change as well as some areas of improvement as the State attempts to merge public-safety (operations) with non-sworn staff that performs community organization and social work type tasks. Although these organizational changes were significant, the evidence to date suggests that PRI adjusted and adapted where necessary to ensure continued program delivery. The process evaluation identified many strengths and weaknesses stemming from unexpected organization changes and program drift. The section below highlights these issues in greater detail.

## **Evaluating the Community Stakeholder Teams**

Obtaining input from stakeholders was a critically important aspect of the process evaluation. Stakeholders provided insight into how well PRI has integrated into the fabric of the community, specifically from the non-profit and faith-based perspective. In short, these members reflected the view of the community rather than that of

PRI staff. ARS relied on several methods to elicit their input, including structured personal interviews, surveys, and personal emails/phone calls. Fortunately, many steering team members were familiar with ARS researchers as a result of other field projects. This relationship ensured rapport, a certain degree of comfort, and confidentiality so that steering committee members could talk freely about local PRI issues.

### ***Wilder Collaboration Factors Inventory***

ARS administered the Wilder Collaboration Factors Inventory (WCFI) at multiple points during the project. The WCFI consists of 40 questions that are ranked on a scale from 1 to 5 (1=strongly disagree, 2=disagree, 3=neutral/no opinion, 4=agree, 5=strongly agree). The survey takes about 15 minutes to complete and provides anonymous feedback to help gauge collaborative strengths and weaknesses.

In 2015 the WCFI was administered via an online survey link to all identified steering team members in the Phase I sites. Across five sites 34 people returned completed surveys, a 46% response rate. ARS re-surveyed members in 2016. At the second administration, the steering teams had grown larger and yielded 39 completed surveys, a 38% response rate. Results of these earlier surveys were presented at IST meetings to provide management with feedback to improve processes. The research team administered the survey on-site in 2018 to increase the relatively low response rates, thus ensuring a higher response rate in both Phase 1 and Phase 2 sites. Nearly everyone in attendance at each of the eight steering teams completed a survey, yielding a total of 168 surveys.

Table 8 provides the survey averages across three survey points: 2015, 2016, and 2018.

The significant collaborative strengths of the steering teams are summarized below along with the average scores (in parentheses). Any score above four is considered a strength.

- Everyone who is a member of our collaborative group wants this project to succeed (4.3)
- The time is right for this collaborative project (4.2)
- I have a lot of respect for the other people involved in this collaboration (4.2)
- The people involved in our collaboration represent a cross-section of those who have a stake in what we are trying to accomplish (4.2)
- My organization will benefit from being involved in this collaboration (4.2)
- What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself (4.2)

The significant weaknesses identified by the most recent survey are summarized below. Scores below 3 are considered weak.

- Our collaborative group has adequate funds to do what it wants to accomplish (2.2)
- All the organizations that we need to be members of this collaborative group have become members of the group (3.1)
- Our collaborative has adequate “people power” to do what it wants to accomplish (3.2)

**Table 8. Wilder Collaboration Factors Inventory Results**

WCFI Item	2015 Avg. (n=34)	2016 Avg. (n=39)	2018 Avg. (n=95)
1. Agencies in our community have a history of working together.	3.6	3.6	3.8
2. Trying to solve problems through collaboration has been common in this community. It's been done before.	3.7	3.6	3.6
3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	3.6	3.8	3.6
4. Others (in this community) who are not part of this collaboration would generally agree that the organizations involved in this collaborative project are the "right" organizations to make this work.	3.6	3.7	3.8
5. The political and social climate seems to be "right" for starting a collaborative project like this one.	4.1	4.2	4.1
6. The time is right for this collaborative project.	4.5	4.4	4.2
7. People involved in our collaboration always trust one another.	3.2	3.3	3.6
8. I have a lot of respect for the other people involved in this collaboration.	4.3	4.3	4.2
9. The people involved in our collaboration represent a cross-section of those who have a stake in what we are trying to accomplish.	4.3	4.2	4.2
10. All the organizations that we need to be members of this collaborative group have become members of the group.	3.0	2.7	3.1
11. My organization will benefit from being involved in this collaboration.	4.3	4.3	4.2
12. People involved in our collaboration are willing to compromise on important aspects of our project.	3.6	3.4	3.8

WCFI Item	2015 Avg. (n=34)	2016 Avg. (n=39)	2018 Avg. (n=95)
13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.	3.5	3.5	3.6
14. Everyone who is a member of our collaborative group wants this project to succeed.	4.5	4.4	4.3
15. The level of commitment among the collaborative participants is high.	3.8	3.8	3.9
16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with their colleagues about what the decision should be.	3.6	3.8	3.8
17. Each of the people who participate in this collaborative group can speak for the entire organization they represent, not just a part.	3.4	3.4	3.6
18. There is a lot of flexibility when decisions are made; people are open to discussing different options.	3.9	4.1	4.0
19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	3.9	4.1	3.9
20. People in this collaborative group have a clear sense of their roles and responsibilities.	3.4	3.6	3.8
21. There is a clear process for making decisions among the partners in this collaboration.	3.4	3.5	3.7
22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.	3.5	3.5	3.8
23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.	3.9	4.1	3.8
24. This collaborative group has tried to take on the right amount of work at the right pace.	3.6	3.7	3.8

WCFI Item	2015 Avg. (n=34)	2016 Avg. (n=39)	2018 Avg. (n=95)
25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	3.6	3.4	3.5
26. People in this collaboration communicate openly with one another.	3.7	4.0	3.7
27. I am informed as often as I should be about what goes in in the collaboration.	3.9	3.9	3.9
28. The people who lead this collaborative group communicate well with the members.	3.8	4.1	4.0
29. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	3.8	4.0	3.9
30. I personally have informal conversations about the project with others who are involved in this collaborative group.	3.7	3.8	3.8
31. I have a clear understanding of what our collaboration is trying to accomplish.	3.8	4.2	3.6
32. People in our collaborative group know and understand our goals.	3.7	4.0	4.0
33. People in our collaborative group have established reasonable goals.	3.7	4.0	3.9
34. The people in this collaborative group are dedicated to the idea that we can make this project work	4.2	4.2	3.9
35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.	3.9	3.9	3.7
36. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	4.4	4.4	4.2
37. No other organization in the community is trying to do exactly what we are trying to do.	3.8	3.7	3.4
38. Our collaborative group has adequate funds to do what it wants to accomplish.	2.5	2.1	2.2
39. Our collaborative has adequate “people power” to do what it wants to accomplish.	3.5	3.3	3.2

WCFI Item	2015 Avg. (n=34)	2016 Avg. (n=39)	2018 Avg. (n=95)
40. The people in leadership positions for this collaborative have good skills for working with other people and organizations.	4.1	4.2	4.1

The following highlights the two areas with significant increases in the agreement between 2015 and 2018:

- People involved in our collaboration always trust one another (3.2 to 3.6)
- People in this collaborative group have a clear sense of their roles and responsibilities (3.4 to 3.8)

Between 2016 and 2018, the two largest increases in agreement were seen in the following factors:

- All the organizations that we need to be members of this collaborative group have become members of the group (2.7 to 3.1)
- People involved in our collaboration are willing to compromise on important aspects of our project (3.4 to 3.8)

Between 2016 and 2018, the following factors exhibited the largest decrease in agreement:

- I have a clear understanding of what our collaboration is trying to accomplish (4.2 to 3.6)

The WCFI suggests that the steering teams across the Phase-1 and Phase-2 sites surveyed have improved in nearly all areas. Stakeholders have respect for the members of the group and believe that they all share the same focus on wanting the group to succeed. Persons feel that their organization has something to benefit from being a part of the team. The findings also indicate that a lack of resources (funds, time and personnel) is a major concern. Members are also concerned that not all players needed are on the team, and that the collaborative lacks the “people power” to accomplish its goals. The cross-year survey comparisons indicate a growing number of stakeholders are not clear about committee goals.

## Stakeholder Attitudinal Survey

In 2015, ARS conducted online attitudinal surveys of all Phase-1 sites (See Appendix 7). The 11-question survey took about 10 minutes to complete, and 31%



of the stakeholders replied to the survey. While response rates were relatively low, the feedback was consistent across the five sites. These results were presented to the IST and management so that the results to guide Continuous Quality Improvement (CQI).

### ***The Early Days***

The initial steering team survey results reflected what appeared to be a significant amount of confusion. While persons supported the PRI framework, one-third of respondents stated that they do not feel that they have a clear role within the committee, contributing to a lack of vision and direction. Respondents made a plea for increased clarity of goals and outcomes, as well as clear roles and direction for all members. Half of the respondents expressed an interest in a hands-on role working with PRI individuals to connect them to services.

In addition to surveys, ARS received over 40 phone calls from stakeholders between 2015 – 2016. The feedback focused on discontent that the State is not funding local programs and services. Many non-profit and county entities are concerned that they do not have the budget to support an influx of recently released offenders. Steering team members were frustrated that PRI and the larger criminal justice reform effort was a vehicle to reduce recidivism and save money. However, they did not see any savings invested in their communities.

### ***Steering Committees Turn the Corner***

ARS administered attitudinal surveys annually, and over time, steering committee views changed with improvements in PRI implementation. As time passed, members noted generally being pleased with their steering team. Many expressed a kinship to the other like-minded people on the team working together to help persons exiting prison. They felt that the PRI population needed their help, and they expressed pleasure serving with others they respected in that capacity. Many also praised their community coordinator as a strong community organizer.

A lack of funding for services continued to be a concern. Many expressed frustrations that the State has not allocated funds to support treatment and services for the PRI population. Some commented that funds were not only needed to help individuals but were also needed to expand services; if everyone in need of services could pay for services, providers would have to expand their offerings and improve program options and quality.

Another consistent theme throughout the entire four-year study period was the desire for a hands-on role with the PRI population. Many stakeholders felt that working with individuals should be a critical task for their steering team and many suggested “staffing” difficult cases whereby team members can recommend treatment/care options in the community.

The designated PRI officer in each community regularly attended steering team meetings. In 2017 DCS instituted a policy regarding the supervision of PRI cases and eliminated dedicated PRI officers. DCS was formed to improve resource allocation and end the practice of different probation and parole officers visiting the same community. In keeping with that goal, DCS changed field supervision to a geographic model whereby officers and assigned cases within a certain geographic area instead of managing cases circuit-wide. Under this new model, it was increasingly difficult for one PRI CSO to visit PRI participants living across the circuit. The decision was made to distribute PRI cases among all officers based upon geographic location, and therefore eliminate the PRI-specific officer model. Based on surveys conducted between 2015-2017, the steering committees enjoyed the presence and feedback from PRI officers. The steering team members viewed PRI officers as being in the best position to inform the committee about resource needs and gaps, and their experience provided valuable insight into steering committee deliberations. The steering team viewed the absence of the PRI officer as a loss after the 2017 change.

Several persons advised that they were confused by the Stations of Hope concept as it applied to non-religious organizations and felt that it “muddied the PRI waters.” They felt that Healing Communities staff should handle faith-based organizations and the community coordinator should address all other PRI partners in the community. There was also much frustration about the lack of responsiveness by Healing Communities staff; most of this feedback appeared to come from faith-based organizations. Several persons representing faith-based groups said that they were pleased with their relationship with their community coordinator and did not need to work with Healing Communities staff.

Overall, the feedback from the WCFI, stakeholder surveys, and informal communication with stakeholders revealed that a functional team approach had developed within steering teams, which was much different than initial implementation. Stakeholders believed that the time was right for this initiative and that the task would be impossible for one agency alone, thus enforcing the need for the collaborative effort. Also, stakeholders felt that the team shared the same commitment to the reentry population, and they had much respect for one another. Areas for improvement included the need for more clear goals about exactly what the collaborative is trying to accomplish, as well as a need for the involvement of more organizations and more “manpower.” Stakeholders have also consistently called for a more hands-on role working with the reentry population and would like to see DCS officers more heavily involved and in attendance at meetings. This past year we also saw many complaints about the Healing Communities initiative and

a call for improvements in responsiveness and better integration with the PRI mission. Lastly, but certainly not least, there continues to be an outcry for treatment/service funding to meet the needs of the reentry population and to ensure the ultimate success of PRI.

### ***Community Momentum***

The entire PRI community effort represents a volunteer effort. This community-wide team includes the faith-based community, providers, concerned citizens, and large non-profits. As the steering teams improved their working relationship, there was a tectonic shift statewide about the PRI initiative which, in many respects, has turned into a movement over the past 24 months. To this point, in each of the past two years, DCS has sponsored a statewide PRI conference. In 2018, over 750 people participated in the conference, with participants traveling from across the state to participate. Reassured with Governor Deal's annual attendance, steering team members felt reassured about the future of PRI. This all-volunteer army is energized and committed to supporting their community and the re-integration of people who served time in prison. According to many working in this field, such participation was unthinkable in Georgia just five years ago.

### **Community Coordinators**

Community Coordinators are a crucial link to the PRI initiative. They serve as the public face of PRI, tasked with building community provider networks and assisting with service connections both before and after release. The coordinators also manage the steering teams and coordinate with officers to ensure offenders receive needed assistance after release. In some sites, the coordinators supervise housing coordinators and In-Reach staff. The research team spent considerable time on-site interacting with coordinators, particularly in the first few years, to ensure program fidelity.

Coordinator strengths and weaknesses were identified using direct field observation, personal interviews, and data from the PRI Resource website. Their backgrounds varied. Some had experience with state criminal justice agencies (adult and juvenile), while others came from the courts, the private sector, non-profits, or the faith-based community. While the task was the same for all, the coordinators approached their job differently based on their unique prior experiences. Each coordinator successfully built a steering team and an extensive resource network within their respective counties.

Since 2014, the coordinator's role has evolved. Coordinators initially focused on building capacity while also serving as temporary In-Reach specialists. To date, they are still responsible for capacity building, but they now are also engaged in making "direct linkages" that link participants directly to local providers or employers. Some Coordinators are also now responsible for supervising In-Reach specialists, a task that many coordinators report disliking.

It is very difficult to compare coordinators across sites. Each must operate within established community norms and values and are under the direction of their Chief. PRI county population and geographical areas also affect coordinator activities. One office has over 100 officers, and another has less than a dozen. In smaller sites, coordinators can meet with all PRI participants and take a personal interest in their needs. In larger offices, coordinators typically meet with cases that officers have identified as needing attention. Some coordinators provide participants with a phone number if there is a need while others must work through officers as a result of the caseload. DCS does provide and enforce a general set of guidelines; each coordinator must adapt the program to fit the cultural and provider infrastructure in their community.

#### ***Tracking Community Coordinator Efforts***

ARS deployed a resource tracking system as a means of recording and measuring community coordinator activities. In addition to consolidating resources for all coordinators and staff access statewide, this system also provides a means for coordinators to log their time and efforts building capacity. Recognizing that capacity building takes time and field work, this system affords coordinators the chance to demonstrate that they are working to address resource gaps and interacting with stakeholders to achieve specific objectives.

Table 9 indicates that the PRI coordinators have located and worked with 3,450 active resources covering everything from non-profit agencies, services providers, faith-based entities, employers, and ancillary services. Table 10 reports that non-profit agencies, employers, and the faith-based community account for two-thirds of all active resources. A key component of the PRI Tracking System measures the extent to which the community coordinators work with community resources (meetings, phone calls, etc.). Combined, the coordinators made over 36,000 community contacts.

**Table 9. Active Resources by County**

County	No.
Bibb	343
Chatham	205
Clayton	401
Cobb	158
DeKalb	147
Dougherty	154
Douglas	117
Floyd	105
Fulton	379
Gwinnett	147
Hall	106
Liberty	166
Lowndes	254
Muscogee	279
Newton	171
Richmond	212
Troup	196
	<b>3,540</b>

**Table 10. Summary of Resource Types**

Resource Type	No.	Pct(%)
Non-profit agency	891	25.2%
Private Corporation	776	21.9%
Faith-based	544	15.4%
Government agency	446	12.6%
Private People	217	6.1%
Landlord/Property Manager	212	6.0%
Other	198	5.6%
Education/School	108	3.1%
Community Coalition	55	1.6%
Law Enforcement	32	0.9%
Foundation	22	0.6%
Courts	12	0.3%

Table 11 reports the county-level detail for all PRI sites by whether the coordinator is involved in capacity building or direct linkages. A direct-linkage refers to direct, personal involvement in working with a returning citizen to assist them with their

post-release needs. In many respects, this responsibility mirrors the role of a case manager. On average, 83% of logged communications involve capacity building. In personal interviews and surveys, officers expressed a need for more hands-on coordinator involvement (case management support tasks) in select and often acute needs cases.

**Table 11. Total Communications**

County	Total	Capacity Building		Direct Linkages		Direct Link Resources
		Total	%	Total	%	Total
Bibb	1,953	1,543	79.0%	410	21.0%	91
Chatham	1,615	1,253	77.6%	362	22.4%	50
Clayton	2,064	1,885	91.3%	179	8.7%	57
Cobb	1,209	1,188	98.3%	21	1.7%	15
DeKalb	2,057	1,797	87.4%	260	12.6%	45
Dougherty	1,522	1,013	66.6%	509	33.4%	36
Douglas	2,565	2,468	96.2%	97	3.8%	35
Floyd	4,204	3,084	73.4%	1120	26.6%	33
Fulton	5,059	2,835	56.0%	2224	44.0%	137
Gwinnett	2,067	2,006	97.0%	61	3.0%	23
Hall	1,587	1,240	78.1%	347	21.9%	27
Liberty	2,075	1,918	92.4%	157	7.6%	30
Lowndes	1,477	1,371	92.8%	106	7.2%	28
Muscogee	1,974	1,581	80.1%	393	19.9%	66
Newton	1,211	1,047	86.5%	164	13.5%	30
Richmond	2,730	2,173	79.6%	557	20.4%	64
Troup	1,580	1,299	82.2%	281	17.8%	52
<b>Total</b>	<b>36,949</b>	<b>29,701</b>		<b>7,248</b>		

Table 12 demonstrates the methods used to reach into the community to build resources. Since the deployment of the PRI Tracking System, community coordinators have logged over 10,000 face-to-face contacts with current or potential resources. This exceeds all other contacts other than email. As community coordinators work with the community, a key performance metric is whether the coordinators are making progress toward meeting their goals. Of the potential capacity building outcomes, coordinators reported “goal met” in over 30,000

resource initiatives (see Table 9).

**Table 12. Interaction Type**

Interaction	No.
Video call	10
Face to face	10,077
Phone	4,101
Face to face - private	1,334
Other	148
Mail	112
Email	13,919

On average, county coordinators are meeting 80% their stated goals as they work with community resources. For county-level detail, see Attachment 8. The top resources in demand based on community coordinator communications and logged activity are employment services, direct employment (referral to specific employers), followed by programming and other services (substance abuse, education, transportation).

Based on field observation, surveys, interview data, CQI reports, and analysis of PRI Resource website data, it appears that community coordinators have done a good job at building collaborative provider networks, working with officers, responding to needs, and working within their respective community. Each community is unique; therefore, cross-site comparisons can be somewhat misleading. While some counties have an established non-profit infrastructure, others have only limited capacity. Unemployment rates also vary considerably and were considered in the outcome measures. Since 2012, unemployment has decreased statewide, but not every PRI county has enjoyed the same rate of change. Each has taken a different approach, but surveys and interviews confirm much community support and pride in the PRI effort across each of Phase-1 and Phase-2 sites.

#### ***Final Community Coordinator Interviews***

Coordinator feedback has been an important component of the process evaluation. Formal interviews were conducted annually, in addition to numerous informal interactions that occurred throughout the study period. Feedback was compiled and provided to management annually to foster the action-oriented, participant evaluation process which enabled incorporation of feedback into ongoing program improvements. ARS conducted closeout interviews with Phase-2 and selected Phase-1 sites in the final grant year.

As was noted in past interviews, the coordinators expressed a passion for the PRI mission and their role in connecting offenders to services. Despite agency changes, agency mergers, and central office management changes, this has been consistent feedback across all years of the evaluation. While coordinators also shared challenges and frustrations, there has been consistent support for the PRI mission and excitement fostering offender success.

Coordinators expressed pleasure and some sense of success working with steering teams and found them to be important components of local PRI success. Such feedback has not always been the case, as early coordinator concerns included frustration about implementing steering team mandates. During the ramp-up phase (2014-2015), the oversight agencies (GOTSR/DCS) imposed requirements regarding the frequency and content of meetings. Coordinators reported that they needed to customize the meeting to fit their community, stakeholders, and team member needs and priorities. DCS changes gave coordinators more flexibility, which process findings indicate improved steering teams and increased enthusiasm among team members.

The 2018 coordinator interviews yielded insight into several areas for improvement that DCS should consider as the PRI initiative moves forward. Coordinators have concerns about the supervision of In-Reach staff (which they believe could be better provided by the In-Reach manager), the loss of PRI-specific officers which has hampered their lines of communication and collaboration with officers, and reservations about the value of the TAP-3, which they cite as not being used by officers. While coordinators saw areas still needing improvement, feedback has changed much over the past four years as the agency has responded to earlier feedback and made changes accordingly. One coordinator summed it up by saying “We still have to make changes, but we’re lightyears from where we were! ... I believe we’re making a difference and that excites me.”

## **Housing Coordinators**

The State hired six housing coordinators (HCs) at the start of the PRI project. They were placed in the initial five pilot sites while assigning two positions to Fulton County, the largest county. The housing coordinators are responsible for building capacity and expanding the housing options available to persons returning from prison, as well as to work directly to connect those persons to housing. Housing coordinators attended steering team meetings and other PRI events. The housing



coordinator served as a support role to their community coordinator. Although they worked to overcome some barriers (e.g., access to public housing), building new housing capacity is difficult. Housing coordinators perhaps experienced success in maintaining regular contact with agencies providing emergency, short-term, and permanent housing. In most cases, housing coordinators have been able to provide immediate assistance to link a homeless participant with emergency or short-term housing.

The DCS continuous quality improvement (CQI) reports also yielded positive results regarding housing coordinator performance and activities. The primary negative CQI report regarding housing coordinators involved the manner which some housing coordinators engaged the housing community, tending to rely on phone calls rather than field work to interact with landlords, public housing superintendents, and non-profit agencies. However, this did not appear to be a systematic problem.

The PRI website reflects over 300 housing resources, although DCS had created relationships with some of those agencies before the PRI project. Still, the housing coordinators have played an invaluable role. The housing capacity built includes: temporary, emergency, permanent, sex offender, and RPH/THOR housing. In CSO interviews, many officers have commended the development of a strong emergency housing provider network. Many advised that no PRI participant spends a night on the street because the coordinators have built such a strong emergency housing network.

While officers are pleased with emergency housing options, they have persistently expressed concern about the lack of permanent housing resources in what they describe as safe and stable communities. While the PRI website shows that 60% of housing coordinator effort and contacts focus on the establishment of permanent housing, building a bank of desirable permanent housing has proven to be challenging. Officers report that crime-infested neighborhoods primarily provide the State's main permanent housing options for returning citizens. However, this does not necessarily reflect poor performance on the part of housing coordinators but perhaps instead may reflect unrealistic expectations that a single local coordinator (without funds) can build a large permanent and safe housing network. The fact that coordinators spend nearly two-thirds of their time working to expand permanent housing, combined with officer discontent about quality permanent housing, indicates that this area requires State intervention to match the availability of quality housing options to the enormity of offender need. From a process perspective, evidence shows that housing coordinators have expanded the housing options to people with criminal histories despite continued problems with permanent housing.

## Staging: Transferring Returning Citizens to County of Residence Before Release

The term staging refers to the In-Reach initiative to transfer inmates to a GDC facility in or near their county of residence in the months before their expected release. Transferring inmates to a prison near their home county (staging) facilitates In-Reach and transitional planning. To date, participation in PRI is determined by a person scoring medium-to-high risk for the commission of a new felony with plans to reside in a designated PRI county. At the outset of the project, most of these persons were eligible for staging. Ineligible inmates meeting the criteria included those enrolled in programs such as RSAT, and those exhibiting security or medical/mental health problems which are not best served at a facility near their county of residents. Table 13 shows staging estimates from January 1st through October 2015 (the first three months of the process were not analyzed to allow GOTSR and GDC to ramp up and refine the process).

**Table 13.**  
**Staging Analysis: (1/1/2015 to 11/1/2015)**

<i>Staging Eligibility</i>			
	Ineligible	994	25.1%
	Eligible	2,970	74.9%
	Total	3,964	100.0%
<i>Eligible For Staging</i>			
	Staged	1,248	42.0%
	Never Staged (Released)	1,493	50.3%
	Other	229	7.7%
		2,970	100.0%
<i>GA-PRI Eligible</i>			
		3,964	
	In-Reach Possible	1,248	31.5%

*Other represent offenders who were moved off list or status is unknown*

Among the incarcerated GA-PRI offender population, 75% were eligible for staging, while the remaining 25% were determined to be ineligible. Inmates were transferred approximately 90-days before their expected release date. For a variety of reasons, GDC could not stage 50% of the inmates before release. In most cases, these inmates were released before staging or transferred could take place, or they changed their residency plans before release. Delays usually stemmed from

capacity limitations at the transitional centers and state prisons in or around the pilot counties. Taking all PRI eligible inmates (medium-high risk) into consideration among the pilot sites, GDC staged 1,200 people or 31% of all possible inmates. Based on analysis of the In-Reach database, staff provided In-Reach services to approximately two-thirds of the staged population.

### ***Staged Inmates Profiles***

Analysis of inmate risk-needs profiles of those staged through 2015 was informative. Among all GA-PRI eligible inmates (medium/high risk) over 47% registered three or more high needs among the five principal needs on the NGA (criminal thinking, substance abuse, employment, education, and mental health). However, 22% reported no high needs and 18% had just one. Among medium-risk inmates only, fully one-third had no observed NGA high needs. With limited resources, GDC may be staging too many medium risk/lower-need offenders at the expense of high risk/high need offenders that could benefit from In-Reach services. The NGA risk/needs profiles inform and refine staging criteria. Data provided evidence that the PRI Steering Committee should concentrate staging, In-Reach, and transition services on the highest-risk/highest-need inmates. This strategy maximizes the chance to reduce recidivism (if In-Reach and community resources are not available for all PRI eligible inmates). Data analysis confirmed that those with higher assessed risk have higher rates of commission of a new felony. Staging high-risk offenders, coupled with high-needs, can ensure these offenders receive the maximum intervention (see Table 14) in line with the Risk-Needs-Responsivity (RNR) Model.

**Table 14. Staged Offenders: High Needs Profile  
(Medium-High Risk for Felony Arrest)**

# High Needs Identified	Bibb	Chatham	Fulton	Muscogee	Richmond	All Sites
<b>Medium &amp; High Risk</b>						
None	18.1%	30.4%	18.4%	18.9%	28.1%	21.9%
One	9.6%	19.0%	16.4%	18.9%	17.7%	17.5%
Two	13.3%	16.5%	12.0%	9.4%	14.6%	13.7%
Three +	59.0%	34.2%	53.2%	52.8%	39.6%	46.9%
<b>Medium Risk</b>						
None	36.4%	34.1%	30.9%	29.2%	38.8%	32.8%
One	21.2%	21.2%	33.0%	41.7%	22.4%	28.8%
Two	21.2%	22.4%	20.2%	16.7%	22.4%	21.3%
Three +	21.2%	22.4%	16.0%	12.5%	16.3%	17.2%
<b>High Risk</b>						
None	6.0%	26.0%	10.9%	10.3%	17.0%	13.2%
One	2.0%	16.4%	6.4%	0.0%	12.8%	8.5%
Two	8.0%	9.6%	7.1%	3.4%	6.4%	7.7%
Three +	84.0%	47.9%	75.6%	86.2%	63.8%	70.6%

In response, the research team developed a prioritization measure that ranked eligible PRI offender based on a composite set of needs. This score provided two benefits. First, DCS could identify select inmates (high-risk-high-need) to stage near their county of residence rather than moving offenders irrespective of risk. Second, the priority score gave the In-Reach specialist a measurement of triage importance, so they could better allocate limited post-release resources. As part of the BJA Action-Oriented Model, the PRI Steering Committee used the findings to implement this mid-course adjustment in 2015. Coordinators were still able to conduct what become known as an “out-reach” where they met with persons after release to help identify new needs and connect persons to services. All PRI cases still benefited from supervision on a PRI caseload and the support of the community coordinator, housing coordinator, and other services. ARS developed a composite risk-needs measure to rank pending and current releases to allocate resources according to both priority and attention.

## In-Reach Transition Teams

The foundation of the term “In-Reach” was to ensure a seamless hand-off from the institution to the community and supervising authority. The plan was that once GDC identified PRI-eligible inmates, GDC transferred prospective PRI participants to a prison near their likely residence and In-Reach staff would visit them while still incarcerated. The In-Reach specialist would meet with eligible participants, introduce the PRI program and its benefits, and conduct further assessments (e.g., the TAP-3); see Attachment 9. The TAP-3 provided information about needs upon release, and the In-Reach specialist would work with the community coordinators to develop a transition team representing volunteer community providers. These providers, along with the community coordinator and the supervising officer, would meet with the PRI-eligible person while in prison, conduct assessments, develop post-release case plans, schedule post-release appointments and develop a relationship and trust with the person to help strengthen the working alliance.

This pre-release planning was designed to ensure all inmates destined to participate in PRI left prison with a plan to address their individual needs. In summary, the community reaches inside the institution before release to streamline and provide the returning citizen with a plan, thus narrowing the high-risk window following release and maximizing the chance of successful transition.

Other states that instituted this model had contracted service providers (e.g., Michigan), whereas Georgia had no budget for community services thus making providers volunteers. Coordinators could sometimes find providers willing to visit a prison to talk to a group about an available program or conduct an occasional resume writing workshop. But they were not able to create the “transition teams” envisioned under the original In-Reach framework. Without compensation, providers across the state, with some exceptions, were unwilling to visit prisons and serve on In-Reach transition teams.

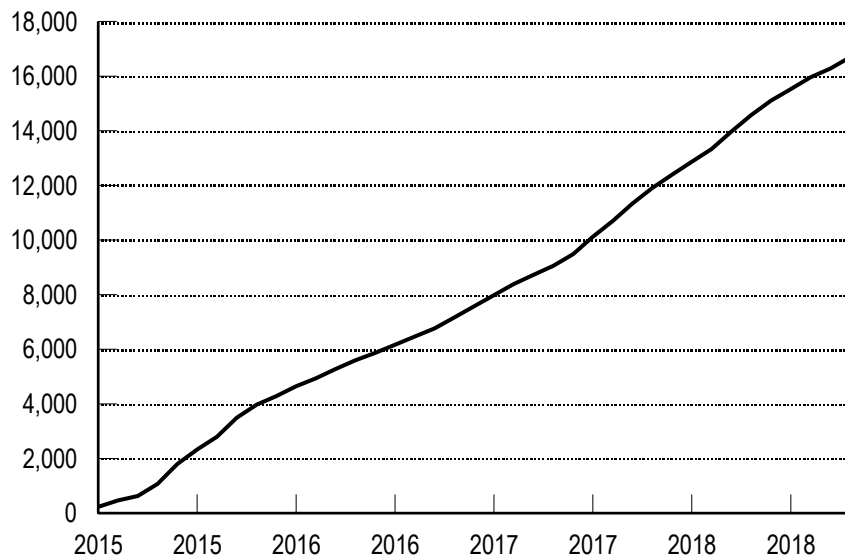
As volunteers, community providers could not expend the time and resources to visit prisons. For those unfamiliar with visiting prisons, visits required more time than expected, due to factors such as security screening, difficulties locating inmates, changes in meeting rooms, as well as unexpected issues such as inmate disciplinary infractions and sudden prison lockdowns. Although GDC worked with mentors and pastors routinely, these volunteers understand the prison environment and experienced with such delays. Such cooperation was unreasonable for non-profit providers already short staffed. For example, one community coordinator arranged for an In-Reach specialist to visit a prison after expending considerable time selling

the concept; an unexpected prison lockdown on the initial visit undermined all future participation. Although lockdowns occur, there are often other delays such as security screening issues, and problems locating inmates within the facility. The coordinator stated that the providers, although excited about participation, could not expend the time and staff required to support In-Reach efforts.

In summary, the core component of the In-Reach concept failed to materialize as designed. Although some coordinators do have select providers and faith-based volunteers who are willing to engage in prison In-Reach, the core principle of providers and PRI participants meeting pre-release in prison remains elusive. Subsequent section describes how GOTSR/DCS adapted to this issue.

Despite this barrier and resulting drift away from the proposed In-Reach model concept, GOTSR (and later DCS) tried to work around this problem to ensure that PRI cases were “touched” before release and that information on needs was captured to inform the coordinator and community supervision officer. With the hiring of In-Reach specialists, the program shifted to a personal meeting with PRI-eligible inmates to educate them about PRI services. This introduction occurred either on a one-on-one or in a group setting. In-Reach specialists have access to the resources built by community coordinators and can provide customized resource sheets describing the name, contact, and address of providers and ancillary services in each inmate’s home county. Today, In-Reach specialists can also transfer the post-release documents to the inmate’s Georgia Offender Alternative Learning (GOAL) device, a tablet available in prison to access pre-release material. Figure 7 reports the total number of In-Reach contacts since program inception.

**Figure 7. Cumulative In-Reach Contacts, 2015-2018**



The primary responsibility of In-Reach staff is to administer Transitional Accountability Plan (TAP-3) to PRI-eligible inmates. According to DCS, In-Reach specialists have completed over 9,000 TAP-3 assessments. This data collection instrument compiled information before release to help offenders' transition into the community. GDC prepares the TAP-1 and TAP-2 forms, while In-Reach specialists are responsible for TAP-3. The In-Reach and CQI staff piloted the first iteration of the TAP-3 which was 18 pages in length. At 18 pages, staff agreed that the first draft was too lengthy and somewhat redundant with TAP-1 and TAP-2. As a result, GOTSR/GDC revised the TAP-3. A subsequent section will cover TAP-3 utilization.

## **Community Supervision Officers (CSO)**

While meeting with staff in the field, ARS spent significant amounts of time gauging CSO perspectives on the PRI program, as well as conducting routine online surveys. Since the beginning, officers have supported the PRI project, recognizing that high-risk/high-need offenders warrant additional support beyond what they can provide as officers. Before the State created DCS, both GDC and the Board of Pardons and Parole assigned seasoned officers to manage the PRI population.

### ***Community Supervision Officer Surveys***

In addition to structured personal and group interviews, ARS administered an online survey to augment field interview and group discussions. ARS conducted a final survey in 2018 to measure officer perceptions and experiences. ARS emailed approximately 588 online surveys to officers in all PRI sites and received 156 completed surveys (27% response rate). Although 27% is a low response rate, the results mirrored a wide cross-section of previous interview and group discussions. Surprisingly, dozens of officers called to express their views rather than participate in the online survey.

The key question focuses on officers who were involved with the PRI program since its inception in 2014. Approximately, 12% percent of the respondents stated that were a designated PRI officer at some point over the past four years. These officers have experienced the program over time and seen the evolution. In the past, the PRI program relied on designated officers to oversee supervision. Of course, this took place during a time when the Georgia Department of Corrections and the Board of Probation and Paroles had separate supervision responsibilities. This practice continued two years after the creation of DCS. In the past year, DCS distributed the PRI caseload to all officers based on their residence and geographical area of responsibility.

Over half of respondents (53%) noted that they believed the PRI program was more effective with designated PRI officers. In addition to smaller caseloads, officers had more time to devote to home visits and maintain close contact with the community coordinator, as well as participate as a member of the steering committee. One person commented (sic):

*“I was a PRI officer through parole and it worked great. I worked closely with the coordinator, attended meetings, and developed contacts with a lot of the major community providers. PRI also used to have a clear start/end. Cases were PRI for 90 days. We worked hard to get them stable. If they had a job, stable housing and their major needs were met, we moved them off a PRI caseload so the coordinator and myself could focus on persons in need. Now, PRI doesn’t mean much. I don’t really even know who my PRI cases are, and I think most officers in my office feel the same. Our coordinator helps with any cases that need services. PRI designations doesn’t mean anything.”*

One-quarter of the respondents stated a PRI offender designation does mean anything in their office. One person said, “PRI used to mean something to our agency, but since we went to “all PRI” officers, it’s become meaningless. Officers don’t even know who is PRI. Really disappointed. Things were working well before the change. (sic)” Seventeen percent believe that PRI functions now as it did at the beginning, and 6% feel that PRI works better now with all CSOs serving as PRI officers. According to 86% of the officers, they do not supervise PRI participants differently.

### ***Field Ride-Alongs***

The research team spent time riding with community supervision officers conducting home visits to augment surveys and provide context. Ride-alongs provided another opportunity and exposure to officer views about PRI. As reflected in the survey and other interviews, officers said that they do not supervise PRI participants differently than any other cases. However, the ride-alongs uncovered one important fact. Most officers said that they refer any case to the community coordinator in need of additional assistance, even if DCS has not designated the person as a PRI case. Many advised that they do not know who is and who is not a PRI case, so they now refer anyone in need. Most officers reported very little contact with the coordinator outside of referrals for specific troubled offenders.

### ***Survey Responses: Resource Needs***

The officers prioritized the types of services that their PRI cases need on release. Employment topped the list (91%), followed by permanent housing (78%). This



finding parallels interviews and meetings where officers noted housing as a primary problem. Although the Atlanta Metropolitan area offers public transportation, this gap remains a problem in many counties without a public transit system (68%) followed by substance abuse services (52%).

Close to nine-in-ten (86%) of respondents indicated that community/housing coordinators could meet offender needs when requested, although permanent housing and transportation were both identified as areas where more resources are needed.

While CSOs have access to the PRI Resource Tracking website to pull down information on local service providers, 35% were not even aware of the website. Of those aware of the site, 44% said that they rarely/never use it. The concept of the website was to empower officers with a tool to access resources to reduce the time between referral and resource acquisition. Only 8% reported using the system frequently.

## **Interaction with the Community Coordinator**

Before 2017, a dedicated PRI officer was assigned to supervise PRI participants. As PRI evolved from 2014 to 2017, there was evidence that GDC/BPP and later DCS were relying on experienced and senior staff to supervise PRI participants. As the working relationship between community coordinators and officers evolved, they represented a tight working unit dedicated to the success of every PRI participants. However, DCS faced operational issues supporting this dedicated PRI officer model. First, many PRI officers enjoyed smaller caseloads. Second, the geographical dispersion of PRI participants (residence) across the circuit made it difficult to visit PRI participants and inefficient when another (non-PRI) CSO worked near many PRI participants. This resource misallocation is the reason the State consolidated parole/probation supervision. As a result, DCS eliminated the dedicated PRI officer and distributed the caseload to officers based on their geographic area of responsibility. It is unlikely that this decision will affect the outcome analysis because it was not operational across all sites until 2018.

In past surveys and interviews, the designated PRI officer interacted daily with the community or housing coordinators. The survey probed the extent to which officers interact with their Community/Housing Coordinator following this policy change. Forty-four percent have less than monthly contact with community coordinators, while 25% report monthly contact. This is in stark contrast to previous surveys

and is consistent with community coordinators who report a significant decline in substantive and routine contact with community supervision officers.

As part of the officer online survey in 2018, the TAP-3 raised several issues. Despite it being the supposed foundation of the In-Reach program, 83% of respondents reported that they never review the TAP-3. This feedback is consistent with interview data collected during previous years, in which approximately 80% of interviewees reported that the TAP-3 is not useful.

As a follow-up, ARS asked officers what is specifically wrong with the TAP-3 that leads to underutilization. In summary, the TAP-3 was not seen as a treatment pathway and not appropriate for case planning. Officers said that they frequently ask similar or related questions at intake anyway to build rapport. They also expressed concerns about validity. That is, participant answers to TAP-3 questions in prison were found to be different than answers provided following release. To provide context, the following reflects officer sentiment about the TAP-3:

*“Our chief told us this was a plan for PRI cases upon release. It’s just some info on the offender, most of which I will inquire about during our initial meeting anyway. If it was a plan, it would tell me step by step what needs to happen with the case. I can only see it being useful to officers that do not bother to get to know their caseload.”*

*“The first month plan of the last TAP-3 I saw was to get a job, housing and not associate with criminals. That is not helpful to me and I don’t think it was much use to the offender either ... Inmates are starting over from scratch & need more than that.”*

*“What interested me the most about the TAP-3 was the “intervention plan.” I liked the idea of having someone create a plan for moving forward. The few TAPs with anything in those fields at all were a joke. The TAP does not offer a plan. It’s just some fields about programs and goals. ... I think DCS should scrap the TAP and focus on building a true case plan that would be beneficial to officers.”*

*“A lot changes when an inmate is released. I find the data to no longer be valid. Most of their goals and desires have changed. They present an idealized version of their future life while in prison. Then the real-world hits them when they are released, and things are a lot different.”*

Respondents were asked to provide feedback on the PRI criteria. One quarter

thought that PRI eligibility should include all persons exiting prison, while another 25% believe PRI should focus only on persons with high-risk/high-needs. Although only 11% of officers cited inclusion of motivation an eligibility factor, this need area has surfaced in field interviews. Feedback concerning PRI eligibility criteria:

*“Everyone exiting prison should be eligible. They pretty much all need extra help.”*

*“All persons exiting prison should be PRI. It’s not fair to help the baddest guys/gals and tell the others who did less to hurt society that they’re not bad enough to get help. Help those that need it. “*

*“Everyone leaving prison should be eligible for help with re-entry. We should also have discretion on who to give services to. If a person doesn’t take the help, then we should move on to the person that does want help. Don’t waste time just because PRI. “*

*“Our coordinator works with anyone that needs services, PRI or not. I think PRI should be more needs based and open to anyone needing it.”*

*“I think we should look at a person’s need and their willingness to get help. Our coordinator wastes time with people that will not follow through. The focus should be on people willing to take/get help. “*

*“I wish we took one’s motivation into consideration. Some PRI cases don’t give a flip and aren’t going to try. Let’s not waste time/resources on them. Let’s focus on persons that are high risk AND want help. “*

The survey also asked officers to identify changes they thought might improve PRI. Respondents were first asked to reflect on PRI as it currently operates at their site and to provide input on which parts of the initiative they thought needed to remain in place after the grant ends. Only one-third of respondents provided input to this question, and most feedback emphasized two key areas – resources and coordinators. Nearly half of respondents felt that the network of resources needed to remain in place and that efforts to continue building resources to meet offender need. One-third of respondents believed that coordinators needed to remain in their local DCS office and continue providing service connection and the pursuit of new resources.

The final question asked officers to cite program improvement ideas. They reported that DCS should return to a designated PRI officer (23%) and that coordinators should engage in more direct case management with PRI cases (22%).

*“Our coordinator meets with the PRI cases on release. She doesn’t have a lot of interaction with them past that. It would be good if she checked in with them for at least the first month or two to see if they had other service needs arise. They could catch things before they become big issues that cannot easily be resolved.”*

*“The whole idea of PRI can go away. Our coordinator works with anyone that needs services and I think everyone in our office likes that system.”*

*“I think PRI was a lot more effective when there was a PRI officer that worked hand-in-hand with the coordinator. Officers handle things mostly on their own now (same as we do with all cases). The coordinator only gets involved if things explode. Often explosions include an arrest and at that point it’s too late for the coordinators help.”*

*“PRI changed when PRI officers were eliminated. Our PRI officer used to go to meetings with the coordinator and was involved with the community. Now that we are all PRI, things have fizzled out and PRI cases are not receiving any special attention. They meet with the coordinator at intake and that’s it - PRI has been reduced to a 15 minute meeting with a coordinator. “*

*“Several of my PRI cases have already been arrested again. They need something more intensive than just one meeting with the coordinator at intake. I think they need to be more involved with them, at least for the first 60 to 90 days when they get out of prison.”*

*“DCS needs a better way to identify PRI cases. I bet we are missing cases b/c our system is poor.”*

*“I would like to see more support from the coordinator. I’ve seen officers with some difficult PRI cases that are just revocations waiting to happen. Their caseloads are so large that they can’t give them individualized attention. Our coordinator says she cannot get involved beyond giving out lists of providers - says she is a “capacity builder.” That’s fine and dandy, but we need her to follow-up with these folks, make sure they are going to treatment, calling them to see if they are stable. If that’s not part of the PRI model as she insists, then it should be! She’s the only one in our office other than the Chiefs not carrying a huge caseload - she should have some level of responsibility for these cases and making sure they get what they need. “*

*“Our coordinator already helps us with non-PRI cases. I don’t know if that is sanctioned or not. That should be an accepted practice. Officers need help with certain offenders with issues - doesn’t matter if they are PRI.”*

*“I think our coordinator needs to offer more support to PRI cases. The burden falls to officers who are managing outrageous caseloads. By the time I know there is a problem, it’s usually too late. The coordinator could serve as a PRI liaison and identify problems early by staying in close touch and providing supports and referrals immediately. Our coordinator attends a lot of meetings, but she really doesn’t do much to actually serve returning citizens one-on-one. “*

*“The coordinator doesn’t have a caseload, so I don’t understand why they don’t take the initiative to contact the PRI cases each month to make sure they are okay and see if they need anything. The only way anyone gets services is if I connect them to the coordinator. I don’t have the time for that. I would like to see the coordinator reaching out on their own. I bet they would find that these folks need a whole lot more than they are getting.”*

*“We need housing. I’ve been with the agency since PRI started and there were a lot of promises. Most never happened. My biggest frustration is lack of housing. Someone is being paid a lot of money to find “real” housing options. All we have are shelters. What happened to the promises for solid housing in decent areas? MUCH NEEDED!”*

*“PRI really stopped meaning anything when DCS got rid of PRI officers. Honestly, I’m not even sure how many PRI cases I have on my caseload. It doesn’t impact supervision requirements. It doesn’t matter.”*

*“It is way too difficult to figure out who is a PRI case. In addition, if I actually manage to properly identify a PRI case, I have no idea when they are no longer a PRI case. PRI for life?! “*

*“Coordinators need to be more involved. Instead of just giving a list of resources, they need to really be involved and working with these folks closely to make sure they are going to appointments and getting the services they need.”*

*“Hard to even know who is a PRI case. Identification process needs to be smoother. We should either go back to PRI officers or have the coordinator play a more hands-on role with these folks. Would be great if they could help manage the really difficult cases and do stuff like follow-up on their own, check in with them regularly to see what they need. Caseloads are too large for me to do that.”*

*“Our coordinator never wants to communicate with offenders directly, always requires the CSO to contact the offender to make appointments with him or anyone else, making PRI cases much more complicated than they should be. If the offender has a conflict with the time the PRI coordinator wanted to schedule, or has any questions, it can take hours of calling back and forth to have everything scheduled. The coordinator needs to be more involved in implementing the program directly with the offenders rather than relying on the officers to act as their secretary.”*

*“PRI from an officer’s standpoint doesn’t mean a lot anymore. I can send PRI cases to the coordinator for help but that’s about it. Things were different when you had a PRI officer who worked really closely with those cases. I think you’d get more bang for your buck if we still had PRI officers.”*

*“I don’t use our coordinator very often, but I think it would be nice if they could “hold the hand” of cases that need extra attention. Maybe be more like a case manager. We have some cases that really need more TLC and officers can’t serve in that capacity due to our large caseloads.”*

*“We need “real” housing in safe parts of the county that aren’t crime-infested. Right now PRI cases are being referred to the same crap complexes as always.”*

*“I think we can just get rid of the PRI title and let officers send people that need help to the coordinator. It’s working well. “*

*“PRI isn’t really a program anymore. DCS should go back to PRI officers. “*

*“PRI lost its ‘oomph’ when we got rid of PRI officers. They had a smaller caseload and could give those cases more individual attention. PRI cases are handled just like all other cases now. “*

*“PRI could do with some major changes to increase effectiveness. Right now the coordinator is on the periphery and only helps when things pretty much explode. Instead they should be holding the hand of all the PRI cases ensuring that they are getting all of the services they need. Officers are too busy managing cases to provide the level of hands-on attention that I think this population requires. “*

*“We had a good thing going with PRI when it first came to our county, but everything fell apart when the PRI officers were eliminated. PRI is functioning in name only anymore. I would like to see a return to the PRI officer.”*

*“Program lacks structure.”*

*“Our coordinator works with anyone that needs help, but I know that is not the way PRI is supposed to work. I think PRI should be changed though to service all those persons under supervision that need help.”*

## **Mentoring Faith-Based Components**

The original Georgia PRI Framework did not include a faith-based component. DCS added Healing Communities after the initiative launched. Healing Communities was designed to work in tandem with PRI and to provide another layer of support to PRI-eligible persons. Healing Communities has now expanded beyond the pilot sites and is serving persons statewide. The main goal of Healing Communities is to bring the faith-based community together to help serve reentry efforts. The initiative brings partners together to help heal offenders, their families, and victims from the damaging effects of crime and incarceration. Partners are united in a belief in the principles of forgiveness, grace, and restoration.

### ***Stations of Hope***

Healing Communities of Georgia consists of two components – Stations of Hope and I Choose Support. Stations of Hope began as faith-based organizations committed to the Healing Communities core mission. Organizations placed Stations

of Hope seals on their doors to let the community know that they welcomed offenders and their families, and victims into their houses of worship. To date, the PRI initiative has identified over 500 faith-based organizations with many opting to serve as Stations of Hope. The faith-based community has been an integral part of PRI efforts, and many coordinators consider local churches and places of worship as the single most important supporter of reentry efforts. These organizations run food banks and clothing closets to meet the needs of the PRI caseload and their families. Some provide ancillary services free of charge or on a sliding fee scale: transportation, pastoral counseling, emergency shelter, drug/alcohol treatment, and programs (e.g., life skills, anger management). Several community coordinators commented that the faith-based community is often the only link between the reentry population and needed services. They are viewed by most as a critical part of the community support system. Coordinators and In-Reach specialists refer PRI participants to Stations of Hope to receive support during and after supervision. However, we have no extant evidence about the number of returning citizens benefiting from faith-based services. The decentralized nature of the program and turn-over in volunteers makes it difficult to collect valid data.

### ***I Choose Support***

The I Choose Support mentoring movement invites both the faith-based community and the community at large to come together to provide support to the reentry population. Communities develop a team of volunteer mentors dedicated to helping persons exiting prison. They provide an informal layer of emotional support and interact one-on-one with their mentees espousing the role of a supporter. They serve as a role model and can assist with things such as supporting pro-social relationships, engaging mentees into the community at large, and assisting with life skills issues to ease the transition to life in the community. Persons completing supervision are invited to serve as mentors, providing an opportunity to give back and to share their experiences to help others. Mentors agree to spend at least four hours per month with their mentee for a minimum of six months.

PRI-eligible cases are offered a mentor during their In-Reach session while still incarcerated. If persons accept, the referral process begins with the aim being to connect them with a mentor. Coordinators often inquire about the desire for a mentor after release as well, especially if the person seems to be struggling or life circumstances seem to be more than the person can navigate on their own. The I Choose Support initiative is the newest of the Healing Communities efforts and as of this report has 100 active mentors statewide.

Although the Healing Communities and mentoring efforts were not part of the proposed evaluation, both DCS and ARS relied on a PRI Tracking System module



to track mentoring activities for future evaluations. The mentors receive a username and password to access a mentoring module, which allows them to log every mentor-mentee encounter. Data collected includes the frequency and duration of the mentoring session, as well as location and the nature of the mentoring encountering (e.g., support, transportation, counseling, etc.). To date, over 100 mentors who have undergone background checks and participated in I Choose training.

While the Stations of Hope is a welcomed addition to the PRI initiative, several issues emerged during interviews with community coordinators and officers. By extending Stations of Hope to non-faith-based entities, the coordinators believed that confusion ensued between this initiative and the overall the overall project. Community stakeholders also expressed confusion about the relationship between Healing Communities and PRI. As discussed previously in the stakeholder survey section, some expressed concern that Stations of Hope inclusion of for-profit companies “muddied the PRI waters.”

PRI CSO surveys revealed that 55% of the officers were unfamiliar with Healing Communities, and three-fourths were similarly unaware of I Choose Support. Only 3% were very familiar with both programs. During field interviews, some officers were not aware that mentors were assigned to people on their caseload. Limited knowledge on the part of officers is not surprising. The Healing Communities and mentoring program has expanded significantly in the past 18 months and is gaining momentum. The number of mentors has increased ten-fold since just last year.



# Chapter 4:

## Outcome Evaluation Findings



The study relied on several methods to isolate the effects of PRI participation compared to non-PRI exposure. Special attention was given to straightforward interpretation and communication to ensure policymakers could evaluate the relative effects of the PRI program. To provide an easy to understand and visually appealing method, we rely on relative risk ratios organized into forest plots. Additionally, we use logistic regression models using temporally bounded outcome measures for re-arrest outcomes (at 12 and 18 months, etc.). This analysis will employ Robust Logistic Regression to confirm findings identified using risk ratios and logistic regression. Robust Logistic Regression is used to confirm the reported logistic results (Hawk and Dabney, 2018; Mood, 2010). The following outcome analysis will examine the risk for new arrest and new felony re-arrest within 6, 12, 18, and 24 months, as well as for reconviction for a felony within 24 months. This final estimate is required to evaluate Georgia's recidivism reduction targets. In addition to recidivism, the analysis will examine employment and housing stability, as well as results from post-release drug tests.

The first set of analysis examines the treatment effect between the two groups using relative risk ratios (RR) while applying propensity weights (IPTW) to create balanced intervention and comparison groups. Relative risk is the ratio of the probability of outcome (re-arrest) in a group exposed to an intervention (PRI) to the outcome to a non-exposed group (non-PRI cases). Risk Ratios are used, instead of log-odds, in experimental, cohort, and cross-section research designs such as the PRI study. The following provides the rules for interpreting RR values.

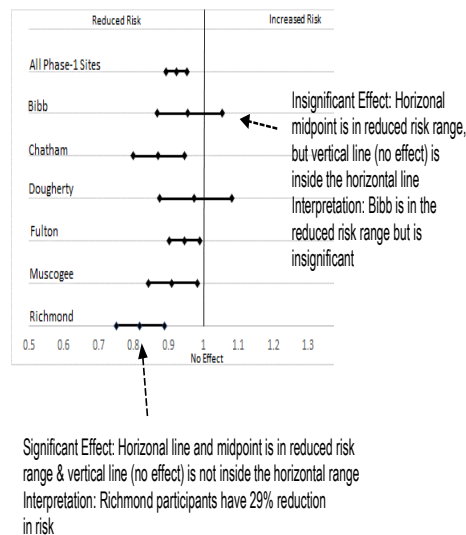
1. No PRI Treatment Effect:  $RR = 1.0$
2. Reduced Risk of Recidivism:  $RR < 1.0$
3. Increased Risk of Recidivism:  $RR > 1.0$

For example, observing a .80 risk ratio means that there is a 20% reduction in the risk that the participant will experience the outcome of interest (re-arrest). If the RR is 1.25, this means that exposure to the intervention has increased the risk by 25%. If a risk ratio is significant, the risk ratio estimate is displayed using a 95% confidence interval. In other words, in 95 out of 100 trials, the actual risk ratio will fall inside this range.

1. Significant: 1.0 does not fall within the confidence interval
2. Insignificant: 1.0 falls within the confidence interval

If 1.0 (no effect) falls within the 95% confidence interval, the observed effects are considered statistically insignificant. In some counties, insignificant ratios may suggest an insufficient number of cases. In addition to the risk ratios (with IPTW weights), the analysis computed Chi-Square and Tau-b. See Appendices 10-11 for detailed all county-level statistical detail. Figure 8 is a sample forest plot presented to demonstrate forest plot interpretation.

Figure 8. Interpreting Forest Plots: Risk Ratios



As described earlier, the horizontal line for each county represents a 95% confidence interval while the midpoint is the estimated reduction or increase in the risk of recidivism. In this example, all counties fall on the left of the center line (No Treatment Effect). If the entire horizontal line falls completely to the left of the center line, this denotes a significant reduction in the risk of recidivism. However, if the center line falls within the horizontal line, this means there is no significant

treatment effect even if the horizontal cross the center line into increased risk range. As a caveat, the confidence interval depends in large part on the number of cases. It is possible that with more cases this finding could be significant. The further the estimate moves the left, the greater reduction in the risk of recidivism.

### ***Multivariate Analysis***

Two regressions methods were used to examine the differences in observed variances among the control and treatment groups — logistic regression and ordinary least squares. Logistic regressions were used to explore patterns of recidivism (any new arrest and a new felony arrest) at 12 months and 18 months because the dependent variable in these cases is dichotomous (either recidivism occurred, or it did not). Logistic regressions were also calculated to understand the relationship classifications around a drug test failure while on supervision among the intervention and non-intervention groups.

The logit transformation works well for binomial responses. When regressed, dichotomous dependent variables flatten out as the ceiling or floor is approached, causing an S-shape, whereas continuous variables do not exhibit this pattern because they have no limits. Logistic regression models accommodate non-normally distributed error terms, which are prone to yield inefficient estimates in linear regression models. This is important because inaccurate estimates ultimately cause problems with hypothesis testing. The logistic regression approach is particularly relevant in the current study. The samples include more individuals who did not exhibit the outcome of interest than those who did.

Maximum likelihood estimates were used and allowed to achieve maximum convergence. This approach was used because least squares regression coefficient estimates do not work well for categorical variables. The results are discussed as probabilities of failure given the modeled parameters. Time to fail was accounted for in the dependent variable making survival-time analyses superfluous, plus interpreting an odds ratio is more straightforward compared to hazard ratios.

Since the number of residences and employers were continuous outcome measures, a more traditional regression approach was used to estimate the parameters of the linear function. Ordinary least squares (OLS) is a simple equation that minimizes the sum of squares difference on a dependent variable to produce the best fit relationship estimates. The equation is optimal to provide unbiased minimum-variance estimation with normally distributed errors. The regression models allowed all other predictors in the model to be controlled for when examining each linear relationship.

### ***Robust Logistic Regression (Clustering Correlations)***

It was necessary to adjust the regression analyses for clustering correlations to confirm the logistic regression results. Using robust standard errors for these groups was necessary because there is a violation of the regression assumption of independent observations. This allows for observations within the same counties to be correlated, while those in different counties are uncorrelated. In other words, not controlling for clustering would result in biased estimates.

## **Summary of Risk Ratios and Recidivism**

The Phase-1 counties deserve special attention before discussing the recidivism outcomes. The Phase-1 sites served as experimental sites. In the beginning, these sites adjusted to challenges and successes, staff turn-over, and organizational changes. However, their efforts served as lessons learned for subsequent PRI phases. At the same time, some counties have varying degrees of inter-generational gang involvement, high crime and poverty, substandard employment, and limited non-profit capacity to absorb the influx of returning citizens directed to their communities and agencies. These counties began at a different starting point compared to their metropolitan counterparts. Therefore, below average recidivism reduction in some counties is not attributable to the PRI program staff. Fulton or Chatham Counties, for example, have a mature non-profit resource infrastructure, as well as greater employment opportunities. These counties have an advantage over other counties where the coordinators have fewer options to expand capacity and, in some places, struggle to maintain current capacity. The process evaluations findings suggest that these counties, despite their community gaps, are making progress in developing infrastructure like, although not as extensive as, their large urban counterparts.

## **Phase1 Relative Risk Reduction**

### ***Phase-1: Risk of Any New Arrest***

The first set of forest plots summarize the reduction for any new arrest following release for all Phase-1 counties: Bibb, Chatham, Dougherty, Fulton, Muscogee, and Richmond. This includes probation/parole warrants, misdemeanors, and felonies. Overall, all Phase-1 sites, when combined into a group, exhibit a statistically significant reduction in arrest for any new crime across all periods (from

six to 24 months). On average, there is an 8% to 11% reduction in risk across cases in Phase-1 when compared to a matched group of non-PRI participants. The 11% reduction occurs in the first six months. Chatham and Richmond exhibit the greatest observed risk reduction. Chatham register similar results with a 15% to 20% reduction across all time intervals. All results are significant. Fulton has modest but significant results over time, with a reduction of a risk reduction of 7%. Only Bibb, Dougherty, and Muscogee have insignificant reductions in the risk for all periods. Insert Phase-1 Forest Plots Here (Forest Plots #1): See Word Doc Called Forest Plots

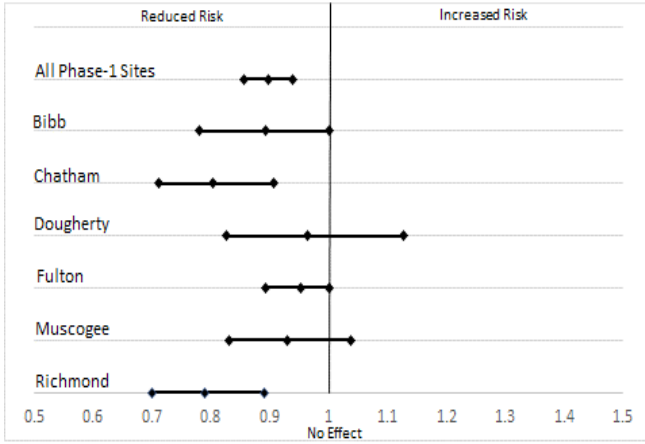
### ***Phase-1: Risk of Felony Arrest***

The second set of Phase-1 forest plots focus on risk reduction for a new felony arrest. The performance overall mirrors the risk for any arrest in some respects. However, there is a significant increase in risk reduction magnitude compared to matched controls. Overall, Phase-1 sites exhibit a 15% risk reduction in the first six months and an 11% reduction in the subsequent months. Richmond and Chatham register the great changes, with risk reductions ranging from 25% to 35% in the first six months and a 20% risk reduction in the later months. Richmond exhibits the largest decrease, with a 33% reduction in risk in the first six months and 23% reduction at 18 months. Bibb, Muscogee, and Dougherty continue to register insignificant differences compared to matched offenders. Again, Richmond County continues to register very significant risk reductions. Appendix 10 contains the detailed statistics behind these conclusions.

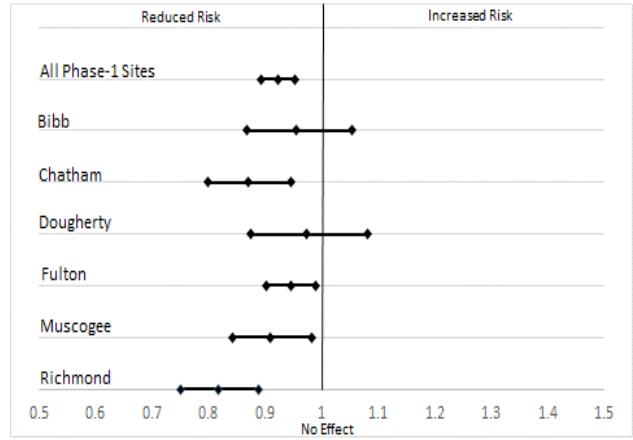
# Phase-1 Forest Plots: Relative Risk Ratios

## Any New Arrest

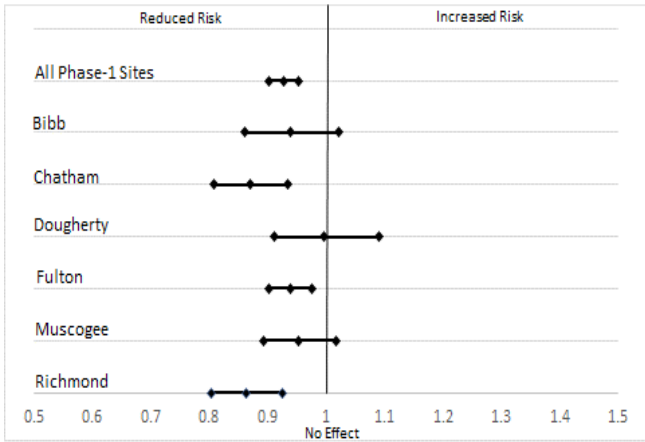
6-Months



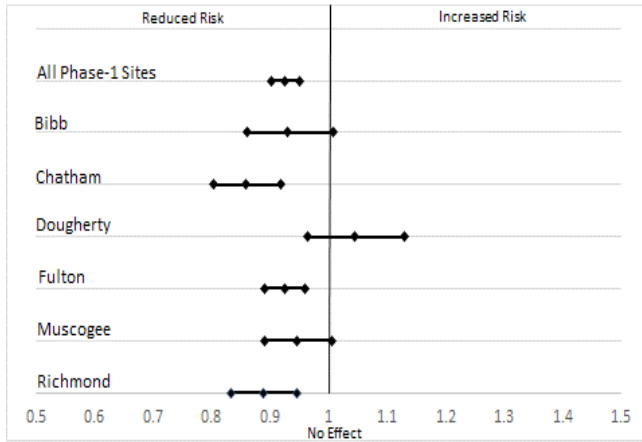
12-Months



18-Months



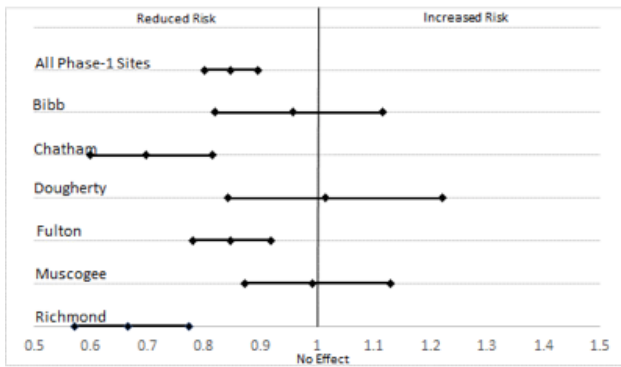
24-Months



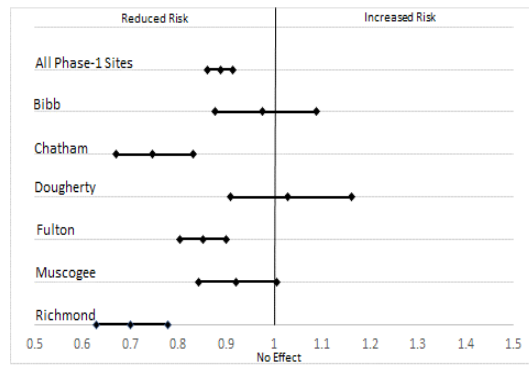


**Any New Felony Arrest**

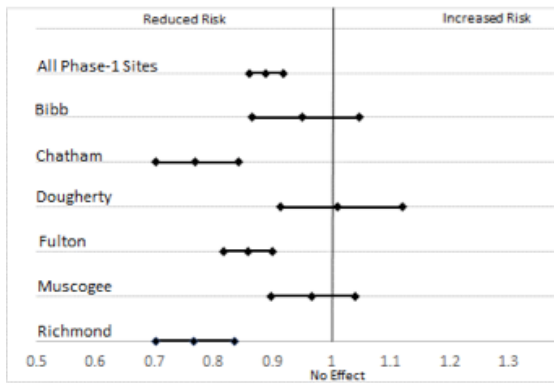
**6-Months**



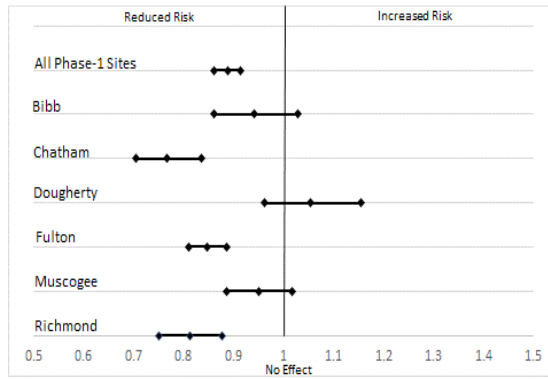
**12-Months**



**18-Months**



**24-Months**



## Phase-2 Relative Risk Reduction

The Phase-2 sites provide an opportunity to examine risk reduction in diverse counties, including a large Metropolitan county (DeKalb) and four mid-size but diverse counties: Floyd, Hall, Lowndes, and Troup. The Phase-2 sites also have the benefit of lessons learned during Phase-1 implementation.

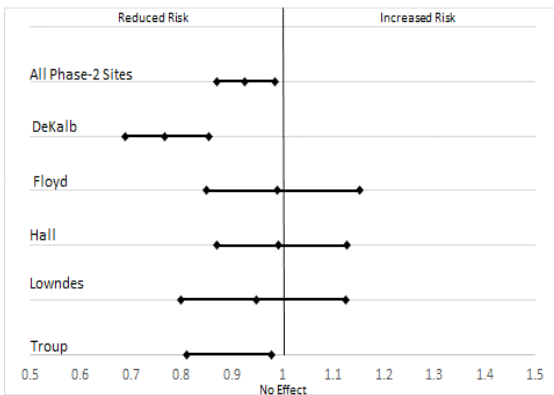
### *Phase-2: Risk of New Arrest*

In the analysis of pooled Phase-2 data (all sites), the average reduction in risk is lower in the first six months (5%) but increases over time until reaching 20% at the 24-month mark. DeKalb shows consistent reductions in risk. Between 6-to-18 months, the reduction in risk averages 25% while jumping to 33% at the 24-month mark. There are no significant differences observed in the other Phase-2 counties (Floyd, Hall, and Lowndes) in months 6-to-18 except for Lowndes, which has a 15% reduction. All Phase-2 counties register a significant risk reduction after 24-months, averaging 15% to 20%. See Appendix 11 for statistical details.

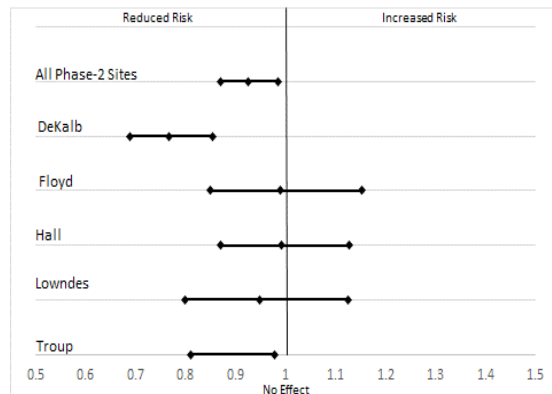
## Phase-2 Forest Plots: Relative Risk Ratios

### Any New Arrest

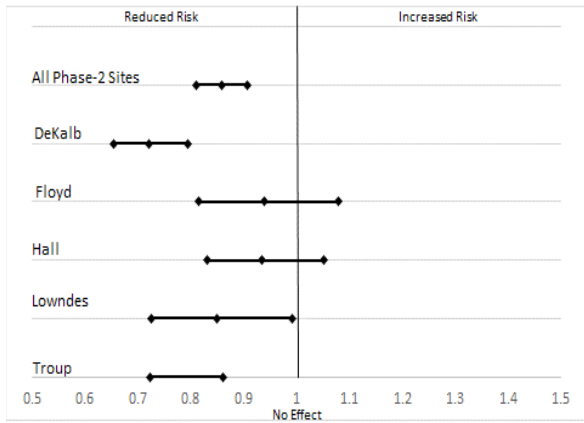
6-Months



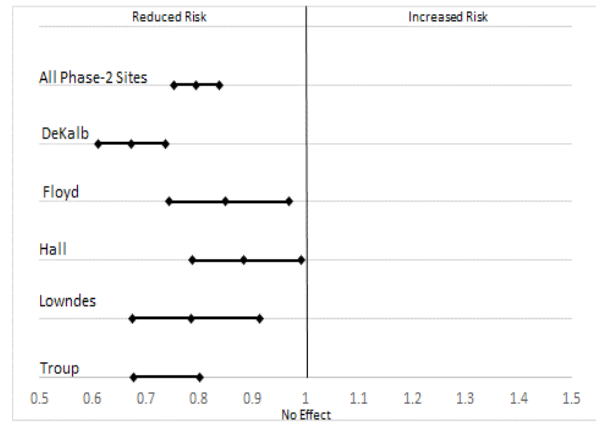
12-Months



18-Months

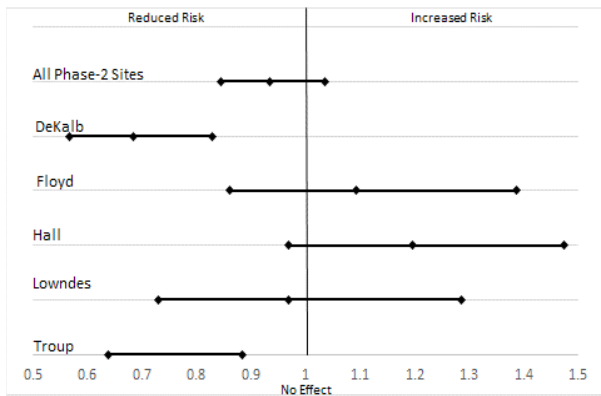


24-Months

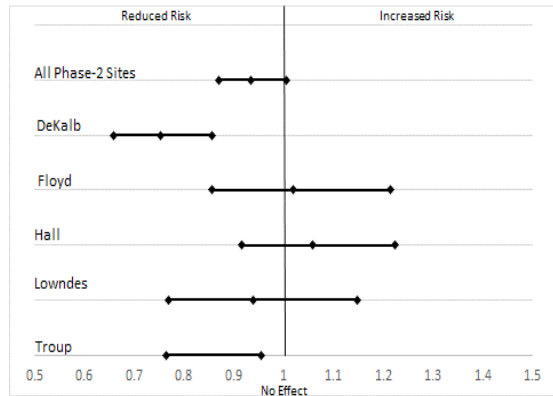


Any New Felony Arrest

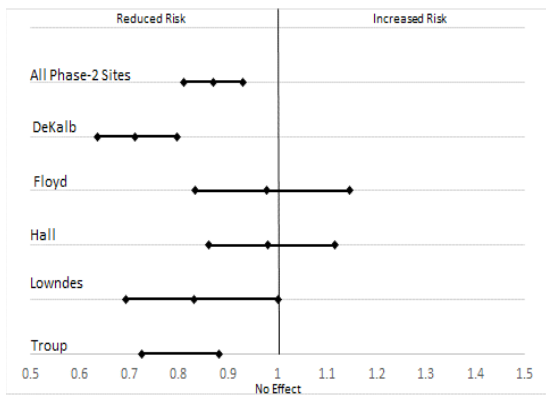
6-Months



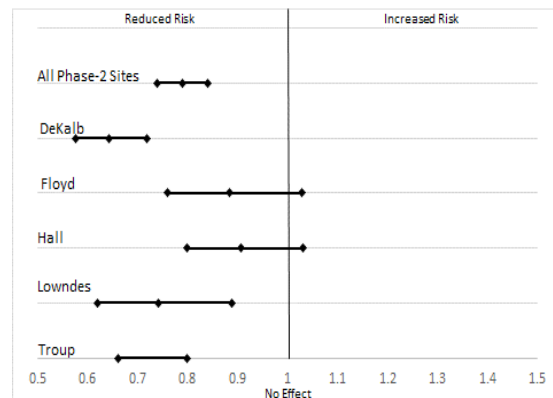
12-Months



18-Months



24-Months



**Phase-2 Risk of Felony Arrest**

The forest plots reveal similar findings when analyzing the risk of felony arrest following release. Together, the Phase-2 sites, when combined, registered a

significant reduction in risk. The reduction ranges 7% in the first six months to 21% after 24 months. DeKalb has impressive reductions in risk: at six months, the risk reduction is 32% and 35% at 24 months. Hall, Lowndes, and Troup all have significant reductions at the 24-month mark. The estimates range from 10% in Hall to 25% in Lowndes. Except for DeKalb and the Phase-2 collective analysis, there are no observed differences in the other counties across the periods before 24 months.

### ***The Explanation for Some Insignificant Results***

There likely exists a statistical explanation as to why all Phase-2 counties, when grouped, exhibits statistically significant risk reductions along with DeKalb county (a large metropolitan county: sample size. Except for DeKalb County, the other four counties have less than 200 cases throughout a year. Among PRI participants, no more than 30% will engage in the outcome of interest (re-arrest), resulting in a further reduction in the number of cases. This may explain why it takes 24 months to detect measurable differences. The very large confidence intervals at six to 18 months may reflect a small case size (see section on post-grant recidivism tracking). Based on the process analysis, the Phase-2 sites are engaging the community and performing as expected.

## **Multivariate Analysis: PRI Intervention & In-Reach Model**

The multivariate analysis focused on both Phase-1 and Phase-2 sites. This analysis serves to confirm the previous analysis that the PRI intervention, when taken together, significantly reduce the risk of recidivism. The logistic model examines 12- and 18-month outcomes. These models include re-arrest for any offense and a new felony arrest. Because this period represents the high-risk re-entry period, it provides the best measure as to whether the PRI intervention improves outcomes over a statistically matched (weighted) group of non-PRI cases. The logistic models include 12 significant predictors of recidivism: age at first arrest; prior charges for a probation or parole violation; currently convictions for a property offense; risk and need scales for low mental health, high criminal thinking, and high peer association; having no parole officer contact within the first six months of supervision; failing to have a job within six months of release; moving while on supervision; and, county levels of education attainment and unemployment.

This analysis addresses a secondary research question: Does the In-Reach program as currently administered and described in the process findings lead to significant reductions in recidivism? The analysis relied on two approaches

to measure the impact of the In-Reach intervention. Is there any measurable difference between In-Reach inmates and non-In-Reach inmates? These contacts may include a group orientation only or individual contact and include multiple contacts compared to a single interview.

In most cases, the inmates had an orientation and an individual contact with an In-Reach specialist. The second measure focused on dosage. Is there a difference between In-Reached inmates who received more than one In-Reach contact? It is not uncommon to conduct an initial interview with multiple follow-up contacts based on assessed needs and post-release issues. Therefore, does increased In-Reach contacts make a difference? At the conclusion of the analysis, the process findings will be incorporated into the analysis to place the conclusions in context with what field observations (*see the subsequent section in interpreting In-Reach results*).

The findings focus on each PRI phase separately. For each phase, the models predict the 12-month and 18-month re-arrest outcomes for any offense and felony arrest, for a combined total of eight models. These eight models include the PRI intervention (treatment) flag, as well as both In-Reach variables. For Phase-2, the model includes In-Reach measures in the first set of analysis, while the second model tests the predictors without In-Reach. This two-step process assesses the contribution that In-Reach makes to the overall model accuracy and whether In-Reach affects the percentage of cases correctly classified or variance explained. See Appendices 12 and 13 for Robust Logistic Models.

Table 15 reports the Phase-1 logistic regression model for 12-month to re-arrest for any offense or a new felony. As is evident, the Phase-1 PRI intervention group had 1.31 times lower odds of any new arrest within 12 months, as well as 1.38 times lower the odds for being arrested for a new felony when compared to the matched controlled group. The first measure of In-Reach, measuring whether the inmate was In-Reached, is statistically significant while the second measure (increased contacts) is insignificant.

**Table 15. Phase-1 Logistic Regression Models By 12-Month Recidivism:  
Weighted: Any New Arrest or New Felony Arrest with PRI Intervention & In-Reach**

	12 Month Recidivism (Any Arrest)				12 Month Felony Recidivism			
	B	S.E.	Sig.	Exp(B)	B	S.E.	Sig.	Exp(B)
Age at First Arrest	-0.011	0.006	0.044	0.989	-0.011	0.006	0.069	0.989
Prior Prob/Par Violation Charges	0.229	0.045	0.000	1.258	0.226	0.049	0.000	1.253
Major Offense: Property	0.218	0.035	0.000	1.244	0.247	0.037	0.000	1.280
NGA Mental Health	-0.322	0.050	0.000	0.724	-0.337	0.055	0.000	0.714
NGA Criminal Thinking	0.258	0.035	0.000	1.295	0.316	0.037	0.000	1.371
NGA Peers	0.236	0.035	0.000	1.266	0.231	0.037	0.000	1.260
Splits	0.025	0.037	0.509	1.025	0.026	0.039	0.502	1.027
PRI Intervention	-0.293	0.039	0.000	0.746	-0.346	0.041	0.000	0.708
Inreach_Metric1	0.142	0.059	0.016	1.153	0.176	0.062	0.004	1.192
Inreach_Metric2	-0.048	0.088	0.590	0.954	-0.043	0.092	0.638	0.958
No-Contact 6-Months	0.059	0.040	0.142	1.061	0.065	0.042	0.123	1.067
No Job - Months	0.366	0.040	0.000	1.442	0.476	0.044	0.000	1.609
Moved in First 12-Months	0.133	0.039	0.001	1.142	0.101	0.042	0.015	1.107
Positive Tests 12-Months	0.724	0.040	0.000	2.063	0.715	0.042	0.000	2.044
Educational Attainment	-0.015	0.003	0.000	0.985	-0.010	0.003	0.001	0.990
Unemployment Rate	0.116	0.016	0.000	1.123	0.088	0.017	0.000	1.092
Constant	-1.400	0.162	0.000	0.247	-1.835	0.173	0.000	0.160
	Classification = 64%				Classification = 70%			
	Cox & Snell = 5%				Cox & Snell = 5%			

**Weighted Any New Arrest or New Felony Arrest Using PRI Intervention/Without In-Reach**

	12 Month Recidivism (Any Arrest)				12 Month Felony Recidivism			
	B	S.E.	Sig.	Exp(B)	B	S.E.	Sig.	Exp(B)
Age at First Arrest	-0.011	0.006	0.042	0.989	-0.011	0.006	0.065	0.989
Prior Prob/Par Violation Charges	0.232	0.045	0.000	1.261	0.229	0.049	0.000	1.258
Major Offense: Property	0.218	0.035	0.000	1.243	0.247	0.037	0.000	1.280
NGA Mental Health	-0.324	0.050	0.000	0.723	-0.339	0.055	0.000	0.712
NGA Criminal Thinking	0.263	0.035	0.000	1.301	0.322	0.037	0.000	1.380
NGA Peers	0.238	0.035	0.000	1.269	0.234	0.037	0.000	1.264
Splits	0.026	0.037	0.490	1.026	0.028	0.039	0.477	1.028
PRI Intervention	-0.270	0.038	0.000	0.764	-0.315	0.040	0.000	0.729
No-Contact 6-Months	0.054	0.040	0.177	1.056	0.059	0.042	0.161	1.061
No Job - Months	0.366	0.040	0.000	1.442	0.476	0.044	0.000	1.610
Moved in First 12-Months	0.135	0.039	0.001	1.144	0.104	0.042	0.013	1.109
Positive Tests 12-Months	0.727	0.040	0.000	2.068	0.718	0.042	0.000	2.050
Educational Attainment	-0.015	0.003	0.000	0.985	-0.010	0.003	0.001	0.990
Unemployment Rate	0.116	0.016	0.000	1.122	0.087	0.017	0.000	1.091
Constant	-1.390	0.162	0.000	0.249	-1.821	0.173	0.000	0.162
	Classification = 64%				Classification = 70%			
	Cox & Snell = 5%				Cox & Snell = 5%			

This finding is consistent across both re-arrest outcome measures. However, while one In-Reach measure appears to have a mild association with recidivism, the contribution to the overall model produced no changes in the percentage of cases correctly classified nor variance explained. Without In-Reach as a variable, the overall classification score of 64% did not change, with or without In-Reach. That is, participation in In-Reach does not improve our ability to predict who and who will not get re-arrested.

Table 16 shows the same Phase-1 models using 18-month rate of rearrest for any offense or a felony. At 18 months, the odds of re-arrest for any offense for Phase-1 participants were 1.37 times lower than a matched group of non-PRI participants and 1.42 times lower for arrest for a felony. Like the 12-month models, In-Reach had a modest association with re-arrest but again, the second set of models that excluded In-Reach from the model showed that In-Reach made no significant contribution to classification accuracy. The classification accuracy (65%) remains unchanged, with and without In-Reach.

**Table 16. Phase-1 Logistic Regression Models By 18-Month Recidivism:  
Weighted: Any New Arrest or New Felony Arrest with PRI Intervention & In-Reach**

	18 Month Recidivism (Any Arrest)				18 Month Felony Recidivism			
	B	S.E.	Sig.	Exp(B)	B	S.E.	Sig.	Exp(B)
Age at First Arrest	-0.014	0.005	0.031	0.988	-0.012	0.006	0.031	0.988
Prior Prob/Par Violation Charges	0.225	0.044	0.000	1.265	0.235	0.046	0.000	1.265
Major Offense: Property	0.253	0.035	0.000	1.310	0.270	0.035	0.000	1.310
NGA Mental Health	-0.330	0.048	0.000	0.728	-0.318	0.051	0.000	0.728
NGA Criminal Thinking	0.232	0.034	0.000	1.322	0.279	0.035	0.000	1.322
NGA Peers	0.268	0.035	0.000	1.308	0.268	0.035	0.000	1.308
Splits	0.010	0.037	0.313	1.039	0.038	0.038	0.313	1.039
PRI Intervention	-0.353	0.038	0.000	0.680	-0.386	0.039	0.000	0.680
Inreach_Metric1	0.172	0.059	0.001	1.227	0.205	0.060	0.001	1.227
Inreach_Metric2	-0.037	0.087	0.548	0.948	-0.053	0.089	0.548	0.948
No-Contact 6-Months	0.221	0.039	0.000	1.282	0.249	0.040	0.000	1.282
No Job - Months	0.282	0.039	0.000	1.489	0.398	0.041	0.000	1.489
Moved in First 18-Months	0.254	0.037	0.000	1.278	0.246	0.037	0.000	1.278
Positive Tests 18-Months	0.729	0.039	0.000	2.035	0.711	0.039	0.000	2.035
Educational Attainment	-0.021	0.003	0.000	0.986	-0.014	0.003	0.000	0.986
Unemployment Rate	0.191	0.016	0.000	1.157	0.146	0.017	0.000	1.157
Constant	-1.337	0.159	0.000	0.167	-1.790	0.164	0.000	0.167
Classification = 61%				Classification = 65%				
Cox & Snell = 7%				Cox & Snell = 7%				

Weighted: Any New Arrest or New Felony Arrest with PRI Intervention Only

	18 Month Recidivism (Any Arrest)				18 Month Felony Recidivism			
	B	S.E.	Sig.	Exp(B)	B	S.E.	Sig.	Exp(B)
Age at First Arrest	-0.014	0.005	0.007	0.986	-0.012	0.006	0.029	0.988
Prior Prob/Par Violation Charges	0.228	0.044	0.000	1.256	0.239	0.046	0.000	1.270
Major Offense: Property	0.253	0.035	0.000	1.288	0.270	0.035	0.000	1.310
NGA Mental Health	-0.331	0.048	0.000	0.718	-0.320	0.051	0.000	0.726
NGA Criminal Thinking	0.239	0.034	0.000	1.269	0.287	0.035	0.000	1.332
NGA Peers	0.271	0.034	0.000	1.312	0.272	0.035	0.000	1.312
Splits	0.012	0.037	0.750	1.012	0.040	0.038	0.290	1.041
PRI Intervention	-0.324	0.037	0.000	0.723	-0.351	0.038	0.000	0.704
No-Contact 6-Months	0.215	0.039	0.000	1.240	0.241	0.040	0.000	1.273
No Job - Months	0.283	0.039	0.000	1.327	0.399	0.041	0.000	1.491
Moved in First 18-Months	0.257	0.036	0.000	1.294	0.249	0.037	0.000	1.283
Positive Tests 18-Months	0.732	0.039	0.000	2.079	0.715	0.039	0.000	2.043
Educational Attainment	-0.021	0.003	0.000	0.979	-0.014	0.003	0.000	0.986
Unemployment Rate	0.191	0.016	0.000	1.210	0.145	0.017	0.000	1.156
Constant	-1.324	0.159	0.000	0.266	-1.775	0.164	0.000	0.169
Classification = 61%				Classification = 65%				
Cox & Snell = 7%				Cox & Snell = 7%				

The results in Table 17 mirror the previous set of logistic regression models for Phase-2, with participation in the PRI intervention proving to be a statistically significant predictor of recidivism. However, there is one difference. The magnitude of the decrease in odds is not as great as the Phase-1 sites. The odds of getting arrested for any offense is 1.07 times less than non-PRI cases. This is in stark contrast to the 1.31 lower odds in Phase-1. In both sets of models, In-Reach does not contribute to the overall classification accuracy. For the 18-month recidivism models, there are 1.19 times lower odds of getting arrested for a felony than observed with the non-PRI cases. Again, In-Reach offers nothing to overall model prediction. It is interesting to note that the Phase-2 reduction in odds does not match the reduction found in Phase-1 sites. It is possible that the sample size is playing a role in the multivariate analysis as well.



**Table 17. Phase-2 Logistic Regression Models By 12-Month Recidivism:  
Any New Arrest or New Felony Arrest Using PRI Intervention & In-Reach**

	12 Month Recidivism (Any Arrest)				12 Month Felony Recidivism			
	B	S.E.	Sig.	Exp(B)	B	S.E.	Sig.	Exp(B)
Age at First Arrest	0.000	0.009	0.978	1.000	-0.006	0.009	0.550	0.994
Prior Prob/Par Violation Charges	0.468	0.081	0.000	1.596	0.392	0.085	0.000	1.480
Major Offense: Property	0.086	0.057	0.130	1.090	0.084	0.059	0.155	1.088
NGA Mental Health	-0.302	0.081	0.000	0.739	-0.307	0.086	0.000	0.736
NGA Criminal Thinking	0.222	0.055	0.000	1.248	0.210	0.057	0.000	1.233
NGA Peers	0.327	0.057	0.000	1.386	0.273	0.060	0.000	1.314
Splits	0.088	0.055	0.113	1.092	0.056	0.058	0.331	1.058
PRI Intervention	-0.148	0.063	0.018	0.862	-0.113	0.066	0.084	0.893
Inreach_Metric1	0.206	0.109	0.058	1.229	0.268	0.111	0.016	1.308
Inreach_Metric2	-0.098	0.194	0.615	0.907	-0.135	0.199	0.499	0.874
No-Contact 6-Months	-0.022	0.056	0.697	0.978	-0.002	0.059	0.969	0.998
No Job - Months	0.324	0.063	0.000	1.382	0.422	0.067	0.000	1.524
Moved in First 12-Months	0.352	0.064	0.000	1.422	0.275	0.066	0.000	1.317
Positive Tests 12-Months	0.766	0.064	0.000	2.151	0.797	0.065	0.000	2.218
Educational Attainment	-0.001	0.004	0.849	0.999	0.002	0.005	0.596	1.002
Unemployment Rate	0.085	0.027	0.002	1.089	0.076	0.028	0.007	1.079
Constant	-2.075	0.267	0.000	0.126	-2.306	0.280	0.000	0.100
Classification = 63%				Classification = 69%				
Cox & Snell =6%				Cox & Snell = 6%				

**Any New Arrest or New Felony Arrest Using PRI Intervention/Without In-Reach**

	12 Month Recidivism (Any Arrest)				12 Month Felony Recidivism			
	B	S.E.	Sig.	Exp(B)	B	S.E.	Sig.	Exp(B)
Age at First Arrest	0.000	0.009	0.974	1.000	-0.003	0.009	0.755	0.997
Prior Prob/Par Violation Charges	0.466	0.081	0.000	1.594	0.493	0.078	0.000	1.637
Major Offense: Property	0.084	0.057	0.140	1.088	0.105	0.056	0.063	1.110
NGA Mental Health	-0.304	0.081	0.000	0.738	-0.333	0.079	0.000	0.716
NGA Criminal Thinking	0.226	0.055	0.000	1.254	0.214	0.054	0.000	1.238
NGA Peers	0.332	0.057	0.000	1.393	0.348	0.056	0.000	1.416
Splits	0.087	0.055	0.119	1.090	0.139	0.055	0.011	1.149
PRI Intervention	-0.126	0.062	0.041	0.882	-0.223	0.061	0.000	0.800
No-Contact 6-Months	-0.022	0.056	0.691	0.978	0.009	0.055	0.867	1.009
No Job - Months	0.325	0.063	0.000	1.384	0.251	0.062	0.000	1.285
Moved in First 12-Months	0.355	0.064	0.000	1.426	0.425	0.060	0.000	1.529
Positive Tests 12-Months	0.767	0.064	0.000	2.152	0.738	0.062	0.000	2.091
Educational Attainment	-0.001	0.004	0.761	0.999	-0.007	0.004	0.125	0.993
Unemployment Rate	0.085	0.027	0.002	1.089	0.154	0.027	0.000	1.167
Constant	-2.055	0.267	0.000	0.128	-2.010	0.263	0.000	0.134
Classification = 64%				Classification = 61%				
Cox & Snell =6%				Cox & Snell = 8%				

The results do not change with Phase-2 sites. Table 18 shows the 18-month regression models. PRI intervention (participation) is still a significant predictor of re-arrest for any offense and felonies after 18 months. For Phase II counties, the odds of recidivism at 18 months were 1.07 times lower for any arrest and 1.19 times lower for a felony. Again, the magnitude of reduced odds is not as large as Phase-1 counties, but PRI intervention remains a significant predictor despite the issues.

**Table 18. Phase-2 Logistic Regression Models By 18-Month Recidivism:  
Weighted: Any New Arrest or New Felony Arrest with PRI Intervention & In-Reach**

	18 Month Recidivism (Any Arrest)				18 Month Felony Recidivism			
	B	S.E.	Sig.	Exp(B)	B	S.E.	Sig.	Exp(B)
Age at First Arrest	-0.003	0.009	0.754	0.997	0.001	0.009	0.937	1.001
Prior Prob/Par Violation Charges	0.494	0.078	0.000	1.639	0.358	0.081	0.000	1.430
Major Offense: Property	0.107	0.056	0.058	1.113	0.059	0.057	0.302	1.061
NGA Mental Health	-0.332	0.079	0.000	0.718	-0.346	0.082	0.000	0.707
NGA Criminal Thinking	0.210	0.054	0.000	1.233	0.166	0.055	0.003	1.180
NGA Peers	0.343	0.056	0.000	1.409	0.336	0.058	0.000	1.399
Splits	0.140	0.055	0.010	1.150	0.147	0.056	0.009	1.158
PRI Intervention	-0.245	0.062	0.000	0.783	-0.197	0.063	0.002	0.821
Inreach_Metric1	0.213	0.108	0.049	1.238	0.208	0.109	0.058	1.231
Inreach_Metric2	-0.153	0.193	0.429	0.858	-0.127	0.196	0.516	0.881
No-Contact 6-Months	0.009	0.056	0.867	1.009	0.036	0.056	0.528	1.036
No Job - Months	0.250	0.062	0.000	1.284	0.355	0.064	0.000	1.426
Moved in First 18-Months	0.422	0.060	0.000	1.525	0.340	0.061	0.000	1.405
Positive Tests 18-Months	0.737	0.062	0.000	2.089	0.785	0.062	0.000	2.192
Educational Attainment	-0.006	0.004	0.155	0.994	-0.003	0.004	0.500	0.997
Unemployment Rate	0.154	0.027	0.000	1.167	0.135	0.027	0.000	1.145
Constant	-2.028	0.263	0.000	0.132	-2.317	0.269	0.000	0.099
			Classification = 61%				Classification = 64%	
			Cox & Snell = 7%				Cox & Snell = 7%	

Weighted: Any New Arrest or New Felony Arrest with PRI Intervention Only

	18 Month Recidivism (Any Arrest)				18 Month Felony Recidivism			
	B	S.E.	Sig.	Exp(B)	B	S.E.	Sig.	Exp(B)
Age at First Arrest	-0.002	0.009	0.793	0.998	0.001	0.009	0.935	1.001
Prior Prob/Par Violation Charges	0.486	0.078	0.000	1.626	0.357	0.081	0.000	1.429
Major Offense: Property	0.102	0.056	0.070	1.107	0.057	0.057	0.319	1.059
NGA Mental Health	-0.338	0.078	0.000	0.713	-0.348	0.082	0.000	0.706
NGA Criminal Thinking	0.211	0.054	0.000	1.235	0.170	0.055	0.002	1.185
NGA Peers	0.344	0.056	0.000	1.410	0.341	0.058	0.000	1.406
Splits	0.144	0.055	0.009	1.154	0.145	0.056	0.009	1.156
PRI Intervention	-0.242	0.061	0.000	0.785	-0.175	0.062	0.005	0.840
No-Contact 6-Months	0.020	0.055	0.720	1.020	0.035	0.056	0.531	1.036
No Job - Months	0.241	0.062	0.000	1.272	0.356	0.064	0.000	1.427
Moved in First 18-Months	0.377	0.064	0.000	1.457	0.343	0.061	0.000	1.409
Positive Tests 18-Months	0.790	0.065	0.000	2.203	0.786	0.062	0.000	2.194
Educational Attainment	-0.007	0.004	0.101	0.993	-0.004	0.004	0.432	0.996
Unemployment Rate	0.168	0.027	0.000	1.183	0.135	0.027	0.000	1.144
Constant	-2.028	0.263	0.000	0.132	-2.297	0.268	0.000	0.101
			Classification = 61%				Classification = 64%	
			Cox & Snell = 7%				Cox & Snell = 7%	

## **Reconviction Rates: Bureau of Justice Assistance (BJA) Applicant Targets**

Re-Arrest is not the only measure of recidivism. The Bureau of Justice Assistance (BJA) asked grant applicants to provide desired recidivism reduction targets for two and five years. Today, only the two-year measure is appropriate for the Georgia 2nd Chance Grant because PRI implementation started in 2014-2015. The BJA target measures the rate of change (not absolute change) in the recidivism between the target (intervention) population and a matched non-PRI group. In Phase-1, the overall two-year reconviction rate is approximately 20% across all eligible PRI offenders (medium to high risk). Among matched PRI participants, the reconviction rate 17% compared to compared to 19% among non-PRI cases. This represents a 12% reduction (rate of change). In Phase-2 counties, the overall two-year reconviction rate (unmatched) among eligible PRI offenders is 21%, slightly higher than observed in Phase-1 counties. Among matched PRI participants, the reconviction rate for PRI participants is 16% compared to 21% among non-PRI cases. This represents an astonishing 23% reduction (rate of change), easily exceeding the BJA two-year rate of change target. When pooling Phase-1 and Phase-2 counties into one analysis, the rate of change is approximately 14%, just 1% below the BJA grant proposed two-year target.

## **Intermediate PRI Outcomes**

Although the Second Chance Grant focuses on recidivism reduction which the analysis above demonstrates, analysis of potential precursors to recidivism among the PRI participants is also required. This includes residential moves, employment changes, and drug test results. Does PRI intervention provide a measurable impact on such intermediate measures? In addition to overall criminal justice reform, reentry focus, and specialized courts, Governor Deal has placed significant emphasis on adult education (GED) and vocational training within prisons.

### ***Employment***

This focus had one key objective: post-release employment. The PRI framework and the staff emphasized post-release employment. The goal was to expand the employment base for returning citizens beyond quick-serve restaurants and day-labor. The objective was to find and place PRI participants in higher paying jobs with some permanency. In the initial months of re-entry, the faster a returning citizen gains employment, the less likely they will recidivate during this critical window.

With community coordinators expanding the employer base, the expectation was that PRI participants would obtain a job more quickly than non-PRI cases. As shown in Tables 19 and 20, this proved to be the case. A simple t-test (with PSM weights) shows that PRI participants acquire jobs significantly faster than a matched group of non-PRI offenders in both Phase-1 and two counties.

**Table 19. Phase-1: Time to First Job-Post-Release**

	PRI	Matched	T-Test	Sig.
Phase-1	169.96	197.93	6.216	0.000
Bibb	162.8	173.42	.802	0.423
Chatham	168.63	202.42	3.083	0.002
Dougherty	197.87	197.10	-.042	0.966

**Table 21 . Phase -1, Ordinary Least Squares (OLS): Total Job Episodes in First 18-Months (With In-Reach)**

	b	S.E.	B	Sig.
(Constant)	0.136	0.027		0.000
Prior Arrest DV Flag	-0.037	0.011	-0.024	0.001
Major Offense: Personal	0.056	0.010	0.043	0.000
NGA_Employment_Education	0.038	0.009	0.030	0.000
Splits	-0.145	0.010	-0.113	0.000
PRI Intervention	-0.086	0.010	-0.067	0.000
In-Reach Measure 1	-0.027	0.017	-0.015	0.104
In-Reach Measure 2	0.032	0.025	0.011	0.203
Employment Episodes	0.124	0.004	0.230	0.000
Positive Drug Tests in 18-Months	0.062	0.011	0.042	0.000
Unemployment Rate	0.028	0.004	0.052	0.000
Sum of Squares=657				
R <sup>2</sup> = 9%				

**Without In-Reach**

	b	S.E.	B	Sig.
(Constant)	0.135	0.027		0.000
Prior Arrest DV Flag	-0.037	0.011	-0.024	0.001
Major Offense: Personal	0.055	0.010	0.043	0.000
NGA_Employment_Education	0.038	0.009	0.030	0.000
Splits	-0.145	0.010	-0.114	0.000
PRI Intervention	-0.088	0.009	-0.070	0.000
Employment Episodes	0.124	0.004	0.229	0.000
Positive Drug Tests in 18-Months	0.061	0.011	0.041	0.000
Unemployment Rate	0.028	0.004	0.052	0.000
Sum of Squares=656				
R <sup>2</sup> = 9%				

Although PRI intervention decreases the number of job episodes, the overall model performs poorly, predicting only 7% of the overall variation in job episodes. Underperformance is true for both models, with and without In-Reach. However, employment stability is based on many unmeasured and interrelated factors, making it difficult to predict. The process findings, however, find that all sites place a significant emphasis on job placement as evidenced in the time to acquire a job result, as well as the PRI Tracking System metrics. Private corporations rank second in the number of new sources and constitute one-quarter of all resources. Anecdotally, in one site, the community supervision officers refer to the coordinator as the “jobs guy” who is particularly successful in placing difficult PRI participants.

### ***Residential Stability***

Housing stability is another critical success factor that can be a potential precursor for later recidivism and covers everything from emergency housing, short-term housing, and permanent housing. As part of state funding, Georgia assigned housing coordinators to each of the Phase-1 sites. Table 22 shows that PRI intervention is insignificant, a surprising conclusion given its effect in other models. Like previous findings, In-Reach has no significant effect. Predicting residential stability explain only 11% of the variation, an underperforming model.

**Table 22 . Phase -1, Ordinary Lease Squares (OLS): Residential Moves  
First 18-Months (With/With-Out In-Reach)**

	<u>b</u>	<u>S.E.</u>	<u>B</u>	<u>Sig.</u>
(Constant)	0.581	0.050		0.000
Prior Arrest DV Flag	0.080	0.021	0.027	0.000
Major Offense: Personal	0.124	0.018	0.051	0.000
NGA_Employment_Education	0.058	0.017	0.024	0.001
Splits	-0.256	0.018	-0.108	0.000
PRI Intervention	0.013	0.018	0.005	0.475
In-Reach Measure 1	0.088	0.031	0.026	0.004
In-Reach Measure 2	-0.027	0.046	-0.005	0.561
Employment Episodes	0.420	0.014	0.226	0.000
Positive Drug Tests in 18-Months	0.319	0.020	0.116	0.000
Unemployment Rate	0.067	0.007	0.066	0.000
Sum of Squares=2,559***				
R <sup>2</sup> = 11%				

**Without In-Reach**

	<u>b</u>	<u>S.E.</u>	<u>B</u>	<u>Sig.</u>
(Constant)	0.588	0.050		0.000
Prior Arrest DV Flag	0.079	0.021	0.027	0.000
Major Offense: Personal	0.126	0.018	0.052	0.000
NGA_Employment_Education	0.056	0.017	0.024	0.001
Splits	-0.257	0.018	-0.108	0.000
PRI Intervention	0.028	0.017	0.012	0.107
Employment Episodes	0.420	0.014	0.226	0.000
Positive Drug Tests in 18-Months	0.321	0.020	0.117	0.000
Unemployment Rate	0.066	0.007	0.065	0.000
Sum of Squares=2,547***				
R <sup>2</sup> = 11%				

Why is residential stability significant across the PRI sites? When faced with such findings, the process findings offer some measure of insight into housing placement. According to the front-line community supervision officers and other surveys/ interviews, the coordinators have expanded the opportunities for emergency and short-term housing. As one officer noted, no one on their caseload, including non-PRI participants is homeless. However, they also note that the lack of permanent housing remains a significant problem and is perhaps the most difficult issue for the housing coordinator to remedy. Therefore, while the data suggest that PRI intervention reduces housing instability slightly (negligible), this is likely a reflection of significant gaps in permanent housing as found in surveys and interviews with all coordinators and community supervision officers. In Phase-2, there are no housing coordinators so similar findings were evident (Phase-2 findings not reported).

**Drugs Test Results**

Table 23 reports whether Phase-1 PRI intervention and In-Reach influence the rate of post-release positive drug tests. Positive drugs tests are the only outcome measures, recidivism or intermediate, where the PRI intervention is statistically insignificant along with In-Reach. That is, PRI intervention has no significant impact on whether participants have positive drug tests. Of course, the PRI sites may not need to test as often if the participants are succeeding as demonstrated by their improved recidivism outcomes.

**Table 23. Phase -1, Logistic Regression: Positive Drugs Tests in 18-Months (With/With-Out In-Reach)**

	B	S.E.	Sig.	Exp(B)
Age at first arrest	-0.052	0.007	0.000	0.949
Flag of Prior GCIC Drug Arrests	0.259	0.045	0.000	1.296
Offense Burglary	0.161	0.058	0.005	1.175
NGA_Risk3Need1_CT_Low	-0.179	0.059	0.002	0.836
Splits	-0.555	0.045	0.000	0.574
intervention	-0.046	0.049	0.338	0.955
inreach_metric1	0.204	0.068	0.003	1.227
inreach_metric2new	-0.050	0.102	0.626	0.952
Days until First Contact	-0.001	0.000	0.000	0.999
Flag - Any job within 6 months of start	0.146	0.045	0.001	1.158
# of addresses reported within first 18 months	0.255	0.017	0.000	1.290
Unemployment Rate	0.179	0.020	0.000	1.196
Education	-0.008	0.004	0.040	0.993
Constant	-1.196	0.195	0.000	0.302

Classification = 73%  
Cox & Snell =6%

	B	S.E.	Sig.	Exp(B)
Age at first arrest	-0.052	0.007	0.000	0.949
Flag of Prior GCIC Drug Arrests	0.262	0.045	0.000	1.300
Offense Burglary	0.160	0.058	0.006	1.174
NGA_Risk3Need1_CT_Low	-0.186	0.059	0.002	0.830
Splits	-0.551	0.045	0.000	0.576
intervention	-0.008	0.047	0.865	0.992
Days until First Contact	-0.001	0.000	0.000	0.999
Flag - Any job within 6 months of start	0.144	0.045	0.001	1.155
# of addresses reported within first 18 months	0.257	0.017	0.000	1.293
Unemployment Rate	0.179	0.020	0.000	1.195
Education	-0.008	0.004	0.033	0.992
Constant	-1.174	0.195	0.000	0.309

Classification = 73%  
Cox & Snell =6%

In other words, DCS (formerly GDC/Prole) may test the worst offenders regularly. Even taking this possibility into account, these findings are not surprising. There is a secondary explanation. Expanding evidence-based programming (substance abuse) is difficult without local or state funding. Some providers or faith-based programs claim to offer drug abuse counseling, but such offerings, in many cases, are not evidence-based. In every interview or survey of community steering team committees, creating or expanding the local capacity of evidence-based programs is difficult without additional funding. Even in communities certified substance abuse programs, and the capacity is limited.

### **In-Reach Model: Interpreting Insignificant Results**

The foundation of the term “In-Reach” is a seamless hand-off from the institution to the community. Once GDC identified PRI eligible inmates, GDC transferred prospective PRI participants to a prison near their likely residence. These providers, along with the community coordinator and the supervising officer, would meet with the PRI-eligible person while in prison, conduct assessments, develop post-release case plans, schedule post-release appointments and develop a relationship and trust with the person to help strengthen the working alliance. Unfortunately, this vision never materialized as designed. Although community providers were excited about PRI, they did not have the time and available staff to visit prisons routinely to conduct assessments, participate in transition teams, and schedule appointments in prison. This investment requires financial support. In response, GOTSR adapted to this development and used In-Reach specialists to meet with inmates in prison to introduce the program, conduct an assessment, and make a referral to outside providers. The In-Reach specialists focused on two primary tasks if the providers could not join them in prison. The primary tasks included a program introduction and administration of the Transitional Accountability Plan #3 (TAP-3). Later in the project, the In-Reach specialist could give the inmate a list of available resources in their community based on need.

The Transitional Accountability Plans (TAPs) was an important component of the In-Reach Model. The TAP-3 was intended to serve as a customized supervision and treatment strategy guide post-release. The Continuous Quality Improvement (CQI) staff field tested the first version and discovered that the completion time was excessive, and the inmates could not answer many of the questions included in the TAP-3. This early finding, coupled with HIPPA concerns, meant that GOTSR revised the TAP-3 to create a single-page document (two-sided) that narrowed the more comprehensive original document to include only that data identified as most important for programming and supervision.



GOTSR introduced the revised TAP-3 in late 2015. However, the TAP-3 experienced another problem. Faced with the information technology demands (IT) of creating a new agency (DCS), IT could not integrate the TAP-3 into the DCS case management system until a later date. Google forms served as the platform for the TAP-3 as an interim solution. Without a convenient system to access the TAP-3, officers struggled in the early phases to access and review the TAP-3.

Once the field could access the TAP-3, they discovered a far more serious problem. In community supervision interviews, ride-alongs, and a recent 2018 online survey (156 officers), officers expressed concerns about the TAP-3. Although collection and dissemination of the TAP-3 was an integral part of the revised In-Reach Model, 83% of the officers report that they never review the TAP-3 or look at only a few. Thirteen percent of the officers said they only review one-half or one-quarter of the cases, while only 4% indicated that they look at all TAP-3 reports. When asked why they do not review the TAP-3, two primary answers surfaced. First, officers often ask these same questions during their intake interview to build rapport. At the same time, officers know that the PRI participants are giving appropriate responses while incarcerated but give entirely different answers after release. Given the interest and investment in the In-Reach Model, ARS carefully studied three years of process data before reaching this conclusion, using multiple sources to triangulate on actual TAP-3 field implementation. In addition to TAP-3 administration, the In-Reach specialists are using the PRI Tracking System to provide the inmate (while incarcerated) a list of available resources in their home county, in paper or on their GOAL device. How the list is used or even implemented is uncertain.

The three major process findings highlight why the In-Reach Model failed to produce the desired outcomes. At the outset, GOTSR was unable to implement the In-Reach Model with its emphasis on a scheduled and seamless link to community providers before release. Although In-Reach specialists worked tirelessly to interview inmates and administer the TAP-3, community officers do not review the TAP-3 often and question its value. For these reasons, it should come as no surprise that the In-Reach Model, as implemented today, could not affect the post-release outcomes. These findings reflect deficiencies with In-Reach fundamentals and not problems with the DCS/PRI or In-Reach staff who amassed over 16,000 In-Reach contacts. These findings do not suggest that an In-Reach specialist, at different times, did not have a significant positive influence on the fate of many people they interviewed. In short, there is insufficient evidence to state that the program, taken as a whole, has empirical support as implemented. These findings, although discouraging, represent a nascent program with revisions and re-direction could produce this desired results.

Lack of a treatment pathway in the TAP-3 is one primary reason that community supervision officers cite for failure to review the TAP-3. To date, the Department of Community Supervision is undertaking a project to implement a new risk-needs assessment tool that focuses on the needs of offenders supervised in the community. The DCS Risk Reduction Unit, along with the PRI program and In-Reach specialists, can use these assessment results to create post-release treatment plans customized to the needs of the offender at release. As for the community In-Reach component, state funding is the only viable solution to incentivize local providers financially to serve on In-Reach teams. If so, GDC could re-start staging to move returning citizens closer to their residence to begin the In-Reach process. The Metro-State Prison project described below highlights the possibilities.

### ***Metro-State Prison: Georgia's First Dedicated Re-Entry Prison***

In August 2018, Governor Deal opened Georgia's first re-entry prison, another building block in supporting and enhancing Georgia's Prisoner Reentry Initiative (GA-PRI). Located in Metropolitan-Atlanta, the prison serves those returning to Georgia's largest counties: Clayton, Cobb, Dekalb, Fulton, and Gwinnett. Up to a year before release, the facility provides opportunities to participate in academic and vocational education programs, mentoring, personal development, extracurricular activities, and community service, along with counseling, cognitive, and substance abuse programming. As a female prison, it was closed in 2011 but refurbished as a re-entry prison. Today, it houses 350 offenders. With the Metro-Atlanta's extensive non-profit capacity, vocational schools, and community partners, this prison offers the opportunity for community In-Reach partners to work with returning citizens without the barriers In-Reach providers faced visiting and working inside the prison. As a model, the Metro-State re-entry prison highlights the potential of the Reach Model Concept.

## **Post-Grant Recidivism Tracking**

Although most evaluation studies conclude with the completion of the grant, Georgia plans to track this cohort described in this evaluation. As the cohorts in Phase-2 spend more time on the streets after release, it offers the opportunity to analyze an extended tracking period beyond two-years. Extending the outcome evaluation offers several benefits. Is there a further reduction in recidivism in the third year? Do the Phase-2 sites, with additional releases, demonstrate further risk reductions in specific Phase-2 counties. More importantly, what specific

medium-high risk offenders in the evaluation exhibit greater improvements. While the BJA grant proposal specified medium-high risk eligibility requirements, the Department of Community Supervision could benefit from additional information about specific profiles and characteristics, beyond risk, that affects recidivism among PRI participants. Is risk the only factor or do a combination of needs or responsivity (motivation) play a role in shaping PRI outcomes? To date, these are unknown questions. Although the literature cites high-risk/high-need candidates for PRI intervention, does a subset of highly motivated returning citizens, although not high-risk, exhibit an even greater influence reducing recidivism, if exposed to PRI services, than the reduction reported in this evaluation.



# Appendices:

## Appendix 1



Nathan Deal  
Governor

STATE OF GEORGIA  
Offender Re-Entry Summary  
DOE, JOHN  
printed on 09/01/2015



Homer Bryson  
Commissioner

### Offender Information

GDC ID	1234567
Name	DOE, JOHN
Birth Date	03/14/1963
Race	BLACK
Gender	MALE
Age	52
Residence County	BIBB COUNTY
Current Marital Status	UNMARRIED
Education Level	HIGH SCHOOL/GED
Amount of Child Support Arrears	\$0.00
Social Security Card	PLACED IN INSTITUTIONAL FILE
Birth Certificate	ORDERED
Driver's License	SUSPENDED
Medicaid/Medicare	NOT ELIGIBLE

### Status and Classification

Status	PAROLEE	Type Population	PAROLEE
Location	RELEASED - PAROLE CERTIFICATE	Supervision Level	

### Current Court Cases

Docket#	Place of Conviction	Counts/Offenses	Sentence Date	FOA	Probation Start Date	Initial End Date	Adjusted End Date
10CR6595 5	BIBB COUNTY	Count 1 THEFT BY SHOPLIFTING	09/13/2010	N		09/12/2020	10/27/2017
13CR6971 1	BIBB COUNTY	Count 1 THEFT BY SHOPLIFTING Count 2 CRMNL TRESPASSING	05/15/2014	N		05/14/2018	05/27/2017

### Community Service

Hours Worked	276	Hours Completed	
Current Assignment		Last Day Worked	

### Financials

Last Receipt Amount	263.91	Last Receipt Date	07/24/2015
Money Owed	524	Spendable Amount	0
Funds Balance	0		

### Programming – Cognitive Instruction

Program Name	MORAL RECONCILIATION THERAPY	Date	02/10/2015	Status	COMPLETED
Program Name	THINKING FOR A CHANGE	Date	07/16/2014	Status	COMPLETED

### Programming – Substance Abuse

# Appendix 2



Department of Community Supervision  
Phase Three Transition Accountability Plan (TAP3)

Michael W. Nail  
Commissioner

*This form must not contain any HIPAA protected information.*

### Demographics

Name:	DOB:	Residence County:
GDC#:	Sex:	Current/Last Facility:
TPM of MRD		Community Supr. to follow?

**Immediate Needs/Issues** Select "Y" for Yes, "N" for No, or "U" for Unknown. If the answer is YES, address in Intervention Plan, Additional Issues, and/or Schedule section(s) below.

ROI signed?	Photo I.D. needed?	Social Security Card needed?	Birth Certificate needed?
Child Support?	Homeless/No residence plan?	Veteran?	SSI/SSD/Medicare?
Medication needs?	Other needs?	Last/Current Mental Health Level	Highest Mental Health Level
STG Affiliation?	SVO Reg. required?		

For additional information regarding immediate needs/issues, refer to case file for confidential information.

### Automated Dynamic Risk Score and Supervision Level (To be entered by CSO)

Supervision Level	Current Risk Score	Initial Risk Score
-------------------	--------------------	--------------------

### NGA Risk/Need Scales and Profiles

Risk	Need	Overall Risk/Needs Score*	
Arrest for any offense:	Criminal Thinking:	Mental Health:	Risk/Needs: Substance Abuse/Arrest-Any Offense
Arrest for felony offense:	Education:	Substance Abuse:	Risk/Needs: Criminal Thinking/Arrest - Any Offense
Arrest for any violent/sex offense:	Employment:	Trauma:	Risk/Needs: Criminal Thinking/Arrest-Violent/Sex Offense
Priority Scale:	Peer/Family:	Motivation to Change:	Risk/Needs: Employment+Education/Arrest -Any Offense

\*Overall Risk/Needs Score: 1-8 Indicates **Low** overall Score. 9-18 Indicates **Moderate** overall Score. 19-25 Indicates **High** overall Score

### Programs During Incarceration

Review the GDC Reentry Plan (TAP2) for information regarding program assignments and completions to determine dosage to promote continuity while considering strengths/accomplishments during incarceration.

#### Substance Abuse Track

Substance Abuse/AOD Use program participation during incarceration?	SA referral recommended?
SA Comments: Motivation for Change - Completed	

#### Cognitive Track

Cognitive Skills/Mental Health program participation during incarceration?	Cog/MH referral recommended?
Cog/MH Comments: Problem Solving Skills - Completed	

#### Employment Track

Employment/Job Skills program participation during incarceration?	Emp referral recommended?
Employment Comments: Inside Orderly Outside Non-Contract Detail	

#### Education Track

Education program participation during incarceration?	Ed referral recommended?
Education Comments: Currently has High School Diploma/GED	

Prepared by:	Alexander Scott	Email:	alexander.scott@dcs.ga.gov	Phone:	
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Name:	Banks, Kevin	GDC#: 1223647	Date:	
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*This form must not contain any HIPAA protected information.*

Additional Program Comments:	
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**Personal Goals**

Goal by Priority	Personal Goals (Enter the individual's personal goals in his/her exact words)
1.	
2.	
3.	

**Intervention Tracks**

Service/Need Tracks	Substance Abuse / AOD Use Track	Cognitive Skills / Mental Health Track	Employment / Income Track	Education Track
Goals				
Immediate Needs				
Supporters				
Strengths				
Transportation				

**Additional Concerns** Include appropriate comments regarding needs, supporters strengths, transportation, etc.

Housing	
Family Reunification	
Peer Associations	
Pro-Social Activities	
Physical Health	
Motivators/Incentives	
Strengths	
Faith-Based Initiatives	
Transportation	
Trauma	
Other	

**Intervention Plan** First month schedule to be completed by PIRS or Regional Reentry Counselor. Subsequent months to be completed at discretion of the CSO.

Tracks/Concerns	Month 1	Month 2 (P.R.N.)	Month 3 (P.R.N.)	Month 6 (P.R.N.)
Cog. Skills/MH				
Substance Abuse				
Employment/Income				
Education				
Housing				
Family Reunification				
Peer Associations				
Trauma				

**Intervention Plan Summary/Comments:**

--

Note: Case plan is signed by CSO and participant during the intake interview with the CSO after release from prison.

CSO Signature: \_\_\_\_\_ Date \_\_\_\_\_ Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Prepared by:	Alexander Scott	Email:	alexander.scott@dcs.ga.gov	Date:	
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# Appendix 3

## Stakeholder Attitudinal Survey

1. Please provide your role within the community.

- Probation or Parole representative
- Juvenile Justice representative
- Correctional facility representative
- Law enforcement
- Other state agency representative
- Community service provider
- College/University representative
- Faith-based community representative
- Private citizen

Other (please specify)

2. How often do you attend steering committee meetings?

- All/most of the time
- Often
- Sometimes
- Not often
- Never

3. In a sentence or two, please describe what the GA-PRI initiative means to you.

4. In a sentence or two, please describe the mission/purpose of the GA-PRI steering committee.

5. Do you think that the steering committee meetings are conducted in a way that is helping to achieve the committee's mission/purpose?

- Yes

No

6. Please briefly explain your answer to question #5 above.

7. Do you feel like you (and/or your agency) have a clearly defined role within the steering committee?

Yes

No

8. Please briefly explain your response to question #7 above.

9. Please list any activities where you would like to see future steering committee involvement.

10. Please provide a sentence or two about the steering committee's membership - does it seem about right, too large, or too small?

11. Please list any specific agencies or general types of agencies/service providers in your community that you think should be a part of the steering committee.

12. Do you think that the PRI initiative is targeting the right types of persons? Please explain or answer.

13. Please share your thoughts on Healing Communities and it's role with PRI efforts in your community.

14. Do you think that this committee is connecting returning citizens to services that they would not have otherwise received?

Yes

No

Not sure

15. Please briefly discuss whether you think the GA-PRI initiative is helping persons released from prison to be successful upon release.

16. Please provide suggestions for how the GA-PRI steering committee in your community can improve in the future.

17. Please provide suggestions for how the GA-PRI initiative in your community can improve in the future.

18. Please provide any other comments or suggestions.



# Appendix 4

## GA-PRI In-Reach Data Form

Date In-Reached:   /   /

Day                  Month                  Year

GDC ID of person In-Reached:

Name:

First                  MI                  Last

Date of Birth:   /   /

Day                  Month                  Year

Start Time:   :

Hour                  Minute                  AM  
PM

End Time:   :

Hour                  Minute                  AM  
PM

**In-Reached By:**

- In-Reach Specialist       Community Coordinator
- Housing Coordinator       Stakeholder Volunteer
- Other \_\_\_\_\_  
Specify

**PRI Pilot Site Community:**

- Bibb County                       Chatham County
- Dougherty County               Fulton County
- Muscogee County               Richmond County

**In-Reach Activities Performed** (activities conducted while the returning citizen is still incarcerated)

Where did these activities occur?  Prison     Transitional Center     Other \_\_\_\_\_  
Specify

Facility Name: \_\_\_\_\_  
Specify

**Check all activities that were conducted on the date above:**

- Orientation (Group)
- Orientation (Individual)
- Follow-up conversation (Group)
- Follow-up conversation (Individual)
- Information exchange/update with probation/parole officer
- Resource sheet provided
- Contact with family of returning citizen
- Group event (i.e. resource fair, employment workshop)
- Collateral contact made on behalf of returning citizen (i.e. call potential employer, inquire about eligibility for program services, etc.)

**Recommendation provided for:**

- Benefits/public assistance
- Clothing
- Domestic violence
- Education
- Employment
- Faith-based services
- Financial services
- Food
- Housing
- Medical services
- Mental health services
- Mentor
- Substance abuse
- Transportation
- Veteran's Services
- Other \_\_\_\_\_  
(Specify)
- Other \_\_\_\_\_  
(Specify)
- Other \_\_\_\_\_  
(Specify)

**Referral provided for:**

- Benefits/public assistance
- Clothing
- Domestic violence
- Education
- Employment
- Faith-based services
- Financial services
- Food
- Housing
- Medical services
- Mental health services
- Mentor
- Substance abuse
- Transportation
- Veteran's Services
- Other \_\_\_\_\_  
(Specify)
- Other \_\_\_\_\_  
(Specify)
- Other \_\_\_\_\_  
(Specify)

**Out-Reach Activities Performed** – (activities conducted after the citizen returned to the community)

**Check all activities that were conducted on the date listed on the front of this sheet:**

- |  |  |
|--|--|
| <input type="checkbox"/> Staffing (returning citizen present)                    | <input type="checkbox"/> Resource sheet provided   |
| <input type="checkbox"/> Staffing (returning citizen NOT present)                | <input type="checkbox"/> Contact with family of returning citizen  |
| <input type="checkbox"/> Post-release orientation (Group)                        | <input type="checkbox"/> Group event (i.e. resource fair, employment workshop)   |
| <input type="checkbox"/> Post-release orientation (Individual)                   | <input type="checkbox"/> Collateral contact made on behalf of returning citizen (i.e. call potential employer, inquire about eligibility for program services, etc.) |
| <input type="checkbox"/> Follow-up with returning citizen (phone/email/personal) | <input type="checkbox"/> Contact with probation/parole about case  |
| <input type="checkbox"/> Connect returning citizen to a mentor                   |  |

**Recommendation provided for:**

- Benefits/public assistance
- Clothing
- Domestic violence
- Education
- Employment
- Faith-based services
- Financial services
- Food
- Housing
- Medical services
- Mental health services
- Mentor
- Substance abuse
- Transportation
- Veteran’s Services
- Other \_\_\_\_\_  
(Specify)
- Other \_\_\_\_\_  
(Specify)
- Other \_\_\_\_\_  
(Specify)

**Referral provided for:**

- Benefits/public assistance
- Clothing
- Domestic violence
- Education
- Employment
- Faith-based services
- Financial services
- Food
- Housing
- Medical services
- Mental health services
- Mentor
- Substance abuse
- Transportation
- Veteran’s Services
- Other \_\_\_\_\_  
(Specify)
- Other \_\_\_\_\_  
(Specify)
- Other \_\_\_\_\_  
(Specify)

**Notes:**

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**Please return this completed form to Sharon Johnson @ ARS, Inc.  
 scjohnson@ars-corp.com 404-881-1120 ext. 105 fax: 404-881-8998  
 663 Ethel Street, NW Atlanta, GA 30318**

# Appendix 5

## Welcome

**Welcome**  
Welcome to the PRI Resource Tracking System. Please enter your email address and password below and press "Login."

Email   
Required

Password   
[I forgot my password](#)

For access, please contact:  
Mary Elliott: [mary.elliott@dcs.ga.gov](mailto:mary.elliott@dcs.ga.gov)

**The Department of Community Supervision does not license or authorize any particular resource. While any and all resources offered by DCS are not all-inclusive, nor do they offer an assurance of current status, the agency provides access to these listings as a resource, in good faith, to assist in reentry efforts.**

Applied Research Services, Inc.  
3235 Cairns Hill Place  
Atlanta, GA 30305

Telephone: +1 (404) 881-1120  
FAX: +1 (404) 881-8998

Comments:

Email:

### Administration

- Manage Users
- Manage Site Chiefs
- Manage Coordinators
- Monthly Report

### Main Menu

- Manage Resources
- Communications
- My Tags
- Resource Report
- Communication Report

### Mentoring

- Encounters
- Encounters Report
- Print PDF Version
- I Choose Support
- Communications
- I Choose Support Report
- Communication Report

### Healing Communities

- Healing Referral
- Healing Training
- Stations Of Hope
- Communications
- Stations Of Hope Report
- Communication Report

### Other

- Manage Password
- Log Out

## Resource/Contact Management

Name

Agency Website   
Email   
Address   
City

Phone   
Address 2   
State  Zip

Direct Services:   
In-Process:   
Non-Direct:   
Contact CC:   
Type:  Housing  Community

Contact info added here is NOT included on In-Reach reports

Main Contact Person			
Name	Title	Email	Phone
<a href="#">Add</a>			
Additional Contacts			

Check One  Local  Multi-Site      Site/County:

Agency Type:

Resource Type

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Financial services	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Housing
<input type="checkbox"/> Benefits/public assistance	<input type="checkbox"/> Food	<input type="checkbox"/> Transportation	<input type="checkbox"/> THOR/RPH <small>-- do not use, please change if selected</small>
<input type="checkbox"/> Clothing	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Veteran's Services	<input type="checkbox"/> THOR
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Legal assistance	<input type="checkbox"/> Victims issues	<input type="checkbox"/> RPH
<input type="checkbox"/> Education	<input type="checkbox"/> Medical services	<input type="checkbox"/> Station of Hope	<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Mental health services	<input type="checkbox"/> Faith-based services	<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Direct employment	<input type="checkbox"/> Mentor	<input type="checkbox"/> Vocational Training/Program	<input type="checkbox"/> Emergency Housing
<input type="checkbox"/> Female services	<input type="checkbox"/> Sex Offender Services	<input type="checkbox"/> Other	<input type="checkbox"/> "Hard to Place" Housing Situation
<input type="checkbox"/> Family counseling			<input type="checkbox"/> Supportive housing
			<input type="checkbox"/> Transitional housing
			<input type="checkbox"/> Affordable private rental housing
			<input type="checkbox"/> Sex Offender Housing
			<input type="checkbox"/> Other

Notes

800 Characters allowed

Notes for In-Reach Staff

800 Characters allowed

Active     DCS Approved

- Administration**
  - Manage Users
  - Manage Site Chiefs
  - Manage Coordinators
  - Monthly Report
- Main Menu**
  - Manage Resources
  - Communications
  - My Tags
  - Resource Report
  - Communication Report
- Mentoring**
  - Encounters
  - Encounters Report
  - Print PDF Version
  - I Choose Support
  - Communications
  - I Choose Support Report
  - Communication Report
- Healing Communities**
  - Healing Referral
  - Healing Training
  - Stations Of Hope
  - Communications
  - Stations Of Hope Report
  - Communication Report
- Other**
  - Manage Password

**Add New Communication**

Interaction Date:

Single Resource  Select Multiple Resources

Site:  [Add New](#)  show housing  show community

Resource:  [Add New](#)  show active  show only mine

Contact Person:

Name Or Tag:  [Add New](#)  show active  show only mine

---

Type of Interaction:  Purpose of Interaction:

Objective:

Resource Type: **Community**

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Financial services	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Benefits/public assistance	<input type="checkbox"/> Food	<input type="checkbox"/> Transportation
<input type="checkbox"/> Clothing	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Veteran's Services
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Legal assistance	<input type="checkbox"/> Victims issues
<input type="checkbox"/> Education	<input type="checkbox"/> Medical services	<input type="checkbox"/> Station of Hope
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Mental health services	<input type="checkbox"/> Faith-based services
<input type="checkbox"/> Direct employment	<input type="checkbox"/> Mentor	<input type="checkbox"/> Vocational Training/Program
<input type="checkbox"/> Female services	<input type="checkbox"/> Sex Offender Services	<input type="checkbox"/> Other
<input type="checkbox"/> Family counseling		

**Housing**

<input type="checkbox"/> THOR/RPH <small>** do not use, please change if selected</small>
<input type="checkbox"/> THOR
<input type="checkbox"/> RPH
<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Emergency Housing
<input type="checkbox"/> "Hard to Place" Housing Situation
<input type="checkbox"/> Supportive housing
<input type="checkbox"/> Transitional housing
<input type="checkbox"/> Affordable private rental housing
<input type="checkbox"/> Sex Offender Housing
<input type="checkbox"/> Other

Interaction Notes:

600 Characters allowed

Outcome:

[Add Communication](#) [Cancel](#)

**Mentor Data Collection**

Please log a data sheet for each encounter that you have with your mentee.

**Mentor Name:** \_\_\_\_\_

**Mentor County of Residence:** \_\_\_\_\_

**Mentee GDC ID#:** \_\_\_\_\_

**Inactive:**  Yes

**Date:** \_\_\_\_\_  
*Month/day/year*

**Length:** \_\_\_\_\_  
*# of Minutes*

**Encounter Type:** \_\_\_\_\_

**Other Type:** \_\_\_\_\_

**Encounter Location:** \_\_\_\_\_

**Other Location:** \_\_\_\_\_

**Nature of the Encounter:** \_\_\_\_\_

**Other Nature:** \_\_\_\_\_

IF YOU THINK THIS PERSON IS A RISK TO THEMSELVES OR OTHERS,  
IMMEDIATELY CONTACT THE CSO OR OTHER AUTHORITIES.

**High Priority Issue:** \_\_\_\_\_

**Comments**

**PRI Resource Tracking Website:**  
PDF version of Mentor Data Collection screen  
which allows mentors to print the form and  
record required data while away from a  
computer, to be entered later.

- Administration
  - Manage Users
  - Manage Site Chiefs
  - Manage Coordinators
  - Monthly Report
- Main Menu
  - Manage Resources
  - Communications
  - My Tags
  - Resource Report
  - Communication Report
- Mentoring
  - Encounters
  - Encounters Report
  - Print PDF Version
  - I Choose Support
  - Communications
  - I Choose Support Report
  - Communication Report
- Healing Communities
  - Healing Referral
  - Healing Training

Resource Report

**Site**    
**Coordinator**    
**Date Range**  -    
start date end date

Select One   
 Agency Type

All  Local  Multi-Site

**Resource Type**   
\*Note: by not selecting a type, all will be returned. If you would like to filter on type, please selected from the following.

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Financial services	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Housing
<input type="checkbox"/> Benefits/public assistance	<input type="checkbox"/> Food	<input type="checkbox"/> Transportation	<input type="checkbox"/> THOR/RPH ** do not use, please change if selected
<input type="checkbox"/> Clothing	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Veteran's Services	<input type="checkbox"/> THOR
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Legal assistance	<input type="checkbox"/> Victims issues	<input type="checkbox"/> RPH
<input type="checkbox"/> Education	<input type="checkbox"/> Medical services	<input type="checkbox"/> Station of Hope	<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Mental health services	<input type="checkbox"/> Faith-based services	<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Direct employment	<input type="checkbox"/> Mentor	<input type="checkbox"/> Vocational Training/Program	<input type="checkbox"/> Emergency Housing
<input type="checkbox"/> Female services	<input type="checkbox"/> Sex Offender Services	<input type="checkbox"/> Other	<input type="checkbox"/> "Hard to Place" Housing Situation
<input type="checkbox"/> Family counseling			<input type="checkbox"/> Supportive housing
			<input type="checkbox"/> Transitional housing
			<input type="checkbox"/> Affordable private rental housing
			<input type="checkbox"/> Sex Offender Housing
			<input type="checkbox"/> Other

[View Resources](#)

Total Number of Resources:

[Click here to print](#)

Resource	Location	Agency Type	Site	Date Added
----------	----------	-------------	------	------------

- Administration
  - Manage Users
  - Manage Site Chiefs
  - Manage Coordinators
  - Monthly Report
- Main Menu
  - Manage Resources
  - Communications
  - My Tags
  - Resource Report
  - Communication Report
- Mentoring
  - Encounters
  - Encounters Report
  - Print PDF Version
  - I Choose Support
  - Communications
  - I Choose Support Report
  - Communication Report
- Healing Communities
  - Healing Referral
  - Healing Training

Communication Report

**Site**    
**Coordinator**    
**Date Range**  -    
start date end date

Pull by GDCID    
 Resource   show housing  show community

Type of Interaction  Purpose of Interaction    
 Objective    
 Outcome

[View Communications](#)

Communication Methods

Direct Link Counts

Face to face private:

Face to face:

Phone:

Email:

Mail:

Video call:

Other:

Total Number of Communications:

Number of Communications by Site:

Bibb County:	Gwinnett County:
Chatham County:	Hall County:
Clayton County:	Liberty County:
Cobb County:	Lowndes County:
DeKalb County:	Muscogee County:
Dougherty County:	Newton County:
Douglas County:	Richmond County:
Floyd County:	Troup County:
Fulton County:	

**PRI Resource Tracking Website:**  
Stations of Hope New Resource Screen

- Administration**
- Manage Users
- Manage Site Chiefs
- Manage Coordinators
- Monthly Report
- Main Menu**
- Manage Resources
- Communications
- My Tags
- Resource Report
- Communication Report
- Mentoring**
- Encounters
- Encounters Report
- Print PDF Version
- I Choose Support
- Communications
- I Choose Support Report
- Communication Report
- Healing Communities**
- Healing Referral
- Healing Training
- Stations Of Hope
- Communications
- Stations Of Hope Report
- Communication Report
- Other**
- Manage Password
- Log Out

Resource/Contact Management

**Name**

Agency Website  Phone

Email

Address  Address 2

City  State, Zip

In-Process:

Contact HC:

Contact info added here is NOT included on In-Reach reports

**Main Contact Person**

Name	Title	Email	Phone	
<a href="#">Add</a>				

Additional Contacts

Check One  Local  Multi-Site Site/County

Agency Type

Resource Type

**Community**

<input type="checkbox"/> AA Meetings	<input type="checkbox"/> Direct employment	<input type="checkbox"/> Legal assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Female services	<input type="checkbox"/> Medical services	<input type="checkbox"/> Veteran's Services
<input type="checkbox"/> Benefits/public assistance	<input type="checkbox"/> Family counseling	<input type="checkbox"/> Mental health services	<input type="checkbox"/> Victims issues
<input type="checkbox"/> Clothing	<input type="checkbox"/> Financial services	<input type="checkbox"/> Mentor	<input type="checkbox"/> Station of Hope
<input type="checkbox"/> Counseling	<input type="checkbox"/> Food	<input type="checkbox"/> NA Meetings	<input type="checkbox"/> Faith-based services
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Housing	<input type="checkbox"/> Sex Offender Services	<input type="checkbox"/> Vocational Training/Program
<input type="checkbox"/> Education	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Other
<input type="checkbox"/> Employment Services			

**Notes**

800 Characters allowed

Target Population  Juveniles  Adults  Men  Women  Veterans

Status  Traing Cert  SOH Seal  LOI Form

Active  DCS Approved

[Save New Resource](#)

# Appendix 6

## Appendix 6. Risk Eligible PRI Participants: Propensity Matching Diagnostics: All Phase-1 Sites

Convariate	Means Treated		Means Control		SD Control		Std. Me
	Before	After	Before	After	Before	After	Before
Propensity Score	.080	.080	.068	.080	.027	.029	.346
Age at Start of Supervision	33.701	33.700	33.209	33.473	9.505	10.092	.051
NGA_Risk2_FelArrest_Matrix3	.289	.289	.305	.294	.461	.456	-.036
NGA_Risk2_FelArrest_Matrix4	.332	.333	.345	.333	.475	.471	-.028
NGA_Risk2_FelArrest_Matrix5	.379	.379	.349	.373	.477	.484	.060
NGA_Need6_SA_matrix1	.149	.148	.108	.157	.311	.364	.114
NGA_Need6_SA_matrix2	.135	.134	.117	.135	.322	.341	.050
NGA_Need6_SA_matrix3	.132	.132	.127	.130	.333	.337	.013
NGA_Need6_SA_matrix4	.168	.168	.181	.170	.385	.375	-.034
NGA_Need6_SA_matrix5	.417	.417	.466	.408	.499	.492	-.100
NGA_Need5_MH_matrix1	.277	.277	.269	.284	.443	.451	.018
NGA_Need5_MH_matrix2	.194	.194	.167	.193	.373	.395	.067
NGA_Need5_MH_matrix3	.149	.149	.151	.156	.358	.362	-.005
NGA_Need5_MH_matrix4	.168	.168	.178	.165	.382	.371	-.026
NGA_Need5_MH_matrix5	.209	.209	.233	.200	.423	.400	-.059
NGA_Need1_CT_matrix1	.096	.096	.102	.097	.303	.296	-.020
NGA_Need1_CT_matrix2	.187	.187	.184	.178	.388	.382	.007
NGA_Need1_CT_matrix3	.172	.172	.177	.175	.382	.380	-.013
NGA_Need1_CT_matrix4	.202	.203	.196	.217	.397	.412	.016
NGA_Need1_CT_matrix5	.338	.338	.334	.329	.472	.470	.008
Prior Felony Arrests	.989	.989	.992	.990	.092	.100	-.024
Prior Revocation	.264	.263	.261	.249	.439	.433	.006
Total_Completed Prison (none)	.001	.001	.001	.001	.034	.025	-.010
Sex	.890	.890	.873	.894	.333	.307	.055
Race	.680	.680	.531	.680	.499	.466	.320
Current Offense Violent	.348	.347	.256	.347	.436	.476	.193
Current Offense Property	.296	.297	.346	.306	.476	.461	-.109
Current Offense Drugs	.127	.127	.141	.124	.348	.329	-.043
Current Offense Other	.169	.169	.200	.158	.400	.364	-.082

Exact Match on Supervision (Split Probation or Parole)

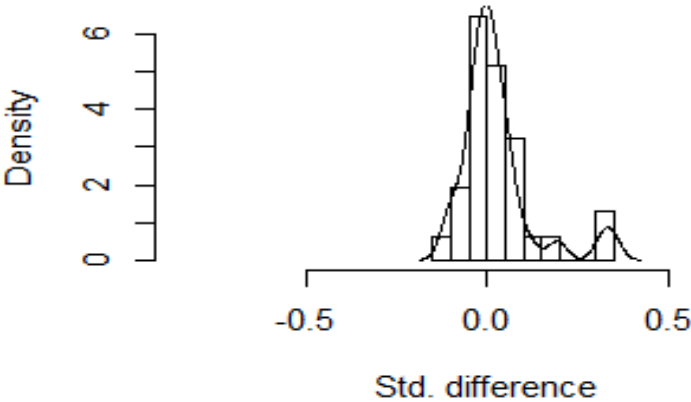
**Appendix 6. Risk Eligible PRI Participants: Propensity Matching Diagnostics: All Phase-2 Sites**

	Means Treated		Means Control		SD Co
	Before	After	Before	After	Before
Propensity Score	.080	.080	.068	.080	.027
Age at Start of Supervision	33.701	33.700	33.209	33.473	9.505
NGA_Risk2_FelArrest_Matrix3	.289	.289	.305	.294	.461
NGA_Risk2_FelArrest_Matrix4	.332	.333	.345	.333	.475
NGA_Risk2_FelArrest_Matrix5	.379	.379	.349	.373	.477
NGA_Need6_SA_matrix1	.149	.148	.108	.157	.311
NGA_Need6_SA_matrix2	.135	.134	.117	.135	.322
NGA_Need6_SA_matrix3	.132	.132	.127	.130	.333
NGA_Need6_SA_matrix4	.168	.168	.181	.170	.385
NGA_Need6_SA_matrix5	.417	.417	.466	.408	.499
NGA_Need5_MH_matrix1	.277	.277	.269	.284	.443
NGA_Need5_MH_matrix2	.194	.194	.167	.193	.373
NGA_Need5_MH_matrix3	.149	.149	.151	.156	.358
NGA_Need5_MH_matrix4	.168	.168	.178	.165	.382
NGA_Need5_MH_matrix5	.209	.209	.233	.200	.423
NGA_Need1_CT_matrix1	.096	.096	.102	.097	.303
NGA_Need1_CT_matrix2	.187	.187	.184	.178	.388
NGA_Need1_CT_matrix3	.172	.172	.177	.175	.382
NGA_Need1_CT_matrix4	.202	.203	.196	.217	.397
NGA_Need1_CT_matrix5	.338	.338	.334	.329	.472
Prior Felony Arrests	.989	.989	.992	.990	.092
Prior Revocation	.264	.263	.261	.249	.439
Total_Completed Prison (none)	.001	.001	.001	.001	.034
Sex	.001	.000	.000	.000	.015
Race	.000	0.000	0.000	0.000	0.000
Current Offense Violent	.890	.890	.873	.894	.333
Current Offense Property	.680	.680	.531	.680	.499
Current Offense Drugs	.348	.347	.256	.347	.436
Current Offense Other	.296	.297	.346	.306	.476

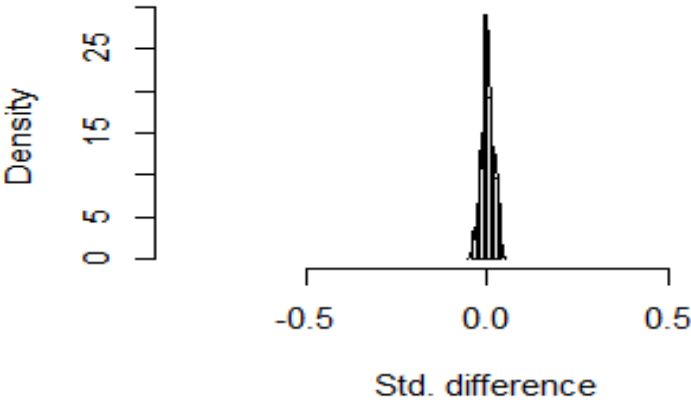
Exact Match on Supervision (Split Probation or Parole)



**Standardized differences before matching**



**Standardized differences after matching**



# Appendix 7

## Georgia Prisoner Re-Entry Initiative (GA-PRI) Steering Team Survey – 2018

1. Please provide your role within the community:

- |   |   |
|---|---|
| <input type="checkbox"/> Community Supervision Officer/rep    | <input type="checkbox"/> Community service provider           |
| <input type="checkbox"/> Juvenile justice representative      | <input type="checkbox"/> College/University representative    |
| <input type="checkbox"/> Correctional facility representative | <input type="checkbox"/> Faith-based community representative |
| <input type="checkbox"/> Law enforcement                      | <input type="checkbox"/> Private citizen                      |
| <input type="checkbox"/> Other state agency representative    | <input type="checkbox"/> Other (specify) _____                |
- (specify) \_\_\_\_\_

2. How often do you attend steering team meetings?

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> All/most of the time | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often                | <input type="checkbox"/> Not often |

3. In a sentence or two, please describe what the GA-PRI initiative means to you.

---

---

---

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4. In a sentence or two, please describe the mission/purpose of the GA-PRI steering team.

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5. Do you think that the steering team meetings are conducted in a way that is helpful to achieve the team's mission/purpose?

- Yes  
 No

6. Please briefly explain your response to questions #5 above.

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7. Do you feel like you (and/or your agency) have a clearly defined role within the steering committee?

- Yes  
 No

8. Please briefly explain your response to questions #7 above.

---

---

---

---

9. Please list any activities where you would like to see steering team involvement.

---

---

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10. Please provide a sentence or two about the steering team's membership. Does it seem about right, too large, or too small?

---

---

---

---

11. Please list any specific agencies or general types of agencies/service providers in your community that you think should be a part of the steering committee.

---

---

---

---

12. Do you think the PRI initiative is targeting the right types of persons? Please explain.

---

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13. Please share your thoughts on Healing Communities and its role within PRI efforts.

---

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---

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14. Please briefly discuss whether you think the GA-PRI initiative is helping persons released from prison to be successful upon release.

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---

---



# Appendix 8

## Appendix 8a. Capacity Building: Outcomes by Phase

Phase-1	Outcome	No.	Pct (%)
Bibb	Met Goal	1,777	86.1%
	Referral Only	146	7.1%
	Rejected/Denied	19	0.9%
	Successful Connection	6	0.3%
	Under Consideration	116	5.6%
Chatham	Met Goal	1,423	88.1%
	Referral Only	64	4.0%
	Rejected/Denied	74	4.6%
	Successful Connection	2	0.1%
	Under Consideration	53	3.3%
Dougherty	Met Goal	1,228	77.9%
	Referral Only	61	3.9%
	Rejected/Denied	18	1.1%
	Successful Connection	14	0.9%
	Under Consideration	256	16.2%
Fulton	Met Goal	4,850	93.7%
	NULL	1	0.0%
	Referral Only	222	4.3%
	Rejected/Denied	37	0.7%
	Successful Connection	17	0.3%
	Under Consideration	48	0.9%
Muscogee	Met Goal	1,877	85.0%
	Referral Only	147	6.7%
	Rejected/Denied	25	1.1%
	Successful Connection	19	0.9%
	Under Consideration	141	6.4%
Richmond	Met Goal	2,487	91.1%
	Referral Only	61	2.2%
	Rejected/Denied	45	1.6%
	Successful Connection	18	0.7%
	Under Consideration	119	4.4%

**Appendix 8b. Capacity Building: Outcomes by Phase**

Phase-2	Outcome	No.	Pct (%)
DeKalb	Met Goal	1,738	84.5%
	Referral Only	80	3.9%
	Rejected/Denied	20	1.0%
	Successful Connection	5	0.2%
	Under Consideration	214	10.4%
Floyd	Met Goal	4,141	98.1%
	Rejected/Denied	12	0.3%
	Under Consideration	68	1.6%
Hall	Met Goal	1,523	95.5%
	Referral Only	3	0.2%
	Rejected/Denied	8	0.5%
	Under Consideration	60	3.8%
Lowndes	Met Goal	1,448	96.9%
	Referral Only	7	0.5%
	Rejected/Denied	1	0.1%
	Successful Connection	2	0.1%
	Under Consideration	36	2.4%
Troup	Met Goal	1,397	86.9%
	Referral Only	97	6.0%
	Rejected/Denied	29	1.8%
	Successful Connection	15	0.9%
	Under Consideration	70	4.4%

**Appendix 8c. Capacity Building: Outcomes by Phase**

Phase-3	Outcome	No.	Pct (%)
Clayton	Met Goal	1,874	90.8%
	Referral Only	29	1.4%
	Rejected/Denied	111	5.4%
	Successful Connection	18	0.9%
	Under Consideration	32	1.6%
Cobb	Met Goal	1,189	98.0%
	Referral Only	6	0.5%
	Rejected/Denied	9	0.7%
	Successful Connection	5	0.4%
	Under Consideration	4	0.3%
Douglas	Met Goal	2,543	99.1%
	Referral Only	11	0.4%
	Rejected/Denied	2	0.1%
	Under Consideration	9	0.4%
Gwinnett	Met Goal	2,068	99.3%
	Referral Only	5	0.2%
	Under Consideration	9	0.4%
Liberty	Met Goal	2,015	96.6%
	Referral Only	15	0.7%
	Successful Connection	11	0.5%
	Under Consideration	44	2.1%
Newton	Met Goal	1,068	88.2%
	Referral Only	5	0.4%
	Under Consideration	138	11.4%

# Appendix 9



**Department of Community Supervision**  
Phase Three Transition Accountability Plan (TAP3)

Michael W. Nail  
Commissioner

*This form must not contain any HIPAA protected information.*

**Demographics**

Name:	DOB:	Residence County:
GDC#:	Sex:	Current/Last Facility:
TPM of MRD		Community Supr. to follow?

**Immediate Needs/Issues** Select "Y" for Yes, "N" for No, or "U" for Unknown. If the answer is YES, address in Intervention Plan, Additional Issues, and/or Schedule section(s) below.

ROI signed?	Photo I.D. needed?	Social Security Card needed?	Birth Certificate needed?
Child Support?	Homeless/No residence plan?	Veteran?	SSI/SSD/Medicare?
Medication needs?	Other needs?	Last/Current Mental Health Level	Highest Mental Health Level
STG Affiliation?	SVO Reg. required?		

For additional information regarding immediate needs/issues, refer to case file for confidential information.

**Automated Dynamic Risk Score and Supervision Level** (To be entered by CSO)

Supervision Level	Current Risk Score	Initial Risk Score
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**NGA Risk/Need Scales and Profiles**

Risk		Need		Overall Risk/Needs Score*		
Arrest for any offense:		Criminal Thinking:		Mental Health:		Risk/Needs: Substance Abuse/Arrest-Any Offense
Arrest for felony offense:		Education:		Substance Abuse:		Risk/Needs: Criminal Thinking/Arrest - Any Offense
Arrest for any violent/sex offense:		Employment:		Trauma:		Risk/Needs: Criminal Thinking/Arrest-Violent/Sex Offense
Priority Scale:		Peer/Family:		Motivation to Change:		Risk/Needs: Employment+Education/Arrest -Any Offense

\*Overall Risk/Needs Score: 1-8 Indicates **Low** overall Score. 9-18 Indicates **Moderate** overall Score. 19-25 Indicates **High** overall Score

**Programs During Incarceration**

Review the GDC Reentry Plan (TAP2) for information regarding program assignments and completions to determine dosage to promote continuity while considering strengths/accomplishments during incarceration.

**Substance Abuse Track**

Substance Abuse/AOD Use program participation during incarceration?		SA referral recommended?	
SA Comments:	Motivation for Change - Completed		

**Cognitive Track**

Cognitive Skills/Mental Health program participation during incarceration?		Cog/MH referral recommended?	
Cog/MH Comments:	Problem Solving Skills - Completed		

**Employment Track**

Employment/Job Skills program participation during incarceration?		Emp referral recommended?	
Employment Comments:	Inside Orderly Outside Non-Contract Detail		

**Education Track**

Education program participation during incarceration?		Ed referral recommended?	
Education Comments:	Currently has High School Diploma/GED		

Prepared by:	Alexander Scott	Email:	alexander.scott@dcs.ga.gov	Phone:	
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Name:	Banks, Kevin	GDC#:	1223647	Date:	
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*This form must not contain any HIPAA protected information.*

Additional Program Comments:	
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**Personal Goals**

Goal by Priority	Personal Goals (Enter the individual's personal goals in his/her exact words)
1.	
2.	
3.	

**Intervention Tracks**

Service/Need Tracks	Substance Abuse / AOD Use Track	Cognitive Skills / Mental Health Track	Employment / Income Track	Education Track
Goals				
Immediate Needs				
Supporters				
Strengths				
Transportation				

**Additional Concerns** Include appropriate comments regarding needs, supporters strengths, transportation, etc.

Housing	
Family Reunification	
Peer Associations	
Pro-Social Activities	
Physical Health	
Motivators/Incentives	
Strengths	
Faith-Based Initiatives	
Transportation	
Trauma	
Other	

**Intervention Plan** First month schedule to be completed by PIRS or Regional Reentry Counselor. Subsequent months to be completed at discretion of the CSO.

Tracks/Concerns	Month 1	Month 2 (P.R.N.)	Month 3 (P.R.N.)	Month 6 (P.R.N.)
Cog. Skills/MH				
Substance Abuse				
Employment/Income				
Education				
Housing				
Family Reunification				
Peer Associations				
Trauma				

**Intervention Plan Summary/Comments:**

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Note: Case plan is signed by CSO and participant during the intake interview with the CSO after release from prison.

CSO Signature: \_\_\_\_\_ Date \_\_\_\_\_ Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Prepared by:	Alexander Scott	Email:	alexander.scott@dcs.ga.gov	Date:	
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# Appendix 10

## Appendix 10. Risk Ratios and Tests of Significance, Phase-1 Any Arrest

### All Phase1 Counties

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	0.90	0.86	0.94	22.30	0.00	0.03	0.00
12-Months	0.92	0.89	0.95	24.64	0.00	0.03	0.00
18-Months	0.93	0.90	0.95	30.46	0.00	0.03	0.00
24-Months	0.93	0.90	0.95	36.97	0.00	0.03	0.00

### Bibb

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	0.89	0.78	1.03	2.61	0.06	0.30	0.10
12-Months	0.96	0.87	1.05	0.85	0.36	0.02	0.37
18-Months	0.94	0.86	1.02	2.15	0.14	0.03	0.14
24-Months	0.93	0.86	1.01	3.28	0.07	0.03	0.09

### Chatham

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	0.80	0.71	0.91	12.80	0.00	0.05	0.00
12-Months	0.87	0.80	0.95	10.77	0.00	0.05	0.00
18-Months	0.87	0.81	0.94	14.83	0.00	0.05	0.00
24-Months	0.86	0.80	0.92	21.13	0.00	0.07	0.00

### Dougherty

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	0.96	0.83	1.13	0.21	0.65	0.01	0.65
12-Months	0.97	0.88	1.08	0.27	0.61	0.01	0.61
18-Months	1.00	0.91	1.09	0.00	0.95	0.00	0.95
24-Months	1.04	0.96	1.13	1.11	0.29	-0.02	0.29

### Fulton

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	0.97	0.90	0.90	0.74	0.39	0.01	0.39
12-Months	0.95	0.90	1.00	3.30	0.07	0.02	0.07
18-Months	0.94	0.90	0.99	6.43	0.01	0.03	0.01
24-Months	0.93	0.89	0.97	10.33	0.00	0.03	0.00

### Muscogee

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	0.93	0.83	1.04	1.71	0.19	0.02	0.19
12-Months	0.91	0.84	0.98	6.03	0.01	0.04	0.01
18-Months	0.95	0.89	1.02	2.16	0.14	0.02	0.14
24-Months	0.95	0.89	1.01	3.28	0.07	0.03	0.07

### Richmond

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	0.79	0.70	0.89	14.92	0.00	0.06	0.00
12-Months	0.82	0.75	0.89	23.57	0.00	0.07	0.00
18-Months	0.86	0.80	0.93	17.80	0.00	0.06	0.00
24-Months	0.89	0.83	0.95	14.03	0.00	0.05	0.00

# Appendix 11

## Appendix 11. Risk Ratios and Tests of Significance, Phase-2 Any Arrest

### Phase2 Counties

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	.950	.871	1.036	1.34	.248	.014	.245
12-Months	.926	.870	.985	5.95	.015	.029	.014
18-Months	.858	.811	.908	29.21	.000	.064	.000
24-Months	.794	.752	.839	72.32	.000	.101	.000

### Dekalb

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	.741	.636	.864	15.37	.000	.071	.000
12-Months	.768	.689	.855	24.50	.000	.090	.000
18-Months	.720	.654	.794	48.65	.000	.126	.000
24-Months	.672	.611	.738	77.97	.000	.160	.000

### Floyd

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	1.024	.832	1.260	0.05	.821	-.008	.821
12-Months	.989	.849	1.153	0.02	.889	.005	.889
18-Months	.938	.816	1.079	0.80	.370	.031	.370
24-Months	.849	.743	.970	5.82	.016	.083	.015

### Hall

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	1.090	.908	1.309	0.85	.357	-.026	.361
12-Months	.991	.871	1.127	0.02	.889	.004	.889
18-Months	.934	.831	1.051	1.32	.250	.033	.251
24-Months	.883	.787	.991	4.68	.031	.062	.031

### Lowndes

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	1.056	.834	1.338	0.21	.650	-.016	.652
12-Months	.949	.800	1.125	0.37	.544	.021	.542
18-Months	.849	.726	.991	4.53	.033	.074	.033
24-Months	.785	.674	.915	10.61	.000	.113	.000

### Troup

	Risk Ratio	Lower	Upper	Chi-Sq	Sig.	Tau-b	Sig.
6-Months	.951	.728	1.242	0.14	.711	.014	.709
12-Months	.979	.810	1.183	0.05	.823	.009	.823
18-Months	.860	.723	1.021	3.12	.077	.069	.077
24-Months	.802	.678	.948	7.33	.000	.106	.000

# Appendix 12

## Appendix 12. Phase-1 Robust Logistic Regression Models By 18-Month Recidivism: Any New Arrest or New Felony Arrest with PRI Intervention Only

	18-Month Recidivism (Any Arrest)				
	B	S.E.	Sig.	95% CI	
Age at First Arrest	-0.014	0.006	0.009	-0.025	-0.004
Prior Prob/Par Violation Charges	0.228	0.043	0.000	0.143	0.312
Major Offense: Property	0.253	0.035	0.000	0.185	0.320
NGA Mental Health	-0.331	0.048	0.000	-0.425	-0.238
NGA Criminal Thinking	0.239	0.034	0.000	0.172	0.305
NGA Peers	0.271	0.034	0.000	0.204	0.339
Splits	0.012	0.037	0.749	-0.060	0.083
PRI Intervention	-0.324	0.037	0.000	-0.398	-0.251
No-Contact 6-Months	0.215	0.039	0.000	0.138	0.292
No Job - 6-Months	0.283	0.039	0.000	0.206	0.359
Moved in First 12-Months	0.257	0.037	0.000	0.186	0.329
Positive Tests 12-Months	0.732	0.039	0.000	0.656	0.808
Educational Attainment	-0.021	0.003	0.000	-0.027	-0.015
Unemployment Rate	0.191	0.017	0.000	0.158	0.223
Constant	-1.324	0.160	0.000	-1.638	-1.011

## Attachment 12. Phase-1 Robust Logistic Regression Models By 18-Month Recidivism: Any New Arrest or New Felony Arrest with PRI Intervention Only

	18-Month Felony Recidivism				
	B	S.E.	Sig.	95% CI	
Age at First Arrest	-0.012	0.006	0.035	-0.024	-0.001
Prior Prob/Par Violation Charges	0.239	0.045	0.000	0.151	0.327
Major Offense: Property	0.270	0.035	0.000	0.201	0.339
NGA Mental Health	-0.320	0.051	0.000	-0.419	-0.221
NGA Criminal Thinking	0.287	0.035	0.000	0.218	0.355
NGA Peers	0.272	0.035	0.000	0.203	0.340
Splits	0.040	0.038	0.288	-0.034	0.114
PRI Intervention	-0.351	0.038	0.000	-0.426	-0.276
No-Contact 6-Months	0.241	0.040	0.000	0.162	0.320
No Job - Months	0.399	0.041	0.000	0.319	0.479
Moved in First 18-Months	0.249	0.037	0.000	0.176	0.322
Positive Tests 18-Months	0.715	0.039	0.000	0.638	0.791
Educational Attainment	-0.014	0.003	0.000	-0.020	-0.009
Unemployment Rate	0.145	0.017	0.000	0.113	0.178
Constant	-1.775	0.166	0.000	-2.101	-1.450

# Appendix 13

## Appendix 13. Phase-2 Robust Logistic Regression Models By 12-Month Recidivism: Any New Arrest or New Felony Arrest with PRI Intervention Only

	12 Month Recidivism (Any Arrest)					
	B	S.E.	Sig.	95% CI		Exp(B)
Age at First Arrest	-0.001	0.009	0.953	-0.019	0.018	0.999
Prior Prob/Par Violation Charges	0.465	0.080	0.000	0.309	0.622	1.593
Major Offense: Property	0.088	0.057	0.123	-0.024	0.199	1.092
NGA Mental Health	-0.298	0.081	0.000	-0.456	-0.140	0.743
NGA Criminal Thinking	0.230	0.055	0.000	0.123	0.337	1.258
NGA Peers	0.334	0.057	0.000	0.223	0.445	1.396
Splits	0.066	0.055	0.233	-0.042	0.173	1.068
PRI Intervention	-0.109	0.062	0.078	-0.230	0.012	0.897
No-Contact 6-Months	-0.037	0.056	0.508	-0.146	0.072	0.964
No Job - 6-Months	0.322	0.063	0.000	0.198	0.446	1.380
Moved in First 12-Months	0.349	0.060	0.000	0.230	0.468	1.418
Positive Tests 12-Months	0.660	0.061	0.000	0.540	0.780	1.936
Educational Attainment	-0.001	0.004	0.751	-0.010	0.007	0.999
Unemployment Rate	0.076	0.027	0.005	0.023	0.128	1.079
Constant	-1.984	0.272	0.000	-2.516	-1.451	0.138

## Attachment 13. Phase-2 Robust Logistic Regression Models By 12-Month Recidivism: Any New Arrest or New Felony Arrest with PRI Intervention Only

	12 Month Felony Recidivism					
	B	S.E.	Sig.	95% CI		Exp(B)
Age at First Arrest	-0.006	0.010	0.513	-0.0258968	0.0129282	0.994
Prior Prob/Par Violation Charges	0.387	0.085	0.000	0.2208008	0.5526685	1.472
Major Offense: Property	0.084	0.059	0.153	-0.0312228	0.19905	1.088
NGA Mental Health	-0.303	0.086	0.000	-0.4707604	-0.1345943	0.739
NGA Criminal Thinking	0.219	0.057	0.000	0.107834	0.3308856	1.245
NGA Peers	0.282	0.059	0.000	0.1661695	0.3971797	1.325
Splits	0.031	0.057	0.593	-0.081464	0.1425511	1.031
PRI Intervention	-0.070	0.065	0.279	-0.1975875	0.056904	0.932
No-Contact 6-Months	-0.018	0.058	0.758	-0.1316607	0.0958443	0.982
No Job - Months	0.416	0.067	0.000	0.2843366	0.5475757	1.516
Moved in First 18-Months	0.250	0.063	0.000	0.1272303	0.3730679	1.284
Positive Tests 18-Months	0.699	0.062	0.000	0.5771892	0.8203752	2.011
Educational Attainment	0.002	0.005	0.740	-0.0075591	0.0106442	1.002
Unemployment Rate	0.068	0.028	0.015	0.0133453	0.1225139	1.070
Constant	-2.192	0.287	0.000	-2.755116	-1.629611	0.112

