

# Project imPACT Two-Year Preliminary Evaluation Report

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## Preface

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The Proposition 47 grant program, administered by the California Board of State and Community Corrections (BSCC), provides discretionary grant funding to localities to provide community-based supportive services to justice-involved individuals. In June 2017, the Los Angeles Mayor’s Office of Reentry was awarded Proposition 47 grant funding from the BSCC to implement Project imPACT. Project imPACT is a voluntary program designed to serve individuals who were arrested or convicted of a crime in the past year or who are currently on community-based supervision who also have a history of mental health and/or substance use concerns. This program provides employment, behavioral health, and legal services in an effort to help participants obtain and retain employment and reduce criminal recidivism. Project imPACT serves four regions of Los Angeles: South Los Angeles, Watts, Downtown, and San Fernando Valley. Proposition 47 grantees are required to collect data and evaluate their programs, and the Los Angeles Mayor’s Office of Reentry selected RAND Corporation and Harder+Company as their evaluator. As part of evaluation efforts, grantees submit Two-Year Preliminary Evaluation Reports to assess progress towards the goals and objectives of their programs, covering the period of time from June 16, 2017 through March 31, 2019, as local jurisdictions received their grant funding in June 2017. Between June 2017 and February 2018, the Los Angeles Mayor’s Office released competitive RFPs to identify and select service providers for Project imPACT. Providers were selected and planning for services under Project imPACT began in February 2018, with services starting in July 2018. Therefore, this Two Year Preliminary Evaluation report documents the initial evaluation results, focusing on that time frame (February 2018 to March 2019). Interested stakeholders of this report include the Los Angeles Mayor’s Office; BSCC; the City of Los Angeles; as well as other municipalities or entities that provide supportive services to criminal justice populations or may be interested in implementing a similar program, both in and outside of Los Angeles County.

The research reported here was conducted in the RAND Justice Policy Program, which is part of the RAND Social and Economic Well-Being division. RAND Social and Economic Well-Being is a division of the RAND Corporation that seeks to actively improve the health and social and economic well-being of populations and communities throughout the world. The program focuses on such topics as access to justice, policing, corrections, drug policy, and court system reform, as well as other policy concerns pertaining to public safety and criminal and civil justice.

Questions or comments about this report should be sent to the project leader, Stephanie Brooks Holliday ([holliday@rand.org](mailto:holliday@rand.org)). For more information about RAND Justice Policy, see <https://www.rand.org/well-being/justice-policy.html> or contact [justicepolicy@rand.org](mailto:justicepolicy@rand.org).

# Table of Contents

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- Preface ..... ii
- Figures ..... v
- Tables ..... v
- Executive Summary.....vi
  - Background .....vi
  - Evaluation Methods.....vi
  - Progress toward Project imPACT Goals..... vii
  - Implementation Accomplishments, Challenges, and Solutions ..... viii
  - Next Steps for Project imPACT .....ix
- Acknowledgments ..... x
- 1. Project Description ..... 1
  - Project Overview .....2
  - Project Goals and Objectives .....2
  - Program Eligibility and Services .....3
  - Implementation of Project imPACT .....8
- 2. Research Design ..... 9
  - Process Evaluation .....9
  - Methodology .....9
  - Outcome Evaluation .....12
  - Methodology .....12
  - Assessing Progress Toward Project imPACT Goals.....16
  - Summary .....17
- 2. Project Performance ..... 18
  - Process Evaluation Results.....18
    - Characteristics of Enrolled Fellows .....18
    - Services Received .....19
    - Program Completion .....24
    - Implementation Successes, Challenges, and Solutions.....25
  - Outcome Evaluation Results .....29
    - Improved Decision-Making Skills .....30
    - Barriers to Employment Addressed .....30
    - Employment Outcomes.....33
    - Recidivism.....33
- 4. Summary and Conclusion.....34
  - Summary of Progress Toward Project imPACT Goals.....34
    - Goal 1: Improvement of project partners’ ability to service justice-involved individuals .....34
    - Goal 2: To create a program experience perceived to be positive and valuable by Fellows .....34

Goal 3: Adherence to the program’s guiding principles, which include (a) community partnerships and collaboration; (b) trauma-informed care; (c) cultural competence; and (d) focus on the Fellow .....	35
Goal 4: Improved employment outcomes .....	35
Goal 5: Reduced recidivism .....	36
Limitations .....	36
Implications .....	37
Exploring Variability in Service Provision .....	37
Core Elements of Project imPACT .....	37
Promoting Fellow Engagement.....	38
Next Steps .....	38
Project imPACT Service Provision.....	38
Evaluation .....	38
References .....	41

## Figures

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Figure 1.1 Project imPACT Logic Model .....	7
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## Tables

---

Table 2.1 Process Evaluation Measures .....	11
Table 2.2 Outcome Evaluation Measures.....	13
Table 2.3 Assessing Progress Toward Project imPACT Goals.....	17
Table 3.1 Number and Characteristics of Fellows Enrolled in Project Impact July 2018-March 2019 .....	19
Table 3.2 Percent of Fellows Receiving Services Across Regions .....	20
Table 3.3 Employment Services, Overall and Regional.....	21
Table 3.4 Behavioral Health Services, Overall and Regional .....	23
Table 3.5 Legal Services, Overall and Regional .....	23
Table 3.6 CBT Participation, Overall and Regional.....	24
Table 3.7 Completion of Project imPACT .....	25
Table 3.8 Challenges and Solutions in the Planning and Implementation Phases .....	29
Table 3.8 Barriers Addressed by Employment Providers .....	31
Table 3.9 Barriers Addressed by Legal Providers.....	32
Table 2.11 Number of Fellows Who Obtained Employment.....	33

# Executive Summary

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## Background

In 2016, the Los Angeles Mayor's Office of Reentry received funding from the California Board of State and Community Corrections (BSCC) to implement Project imPACT. Project imPACT focuses on improving employment outcomes as a way to reduce future criminal justice system involvement. The program is implemented by community-based providers in four regions of Los Angeles (South Los Angeles, Watts, Downtown, and San Fernando Valley). Project imPACT providers were selected in February 2018, and after an initial planning phase, began providing services in July 2018.

Individuals enrolled in Project imPACT, known as Fellows, have a history of recent criminal justice system contact as well as mental health and/or substance use concerns. In addition to offering job training and job placement opportunities, Project imPACT aims to prepare its Fellows for successful employment by addressing behavioral health concerns and legal challenges they may face. The program model includes provision of employment, behavioral health, and legal services alongside cognitive behavioral therapy (CBT) focused on the thinking patterns and behaviors that lead to offending. Individuals enrolled in Project imPACT are eligible to receive services for up to one year.

Project imPACT was designed to achieve five goals, as outlined by the Los Angeles Mayor's Office:

- 1) To create a program experience perceived to be positive and valuable by Fellows; and
- 2) Adherence to the program's guiding principles, which include (a) community partnerships and collaboration; (b) trauma-informed care; (c) cultural competence; and (d) focus on the Fellow;
- 3) Improved ability among project partners to service justice-involved individuals;
- 4) Improved employment outcomes; and
- 5) Reduced recidivism.

## Evaluation Methods

RAND and Harder+Company (the evaluation team) were selected to evaluate the performance of Project imPACT. To accomplish this, the evaluation team is conducting a process and outcome evaluation. The process evaluation focuses on the implementation of Project imPACT, including characteristics of Fellows served, types of services provided, whether services are provided with fidelity, and implementation-related challenges and solutions. It is also assessing progress toward the first three Project imPACT goals. Process evaluation data include quantitative data submitted monthly by providers in each region, as well as observations

of program activities, participation in meetings of the service providers, and analysis of quarterly narratives submitted by providers about challenges and accomplishments.

The outcome evaluation is examining whether Project imPACT achieves expected short-term and intermediate outcomes. These include the following:

- Improved decision-making, as measured by the Decision-Making scale of the TCU Psychological Functioning Assessment (Institute of Behavioral Research, 2007).
- Addressed barriers to employment, based on the professional judgment of service providers.
- Increased rates of employment and retention of employment (Goal #4). For this outcome, the Mayor's Office has established a target of 55% of enrolled Fellows obtaining employment during the first year of implementation. Retention is assessed at 6, 9, and 12 months.
- Reduced recidivism (Goal #5). Recidivism is being assessed using a definition developed for the program, which includes determining whether Fellows have any new arrests, technical violations, or convictions at 6, 12, and 18 months following completion of Project imPACT.

These outcomes are being assessed through the collection of quantitative data from service providers.

As noted, two of these outcomes (those related to employment and recidivism) overlap with the overarching project goals established by the Mayor's Office. The other two outcomes (improved decision-making and addressing barriers to employment) are based on the theoretical foundation of the program.

## Progress toward Project imPACT Goals

The Mayor's Office established a goal of enrolling 196 Fellows during the first year of implementation. During the evaluation period, Project imPACT providers have enrolled 205 Fellows, exceeding this goal before reaching the end of the first year. Once enrolled, Fellows receive a variety of services. Ninety-six percent of Fellows across the regions received employment services. The most common employment services provided include career readiness assessments, career readiness workshops, job coaching, and job development. Seventy-three percent of Fellows received behavioral health services, with most Fellows receiving individual counseling sessions. Finally, regarding legal services, 84% of Fellows received services, mostly counsel/advice followed by limited representation. During the evaluation period, 11 Fellows have successfully completed Project imPACT, while 39 have exited without completing services.

Results from the process evaluation highlighted progress toward the first three Project imPACT goals. Providers are focused on creating a program experience that is positive and valuable for Fellows (Goal #1), and this will be assessed more formally via focus groups in the next phase of the evaluation. In addition, providers have remained mindful of the unique

concerns experienced by this population and have found ways to be sensitive to their needs, including being careful to use person-centered and non-stigmatizing language (Goal #2). Finally, Providers' ability to serve the target population has improved through training, collaboration, and consultation with the Mayor's Office and other agencies (Goal #3). This is reflected in the steady stream of potential Fellows interested in the program.

Regarding outcomes, a relatively small number of Fellows successfully completed Project imPACT during the reporting period, and many of these exited the program fairly recently. Therefore, our analysis focused largely on short-term outcomes, including whether barriers to employment were addressed and employment was obtained. The most common barriers that employment providers helped Fellows address were resume preparation (39.5%; n = 81) and transportation (33.1%; n = 68). There were fewer behavioral health barriers addressed than barriers in other service areas, which may reflect the complexity of behavioral health concerns being addressed. Legal providers helped Fellows correct, remove, seal, or expunge criminal records (13.7%; n = 28) and remedy DMV issues, such as license reinstatement and traffic violations (5.9%; n = 12) and other legal barriers (e.g., early terminations of probation and probation, assisting someone with transferring their parole so they could be closer to family/support networks) (9.3%; n = 19).

Regarding employment outcomes (Goal #4), 29 Fellows obtained full-time employment, three obtained part-time employment, and three obtained temporary or seasonal employment. The Mayor's Office established a benchmark of 55% of enrolled Fellows obtaining full-time employment; based on current data, approximately 14% of enrolled Fellows (29 of 205 enrolled) have obtained full-time employment. This suggests that there is still substantial progress to be made with respect to increasing employment rates. At the time of the report, only six Fellows had completed Project imPACT and reached the 6-month follow-up period for assessing recidivism (Goal #5); none of these Fellows had recidivated.

## Implementation Accomplishments, Challenges, and Solutions

A number of accomplishments have been made since the inception of Project imPACT. Regions have worked to establish relationships with local agencies and community-based organizations that serve justice-involved populations as a way of obtaining program referrals. Through these efforts, the regions have reached their target for enrolling program Fellows, and in many cases, have a wait list of individuals interested in the program.

Regions have also experienced certain challenges since the inception of the program. During the planning phase and implementation phase, some regions have experienced turnover and staffing difficulties, which has limited their ability to enroll Fellows and provide the full range of services. When these challenges occurred, the regional providers moved swiftly to fill staffing gaps; at the time of this report, all regional providers were fully staffed. During the implementation phase, there were some challenges to engaging Fellows in services. In part, this

was due to logistic concerns (e.g., the timing and location of services). Service providers have worked around this challenge by (a) meeting Fellows closer to their locations and (b) combining programming of different service areas within the same day. Another challenge to engagement was Fellow perceptions of services, especially CBT and behavioral health services. To address this, providers across regions shared ideas and discussed solutions that they had tried. For example, peer navigators provided examples of the ways that they tailor the message of the curriculum through relevant examples to engage Fellows. Finally, there have been some challenges related to collection of evaluation data. To address this issue, the service providers, the Mayor's Office, and the evaluation team worked together to clarify the definitions for all data categories, ensure that the evaluation captures all different aspects of the providers' work, and ensure that the data reporting materials and procedures are clear and consistent. The evaluation team also continues to provide ongoing support to regions and is working to address gaps in reporting.

## Next Steps for Project imPACT

Moving forward, Project imPACT providers will continue to provide services for new and current Fellows in the Los Angeles region. Mechanisms are being put into place to share evaluation results with the providers; in turn, this feedback will allow providers to understand their strengths and any areas for improvement. Regarding the evaluation, next steps include conducting focus groups with Project imPACT Fellows, which will provide us with the opportunity to gain a more in-depth understanding of the Fellow experience. We are also developing an instrument to assess fidelity of implementation, which will include site visits, attending provider case conferences, and discussions with providers and Fellows. Together with our quantitative data collection efforts, these procedures will allow us to collect high-quality data to understand the implementation and effectiveness of Project imPACT.

## Acknowledgments

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We would like to acknowledge our sponsor, the Los Angeles Mayor’s Office of Reentry. We would also like to acknowledge the staff at each of the community-based provider organizations involved with Project imPACT for their roles in data collection for this evaluation, including Center for Employment Opportunities, Friends Outside in Los Angeles, Watts Labor Community Action Committee, Youth Policy Institute, AMAAD Institute, Homeless Health Care Los Angeles, Legal Aid Foundation of Los Angeles, and Neighborhood Legal Services of Los Angeles County. We would also like to thank Fellows enrolled in Project imPACT for their willingness to contribute to this evaluation. Finally, we thank our quality assurance reviewers for their thoughtful feedback on this report.

# 1. Project Description

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In 2014, the State of California passed Proposition 47, also known as the Safe Neighborhoods and Schools Act (California Courts, 2019). Proposition 47 created new misdemeanor offense categories and reclassified certain property and drug possession felony offenses as misdemeanors. It also authorized resentencing and reclassification for individuals already sentenced for those offenses. As a result of these reclassifications, individuals who previously would have been incarcerated in the state prison system through the California Department of Corrections and Rehabilitation (CDCR) are instead handled at the local level (Taylor, 2016). In addition to reducing the state correctional population, it was expected that law enforcement agencies would decline to pursue some of these new misdemeanor cases, thereby reducing the census of local jails as well (Taylor, 2016).

The savings created at the state level were required to be invested into local jurisdictions in the form of funding for prevention and support programs, victim services, and behavioral health services (Judicial Council Criminal Justice Services, 2016). Sixty-five percent of these savings are required to fund programs for individuals involved in the criminal justice system, with priority given to programs that “reduce recidivism of people convicted of less serious crimes (such as those covered by Proposition 47) and those who have substance abuse and mental health problems” (Taylor, 2015, pg. 8). The Board of State and Community Corrections (BSCC) was charged with distributing these funds.

In 2017, the first round of funding from Proposition 47 was awarded to communities through a competitive grant process (Board of State and Community Corrections [BSCC], 2019). A total of \$103 million was awarded to 23 programs across the state of California. These programs are designed and administered by public agencies, including city and county agencies and local school districts (BSCC, 2018). In turn, these agencies contract with local community-based organizations to provide services. Programs were required to include mental health services, substance use disorder treatment, and/or diversion programs, and serve adults or juveniles who had been “arrested, charged with or convicted of a criminal offense AND a history of mental health issues or substance use disorders” (BSCC, 2016). Certain guiding principles were outlined by the Board of State and Community Corrections, including the value of community partners, provision of culturally competent and trauma-informed services, and addressing barriers to serving this population. However, outside of these requirements, jurisdictions were given latitude to design programs suited to the needs of their area. All programs funded through Proposition 47 were required to set aside funding for an evaluation of the program’s implementation and effectiveness.

Project imPACT is one of the programs funded through this program. Designed by the City of Los Angeles Mayor’s Office of Reentry, Project imPACT focuses on improving employment outcomes – a known criminogenic need (Bonta & Andrews, 2017) – as a way to reduce future criminal justice system involvement. In addition to offering job training and job placement opportunities, Project imPACT aims to prepare its Fellows for successful employment through strengthening their psychological well-being and addressing the legal challenges they may face. The Mayor’s Office selected the RAND Corporation and Harder+Company (referred to as the evaluation team for purposes of this document) to conduct a process and outcome evaluation of Project imPACT. The present report describes the two-year preliminary evaluation results as required by BSCC. In this section, we provide a description of Project imPACT, including the services provided and goals of the program. We also outline the methodology for the evaluation.

## Project Overview

Project imPACT is designed to address barriers to obtaining employment among individuals recently involved in the criminal justice system. The program model includes provision of employment, behavioral health, and legal services alongside evidence-based practices that address the unique needs of individuals involved in the justice system. Project imPACT services are provided in four areas of Los Angeles: Watts, South Los Angeles, Downtown, and San Fernando Valley. Each of these regions has a separate team of providers working to support Fellows.

Individuals enrolled in the program, who are known as Fellows, receive employment services from an employment agency and are assigned to work with a multidisciplinary “PACTeam.” A PACTeam includes a Peer Navigator with lived experience of incarceration or involvement with the justice system; an Attorney to address the numerous legal challenges experienced after incarceration; and a Counselor to address mental health and substance abuse concerns that may interfere with obtaining and retaining employment. Fellows also participate in group-based cognitive behavioral therapy (CBT) curriculum, designed to address criminogenic needs and promote “cognitive, social, emotional, and coping skill development” (University of Cincinnati, 2018).

By utilizing the employment service providers and PACTeam to provide wrap-around, holistic support specific to the needs of individuals involved in the justice system, Project imPACT aims to improve employment outcomes and job retention for Fellows, reduce recidivism, and enable community-based partners to more effectively serve this population.

### *Project Goals and Objectives*

Project imPACT was designed to achieve five goals:

- 1) To create a program experience perceived to be positive and valuable by Fellows;
- 2) Improved ability among project partners to service justice-involved individuals;

- 3) Adherence to the program's guiding principles, which include (a) community partnerships and collaboration; (b) trauma-informed care; (c) cultural competence; and (d) focus on the Fellow.
- 4) Improved employment outcomes; and
- 5) Reduced recidivism.

These program goals were established by the Los Angeles Mayor's Office when developing Project imPACT. In addition to these overarching goals, certain targets were established related to service provision (e.g., number of individuals served by the program); additionally, though increasing employment and reducing recidivism are the main focus of the program, there are additional short-term effects that are expected of the program and are being measured as part of the evaluation. We describe the relationship between those process and outcome targets and the overarching Project imPACT goals in the subsequent sections.

### *Program Eligibility and Services*

Individuals are eligible for Project imPACT if they meet the following criteria:

- 1) Recent criminal justice involvement. This is broadly defined, and includes having been arrested or convicted of a crime in the past year, or currently on community supervision (i.e., probation or parole). Individuals released from incarceration in the past year are eligible for the program.
- 2) History of mental health issues and/or substance use disorders. Fellows are not necessarily required to have a formally diagnosed mental health or substance use disorder at the time of enrollment. Rather, Fellows are considered to have met this criterion if they have a mental health issue or substance use disorder that limits one or more life activities; have ever received services for a mental health issue and/or substance use disorder; have self-reported a history of these concerns to a provider; or have been regarded as having a mental health issue or substance use disorder (e.g., by a provider or family member).
- 3) Willing to obtain employment.
- 4) Determined to have a medium to high risk of reoffending, based on the Level of Service/Case Management Inventory (LS/CMI) (Andrews, Bonta, & Wormith, 2004), a well-validated risk/needs assessment.

Fellows are referred to the program through a number of sources. Some learn about the program when they are referred to a given employment agency. Other referrals come from local agencies (e.g., Probation) or other community-based organizations that serve justice-involved individuals.

Potential Fellows referred to the program are first screened for eligibility with respect to criminal justice involvement and history of mental health and/or substance use concerns. This screening is conducted using a standard screening tool developed for this project, which includes self-reported questions regarding criminal justice contact, mental health, and substance use. Those who meet initial eligibility criteria are then assessed with the LS/CMI; potential Fellows

who are determined to be medium risk or higher are then eligible to enroll in Project imPACT.<sup>1</sup> Participation in Project imPACT is voluntary. Individuals who are not eligible for Project imPACT or who decide not to participate are provided with other resources (e.g., provided with referrals to other programs or a list of other organizations with relevant programs).

Upon enrollment, program Fellows participate in a more comprehensive intake assessment with the employment, legal, and behavioral health providers in their region to determine their specific needs within each domain. Enrolled Fellows must be willing to participate in all three types of services. Potential services include the following:

- **Employment:** Employment service providers offer services such as career readiness assessments, career readiness workshops, job coaching, job development, OSHA training, placement and retention services, and transitional jobs.
- **Behavioral health:** Behavioral health services may include crisis services, individual counseling, group counseling, engagement with key influencers (e.g., family members or close friends), and maintenance services. Services are intended to address behavioral health concerns that may interfere with obtaining and maintaining employment, including anger management, depression and substance use, mental health stigma, and low self-esteem.
- **Legal services:** Legal services may include counsel/advice, self-help, limited representation, and full representation. Services may be focused on issues such as correcting, removing, sealing, or expunging criminal records; driver's license reinstatement; eviction prevention; fines and fees; and family reunification.

It is generally expected that enrolled Fellows will have service needs in each of these domains; however, the specific types of services provided to an individual depend on the needs identified by service providers. It also depends on the services offered by the providers in a given region. For example, each of the four regions has a different employment service provider, and each provider has a distinct operating model and set of services that are available to Fellows. The shared goal across service providers is to address barriers to employment.

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<sup>1</sup> Occasionally, service providers assess an individual whose LS/CMI score is in the low-risk range, but whose needs or unique circumstances they believe warrant additional consideration. In these circumstances, regions can bring individual cases to the Los Angeles Mayor's Office of Reentry to determine if it is possible to waive this requirement. At the time of the evaluation, this waiver had only been requested twice and was granted in both situations.

### **Box 1.1**

#### **CBT Core Curriculum Modules**

- 1) Values Clarification
- 2) Cost-Benefit Analysis
- 3) Setting a Goal
- 4) Understanding Life History, Lifestyle Factors, and Personality Characteristics
- 5) Recording Thoughts and Exploring Core Beliefs
- 6) Identifying and Changing Risky Thinking
- 7) Cognitive Strategies: Thought Stopping
- 8) Introduction to Emotional Regulation
- 9) Recognizing Your Feelings
- 10) Coping by Thinking – Managing Feelings Through Managing Thoughts
- 11) Coping By Doing – More Strategies for Managing Feelings
- 12) Thinking Before You Act – Managing Impulsivity
- 13) Managing Risk Seeking and Pleasure Seeking Behaviors

In addition to services in these three core areas, all Fellows are required to complete a group CBT curriculum. The core curriculum includes 13 modules (see Box 1.1) selected from the University of Cincinnati Cognitive-Behavioral Interventions – Core Curriculum (CBI-CC), which was designed to address criminogenic needs through a cognitive behavioral approach (University of Cincinnati Corrections Institute, 2018a). To select the required modules for Project impACT, representatives from the Mayor’s Office, employment providers, and behavioral health providers, along with peer navigators from across regions, met to review the complete set of CBI-CC modules. The 13 core modules were selected based on their

perceived ability to target behaviors, incorporate coping skills, promote self-awareness, and embody the core principles of CBT. Regions may also select other modules from this curriculum as needed to address the needs of a specific group of Fellows. Prior to the beginning of service delivery, peer navigators, behavioral health providers, and employment providers participated in a required training delivered by the University of Cincinnati Corrections Institute, and a combination of staff deliver the curriculum, depending on the region. The curriculum is delivered as a closed group, as material builds across the modules, and Fellows who miss a module can make up sessions at a future date. At the beginning of the program, the curriculum was delivered in a variety of ways across regions, with some implementing the curriculum as an intensive two-week course and others offering it as a weekly or twice-weekly program. Currently, all regions have moved to delivering the curriculum as an intensive two-week course (described in more detail below).

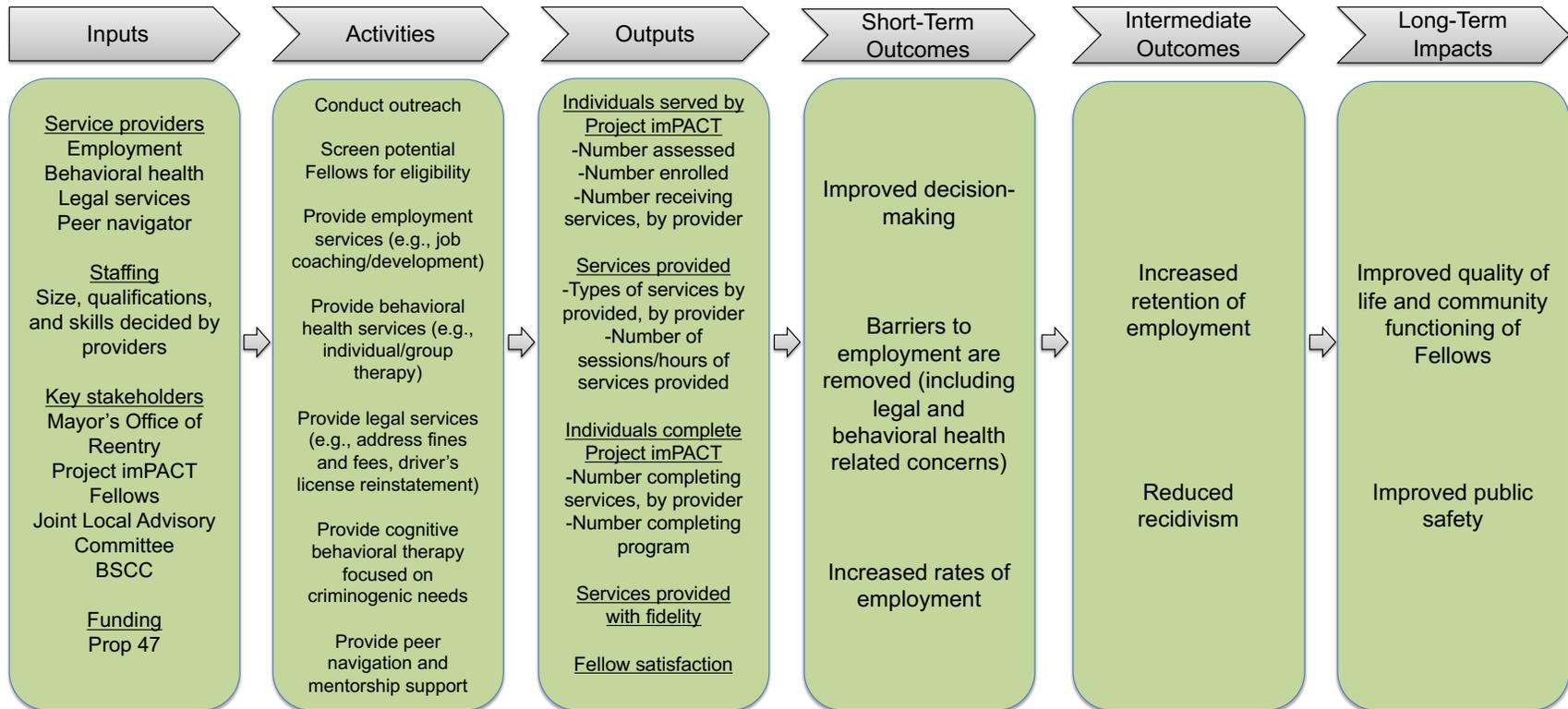
The caseload of active Fellows within each region is limited to 30 Fellows to ensure program participants receive individually tailored services. Employment providers and other PACTeam members meet for biweekly case conferences to discuss and troubleshoot Fellows’ progress towards employment; identify ongoing needs; and determine when a Fellow is ready to complete program services. Fellows are eligible to receive services for up to one year. This means that a Fellow who completes services prior to one year but needs to re-engage in services (e.g., due to

losing a job or experiencing a significant legal challenge) is able to do so before their year of eligibility is complete. If a Fellow's needs have not been addressed within a one-year period, they may be referred for additional, longer-term services.

Ultimately, Project imPACT is designed to reduce recidivism. However, there are also more proximal effects that the program is expected to achieve. In the short-term, Project imPACT aims to improve participant decision-making, via the CBT curriculum, and address barriers to employment, through the employment, legal, and behavioral health services. It is expected that addressing these short-term outcomes will improve rates of employment and employment retention, ultimately reducing future contact with the criminal justice system.

Figure 1.1 is the logic model describing Project imPACT. This includes the inputs and resource needed to operate the program; intended activities and outputs of those activities; and expected short-term, intermediate, and long-term outcomes associated with the program.

**Figure 1.1 Project imPACT Logic Model**



## Implementation of Project imPACT

The Los Angeles Mayor's Office of Reentry received funding for Project imPACT in June of 2017. During the fall of 2017 and early 2018, they released competitive requests for proposals to select providers for each of the three service categories (employment, behavioral health, and legal), as well as for an evaluator. Providers were selected and notified in early 2018, with the first Project imPACT meeting taking place in February 2018.

The first several months of Project imPACT comprised a planning phase for the providers. Each provider applied to be part of Project imPACT separately; however, the service model requires that all providers in a given region collaborate to provide services. Therefore, the first few months of the program provided an opportunity for providers in each region to meet with each other to discuss how services would be provided. Providers also met monthly with the Mayor's Office to determine what procedures would be consistent across regions. For example, it was through these meetings that a standardized eligibility screening questionnaire was developed for use by all regions.

By June 2018, providers had finalized their service models, and began recruiting and enrolling Fellows in July 2018. There was some variability across providers with respect to the start of services. South LA began enrolling Fellows in mid-July; Watts and Downtown began enrolling Fellows in mid-August; and San Fernando Valley began enrolling Fellows in mid-October. In part, this phased schedule of implementation was influenced by staffing (e.g., San Fernando Valley did not fill all provider slots until September).

When applying for Project imPACT funding, each region estimated the number of Fellows they anticipated serving, enrolling, and attaining employment. At the beginning of the program, the Mayor's Office decided to establish a consistent metric across regions for each of these process measures. After meeting with providers, it was determined that each region would aim to assess and/or provide resources to 210 individuals over the course of the program; enroll 99 Fellows over the course of the program; and have 57% of these Fellows obtain employment. In April of 2019, the Mayor's Office revisited these targets to establish goals specific to the first year of implementation. They identified the following targets: assess and/or provide resources to 420 individuals, regardless of whether they enroll in the program (an estimated 105 per region); enroll 196 Fellows (~49 per region); and have 108 (55% of those enrolled) obtain full-time jobs (~27 per region). We use these latter targets for the purposes of this report.

## 2. Research Design

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To assess the implementation and effectiveness of Project imPACT, the evaluation team is conducting a process and outcome evaluation. The methodology for each of these evaluation components is described below. Note that the present report focuses on the timeframe from February 2018, when providers were selected for the program, through March 31, 2019.

### Process Evaluation

A process evaluation is currently in progress to assess the implementation of Project imPACT. Our process evaluation focuses on the following questions:

- How many Fellows were served by Project imPACT?
- What types of services did participants receive? How many sessions or hours of services were received?
- Were services provided with fidelity, and consistent with the guiding principles (community partnerships and collaboration, trauma-informed care, culturally competent care, focus on the Fellow)?
- Were Fellows satisfied with their experience in Project imPACT?
- What implementation challenges and successes were observed?

The process evaluation is important to understanding how Project imPACT is implemented; determine whether program activities are implemented with fidelity; and identifying and addressing any challenges. Because the program is implemented in four different regions, the process evaluation is also an opportunity to examine any cross-regional differences in the ways that services are provided. In addition to providing detail about nature of services, the process evaluation is important for interpreting results of the outcome evaluation; for example, if no effect of the program is found, it may be due to challenges implementing the program (e.g., meeting the target population, offering needed services).

### *Methodology*

The process evaluation is assessing the activities and outputs of Project imPACT, as outlined on the logic model in Figure 1.1. To assess the implementation of Project imPACT, we are relying on three main sources of data.

**Quantitative data from service providers:** Each month, service providers submit quantitative data related to services provided. These data are collected at the individual Fellow level, which allow us to understand an individual's trajectory through Project imPACT and to aggregate these numbers at the program level. Data include sociodemographic characteristics; LS/CMI results; and specific types of services received from each provider, including number of

sessions and/or hours of services. Note that there are no specific benchmarks for intensity of services provided (e.g., number of sessions), or for the number of Fellows expected to receive each type of service. In part, whether a Fellow received services and the number of sessions attended are a function of the needs identified during a provider's intake process. These data were collected during the period covered by this report.

**Observations and discussions with providers:** The Evaluation team has been in close contact with service providers throughout the implementation of Project imPACT. During the planning phase, we attended regional meetings with all service providers, and also convened meetings within each provider type (i.e., all employment providers, all behavioral health providers, all legal providers). During the report period, we also attended monthly All Partner meetings, which include representatives from each provider, the evaluation team, and the Mayor's Office of Reentry, and provided the opportunity to learn about implementation progress, learn about innovative practices across regions, and discuss evaluation-related questions. The evaluation team took detailed notes during these meetings. We also collected quarterly narratives from each region regarding program implementation. The narratives ask providers for information about trainings attended, program accomplishments, and program challenges in the past three months. Together, these meetings and narratives provide important information about the process of implementing Project imPACT, as well as implementation barriers and solutions. These were not formally analyzed for the present report, but rather were synthesized to provide a description of the barriers and solutions experienced in this reporting period and to provide context for the quantitative data. In the next phase of the evaluation, we will be conducting site visits within each Project imPACT region, which will include observation of services, attendance of case conference meetings, and interviews with service providers. However, these site visits were not conducted during the reporting period.

**Focus groups with Fellows:** The Evaluation team is conducting focus groups with Project imPACT Fellows. These qualitative discussions will allow us to gather data regarding Fellows' subjective experience in Project imPACT. We plan to host focus groups across each of the four regions, and to include both current Fellows and graduated Fellows. The first focus group was held in June 2019, after the period of time covered by this report.

Table 2 summarizes specific process measures being used to evaluate the implementation of Project imPACT. In addition, we provide a definition for each measure (i.e., how it is being operationalized); data source(s) being used to assess each measure; and the timeline for collection of the data.

**Table 2.1 Process Evaluation Measures**

<b>Measure</b>	<b>Definition</b>	<b>Data Source(s)</b>	<b>Timeframe</b>
Individuals served by Project imPACT	Number of individuals assessed for Project imPACT Number of individuals enrolled in Project imPACT Number of individuals assessed, by service provider Number of individuals receiving services, by service provider	Quantitative data from service providers	Monthly, beginning July 2018
Services provided by Project imPACT	Types of services provided, by service provider Number of sessions and/or hours of each service provided, by service provider	Quantitative data from service providers	Monthly, beginning July 2018
Individuals completing Project imPACT	Number of individuals completing services, by service provider Number of individuals exiting without completing services, by service provider Number of individuals completing Project imPACT Number of individuals exiting without completing Project imPACT	Quantitative data from service providers	Monthly, beginning July 2018
Services provided with fidelity	CBT group delivered according to curriculum Services provided are consistent with goals of each provider	Site visits	Twice during program, beginning Fall 2019
		Provider narratives	Quarterly, beginning September 2018
		Attendance at All Partner Meetings	Monthly, beginning February 2018
		Focus groups with Fellows	Throughout program, beginning June 2019
Services consistent with principles of trauma-informed care	Providers are trained on principles of trauma-informed care Services are perceived as trauma-informed by Fellows	Site visits	Twice during program, beginning Fall 2019
		Provider narratives	Quarterly, beginning September 2018
		Attendance at All Partner Meetings	Monthly, beginning February 2018
		Focus groups with Fellows	Throughout program, beginning June 2019
Fellows are satisfied with service delivery	Fellows perceive Project imPACT as meeting their needs and providing relevant services	Focus groups with Fellows	Throughout program, beginning June 2019

Source: RAND/Harder+Company

## Outcome Evaluation

We are also conducting an outcome evaluation to determine if Project imPACT is achieving its intended outcomes. The outcomes measured as part of the evaluation were identified based on the theoretical foundation of the program as summarized in the logic model.

As described, Project imPACT aims to achieve the following outcomes:

- Improve decision-making (short-term, from enrollment to exit);
- Address barriers to employment, including behavioral and legal barriers (short-term, from enrollment to exit);
- Increase rates of employment, including full-time and part-time employment (short-term, from enrollment to exit);
- Increase retention of employment (intermediate, assessed at 6, 9, and 12 months following program completion); and
- Reduce recidivism (intermediate, assessed at 6, 12, and 18 months following program completion).

It should be noted that two of these outcomes (those related to employment and recidivism) overlap with the overarching project goals established by the Mayor's Office.

### *Methodology*

To evaluate the effectiveness of Project imPACT, we are largely using pre-post techniques to examine changes in the study population over time. To the extent possible, we are collecting baseline data on the outcome measures of interest, which allows us to make comparisons before and after participation in Project imPACT within the sample of participants who are served by the program. In addition, we make comparisons to target numbers when relevant. For example, during the first year of implementation, employment providers expect 55% of Fellows enrolled in Project imPACT to obtain employment. Therefore, in addition to examining increases in the overall employment rate of Fellows from baseline to post-participation in Project imPACT, we can compare the employment rate to this target goal.

Ideally, to demonstrate the effectiveness of a program, performance of the intervention group is compared to a control or comparison group (e.g., individuals with similar characteristics who did not participate in Project imPACT). However, given the individualized nature of certain outcomes (e.g., addressing barriers to employment) and challenges to identifying an appropriate comparison group, our evaluation efforts to date have focused on tracking changes from baseline on the outcomes of interest. As the outcome evaluation proceeds, we plan to identify benchmarks with which to compare outcome data from Project imPACT (e.g., comparing rates of recidivism among Fellows to rates of recidivism for the Los Angeles region more broadly). In addition, comparing outcomes of Fellows who successfully complete Project imPACT to those who leave the program before completion may provide insight into the effectiveness of program services;

however, there are obstacles to accomplishing this, as many individuals who leave the program before completion stop attending services and attempts to reach them are unsuccessful.

In addition to basic analyses of outcomes, if possible, we will also explore the factors that contribute to program outcomes. For example, we may be able to explore questions such as whether individuals who received a greater intensity of services, or who had education/employment as an identified criminogenic need, experience better outcomes. We may also consider to what extent outcomes are a function of baseline risk (as measured by the LS/CMI). Our ability to examine these outcomes may depend on factors such as the number of individuals within certain subgroups (e.g., by categorical risk level or who had education/employment as an identified need), as well as the number completing services, as this affects statistical power. However, these analyses are beyond the scope of the present report.

Data for the outcome evaluation are largely reported by service providers as part of their quantitative reporting requirements. As with the process evaluation, these data are collected at the individual Fellow level, which will also allow us to aggregate these numbers at the program level. In addition, collecting data at the individual level will allow us to examine whether individual characteristics, like demographics or program participation, influence outcomes as part of future analyses. Table 2 summarizes the measures we will use to evaluate the implementation of Project imPACT, the definition of each measure (i.e., how it will be operationalized), and considerations for measurement. Each is then described in more detail below.

**Table 2.2 Outcome Evaluation Measures**

<b>Measure</b>	<b>Definition</b>	<b>Notes for Measurement/ Timeline</b>
Improved decision-making	Assessed with the Decision-Making subscale of the TCU Psychological Functioning Assessment, part of the Client Evaluation of Self and Treatment (Institute of Behavioral Research, 2007)	To be measured at baseline, completion of the CBT core curriculum, and completion of program
Addressed barriers to employment	Each type of provider (employment, behavioral health, legal) identified specific barriers to employment, and will report on barriers removed for each individual	To be submitted quarterly by service providers
Increased rates of employment	Percentage of Fellows employed, by full-time and part-time employment	To be submitted by employment providers; can be measured over time and compared to benchmark
Increased retention of employment	Percentage of Fellows retaining employment at 6, 9, and 12 months after placement, by full-time and part-time employment	To be submitted by employment providers
Reduced recidivism	Percentage of Fellows arrested for a new crime, committing technical violations, and/or convicted of a new crime, 6, 12, 18, and 24 months following program completion	Potential benchmark for comparison to be identified

Source: RAND/Harder+Company

**Improved decision-making.** Multiple aspects of Project imPACT have the potential to impact decision-making skills. First, the CBT curriculum is designed to address criminogenic thinking, which is a risk factor for future recidivism (Bonta & Andrews, 2017), and improve decision-making skills. Modules include topics such as identifying risk thinking patterns, improving emotional regulation, and managing impulsivity. In addition, it is possible that behavioral health services may also contribute to improvements in decision-making (e.g., by helping Fellows address anger management problems or navigate difficult situations). To determine whether program participation results in improved decision-making, Fellows complete the Decision-Making scale of the TCU Psychological Functioning Assessment, part of the Client Evaluation of Self and Treatment (Institute of Behavioral Research, 2007) at three time points: upon enrollment to Project imPACT; upon completion of the core CBT curriculum modules, since this is the component of program services that is expected to have the most directly effect on decision-making; and again at program completion, which allows us to explore whether continued participation in Project imPACT services had any further effect on decision-making skills. We reviewed several potential measures to assess the effect of the program on decision-making, and selected this instrument because the way it operationalizes decision-making appeared to be most closely related to the content of the curriculum. We will examine changes over time on this measure to determine whether decision-making significantly improved.

**Addressed barriers to employment.** We collaborated with providers in each category of services (employment, behavioral health, legal) to identify the barriers to employment they expected to target. These included:

- **Employment:** childcare; clothing (interview and work); credential/certificate attainment; driver's license; housing; interview prepared; current resume; scheduling conflict; transportation; workplace behavior
- **Behavioral health:** anger management/emotion regulation; depression; substance use; time management; mental health stigma; motivation; family relations; self-esteem
- **Legal:** correct/remove/seal/expunge criminal records; Proposition 47 reclassification; occupational licenses; family reunification; eviction prevention; fines and fees; DMV license reinstatement; other reclassifications.

On a quarterly basis, providers submit data about which barriers were being addressed for each Fellow currently enrolled, as well as which barriers had been successfully resolved. This allows us to determine which barriers are being addressed by program services. Of note, the determination as to whether a barrier is currently being addressed or has been resolved is based on provider judgment. This reflects the individualized nature of services and how they may be tailored for a given Fellow. Therefore, data reported on barriers addressed reflect the professional judgment of providers, and are not objectively corroborated by the evaluation team.

**Increased rates of employment.** Project imPACT is designed first and foremost as an employment program. Though many Fellows may be unemployed at the time of program entry,

others may be underemployed (i.e., working fewer hours than they want or need) or need assistance finding a new job for some other reason. To the extent that data about employment at baseline is available, we will use this as a point of comparison. Successful achievement of employment by Fellows is also reported by employment service providers. This will allow us to compare employment rates from baseline to post-Project imPACT, though this is beyond the scope of the present report. In addition, the Mayor's Office set the goal of at least 55% of enrolled Fellows obtaining employment during the first year of implementation. Therefore, employment rates are also compared to this benchmark. Both full-time and part-time employment are tracked. As a supplemental data point, providers also collect information related to income at enrollment and completion as another indicator of employment.

**Increased retention of employment.** Project imPACT aims not only help individuals obtain employment, but to help them retain employment. After initial employment placement, employment providers report on whether Fellows are still employed 6 months, 9 months, and 12 months later. This allows us to determine what percentage remain employed, even once they are no longer actively receiving services.

**Reduced recidivism.** Project imPACT addresses many criminogenic needs, including criminogenic thinking, via the CBT curriculum and behavioral health services; key influencers (e.g., family and peers), through behavioral health services; substance use, through behavioral health services; and education/employment, through employment, behavioral health, and legal services. Services are also designed to address legal barriers that Fellows may be experiencing that are making it difficult for them to obtain or maintain employment. In these ways, it is expected that Project imPACT will ultimately result in reduced recidivism.

The State of California defines recidivism as a new conviction for a felony or misdemeanor committed within three years of release from custody or placement on supervision for a previous criminal conviction (Office of the Attorney General, 2019). However, there are also certain limitations to this definition, particularly as it applies to Project imPACT. First, given the brief follow-up period after program completion, it may be difficult to detect convictions for new crimes. In addition, the timeframe for recidivism based on the state definition begins upon release from custody or placement on supervision. Some individuals enrolled in Project imPACT may have been arrested in the past year but have no recent convictions. Also, some Fellows may not connect with Project imPACT immediately upon release from incarceration or placement on community supervision, and providers do not systematically collect data regarding the date of Fellows' most recent conviction or release to community supervision.

For this reason, we have collaborated with the Mayor's Office of Reentry and Project imPACT service providers to identify an alternative recidivism definition, which focuses on justice-system involvement following completion of the program. Asking about criminal justice contact at specified intervals after completion of the program (rather than specified periods following release) provides a stronger assessment of the impact of Project imPACT.

Project imPACT service providers do not have access to criminal justice records. Therefore, recidivism will be measured based on self-report of Fellows (and/or key contacts of the Fellows, such as family members). More specifically, following program completion, employment providers follow-up with graduated Fellows at 6 month intervals: 6 months, 12 months, and 18 months. They will ask Fellows the following questions:

- 1) Have you been arrested for any new crimes in the last 6 months?
  - a) (If yes) Was it for a misdemeanor or felony?
- 2) Have you committed any technical violations in the last 6 months?
- 3) Have you been convicted for any new crimes in the last 6 months?
  - a) (If yes) Was if for a misdemeanor or felony?

Though there are limitations to relying on rearrest or technical violation data for the measurement of recidivism, asking about rearrests and technical violations ensures we have some information about future contact with the criminal justice system. Also, relying on Fellows to self-report recidivism is subject to the risk of losing contact with Fellows at follow-up. However, we have collaborated with service providers and individuals with lived experience in the justice system to identify ways that the service providers can increase the likelihood of successfully following up with Fellows at these time points (e.g., offering post-program gatherings; staying in touch via email and text message). Finally, there is the limitation of self-report bias, in that some Fellows may opt not to provide accurate information about justice-system contact following program completion. Because service providers will have developed a rapport with graduating Fellows, they may be more likely to be honest in response to these questions. Providers will also emphasize that tracking recidivism will not impact Fellows' ability to receive future services through Project imPACT.

At this time, we have not identified an appropriate comparison group with which to compare these data. In part, this is because the eligibility criteria for this program are quite broad and include individuals on community supervision, as well as those with a recent arrest or conviction. That said, we are working to identify an appropriate benchmark to which recidivism rates among Fellows can be compared. This will allow us to have more confidence that results are due to program participation, and not reflective of broader trends in criminal justice involvement in the Los Angeles region.

## Assessing Progress Toward Project imPACT Goals

Together, our process and outcome evaluation methods will allow us to measure progress toward each of the five Project imPACT goals described above. Table 2.3 summarizes each goal, how it will be operationalized for the purposes of the evaluation, and whether it will be addressed by the process or outcome evaluation.

**Table 2.3 Assessing Progress Toward Project imPACT Goals**

<b>Goal</b>	<b>Proposed Method of Measurement</b>	<b>Evaluation Component</b>
1) Program experience perceived to be positive and valuable by Fellows	Assessment of Fellow satisfaction and perceptions of needs being met	Process evaluation
2) Improvement of project partners' ability to serve justice-involved individuals	Description of training provided to staff at provider organizations; examination of enrollment rates and trends in service delivery over time	Process evaluation
3) Adherence to the program's guiding principles	Description of training provided to staff at provider organizations; observation of communication and collaboration across organizations during planning and implementation phases; observation of case conferences	Process evaluation
4) Improved employment attainment and retention	Assessment of percentage of Fellows achieving and retaining full-time and part-time employment; to be compared to goal set by employment providers (55%)	Outcome evaluation
5) Recidivism reduction	Assessment of new arrests, technical violations, and/or new convictions following completion of Project imPACT	Outcome evaluation

Source: Mayor's Office, RAND/Harder+Company

## Summary

This Two Year Evaluation Report documents the results of the evaluation through March 2019. In the next chapter, we present the results of the process and outcome evaluations during the reporting period; discuss implementation barriers and facilitators; and describe progress toward the five Project imPACT goals. In Chapter 3, we describe next steps for Project imPACT and the evaluation.

## 2. Project Performance

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### Process Evaluation Results

The process evaluation examines the implementation of Project imPACT. During the period covered by this report, our process evaluation has included (a) quantitative data from providers about services received by Fellows, and (b) information gleaned from observations during Project imPACT meetings and through narratives submitted by providers. In this section, we describe the results of the process evaluation from program inception through March 2019.

#### *Characteristics of Enrolled Fellows*

During the evaluation period, 411 individuals across the four regions were assessed with the LS/CMI. Project imPACT providers have enrolled 205 Fellows since program inception (Table 3.1). Enrollment is fairly even across regions despite variability with respect to when regions began enrolling Fellows, with the South LA region enrolling the fewest ( $n = 37$ ). As previously described, the Mayor's Office established a goal of enrolling 196 Fellows across regions during the first year of implementation. These enrollment figures indicate that providers have already achieved this target within the first nine months of implementation.

The largest percentages of Fellows enrolled scored as medium or high risk on the LS/CMI risk assessment (53.2% and 41.5% respectively) (Table 3.1). One of Project imPACT's enrollment criterion is that Fellows score as medium risk or higher on the LS/CMI. However, as described above, providers may submit a request for an exception to the City of Los Angeles Mayor's Office in cases where there is strong rationale for enrolling someone who scored as "low risk." This is happening infrequently, as only 1% of enrolled Fellows scored as low risk. Therefore, this criterion is largely being implemented with fidelity to the Project imPACT model, and in a way that is consistent with evidence-based practices for interventions with justice-involved individuals (Bonta & Andrews, 2017).

Project imPACT Fellows are largely male (77.6%) and the greatest percentage (57.1%) is between 26 and 43 years old (Table 2.1). Almost all (94.6%) Fellows identify as having a single ethnic origin and, of those, the largest percentage identify as Black/African American.

**Table 3.1 Number and Characteristics of Fellows Enrolled in Project Impact July 2018-March 2019**

	<b>Downtown LA</b>	<b>San Fernando Valley</b>	<b>South LA</b>	<b>Watts</b>	<b>TOTAL</b>
Number of Fellows enrolled	58	52	37	58	<b>205</b>
Risk level (LS/CMI)					
Low	0%	0%	2.7%	1.7%	<b>1.0%</b>
Medium	55.2%	57.7%	24.3%	65.5%	<b>53.2%</b>
High	44.8%	42.3%	51.4%	31.0%	<b>41.5%</b>
Very high	0%	0%	21.6%	1.7%	<b>4.4%</b>
Gender					
Male	77.6%	65.4%	86.5%	82.8%	<b>77.6%</b>
Female	20.7%	34.6%	13.5%	17.2%	<b>22.0%</b>
Age					
18-25 years	17.2%	6.0%	13.5%	13.8%	<b>12.7%</b>
26-43 years	62.1%	63.0%	45.9%	53.4%	<b>57.1%</b>
44+ years	20.7%	31.0%	40.5%	32.7%	<b>30.3%</b>
Race/ethnicity					
Single ethnic origin	95.8%	96.2%	94.6%	91.0%	<b>94.6%</b>
Black or African American	62.5%	22.0%	68.6%	69.8%	<b>55.2%</b>
Hispanic, Latino, or Spanish	32.1%	44.0%	20.0%	20.8%	<b>29.9%</b>
White	3.6%	32.0%	8.6%	5.7%	<b>12.4%</b>
Other (includes Native Hawaiian, Asian, and American Indian or Alaska Native)	1.8%	2.0%	2.9%	2.8%	<b>2.0%</b>
Multi-ethnic origin	2.1%	1.9%	0%	5.0%	<b>2.4%</b>
Declined to state	2.1%	1.9%	5.4%	2.8%	<b>2.9%</b>

Source: Data submitted by regional providers

### *Services Received*

Table 3.2 provides an overview of the percentage of Fellows receiving each type of service during the first nine months of program implementation. All Fellows who enroll in Project imPACT must be willing to receive each of the three types of services. Actual service needs are decided by the providers, based on an intake assessment conducted by each provider upon

enrollment. Note that this intake assessment is specific to the individual provider; therefore, there may be variations in the instruments used and questions asked across regions within a provider category. Based on these assessments, it may be determined that a given Fellow does not need a certain type of services at that time (e.g., there are no legal needs to be addressed at that moment), which explains some of the variability across services. It is also important to keep in mind that the inclusion criteria for this program are quite broad, both with respect to criminal justice involvement and presence of mental health and/or substance use concerns, which means there may be substantial variation in needs across Fellows. However, San Fernando Valley had a particularly low proportion of Fellows receiving behavioral health services during the evaluation time frame, which is due to turnover of the behavioral health provider position.

**Table 3.2 Percent of Fellows Receiving Services Across Regions**

	<b>Downtown LA</b>	<b>San Fernando Valley</b>	<b>South LA</b>	<b>Watts</b>	<b>TOTAL</b>
Employment	98%	87%	100%	100%	<b>96%</b>
Behavioral Health	76%	23%	97%	100%	<b>73%</b>
Legal	90%	50%	100%	98%	<b>84%</b>

Source: Data submitted by regional providers

### Employment Services

There are seven core employment services offered by Project imPACT employment providers. These include career readiness assessments, career readiness workshops, job coaching, job development, OSHA training, placement and retention services and transitional jobs. Across all regions, the most common employment services received are career readiness assessment (90.2%; n = 185), career readiness workshops (65.9%; n = 135), job coaching (71.2%; n = 146) and job development (58.5%; n = 120) (Table 3.3). In the Downtown region, transitional jobs were the most common service (89.7% of the Downtown Fellows received this service) as this is a core component of the Downtown employment provider’s service model. Transitional jobs are not a part of the service models in the other regions.

**Table 3.3 Employment Services, Overall and Regional**

	<b>Downtown</b>		<b>San Fernando Valley</b>		<b>South Los Angeles</b>		<b>Watts</b>		<b>Total</b>	
	# /% Receiving Services	# of sessions M (SD)								
Career readiness assessment	46 (79.3%)	1.37(0.91)	45 (86.5%)	1.53(0.68)	37 (100.0%)	1.08(0.19)	57 (98.3%)	1.54(0.40)	<b>185</b> <b>(90.2%)</b>	<b>1.41(0.63)</b>
Career readiness workshop	45 (77.6%)	2.20(1.49)	45 (86.5%)	1.41(0.68)	37 (100.0%)	2.04(1.09)	8 (13.8%)	1.25(0.46)	<b>135</b> <b>(65.9%)</b>	<b>1.84(1.16)</b>
Job Coaching	50 (86.2%)	1.41(0.70)	45 (86.5%)	1.40(0.68)	36 (97.3%)	3.00(1.93)	15 (25.9%)	1.27(0.46)	<b>146</b> <b>(71.2%)</b>	<b>1.78(1.31)</b>
Job Development	49 (84.5%)	2.87(2.03)	32 (61.5%)	1.69(0.97)	27	2.20(0.68)	12 (20.7%)	1.08(0.29)	<b>120</b> <b>(58.5%)</b>	<b>2.23(1.55)</b>
Training (OSHA)	3 (5.2%)	1.00(0.00)	0 (0%)	0	5	3.20(0.27)	5 (8.6%)	1.00(0.00)	<b>13</b> <b>(6.3%)</b>	<b>1.85(1.13)</b>
Placement and Retention	28 (48.3%)	1.41(0.49)	0 (0%)	0	0 (0%)	0	9 (15.5%)	1.22(0.67)	<b>38</b> <b>(18.5%)</b>	<b>1.36(0.54)</b>
Transitional jobs	52 (89.7%)	10.34(8.37)	0 (0%)	0	0 (0%)	0	0 (0%)	0	<b>52</b> <b>(25.4%)</b>	<b>10.35(8.37)</b>

Source: Data submitted by regional providers

## Behavioral Health Services

During the reporting period, Project imPACT behavioral health services included individual regular sessions and individual crisis sessions. Individual regular sessions include one-on-one sessions with a counselor. Individual crisis sessions include immediate, short-term services due to experiencing an event that produces critical emotional, mental, physical, and behavioral distress or problems. Group sessions are group treatment sessions with a counselor.<sup>2</sup>

Approximately 54.6% (n = 112) Fellows across all regions received individual regular sessions (Table 3.3). The average number of individual regular sessions completed by Fellows who received behavioral health services was 4.9 (SD = 5.9). We also computed the mean number of behavioral health sessions as a function of time in the program; on average, Fellows completed 2.7 (SD = 4.59) individual regular sessions per month they were enrolled. Individual crisis sessions were received by 8.3% (n = 17) of Fellows across all regions.

In addition to these three service categories, behavioral health providers have the ability to provide sessions with key influencers, defined as services provided to an individual close to the Fellow (e.g., family member, close friend), with or without the Fellow present. They can also provide maintenance sessions, which are ongoing supportive services for individuals who have completed the goals established by their treatment plan but may benefit from additional services. However, no regions reported providing services in these categories.

## Legal Services

Project imPACT Fellows receive four key types of legal services: counsel/advice, self-help, limited representation and full representation. The largest number of Fellows received counsel/advice (70.7%; n = 145), followed by limited representation (34.1%; n = 70) (Table 3.5). This pattern was fairly consistent across regions, with the exception of San Fernando Valley where 26.9% of their Fellows (n = 14) received full representation (Table 2.4).

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<sup>2</sup> During the reporting period, we uncovered some discrepancies with the reporting of group treatment; therefore, we do not include this in our results.

**Table 3.4 Behavioral Health Services, Overall and Regional**

	<b>Downtown</b>		<b>San Fernando Valley</b>		<b>South Los Angeles</b>		<b>Watts</b>		<b>TOTAL</b>	
	# /% Receiving Services	# of sessions M (SD)								
Individual/Crisis sessions	14 (24.1%)	2.43(1.40)	2 (3.8%)	4.00(0.0)	0 (0.0%)	0	1 (1.7%)	2.00 (0.0)	<b>17 (8.3%)</b>	<b>2.60 (1.40)</b>
Individual/Regular sessions	50 (86.2%)	7.22 (7.77)	11 (21.2%)	2.82(2.32)	18 (48.6%)	4.72 (2.47)	33 (56.9%)	2.10 (2.00)	<b>112 (54.6%)</b>	<b>4.90 (5.90)</b>

Source: Data submitted by regional providers

**Table 3.5 Legal Services, Overall and Regional**

	<b>Downtown</b>		<b>San Fernando Valley</b>		<b>South Los Angeles</b>		<b>Watts</b>		<b>TOTAL</b>	
	# /% Receiving Services	# of sessions M (SD)								
Counsel/Advice	41 (70.7%)	1.89(0.91)	11 (21.2%)	2.14(1.23)	36 (97.3%)	1.59(0.76)	57 (98.3%)	2.33(0.94)	<b>145 (70.7%)</b>	<b>2.00(0.95)</b>
Self-help	1 (1.7%)	1.00(0.0)	0 (0.0%)	0	2 (5.4%)	1.00(0.0)	1 (1.7%)	1.00(0.0)	<b>4 (2.0%)</b>	<b>1.00(0.0)</b>
Limited Representation	17 (29.3%)	2.35(1.05)	6 (11.5%)	3.22(2.28)	33 (89.2%)	2.45(1.24)	14 (24.1%)	5.38(2.04)	<b>70 (34.1%)</b>	<b>3.07(1.88)</b>
Full Representation	1 (1.7%)	2.00(0.0)	14 (26.9%)	4.20(2.43)	14 (37.8%)	3.94(2.36)	1 (1.7%)	10.67(0.0)	<b>28 (13.7%)</b>	<b>4.23(2.61)</b>

Source: Data submitted by regional providers

## CBT

In total, 126 Fellows received (collectively) 1,068 hours of CBT group sessions (Table 3.6). On average, each Fellow received approximately 6 hours of CBT. The goal is for Fellows to complete the core CBT curriculum described above; out of 126 Fellows who initiated CBT, 62.7% (n = 79) completed all required modules. There was some variability in completion of CBT across the regions; this may reflect challenges to engaging Fellows in CBT, especially during the initial months of service delivery, as explained below.

**Table 3.6 CBT Participation, Overall and Regional**

	<b>Downtown LA</b>	<b>San Fernando Valley</b>	<b>South LA</b>	<b>Watts</b>	<b>TOTAL</b>
# of Fellows completing at least one module	25	26	37	38	<b>126</b>
# of hours completed	141	79	535	313	<b>1,068</b>
Average # of hours completed (SD)	5.64(3.98)	1.52(2.58)	14.46(5.49)	5.59(4.60)	<b>6.28(6.27)</b>
# of individuals successfully completing CBT	12	10	30	27	<b>79</b>

Source: Data submitted by regional providers

### *Program Completion*

All regions use a shared definition of “successful completion” for each service area, as well as for Project imPACT overall. To be identified as having successfully completed employment services, Fellows must have completed job coaching/readiness; completed a minimum of 2 hours of CBT (if they obtained a job early; otherwise, they should have completed all CBT modules); and completed vocational training OR obtained an unsubsidized job; and has maintained a job for 30 days. To be identified as having successfully completed behavioral health services, Fellows must have completed a minimum of three individual behavioral health sessions (not including CBT). Finally, to have successfully completion legal services a Fellow must have completed the comprehensive legal needs assessment; and had one or more of his/her legal needs addressed (note: this doesn’t necessarily mean that the Fellow’s desired outcome for that legal need was achieved, but rather that the need was addressed to the extent possible within the limits of the law). As of March 2019, 35 Fellows successfully completed employment services, 21 successfully completed behavioral health services, and 67 successfully completed legal services.

A Fellow is considered to have fully completed Project imPACT if he/she has met the minimum threshold for completed services with all providers, as defined above. As of March

2019, 11 Fellows had fully completed Project imPACT (5.4% of enrolled Fellows) and 39 exited without completing (19.0% of enrolled Fellows) (Table 3.7). Regarding mean length of time enrolled, those who successfully completed had been in the program for an average of 3.3 months at the time they finished (SD = 2.6); those who were still enrolled had been in the program for an average of 4.0 months (SD = 2.6); and those who exited unsuccessfully had been in the program for an average of 2.3 (SD = 1.7) months when they left. Reasons for exiting unsuccessfully from Project imPACT included that the Fellow stopped coming (n = 25), did not want services anymore (n = 4), were incarcerated (n = 4), or no reason given (n = 6). This is a relatively high rate of exiting the program without fully completing all services. Further understanding the factors associated with early exit will be worth exploring with providers.

There was some variation in the number of completions across the four regions. The relatively smaller number of completions in San Fernando Valley may be related to challenges experienced in the region. More specifically, that region experienced turnover in several of their key positions, including the behavioral health provider, which likely affected their ability to provide all needed services to Fellows. In addition, the definitions used for “successful completion” and “unsuccessful exits” were established during the period covered by the report; however, it took some time for regions to establish a consistent definition for these terms. This means that some regions may have retained Fellows in the program after losing contact for some period, whereas others considered individuals to have exited after losing contact for greater than 30 days. This may also account for some of the variability in rates of completion or exit from the program.

**Table 3.7 Completion of Project imPACT**

	<b>Downtown LA</b>	<b>San Fernando Valley</b>	<b>South LA</b>	<b>Watts</b>	<b>TOTAL</b>
Successfully Completed Project imPACT	1	0	0	10	<b>11</b>
Exited Unsuccessfully from Project imPACT	15	3	0	20	<b>39</b>
Total Completions	17	3	0	30	<b>50</b>

Source: Data submitted by regional providers

### *Implementation Successes, Challenges, and Solutions*

In this section, we summarize information learned about the development and implementation of Project imPACT through observations, meetings with providers, and narratives submitted by providers. We also summarize specific challenges and solutions in Table 3.8.

## Planning Phase

As described, the first several months of Project imPACT were a planning phase. During this time, Project imPACT providers in each region held a series of meetings to establish procedures for providing services. Though the service model included three core types of providers (employment, behavioral health, and legal), the Mayor's Office expected that there would be variability in the nature of specific services provided across regions based on the existing capacities of selected providers in a given region. The evaluation team attended multiple regional meetings for each region during this planning phase. Together, providers in each region discussed methods of conducting outreach to the target population, as well as the anticipated flow of Fellows through the program, including hosting orientation sessions, assessing potential Fellows for eligibility, enrolling Fellows, conducting service-specific intakes, and providing services.

Through their contracts, service providers were required to collect certain data elements for evaluation purposes and submission to BSCC. During the implementation phase, the evaluation team also held meetings with each provider type (all employment providers, all behavioral health providers, all legal providers) to discuss the required data collection elements and identify any additional data elements that would be important to capturing their services. Through these meetings, providers collaborated to develop a core list of services they might provide, as well as specific employment barriers they expected to address through their services. Though not all providers were required to offer each type of service or address each type of barrier, this ensured that providers were able to comprehensively report on their work.

Initially, there was not a standardized method of assessing eligibility for potential Fellows. To address this, the providers also collaborated with the Mayor's Office and evaluation team to develop materials needed to assess and enroll Fellows. This included a screening instrument that could be used to assess Project imPACT eligibility criteria related to criminal justice involvement and mental health/substance use concerns, as well as a program enrollment agreement. Behavioral health providers reviewed this document especially carefully to ensure that history of behavioral health concerns were assessed in a non-stigmatizing, sensitive manner.

During this time, the LS/CMI was selected as the risk assessment instrument for the program. When this instrument was first introduced, several providers expressed concerns about the wording of items and how best to obtain information from Fellows in a thoughtful way. They were also unfamiliar with the scoring of the assessment. Several steps were taken to address these concerns. First, a training on scoring rules and sample scenarios was provided by the evaluation team. As part of this, providers received a written "tip sheet" with information relevant to administering and scoring the instrument. In addition, behavioral health providers and peer navigators collaborated to identify ways to obtain needed information in a sensitive manner (e.g., using open-ended questions regarding criminal history rather than asking pointed questions about specific offenses, and probing for additional details as needed).

Finally, to ensure providers were prepared to implement Project imPACT, they participated in certain trainings. As described above, employment providers, behavioral health providers, and peer navigators received CBT training from delivered by the University of Cincinnati Corrections Institute. For example, behavioral health providers in South Los Angeles developed a training in trauma-informed care for all the providers in their region. Legal providers in South Los Angeles also attended a number of relevant legal workshops, such as training in family law, immigration, representing former prisoners in SSI, and advocacy skills for administrative hearings. Some trainings continued into the implementation phase. For example, in San Fernando Valley, employment providers received training on working with the reentry population and grants management, and providers in the Downtown region attended trainings related to stimulant use disorders and the UCLA Substance Abuse Prevention and Control Program.

### Implementation Phase

**Provider Capacity.** During the implementation phase, there were certain program delivery challenges that were experienced. Key barriers related to staffing or lack of adequate physical facilities to provide services. This affected the timeline with which regions were able to begin providing services. In addition, certain regions experienced more turnover in key staff positions (e.g., behavioral health therapist), and one region had difficulty finding private space for legal and behavioral health providers to meet with Fellows. This affected the regions' capacity to serve Fellows, sometimes preventing regions from enrolling Fellows as quickly or delaying the receipt of a certain category of services (e.g., having Fellows focus on employment and legal services while waiting to hire a behavioral health provider). When these challenges occurred, the regional providers moved swiftly to fill staffing gaps and secure new space, obtaining assistance from the Mayor's Office when needed. At the time of the writing of this report, all regional providers were fully staffed and housed in facilities considered appropriate for service delivery.

Service providers across regions have been proactive in finding opportunities to conduct outreach to the target population. This includes participating in job fairs, creating referral streams from public agencies (e.g., Probation), and collaborating with other community-based organizations that serve this population. As the Project imPACT implementation progressed, most service providers experienced a heightened interest in their programs, and the 30-person case load restriction became a limiting factor for the providers' ability to enroll all those who was eligible for and interested in participation. To be able to accommodate as many Fellows as possible while maintaining high quality of services, the providers were particularly diligent about tracking active Fellows, exiting the ones who were inactive, and maintaining a waitlist of those who were eager to enter the program. These concerns have also been shared with the Mayor's Office for additional discussion and brainstorming of solutions.

**Fellow Engagement.** There were also certain challenges related to engaging Fellows in services. Some Fellows experienced logistical challenges accessing Project imPACT services –

for example, difficulty getting to the employment provider site due to time and expenses it entailed. Service providers have worked around this challenge by (a) meeting Fellows closer to their locations and (b) combining programming of different service areas within the same day. In addition, in the early stages of the implementation, several providers reported that they were having a hard time having Fellows complete all required modules of CBT, as the modules were spread over two months. In consultation with the Mayor's Office and the evaluation team, providers decided to offer a condensed, more intensive course over two weeks. These measures have ensured that all Fellows enrolled in the program were able to participate in CBT.

Regions also reported difficulty engaging Fellows in CBT, with some Fellows citing that they had completed similar programs while incarcerated or expressing concerns that the content was less important than other services offered (e.g., employment services). During monthly All Partner meetings, providers brainstormed ways to engage Fellows more. One region began to offer an incentive for completing CBT, but waits to inform Fellows about the incentive until they have completed most of the program. They have found that this keeps Fellows engaged through the end of the CBT modules. Peer navigators in other regions described the ways that they tailor the message of the curriculum through relevant examples, or by having Fellows with past CBT experience take more of a leadership role during the modules.

Regions also described Fellows' reluctance to participate in behavioral therapy because of the associated stigma. To overcome the stigma associated with behavioral health services, providers collaboratively decided to refer to behavioral services as "word support." Further, the more Fellows were engaging with behavioral services, the more they saw value in them and expressed interest to continue.

**Evaluation Capacity.** Finally, there were certain challenges related to data reporting for evaluation purposes. To address this issue, the service providers, the Mayor's Office, and the evaluation team worked together to clarify the definitions for all data categories, ensure that the evaluation captures all different aspects of the providers' work, and ensure that the data reporting materials and procedures are clear and consistent. When data challenges arose, the evaluation team worked together with the providers and the Mayor's Office to ensure a timely and appropriate resolution. For example, the Mayor's Office convened a special meeting dedicated solely to data questions, which allowed the providers and the evaluation team to come up with common definitions in the areas that had previously caused confusion. In another instance, when one regional provider struggled with navigating data systems due to staff shortages, a member of the evaluation team met with the provider to guide them through the steps for data tracking and submissions. Finally, a member of the evaluation team carefully reviews all data submitted on a monthly basis and follows up with regions with questions about inconsistencies or missing data, which also serves as an opportunity to troubleshoot persistent problems.

**Table 3.8 Challenges and Solutions in the Planning and Implementation Phases**

Challenge	Solution
<b>Planning Phase</b>	
Lack of standardized method for assessing eligibility	Mayor’s Office and providers developed a standardized, self-report screening instrument to be used across regions to assess eligibility criteria
Concerns regarding content of LS/CMI and how to obtain needed information from Fellows	Training was provided by the evaluation team regarding the administration and scoring, including written tips; behavioral health providers and peer navigators provided input on ways to obtain needed information in a sensitive manner
<b>Implementation Phase</b>	
Regions experienced turnover or lack of adequate physical facilities	Providers worked to fill all empty positions quickly and obtained assistance from the Mayor’s Office if needed
Case load restrictions limited enrollment of new Fellows	Providers carefully track enrolled Fellows, exit those who are inactive, and maintain a waitlist of potential new Fellows
Logistical challenges experienced by Fellows	Regions consolidated services on the same day and met Fellows in more accessible locations
Challenges engaging Fellows in CBT or behavioral health services	CBT content tailored to fit specific needs and scenarios relevant to Fellows; descriptions of behavioral health services adjusted to reduce stigma
Challenges submitting evaluation data	Evaluation team worked closely with regions to review data, address data quality issues, and provide common definitions across regions

Source: RAND/Harder+Company

## Outcome Evaluation Results

The intention of the outcome evaluation is to determine whether Project imPACT is meeting its intended effects, including increased employment attainment and retention and reduced recidivism. This includes measurement of changes in program Fellows over time, as well as a comparison to benchmarks when appropriate.

As described above, the outcome evaluation is measuring short-term and intermediate outcomes associated with the program. A relatively small number of Fellows have exited Project imPACT, and many of these exited the program fairly recently. Therefore, our description of outcomes focuses largely on short-term outcomes, including changes in decision-making skills, whether barriers to employment were addressed, and whether employment was obtained. Regarding intermediate outcomes, we also present preliminary data on employment retention and recidivism, though these analyses are based on a small number of participants who reached a 6-month follow-up timeframe.

### *Improved Decision-Making Skills*

Though improved decision-making is a short-term outcome expected of the program, the decision-making measure was selected and implemented after Project imPACT began providing services. Therefore, we do not have data on the decision-making scale upon program completion for any Fellows. However, scores on the decision-making scale were available at enrollment and post-CBT for 20 Fellows. The mean score at enrollment was 42.00, and upon release was 42.24, and this change was not statistically significant ( $p = .83$ ). Based on normative data for the scale, a score of 40.00 is considered the 75<sup>th</sup> percentile (IBR, 2005). Therefore, although there was no significant change from baseline to post-CBT, this suggests that decision-making scores were already at the high end for enrolled Fellows.

### *Barriers to Employment Addressed*

Project imPACT providers, across all three service areas, work with Fellows to address barriers to employment – that is, those factors that directly or indirectly get in the way of a Fellow acquiring or maintaining a job. In this section, we report on the number of barriers that were *addressed* (i.e., the barrier determined to have been effectively removed by the provider). However, other barriers may have been *in progress* for a given Fellow – that is, something currently being targeted by services. As previously described, whether a barrier has been addressed is based on the subjective judgment of the provider. When interpreting these data, it should be noted that the status of a given barrier is dynamic. Therefore, a barrier may have been addressed, but then become an issue again (e.g., childcare could fall through, or anger management symptoms become more salient). Therefore, these tables represent the status of barriers at the time of the evaluation; however, for individuals still enrolled in Project imPACT, it is possible that services will continue to target a given barrier at a future date.

#### Barriers to Employment Addressed by Employment Providers

The most common barriers that employment providers helped Fellows address were resume preparation (39.5%;  $n = 81$ ) and transportation (33.1%;  $n = 68$ ) (Table 3.8). Note that most of the barriers reported in this table were addressed directly by the provider, as was the case for barriers such as developing a resume or helping the individual to be interview prepared. However, some may have been addressed by connecting a Fellow to a needed service or organization, such as enrolling the Fellow in a vocational training program to achieve a certain credential. Given the small numbers in certain categories, we present percentages only for the total Fellows group.

There were relatively fewer barriers addressed across categories in San Fernando Valley. In part, this may reflect the later start of service delivery, as well as challenges related to turnover in this region.

**Table 3.8 Barriers Addressed by Employment Providers**

	<b>Downtown LA</b>	<b>San Fernando Valley</b>	<b>South LA</b>	<b>Watts</b>	<b>TOTAL (n/%)</b>
Resume	41	12	24	4	<b>81 (39.5%)</b>
Transportation	22	9	36	1	<b>68 (33.2%)</b>
Workplace behavior	11	0	6	1	<b>18 (8.8%)</b>
Interview prepared	9	0	5	2	<b>16 (7.8%)</b>
Clothing	7	0	2	2	<b>11 (5.4%)</b>
Housing	1	0	10	0	<b>11 (5.4%)</b>
Lack of motivation	9	0	1	1	<b>11 (5.4%)</b>
Scheduling conflict	7	0	0	0	<b>7 (3.4%)</b>
Credential/certificate attainment or educational criterion	2	0	4	0	<b>6 (2.9%)</b>
Lack of computer skills	1	0	5	0	<b>6 (2.9%)</b>
Driver's license as required by the job	3	0	0	0	<b>3 (1.5%)</b>
Lack of work tools	0	0	0	2	<b>2 (1.0%)</b>
Medical/Dental/Eye problem	0	0	2	0	<b>2 (1.0%)</b>
Childcare or other family matter	0	0	0	1	<b>1 (0.5%)</b>
Visible tattoos	1	0	0	0	<b>1 (0.5%)</b>

Source: Data submitted by regional providers

### Barriers to Employment Addressed by Behavioral Health Providers

Behavioral health providers worked with Fellows to address anger management (0.5%; n = 1), stress (0.5%; n = 1), and motivation barriers (0.5%; n = 1) (results not summarized in table format, given the small numbers). There were fewer behavioral health barriers addressed than barriers in other service areas; this may be because behavioral health barriers are more complex and take more time to fully address, or may also be a function of the small number of behavioral health sessions that Fellows attended, on average. For example, addressing anger management concerns or depression and its impact on the workplace can be more complex, and take more time, than helping a Fellow develop a resume. It is important to note that this does not mean providers were not actively working on these barriers with Fellows; rather, they were not

considered to have been fully addressed at the time of the report. Also, when behavioral health providers indicated that a barrier was “addressed,” it does not necessarily mean that the barrier is fully resolved – for example, in the case of depression, it does not necessarily mean that an individual no longer meets criteria for a depressive episode. Rather, they have been addressed in a way that the issue is no longer an active barrier to employment (e.g., the individual has learned to effectively cope with depressive symptoms so that they do not interfere with efforts to seek employment).

### Barriers to Employment Addressed by Legal Providers

Legal providers helped Fellows correct, remove, seal, expunge criminal records (13.7%; n = 28) and remedy DMV issues, such as license reinstatement and traffic violations (5.9%; n = 12) and other legal barriers the Fellows are facing (e.g., early terminations of probation and probation, assisting someone with transferring their parole so they could be closer to family/support networks, helping a client draft a motion for a temporary restraining order) (9.3%; n = 19) (Table 3.9). Given the small numbers in certain categories, we present percentages only for the total Fellows group.

**Table 3.9 Barriers Addressed by Legal Providers**

	<b>Downtown LA</b>	<b>San Fernando Valley</b>	<b>South LA</b>	<b>Watts</b>	<b>TOTAL (n/%)</b>
Correct/Remove/Seal/Expunge criminal records	2	1	13	12	<b>28 (13.7%)</b>
DMV Issues	4	1	6	1	<b>12 (5.9%)</b>
Consumer Debt	5	0	0	0	<b>5 (2.4%)</b>
Fines and Fees	1	0	1	3	<b>5 (2.4%)</b>
On the job legal issues	2	0	0	2	<b>4 (2.0%)</b>
Prop 47 Reclassification	0	0	3	0	<b>3 (1.5%)</b>
Public Assistance (Welfare to Work)	0	0	4	0	<b>4 (2.0%)</b>
Family Reunification	2	0	0	1	<b>3 (1.5%)</b>
ID Issues	0	0	2	0	<b>2 (1.0%)</b>
Other Reclassifications	0	0	0	2	<b>2 (1.0%)</b>
Housing Support	0	0	0	1	<b>1 (0.5%)</b>

Work Authorization (for eligible immigrants)	0	0	1	0	<b>1 (0.5%)</b>
Occupational Licenses	0	0	0	0	<b>0 (0%)</b>
Other	3	3	4	9	<b>19 (9.3%)</b>

Source: Data submitted by regional providers

### *Employment Outcomes*

Increasing rates of full and part-time employment is a primary goal of Project imPACT. A total of 35 Project imPACT Fellows obtained employment from the beginning of the program through March 2019 (Table 2.11). This included 29 Fellows who obtained full-time employment, three who obtained part-time employment, and three who obtained temporary or seasonal employment. None of these 35 Fellows were employed at baseline; therefore, to obtain employment is a substantial accomplishment for these Fellows.

The Mayor's Office established a target of 55% of Fellows obtaining full-time employment during the first year of implementation. Based on current data, approximately 14% of enrolled Fellows (29 of 205 enrolled) have obtained full-time employment during the first nine months of implementation.

Employment providers were asked to report on income at enrollment and upon completion of the program. Fellows who exited the program unsuccessfully (n = 50) experienced no significant change in their mean income from enrollment (\$449.80) to exit (\$424.46) (p = .86). However, Fellows who successfully completed the program had a significant increase in mean income from enrollment (\$258.75) to exit (\$1,332.67) (p < .01).

**Table 2.11 Number of Fellows Who Obtained Employment**

	<b>Downtown LA</b>	<b>San Fernando Valley</b>	<b>South LA</b>	<b>Watts</b>	<b>TOTAL</b>
Full-Time Employment	20	0	2	7	<b>29</b>
Part-Time Employment	1	0	2	0	<b>3</b>
Temporary/Seasonal Employment	1	0	0	2	<b>3</b>
TOTAL	22	0	4	9	<b>35</b>

### *Recidivism*

As of March 2019, a total of six Fellows who completed Project imPACT had reached the 6-month follow-up time point. As of March 2019, there were no reports of rearrest, technical violations, or convictions among successfully completed Fellows. Data regarding recidivism were not available for individuals who unsuccessfully exited from the program.

## 4. Summary and Conclusion

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This report provided an overview of Project imPACT, including the results of the program evaluation for the period from July 2018 to March 2019. In this chapter, we provide a summary of progress toward Project imPACT goals, discuss limitations to the findings described in this report, and describe next steps for the program.

### Summary of Progress Toward Project imPACT Goals

In the previous chapter, we described the results of the process and outcome evaluation thus far. Certain results are directly relevant to the five overarching Project imPACT goals previously identified. Here, we review a summary of progress toward each of the Project imPACT goals.

#### *Goal 1: Improvement of project partners' ability to service justice-involved individuals*

As described, providers across regions have participated in various trainings that have improved their capacity to serve this population. This includes the CBT training, as well as trainings relevant to the unique legal and behavioral health needs of the population. These trainings have been an important component of improving providers' ability to serve the target population. Providers have also created partnerships with various local agencies to increase the stream of referrals to Project imPACT. In addition, the fact that the 30-person case load has become a limiting factor suggests that the regions have been successful in identifying the target population; the key moving forward will be for providers to continue providing services efficiently and effectively to best serve their population.

#### *Goal 2: To create a program experience perceived to be positive and valuable by Fellows*

Based on our observations, it appears that providers are making efforts to ensure that services provided are relevant and effective. This is reflected by efforts to select CBT modules that are most relevant to the anticipated needs of the target population, and by the broad range of types of services available. For this preliminary report, we did not have the opportunity to specifically obtain input from Fellows. However, in June 2019, we began conducting focus groups with Fellows, which will provide us with a more comprehensive way to assess Fellows' perceptions of the program and its value.

*Goal 3: Adherence to the program’s guiding principles, which include (a) community partnerships and collaboration; (b) trauma-informed care; (c) cultural competence; and (d) focus on the Fellow*

**Community partnerships and collaborations.** As observed by the evaluation team, the extensive meetings that took place among service providers during the planning phase demonstrate the importance of collaboration to the program. Also, as described, providers have been proactive in their efforts to identify new referral streams through partnerships with local government agencies and community-based organizations.

**Trauma-informed care.** Our process evaluation revealed efforts to adhere to the principles of trauma-informed care. One region built a trauma-informed care training into their planning phase to ensure that all providers (employment, behavioral health, and legal) were aware of the role of trauma and how it may affect service delivery. Though other formal efforts to promote trauma-informed care have not taken place in other regions, this remains a priority for the program and it may be important for more formal efforts to continue on this topic. For example, other regions may consider implementing a trauma-informed care training to ensure all providers are aware of how these principles may shape service delivery. In addition, providers have demonstrated sensitivity to participants’ history of incarceration, including identification of sensitive ways to ask questions regarding justice-system involvement when administering the LS/CMI.

**Cultural competence.** There have been efforts to ensure that providers and programs are sensitive to the needs of the target population. This includes ensuring that language used on intake forms and assessments is person-centered and non-stigmatizing, and ensuring that services are described in a way that resonates with the target population (e.g., behavioral health services being described as “word support”). The trainings attended by providers have also helped to ensure that they are aware of the unique challenges of justice-related populations and have the skills needed to address these challenges. Through the focus groups conducted in the next phase of the evaluation, we will continue to assess whether services are perceived as culturally competent by Fellows enrolled in the program.

**Focus on the Fellow.** Our participation in All Partner meetings identified several examples of ways that providers are providers have prioritized the experience of the Fellow, such as tailoring the availability of services to better fit Fellows schedules’ and providing services in more convenient location. When barriers to engagement have arisen – as in the case of the CBT curriculum and behavioral health services – providers have discussed the concerns with other providers and the Mayor’s Office to identify solutions.

*Goal 4: Improved employment outcomes*

Results of the outcome evaluation during this reporting period indicate that Project impACT has successfully assisted 35 Fellows to obtain employment. Through March 2019, 15% of

enrolled Fellows had obtained full-time employment. The Mayor's Office established a target of 55% of Fellows obtaining full-time employment during the first year of implementation; therefore, there is still progress that needs to be made with respect to helping Fellows find employment. It is important to keep in mind that this report captures services provided in the first nine months of program implementation, and it is possible that as the regions continue to become more fully operational, rates of employment may increase. Therefore, as the program continues, we will continue to assess employment outcomes, and will also assess retention of employment.

### *Goal 5: Reduced recidivism*

Recidivism data were only available for a small number of Fellows who graduated Project imPACT more than 6 months ago; of the six Fellows who reached this timepoint, there were no reports of recidivism. As we move into the next phase of the evaluation, we will continue to collect data to assess progress toward this goal.

## Limitations

There are a number of limitations to this mid-program assessment that should be kept in mind when interpreting the results. First, Project imPACT was designed to serve a broad population with respect to criminal history and mental health/substance use concerns. As a result, Fellows may have diverse service needs, which may explain some of the variability in services provided. However, providers did not submit detailed information on individual-level needs, and therefore we were unable to comment on the extent to which variation in services provided reflected variation in the needs of Fellows.

Second, during the first several months of program implementation, the nature of service delivery was continuously evolving. One example is the format of the CBT modules, which were originally delivered in weekly sessions and are now delivered as an intensive course upon enrollment. There have also been refinements to program definitions (e.g., those used to define successful completion) as a result of new situations that arose during implementation. We were unable to formally consider the impact of these factors as part of our analysis, they constitute important context for the interpretation of intermediate results.

Third, our evaluation relies on self-report information for recidivism data. Self-report data may be subject to bias; for example, former Fellows may be reticent to report future justice-system contact to the service providers. In addition, it means that providers are unable to report recidivism data for individuals who are lost to follow-up, which likely will include the majority of Fellows who exited the program without completing services. We will continue to explore options for obtaining official recidivism data in collaboration with the Mayor's Office.

## Implications

Although this report focuses on preliminary findings from Project imPACT, these results may be used to determine whether adjustments in service delivery are warranted.

### *Exploring Variability in Service Provision*

We observed quite a bit of variability across regions with respect to intensity of services provided and number of individuals who completed the program. It will be important to gather more information to understand regional differences. Some regional differences are expected and may reflect variations in the service models across regions; however, other differences may reflect challenges experienced in a given region (e.g., turnover in key staff positions).

### *Core Elements of Project imPACT*

Some of our findings may also highlight potential changes that could be made to the Project imPACT model. For example, data could be used to determine whether services should be more or less intensive. Regarding behavioral health, Fellows participated in a relatively small number of sessions; this could reflect the fact that Fellows may not have significant behavioral health concerns, especially given the broad definition of mental health/substance use disorder history used by this program. However, it could also reflect the stigma surrounding mental health services, or Fellows' desire to focus on employment-related services. These are themes that should be explored in more detail with providers and Fellows. In addition, feedback could be used to determine whether there are opportunities to increase consistency across regions, or whether best practices are emerging that can be shared across regions or providers.

Our results also highlighted that a small proportion of enrolled Fellows obtained employment during the reporting period. Obtaining employment is a prerequisite for completing employment services (and in turn, for completing Project imPACT). This means that the 116 active Fellows were still receiving services focused on helping them obtain employment at the time of this report. As described, enrolled Fellows had spent an average of 4.0 months in the program thus far, which was somewhat longer than the average length of time in the program for those who successfully completed the program (3.3 months). This may mean that enrolled Fellows who are still job searching are experiencing more barriers to employment and that work to address these barriers is still in progress; it may also be that those Fellows who successfully completed the program reflect a group that was more ready for employment upon enrollment. These will be important considerations to explore as the program moves forward, especially as providers assess whether they are providing the right types of services or the right intensity of services for Fellows.

### *Promoting Fellow Engagement*

As described, there have been certain barriers to engaging Fellows. In addition, it is important to consider the number of Fellows who have exited from the program without completing services, and the ways that completion rates can be improved. For example, Steadman (1992) developed the concept of a “boundary spanner” in programs for justice-involved individuals – that is, a staff member who helps navigate issues at the interface of the criminal justice and mental health systems. This could include addressing challenges that may interfere with program engagement (e.g., requirements of community supervision, housing), as well as connecting Fellows with other community-based services. In some ways, these tasks overlap with the function of the peer navigator, whose role is to support Fellows through the program, act as a support system, and connect Fellows to services. However, it is unclear the extent to which their focus has been on connecting Fellows with services *within* the program, or if they also help to identify *external* services that may be valuable to promoting engagement.

### **Next Steps**

Although the program realized many accomplishments in the past year, there are several next steps planned for both service provision and the evaluation.

#### *Project imPACT Service Provision*

Regarding services, over the next year, Project imPACT providers will continue to provide services for new and current Fellows in the Los Angeles region. Providers will also continue to follow-up with Fellows who have completed Project imPACT to provide support and resources and monitor their progress. Project imPACT providers continue to seek ways to conduct effective outreach to the target population; maximize the efficiency and effectiveness of services; and ensure they are meeting the needs of enrolled Fellows. Also in the next year, the City of Los Angeles Mayor's Office and imPACT providers are planning to host a celebratory event that will bring together Fellows from all four regions, along with representatives from local public agencies serving the target population and local employers to celebrate the successes of imPACT Fellows, inspire other justice-involved individuals who may be interested in Project imPACT services, and showcase the benefits and successes of imPACT Fellows to potential employers. Finally, providers will receive training in Effective Practices in Community Support (EPICS) for Influencers, an intervention to be used with family members and other prosocial influences in the lives of Fellows (University of Cincinnati Corrections Institute, 2018).

#### *Evaluation*

Regarding the evaluation, we will continue to monitor the utilization and outcomes associated with the program through the collection of quantitative data. Though our outcome evaluation results in the present report were limited largely to short-term outcomes (barriers

addressed, employment attained), we will continue to collect data on intermediate outcomes, including retention of employment and recidivism. We will also continue to provide technical assistance to providers to address issues related to data submission. For example, during the initial evaluation period, there were some discrepancies across regions with respect to reporting of group behavioral health services. In addition to working with regions to correct any previous data issues, we will ensure providers understand ongoing data collection requirements. This will be especially important as more Fellows complete the program and regions begin collecting follow-up data.

In addition, we recently began to conduct focus groups with Project imPACT Fellows. These focus groups provide us with the opportunity to gain a more in-depth understanding of the reasons Fellows are enrolling in the program; the perceived effectiveness of the program; challenges to engaging in the program; cultural competence of services; and any ideas for improvement. We will be conducting focus groups in each of the Project imPACT regions, and plan to host groups for current Fellows and graduated Fellows. These groups will provide rich data to complement the quantitative evaluation data, and will ensure that we can measure progress toward Project imPACT's first goal: that the program is perceived to be positive and valuable by Fellows.

We are also in the process of developing an instrument to assess the fidelity of implementation of program services. This instrument will examine each specific service (employment, behavioral health, legal), as well as factors such as staffing, setting, and provider communication. The completion of this measure will include information collected from site visits, attendance at provider case conferences, and discussions with providers and Fellows. Assessment of fidelity to the Project imPACT model will provide important context for the interpretation of outcome data (e.g., if expected outcomes are not achieved, it may be due to challenges implementing the program elements with fidelity), and will also provide the foundation for feedback to providers. In addition, discussions with providers and Fellows may provide additional information for interpreting quantitative data (e.g., why so many Fellows exit the program without completing all services).

We will continue to work closely with the Mayor's Office and service providers to ensure that our evaluation methods adequately capture the services being provided. In the coming months, we will begin providing summaries of our evaluation results to providers, which will also help them to know if there are areas for improvement or expansion.

Finally, we will continue to explore options for a comparison group, or for appropriate benchmarks against which to compare Project imPACT outcomes. For example, a study of a program providing job readiness training and employment placement assistance found that 26.2 percent were employed at 12 months, compared to 22.0 percent of the comparison group, who received a list of community resources (Farabee, Zhang, & Wright, 2014). A study of a transitional job model found that 92.8 percent of participants were employed after 12 months, compared to 59.5 percent of a group that received more basic job search assistance (Redcross et

al., 2010). Project imPACT is different from these programs in some important ways (e.g., by providing legal and behavioral health services). It should be noted that evaluations of employment programs for justice-involved individuals seem to vary substantially with respect to effectiveness (Cook et al., 2015). However, studies like these may provide a benchmark for interpreting employment retention data in the next phase of this evaluation.

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