SUBSTANCE USE AND MENTAL HEALTH PROGRAM

Making the Transition:
Rethinking Jail Reentry in Los Angeles County

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> Executive Summary

The past decade has seen an increase in the use of reentry services as a way of supporting people as they are released from jail, with the aim of reducing reoffending and enhancing public safety. Corrections agencies and community organizations provide reentry services (such as employment programs or substance use treatment) to mitigate risk factors that are linked to repeat criminal activity, known as recidivism. While research has shown that reentry support can lead to lower rates of criminal activity and reincarceration, there are a variety of challenges associated with implementing these programs in correctional settings in general, and jails in particular.[1]

The Vera Institute of Justice (Vera) launched the Los Angeles Jail to Community Reentry Project in November 2010 to help the Los Angeles County Sheriff's Department (LASD) and community-service providers increase the impact and reach of reentry services for people returning to the community from the Los Angeles County Jail (L.A. County Jail), with a focus on the neighborhoods of South Los Angeles and Boyle Heights. To inform strategies aimed at improving reentry programming, Vera worked in partnership with the LASD, The California Endowment, and community leaders, advocates, and service providers to map the needs of the jail population and to identify barriers to accessing reentry services.

The study documented the demographic profile and reentry needs of men held in the L.A. County Jail, with a focus on those with ties to Boyle Heights or South Los Angeles; opinions of people held in the jail, experiences with current reentry services, and barriers to accessing those services; and the views of jail and community stakeholders about the jail-based and community-based interventions available in Los Angeles County, the accessibility and cultural fit of those programs, and practical barriers to providing support.

This report describes findings from the study and offers a series of recommendations for maximizing the effectiveness of reentry services for the 160,000 people who pass through the L.A. County Jail annually.

Key study findings include:

> The most common hurdles that people held in the jail expected to encounter upon release were related to employment, housing, and substance use.

> Only six people (out of the 80 people interviewed) reported receiving reentry services while in the jail.

> While a small sample, those people who did have contact with services in the jail reported that they found them to be helpful.

> Despite the LASD's recent initiatives to bring community service organizations into the jail to provide reentry support (known as jail in-reach), many service providers interviewed for the study reported problems securing funding and LASD authorization to provide in-jail services.

> Budgetary constraints and understaffing adversely affect reentry services. The main LASD reentry services provider, the Community Transition Unit, had a one-to-1,000 ratio of staff to potential clients (people held in the jail) at the time of data collection.

> Most community-service providers lack sufficient capacity to evaluate the effectiveness of the reentry services that they provide.

> There is limited communication and coordination between the LASD, other government agencies, and the range of community-based service providers.

The 11 recommendations in this report address three core areas for improvement: reentry service delivery and engagement, operations and efficiency, and coordination. The recommendations build on the ongoing efforts of the LASD and community-service providers to enhance supportive services for people leaving the jail and returning to their communities. They include:

Reentry Service Delivery and Engagement

1. Expand reentry service outreach and tailor it for the jail environment.
2. Create client targeting and triage systems.
3. Incorporate risk and needs assessments into reentry services.
4. Individualize reentry service plans for maximum impact.
5. Take steps to overcome barriers to trust and engagement.
6. Strengthen linkages between the jail and community-service providers.

Operations and Efficiency

7. Standardize the procedures, staff training, and supervision used by jail-based reentry programs.
8. Use data to facilitate reentry services provision.
9. Develop evaluation components for all reentry programs.

Coordination

10. Enhance collaboration among reentry service providers, the Department of Mental Health, and the Probation Department.
11. Increase collaboration between and among jail and community-based providers.

The report is divided into five sections. The first section provides background on jail reentry in Los Angeles County and the second section describes the study methodology. The third section profiles the men held in the jail who were interviewed for the study, including demographic characteristics, reentry needs, and experiences with services. The fourth section presents a series of findings and recommendations regarding the current provision of reentry services and guidance for improving those supports. Finally, the fifth section contains conclusions that reflect on common themes of the recommendations and appropriate next steps.

The report is intended as a starting point for conversations among LASD staff, community leaders, funders, government officials, and representatives of nonprofit organizations with the aim of reaching consensus about the services that are needed to support people leaving the L.A. County Jail and how to improve their delivery.
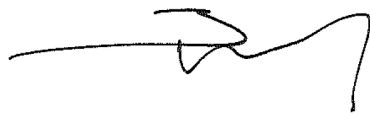
A more detailed, technical report of findings and recommendations is available on the Vera Institute of Justice website: www.vera.org/pubs/making-the-transition-technical-report

FROM THE PROGRAM DIRECTOR

In 2010, the Vera Institute of Justice began work with the Los Angeles County Sheriff's Department (LASD) and community agencies to evaluate and improve the support available to people leaving the Los Angeles County Jail—commonly known as reentry services. Since this project started, problems with overcrowding in the jail—which has been overcapacity for many years—have intensified as a result of the State of California's implementation of the 2011 Public Safety Realignment Act. The act, commonly referred to as realignment, shifted responsibility for the supervision of many people serving custodial and community sentences from state to county authorities. While the resulting influx presents a significant new challenge for the LASD, it also creates an unprecedented opportunity to reexamine the jail's primary function, expand alternatives to incarceration, and focus efforts on reducing recidivism and enhancing public safety.

Enhancing reentry services for people leaving jail reduces reoffending. The LASD has launched a number of initiatives to improve reentry supports, including an emphasis on educational programming and in-reach initiatives that bring representatives from community-based organizations into the jail to increase the likelihood that people will remain engaged with services when they return home. However, providing services in this setting is extremely challenging and there is much to be done to better connect people leaving the jail with the supports they need.

Specifically, there is a need for enhanced coordination to build a continuum of reentry services that start in the jail and continue in the community. With this need for collaboration in mind, Vera researchers interviewed LASD employees, services providers working for community agencies, researchers, advocates, and a sample of men in the jail from two Los Angeles neighborhoods. By describing the challenge of jail reentry from these multiple perspectives, we hope that this report provides a roadmap for building coordinated services on both sides of the jail wall, with the aim of improving public safety and reducing the number of people in Los Angeles County caught in a costly and damaging cycle of recidivism.

Jim Parsons
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Introduction

THE COMMUNITY TRANSITION UNIT

The LASD instituted the Community Transition Unit (CTU) in 2001 with the express goal of "link[ing] inmates to housing, mental health, drug rehabilitation, employment, and life skills services to help them transition out of jail and into a stable life style."[8] The CTU draws on national models to provide discharge planning and release preparation services for thousands of people in the jail annually. According to its website, the CTU "also seeks to enhance inmate participation in educational, vocational, and other life skills training programs" and "partners with correctional professionals, medical staff, mental health staff and numerous community based, faith based and governmental agencies who receive referrals and facilitate placements for the inmate participants." At the time of the study, the CTU employed a staff of 17 uniformed custody assistants who provide direct services to clients in the jail. CTU staff service all jail facilities, but are concentrated at the jail headquarters in downtown Los Angeles. The main source of CTU funding is the Inmate Welfare Fund.[9]

During the year ending June 2010, almost 13 million people were admitted to jails in the United States.[2] Given the high rates of recidivism for this population, it is important to provide services that can help people succeed in the community when they are released from jail, enhancing public safety and reducing the likelihood that they will return to custody.[3] This is no small task: people who come into contact with the criminal justice system consistently have higher rates of mental illness, substance use, unemployment, low educational attainment, and homelessness than the general population—and many of these issues are linked to higher rates of offending.[4] At the same time, criminal justice involvement adds barriers for people returning to the community from jail, such as severely limited opportunities for employment and exclusion from certain government-funded programs like public housing.[5]

Thus, people leaving custody are often in a double bind: they are more likely to need supportive services than the general population, but they face multiple obstacles to getting help with the basic resources needed for stability. Furthermore, certain geographic areas–primarily home to low-income residents from minority racial and ethnic groups—are disproportionately affected by high rates of incarceration.[6] The cycling of large numbers of people in and out of these neighborhoods is highly disruptive for individuals, families, and communities, leading to community-wide economic decline, weakened social networks, and diminished trust in law enforcement.[7] The significant challenges faced by those leaving jail can contribute to reoffending. The high cost to families, communities, and taxpayers of continued offending underscores the importance of capitalizing on the time people spend in jail to identify those in need of help and link them with services in the jail that they can continue when they return to the community.

However, the very nature of the jail environment makes targeting and providing supportive interventions difficult. In the nation's largest jail systems, hundreds of people enter custody every day. Most are only held for a few days, and many are held in pretrial detention without a determinate release date. These high rates of turnover create very challenging circumstances for jail reentry initiatives. Staff must quickly identify those who would benefit from support, determine which services they need, and make the connections necessary to engage them in services when they return to the community.

REENTRY IN L.A. COUNTY

These challenges are felt acutely in Los Angeles County (L.A. County), which has the largest jail system in the world: its eight facilities house more than 17,000 people on an average day. In 2001, the Los Angeles Sheriff's Department (LASD) founded the Community Transition Unit (CTU) to provide reentry services to those leaving the Los Angeles County Jail (L.A. County Jail) (see

sidebar). Since then, the LASD has worked to improve service delivery: the department is implementing and planning several promising initiatives that are highlighted in this report (see pages 8 and 9). Nevertheless, the majority of people held in the jail are released without receiving services to address any underlying issues that could increase their risk of arrest, and the demand for reentry services greatly exceeds current capacity. A significant increase in resources is crucial to address these shortcomings.

Adding to the challenges of providing reentry services in so large a system is the chronic overcrowding of the county jail, which adversely affects the ability to house people safely and provide needed services.[10] The LASD and other agencies have taken many steps to reduce the population, but overcrowding remains a countywide issue.[11] In addition, all reentry initiatives in California have to take into account the 2011 shift of many criminal justice system responsibilities from the state to the counties (commonly referred to as "realignment," see sidebar). While the impact of these changes has yet to fully emerge, it is likely to present a significant strain on the already crowded county jail. While this shift in the custody and supervision of many people (and associated funding) from the state to the county is a formidable undertaking, it is also an important opportunity to reexamine and redesign reentry services.

Finally, LASD staff have been accused of using excessive force in the L.A. County Jail for years. The *Report of the Citizen's Commission on Jail Violence*, released in September 2012, substantiated these allegations. It is only the most recent of numerous investigations of these allegations carried out by a variety of organizations and the media, including the American Civil Liberties Union, the Office of Independent Review, and the *Los Angeles Times*.[12] All of the inquiries concluded that a culture of violence exists among jail deputies. While this report will not explore this phenomenon in depth, it is clear that authorities must meaningfully address it as a prerequisite for improving reentry services.

WHAT IS REALIGNMENT?

The ongoing implementation of California's Public Safety Realignment Act (commonly referred to as "realignment") has wide-reaching implications for the county jail and local criminal justice system.[13] Realignment has placed many of those who would formerly have been sentenced to state prisons into local jails and placed many parolees on local supervision, rather than state supervision, significantly expanding the roles and responsibilities of county-level criminal justice agencies. In Los Angeles County, people convicted of non-serious, non-violent, and non-sexual felony offenses—with no record of serious or violent prior convictions—are now serving their sentences in the Los Angeles County Jail rather than state prison even if they are longer than one year. Realignment has also transferred responsibility for post-release supervision of most nonviolent, non-serious returning inmates from the state-level Division of Adult Parole Operations to the Los Angeles County Probation Department.

Reentry Programming in the Los Angeles County Jail

Since founding the Community Transition Unit in 2001, the Los Angeles County Sheriff's Department (LASD) has implemented a number of other jail reentry programs. This section provides an overview of promising initiatives that are currently underway in the Los Angeles County Jail.[14]

THE EDUCATION-BASED INCARCERATION (EBI) INITIATIVE, launched in October 2011, "is focused on deterring and mitigating crime by investing in its offenders through education and rehabilitation."[15] Coursework covers basic literacy skills as well as academic subjects like science and history. It uses classes, reading materials, and tools such as lectures on MP3 players. Other programs that fall under the EBI umbrella—many in partnership with community-based organizations—include life skills and personal-relations classes; GED education; computer skills; parenting; anger management; behavior modification; and drug and alcohol education. EBI participants can also participate in vocational training programs geared toward teaching marketable job skills and specific trades (for instance, autobody repair and culinary arts).

MERIT (Maximizing Education Reaching Individual Transformation) participants are housed in a separate dorm and participate in a four-phase program focusing on personal relationships, parenting, substance abuse, and leadership and job skills. The program primarily serves domestic violence offenders, veterans, and drug court participants.

SMART (Social Mentoring Academic and Rehabilitative Training) provides health treatment, drug rehabilitation, GED classes, anger management, and life skills training to gay male inmates in 10-week sessions.

JUST IN REACH (JIR) is a partnership between Volunteers of America (VOA), Amity Foundation, and the LASD with funding from the Corporation for Supportive Housing. Originally set up in 2008 and then re-launched in February 2012, JIR aims to help clients obtain permanent housing through comprehensive case management, job development services, and mentoring that begins in jail and continues after release. The program is based on the premise that building relationships while people are still in the jail will increase the likelihood that people stay engaged in services after release. JIR targets people who have been in jail three times in the past three years and who have been homeless three times in the past five years.

AMITY PEER MENTORING provides six months of group counseling sessions facilitated by a trained peer mentor with a history of criminal justice involvement. Participants are offered post-release housing in an Amity facility, and mentors follow up with participants for one year after release.

VOLUNTEERS OF AMERICA'S INCARCERATED VETERANS TRANSITION PROGRAM recruits veterans in the jail and provides transitional housing with a full array of individualized, wrap-around services in the community (such as health care, education, employment assistance, transportation, etc.).

FRIENDS OUTSIDE operates Placement and Transportation Assistance for Incarcerated Substance Abusers (PATA), a jail-based program that facilitates release from jail into drug and alcohol treatment programs as alternative sentences for eligible people in jail custody.

Planned Expansion of LASD Reentry Programs

The LASD is in the process of significantly expanding its efforts to provide supportive services for people in custody and after release, with an emphasis on the CTU and jail in-reach. To carry out the expansion, the CTU plans to use realignment funds to hire an additional 18 custody assistants, three deputies, and one sergeant, and to partner with at least 14 service providers from community-based organizations.[16] This section describes LASD plans to expand reentry programming.

CORRECTIONAL OFFENDER MANAGEMENT PROFILING FOR ALTERNATIVE SANCTIONS (COMPAS) is a tool developed by the Northpointe Institute for Public Management that provides information on risk of reoffending and service needs. The LASD is piloting a modified version of COMPAS to produce risk scores for the realignment population in order to determine eligibility for early release to community-based programs to complete sentences. The LASD hopes to expand use of the COMPAS to the full jail population to inform the development of service and discharge plans. The LASD also intends to have community-based service providers use a web-based system that interfaces with COMPAS to track reentry outcomes.

THE COMMUNITY TRANSITION RESOURCE CENTER (CTRC) will be a one-stop-shop for assistance with identification, copies of birth certificates, reinstatement of benefits, disability services, referrals to community service agencies, and transportation assistance. Staffed by CTU custody assistants and community-service providers and located near the jail exit, the CTRC will serve people being released from custody. The LASD is also planning to add a federally qualified health center to the CTRC which will house medical and pharmacy services that people could access on release and return to in the future.[17]

SECOND CHANCE is a partnership between the LASD, the Department of Mental Health, and Volunteers of America to provide case management to incarcerated people with co-occurring disorders who are also homeless and repeat offenders. Upon release, program participants will transfer into Volunteers of America supportive housing. The program started in May 2012.

The decision to focus on Boyle Heights and South Los Angeles (South L.A.). is based on a combination of socio-economic factors and the over-representation of residents from these neighborhoods within the L.A. County Jail population. Boyle Heights is almost exclusively Latino (94.1 percent identify as Latino, compared to 47.7 percent county-wide). South L.A. historically incorporates some of the most concentrated black communities in Los Angeles County; currently 19.5 percent of South L.A. residents identify as black (compared to 8.7 percent county-wide).[21] The ethnic composition of these neighborhoods is mirrored in the jail, where the two largest racial and ethnic groups are Latino (49.1 percent) and black (31.0 percent).[22] These neighborhoods face multiple challenges:

> high rates of unemployment—over half of residents over 16 years old in both neighborhoods are unemployed or "not in the labor force"; [23]

> low rates of educational attainment—in both South L.A. and Boyle Heights, more than two-thirds of residents over 25 years old do not have a high school diploma or equivalency;[24] and

> high rates of poverty—about a third of residents in both neighborhoods are living at or below the poverty line.[25]

These communities have well-developed, active networks of grassroots organizers, faith-based communities, and local service providers. There are several instances when these networks have mobilized to address community concerns, despite a lack of resources and limited support from the larger Los Angeles community. It is important that reentry planning incorporates and capitalizes on these neighborhood strengths.

Methods

Vera's Los Angeles Jail to Community Reentry Project aimed to maximize the impact of existing services by identifying barriers to service access and providing information to help identify and target underserved and high-risk groups in the L.A. County Jail. To this end, Vera conducted a detailed review of best practices in jail reentry and collected original data from multiple sources describing a range of perspectives on related issues.[18] Specifically, Vera researchers:

> Interviewed 80 men (at least 18 years old) held in LASD custody about reentry needs and services between June and October 2011 (women held in the jail were not included in this study because they have very different needs than men)[19];

> Conducted 26 in-depth interviews with a range of stakeholders who have experience with reentry issues, including jail staff, community-service providers, advocates and leaders, funders, and researchers between March and December 2011; and,

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

Recognizing that reentry is inherently a community issue, the study focused on two Los Angeles neighborhoods—a subsection of South Los Angeles (South L.A.) and Boyle Heights, which are both communities of color confronting a variety of socioeconomic challenges (see sidebar).[20] All 80 men held in the jail who were interviewed for the study have ties to these areas and the majority of the community stakeholder interviewees work in or serve people from these neighborhoods. This project provides an opportunity to build culturally responsive jail-based reentry services incorporating the specific needs of people from these neighborhoods and the challenges that they face accessing services both in the jail and in the community.

Profile of People Interviewed in the Jail

A description of demographic characteristics, service needs, and criminal justice involvement of people in LASD custody that draws on the findings of in-depth interviews with people held in the jail follows. (See the technical report for further details based on the results of the interviews and administrative data analysis: www.vera.org/pubs/making-the-transition-technical-report).

INTERVIEWEE CHARACTERISTICS

All interviewees were men who were held in Men's Central Jail and had ties to Boyle Heights (n=36) or South L.A. (n=44).[26] They ranged in age from 18 to 60, with a median age of 33. Most were Latino (53 percent) or black (41 percent); the five remaining interviewees identified as white (n=2), Native American (n=1), Asian (n=1), or Armenian (n=1).[27] Boyle Heights interviewees were overwhelmingly Latino (86 percent). The majority of South L.A. interviewees were black (72 percent), but there was also a sizeable minority of South L.A. interviewees who identified as Latino (25 percent).[28]

The interviewees included both people who were serving jail sentences (45 percent) and those held in pretrial detention (55 percent). The most common top arrest charges reported were: violent charges (28 percent of interviewees); drug charges (25 percent); property charges (18 percent); violations (18 percent); and public order charges (9 percent). On average, the interviewees had extensive histories of criminal justice contact, with a median of six arrests and six jail stays (including the current incarceration). The median age of first arrest for this group was 18, but there was substantial variation, with interviewees reporting a range of ages from 10 to 44.

REENTRY PRIORITIES AND NEEDS

Service providers' hierarchy of reentry service needs and the self-described priorities of people held in the jail do not always coincide. For instance, a reentry service client who is a regular drug user may identify reuniting with family as his main priority, whereas a service provider is likely to focus on providing substance abuse treatment and preventing relapse as his primary need. While these two issues may certainly be related, it is important that services are designed to address both personal priorities as well as demonstrated needs. In this example, a service provider may have more success in engaging the client in treatment if the program is framed as one step toward the goal of improving his relationship with his children.

To explore both of these facets of need, the interviewers used two questioning strategies. One set of questions designed to assess personal reentry priorities asked interviewees to name the most pressing challenges that they

expected to face after release ("self-defined reentry priorities"). The second strategy used a series of validated screening measures and behavioral questions to document reentry needs using a set of predefined categories that are often used as part of service intake assessments, including measures of homelessness, rates of drug use, signs of mental illness, level of education, and employment histories.[29]

SELF-DEFINED REENTRY PRIORITIES. The priorities that interviewees reported most frequently were employment (73 percent), housing (34 percent), addressing problems with substance use (33 percent), improving relationships with family, children, and intimate partners (26 percent), and staying out of trouble (23 percent). Figure 1 provides detail on the frequency with which each priority was reported.

Figure 1. Most commonly cited reentry priorities[30] (n=80)

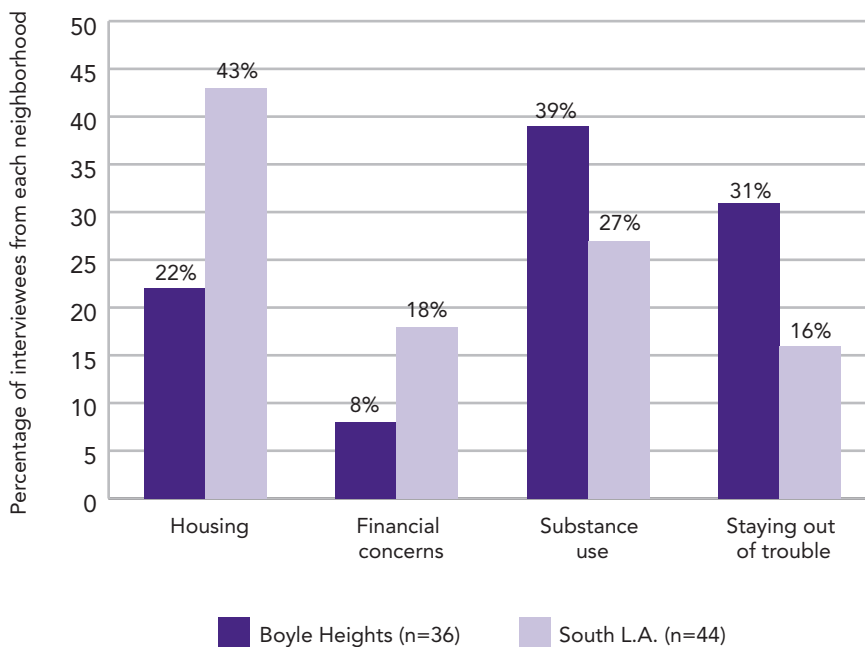Percentage of Interviewees Citing Each Priority
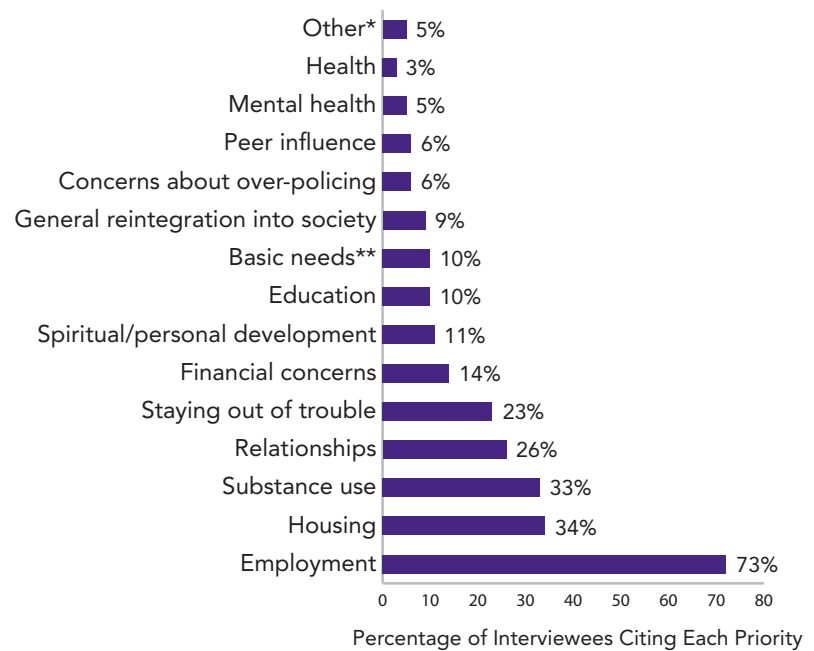
*Other includes gang violence, concerns about parole, deportation, and a revoked driver's license.
**Basic needs includes clothing, transportation from jail, identification, etc.

Interviewees from both neighborhoods reported certain reentry priorities at similar rates (for example, employment concerns), but there were notable differences between interviewees from South L.A. and Boyle Heights in other areas (see Figure 2). In South L.A., respondents were much more likely to give priority to housing and financial concerns, while Boyle Heights interviewees prioritized staying out of trouble and addressing substance use issues at higher rates than South L.A. participants.

Figure 2. Neighborhood differences in reentry priorities

Percentage of interviewees from each neighborhood

- Boyle Heights (n=36)
- South L.A. (n=44)

	Boyle Heights	South L.A.
Housing	22%	43%
Financial concerns	8%	18%
Substance use	39%	27%
Staying out of trouble	31%	16%

REENTRY NEEDS. The interview included a number of validated scales and targeted questions designed to investigate common reentry needs, including employment, housing, education, and behavioral health, among others.

> **Employment.** As previously noted, employment was the most widely cited reentry priority. A majority of interviewees were unemployed at the time of arrest (59 percent), with many reporting that they had been unemployed for more than one year (36 percent, n=29) and some reporting that they had never been employed (8 percent, n=6). Several interviewees expressed a desire for skill development and job training for specific trades, such as electrical engineering, culinary arts, mechanics, or bus driving. Others specifically noted a need for training in computer and office skills.

  Some interviewees expressed a desire for classes about the various steps of applying for jobs, including writing a résumé, filling out job applications, and interviewing. A few people brought up the additional complications of trying to find work when you have a criminal record, noting a need for targeted employment resources that can direct people to companies willing to hire people who have felony convictions.

> **Education**. Interviewees reported a wide range of levels of education from no schooling (n=1) to bachelor's degrees (n=4), but a substantial portion (43 percent) had neither a high school diploma nor a GED. However, only 10 percent of all interviewees self-reported education as a reentry priority.

> **Housing.** The majority of interviewees reported "stable" housing arrangements at the time of arrest—living in their own house or apartment or at a family member's home (59 percent). Just under one-fifth (19 percent) of the

"We need job referrals, jobs that someone with a felony can qualify for. Referrals that are geared towards us."

—46-year-old male, Boyle Heights cohort

"Housing is the number one thing. If you're not rested, bathed, and fed, you don't stand a chance."
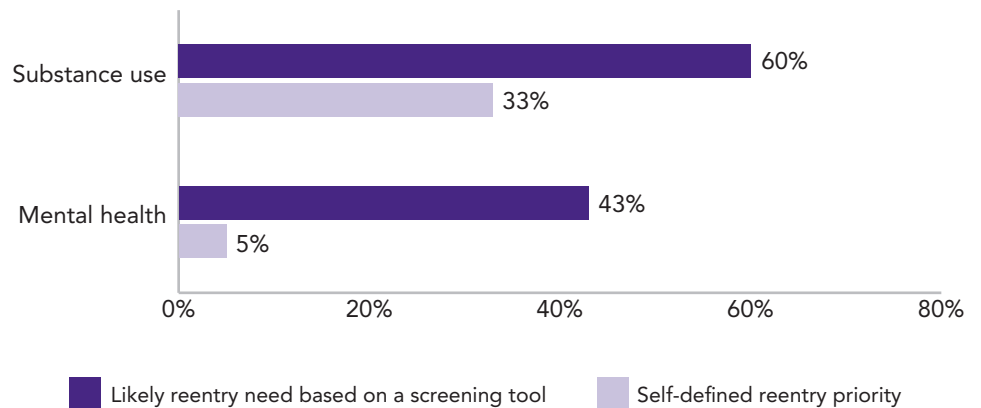
—48-year-old male, South L.A. cohort

interviewees reported "unstable housing," defined as staying with a friend, in a hotel, on the street, or in another public place.[31]

> **Behavioral health.** Sixty percent of the interviewees screened positive for a substance-related problem, corresponding with a clinical diagnosis of drug or alcohol dependence, and the screening questions included in the interview identified 43 percent of the cohort as having an indication of mental health problems that warranted a full clinical assessment for mental illness.[32] Furthermore, 34 percent of the cohort screened positive on both the substance use and mental health screens, indicating possible co-occurring substance use and mental health disorders. The research team also compared the results of these validated screening tools to the proportions of interviewees who self-reported substance use needs or mental health issues as reentry priorities. Figure 3 provides an illustration of these comparisons, which found substantial disparities between self-defined reentry priorities and the results of the behavioral health screens.

"I could definitely use some type of therapy, counseling... I just went through something extremely traumatic."

—31-year-old male, South L.A. cohort

Figure 3. Behavioral health self-defined priorities and measured needs

Legend:
- Likely reentry need based on a screening tool
- Self-defined reentry priority

Substance use: 60% / 33%
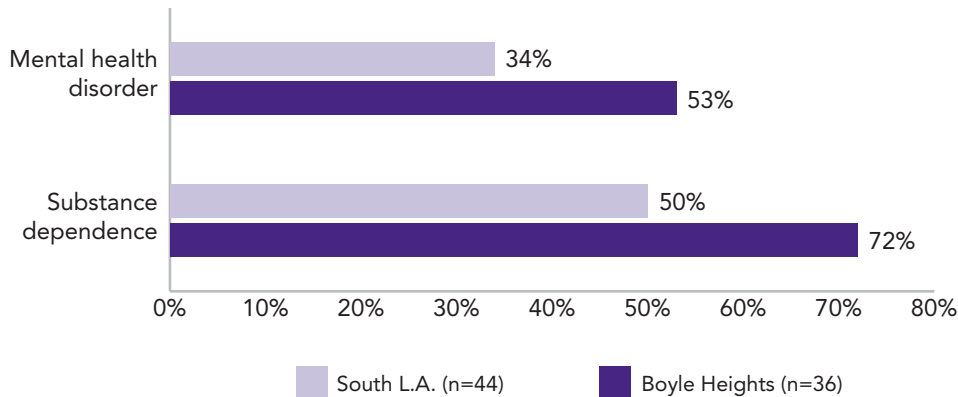Mental health: 43% / 5%

The disparities illustrated in Figure 3 underscore barriers to providing mental health and drug treatment services in the jail or as part of reentry programming. Almost half of those who experience symptoms of substance dependence do not self-identify as requiring support in this area, and as few as one in eight of those who may benefit from psychiatric services self-identify mental health as one of their top three priority areas of need. These findings suggest that many people in the jail either do not want to address their substance use and mental health problems, or do not view treatment as a priority when compared to competing needs. It also highlights the need to consider the strategies that are most likely to engage those with substance use and mental health needs in treatment services.

Positive screens for behavioral health issues were particularly high among Boyle Heights interviewees, with 72 percent screening positive for substance dependence and 53 percent screening positive for possible

"My main concern is staying sober... I've never done anything illegal sober."

—24-year-old male, South L.A. cohort

mental health issues (as compared to 50 percent and 34 percent, respectively, of South L.A. interviewees, see Figure 4).

Figure 4. Behavioral health screens by neighborhood

However, when participants were asked if they would benefit from talking to someone about their mental health, 53 percent of Boyle Heights interviewees responded in the affirmative (the same proportion that had positive screens), but 68 percent of South L.A. interviewees reported that they would benefit (twice the rate of people who had positive mental health screens). This finding suggests the need to reexamine the effectiveness of the mental health screening tools currently used in the jail while considering additional strategies for offering counseling services to people who may not be identified using existing measures. For example, the finding that nearly six out of 10 interviewees stated that they would "benefit from talking to someone about their mental health" suggests that this simple question may be a first step in deciding who requires further screening or assessment.

> **Stigma, self-esteem, and social skills.** Some interviewees spoke about the detrimental impact that the experience of incarceration has on the reentry process. A few people noted a "fear of rejection" and shame in connection with the post-release job search. Others spoke more generally about the negative impact of incarceration on their emotional well-being and associated feelings of disgrace and depression.

Interviewees highlighted a need for classes that teach social skills and life skills to help address these problems, focusing on new ways of thinking and ways to approach relationships and other social situations. In particular, some interviewees noted positive experiences with Moral Reconation Therapy and how it helped them to change their behavior.[33] The findings on stigma and emotional well-being are notable: Although the interview instrument did not include questions that specifically address these areas, many participants spontaneously brought them up.

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

—38-year-old male, South L.A. cohort

"[I want] programs to help me change my way of thinking, maybe even how to make friends and connect with others."

—46-year-old male, Boyle Heights cohort

EXPECTATIONS OF HELP

Study participants were asked whether they expected to receive assistance to address their self-defined reentry priorities. The vast majority of the sample (91 percent) expected to receive help with at least one of their reported priorities, and half of the interviewees expected to receive help with all of their priorities. The majority of interviewees (79 percent) believed they would receive help from someone in their community, compared to only 38 percent who believed they would receive assistance from someone in the jail (these groups are not mutually exclusive; 34 percent expected to receive help from both).

Interviewees reported a range of expectations for support outside of the jail. Some people noted that family and friends would provide both tangible and intangible help, from leads on jobs to emotional support. Furthermore, some saw their social networks as a source of motivation to change: "I need to do something more for [my children], be there for them when they need me. I can't do anything for them being in here." Others reported feeling isolated, without anyone in the community to talk to or turn to for help.

Though in many cases social networks provide positive support and influences, a number of community stakeholders mentioned that multigenerational histories of criminal justice contact and gang affiliation can impede efforts to end criminal activity. Interviewees commonly had family histories of incarceration and gang affiliation, with half reporting that at least one family member had been to jail and 41 percent of all interviewees reporting at least one family member who is involved in a gang. When asked about personal priorities for reentry, about one fifth (23 percent) of interviewees reported a need to "stay out of trouble" and another five people discussed the risk of returning to patterns of drug use and involvement with gangs once surrounded by old friends. A quarter of the interviewees reported that they had some involvement with a gang either at present or in the past.[34]

SERVICES OFFERED AND RECEIVED

About a fifth (n=17) of the interviewees had been offered help with any of their reentry priorities in the jail at some point in the past (including the period of incarceration during which the interview took place), and only 11 people reported receiving services. Despite low rates of engagement, most interviewees expressed a desire for services, with 89 percent responding positively when asked if they would accept an offer of services in the jail.

Interviewees who were offered support in the jail most frequently reported being offered services related to substance use treatment (n=7), housing/shelters (n=6), education (n=6) and General Relief (n=5).[35] Some interviewees were also offered services relating to employment, Supplemental Security Income, religious support, counseling, and basic needs (for example, transportation and clothing).

"I have everything down pat myself. I don't need any help from the jail."

—18-year-old male, South L.A. cohort

"I can't do it on my own anymore... [I've] always had a hard time asking for help, but I can't let pride get in the way anymore."

—30-year-old male, Boyle Heights cohort

Findings and Recommendations

The following pages summarize Vera's principal research findings and related recommendations for improving reentry services in L.A. County. The summary is organized thematically into 11 recommendations in three categories: (1) reentry service delivery and engagement; (2) operations and efficiency; and (3) coordination. The findings and recommendations described in this section are documented in substantially more detail in Vera's technical report. In addition, Appendix A of the technical report includes a comprehensive chart providing guidance on implementation for all of the recommendations, including information on the resource investment required, ease of implementation, magnitude and immediacy of impact, and likely community support for each recommendation.

Best practices suggest that reentry services should begin when someone is still in the jail and continue when they return to the community.[36] These recommendations provide a range of suggestions for improving services across this full continuum (see Figure 5). They are intended to support the LASD and community providers in efforts to maximize the impact of scarce resources by improving the efficiency and effectiveness of reentry services in L.A. County. A number of the recommendations suggest ways to direct interventions toward those who need support most and to design coordinated services that maximize engagement within the jail and in the community after release.

During the period under study, only 17 custody assistants (LASD's civilian custodial staff) were available to work with an average daily population of 17,000 people in LASD custody—a ratio of 1 to 1,000—meaning that only a small fraction of the people who passed through the jail received their attention. Even with the anticipated addition of 18 more CTU custody assistants, it is clear that demand will continue to greatly outstrip capacity. A central recommendation is that the LASD significantly increase investment in reentry programming.

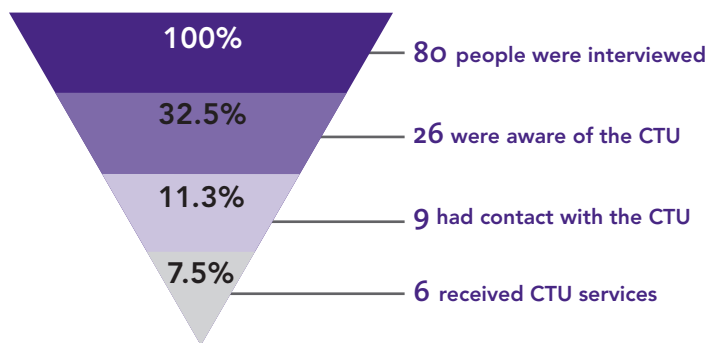Figure 5. Essential steps in reentry service delivery and engagement
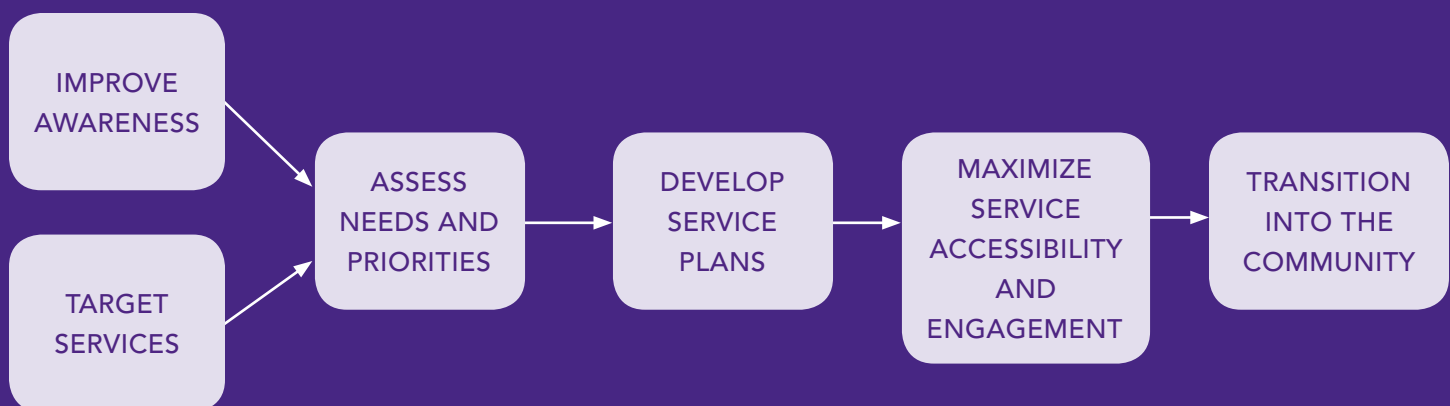
1. Expand reentry service outreach and tailor it for the jail environment.

To maximize opportunities for people to get help, they must be aware of the reentry services available in the jail and know how to access these services. However, communicating with the jail population is challenging. A lack of trust between people in custody and jail staff, security concerns, language barriers, and literacy issues can all undermine efforts to inform people of programs and services.

FINDINGS: The CTU is the primary mechanism the jail uses to link people held in the jail with reentry services. However, people in the L.A. County Jail have limited awareness of the CTU specifically and reentry services generally. The unit uses a number of approaches to promote its services, including announcements in dorms, videos, and signage. Plans are in place to expand the scope of these communications activities by playing promotional videos geared toward families in visiting waiting areas and widely distributing reentry resource guides throughout the jail. Other service providers in the jail, such as the MERIT program (see page 8), use dorm announcements and sign-up sheets. Nevertheless, only 26 of the people interviewed in the jail (33 percent) had heard of the CTU.[37] Of that group, nine had met someone from the CTU and six ultimately received CTU services (see Figure 6). Most of the people who knew about the CTU learned about it via in-person communication—either through word of mouth from other people held in the jail or CTU staff announcements in housing units.

Figure 6. CTU Awareness and Contact

100% —— 80 people were interviewed

32.5% —— 26 were aware of the CTU

11.3% —— 9 had contact with the CTU

7.5% —— 6 received CTU services

Even when potential reentry clients are aware of the services, some jail procedures make it difficult to communicate their interest in receiving support. For example,

to begin the process, they must complete an Inmate Request Form that is attached to a complaint form. Some interviewees said they were reluctant to ask for the form for fear of antagonizing LASD officers. Moreover, interviewees said that the forms are not easily accessible—which was supported by researcher observations that the request form boxes are often empty. Finally, the request forms are only available in English, despite the high proportion of people held in the jail whose primary language is Spanish. The CTU makes limited use of signage, which could be an effective communications tool in the jail. Only two interviewees noted seeing signs for the CTU, and Vera researchers did not see any CTU posters in Men's Central Jail, the largest of the eight facilities. While videos about the CTU are a potentially effective communications strategy, their location in the intake area of the jail—a fast-paced and high-stress environment for people entering custody—may limit their impact.

RECOMMENDATIONS:

> Implement (with some adjustments to address issues highlighted above) the planned expansion of CTU communications strategies, including increased signage, use of video promotions throughout the jail, information carts, reentry guides, and an informational video for visiting families.

> Pass out CTU flyers via mail call and in dorms.

> Expand the use of staff presentations about services to all housing units (in addition to the current focus on dorms for those already in programs).

> Distribute a condensed reentry guide widely in the jail.

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

2. Create client targeting and triage systems.

The combination of significant budget constraints and the projected growth of the jail population as a result of realignment make it essential to develop a triage system to guide decisions about the allocation of scarce reentry resources. Targeting outreach efforts toward those with the greatest levels of risk and the most pressing needs would allow the CTU to achieve the maximum impact given capacity limitations.

FINDINGS:

Historically, the CTU has used a combination of formal and informal criteria to guide decisions about targeting reentry services. Currently, the CTU engages in limited targeting of veterans and, in the past, the unit targeted people who identified themselves as homeless. However, CTU staff also reported employing a range of informal mechanisms to target potential clients. One staff member explained that they give priority to people who have passed through the jail multiple times and who are held in the mid-range security levels of the jail. People in lower security housing often leave the jail too quickly to receive services; those in high-security units may pose a safety risk to staff and are often en route to state prison, rather than preparing for release directly into the community. Some CTU staff also reported focusing on those who want to change their situation and are motivated to take part in services.

The CTU has begun a planned expansion of targeted reentry services in two ways. First, the CTU will focus on people who participate in LASD programs under the recently launched the Education-Based Incarceration Initiative, with the assumption that participants have demonstrated that they are amenable to services, and are therefore more likely to benefit from reentry supports. Second, the LASD is currently piloting a tool designed to assess both service need and risk of re-offending (the COMPAS) to identify people who would be appropriate for community-based alternatives to custody. The CTU will target this group for jail-based services (see pages 8 and 9 for details).

RECOMMENDATIONS:

> Triage clients based on level of need (as measured by COMPAS risk scores) and potential, or opportunity, to provide services that address those needs before people are released from the jail (see Figure 7). For example, "high-opportunity" groups may include frequent recidivists, existing CTU clients, and those held in the jail for longer periods.

> Prioritize people who are motivated to engage with services. This may be achieved through a combination of outreach to people who are already involved in programming and using engagement techniques, such as motivational interviewing and treatment readiness assessments, to reach those who are less likely to independently seek out services.

Figure 7. Need-Opportunity Triage System

	LOW NEED	HIGH NEED
LOW OPPORTUNITY	Low Priority	Low Priority
HIGH OPPORTUNITY	Low Priority	Target Population

3. Incorporate risk and needs assessments into reentry services.

Because average jail stays are so brief, it is important to identify individual reentry needs quickly—but with sufficient accuracy and detail to develop reentry service plans. Service providers need tools to identify needs that are linked to reoffending as well as each client's personal reentry priorities, which are not always the same.

FINDINGS:

Currently, CTU staff have the latitude to use a variety of approaches when initially assessing people arriving at the jail, resulting in a wide range of practices. Some CTU employees have developed their own intake forms and structured interview questions. Others prefer more informal and conversational methods to learn about people's reentry needs. While it is important to be responsive to the varying needs of clients, the use of standard intake procedures can help ensure that staff address common reentry issues and ask questions in ways that have been proven to be effective in eliciting information on these topics. The LASD's planned implementation of the COMPAS across the jail will provide a standardized method for identifying reentry risks and needs (see page 9 for more detail).

Another important finding is that self-defined reentry priorities do not always correspond with the needs that are flagged by more targeted questions or structured screens and assessments. As described in an earlier section of this report, very few people held in the jail identified accessing mental health support as a reentry priority (four out of 80 interviewees); yet, nearly two-thirds of the interviewees (n=49) responded in the affirmative when asked, "Would you benefit from talking to someone about your mental health?" These disparities highlight the importance of testing different approaches to assessing needs in order to maximize the likelihood that people will report their reentry concerns.

RECOMMENDATIONS:

> Use validated risk and needs assessment tools and consider supplementing the COMPAS with other tools as necessary.

> Consider using markers of recidivism risk from the LASD's administrative data systems (such as number of prior admissions) to flag people who are in need of the lengthy COMPAS assessment.[38]

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

> Target in-person assessments toward those who have a high opportunity to receive reentry services (for instance, people serving longer sentences, frequent recidivists, existing CTU clients).

> Consider a variety of assessment techniques depending on the type of information needed (for example, the use of structured psychiatric assessments paired with more open-ended questions about social support upon reentry).

4. Individualize reentry service plans for maximum impact.

Reentry services must avoid a one-size-fits-all approach. Service plans should address the needs identified during assessments, consider the client's personal priorities, and take into account logistical barriers to service provision, such as short jail stays.

FINDINGS:

There is a mismatch between clients' perceptions of the services offered and their individual needs and priorities. For example, the LASD is currently emphasizing the Education Based Incarceration (EBI) initiative, but only 10 percent of those interviewed for the study identified education as a reentry priority. While EBI includes many vocational programs, this is not apparent from the name of the program and may lead to confusion among people held in the jail and community-based service providers. Interviewees suggested programs and services that the jail should offer, such as job training and computer classes, unaware that many of these programs are in fact offered.

RECOMMENDATIONS:

> Provide an opportunity for everyone to receive basic support in reestablishing benefits (such as Social Security) and getting government identification.

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

> Differentiate between long and short stayers to design brief interventions (such as guides to reentry resources) and more intensive service plans (including substance use treatment).

> Engage people in services by addressing the issues they view as personal priorities, such as employment, housing, and family unification. For example, reentry programs that focus on rebuilding family relationships may provide a powerful incentive for people to address their criminogenic needs (for example, by attending anger-management classes as a step toward reuniting with a spouse or children).

RISK, NEED, RESPONSIVITY THEORY

A growing number of criminal justice interventions and assessment tools are based on Risk, Need, and Responsivity (RNR), a set of theories first developed in the 1980s to inform the targeting and delivery of treatment programs designed to reduce recidivism and enhance public safety.[39] In order to maximize the impact of treatment, RNR incorporates three main principles into the development of service plans:

1. **Risk.** The most intensive services should be reserved for clients who have the highest risk of recidivism. Risks for reoffending include a number of static, or fixed, factors, including age, gender, arrest charge, or criminal history. For those at low risk of recidivsm, the best option may be limited or no services—studies have shown that providing intensive services to this group can actually make people worse, potentially leading to increased rates of reoffending.[40]

2. **Need.** Services should target factors that are linked to reoffending, such as substance use, antisocial personality, criminal associates, and hostility or anger.

3. **Responsivity.** Services should be tailored to the specific circumstances of individual clients, including such elements as motivation, environmental support, positive relationships with correctional staff, cognitive functioning, and self-esteem. Tools such as the COMPAS and LSI-R assess a combination of static factors (risks) and dynamic factors (needs) that have been shown to predict re-offense rates.[41]

5. Take steps to overcome barriers to trust and engagement.

Even with a well-developed service plan, barriers associated with the jail environment—such as a distrust of jail-based services or intimidation by gang members—can undermine efforts to engage people with reentry services. It is essential that the LASD, the CTU, and other service providers take steps to diminish the impact of these barriers, enhancing trust in both the CTU and reentry services more generally.

FINDINGS: A number of people in the jail who were interviewed as part of this study expressed concern about the way people in custody are treated by LASD staff (for example, one interviewee stated that "deputies here treat us like dirt") and interviewees noted that this contributes to recidivism and a lack of engagement with programming. A number of interviewees expressed mistrust of any services provided by the jail, with one person stating "It's coming from the jail, so I wouldn't trust it." This wariness about LASD staff creates a barrier to engagement with the CTU. Because CTU staff wear the same uniforms as other correctional officers, many people assume that they are guards and avoid any contact with them.

"…there's a lack of sensitivity. If they want to see men go back out with a non-criminal attitude, then there has to be less dehumanization."

—50-year-old male, South L.A. cohort

The six people who were able to connect with the CTU expressed satisfaction with the services, indicating that the CTU was either somewhat helpful (n=2) or very helpful (n=4). This group reported that the CTU staff are respectful and "do their job," in sharp contrast to their views of most other LASD staff. This suggests jail-based reentry service providers can be seen as trustworthy if they overcome the initial hurdle of being viewed as general correctional staff.

"They worry about your well-being for when you leave... They make it their job. Deputies don't care, though."

—29-year-old male, South L.A. cohort

Other aspects of the jail environment that impede service engagement are the gang culture and racial politics that exist in the dorms. For example, in many housing units, shot-callers—leaders of the gang structures within each unit—must approve any contact with service providers. Similarly, one person explained that, "They have the school dorm but we [Latinos] can't do that. Other Latinos think you're trying to hide something [if you are] in a special dorm." Outside the jail, gang membership may hinder a person's ability to travel to certain neighborhoods for services or may make someone ineligible for services.

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

—29-year-old male, South L.A. cohort

There is also a perception among some of the representatives from community agencies interviewed as part of this study that CTU staff do not share cultural, language, or socioeconomic backgrounds with their clients.[42] This may be a misperception and could indicate conflation of CTU staff with other LASD custodial staff. From Vera's observations, while CTU employees may have very different socioeconomic backgrounds from the people they serve in the jail (and by virtue of employment with the LASD do not have personal experience with the criminal justice system), many staff members are people of color and a number speak Spanish as well as other languages.

A number of interviewees—people held in the jail, as well as LASD and community stakeholders—noted the benefits of peer mentor programs which are facilitated by people how have similar life experiences as program clients. For example, Amity Foundation's peer mentors, who facilitate jail-based reentry programs, have also spent time in jail

custody and have been through substance use treatment themselves. Interviewees said that potential reentry service clients are more likely to trust peer mentors and that they can enhance motivation to change, and may address issues related to the cultural responsiveness of services. Many shared the belief that peer mentors are able to inspire and motivate people in the jail in a way that is unique to people who have a shared experience. One CTU staff person noted that peer mentoring may be the best chance of connecting with young adults (18 to 25) and gang members—two often overlapping groups that numerous stakeholders named as the most challenging populations to engage in reentry services.

"[Peer mentors] can talk to the inmate on a level we can't... [It's] important to continue bringing in people from the outside who...have experience with the system."

—LASD staff person

RECOMMENDATIONS:

> Take steps to differentiate CTU staff from other LASD employees to encourage trust and client engagement.

> Ensure the privacy of all client interactions with CTU and other service providers, to limit concerns about intimidation by deputies or gang members in the jail.

> Enhance the cultural responsiveness of reentry services, by ensuring that services are accessible to Spanish-speakers, taking gang relations into account when designing outreach strategies, and expanding peer-mentorship and peer-education programs.

> Evaluate and expand existing promising programs—such as peer-mentoring programs and school dorm programs, like MERIT and SMART (see page 8)—as a way of demonstrating effectiveness to decision-makers and funders.

6. Strengthen linkages between the jail and community-service providers.

During the first few days and weeks after people reenter the community, they are at heightened risk for rearrest and relapse, making this period critical for their success.[43] Without support from service providers, any progress made through jail-based programs can evaporate. The key to a successful transition is ensuring that reentry plans continue when people return to their neighborhoods. It is essential that the LASD and other service providers collaborate to strengthen linkages between jail and community.

FINDINGS:

The LASD is currently engaged in a significant expansion of jail-based services, including, educational programming, the new Community Transition Reentry Center and jail in-reach, which allows community organizations to begin service provision while clients are still in the jail (see pages 8 and 9 for detail). Many people held in the jail expressed support for the jail in-reach service model. Interviewees emphasized the importance of inviting community organizations to come into the jail to provide services and the benefit of beginning the reentry process while still in custody: reinstating benefits, obtaining identification, and applying for jobs.

Yet many community stakeholders expressed skepticism about jail-based services, including jail in-reach efforts. A number of stakeholders that were interviewed for the study felt that more funding should be directed toward neighborhood-based services, rather than expanding jail programming. In fact, some providers in the study do not believe that the LASD should be in the business of providing services at all. Many community stakeholder interviewees voiced concerns that CTU staff—who start as guards and typically lack social work or case management experience and training—are not able to establish the level of trust or quality of service provision needed to truly help people in jail. On the other hand, some CTU staff interviewed for the study felt that community mistrust of the LASD was a key reason to expand in-reach services; they suggested that clients would be much more likely to trust community-service providers working in the jail than LASD-managed services.

RECOMMENDATIONS:

> Address concerns regarding expansion of jail-based services by involving community providers in the design and implementation of new programs and ensuring that the application process for in-reach providers is well publicized and transparent.

> Expand jail in-reach services to maximize opportunities for continuous services as people move from the jail into the community.

> Expand and enhance initiatives to support reentry clients at the moment of release (for example, the LASD's Community Transition Resource Center), addressing such basic needs as identification and benefits, housing, any necessary medication, and transportation.

> Provide incentives to community-based organizations to stay in touch with clients, including a sliding-fee scale based on the level of client need (for example, larger payments for clients with chronic needs, such as serious mental illness) and payments at various service milestones following release.

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

7. Standardize the procedures, staff training, and supervision used by jail-based reentry programs.

CTU activities would benefit from greater standardization, particularly in the areas of staff training and supervision, case management, and data entry. Standardization would serve the dual goals of improving the efficiency, impact, and reach of reentry services and enhancing the validity of outcome evaluations by ensuring that program implementation is consistent and that the requisite outcome data are available for analysis.

FINDINGS:

There is a lack of standardization in CTU policy and practice. For example, the CTU does not have formal hiring criteria such as a minimum number of years with the LASD, educational qualifications, or case-management experience. Vera researchers were told that new staff are selected based on attendance, and expressed interest in and dedication to improving clients' post-release outcomes. All CTU training is conducted on the job, with new recruits shadowing experienced CTU staff for a brief period, observing interactions with CTU clients. New staff complete a check list with an experienced officer, certifying that they are familiar with the unit's policies and procedures. The form does not provide detailed guidance on how staff should be trained on each topic, however, and Vera did not learn about any formal orientation about the CTU core mission or standardized training on intake, data entry, or service provision. Training also varies significantly depending on the trainer and the facility where it takes place. The training was described by some CTU staff as more of a "familiarization" process than a formal training.

There is also substantial variability in CTU's processes for providing services; individual CTU staff have designed their own methods and procedures. In addition, there is no standard protocol for case-management oversight, and Vera researchers did not observe or learn about any type of clinical supervision. The CTU does not hold case conferences or regular staff meetings for CTU custody assistants to report to their supervisor, address issues, or request input from CTU management or other staff—a standard practice in most case management programs. CTU staff noted that they engage in this process informally, reaching out to other staff or management for support as necessary.

RECOMMENDATIONS:

> Increase standardization of CTU procedures, such as training, intake procedures, data entry, supervision, and tracking client outcomes. This could improve staff efficiency and service impact, as well as increasing the unit's capacity to evaluate staff and program performance.

> Create a staff manual that can be used as a tool for training and an ongoing reference, including information on the CTU's mission and role, guidelines on the target population and service model, frequently asked questions, information on common issues facing inmates (for example, substance use and mental illness), and a directory of service providers working in the jail.

> Develop more intensive training activities (including mock client interviews, specialized mental health training, and longer training periods) as a way of improving the quality and consistency of service provision.

> Develop routine supervision activities (such as staff performance reviews, case management meetings, and performance indicators) to increase support for and oversight of staff.

> Create mid-level clinical supervisory positions (for example, requiring a Masters in Social Work degree) to provide additional support and clinical oversight for CTU custody assistants.

8. Use data to facilitate reentry services provision.

There are various ways that the LASD and service providers can use data to increase the efficiency and impact of reentry services. By enhancing the data systems and making better use of the data, service providers can streamline the identification of clients, facilitate case management, and support evaluation efforts.

FINDINGS:

The LASD uses many electronic data systems for jail management purposes. However, these systems are not designed to communicate with one another, which hampers efforts to use data to target reentry services and results in duplicate data entry. In addition, the structure of the CTU database and the absence of a standard data entry protocol limit its utility as a tool for case management and program oversight. For example, the lack of data entry guidelines means that some of the terms found in the CTU database are ambiguous (for instance, cases that are labeled "closed" include both successfully completed referrals to services and requests that are disposed of because the client left LASD custody). In the absence of a unified data system, some staff members have created their own data-collection systems as work-arounds to support their individual case-management activities; again, there is wide variability in these methods. Of particular note, there is currently no system in place to flag former CTU clients who reenter the jail. As a result, it is rarely possible to reconnect returning clients with their CTU case managers or other service providers, leading to duplication of activities such as screenings and drafting service plans, and inefficient use of resources.

As noted previously, the LASD is in the process of piloting a new database that includes the COMPAS risk assessment tool. According to CTU staff, this system should begin to address a number of the existing information-gathering and sharing problems.

RECOMMENDATIONS:

> Monitor the implementation of the COMPAS to ensure that it meets all of the CTU's and the LASD's data needs, such as recording the results of intake assessments, documenting release plans, and using information about a person's service contacts from previous jail stays to inform current service plans.

> Build upon existing data to improve identification and targeting of new clients, by using information included in the jail's data systems such as current age, age at first arrest, and history of prior incarcerations to automatically predict risk of recidivism.[44]

> Use data to facilitate case management, by improving the functionality of the data systems (such as including automatic flags to identify people returning to jail custody and automatic updates on client housing information within the jail) and exploring information-sharing opportunities to streamline service provision.

> Standardize CTU data-entry procedures, creating a reliable core data set describing CTU clients, the referral source, and the services provided as a tool for enhancing service provision and performance monitoring.

9. Develop evaluation components for all reentry programs.

Few agencies working inside or outside the L.A. County Jail have a sense of the return on their investment in reentry services. Yet this information is essential for policy and budget decision making, particularly in the current fiscal climate. Most important, evaluation is critical in determining the specific needs of the local reentry population and in measuring the impact of services on reentry outcomes.

FINDINGS:

One of the major impediments to evaluating reentry services is that jail and community-service providers generally lack systems to record accurate information on the specific needs of the people that they serve or the effectiveness of services provided. There are few formal efforts in place to evaluate the success of reentry programs offered by the CTU and community based organizations in L.A. County. Before embarking on evaluations, it is important to agree upon the definition of success in this context—from a client showing up after a referral for services, to securing employment, to preventing recidivism. Notably, a few community-based organizations, such as Amity Foundation and Homeboy Industries, have conducted large-scale program evaluations or are currently working with program evaluators.

There is currently no comprehensive attempt in L.A. County to track people as they leave the jail, making it difficult to determine the extent to which the CTU and other LASD reentry service providers are linking their clients with community-based services; the LASD intends to use the COMPAS data-system to begin addressing this gap in data collection. A number of smaller organizations noted the importance of evaluation but expressed frustration because funds are not typically available to support data collection or analysis.

RECOMMENDATIONS:

> Track reentry outcomes (including service contact, housing, and employment) by requiring service providers to record a core data set on client contact with post-release services (potentially using the new COMPAS data system).

> Consider opportunities to design multi-agency evaluation activities, reducing costs for any single agency, standardizing the measures used to monitor performance across multiple service providers (for instance, baseline assessments, nature of service contact, how to measure success), and allowing partner organizations to benefit from their pooled knowledge.

10. Enhance collaboration between reentry service providers, the Department of Mental Health, and the Probation Department.

There is currently limited coordination between the LASD and other government agencies that serve people in the jail (for example, the Department of Mental Health) or after they return to the community (such as the Probation Department). The various departments and agencies working with people who are held in the jail could work together to reduce duplication of activities and streamline service provision, improving individual outcomes and saving resources.

FINDINGS:

Community and jail stakeholders reported a lack of collaboration between the CTU and the DMH in reentry planning for people with mental health needs. This is a serious issue given the elevated rates of mental illness within the jail, the service needs of this population, and the challenges that people with mental health treatment needs face upon reentry. It is sometimes unclear which agency is responsible for transition planning; as a result, some people who require treatment and other supportive services upon release may be overlooked by both agencies. In other cases, the DMH may have a comprehensive release plan in place, but does not have sufficient notice to implement the plan before its client is released. Vera researchers were told that there has been some discussion about cross trainings between DMH and CTU staff to improve collaboration, but these trainings have not yet been scheduled.

In addition, there is no standard mechanism for sharing information from DMH assessments and reentry service plans when people are transferred from the Twin Towers Treatment Facility (the LASD facility that houses people who require intensive treatment or supervision as a result of a serious mental illness) to other facilities. This lack of coordination may cause people to fall through the cracks as they move back into the general population or lead to unnecessary duplication of screening and assessment activities for those who already have a DMH release plan.

Several interviewees discussed the potential role of the Probation Department in reentry. Certain reentry services, such as drug treatment or employment training, are common conditions of probation for people when they are released from jail. Representatives of community-based

organizations that provide these types of services stated that they have very little communication with the Probation Department, except when they are called in "at the last minute for services" to meet probation conditions, but that there is "not enough time to meet the demands." Stakeholders did not raise the relationship between the CTU and the Probation Department. This is noteworthy, given the fact that strong LASD and Probation Department coordination is especially important in the context of realignment, as the Probation Department expands its role to supervise more people released from jail custody.

RECOMMENDATIONS:

> Improve CTU involvement with DMH client release plans (for example, by ensuring timely notice of release dates).

> Continue and expand efforts to coordinate DMH and LASD release activities (for instance, by sharing the DMH release plan with the CTU and community-based organizations when appropriate).

> Consider potential CTU-Probation collaborations to provide additional reentry support to people who are at high risk of recidivism.

11. Increase collaboration between and among jail and community-based providers.

Collaboration among jail- and community-service providers is essential for effectively providing reentry services. Coordination helps ensure a continuum of care, reduce duplicative efforts, and capitalize on diverse skills. However, there is evidence of an adversarial dynamic between the jail and community organizations, as well as among community providers. Many recommendations in this report rely on the premise that reentry service providers can overcome these barriers and improve collaboration.

FINDINGS:

Many interviewees from community-based organizations said that it is very difficult to gain access to the jail; some expressed the view that organizations need special influence or contacts with high-ranking LASD officials to get a foot in the door. Others highlighted the significant administrative burdens associated with jail access including the need to complete extensive paperwork and criminal background checks, which can delay new programs and personnel changes. The background checks can also prevent people with criminal records from providing services, despite the high demand for peer mentors who have life experiences similar to those who are held in the jail.

While some community-service providers have worked in the jail for many years and have strong relationships with the LASD and the CTU, there is miscommunication and mistrust between the LASD and most community-based organizations. As previously noted, a number of providers interviewed for this study did not believe that the LASD should provide reentry services, while others questioned whether LASD staff had the necessary experience and qualifications to perform this role. Community-based providers also expressed significant reservations about the new Community Transition Resource Center, believing that it will fail to engage people as they are leaving the jail.

It is also evident that miscommunication or misinformation about funding further divides community organizations and the CTU. Some community-service providers expressed the belief that the CTU has unrestricted, unlimited funding and tends to direct funding toward a select group of community organizations. The CTU, however, discussed restricted funds and a strong interest in collaborating with community providers to identify funding sources

During the study, Vera's researchers learned about several active and engaged reentry groups doing important work, including the Los Angeles Reentry Roundtable and the Los Angeles Regional Reentry Partnership. However, a unified council speaking with one voice is particularly important as local communities deal with the impact of realignment.

Another issue highlighted by jail and community stakeholders is the shortage of community-based services for people with mental health needs who are released from the jail. Many community providers have long waiting lists for appointments or give priority to people who are not involved in the criminal justice system. Other providers do not accept clients with co-occurring substance use and mental health disorders, or may decline a referral if someone has an open legal case.

RECOMMENDATIONS:

> Continue examining how to coordinate release times between the LASD and other providers with the aim of maximizing the likelihood of a seamless hand-off of clients to service providers.

> Increase collaboration and communication between the CTU and community providers, through regular meetings, joint trainings, information sharing, and increasing CTU attendance at community meetings and site visits.

> Move to a team case-management approach bringing together government agencies, community providers, and others to create comprehensive reentry plans.

> Unify the various L.A. reentry groups into one council.

> Address systemic barriers to community services for people leaving the jail (such as obstacles to housing and employment), possibly through the unified voice of a single reentry council.

Conclusion

This is a critical moment for reentry services in L.A. County. In the face of shrinking budgets, jail- and community-based service providers are under tremendous pressure to respond to the needs of approximately 17,000 people held in the overcrowded L.A. County Jail. The recently implemented realignment plan is adding to that pressure, with many people formerly bound for state prison now serving sentences of a year or longer in the county jail. Furthermore, as more people are sentenced to local community supervision, the number of people sent to the jail after violating probation and parole conditions may also increase.

On a more promising note, the LASD is in the process of significantly revising its approach to reentry services on multiple fronts. First, the LASD has started to use the COMPAS to help assess people's risk and needs, move eligible people into community-based alternatives to incarceration, and develop service plans to address the needs of those who remain in jail custody. The COMPAS data system should also address longstanding problems with the existing CTU database. The LASD is also implementing the Education-Based Incarceration Initiative throughout the jail to identify and provide appropriate programming—including academic, vocational, and life skills training—for eligible people in custody. In addition, the LASD's planned Community Transition Reentry Center will aim to meet the immediate needs of people at the time of their release from jail and to increase access to community-based organizations. Finally, the jail has reinstated the Just In Reach program, based on local research findings and national best practices that suggest that this approach is an effective model for providing reentry services. (See pages 8 and 9 for more information on these programs.)

This combination of innovative programming and investment in reentry services presents an opportunity for stakeholders in the jail, in communities, and in funding agencies to re-evaluate the best use of the county's costly jail beds and to focus resources on reducing recidivism. The recommendations included in this report are intended to inform discussions about the reentry services that can support people while they are held in the jail and during the transition back to the community—to examine what works, what does not, and why. With a growing jail population, it is of paramount importance that the LASD and its community partners coordinate the use of their limited resources to provide services that will help people succeed in the community upon release from jail, reducing the likelihood of rearrest and enhancing public safety.

The four common threads spanning our recommendations are the need to improve existing services, increase resources devoted to reentry, enhance relationships between the LASD and the community, and evaluate ongoing programs and services. In summary, the LASD and community stakeholders must:

INCREASE EFFECTIVENESS AND EFFICIENCY OF EXISTING SERVICES.

The study highlights a number of areas where the LASD and community providers could enhance the impact of current reentry programming. These span multiple elements of service provision, from advertising available services and deciding who should be prioritized for receiving them, to maximizing opportunities for meaningful services engagement and ensuring uninterrupted service provision as people return to the community. For instance, one of the principal recommendations in this report suggests that the CTU target those with the greatest levels of risk and need (rather than those who are already unlikely to return to jail) to make the best use of scarce reentry resources. Another essential area to address is the lack of trust that people in LASD custody have in most jail-based services. While interviewees who actually received jail-based services had positive feedback, many others never made contact with these services, in part due to a deeply ingrained distrust of correctional staff. Taking steps to differentiate service providers from custody staff (for instance, giving the CTU uniforms that are clearly distinct from most deputy uniforms) or increasing the use of peer-mentors in reentry programming are two ways that the LASD and the CTU might begin to overcome this obstacle. The recommendations included in this area include both relatively minor changes that require few additional resources (such as changing the format of inmate request forms) and those that would require more substantial investments (for example, expanding jail in-reach services), but would ultimately lead to greater returns.

ENHANCE CAPACITY FOR REENTRY SERVICE PROVISION.

While there is much to be gained from improving the efficiency and impact of existing services, that alone will not be sufficient to address the demand for reentry supports; a significant increase in capacity and resources for both jail and community reentry services is required. This may seem unfeasible, given the current fiscal climate. However, because jail is so costly and incarceration so damaging to people and their families, even modest reductions in recidivism can yield significant benefits in terms of avoided crimes, improved individual outcomes, and cost savings associated with lower rates of rearrest and reincarceration.

IMPROVE RELATIONSHIPS BETWEEN THE LASD AND COMMUNITY-SERVICE PROVIDERS.

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

EVALUATE ALL REENTRY PROGRAMS. Finally, as new services are designed and implemented, it is essential to collect data on what is working and where improvements are needed. Understanding what works requires information on both the process of providing services and outcomes for those who receive support. Historically, there has been a lack of reliable data on the services provided in the jail, and this has limited opportunities to measure the effectiveness of reentry services. As the LASD redesigns the data systems used to monitor reentry services, it needs to ensure that they are configured to collect information necessary for evaluation purposes. Further efforts are needed to explore how to link this information to data on reentry outcomes, such as contact with community-service providers and recidivism. Equipped with this information, program directors, policy makers, and funders can maximize the impact of scarce resources by investing in interventions that have proven to be effective.

Next Steps

This report contains a series of recommendations to improve reentry services, some requiring new resources, others suggesting small changes to existing policies and procedures. While these recommendations are all feasible, most require the support and commitment of local stakeholders. The report is intended as a starting point for conversations among the LASD, community stakeholders, funders, other government agencies, and non-profit organizations about how to prioritize and implement initiatives to improve reentry services in L.A. County.

ENDNOTES

1   A. Aos, M. Miller, and E. Drake. *Evidence-based Adult Corrections Programs: What Works and What Does Not* (Olympia, WA: Washington State Institute for Public Policy, 2006).

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

3   For example, 48 percent of people admitted to the New York City jail system in 2008 were readmitted to the jail within a year (as per personal communication with Qing Wei, Vera Institute of Justice, 2013), and 53 percent of people who were sentenced to jail terms in Cook County (Chicago) in 2007 returned to the jail within three years (See D.E. Olson, "Characteristics of Inmates in the Cook County Jail," *Criminal Justice & Criminology: Faculty Publications & Other Works*, paper 4 (2011): 1-8, retrieved from: http://ecommons.luc.edu/cgi/viewcontent.cgi?article=1003&context=criminaljustice_facpubs).

4   J.A. Swartz and A.J. Lurigio, "Serious Mental Illness and Arrest: The Mediating Effects of Substance Use," *Crime and Delinquency* 53, no. 4 (2007): 581-604; and H.J. Steadman, F.C. Osher, P.C. Robbins, B. Case, and S. Samuels, "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 60, no. 6 (2009): 761-765; Office of National Drug Control Policy (ONDCP), *Adam II: 2010 Annual Report Arrestee Drug Abuse Monitoring Program II* (Washington DC: ONDCP, 2011); N. Freudenberg, "Jails, Prisons, and the Health of Urban Populations: a Review of the Impact of the Correctional System on Community Health," *Journal of Urban Health* 72, no. 2 (2001): 214-235; E.J. Latessa and B. Lovins, "The Role of Offender Risk Assessment: A Policy Maker Guide," *Victims and Offenders* 5, no. 3 (2010): 203-219; S. Metraux and D.P. Culhane, "Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk," *Criminology and Public Policy* 3 (2004): 201–22; J. Bernstein and E. Houston, *Crime and Work: What We Can Learn from the Low-Wage Labor Market* (Washington, DC: Economic Policy Institute, 2000). B. Western and B. Petit, "Incarceration and Racial Inequality in Men's Employment," *Industrial and Labor Relations Review* 54, no. 3 (2000): 3–16.

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

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

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

8   The Los Angeles County Sheriff's Department, "Community Transition Unit," http://www.lasdhq.org/divisions/ correctional/ bops/ctu/mission. html (accessed May, 14 2012).

9   The Inmate Welfare Fund includes all profits from the jail commissary as well as "any money, refund, rebate, or commission received from a telephone company or pay telephone provider when the money, refund, rebate, or commission is attributable to the use of payphones by inmates while incarcerated." These funds must be used for programs and services (or related personnel and infrastructure) that benefit inmates. The Inmate Welfare Fund Commission serves as an advisory body for decisions about the use of inmate welfare funds, though the Sheriff has final authority. See http://la-sheriff.org/divisions/correctional/ inmate_srvs/ovrview.html (accessed May 14, 2012).

10   The persistent overcrowding has led to ongoing federal litigation and a federally imposed population cap. See *Rutherford v. Baca*, (Not Reported) F.Supp.2d (C.D.Cal. 2006) WL 3065781

11   For a more detailed discussion of issues related to jail overcrowding in Los Angeles County, see: Vera Institute of Justice (Vera), *Los Angeles County Jail Overcrowding Reduction Project Final Report: Revised* (New York: Vera, 2011), available at http://www.vera.org/content/los-angeles-county-jail-overcrowding-reduction-project.

12   The Citizens' Commission on Jail Violence (CCJV), *Report of the Citizens' Commission on Jail Violence* (Los Angeles: CCJV, September 2012), available at http://ccjv.lacounty.gov/; American Civil Liberties Union (ACLU), *Cruel and Usual Punishment—How a Savage Gang of Deputies Controls L.A. County Jails* (Los Angeles : ACLU, 2011), available at http://www.aclu.org/prisoners-rights/report-cruel-and-usual-punishment-how-savage-gang-deputies-controls-la-county-jails; County of Los Angeles Office of Independent Review (OIR), *Violence in the Los Angeles County Jails: A Report on Investigations and Outcomes* (Los Angeles: OIR, 2011), available at: http://laoir.com/reports/OIR-Report-on-Violence-in-the-Jails-(Oct.2011).pdf; and, refer to the Los Angeles Times series, "Jails Under Scrutiny," available at http://www.latimes.com/news/local/la-me-jails-sg,0,4834651.storygallery.

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

14   Information included in this section was assembled from interviews with stakeholders, LASD documents, and websites. For detail on many of the programs described here, see: The Los Angeles County Sheriff's Department (LASD), *Education Based Incarceration*, (Los Angeles: Los Angeles County Sheriff's Department, Correctional Services Division, 2010).

15   LASD, 2010.

16   "Realignment funds" refers to the increased funding that will go to local criminal justice agencies as they take responsibility for the incarceration of people who used to be under the supervision of the state criminal justice authorities.

17   Federally qualified health centers are organizations which meet specific federal criteria and are funded in part by the Health Center Program. For more detail, see http://bphc.hrsa.gov/about/.

18   For a more detailed description of study methods, see T. Sandwick, K. Tamis, J. Parsons, and C. Arauz-Caudra, *Making the Transition: Rethinking Jail Reentry in Los Angeles County—Technical Report* (New York: Vera Institute of Justice, 2012). [www.vera.org/pub/making-the-transition-technical-report]

19   Studies have found that female jail inmates are significantly more likely than their male counterparts to have a range of chronic medical problems (including cancer, diabetes, asthma, and arthritis), psychiatric disorders (including depression, bipolar disorder, and post-traumatic stress disorder), and drug dependence. Furthermore, guidelines for treatment of female inmates with substance use disorders call for gender-specific treatment, because women respond differently to certain programs and have different success rates than men. Given that these disparities may affect the experiences of women both while incarcerated and upon release, the reentry needs of women held in jails merit a separate study. (See I.A. Binswanger, J.O. Merrill, P.M. Krueger, M.C. White, R.E. Booth and J.G. Elmore, "Gender Differences in Chronic Medical, Psychiatric, and Substance-Dependence Disorders among Jail Inmates," *American Journal of Public Health* 100, no. 3 (2010): 476-482; H.J. Steadman et al., 2009; and, Patricia A. Kassebaum, *Substance Abuse Treatment for Women Offenders: Guide to Promising Practices* (Rockville, MD: U.S. Department of Health and Human Services, 2002, SMA 99-3303). Additionally, the study's focus on people who are held in Men's Central Jail may mean that certain groups are underrepresented in our sample. Notably, people who are homeless, "short-stayers," people with mental health needs, and people held in high-security housing units may also be underrepresented. In addition, study data were collected over a one-year period (March 2011 to March 2012) and the analysis presented in this report should be viewed as a snapshot of the reentry population, their needs, and the available services during that period; as noted in the report, LASD is undergoing a significant period of transition and the status of the programs and initiatives described herein may have changed since that time.

20   South L.A. and Boyle Heights are two of 14 California neighborhoods that are the focus of The California Endowment's Building Healthy Communities initiative; this study uses The California Endowment's definition of the neighborhood boundaries. Note that South L.A. refers to a subsection of the larger region commonly known as South L.A. For detailed maps of these neighborhoods, refer to http://www.mycalconnect.org/southfig/map/ (South L.A.) and http://www.mycalconnect. org/boyleheights/map/ (Boyle Heights).

21   HealthyCity, "Population Characteristics, Ethnicity/Race, TCE Community: Boyle Heights, Year: 2010," http://www.healthycity.org/c/chart/geo/place_based_tce/zt/2/report_geo//yk/071#/report/[[2797,22009,[46],1]]/rank/[0,0,0,0,1,0]/yk/2012050312093410 (accessed May 14, 2012); HealthyCity, "Population Characteristics, Ethnicity/Race, TCE Community: South Figueroa Corridor / Vermont-Manchester, Year: 2010," http://www.healthycity.org/c/chart/geo/place_based_tce/zt/11/report_geo//yk/20120503121726179#/report/[[2797,22009,[46],1]]/rank/[0,0,0,0,1,0]/yk/20120503121726179 (accessed May 14, 2012); U.S. Census Bureau, "2010 Census Interactive Population Search: CA-California," http://2010.census.gov/2010census/popmap/ipmtext.php?fl=06 (accessed May 14, 2012); and U.S. Census Bureau, "2010 Census Interactive Population Search: CA-Los Angeles County," http://2010.census.gov/2010census/popmap/ipmtext.php?fl=06:06037 (accessed May 14, 2012).

22 These figures are based on a Vera analysis of administrative data provided by LASD.

23 The California Endowment, "Boyle Heights: Map & Data, Employment Status," http://www.mycalconnect.org/ boyleheights/map/ (accessed May 14, 2012); and The California Endowment, "South Los Angeles: Map & Data, Employment Status," http://www.mycalconnect.org/southfig/map/ (accessed May 14, 2012).

24 The California Endowment, "Boyle Heights: Map & Data, Educational Attainment," http://www.mycalconnect. org/boyleheights/map/ (accessed May 14, 2012); and The California Endowment, "South Los Angeles: Map & Data, Educational Attainment," http://www.mycalconnect.org/southfig/map/ (accessed May 14, 2012).

25 The statistic for South L.A. is for an area that is larger, but overlapping, with the definition of South L.A. used throughout the study. City of Los Angeles: Census 2000, South Los Angeles Community Plan Area," http://cityplanning.lacity.org/DRU/C2K/C2kFrame.cfm?geo=cp&loc=SCL&sgo=ct&rpt=PvR&yrx=dummy (accessed May 14, 2012); and City of Los Angeles: Census 2000, Boyle Heights Community Plan Area," http://cityplanning.lacity.org/DRU/C2K/C2kFrame.cfm?geo=cp&loc=BHt&sgo=ct&rpt=PvR&yrx=dummy (accessed May 14, 2012).

26 South L.A. and Boyle Heights refer to the areas previously defined in this report.

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

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

29 A screening tool is valid if it truly measures what it was designed to measure. For example, a valid mental health screening tool should be predictive of those with a clinical diagnosis of mental illness.

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

31 The study's neighborhood focus has likely led to an underrepresentation of people who are homeless or unstably housed in the study and this figure might not be representative of the extent of homelessness throughout the larger jail population.

32 LASD and the DMH conduct screening and assessment interviews to identify people with serious mental illness during the jail intake process. Those who require intensive treatment and those who pose a threat to themselves or others are diverted to Twin Towers (the mental health facility at the jail). As such, the rates of mental health problems described here may be an undercount. In addition, individuals who were diverted to Twin Towers may be more likely to self-report mental health needs, making the MCJ sample biased towards those that are less likely to report mental health as a priority. The substance use screen used for this study is the Texas Christian University Drug Screen II (TCUDS II) and the mental health screen used is the Correctional Mental Health Screen for Men (CMHS-M). See K. Knight, D.D. Simpson, and J.T. Morey, *Evaluation of the TCU Drug Screen*, Final Report (Washington, DC: U.S. Department of Justice, National Institute of Justice, October 2002, Doc No. 196682); and, J. Ford and R.L. Trestman, *Evidence-Based Enhancement of the Detection, Prevention, and Treatment of Mental Illness in the Correction Systems, Final Report* (Washington, DC: U.S. Department of Justice, 2005).

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

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

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

36 A. Crayton, L. Ressler, D.A. Mukamal, J. Jannetta, and K. Warwick, *Partnering with Jails to Improve Reentry: A Guidebook for Community-Based Organizations*, Urban Institute, August 2010.

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

38 For more information on this approach, see Q. Wei and J. Parsons, *Using Administrative Data to Prioritize Jail Reentry Services: Findings from the Comprehensive Transition Planning Project*, New York: Vera Institute of Justice, 2012. URL TK.

39 D.A. Andrews and J. Bonta, *The psychology of criminal conduct: 2nd Edition* (Cinncinnati, OH: Anderson, 1998).

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

41 The LSI-R refers to the Level of Service Inventory-Revised.

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

43 P.A. Lanagan and D.J. Levin, *Recidivism of Prisoners Released in 1994* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2002); L.C. Merall, A. Kariminia, I.A. Binswanger, M.S. Hobbs, M. Farrell, J. Marsden, S.J. Hutchinson, and S.M. Bird, "Meta-analysis of drug-related deaths soon after release from prison," *Addiction* 105, no. 9 (2010): 1545-1554.

44 This functionality requires a data system that can identify the same clients during recurrent jail stays using a unique identifier; e.g. the jail's Criminal Investigation and Identification number (CII).

Acknowledgments

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