State of Illinois
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Illinois Criminal Justice Information Authority
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EVALUATION OF THE 2013 COMMUNITY VIOLENCE PREVENTION PROGRAM'S REENTRY PROGRAM

ICJIA

CVPP
Community Violence Prevention Program

Evaluation of the 2013 Community Violence Prevention Program's Reentry Program

February 2015

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This evaluation was supported by Grant # 09-DJ-BX-0023 and Grant #10-DJ-BX-0015 awarded to the Illinois Criminal Justice Information Authority by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the Authority or the U.S. Department of Justice.

Suggested citation: Reichert, J., Lettner, J., & Simon, K. (2015). *Evaluation of the 2013 Community Violence Prevention Program's Reentry Program.* Chicago, IL: Illinois Criminal Justice Information Authority.

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Acknowledgements

The Authority wishes to thank the following individuals and agencies for providing assistance and guidance for this project:

Kristy Rauch, *Illinois African American Coalition for Prevention*
Malik Nevels, *Illinois African American Coalition for Prevention*
James McCombs, *Illinois African American Coalition for Prevention*

The agency would like to acknowledge the following Authority staff for their assistance:

Caitlin DeLong, Intern
Christine Devitt Westley
Tracy Hahn
Shataun Hailey
Chelsea Hanlock, Intern
Marilyn Jackson
Megan Larson, Intern
Ashley Lindemann, Intern
Wendy McCambridge
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Key findings

In 2013, the Reentry Program, one of three components of the state of Illinois' Community Violence Prevention Program (CVPP), provided services to youth and young adults on parole in 12 Chicago communities to help them transition back to their communities and reduce recidivism. The Illinois General Assembly approved a budget of up to $15 million in grants for CVPP in State Fiscal Year 2013 (September 1, 2012 to August 31, 2013) and $11.7 million was disbursed to 24 grantees.

In 2013, ICJIA replaced the Neighborhood Recovery Initiative, a program of the former Illinois Violence Prevention Authority (IVPA), with CVPP. Therefore, ICJIA researchers conducted an exploratory study though interviews with 15 of the Reentry program's case managers to learn how the program operated and make recommendations to change and enhance the program. The following are key findings:

- Case managers obtained clients through referrals by parole agents of adult offenders and aftercare specialists of youth offenders, as well as through community outreach.
- Case managers reported having a caseload of between 15 and 20 clients.
- Some case managers met with clients prior to their release.
- The use of screening and assessment forms varied. Some case managers relied on the clients' parole order to determine their risks and needs. Furthermore, only one case manager said they reassess their clients at future points.
- All case managers interviewed indicated that they created a service or case plan with their Reentry Program clients.
- The case managers viewed their roles as different from parole agents because they were able to offer more resources, pay for needed services, and offer more personal advocacy.
- Case managers reported little to no experience in reentry services prior to starting their jobs. Almost all received on-the-job training.
- According to case managers, clients most commonly sought referrals to receive in education, housing, employment, assistance in obtaining identification such as a social security card, health services, legal assistance, financial assistance, and transportation.
- Case managers cited a lack of mental health services, housing, bus services, emergency services, and anger management classes for their clients.
- Program completion occurs when the clients meet all of the criteria of their parole plan and they are either employed or in school full-time.

- A majority of interviewed case managers believed the Reentry Program prepared their clients to return to the community and reduced delinquency and recidivism.

Introduction

In 2012, about 609,000 people across the country entered prison system. More than 637,000 were released that same year, marking the fourth consecutive year that more people left prison than entered (Carson and Golinelli, 2013). As prisoner release rates climb, community reentry has become a larger focus of public policy. Offenders returning to their communities need services offering housing, employment, and education.

In 2013, the Community Violence Prevention Program (CVPP) Reentry Program provided about 500 youth and young adults between the ages of 13-28 in 12 Chicago communities with services to facilitate successful reentry to their communities after incarceration and help reduce recidivism. Their individualized reentry plans included educational services, job training, mental health services, and emergency funds and shelter.

The Reentry Program was one of three components of CVPP. Researchers conducted an exploratory study though interviews with 15 program case managers to learn about program operations and identify areas for improvement. In addition, the data obtained from the case manager interviews can contribute to knowledge of reentry programming and inform on the use of a case management reentry program that is supplementary to parole.

Literature review

Many studies have enumerated the difficulties ex-prisoners face upon their return to society: strained ties to family and friends, difficulty finding housing, restrictions on where they can live, low educational attainment, high rates of mental health issues and substance abuse, and limited job prospects (Jucovy, 2006; Lynch, 2001; Solomon, 2006). Their criminal history and its related problems—lack of vocational training and/or relevant education, few professional and social connections, biases from employers, and legal restrictions—make it difficult for ex-prisoners to get jobs (Solomon, 2006). Compounding these challenges, a great many of former prisoners return to communities already struggling with high poverty, crime, and unemployment rates (Jucovy, 2006; Lynch, 2001). Securing housing and employment are two of the biggest factors in successfully reentering society (Jucovy, 2006; Morenoff and Harding, 2011).Given the circumstances faced by most ex-offenders, the chances for recidivism are quite high (Langan & Levin, 2002).

Therefore, reentry services, particularly reentry case management, are important and can mitigate the negative life circumstances faced by many ex-offenders and can help reduce recidivism (Carey, 2010; Solomon, 2006). Reentry case management services typically consist of recruiting clients; developing an assessment of risks, needs, strengths, and resources; identifying goals and drafting a service plan; resource brokering; and monitoring clients' progress (Carey, 2010; Jucovy, 2006). Reentry case managers help ex-offenders access whatever services they may need, from mental health treatment to job training. Case managers maintain regular contact with their clients and the service providers working with the clients. Researchers have proposed that caseloads be kept relatively small in order for case managers to provide individualized services to their clients (Jucovy, 2006). Additionally, studies have shown that ex-prisoners who have a case manager are more likely to obtain employment (Solomon, 2006).

There are several evidence-based models for reentry case management. The transition from Prison to the Community (TPC) model, an intensive and integrated form of case management, has proven to be effective at reducing recidivism (Burke, et al., 2010). In this model, reentry case managers work with offenders and prison staff to begin the process of successful reentry even while clients are incarcerated, developing individualized case plans with clients that focus on risk containment and reduction strategies as well as stabilizing clients once they are released (Burke, et al, 2010). Therapeutic communities (TCs), in the context of reentry services, have shown effectiveness in reducing recidivism for recently released ex-offenders with substance abuse issues (Drake & LaFrance, 2007). Other best practices include offering services in the community and for at least six months post-incarceration, utilizing cognitive-behavioral techniques, focusing on rewards over punishment, partnering with other helping agencies in the community, and focusing on securing ex-offenders job training and employment opportunities (Drake & LaFrance, 2007).

A promising practice in reentry case management involves training case managers in motivational interviewing techniques, which consist of client-centered services, such as actively including clients in making decisions regarding their needs and progress, listening to clients, providing positive reinforcement, and encouraging autonomy and self-determination (Carey,

2010; Walters, et al., 2007). Case managers work with clients to help them recognize and understand their problems, resolve their ambivalence to change, and ultimately, to engage in the process of change (Rubak, et al., 2005).

About the Reentry Program

The Reentry program was one component of the Community Violence Prevention Program (CVPP). CVPP also offered a Parent Program and a Youth Employment Program. CVPP components work to empower and assist youth, as well as strengthen parent leadership within communities.

In 2013, the Youth Employment Program (YEP) provided 1,800 young people between the ages of 16-24 in 24 Chicago-area communities with job readiness training, mentoring, and part-time employment. Employment was offered through partnering local businesses and organizations for nine weeks in summer 2013. All wages were subsidized by the CVPP state grant program without cost to employers. YEP was designed to reduce risk factors and promote protective factors associated with violence and strengthen social skills.

The 2013 Parent Program provided funding for 1,010 parents to receive training on parenting and program orientation and then to act as Parent Leaders for various community projects that promote protective factors for child maltreatment.

The 2013 Reentry Program funded case managers to link youth and young adults age 13 to 28 on parole in 12 Chicago communities to services that could help them transition back to their communities and reduce recidivism.

The Illinois General Assembly approved a budget of up to $15 million in grants for CVPP in State Fiscal Year 2013 (September 1, 2012 to August 31, 2013), $2.5 million of a $5 million designation went to the Chicago Area Project for CVPP and $9.2 million was disbursed to 23 providers for CVPP.

ICJIA disbursed violence prevention grant funds to the following organizations in SFY13 to operate CVPP.

- Albany Park Community Center
- Alliance of Local Service Organizations
- Black United Fund of Illinois
- Chicago Area Project
- Chicago Commons
- Children's Home & Aid Society of Illinois
- Circle Family Healthcare Network
- Community Assistance Programs
- Corazon Community Services
- Fellowship Connection
- Goodcity
- Greater Auburn Gresham Development Corp.
- Healthcare Consortium of Illinois
- Illinois African American Coalition for Prevention
- Organization of the North East Pilsen-Little Village Community Mental Health Center, Inc.
- Proviso-Leyden Council for Community Action
- Sinai Community Institute
- Southland Health Care Forum
- UCAN

Programs were implemented in 24 communities—20 in Chicago and four others serving Cicero, Maywood, and Bloom, Bremen, Rich, and Thornton townships. Youth living in low income communities have greater need for economic and social opportunities due to lower-quality schools, insufficient education, lack of employment opportunities, and exposure to violence, which cause physical and psychological harm and skill deficiencies (Koball et. al, 2011).

CVPP communities included:

- Albany Park
- Auburn Gresham
- Austin
- Brighton Park
- Cicero**
- East Garfield Park
- Englewood
- Grand Boulevard
- Greater Grand Crossing
- Hermosa/Belmont-Cragin
- Humboldt Park
- Logan Square
- Maywood**
- North Lawndale
- Pilsen/Little Village
- Rich Township*
- Rogers Park
- Roseland
- South Shore
- Thornton Township*
- West Chicago/Chicago Lawn/Gage Park
- West Garfield Park
- Woodlawn

*Indicates South suburban communities
** Indicates West suburban community

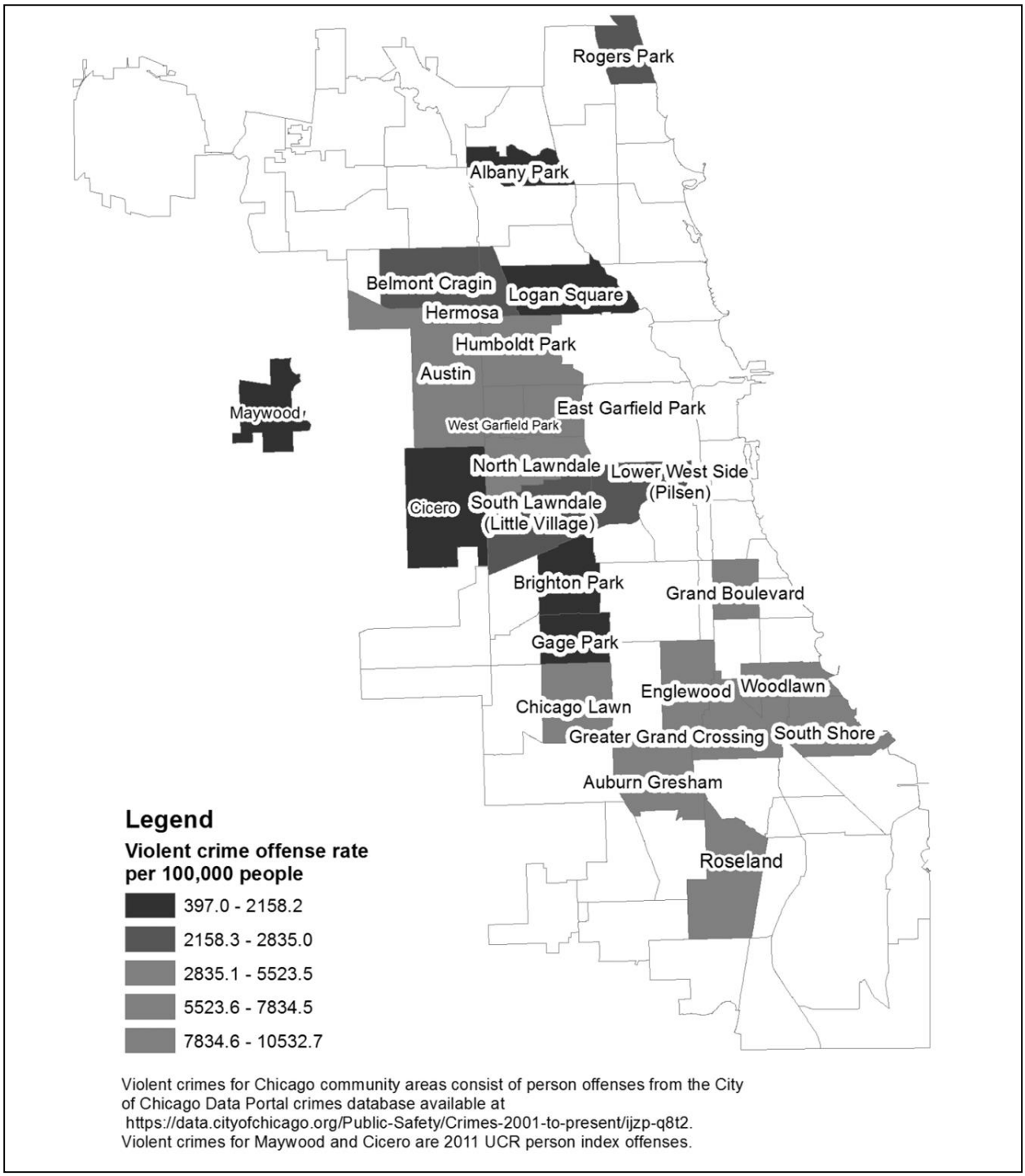
Table 1 and *Map 1* indicate rates of violent offenses per 100,000 persons reported to police in the CVPP communities for 2012. ICJIA staff analyzed data from the City of Chicago's data portal at https://data.cityofchicago.org/Public-Safety/Crimes-2001-to-present/ijzp-q8t2. Rates were derived by calculating the sum of all violent offenses (homicide, criminal sexual assault, robbery, battery, ritualism, and assault) then dividing by populations calculated using census tract data from the 2010 census. Offense rates were not available for townships. FBI Uniform Crime Reports for 2011 were used to assess Cicero and Maywood violent crime rates.

Table 1
Violent offense rate per 100,000 in CVPP communities 2012

Community Name	Violent offense rate
Albany Park	1,585.1
Auburn Gresham	6,376.3
Austin	6,715.8
Belmont Cragin	2,237.7
Brighton Park	2,138.1
Chicago Lawn	4,700.9
Cicero	396.9
East Garfield Park	9,802.1
Englewood	10,367.3
Gage Park	2,158.2
Grand Boulevard	6,603.1
Greater Grand Crossing	9,370.6
Hermosa	2,283.1
Humboldt Park	5,523.5
Logan Square	2,125.1
Maywood	1,000.4
North Lawndale	9,537.2
Rogers Park	2,835.0
Roseland	6,607.1
South Lawndale	2,340.8
South Shore	7,834.5
West Garfield Park	10,532.7
Woodlawn	6,789.1
City of Chicago	**3,539.1**

Source: ICJIA analysis of Chicago Police Department and U.S. Census Bureau data.

Map 1
Violent offense rate in CVPP communities 2012



Violent crimes for Chicago community areas consist of person offenses from the City of Chicago Data Portal crimes database available at https://data.cityofchicago.org/Public-Safety/Crimes-2001-to-present/ijzp-q8t2.
Violent crimes for Maywood and Cicero are 2011 UCR person index offenses.

Background

CVPP replaced the Neighborhood Recovery Initiative (NRI), a program of the former Illinois Violence Prevention Authority (IVPA). NRI implemented four program components in 23 neighborhoods in the city of Chicago and the suburbs. The goal of NRI was to reduce risk factors and promote protective factors associated with violence.

The four former program components included:

- *Mentoring Plus Jobs (M+J)* (Replaced by CVPP Youth Employment Program)- Provided part-time jobs for youth as peer leaders and educators, mentoring, and social/emotional skills and support.
- *Parent Leadership Action Network (PLAN)* (Replaced by CVPP Parent Program)- Taught parents leadership, empowerment, and self-care skills to enable them to be community leaders, educators, and mentors for other parents.
- *School-Based Counseling* (Eliminated from CVPP due to budget reductions)- Offered early intervention and trauma-informed counseling services for students.
- *Reentry Programs* (Continued under CVPP)- Provided reentry services for youth and young adults returning to the community from correctional facilities.

In 2013, the Governor and the General Assembly transferred the appropriation from the Illinois Violence Prevention Authority (IVPA) to the Illinois Criminal Justice Information Authority although at a reduced level. In January 2014, IVPA was dissolved by Public Act 97-1151 and all rights, duties, assets and staff of IVPA were transferred to ICJIA.

External evaluation

From 2011 to 2013, the University of Illinois at Chicago (UIC) Institute of Juvenile Research, Department of Psychiatry provided research support for the first two years of the former NRI and year one of CVPP through an inter-governmental agreement. UIC subcontracted with Social Solutions Inc. to develop and maintain a web-based data collection system to be used by lead agencies and managers to document program processes, activities, baseline measures and assessments, and program outcome measures. This evaluation focuses on year one of the CVPP and uses an evaluation strategy that is different and goes beyond UIC methods.

The Reentry Program

The Reentry Program provided services to about 500 youth and young adults between the ages of 13-28 in 12 Chicago communities to help them transition back to their communities and reduce recidivism. These individualized services include educational services, job training, mental health services, and emergency funds and shelter.

The SFY 2013 CVPP Reentry Program operated in these twelve communities:

- Auburn-Gresham
- Austin
- East Garfield Park
- Englewood
- Grand Boulevard
- Greater Grand Crossing

- Humboldt Park
- Logan Square
- North Lawndale
- Roseland
- West Chicago
- West Garfield Park

Youth and young adults who committed non-violent offenses were eligible for the program, which is voluntary. Each case manager had a caseload of 15-20 clients. Reentry case managers were required to make a home visit to new participants within 72 hours of their release from an Illinois Department of Corrections (IDOC) or Illinois Department of Juvenile Justice (IDJJ) facility. Clients and case managers worked together to identify the services needed to aid clients in a successful transition back to their communities and develop a case plan. Case managers met with participants weekly, met monthly with the clients' families for the first six months, and partnered with their clients' IDOC parole agents or IDJJ aftercare specialists to help their clients fulfill parole and aftercare requirements.

Services offered in case plans included mentoring, family support, mental health services, substance abuse treatment, job/vocational training and development, educational supports, and social/life skills development. Case managers provided crisis support as needed, such as access to emergency shelter, food, bus fare, and clothing.

The goals of the program were to reduce recidivism, increase public safety, and increase pro-social engagement for the participants. Case managers work to ensure clients follow-up on their referrals and remain engaged in the services they need. Participants are discharged from the program upon successful completion of parole/aftercare, lack of participation for 30 days, or after reentering an IDOC/IDJJ facility for 60 or more days.

Program logic model

Figure 1 depicts a logic model of the CVPP 2013 Reentry Program. A logic model is a tool to provide graphical depictions describing logical linkages among program resources, activities, outputs, and outcomes of a program and indicate a program's desired result (McCawley, 2001).

Figure 1
Reentry Program logic model

Inputs	Outputs		Outcomes -- Impact	
	Activities	*Outputs*	***Intermediate***	***Long-term***
ICJIA funding ICJIA program support ICJIA grant support ICJIA evaluation support Reentry providers staff Reentry Case Managers	Recruit young clients from IDOC, IDJJ, and community Complete initial home visit and develop case plan Maintain weekly contact with clients Meet with clients' families monthly Refer clients to needed services Coordinate with clients' Parole Agent/ Aftercare Specialist Provide emergency funds/shelter as needed	Number of clients enrolled in Reentry program Number of home visits Number of case plans developed Number of meetings between clients and case managers Number of meetings including clients' families Number of referrals/linkages made to appropriate services for clients Number of emergency services provided	Ex-offenders are enrolled and engaged in vocational, educational services. Ex-offenders gain employment or enroll in school. Ex-offenders fulfil parole or aftercare requirements.	Reduce recidivism Increase public safety Improve life quality for clients

Reentry client information

Data was derived from the individual client data entered by Reentry Program case managers into Efforts to Outcomes (ETO™)—a web-based case management software managed by Social Solutions. Between November 1, 2012 and December 31, 2013, case managers reported 739 clients voluntarily enrolled in the Reentry Program. Of those enrolled 681 were "unduplicated" enrollments and 58 were enrolled more than once during that time period.

On December 20, 2013, the program reported 359 active clients. A total of 143 clients had been enrolled prior to November 1, 2102. Clients had an average age of 20.8 years old. Grand Boulevard had the youngest average age of clients (18 years old) and Greater Grand Crossing had the oldest average age (22.3 years old). *Table 1* offers the breakdown of average age by community.

Table 1
Number and average age of Reentry clients by community

Community	n	Average age
Auburn Gresham	16	21.4
Austin	55	19.3
East Garfield Park	29	20.5
Englewood	58	20.0
Grand Boulevard	15	18.0
Greater Grand Crossing	37	22.3
Humboldt Park	53	20.1
Logan Square	15	21.9
North Lawndale	15	22.2
Roseland	100	22.1
West Chicago (Gage Park, Chicago Lawn)	29	20.2
West Garfield Park	30	19.4
TOTAL	**452**	**20.75**

Between November 1, 2012 and October 31, 2013, case managers reported 49 clients (with duplicates) were considered to have "successfully completed" the program. However, the term "successful completion" was not defined.

Of the 400 recorded dismissals of the program, 40 percent of clients were dismissed due to inability to maintain contact with their case manager and 26 percent due to incarceration. A total of 18 percent dropped out of the program. *Table 2* depicts the reasons for dismissal of Reentry clients during the time period.

Table 2
Reasons for dismissal from the program

Reason for dismissal	n	Percent
Began full-time employment	13	3.3%
Began full-time school	1	0.3%
Deceased	1	0.3%
Dropped out	70	17.5%
Incarcerated	102	25.5%
Judge removed conditions	1	0.3%
Moved	20	5.0%
Switched groups	18	4.5%
Unable to contact	159	39.8%
Violated program policies	15	3.8%
TOTAL	**400**	100.0%

Methodology

ICJIA researchers conducted phone interviews with 15 Reentry case managers from September 2013 through October 2013. The purpose of case manager interviews was to gather feedback on the program and collect suggestions on program improvement.

Researchers sought to answer the following research questions:

- To what extent were staff satisfied with the program?
- How did the program operate?
- What could improve the program?
- How prepared were staff for their jobs?
- What additional training needs did staff have?
- What additional resources would help improve the program?

As per federal regulations, a consent form was signed by each participant. The consent form explained the purpose of interview, compensation, selection, length, questions, and confidentiality. Consent forms were faxed or scanned and e-mailed to the researcher conducting the interview prior to the interview taking place. CVPP program staff provided a contact list of 30 case managers in 12 communities. The case managers were contacted via email or phone to schedule a phone interview. Of the 30 case managers, 15 were interviewed, a response rate of 50 percent.

The interviews used a survey of 62 questions in four sections: demographics, program operations, job activities, and program services. Fifty-seven questions were open-ended. The interview questions are provided in *Appendix A.* All interviews were audio-recorded and transcribed. The transcribed data were imported into and analyzed using NVivo, qualitative data software.

This research study's methodology was exploratory to learn more about the program operations to improve the program. Therefore, it does not offer client-level data or program outcome data.

Findings

The following are the demographics of the 15 Reentry case managers and their responses to research interview questions.

Sample demographics of case managers

Most of the case managers were Black and had a college degree. Of those interviewed, 36 percent had a bachelor's degree, 21 percent had a master's degree, and 21 percent had some college or vocational schooling. Two case managers indicated their highest educational attainment was a high school diploma or GED.

Those sampled had worked as case managers from eight months to 18 years and the average was four years and nine months (one unknown). The average hours worked per week was 31 hours, ranging from 20 to 60 hours per week (one unknown). Those who worked less than 25 hours per week (3 respondents) were employed part-time. *Table 3* provides an overview of the demographics of the participants in the study sample.

Table 3
Description of sample

	n	**Mean**
Average age (at time of interview)	14	53 years
Race		**Percent**
Black	9	60.0%
Hispanic	4	26.7%
White	1	6.7%
Mixed Race	1	6.7%
Education attainment		
High school/GED	2	14.3%
Some college/Vocational	3	21.4%
Associate's degree	2	14.3%
Bachelor's degree	4	35.7%
Master's degree	3	21.4%
Unknown	1	7.1%
		Mean
Average years employed as case manager	14	4.8 years
Average hours worked per week	14	30.7 hours
TOTAL	**15**	**100%**

Client referral into program

In order to be eligible for program participation an individual must be a parolee between the ages of 13 and 28 years old that has been released from either Illinois Department of Corrections (IDOC) or the Illinois Department of Juvenile Justice (IDJJ). Case managers reported identifying clients through community outreach.

Interviewees explained that clients are typically in the program for anywhere from six to 12 months. One case manager commented on his clients' diminishing contact as they progress through the program.

"*Once we get them going, you know, once they get in school, get a job, they usually tend to fade away from the program*," he said.

According to program guidelines, clients may re-enroll in the reentry program as long as they are on parole and they are 28 years old or younger. According to the case managers, clients are generally re-enrolled if they lose a job, they report a relapse and are in need of treatment, or if they are in need of services that they are unable to obtain otherwise, such as mental health services and assistance with transportation.

Client completion of program

Some interviewees stated that a client completes or graduates from the program when they have met all of the criteria on their parole plan. Other case managers added that clients should be either employed or in schooling full-time. Some case managers also reported upon completion, clients should demonstrate independence; clients who seem to remain reliant on the program were not permitted to graduate. Case managers leave the door open to graduates in need of guidance and encouragement. One interview participant shared that of 17 clients, two went back to jail and five were successful in graduating from the program. Other clients may have met the criteria to graduate from the program prior to their parole completion, which made them ineligible to participate in the program.

Client contacts

Case managers indicate that they met with clients prior to their release from prison, but it happened infrequently. Interview participants said they met with their clients post-release two to three times a month, and that client meetings lasted 30-60 minutes. Client meetings can take place in-office, at a client's home, at school, or at another assigned location, including job fairs. During client meetings, the client's progress is discussed, including school performance, substance abuse program participation, and any parole violations. Case managers also visit clients on-site in mandated substance abuse programs.

Contacts with parents and families

Case managers said they try to build rapport with their clients' families so that the family feels comfortable communicating with them about the client. Through partnerships with families, Case managers said they are able to more effectively address issues their clients are experiencing.

Service planning for clients

Intake screening and assessment

Eight Reentry Program case managers responded that they complete screenings or assessments at intake. The content and formality of forms used varied by case manager and some case managers said they learn at intake what is required from the parole agent or aftercare specialist and work a plan based on that. One case manager reported re-assessing clients after intake at 30, 60 and 90 days.

Ten case managers said that they identify clients' interests and strengths. The case managers said they gather information on their clients' schooling, studying, intelligence, employment, family, religion, extracurricular activities, and interests. "Whenever it is positive, that's something to build on, and that's very important to build on that because that way I'm not always telling you that you did something wrong," shared one case manager.

Case plans

All 15 case managers indicated that they created a service or case plan with their Reentry Program clients, but how case managers developed case plans varied widely. Four case managers mentioned using a form with a comprehensive 14-point inventory regarding relationships, family, substance abuse, housing, transportation, education, employment, peers, community resources, legal, health, and mental health. Case managers helped their clients identify personal goals and incorporated those goals into the plan. Almost all case managers worked with their clients to help them obtain state ID, their social security card, and other personal identifiers. They also assisted with Social Security disability claims, establishing paternity, and food stamps.

Collaboration with IDJJ/IDOC

Interviewees said the Reentry Program offers resources and services that parole agents and aftercare specialists do not. According to IDOC, parole agents and graduated sanctions and resources to parolees including drug assessments, referrals to counseling, and job training and placement programs.

Case managers stated another difference is that only parole agents and aftercare specialists may enter parole violations made by their clients. Case managers likened their relationships with their clients as "friendships" Case managers said the dynamic of the relationship with their clients is different from that of parole agents' and aftercare specialists' mandatory relationships with their clients.

Case managers reported varying levels of effective partnerships with IDJJ and IDOC aftercare specialists to meet their clients' needs and ensure successful completion of parole. One case manager described meetings with parole agents and aftercare specialists to "brainstorm" and to determine "what's working, what's not working."

Parole order or aftercare plan

Parole and aftercare plans include a recommendation to obtain employment and the requirement of obtaining a high school diploma or GED. One interviewee recommended adding a requirement to the order or plan that has clients acquire a skill that would make them more employable. The need for additional services are sometimes identified after the parole order or plan is created, as case managers experienced that clients weren't always upfront about issues they are experiencing or services they may need. Case managers reported they could add to the parole order or plan but were unable to remove anything from it. In some cases, the parole agent or aftercare specialist did not share a plan with the case manager.

Services beyond the parole order/ aftercare plan

Five case managers said they offer services and resources in addition to what is mandated on the parole order or aftercare plan, including medical attention, literacy, mentoring, employment, medical assistance, parenting classes, and life skills training.

Preparation and training

None of the interview participants stated that they felt unprepared for their job. One interviewee said he could have had more knowledge in the beginning about resources and programming that were available, but felt prepared overall. One case manager said networking with other reentry case managers to discuss common challenges or best practices for the program would be helpful. Many of the case managers said nothing would have further prepared them for their job because they had prior experience or background in the field. Other interviewees expressed that more extensive training and clearer direction would have further prepared them for the job.

Almost all of the case managers reported receiving on-the-job training on conducting school and home visits, using the data entry system, and working with parole agents and aftercare specialists. Several case managers also noted that they receive training periodically on relevant topics, such as domestic violence and job training services.

Many case managers indicated that they had no current training needs. One interviewee said he would like training on how to safely intervene with gangs. Another wanted more database training. One interviewee indicated that they would be interested in additional training surrounding mental health and parenting.

Online meetings

GoToTraining online training software, which offers web conferencing and online meeting tools, was used to hold interactive training sessions with case managers. Interviewees explained that

ways to improve their programs were discussed during GoToTrainings. Most interview participants explained that they attend the meetings when they are available and that they found them to be helpful.

Caseloads

Interview participants commented that they typically have anywhere from 15 to 20 clients. Some interviewees indicated that they often have less than 15 clients though, as successful clients are released from the program.

Best part of job

One case manager said the best part of their job is when they see a client complete treatment and successfully get off parole. Another part of the job they saw as the best is when a client achieves a goal they had, such as attaining a GED. A different interviewee shared that the best part of the job is "when you see a client reach heights that they didn't think were possible or you start to see that light come on or you feel like you're finally reaching somebody.

Another interviewee said, "The best part of the job is actually being able to empower the people, really, to empower them, whether it's getting them in school, seeing them graduate, or getting them to provide."

Worst part of job

Interviewees reported that the worst part of the job for them is when one of their clients returns to prison or is killed. Another noted the lack of safety they feel when they enter dangerous communities. Two case managers stated that the worst part of the job for them was completing the paperwork.

Most challenging part of job

Challenges identified by case managers were working with unmotivated or gang-involved clients, completing required paperwork, and maintaining productive working relationships with parole agents and aftercare specialists. Others struggled with their own emotional involvement in their clients' failures and successes.

Referral to services

Contacts with service providers

Most case managers discussed having regular contact with service providers for their clients. Case managers were in contact by phone, through email, or in person. Some of the case manager's agencies were also service providers and were able to easily access client information and monitor progress. The frequency of contact with service providers varied from four times per week to once per month.

Case managers most commonly followed up on client service referrals by regularly calling, emailing, and visiting the service providers.

Lack of services

Seven case managers indicated certain services that were difficult to access. Two case managers mentioned that a lack of mental health services in their communities created barriers to assistance. The dangers of crossing gang lines contributed to those barriers. Temporary and emergency housing also was difficult to obtain and provide. Another mentioned emergency funds are needed for food, clothing and utilities. And one case manager noted the need for anger management classes.

Client service needs

Education services

All case managers interviewed indicated that they provided GED and enrollment in school services to their clients. Most said enrolling clients in GED services was easy. Opinions on the quality of the educational services ranged from good to poor.

Housing services

The case managers offered clients assistance with securing housing, though most clients were opposed to living in a shelter, which made the process difficult. In addition, agencies coordinating housing assistance had long waiting list.

Employment services

All of the case managers offered training, job referrals, and résumé editing services to their clients. Nearly all were satisfied with the employment services offered.

Obtaining personal identification

All case managers provided services to help clients obtain a driver's license and a social security card. One barrier cited was their clients' not having a permanent address that could be provided in the required paperwork for these documents.

Legal assistance

Six case managers assisted their clients in obtaining legal assistance.

Health services

Six case managers assisted clients in need of medical assistance to their clients. One case manager shared that no prenatal services were offered, but that one client was helped with their severe blindness with a referral to the Illinois Eye Institute.

One case manager referred a client for dental assistance and another was seeking dental assistance for his client.

Case managers referred their clients for mental health services at the Illinois Department of Human Services Division of Mental Health, New Hope, and the Association House. All case managers indicated that their agencies offer mental health services, that they had no difficulty enrolling clients, and that the services were good or better than good.

Mentoring

Only one case manager offered referrals for mentoring through the African-American Male Mentoring program.

Money management

Five case managers offered education in money management as a service to clients. One case manager commented that they had difficulty enrolling clients in money management because the service is unavailable in some neighborhoods.

Family services

Two case managers reported linking their clients to domestic violence services. Other case managers reported having little information about or need for domestic violence services.

None of the case managers interviewed provided services for obtaining or modifying child support payments. None of the case managers interviewed referred clients to services that would help them regain custody of their children.

Other life skills

Case managers mentioned various life skills services their agencies offer, such as parenting and anger management classes. No difficulty in enrollment was reported and the services were rated as good by the interviewees.

Financial assistance

All case managers helped their clients obtain financial assistance with little difficulty.

Transportation

All case managers offered bus cards to assist their clients with transportation.

Help purchasing needed items

Case managers reported purchasing or coordinating furniture donations for their clients. Loans also were to assist clients with utilities. One case manager reported that emergency funds were primarily provided to clients seeking a state ID or title documents and that there was a limit to the amount of emergency funding one client could receive.

Two case managers were upset about the elimination of the option to purchase food for clients. The interviewee remembered one client stating, "I'd rather be in jail because I know in there I'm gonna eat." Some case managers found themselves purchasing food for clients out of pocket.

Crises

Case managers managed clients in crisis by attempting to reengage the individual in the program and encouraging them to stay positive and to stay away from peers that tended to get them into trouble. Interviewees commented that they try to enhance client conflict-resolution skills by helping them disagree appropriately in social situations.

Database

As a part of the job, Reentry case managers entered individual client data into Efforts to Outcomes (ETO™) a web-based case management software managed by Social Solutions.

Six case managers suggested that the ETO database be improved to allow more detailed data and information entry.

Program strengths, weaknesses

Support from CVPP coordinator

All case managers interviewed expressed that they felt supported by their coordinator. Each CVPP community hired coordinator's to oversee the work of the case managers. Many interview participants explained that their project coordinator helps them by listening to their concerns and promptly addressing them with their knowledge and resources. All interview participants indicated that they felt supported by their ICJIA grant monitor.

Other CVPP programs

The case managers were asked about their familiarity with the other CVPP components—the Youth Employment Program and the Parent Program. While there were some exceptions, most

indicated they did not know much about the other components or whether they had clients involved in the other components.

Program strengths

A majority of case managers believed that the Reentry Program prepared their clients to return to the community. One interviewee said strengths of the reentry program are that it creates self-sufficiency and it helps individuals achieve their goals, such as attaining a GED. Another interview participant believed that one strength of the program is that it offers opportunity, resources and financial assistance to a population in crisis, who would otherwise be going it alone.

Program reduces delinquency, recidivism

Almost all case managers thought that the Reentry Program helped reduce delinquency or recidivism in clients, some citing specifically that the bulk of their clients are not re-incarcerated. Case managers expressed that they saw encouraging clients to continue schooling and attain employment as key factors to the reduction in client delinquency and recidivism.
"*I think they frequently are coming out…eager to do the right thing, and as long as they have those resources and support and are progressing in that, it helps to reduce delinquency*," said one interviewee. "The critical thing is preparing and supporting them and keeping them from feeling like they have to go back to what they know, but making other options available for them."

Program reduces violence

Some interviewees believed the program was reducing violence by encouraging clients to be in school, working, taking advantage of the services, and attending workshops. One case manager said just having a client come in for a visit eliminates the amount of free time they have to commit crime.

Suggestions to improve the program

Case managers made suggestions to ICJIA as the granting agency. They wanted to decrease paperwork requirements; increase emergency funding and broadening allowable uses for funding; and revamp the ETO database would improve the Reentry Program.

Implications for policy and practice

Enhance training of case managers

The level and type of training received by the Reentry Program case managers varied greatly; some received little or no training when starting as case managers. Topics they requested training on included mental health, psychology/youth brain development, parenting, and gangs.

In addition, case managers should receive training on techniques and strategies to enhance the time spent with their clients, further engage clients in the program, and reduce recidivism. Three such training areas are described below.

Motivational Interviewing

Motivational Interviewing (MI) started in the substance abuse field the 1980s. MI is a form of collaborative conversation for strengthening a person's own motivation and commitment to change. It addresses the common problem of ambivalence about change by paying particular attention to the language of change within an atmosphere of acceptance and compassion. MI embraces three core elements: *collaboration*, which fosters a partnership between the client and practitioner; *evocation*, which brings out the client's internal motivation, as opposed to telling the client why he should change; and *autonomy*, which is an acknowledgement that the participant has the ability to determine how he will act.

MI strategies include:

- *Open-ended questions*: probe for more information; help understand client's priorities and values.
- *Reflective listening*: non-threatening, mirrors what clients say, communicates acceptance of clients as they are while supporting them in the process of change; avoids advising, moralizing, suggestions, directing, persuading.
- *Affirmation*: support the client, demonstrate respect and understanding, encourage more progress.
- *Summarize*: reflect back to client, show understanding, and clarify any misunderstanding.
- *Elicit self-motivational statements*: help the client make change statements.
- *Roll with resistance*: use reflective listening, understand and use empathy.

The National Institute of Corrections offers several free resources and guides about how MI can be used with reentry populations.

MI is considered an evidenced-based practice as research has found this kind of case management style is better at facilitating change among a wide variety of clients. (National Institute of Corrections, n.d.). In fact, the U.S. Department of Justice recommends that its employees utilize motivational interviewing when working with offenders and ex-offenders, stating that doing so "can help increase offenders' motivation to make positive changes in their lives that will reduce their likelihood of reoffending" (Walters, et al., 2007 p. vii). Additionally,

corrections departments across the country are increasingly requiring their employees to receive training in motivational interviewing when working with offenders and ex-offenders. Based on this recommendation, in 2014, CVPP Reentry Case Managers attended training in Motivational Interviewing.

Thinking for a Change

Thinking for a Change (T4C) is a cognitive behavioral program to help clients take control of their lives by taking control of their thinking (Bush, Glick, & Taymans, 2011). Research suggests that T4C program reduces the incidence of recidivism for those who participated in the program (Lowenkamp and Latessa, 2006). National Institute of Corrections (NIC) created the T4C curriculum, which includes lesson plans, facilitator notes, video clips and slides that are available free of charge. Most sessions include didactic instruction, role-play illustrations of concepts, a review of previous lessons, and homework assignments in which participants practice the skills learned in the group lesson. Group facilitators need no specific education level or certification to lead the curriculum, but NIC does offer certification and training for interested T4C facilitators.

The program is composed of 25 lessons, crafted to be presented to a target group of offenders by a pair of group facilitators in approximately one to two hours. Lessons include:

- introduction
- active listening,
- asking questions,
- giving feedback,
- knowing your feelings,
- thinking controls our behavior,
- pay attention to our thinking,
- recognize risk,
- use new thinking,
- thinking check-in,
- understanding the feelings of others,
- making a complaint,
- apologizing,
- responding to anger,
- negotiating,
- introduction to problem solving,
- stop and think,
- state the problem,
- set a goal and gather information,
- practice problem solving skills,
- think of choices and consequences,
- make a plan,
- do and evaluate,
- problem solving-application, and
- next steps.

(National Institute of Justice, n.d.).

Mentoring

Case managers saw their role as different from that of parole agents and aftercare specialists because they were acting in a more supportive role. They could further distinguish their role while improving outcomes by providing, or themselves serving as, a mentor to their clients. Mentoring can improve social, behavioral and academic outcomes for at-risk young people. In addition, mentoring can strengthen reentry programs by increasing the length of participation in the reentry program; improving the attaining of, and retaining of, employment; and reducing recidivism (Cobbs Fletcher, 2007). Research suggests “that as participants make a transition back into their communities after a period of incarceration, mentoring may play an important role in keeping them involved in the program, employed, and less likely to recidivate” (Cobbs Fletcher, 2007, p.2).

Improve data collection

Reentry case managers offered many complaints about the Efforts to Outcomes (ETO™) web-based case management software managed by Social Solutions. Case managers thought it did not capture the totality of their work. A new database should be implemented to capture a wide-range of Reentry Program client-level data in a way that is easy and secure. In addition, a survey should be developed to capture feedback on the program from Reentry Program clients at different points during their program participation. Collected information can be used to further enhance the program. Based on this recommendation, in 2014, ICJIA researchers worked to develop a new database for CVPP Reentry case managers.

Use a standard screening and assessment tool

A large proportion of youth and adults in the juvenile and criminal justice systems suffer from a mental health problem or illness (Shufelt & Cocozza, 2006). Therefore, "one of the most important first steps to respond to mental health needs of youth in the juvenile justice system is to systematically identify the mental health needs of youth as they become involved with the juvenile justice system" and "it is critical that mental health screening measure and procedures be in place" (National Center for Mental Health & Juvenile Justice, 2007, p.1). Eight of the 15 Reentry Program case managers mentioned using a screening or assessment. Reentry case managers should use screening or assessment to learn about risks, needs, strengths, and resources (Carey, 2010; Jucovy, 2006). While a "screening" serves as a cost-effective method for identifying problems that can be applied to all individuals entering a system or facility, an "assessment" provides more extensive and individualized identification of needs (Grisso, 2005).

Some case managers created their own forms and some went off the requirements in the parole order. All of the case managers should use an evidence-based tool to determine risks, needs, and assets which can support decision making such as priority and administration of resources and services, monitor outcomes, and guide interactions with case managers. IDJJ uses the screening tool, MAYSI-2, Massachusetts Youth Screening Instrument-Second Version, and the assessment tool, CANS, Child and Adolescent Needs and Strengths, on all youth entering youth prisons. For continuity, those tools could also be used by Reentry Program case managers. The MAYSI-2 is composed of 52 standardized questions, takes 10 minutes to administer, and is a reliable method of identifying potential mental health and substance use issues (Grisso & Barnum, 2006). It is available through the National Youth Screening and Assessment Project at a cost which varies based on the program and available resources. The CANS is reliable and valid and supports case planning and evaluation of service systems (Anderson et al, 2003). The measure can be obtained free of charge from the Praed Foundation but training and certification are required by the publisher to use it.

Meet with clients pre-release

Case managers infrequently met with their clients prior to their release from prison. However, many reentry case management programs include pre-release meetings with juvenile clients as an essential component of their model, such as the Office of Juvenile Justice and Delinquency Prevention-funded Intensive Aftercare Program and Pennsylvania's Comprehensive Aftercare program (Nellis & Wayman. 2009; Torbet, 2008). In addition, successful transition from jail to community and transition from prison to community initiatives begin reentry work while clients are still incarcerated (Warwick, Dodd, & Neusteter, 2012; Burke, et al, 2010). These programs use pre-release meetings to begin the working relationship between case managers and clients and to begin developing individualized service plans to help clients succeed once they are released.

IDOC/IDJJ should inform Reentry Program case managers about potential clients returning to their community before they are released. Finally, there needs to be a formalized method of referral of clients from IDOC/IDJJ to the Reentry Program.

Improve communication with parole/aftercare staff

Some case managers reported finding it difficult to reach and communicate with IDOC/IDJJ staff. Some said they did not always receive a parole order. Increased communication and collaboration would be more beneficial to program participants. There should be consideration of duplication of services of case managers and IDOC/IDJJ staff.

Maintain a professional relationship with clients

Some case managers referred to their relationships with their clients as "friendships." Case managers should be careful to maintain a strictly professional relationship. According to the National Association of Social Work (2013), a good case manager "undertakes all actions with respect for clients' goals, exercising judicious use of self, avoiding conflicts of interest, and applying professional judgment in presenting resource options and providing services to clients" (p.20).

Appropriate boundaries for the case manager-client relationship should be established. *Table 4* shares how friends interact compared to how case managers and clients interact.

Table 4
Appropriate boundaries for case managers

Issue	How friends interact	How case managers interact with clients
Sharing personal information	Friends share personal information with each other freely and equally.	Clients share personal information with case managers in order to help define and work toward goals of self-improvement. Case managers (CMs), however, share personal information with clients only if doing so will help clients meet their goals.
Dealing with problems and needs	Friends what to help their friends with problems. Friends share equally and work towards addressing each other's needs as they arise.	CMs focus on their clients' concerns and rarely, if ever, share their own personal problems.
Power and authority	Friends share power and authority equally.	CMs have more power and authority than clients and use them respectfully to help clients meet their goals.
Availability	Friends agree when and how they can reach each other.	CMs are available only during work hours as told to clients by phone, at the agency, or during home visit. Likewise, clients are not always available to CMs.
Involvement in each others' lives	Friends have some involvement with several areas of each other's lives, such as school, religious activities, recreation, and family events.	CMs may be involved in some areas of their clients' lives depending on their clients' goals and permission to be involved.
Social events	Friends attend each other's important family and social functions, such as birthday parties, baptisms, and graduations.	Agencies may have policies about when CMs can attend clients' social events. When attending, CMs should be able to be open about their relationships to the client rather than pretending to be a friend.
Stance	Friends often take each other's side.	CMs look objectively at their clients to see how they can support their growth.

Source: Center for Health Training, 2003

Conclusion

Case managers typically had between 15 and 20 clients obtained through referrals by parole agents and aftercare specialists, as well as through conducting community outreach. Case managers rarely met with clients before their release from prison. Many case managers did not do screenings or assessment of clients, but all created a service or case plan with clients. The case managers saw their role as different from parole agents—they maintain friendly relationships with their clients and their program offers services that are unavailable through IDOC and IDJJ.

Common services that clients were referred to was education, housing, employment, help with identification, such as a social security card, health services, legal assistance, financial assistance, and transportation; less common was mentoring, money management, domestic violence services. Emergency funds are offered, but one drawback noted was that the funds could not be used to purchase food. Seven case managers thought there was a lack of mental health services, housing, bus services, emergency services, anger management.

Most case managers received on-the-job training. Case managers were asked about the worst part of the job. Responses included unsuccessful clients, safety concerns in dangerous neighborhoods, and the amount of paperwork for the program. Some case managers complained that the client database was not comprehensive and not easy to use. Most case managers thought the program prepared their clients to return to the community, and reduced delinquency and recidivism.

Recommendations based on the data and supported by research, include enhancing case manager training, using standardized screening and assessment tools with clients, improving data collection, meeting with clients prior to release from incarceration, and improving communication with parole and aftercare staff.

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Appendix A: Case manager survey interview questions

DEMOGRAPHICS

Thank you for agreeing to talk with me today. We are really interested in your opinion and experience and any information you can give will be extremely helpful. Do you have any questions before we start?

1. What is your date of birth? _____/_____/_____

2. Current age? _____

3. Are you Spanish/Hispanic/Latino?
   □ No
   □ Yes

4. What is your race? (Read from the list. Check all that apply-whatever race the respondent identifies with. Do not check if none specified.)
   □ White
   □ Black of African American
   □ American Indian or Alaskan Native
   □ Asian
   □ Native Hawaiian or other Pacific Islander
   □ Some other race, Provide name of your race: _____

5. What is your highest level of education attained?
   □ No schooling completed
   □ Completed elementary school (Grades 1 through 8)
   □ Completed some high school, but did not obtain GED
   □ Completed some high school and obtained my GED
   □ High school graduate
   □ Correspondence high school degree
   □ Completed some college/vocational schooling, but did not receive a diploma or certificate
   □ Diploma or certificate from a junior college/community college/trade school/vocational school
   □ Correspondence bachelor's degree
   □ Bachelor's degree from a four-year college (e.g., B.A./B.S./LL.B)
   □ Completed some graduate or professional schooling
   □ Correspondence graduate or professional degree
   □ Graduate or professional degree (e.g., M.A./M.S./M.ED/PhD)

6. How long have you been a case manager?

7. How many hours per week do you work?

8. What agency do you work for?

9. How many Reentry Program case managers work at your agency?
10. How do you work with other Reentry Program case managers?

11. Have you ever met them or gotten together with them?

PROGRAM OPERATIONS

12. In general, please describe what would occur during: [How often? How long? Type of things discussed?]

    12a. Client contacts?

    12b. Parent or family contacts? (home visits)

    12c. Aftercare Specialist or Parole Officer contacts?

    12d. Treatment service provider contacts?

13. How do you get clients?

14. Do you do outreach to get clients? How? Where?

15. What is criteria to be a Reentry Program client? Age requirement? Must be on parole/aftercare? Must volunteer?

16. Have any clients not on parole/aftercare?

17. How many clients are you required to have? How many do you have on average? Range?

18. How long are clients in the program? Average length of time?

19. Can clients come back? Reenroll?

20. How many successful v. unsuccessful clients? What makes them successful?

21. How many males v. females?

22. Juveniles v. adults? Age range?

23. How often do you get a parole order and/or aftercare plan?

24. Can the plan/order be changed or altered? How? By whom?

25. How often do you meet with clients pre-release?

26. Did you develop a service or case plan with clients?

    26a. If yes, how were they developed

27. Do you use an assessment form at intake to assess risks and needs?

28. Do you reassess clients after the first assessment?
29. Who designed your assessment form? Or did you design it yourself? Was it provided for you?

30. Was the need for additional services beyond the mandated services in the Aftercare Plan or Parole order identified? How?

31. Do you have emergency funds (like food, housing, etc)? How used?

32. Were the clients' strengths or assets (such as enrollment in school, a job, supportive family, extracurricular activities, religion/spirituality) identified? If yes, how?

33. What are the strengths of the Reentry Program?

34. What are the weaknesses of the Reentry Program?

35. How could the Reentry Program be improved?

JOB ACTIVITIES

36. Did you receive training before starting the job?

    36a. If yes, describe.

37. How did you hear about/ apply for job?

38. What is your prior experience/background?

39. Did you receive on-the-job training?

    39a. If yes, describe.

40. How do you use ETO database? Do you just do data entry or do you use to help with case management/ monitoring clients?

41. What do you think of ETO? Is it user friendly?

42. Any problems with ETO? Suggestions for improvement?

43. Who would you go to with problems with ETO?

44. Do you attend GoTo meetings (online meetings) held by ICJIA grant monitors? How often? What is discussed? Are they helpful? Would you like to have them more often?

45. What, if any, are your current training needs?

46. Did you feel that you were prepared for the job as a case manager?

    46a. If no, what were you unprepared for?

47. What do you think would have further helped to prepare you for the job as case manager?

48. Please describe your relationship with IDJJ or IDOC Aftercare staff?
49. Did you feel supported by your CVPP project coordinator?

    49a. If no, why not?

49b. If yes, how are you supported?

50. Do you feel supported by your ICJIA grant monitor?

51. What is the best part of the job?

52. What is the worst part of the job?

53. What is the most challenging part of the job?

54. Did you handle any major conflicts or crises with clients?

    54a. If yes, what were they?

    54b. How were they handled?

55. Did you feel the Reentry program adequately prepared or supported clients in returning to their communities?

56. Did you feel the Reentry program adequately prepared or supported clients in reducing delinquency and recidivism?

57. Do you think the Reentry Program helps reduce violence?

    57a. If yes, how?

PROGRAM SERVICES

58. What services do you provide? Such as:

	GED, enrollment in school
	Job training, referrals, resume
	Money management
	Identification (driver's license, social security card)
	Public financial assistance (such as food stamps, temporary assistance to needy families (TANF) or general assistance)
	Obtaining, modifying child support payments
	Regaining custody of children
	Legal assistance
	Housing
	Transportation
	Medical assistance
	Dental assistance
	Domestic violence services
	Other mental health services
	Other life skills

59. What services, if any, were needed but unavailable or hard to get clients into?

60. Are you aware of the CVPP Youth Employment Program? Did you have any clients involved?

61. Are you aware of the CVPP Parent Program? Did you have any clients or their families involved?

62. Do you have any other comments the Reentry Program?

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