Implementation and Outcome Evaluation of Project imPACT—A Proposition 47–Funded Program in Los Angeles

Cohort 2 Final Evaluation Report

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About This Report

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* (i.e., individuals who have been involved in the criminal justice system). The goal of these funds is to invest in programs designed to reduce the risk of recidivism among such individuals with substance use and mental health problems (Taylor, 2015). In June 2017, the Los Angeles Mayor's Office of Reentry was awarded an initial round of Proposition 47 grant funding from BSCC to implement Project imPACT, referred to as Cohort 1. In 2019, the program was awarded a second round of funding, referred to as Cohort 2. 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. Cohort 2 of this program is similar to the program supported through Cohort 1 funds, in that it provides employment, behavioral health, and legal services in an effort to help participants obtain and retain employment and reduce criminal recidivism. Housing services and services for transition-age youth were added as another component to support program participants in Cohort 2.

Proposition 47 grantees are required to collect data and evaluate their programs, and the Los Angeles Mayor's Office of Reentry selected the RAND Corporation and Harder+Company as the evaluation team for Project imPACT. This report documents the findings of a process and outcome evaluation of Cohort 2, covering services provided from June 1, 2020, through September 30, 2022. This report builds on a preliminary evaluation report, submitted to BSCC in August 2021. Interested stakeholders of this report include the Los Angeles Mayor's Office of Reentry, BSCC, and 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 Los Angeles County.

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Executive Summary

Project imPACT is a program designed by the Los Angeles Mayor's Office of Reentry (referred to hereafter as "the Mayor's Office") and funded by the California Board of State and Community Corrections (BSCC). Project imPACT was among the original cohort of grantees (Cohort 1) that received funding and was awarded additional Proposition 47 funds (Cohort 2) to continue and expand the program. Originally offered in four regions of Los Angeles, Project imPACT provides employment, behavioral health, and legal services, with the goal of improving employment outcomes as a way to reduce future criminal justice system involvement. Cohort 2 funds allowed the program to continue serving Fellows for two and a half more years in the original four regions while expanding its programmatic offerings. More specifically, in Cohort 2, funds allowed the Mayor's Office to add a housing service component, which (1) makes available housing navigation services (e.g., assistance finding housing and addressing concerns related to existing living arrangements, such as landlord issues) to any enrolled Fellow who has received services from the employment, behavioral health, and legal services providers; and (2) establishes a subsidized, shared transitional living house specifically for Project imPACT Fellows, who are eligible once they have obtained employment. Cohort 2 funding also established a pilot program focused on transition-aged youth (ages 18 to 26) who have been released from a state youth correctional facility in Ventura County, California, and other local juvenile correctional facilities in the Southern California region, which provides an adapted version of the Project imPACT model.

Project imPACT was designed to achieve five goals:

1. program experience perceived to be positive and valuable by Fellows
2. improvement of project partners' ability to serve *justice-involved individuals* (i.e., individuals who have been involved in the criminal justice system)
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 attainment and retention
5. reduced recidivism.

The RAND Corporation and Harder+Company (referred to in this report as "the evaluation team") conducted a mixed methods process and outcome evaluation of Cohort 2 of Project imPACT. This report presents findings related to individuals served between June 2020, when Cohort 2 began enrolling Fellows, through September 2022.[1] The process evaluation

[1] Although funds were awarded in 2019, services did not begin until 2020 to accommodate the contracting process with Cohort 2 providers and to allow time to develop a plan related to winding down Cohort 1 services while ramping up Cohort 2 services. In addition, services for Cohort 2 Fellows continued through

focuses on the implementation of Project imPACT, including the characteristics of Fellows served, types of services provided, and implementation-related barriers and facilitators, as well as whether the program adhered to the guiding principles specified in Goal 3. Process evaluation data included quantitative data submitted quarterly by providers in each region, a site visit with three of the program regions, analysis of quarterly narratives submitted by providers about challenges and accomplishments, and interviews with 35 program Fellows.

The outcome evaluation examined whether Project imPACT achieved the following expected short-term and intermediate outcomes:

- addressed cognitive and behavioral factors that contribute to involvement in the criminal justice system, as measured by the decisionmaking scale of the TCU Psychological Functioning Assessment (Institute of Behavioral Research, 2011) and interviews with Fellows
- improved housing situation of Fellows, based on a report of housing status at enrollment and throughout participation in Project imPACT
- addressed barriers to employment, based on the professional judgment of service providers
- increased rates of employment and retention of employment (Goal 4), with retention assessed at 3, 6, 9, and 12 months
- reduced recidivism (Goal 5), with *recidivism* defined as any new conviction for an arrest that occurred after enrolling in Project imPACT.

The first four outcomes were assessed through the collection of quantitative data from regional service providers. Recidivism was assessed using publicly accessible administrative data from the Los Angeles County Superior Court.

With the process and outcome evaluation, we also assessed the extent to which the program has met its five goals; we outline these goals and our methods for assessing them in Table S.1.

Summary of Process Evaluation Findings

Project imPACT enrolled 384 individuals between June 2020 and September 2022. Enrolled Fellows were mostly male; identified as Black or African American, or of Hispanic, Latino, or Spanish origin; and determined to be at medium or high risk of recidivism based on a structured risk-needs assessment. Most Fellows were unemployed at enrollment, and nearly half were staying with family or friends. About 86 percent of Fellows received employment services, of which career readiness assessments and job coaching were the most common

February 15, 2023; however, in our evaluation, we focused on findings only through September 30, 2022, to provide sufficient time for analysis prior to the report due date of May 31, 2023.

TABLE S.1
Assessing Progress Toward Project imPACT Goals

Goal	Proposed Method of Measurement	Evaluation Component
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	Staff interviews during site visits; attendance at regular meetings of Project imPACT providers	Process evaluation
3. Adherence to the program's guiding principles	Staff interviews during site visits; descriptions of training provided to staff at provider organizations; attendance at regular meetings of Project imPACT providers; 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 with the goal set by employment providers (55%) and similar programs described in relevant literature	Outcome evaluation
5. Reduced recidivism	Assessment of new convictions following entry into Project imPACT	Outcome evaluation

SOURCE: Adapted from Brooks Holliday et al., 2021, Table 2.3.

services. About three-quarters of Fellows participated in behavioral health services, especially individual counseling sessions, and legal services, with counsel and advice as the most common legal service received. Housing services were provided to about 15 percent of Fellows: 13 Fellows were housed in the Project imPACT shared housing facility at some point during this period. Because Cohort 2 officially ended on February 15, 2023 (after the writing of this report), 41 percent of Fellows were still receiving services at the time of writing of this report, although 40 percent of Fellows had successfully completed the program and 19 percent had exited the program without fulfilling all program requirements. We found no significant difference with respect to age, race, or risk level between Fellows who completed the program and those who exited without completing it.

Regarding implementation, providers identified several facilitators during their interviews and submission of quarterly narratives. These facilitators included providers' ability to draw on their experience implementing Cohort 1; the teamwork, commitment, and professionalism of Project imPACT staff members; providers' ability to draw on the strengths of the lead employment agency in each region; the wraparound nature of the services; and staff members with lived experience comparable to the Fellows' experiences. There were also several barriers experienced during Cohort 2, including the impact of coronavirus disease 2019 (COVID-19; e.g., reduced availability of jobs, need to provide remote services early in Cohort 2, and associated communication challenges between Fellows and staff members);

staff turnover; and limited availability of training for staff members. Although housing had been added to Cohort 2 offerings, providers also described limitations of the available shared housing setting, including the lack of available housing for women and Fellows with family. Despite these barriers, providers described the ways in which the program was being implemented in a manner consistent with the guiding principles of community partnerships and collaborations, trauma-informed care, cultural competence, and a focus on the Fellow. In addition, during interviews, Fellows reported that they were largely satisfied with the program and highlighted the dedication of the Project imPACT staff in supporting them as they worked toward their goals.

Summary of Outcome Evaluation Findings

We found that Fellows participating in Project imPACT were able to achieve several of the program goals. Through their work with the employment, behavioral health, and legal service providers, Fellows successfully worked on addressing barriers to employment. Some of the most commonly addressed barriers included preparing a resume and developing interview preparedness, learning to manage stress and interpersonal relationships, and receiving assistance in addressing Ban the Box Law violations (i.e., violations of California's requirements that employers ask about a candidate's criminal history only after making a conditional job offer) or other hiring-related legal issues.

In addition, across regions, 198 Fellows obtained employment—about 52 percent of the Fellows who enrolled in Project imPACT. Employed Fellows were more likely to have successfully completed the program (63.8 percent) than those who did not obtain employment (36.2 percent), although we also observed that, on average, it took Fellows only 1.6 months to obtain employment. Therefore, it is difficult to know whether individuals who were employed early were more motivated to stay and complete program-provided services, whether such individuals were more likely to be meaningfully engaged in services and therefore have a better chance at employment, or whether such individuals tend to be more motivated or have fewer barriers to employment, which led to higher rates of employment and program completion. That said, employment retention rates also suggested promising outcomes: At six months, 69 percent of Fellows were still employed, and at one year, 53 percent were still employed—a rate that is comparable to that found in studies of other reentry-focused employment programs (Center for Employment Opportunities, 2019). In addition, although only a modest proportion of Fellows received formal housing services, we found that many Fellows experienced an improvement in the stability of their housing from enrollment to exit of Project imPACT. Of the 87 individuals who were in unstable housing settings when they entered the program, 64 percent had moved into a more stable setting by the time they exited the program.

Finally, we found very low rates of recidivism, defined as being convicted for a new arrest that occurred after enrollment in Project imPACT. Data were available for 281 Fellows; among these, only 22 had been convicted of a new charge, based on data from the Los Ange-

les County Superior Court. Fellows who had been convicted of a new charge were less likely to have successfully completed the program. The rate of recidivism observed among Project imPACT Fellows is similar to or less than other estimates of one-year reconviction (e.g., Durose and Antenangeli, 2021; Higuera, Jensen, and Morton, 2021), although many studies do not report short-term reconviction rates, because it tends to be a somewhat conservative measure. That said, our decision to focus on convictions reflects the state of California's definition of recidivism (Office of the Attorney General, undated), and that other measures of recidivism (e.g., rearrest) tend to be more subject to bias.

Has Project imPACT Achieved Its Goals?

We assessed progress toward each of the five overarching Project imPACT goals and summarized our findings in Table S.2.

TABLE S.2
Summary of Progress Toward Project imPACT Goals

Project imPACT Goal	Progress Toward Goal
1. Program experience perceived to be positive and valuable by Fellows	• Fellows have been largely satisfied with the services they have received. • Fellows identified some opportunities for improvement, such as adding components to the service model (e.g., substance use disorder treatment) and creating more flexible housing options.
2. Improvement of project partners' ability to serve justice-involved individuals	• Providers have a track record of serving justice-involved individuals, and they have established new relationships and partnerships during Cohort 2. • Providers enrolled nearly double the enrollment target set by the Mayor's Office: 384 individuals enrolled between June 2020 and September 2022. • Turnover created some loss of institutional knowledge and limited provision of certain services when there was a vacant position.
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	• Partnerships with community-based organizations are important sources of referrals to Project imPACT, and providers also refer Fellows to ancillary community services. • Providers recognize the importance of trauma-informed care, although they have acknowledged a need for additional training in this area. • Fellows reported that providers appear to be sensitive to the needs of diverse populations. • Providers are dedicated to creating a positive experience for Fellows and addressing their individual needs.
4. Improved employment attainment and retention	• As of September 30, 2022, 198 Fellows (52 percent) had obtained employment, and rates of retention were found to be comparable to other reentry programs. • Project imPACT has the opportunity to support Fellows after they obtain their first jobs to ensure that they retain that employment or can use it as a stepping stone to additional opportunities.
5. Reduced recidivism	• As of January 17, 2023, just 22 Fellows had been convicted of a new crime for which they were arrested after entering the program. On average, 289 days elapsed from the date of enrollment to the index arrest.

Limitations

There are limitations to this final evaluation report. First, Cohort 2 did not end until February 15, 2023, but we were only able to include services provided through September 30, 2022, to allow enough time for analysis and publication of this report by the BSCC deadline. There are also limitations to the employment data, because providers were not always able to reach a Fellow at the follow-up data collection periods. Recidivism was measured using Los Angeles County Superior Court data, which means we were only able to report on recidivism that occurred in Los Angeles County; we were also unable to locate 26 percent of Fellows within the Los Angeles County Superior Court database. In addition, we partnered with providers to recruit Fellows to participate in interviews, and it is possible that the group of Fellows who agreed to participate differs significantly from the group of Fellows who opted out of participation. Finally, we were unable to identify a suitable comparison group for the purposes of this evaluation, which precludes us from drawing causal inferences about the influence of the Project imPACT program on observed outcomes.

Recommendations

Drawing on these findings, we developed the following four recommendations.

Recommendation 1: Identify Ways to Address Staff Turnover and Its Impact on Program Implementation and Outcomes

Some ways to reduce turnover might include additional training, effective leadership, flexibility, and mental health supports to help reduce turnover (Adams et al., 2019; Substance Abuse and Mental Health Services Administration, 2022). Offering a competitive salary is also key (Coviello, Deserranno, and Persico, 2022; Ruffini, 2022). That said, even with additional supports, there is likely to be some level of turnover among Project imPACT staff. To mitigate the impact of such turnover, program administrators should consider developing an implementation guide that documents the program's core elements and workflow. At the regional level, this effort could include detailed guidance on the program workflow (e.g., how Fellows enroll, when assessments are administered, and how often and how does communication occur).

Recommendation 2: Expand the Housing Supports Available to Fellows

Project imPACT could consider making housing services available to Fellows regardless of employment status, because all Fellows would likely benefit from housing navigation services. Making the transitional housing available to Fellows regardless of employment status would also be consistent with the housing-first model, an approach that has shown some

promise with justice-involved populations (Lawrence et al., 2016). Fellows living in the Project imPACT house would also benefit from additional support in their transition to long-term housing and having a more flexible pool of housing funds available might help the program to cover move-in costs not typically covered by housing vouchers or programs (e.g., security deposit, first and last month's rent).

Recommendation 3: Address Barriers to Program Participation

Fellows have benefited from providers' willingness to provide remote services, whether via telephone or videoconference. To ensure that remote services are maximally effective, Project imPACT should ensure Fellows have access to needed technology and sufficient training on how to use that technology. Some providers have even found ways to make their services more convenient to Fellows, such as offering on-campus services at a vocational training college commonly attended by Fellows. In addition, the Mayor's Office has recently taken a more active role in helping Fellows meet other basic needs by organizing community outreach events, bringing together agencies and community-based organizations that provide other supportive services (e.g., medical care, transportation) that can complement Project imPACT's core services.

Recommendation 4: Assess the Experiences of Fellows Who Are Employed and Provide Additional Supports as Needed

Although a large number of Fellows were able to obtain employment, Fellows expressed a desire to use their initial employment as a stepping stone to more-advanced opportunities. Because many Fellows continue to receive services after obtaining their initial job, Project imPACT could provide support to Fellows as they seek new opportunities. Project imPACT should also aim to monitor Fellows' experiences in their jobs to ensure that they are being treated fairly and not taken advantage of due to their history of justice system involvement.

Conclusion

The findings presented in this report demonstrate that Project imPACT was able to successfully enroll its target population and provide services consistent with the program model, despite the fact that it is operated in five regions across Los Angeles. Moreover, during their time in the program, Fellows were able to address key barriers to employment, obtain and retain employment, move into more-stable housing settings, and avoid reconviction. Project imPACT has already planned some key improvements for its third cohort, including increasing the availability of ancillary services (e.g., through community outreach and a new substance use referral pipeline) and alternative housing options. As it prepares to implement Cohort 3, the program will be able to build on the solid foundation laid by Cohorts 1 and 2.

Contents

About This Report iii
Executive Summary v
Figures and Tables xv

CHAPTER 1
Project Description 1
Program Description 2
Purpose of the Study 3

CHAPTER 2
Research Design 5
Process Evaluation 5
Outcome Evaluation 8
Assessing Progress Toward Project imPACT Goals 13

CHAPTER 3
Program Description 15
Program Referral and Eligibility 15
Project imPACT Regional Services 17
Transition-Age Youth Pilot Program Services 20
Summary 21

CHAPTER 4
Project imPACT Service Utilization 23
Service Utilization 23
Summary 40

CHAPTER 5
Provider Perspectives on Program Implementation 41
Implementation Facilitators 41
Implementation Barriers 43
Adherence to the Project imPACT Guiding Principles 50
Summary 52

CHAPTER 6
Program Outcomes 57
Improved Decisionmaking Skills and Outcomes of CBT 57
Barriers to Employment Addressed 58
Employment Outcomes 63

Housing Stability....66
Recidivism....67
Summary....69

CHAPTER 7
Fellow Perspectives....71
Program Awareness and Motivation to Participate....71
Satisfaction with Services....71
Experiences with the Multidisciplinary Team....76
Employment Outcomes....77
Considerations for the Future....78
Summary....79

CHAPTER 8
Summary and Conclusion....81
Progress Toward Project imPACT Goals....81
Limitations....85
Recommendations....87
Conclusion....92

Abbreviations....95
References....97

Figures and Tables

Figures

1.1. Project imPACT Logic Model 4
6.1. Fellows' Employment Retention, by Follow-Up Period 65
6.2. Changes in Fellows' Housing Status from Program Entry to Exit 67

Tables

S.1. Assessing Progress Toward Project imPACT Goals vii
S.2. Summary of Progress Toward Project imPACT Goals ix
2.1. Process Evaluation Measures 9
2.2. Outcome Evaluation Measures 10
2.3. Assessing Progress Toward Project imPACT Goals 13
4.1. Demographic Characteristics of Cohort 2 Fellows 24
4.2. Criminal Justice Background and Recidivism Risk Level of Enrolled Fellows 26
4.3. Percentage of Enrolled Fellows Receiving Services, Overall and by Region 26
4.4. Percentage of Enrolled Fellows Receiving Employment Services, Overall and by Region 27
4.5. Total Percentage of Fellows Exiting Employment Services, Overall and by Region 28
4.6. Percentage of Exited Fellows Who Received Employment Services and Mean Number of Sessions, Overall and by Region 29
4.7. Percentage of Enrolled Fellows Receiving Behavioral Health Services, Overall and by Region 30
4.8. Total Percentage of Fellows Exiting Employment Services, Overall and by Region 30
4.9. Percentage of Exited Fellows Who Received Behavioral Health Services and Mean Number of Sessions, Overall and by Region 31
4.10. Percentage of Enrolled Fellows Receiving Legal Services, Overall and by Region 32
4.11. Percentage of Fellows Exiting Legal Services, Overall and by Region 32
4.12. Percentage of Exited Fellows Who Received Legal Services and Mean Number of Hours, Overall and by Region 33
4.13. CBT Participation, Overall and by Region 35
4.14. Total Percentage of Enrolled Fellows Receiving Housing Services, Overall and by Region 35
4.15. Percentage of Exited Fellows Who Received Housing Services and Mean Number of Sessions, Overall and by Region 36
4.16. Reasons for Entering Project imPACT Housing 37
4.17. Reasons for Moving Out of Project imPACT Housing 37

4.18. Completion of Project imPACT 38
4.19. Exited Fellow Characteristics, by Program Completion Status 39
4.20. Fellows' Service Attendance, by Program Completion Status 39
5.1. Barriers to Service Delivery and Uptake 53
6.1. Decisionmaking Skills Assessment Outcomes 58
6.2. Percentage of Fellows Whose Employment Barriers Were Successfully Addressed 59
6.3. Percentage of Fellows Whose Behavioral Health Barriers Were Targeted 61
6.4. Percentage of Fellows Whose Legal Barriers Were Addressed 62
6.5. Employment Status of Fellows, Overall and by Region 63
6.6. Association Between Employment and Fellow Demographics 64
6.7. Fellows' Housing Status at Exit from Project imPACT, Overall and by Region 66
6.8. Fellows' Recidivism Status, Overall and by Region 68
6.9. Fellows' Recidivism Status, by Program Completion Status 69
8.1. Summary of Recommendations 87

CHAPTER 1

Project Description

Project imPACT is a reentry program that was developed by the Los Angeles Mayor's Office of Reentry (referred to hereafter as "the Mayor's Office") to improve employment outcomes among individuals who have recently been involved in the criminal justice system (i.e., *justice-involved individuals*), with the ultimate goal of reducing any future involvement with the system. First funded through the California Board of State and Community Corrections (BSCC), Project imPACT was among the original cohort of grantees to receive funding through Proposition 47, the Safe Neighborhoods and Schools Act (California Courts, undated). Proposition 47 reclassified certain property and drug possession felony offenses as misdemeanors, and the savings created at the state level were required to be invested into local jurisdictions in the form of funding for certain community-based services (Criminal Justice Services Staff and Richard Couzens, 2016). This included a substantial proportion of funds to be invested in programs designed to reduce the risk of recidivism among justice-involved individuals with substance use and mental health problems (Taylor, 2015).

An initial round of funds (known as Cohort 1) was disbursed to jurisdictions through a competitive grant process in 2017. In 2019, the second round of funding from Proposition 47 (known as Cohort 2) was awarded. Eligible communities included Cohort 1 grantees who were expanding services, as well as jurisdictions proposing new programs. Of the 43 agencies that responded to that opportunity, 23 were selected for funding.

Project imPACT was among the original Cohort 1 grantees to receive additional funding under Cohort 2. As noted, Project imPACT focuses on improving employment outcomes as a way to reduce future criminal justice system involvement among program participants, who are known as Fellows. During Cohort 1, the program included three core services: employment services, behavioral health services, and legal services. In addition, Fellows participated in an evidence-informed cognitive behavioral therapy (CBT) curriculum focused on addressing criminogenic thinking patterns, and they received peer navigation support from a program staff member with lived criminal justice system experience. It was hypothesized that these wraparound supports would more holistically support Fellows in addressing barriers to employment and, in turn, in obtaining and retaining employment. Cohort 1 of Project imPACT services were provided in four areas of Los Angeles: Watts, South Los Angeles, Downtown Los Angeles, and the San Fernando Valley.

The Cohort 2 program model retains these core service components. In addition, Cohort 2 funds allowed Project imPACT to expand in two key ways. First, a housing component was

formally added to the Project imPACT model, including housing navigation services (e.g., assistance finding housing or addressing housing-related issues, such as concerns with landlords) and the availability of subsidized transitional housing in a group home. Initially added late in Cohort 1, Cohort 2 allowed the program to expand the housing component to a larger group of Fellows. Second, the Mayor's Office collaborated with a local community-based organization, the Anti-Recidivism Coalition (ARC), to develop a specialized track for young adults aged 18–26 transitioning back to the community from the Ventura Youth Correctional Facility, one of the California Department of Juvenile Justice facilities. (For purposes of this report, we refer to this program as the Transition-Age Youth [TAY] Pilot Program and refer to it as a region by using the name of its service provider, ARC). In the next section, we provide an overview of program services.

Program Description

Employment-related factors have long been recognized as a criminogenic need (Bonta and Andrews, 2017). This aspect means that justice-involved individuals who are not employed or who have patterns of instability in their work performance, commitment, or relationships may be at increased risk of recidivism. However, criminogenic needs are dynamic; that is, they can be addressed through planned interventions, such as employment-focused programming. In this way, employment-focused programs for such individuals have the potential to reduce future risk of recidivism.

To date, research findings on employment-focused programs have been mixed: Some studies have found improved employment outcomes after participation in job training, job coaching, or subsidized employment, and others have found no significant effect (Chief Executive Office County of Los Angeles, 2020; Farabee, Zhang, and Wright, 2014; Formon, Schmidt, and Henderson, 2018; Redcross et al., 2012). Similarly, there is equivocal evidence that such programs affect recidivism (Visher, Winterfield, and Coggeshall, 2005). Some research has focused on wraparound program models like Project imPACT, which often pair employment services with other supports (e.g., behavioral health services, case management, CBT). However, these studies have also yielded mixed results related to employment and recidivism outcomes (Doleac, 2019).

As described, Project imPACT provides employment-focused services alongside behavioral health, legal, and housing services. Behavioral health and legal service providers help Fellows address barriers to employment (e.g., mental health–related barriers; violations of the Ban the Box Law, which requires that employers ask candidates about their criminal history only after making a conditional job offer), in addition to addressing Fellows' other psychosocial and legal needs. Housing services were added in Cohort 2 as a result of feedback from Cohort 1 Fellows and providers, who noted that the lack of stable housing can be a significant obstacle to obtaining or retaining employment. Our evaluation of Cohort 1 of Project imPACT found that the program helps Fellows address a variety of barriers to employment

and presented promising outcomes related to employment attainment and retention (Brooks Holliday et al., 2021). However, there were a number of key limitations to our first evaluation, including a large number of Fellows who were lost to follow-up and a lack of recidivism data. Therefore, there remains a need to understand the outcomes of Project imPACT and to continue to examine the mechanisms of action of the program (e.g., how dosage of services relates to program outcomes).

Project imPACT was designed to achieve five overarching goals:

1. program experience perceived to be positive and valuable by Fellows
2. improvement of project partners' ability to serve 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 attainment and retention
5. reduced recidivism.

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

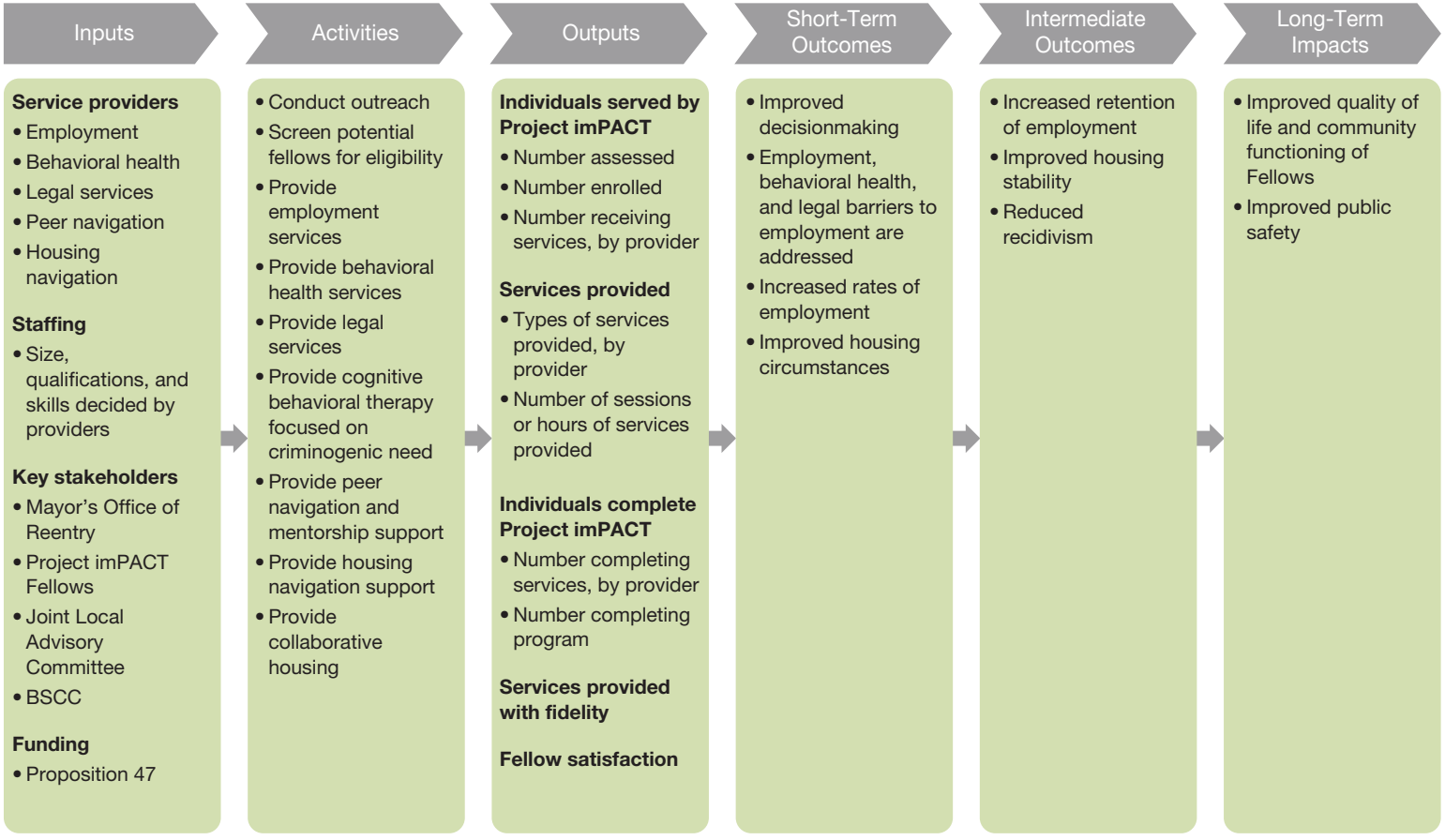
Purpose of the Study

The Mayor's Office selected the RAND Corporation and Harder+Company (referred to as the "evaluation team" in this report) to conduct a process and outcome evaluation of Project imPACT. Our process evaluation focuses on understanding initial patterns of service utilization, identifying implementation barriers and facilitators, assessing fidelity to the program's guiding principles, and describing Fellows' experiences in the program. Our outcome evaluation focuses on whether Fellows have addressed barriers to employment, obtained and retained housing, improved the stability of their housing situation, and avoided future convictions. Cutting across the process and outcome evaluation, we aim to describe progress toward the five program goals described above. We focus on services provided from June 2020, when regions began recruiting participants for Cohort 2, through September 2022.

In this final report, we describe our evaluation methodology (Chapter 2); provide an in-depth description of the Project imPACT model (Chapter 3); describe the characteristics of enrolled Fellows and service utilization (Chapter 4); examine provider perspectives on implementation, including barriers and facilitators to implementation and fidelity to the program's guiding principles (Chapter 5); present findings of the outcome evaluation (Chapter 6); and discuss our findings from interviews with Fellows (Chapter 7). We conclude with overall findings and recommendations (Chapter 8).

FIGURE 1.1

Project imPACT Logic Model



CHAPTER 2

Research Design

To assess the implementation and effectiveness of Project imPACT, the evaluation team conducted a process and outcome evaluation. Our evaluation methods build on our prior evaluation of Cohort 1 of Project imPACT. In this chapter, we provide an overview of our evaluation methods. Services under Cohort 2 funding were being provided through February 15, 2023. However, to allow sufficient time to analyze data for this report, we limited our focus to project implementation through September 30, 2022. This date was selected because it aligns with the end of a quarterly reporting period for Project imPACT providers, as described in more detail below.

In designing our evaluation method, we included input from key stakeholders. First, prior to designing our Cohort 1 evaluation, we obtained feedback from a small group of individuals with lived experience with the criminal justice system to ensure that our methods were culturally sensitive and appropriate for use with a reentry population. We asked that they review candidate outcome measures and the language used for data collection instruments, as well as provide input on methods for engaging Fellows in data collection. Second, we drew on lessons learned from our Cohort 1 evaluation and ongoing feedback from the service providers to refine our methods for our Cohort 2 evaluation. For example, our experience in evaluating Cohort 1 informed our decision to collaborate with the Mayor's Office to design a data management system to be used by all providers. Providers also gave feedback on an expanded list of barriers that they address through their services, and we modified our data collection approach to ensure that our evaluation adequately captured the outcomes of their work. Specific details of our process and outcome methodology are provided in the subsequent sections.

Process Evaluation

Our process evaluation questions for Cohort 2 mirror those that guided our evaluation of Cohort 1 (Brooks Holliday et al., 2021):

- How many Fellows were served by Project imPACT?
- What types of services did participants receive? How many sessions or hours of services did they receive?

- What implementation challenges and successes were observed?
- Were services provided with fidelity and consistent with the program's guiding principles (e.g., community partnerships and collaboration, trauma-informed care, culturally competent care, focus on the Fellow)?
- Were Fellows satisfied with their experience in Project imPACT?

Methods

The process evaluation assessed the activities and outputs of Project imPACT, as outlined in the program's logic model (see Figure 1.1). Our evaluation relied on three main sources of data: quantitative data from service providers; observations, site visits, and discussions with providers; and interviews with Fellows. We describe each of these sources in more detail in the following sections.

Quantitative Data from Service Providers

Service providers submitted quarterly data related to services provided. These data included sociodemographic characteristics; risk assessment data; and specific types of services received from each provider, including the number of sessions or hours of utilization, or both.

Our method of collecting quantitative data changed from Cohort 1 to Cohort 2. During Cohort 1, providers reported data using an Excel spreadsheet, and extensive data cleaning steps were required each month to ensure data were accurate (e.g., to scrub any data that providers had carried forward from a previous quarter or to check that providers had updated key fields on the spreadsheet). In preparation for Cohort 2 and with funding from the Mayor's Office, we collaborated with providers to develop a new case management system, Apricot, that can be used for real-time tracking of Fellows and analysis of evaluation data. Some providers (specifically the legal providers) continued to track their Fellows in their own case management system but were able to upload key data elements into Apricot (e.g., service utilization, barriers addressed). From this system, we extracted data regarding Fellow characteristics and quarterly service utilization.

Observations, Site Visits, and Discussions with Providers

The evaluation team remained in close contact with service providers throughout implementation of Cohort 2. We attended monthly all partner meetings, which include representatives from each provider, the evaluation team, and the Mayor's Office. During these meetings, providers share their progress implementing the program, discuss any challenges they have encountered and solutions they have developed, share best practices and lessons learned, and discuss evaluation-related questions.

We also collected quarterly narratives from each region. These narratives were used to fulfill reporting requirements to BSCC, but they also provided the evaluation team with information about program accomplishments and challenges during each quarter.

Finally, we conducted site visits with programs. With four of the five regions, we conducted site visits twice in the course of Cohort 2 (in 2020 and in 2022); one region had only

a single site visit because of ongoing turnover in the early stages of the program. We also conducted an independent site visit with the housing providers in December 2022. We conducted most of the site visits remotely, using audio and video software to facilitate conversations with the providers. The site visit interviews followed a semi-structured protocol that included questions about the facilitators and barriers to the implementation of the program and how providers incorporated the guiding principles in their work (e.g., Can you describe any efforts to provide culturally competent services? This could refer to many aspects of culture, including race/ethnicity, gender, or history of justice system involvement. What are some ways that this region has a focus on the Fellow—that is, prioritizing the experience of the Fellow in service delivery?).

To analyze data from these sources, we reviewed data from across sources and thematically organized them within a structured grid. We then identified the common trends and unique themes that emerged across all the categories, within and across regions, and determined whether the barriers that emerged served as hinderances to implementation, uptake, or both.

Interviews with Fellows

Gathering Fellow feedback and experiences with Project imPACT was an important component of this evaluation. This information was solicited through one-on-one telephone interviews with currently enrolled and recently exited Fellows. To recruit these individuals, we partnered with the service providers in each region, who shared information about the interviews with Fellows. When Fellows expressed interest in participating, their contact information was shared with the evaluation team with the Fellows' permission.

We conducted two rounds of interviews with a total of 35 Fellows. The first round of interviews was conducted with a total of 12 current Fellows in March and April of 2021. During this round, Fellows were asked how they had learned about Project imPACT; what drew them to participate in Project imPACT; their satisfaction levels with services received, including aspects of each type of service they found helpful; experiences with the program's multidisciplinary team; and suggestions for improvement. We also used these interviews to assess Fellows' perspectives on the Project imPACT guiding principles (e.g., Based on your experience participating in the program, how knowledgeable would you say the Project imPACT team was in working with diverse groups of people—including individuals from different racial and ethnic groups, sexual orientations, language abilities, or cultural traditions?).

The second round of interviews was conducted with a total of 23 Fellows at the end of Cohort 2, between April 2022 and January 2023. These interviews focused on the four service areas individually (i.e., employment, behavioral health, legal, and housing). Four Fellows who had received housing services participated in an interview specifically about their experiences with housing services, unmet needs, and recommendations for program improvement. Fourteen Fellows participated in one-on-one interviews about the employment services they received through Project imPACT; their experiences working with their peer navigator; challenges they faced in searching for a job; and, for those who had been able to secure a job,

reflections on how the job was going and how imPACT helped them prepare to be successful. An additional two Fellows participated in an interview about the types and quality of legal services they received, and three Fellows participated in an interview about behavioral health services, the types of therapy they participated in, their relationships with their behavioral health provider, and their perceptions of the CBT component of Project imPACT. Furthermore, three Fellows who were interviewed about other service areas also shared their experiences with behavioral health services, and we include their feedback as well.

To facilitate the analysis process, interviews were recorded and professionally transcribed (with the permission of participants). The evaluation team analyzed the transcripts using the qualitative software program Atlas.ti and a grounded theory approach (Glaser and Strauss, 1967). Given the relatively small number of interviews, codes were generated by the primary coder and confirmed and grouped into themes by a second coder. Themes were confirmed and summarized by the first coder.

Process Evaluation Methods Summary

Table 2.1 summarizes the specific process measures we used to evaluate the implementation of Project imPACT. We provide a definition for each measure (i.e., how it is being operationalized); data source(s) used to assess each measure; and the timeline for data collection.

Outcome Evaluation

We also evaluated whether Project imPACT is achieving its intended outcomes, as summarized in the logic model, which are as follows:

- addressed cognitive and behavioral factors contributing to involvement in the criminal justice system (short-term outcome assessed from enrollment to exit)
- improved housing stability of Fellows (short-term outcome assessed from enrollment to exit)
- addressed barriers to employment, including behavioral and legal barriers (short-term outcome assessed from enrollment to exit)
- increased rates of employment, including full-time, part-time, and temporary or seasonal employment (short-term outcome assessed from enrollment to exit)
- increased retention of employment (intermediate outcome assessed at 3, 6, 9, and 12 months following attainment of employment)
- reduced recidivism (intermediate outcome assessed annually following program enrollment).

Two of these outcomes (those related to employment and recidivism) overlap with the overarching program goals established by the Mayor's Office.

TABLE 2.1
Process Evaluation Measures

Measure	Definition	Data Source(s)	Timeline
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	• Quarterly from July 2020 to September 2022
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	• Quarterly from July 2020 to September 2022
Fellows completing Project imPACT	• Number of Fellows completing services, by service provider • Number of Fellows exiting without completing services, by service provider • Number of Fellows completing Project imPACT • Number of Fellows exiting without completing Project imPACT	• Quantitative data from service providers	• Quarterly from July 2020 to September 2022
Services provided with fidelity to guiding principles of Project imPACT	• Services (1) leverage community partnerships and collaboration, (2) incorporate principles of trauma-informed care, (3) are culturally competent, and (4) focus on the Fellow	• Site visits • Provider narratives • Attendance at all partner meetings • Interviews with Fellows	• 2020, 2022 • Quarterly from July 2020 to September 2022 • Monthly from July 2020 to January 2023 • 2021, 2022, 2023
Fellows' satisfaction with service delivery	• Fellows perceive Project imPACT as meeting their needs and providing relevant services	• Interviews with Fellows	• 2021, 2022, 2023

Methods

We used an observational outcome evaluation design. Data for the outcome evaluation were largely reported by service providers as part of their quantitative reporting requirements, although we also obtained recidivism data from the Los Angeles County Superior Court. Table 2.2 summarizes the measures we used to evaluate the outcomes of Project imPACT, the definition of each measure (i.e., how it was operationalized), and considerations for measurement, including the assessment time frame. We describe each measure in more detail below, along with the timeline for data collection for each outcome.

Addressed cognitive and behavioral factors contributing to involvement in the criminal justice system. We measured this outcome in two ways. First, we recommended that Fel-

TABLE 2.2
Outcome Evaluation Measures

Measure	Definition	Measurement Considerations
Addressed cognitive and behavioral factors contributing to involvement in the criminal justice system	• Assessed with the Decision Making scale of the TCU Psychological Functioning Assessment, part of the Client Evaluation of Self and Treatment (Institute of Behavioral Research, 2007) • • Also assessed via qualitative data collection with providers and Fellows	• Measured at baseline, completion of the CBT core curriculum, and completion of program • • Measured periodically during evaluation
Improved housing stability of Fellows	• Fellow housing status on exit from Project imPACT compared with housing status on enrollment	• Submitted by providers quarterly from July 2020 to September 2022
Addressed barriers to employment	• Each type of provider (employment, behavioral health, legal) identified specific barriers to employment and reported on barriers addressed for each Fellow	• Submitted by providers quarterly from July 2020 to September 2022
Increased rates of employment	• Percentage of Fellows employed, by full-time, part-time, and temporary/seasonal employment	• Submitted by providers quarterly from July 2020 to September 2022
Increased retention of employment	• Percentage of Fellows retaining employment at 6, 9, and 12 months after placement, by full-time, part-time, and temporary or seasonal employment	• Submitted by providers quarterly from July 2020 to September 2022
Reduced recidivism	• Percentage of Fellows convicted of a new crime following enrollment in the program, based on data from the Los Angeles County Superior Court	• Collected January 17, 2023, reflecting reconvictions from the beginning of program through conviction date

lows 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: on enrollment in Project imPACT; on completion of the core CBT curriculum modules, because this component of program services is expected to have the most direct effect on decisionmaking; and again at program completion, enabling us to explore whether continued participation in Project imPACT services had any further effect on decisionmaking skills. However, during Cohort 1, we observed a potential ceiling effect on this measure (i.e., most Fellows were already scoring near the 75th percentile based on the normative data), and there was little change from time point to time point—although this might also have reflected the relatively small number of individuals who completed the measure at each time point, which was in part due to limited evaluation capacity on the part of providers. There-

fore, to supplement these data in our evaluation of Cohort 2, we also collected qualitative data on Fellows' perspectives on CBT and its impact.

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. Examples of these barriers include

- **Employment:** child care, appropriate clothing (for job interviews and work), credential or certificate attainment, driver's license, housing, lack of interview preparedness, lack of current resume, lack of computer skills, lack of motivation, lack of work tools, medical concerns, scheduling conflict, transportation, workplace behavior, and visible tattoos
- **Behavioral health:** anger management and emotion regulation, mental health, trauma, substance use, stress management, time management, stigma, motivation, family relations, self-esteem, interpersonal relations, communication skills, difficulty with transition or adjustment to life in the community, and safety or risky behavior concerns
- **Legal:** correct, remove, seal, and expunge criminal records; Proposition 47 reclassification; occupational licenses; family reunification; eviction prevention; fines and fees; driver's license reinstatement; Ban the Box Law violations or hiring-related legal issues; public assistance; and other reclassifications.

On a quarterly basis, providers submit data about which barriers are being addressed for each enrolled Fellow. Employment and legal service providers can indicate whether each potential barrier was (1) not a barrier for that Fellow; (2) a barrier, but not currently being addressed through services; (3) in progress; or (4) fully addressed with the Fellow. For behavioral health service providers, the fourth option is not available based on provider feedback that any behavioral health barriers are unlikely to be in areas that could be "fully addressed" during the program. Of note, providers determine whether a barrier is being addressed; therefore, data reported on addressed barriers reflect the professional judgment of providers and are not corroborated by the evaluation team.

We analyzed these data in two ways. First, we calculated the percentage of Fellows who worked on each barrier during their time in the program (i.e., for barriers reported to be in progress or fully addressed during at least one quarter). This effort allowed us to identify the five most common barriers addressed by providers for that quarter.

However, that measure does not take into account how many Fellows may have had an unmet need. Therefore, we also calculated an indicator of the percentage of Fellows whose needs were met. For employment and legal services, we calculated the number of Fellows who had a given barrier *addressed*, divided by the total number of Fellows who reported experiencing that barrier. For behavioral health services, we calculated the number of Fellows who had a barrier *in progress*, divided by the total number of Fellows who experienced that barrier. For example, for the barrier of child care, we started by summing the total number of Fellows who reported that they (1) had that barrier, but it was not being addressed; (2) had a barrier in progress; or (3) had the barrier fully addressed. This represented the total number of Fellows

experiencing the child care barrier. Then, we computed the percentage of those Fellows who had that need fully addressed.

Increased rates of employment. Project imPACT is designed first and foremost as an employment program. Fellows who enrolled in the program were generally unemployed or underemployed (i.e., working fewer hours than they wanted or needed) or need assistance finding a new job for some other reason. Providers reported successful achievement of employment by Fellows on a quarterly basis, including full-time, part-time, and temporary or seasonal employment.

Increased rates of housing stability. Fellows who receive housing services are expected to have increased rates of stable housing. The housing providers for Project imPACT take a person-centered approach to housing services, understanding that, for some people, a preferred stable housing setting might be with family or friends, whereas for others it may be subsidized or unsubsidized independent living. In addition, individuals who obtain employment during the program may be able to afford better housing options. Therefore, we examined changes in housing status from program entry to exit, with a focus on tracking movement in and out of stable housing settings.

Increased retention of employment. Project imPACT aims not only to help individuals obtain employment but also to help them retain employment. After initial employment placement, employment providers reported on whether Fellows are still employed 3, 6, 9, and 12 months later.

Reduced recidivism. Project imPACT addresses criminogenic needs, including criminogenic thinking, education, and employment. Therefore, it is expected that Project imPACT will ultimately result in reduced recidivism. We collected recidivism data from the Los Angeles County Superior Court using the court's public data kiosks. Using these kiosks, we were able to access records of Fellows' charges and the disposition of those charges. Our focus was on identifying convictions for a new arrest that occurred after enrollment in Project imPACT. We collected recidivism data on an annual basis; we pulled the final data for the Cohort 2 evaluation on January 17, 2023. We extracted the date of the incident or arrest and the nature of the charges for any conviction. Our decision to focus on convictions reflects the state's definition of recidivism (Office of the Attorney General, undated), as well as the fact that other measures of recidivism (e.g., rearrest) tend to be more subject to bias. We recorded any recidivism occurring through the date of the data extraction.

To conduct these searches, we used the Fellow's first name, last name, birth month, and birth year. We used birth month and year to maximize the likelihood that the individual identified in the Superior Court records was the Fellow, because there could be multiple matches based on name alone. However, there were still a small number of name, birth month, and birth year combinations that returned multiple matches ($n = 5$), and we were unable to determine which was the correct match because we did not have additional identifying data available for these individuals (e.g., middle name). In addition, we found no match in the system for about one-quarter of the Fellows ($n = 98$; 25.5 percent of the sample). This could mean that

prior criminal justice system involvement for these Fellows was based on charges outside Los Angeles County or perhaps that past records had been sealed.

Assessing Progress Toward Project imPACT Goals

As with Cohort 1, our process and outcome evaluation methods for Cohort 2 allowed us to measure progress toward each of the five Project imPACT goals described earlier. Table 2.3 summarizes each goal, how it is being operationalized for the purposes of the evaluation, and whether it is addressed by the process or outcome evaluation.

TABLE 2.3
Assessing Progress Toward Project imPACT Goals

Goal	Proposed Method of Measurement	Evaluation Component
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	Staff interviews during site visits; attendance at regular meetings of Project imPACT providers	Process evaluation
3. Adherence to the program's guiding principles	Staff interviews during site visits; descriptions of training provided to staff at provider organizations; attendance at regular meetings of Project imPACT providers; 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 with the goal set by employment providers (55%) and similar programs described in relevant literature	Outcome evaluation
5. Reduced recidivism	Assessment of new convictions following entry into Project imPACT	Outcome evaluation

SOURCE: Adapted from Brooks Holliday et al., 2021, Table 2.3.

CHAPTER 3

Program Description

In this chapter, we describe the Project imPACT model and services in more depth. Services are offered somewhat differently for Fellows receiving services in the original four program regions and for those participating in the TAY pilot program. Therefore, in this chapter, we provide separate program descriptions in the "Project imPACT Regional Services" section and the "Transition-Age Youth Pilot Program" section. Portions of the description pertaining to regional services are adapted from the Cohort 1 final report (Brooks Holliday et al., 2021), but they have been updated to reflect the operations of Cohort 2.

Program Referral and Eligibility

Project imPACT Regional Services

Project imPACT providers receive referrals from various local agencies and community-based organizations serving justice-involved individuals, such as probation and parole agencies, transitional housing programs, and behavioral health providers. In addition, employment agencies may receive walk-in Fellows who are eligible for Project imPACT services. Eligibility criteria for the program include

- **Recent criminal justice involvement.** This measure is defined as having been arrested or convicted of a crime in the past year or currently on community supervision (i.e., on probation or parole). Individuals released from incarceration in the past year are eligible for the program.
- **History of mental health issues or substance use disorders, or both.** Individuals 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 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).
- **Willingness to obtain employment.** Because this is an employment-focused program, the program seeks to enroll individuals who are willing to obtain employment.
- **Determined to have a medium to high risk of reoffending.** Risk level is determined with the Level of Service/Case Management Inventory (LS/CMI) (Andrews, Bonta, and

Wormith, 2004), a well-validated risk and needs assessment. The program also enrolls a small number of individuals who are low risk but have significant psychosocial needs that could be addressed by the program; however, approval has to be granted by the Mayor's Office for these cases.

After being referred to the program, potential Fellows complete an interest form that assesses the first three eligibility criteria. Those applicants who meet these criteria are then assessed with the LS/CMI. Applicants who meet all eligibility criteria are then offered the opportunity to enroll, although participation is voluntary. On enrollment, Fellows participate in more- comprehensive intake assessments with each of the providers to identify their needs. For Cohort 2, the Mayor's Office established a goal of serving about 200 Fellows.

Transition-Age Youth Pilot Program

Evidence has demonstrated that younger individuals are at increased risk for recidivism (e.g., Caudy, Durso, and Taxman, 2013; Piquero et al., 2016). Youth who are aging out of the juvenile justice system encounter a variety of barriers to reentry into the community, which can include some considerations unique to their age group, such as a higher prevalence of issues related to peers or acquaintances (Spruit et al., 2017) and especially limited educational and employment prospects (Farrington, Loeber, and Howell, 2012). Moreover, rates of behavioral health concerns can be high in this population (Ajmani and Webster, 2016; Development Services Group, 2017). It is for these reasons that the Mayor's Office established a pilot program focused on youth aging out of the juvenile justice system for Cohort 2.

As described above, the TAY pilot program was originally designed to recruit youth from the Ventura Youth Correctional Facility. In practice, ARC is also considering youth who are released from local juvenile halls, juvenile camps, and other California Youth Division of Justice facilities, as long as they are within the target age range (i.e., 18 to 26 years old) and in the Los Angeles area. These individuals are often identified while they are still incarcerated, because ARC offers correctional in-reach programming, and then engaged in Project imPACT once they are released. Consistent with broader Project imPACT eligibility criteria, youth have been convicted of a criminal offense and have a history of mental health or substance use concerns. Potential participants are also assessed with the LS/CMI prior to enrollment. The Mayor's Office established a goal of serving about 40 to 50 individuals through the TAY pilot program.

Project imPACT Regional Services

In this section, we provide a broad overview of the services provided by Project imPACT.[1] We begin by describing the provision of services in the four original program sites (South Los Angeles, Downtown Los Angeles, Watts, and the San Fernando Valley). Note that portions of this section have been previously published in the Cohort 1 final report (Brooks Holliday et al., 2021). Details on all three services provided through the TAY pilot program are provided after this discussion of regional services.

Employment Services

Similar to Cohort 1, Cohort 2 employment providers serve as the lead agency for Project imPACT services in each region, with each region led by a separate employment agency. This means that employment providers generally spearhead recruitment for the program and manage the referral pipeline. For in-person services, the offices of the employment agencies also serve as the hub for Project imPACT services, with other program staff (behavioral health, legal) co-located on site several days a week. Employment services include career readiness assessments, career readiness workshops, job coaching, job development, vocational training, placement and retention services, and transitional jobs.

As reported in the Cohort 1 final report, each of the employment agencies uses a somewhat distinct model to provide services. In Downtown Los Angeles, the employment agency is the Center for Employment Opportunities (CEO). Transitional jobs, which are subsidized employment opportunities, are a key element of the CEO program model and were unique to the Downtown Los Angeles region of Project imPACT. Fellows could be employed in transitional jobs for up to 75 days and be paid for their work. Transitional jobs included positions at the California Department of Transportation, with City of Los Angeles park cleanup crews, and on post-fire restoration crews. While placed on transitional work crews, Fellows worked three to four days per week and also started working with a job coach to assist with their interview, resume, and behavioral skills; once they were deemed "job-ready," based on an internal assessment, a job developer assisted them with identifying employment opportunities.

In the San Fernando Valley and Watts, the lead agency is a WorkSource Center. WorkSource centers are funded by the Los Angeles Economic and Workforce Development Department and operated by community-based organizations. They offer services to certain target populations (e.g., dislocated workers, veterans, individuals experiencing homelessness, and individuals re-entering the community from incarceration) (Economic and Workforce Development Department, undated). Although WorkSource Centers have certain commonalities in their services, such as offering job training and resume building, providing skills workshops, making referrals to employment, and providing career placement assistance, there may also be some distinctions in services based on the agency that operates the center.

[1] For more details on these services, see Brooks Holliday et al., 2021.

For example, the employment agency in Watts emphasizes vocational training, because the WorkSource Center has relationships with several vocational training sites (e.g., plumbing, electrical, welding, truck driving). In South Los Angeles, the employment agency is a nonprofit that operates in partnership with a WorkSource Center; many of these Fellows enter directly into employment positions.

Behavioral Health Services

Behavioral health services for Project imPACT are provided by staff members from two community-based organizations. One organization provides staff for the Downtown Los Angeles and San Fernando Valley regions, and the other provides staff for the South Los Angeles and Watts regions. Each region began with a single, full-time staff member who served as the regional therapist; however, the Downtown Los Angeles and San Fernando Valley regions shifted to a model in which they share two therapists who see Fellows in both regions. Behavioral health services include crisis services, individual counseling, group counseling, engagement with key influencers (e.g., family members or close friends), and maintenance services. Behavioral health services focus on a wide variety of concerns, including anxiety and depression, trauma, substance use, and family relationships.

Because Cohort 2 began during the early stages of the coronavirus disease 2019 (COVID-19) pandemic, virtual services (i.e., those offered by telephone or videoconference) were common, and behavioral health providers continue to offer these virtual services even after they could serve Fellows in person, because they found that the virtual option often increased engagement in services. The therapist in at least one region also described efforts to meet Fellows in places that are more convenient for them; for example, they had several Fellows attending school at UEI College, which is a secondary vocational trade school, and arranged with college counselors to use a room on campus to see Project imPACT Fellows. Providers draw on evidence-based practices, including CBT, motivational interviewing, and trauma-focused treatments, and often described the work as strengths-based.

Legal Services

Fellows have access to civil legal services through Project imPACT. Legal services are provided by attorneys and legal staff from two legal aid organizations. One organization provides legal services in the South Los Angeles, Watts, and Downtown regions, and the other organization served the San Fernando Valley. Similar to the model for behavioral health services, the model for legal services provides a dedicated attorney for each region. The San Fernando Valley has also had a dedicated paralegal, who has worked with Fellows since Cohort 1, and the other regions received paralegal support partway through Cohort 2. Legal services consist of counsel/advice, self-help, limited representation, and full representation. Attorneys assisted Fellows with a variety of concerns, including correcting, removing, sealing, or expunging criminal records; driver's license reinstatement; and Ban the Box– or Fair Chance Hiring Act–related issues, such as helping Fellows respond to denials to employment.

Peer Navigation

Each Project imPACT region has a dedicated *peer navigator*—an individual with lived criminal justice experience—who supports Fellows during their participation in Project imPACT. The role of peer navigators includes helping Fellows obtain other needed supports (e.g., getting an ID, scheduling appointments), as well as providing motivation and social support. Peer navigators are generally employed by the employment provider in each region, and they serve as liaisons between Fellows and the multidisciplinary program team. Often, they have regular check-ins with Fellows, typically on a weekly or biweekly basis. Peer navigators also typically lead or co-lead the group CBT sessions in each of the regions.

Cognitive Behavioral Therapy

As part of Project imPACT, Fellows are supposed to complete a group CBT curriculum, which is separate from the other core services. The providers selected 13 modules from the University of Cincinnati Cognitive-Behavioral Interventions—Core Curriculum (CBI-CC), which was designed to address criminogenic needs through a CBT approach (see the text box below). CBT is typically provided as a one- to two-week group course at the beginning of Fellows' enrollment in the program, although regions vary in the ways that they offer CBT (e.g., the specific length of sessions or number of days). The CBT course is generally offered by some combination of program staff members, including behavioral health providers, peer navigators, and employment providers, depending on the preferences of a given region. Because of the COVID-19 pandemic, three of the four original regions were offering CBT virtually at the beginning of Cohort 2, relying on technology such as Google Hangout or Zoom, although at least one region was offering in-person CBT in a large area that allowed

Project imPACT 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

participants to be physically distanced from each other. Later in Cohort 2, some regions were offering a mix of in-person and virtual services. Although services are typically provided in a group format, providers have been flexible with providing one-on-one sessions to Fellows if needed.

Housing Services

Housing services are overseen by staff from one of the behavioral health organizations providing services through Project imPACT. Services include housing navigation services (i.e., assistance finding housing or addressing housing-related issues) and a subsidized, shared transitional living home open to Project imPACT Fellows, located between South Los Angeles and Watts. To be eligible for housing services, Project imPACT Fellows have to be employed. The transitional housing component is designed so that Fellows are responsible for covering an increasing proportion of the monthly rent, allowing them to move from dependence on Project imPACT to independently paying for rent. Fellows who live in the house can choose to live in a single or shared room; however, those who select a single room are responsible for paying a higher rent.

If Fellows lose their employment while living at the house, they have access to some resources to cover their rent payment while they seek new employment. The housing was designed to be available for up to 12 months to a given Fellow, although there is some flexibility depending on the needs of the Fellow and current demand for housing. The goal is for the shared housing to serve as a stepping stone to a more permanent housing setting for Fellows.

Transition-Age Youth Pilot Program Services

ARC's TAY programming is targeted to individuals aged 18 to 26 who are transitioning out of California Division of Juvenile Justice (DJJ) facilities. ARC has an in-reach component to their services, sending staff members into DJJ facilities to provide information about ARC's services. Once youth are released, they can enroll in Project imPACT while also accessing other ARC resources. ARC provides most Project imPACT services in house, including employment, behavioral health, housing, and CBT services. One unique aspect of ARC's employment services is the availability of internships via its relationships with media organizations and construction companies; ARC is also preparing to begin a coding program for individuals interested in computer programming. Project imPACT Fellows are guided by a TAY life coach, a role that is somewhat akin to the peer navigator position in other regions. ARC also has a dedicated therapist, who provides behavioral health services. Legal services are not provided directly by ARC, but ARC has a partnership with an external organization to provide such services. ARC joined Project imPACT after providers received training on the CBI-CC CBT curriculum, but it was already administering Thinking for a Change (National Institute of Corrections, undated)—another evidence-based cognitive behavioral curriculum—and received approval to continue using that curriculum with its Fellows.

Most ARC Fellows live in a shared house, operated by ARC, while participating in the program. Services are often offered on site at the shared housing site. Although not all Project imPACT Fellows enrolled by ARC live in this house, providers noted that the house creates a centralized point of contact for the TAY life coach and therapist to meet regularly with their Fellows.

Summary

This chapter provided a detailed description of the Project imPACT model, including the core service model and regional variations in service delivery. In the next chapter, we present findings regarding the implementation of services based on program data submitted by providers.

CHAPTER 4

Project imPACT Service Utilization

In this chapter, we describe the number of Fellows served by Project imPACT in Cohort 2, as well as the patterns of service utilization (e.g., dosage of services received) and rates of program completion. We also explore differences in service use among Fellows who have successfully completed the program compared with Fellows who did not. Unless otherwise noted, the results presented in the tables in this chapter are based on our analysis of data submitted by regional providers (see Table 2.2 in Chapter 2 for more details).

Service Utilization

Characteristics of Enrolled Fellows

Between June 2020 and September 2022, 384 individuals enrolled in Project imPACT (see Table 4.1). The Mayor's Office originally set a goal of enrolling at least 200 Fellows, and providers surpassed that target. Providers were unsure whether the COVID-19 pandemic would affect recruitment for this program, but this rate of enrollment was similar to that for Cohort 1, in which 432 individuals enrolled (surpassing an initial target of 196 Fellows) (Brooks Holliday et al., 2021). However, the high rate of enrollment may be indicative of the effective recruitment pipelines that providers have developed, as well as the need for these services in Los Angeles. ARC enrolled fewer Fellows, but this was partly by design: The TAY pilot program is a new addition to Project imPACT for Cohort 2 and serves a specific subpopulation. ARC also had a lapse in staffing in the middle of Cohort 2, which likely also affected its enrollment numbers.

Table 4.1 presents the demographic characteristics of enrolled Fellows. There were significant regional differences with respect to age, gender, and race/ethnicity of Fellows. On average, Fellows were in their late 30s, although the population served by ARC tended to be younger because of the pilot program's TAY focus. About 81 percent of enrolled Fellows were men, although there were some significant differences by region; for example, South Los Angeles and ARC served particularly large proportions of men compared with women. South Los Angeles and Watts served largely Black or African American Fellows; Downtown Los Angeles and ARC served a mix of Black or African American Fellows and Fellows of Hispanic, Latino, or Spanish origin; and San Fernando Valley served mostly Fellows of Hispanic,

TABLE 4.1

Demographic Characteristics of Cohort 2 Fellows

Fellow Characteristic	ARC (*n* = 31)	Downtown LA (*n* = 65)	San Fernando Valley (*n* = 74)	South LA (*n* = 94)	Watts (*n* = 120)	Total (*n* = 384)
Age (M, SD)*	21.6 (2.0)	38.7 (10.9)	37.0 (8.8)	42.3 (11.8)	38.4 (11.9)	37.9 (11.8)
Gender[a]*						
Male	90.3% (28)	73.8% (48)	70.3% (52)	93.6% (88)	78.3% (94)	80.7% (310)
Female	9.7% (3)	26.2% (17)	29.7% (22)	6.4% (6)	21.7% (26)	19.3% (74)
Race/ethnicity						
Black or African American	32.3% (10)	47.7 (31)	9.5 (7)	61.7 (58)	74.2 (89)	50.8 (195)
Hispanic, Latino, or Spanish origin	41.9% (13)	38.5% (25)	77.0% (57)	17.0% (16)	20.0% (24)	35.2% (135)
White	6.5% (2)	9.2% (6)	8.1% (6)	13.8% (13)	0.0% (0)	7.0% (27)
Another racial or ethnic group (includes Native Hawaiian, Asian, and American Indian or Alaska Native)	3.2% (1)	1.5% (1)	2.7% (2)	7.4% (7)	5.0% (6)	4.4% (17)
Multi-racial or -ethnic origin	9.7% (3)	3.1% (2)	1.4% (1)	0.0% (0)	0.8% (1)	1.8% (7)
Declined to state	6.5% (2)	0.0% (0)	1.4% (1)	0.0% (0)	0.0% (0)	0.8% (3)
Level of education						
Less than high school	3.2% (1)	32.3% (21)	23.0% (17)	25.5% (24)	24.2% (29)	24.0% (92)
High school diploma or GED	67.7% (21)	41.5% (27)	62.2% (46)	66.0% (62)	67.5% (81)	61.7% (237)
Some college or higher	29.0% (9)	26.2% (17)	14.9% (11)	6.4% (6)	7.5% (9)	13.5% (52)
Other	0.0% (0)	0.0% (0)	0.0% (0)	2.1% (2)	0.8% (1)	0.8% (3)
Employment status						
Employed full time	16.1% (5)	3.1% (2)	8.1% (6)	0.0% (0)	11.7% (14)	7.0% (27)
Employed part time	22.6% (7)	7.7% (5)	5.4% (4)	0.0% (0)	7.5% (9)	6.5% (25)
Unemployed	61.3% (19)	89.2% (58)	86.5% (64)	97.9% (92)	80.0% (96)	85.7% (329)
Other	0.0% (0)	0.0% (0)	0.0% (0)	2.1% (0)	0.8% (0)	0.8% (0)
Housing status						
Independent living	3.2% (1)	9.2% (6)	6.8% (5)	1.1% (1)	10.0% (12)	6.5% (25)
Transitional housing setting	67.7% (21)	38.5% (25)	18.9% (14)	35.1% (33)	20.8% (25)	30.7% (118)

Table 4.1—Continued

Fellow Characteristic	ARC (*n* = 31)	Downtown LA (*n* = 65)	San Fernando Valley (*n* = 74)	South LA (*n* = 94)	Watts (*n* = 120)	Total (*n* = 384)
Sober living home	0.0% (0)	3.1% (2)	4.1% (3)	20.2% (19)	0.0% (0)	6.3% (24)
Family or friend's house	29.0% (9)	27.7% (18)	67.6% (50)	34.0% (32)	52.5% (63)	44.8% (172)
Homeless—sheltered[a]	0.0% (0)	9.2% (6)	1.4% (1)	6.4% (6)	10.0% (12)	6.5% (25)
Homeless—unsheltered[b]	0.0% (0)	3.1% (2)	1.4% (1)	2.1% (2)	1.7% (2)	1.8% (7)
Other	0.0% (0)	9.2% (6)	0.0% (0)	1.1% (1)	5.0% (6)	3.4% (13)

NOTE: This table presents demographic data for Fellows enrolled in Project imPACT from June 2020 to September 2022. Race/ethnicity categories were specified by BSCC. Unless otherwise noted, counts (*n*) are shown as parenthetical values.
* $p < 0.05$. LA = Los Angeles; M = mean; SD = standard deviation.

[a] This category includes couch surfing or living at a hotel or motel.

[b] This category includes living on the street or another place not meant for habitation.

Latino, or Spanish origin. The demographic composition of Fellows reflects the broader demographic characteristics of the specific areas of Los Angeles in which they live.

More than half of Fellows had their high school diploma or GED (62 percent), and about 13 percent of Fellows had attended at least some college. Most Fellows (86 percent) were unemployed at the time of enrollment, which is not surprising given the focus on employment services provided by Project imPACT. Individuals who were already employed may have enrolled in the program because they were underemployed (i.e., working fewer hours than they preferred, employed in a job that did not make full use of their skills or training), or seeking a job for other reasons (e.g., hoping to find a better paying job or a job with more possibility of upward movement). Relatively few Fellows were living independently (7 percent): Instead, Fellows most commonly were staying with family members or friends (45 percent) or living in transitional housing settings (31 percent). Almost 8 percent of Fellows were experiencing homelessness.

Table 4.2 presents the criminal justice background of enrolled Fellows. Most Fellows had prior arrests or convictions, or both, and about 91 percent of Fellows were on probation, parole, or post-release community supervision (PRCS) when they enrolled in the program. Because of the program eligibility requirements, we expected that all enrolled Fellows would at least have one previously documented arrest, although the criminal history data suggest this is not the case; however, it may be that regions collected these data inconsistently or that some regions, such as ARC, did not include youth arrests or convictions. Fellows were assessed for their risk of recidivism with the LS/CMI prior to enrollment. Most enrolled Fellows were rated high risk or very high risk (67.5 percent combined). Fellows enrolled by ARC were more likely to be rated medium risk, but this is likely the result of ARC serving TAY, who may have a less-extensive history of criminal justice involvement.

TABLE 4.2
Criminal Justice Background and Recidivism Risk Level of Enrolled Fellows

Fellow Background	ARC (*n* = 31)	Downtown LA (*n* = 65)	San Fernando Valley (*n* = 74)	South LA (*n* = 94)	Watts (*n* = 120)	Total (*n* = 384)
Criminal justice involvement						
Prior arrests	67.7% (21)	89.2% (58)	100.0% (74)	73.4% (69)	90.0% (108)	85.9% (330)
Prior convictions	51.6% (16)	96.9% (63)	70.3% (52)	75.5% (71)	89.2% (107)	80.5% (309)
Current probation, parole, or PRCS	93.5% (29)	93.8% (61)	82.4% (61)	92.6% (87)	92.5% (111)	90.9% (349)
Recidivism risk level (LS/CMI)[a]						
Medium	66.7% (10)	45.9% (28)	44.6% (33)	23.4% (22)	19.5% (22)	32.2% (115)
High	26.7% (4)	54.1% (33)	50.0% (37)	61.7% (58)	62.8% (71)	56.9% (203)
Very high	0.0% (0)	0.0% (0)	5.4% (0)	14.9% (14)	17.7% (20)	10.6% (38)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

[a] Data were missing for 28 Fellows.

Services Received

Among the 384 Fellows who enrolled in Project imPACT before September 30, 2022, about 86 percent of Fellows received employment services, and about three-quarters of Fellows received behavioral health and legal services (see Table 4.3). Housing services were less common (15 percent of Fellows), but this utilization might also reflect the more-limited eligibility criteria for these services, which made them available only to Fellows who had obtained employment.[1] There were some variations across regions. Most notably, ARC Fellows did not receive legal services through Project imPACT but rather through referrals to an external agency that partners with ARC. Fellows in South Los Angeles were least likely to have

TABLE 4.3
Percentage of Enrolled Fellows Receiving Services, Overall and by Region

Service Category	ARC (*n* = 31)	Downtown LA (*n* = 65)	San Fernando Valley (*n* = 74)	South LA (*n* = 94)	Watts (*n* = 120)	Total (*n* = 384)
Employment	51.6% (16)	96.9% (63)	91.9% (68)	83.0% (78)	86.7% (104)	85.7% (329)
Behavioral health	58.1% (18)	95.4% (62)	79.7% (59)	46.8% (44)	92.5% (111)	76.6% (294)
Legal	0.0% (0)	86.2% (56)	91.9% (68)	81.9% (77)	75.8% (91)	76.0% (292)
Housing	16.1% (5)	52.3% (34)	4.1% (3)	6.4% (6)	9.2% (11)	15.4% (59)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

[1] ARC's housing for TAY was not counted as a Project imPACT housing service because this service was available through ARC's broader programming.

received behavioral health services; however, this region did not have a dedicated therapist for most of 2022, which likely explains this gap in services.

Employment Services

There are seven categories of employment services offered by Project imPACT employment providers: career readiness assessments, career readiness workshops, job coaching, job development, vocational training, placement and retention services, and transitional jobs.

Of the 329 Fellows who participated in employment services, the most common types of services were job coaching (62 percent of Fellows) and career readiness assessments (56 percent; see Table 4.4). Utilization varied across the regions, reflecting differences in their program models. For example, in Watts, most Fellows received career readiness assessments and 21 percent attended vocational training. By contrast, in South Los Angeles, Fellows relied more heavily on career readiness workshops and job coaching, while in Downtown Los Angeles, Fellows focused on job coaching and transitional jobs.

As of September 30, 2022, 57 percent of Fellows who received employment services had exited from the services (see Table 4.5). Fellows in Downtown Los Angeles appeared to have a lower rate of exits from employment services among the four original regions, although it is unclear why their exit rates were lower as of this writing. We computed the mean number of sessions of each type of service among those Fellows who had exited. Career readiness assessments and workshops were less-intensive services, lasting about one to two sessions

TABLE 4.4

Percentage of Enrolled Fellows Receiving Employment Services, Overall and by Region

Employment Service	ARC (*n* = 16)	Downtown LA (*n* = 63)	San Fernando Valley (*n* = 68)	South LA (*n* = 78)	Watts (*n* = 104)	Total (*n* = 329)
Career readiness assessments	93.8% (15)	60.3% (38)	38.2% (26)	2.6% (2)	99.0% (103)	55.9% (184)
Career readiness workshops	93.8% (15)	36.5% (23)	23.5% (16)	76.9% (60)	1.9% (2)	35.3% (116)
Job coaching	100.0% (16)	82.5% (52)	92.6% (63)	74.4% (58)	13.5% (14)	61.7% (203)
Job development	87.5% (14)	74.6% (47)	76.5% (52)	5.1% (4)	5.8% (6)	37.4% (123)
Vocational training	31.3% (5)	7.9% (5)	10.3% (7)	1.3% (1)	21.2% (22)	12.2% (40)
Placement and retention	100.0% (16)	54.0% (34)	1.5% (1)	0.0% (0)	0.0% (0)	15.5% (51)
Transitional jobs	68.8% (11)	84.1% (53)	1.5% (1)	0.0% (0)	0.0% (0)	19.8% (65)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

TABLE 4.5

Total Percentage of Fellows Exiting Employment Services, Overall and by Region

Employment Service	ARC (*n* = 16)	Downtown LA (*n* = 63)	San Fernando Valley (*n* = 68)	South LA (*n* = 78)	Watts (*n* = 104)	Total (*n* = 329)
% of Fellows who exited employment services (*n*)	6.3% (1)	9.5% (6)	75.0% (51)	61.5% (48)	78.8% (82)	57.1% (188)

NOTE: LA = Los Angeles.

(see Table 4.6). Job coaching, job development, and placement and retention services typically lasted three to four sessions. The most intensive service option was transitional jobs: Fellows participated, on average, in about 13 sessions. Only one ARC Fellow had exited employment services at the time of this report; therefore, we excluded their data from Table 4.6 to protect their confidentiality.

Behavioral Health Services

In total, 294 Fellows received behavioral health services while enrolled in Project imPACT. Behavioral health services consist of individual therapy session (regular and crisis counseling), group counseling, engagement with key influencers (e.g., family members or close friends), and maintenance sessions. Individual regular sessions are one-on-one sessions with a counselor. Individual crisis sessions are immediate, short-term services in response to an event that causes a Fellow critical emotional, mental, physical, and behavioral distress or problems. Group sessions are group treatment sessions (i.e., sessions with two or more Fellows) with a counselor. Key influencer sessions are sessions with an important person in the Fellow's life, who has a positive influence on them, such as a family member, spouse or significant other, or friend and can be conducted with or without the Fellow present. Maintenance sessions are one-on-one sessions conducted on an as-needed basis. Sometimes, providers offered maintenance sessions after a Fellow completed their key behavioral health goals (e.g., as "booster" sessions or a method of tapering down the frequency of therapy), and other providers used such sessions to begin to engage Fellows who are hesitant to fully enroll in behavioral health services. Of note, regions are not required to offer all types of services; the specific nature of services provided is at the discretion of the therapist in each region.

Individual therapy sessions were the most common service: 96 percent of Fellows participated in at least one of these sessions, followed by maintenance sessions (used by 24.8 percent of Fellows) (see Table 4.7). About 20 percent of Fellows had an individual crisis-focused session while enrolled. Utilization differences also occurred across regions; for example, Fellows in Watts were more likely to receive group therapy sessions and to have key influencers (e.g., a family member or close friend) engage in therapy with them, reflecting the services offered specifically by the therapist in that region.

TABLE 4.6

Percentage of Exited Fellows Who Received Employment Services and Mean Number of Sessions, Overall and by Region

	Downtown LA (*n* = 6)		San Fernando Valley (*n* = 51)		South LA (*n* = 48)		Watts (*n* = 82)		Total (*n* = 188)	
Employment Service	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)
Career readiness assessments	50.0% (3)	2.00 (1.00)	41.2% (21)	1.19 (0.40)	2.1% (1)	1.00 (NA)	98.8% (81)	1.05 (0.22)	56.9% (107)	1.10 (0.33)
Career readiness workshops	33.3% (2)	2.00 (1.41)	31.4% (16)	1.00 (0.00)	81.3% (39)	2.03 (1.14)	2.4% (2)	1.00 (0.00)	31.9% (60)	1.70 (1.05)
Job coaching	83.3% (5)	8.60 (7.02)	90.2% (46)	3.09 (2.43)	81.3% (39)	6.74 (6.28)	9.8% (8)	1.00 (0.00)	52.7% (99)	4.69 (4.99)
Job development	66.7% (4)	8.33 (9.24)	74.5% (38)	3.42 (3.05)	8.3% (4)	7.75 (4.50)	4.9% (4)	1.25 (0.50)	26.6% (50)	3.90 (3.90)
Vocational training	0.0% (0)	NA	13.7% (7)	1.00 (0.00)	2.1% (1)	1.00 (N/A)	24.4% (20)	1.30 (0.47)	14.9% (28)	1.21 (0.42)
Placement and retention	33.3% (2)	4.50 (2.12)	2.0% (1)	NR	0.0% (0)	NA	0.0% (0)	NA	2.1% (4)	3.75 (2.22)
Transitional jobs	83.3% (5)	15.00 (15.25)	2.0% (1)	NR	0.0% (0)	NA	0.0% (0)	NA	3.2% (6)	12.67 (14.79)

NOTE: Unless otherwise noted, counts (*n*) are shown as parenthetical values. When a single person received a service, we did not include their mean number of sessions to preserve confidentiality. LA = Los Angeles; M = mean; NA = Not applicable; NR = not reported; SD = standard deviation.

TABLE 4.7

Percentage of Enrolled Fellows Receiving Behavioral Health Services, Overall and by Region

Behavioral Health Service	ARC (*n* = 18)	Downtown LA (*n* = 62)	San Fernando Valley (*n* = 59)	South LA (*n* = 44)	Watts (*n* = 111)	Total (*n* = 294)
Individual, crisis session	11.1% (2)	32.3% (20)	23.7% (14)	9.1% (4)	18.0% (20)	20.4% (60)
Individual, regular session	94.4% (17)	85.5% (53)	100.0% (59)	97.7% (43)	100.0% (111)	96.3% (283)
Group session	16.7% (3)	3.2% (2)	13.6% (8)	0.0% (0)	20.7% (23)	12.2% (36)
Key influencer session	11.1% (2)	3.2% (3)	0.0% (0)	0.0% (0)	12.6% (14)	6.1% (18)
Maintenance session	50.0% (9)	79.0% 4(9)	22.0% (13)	2.3% (1)	0.9% (1)	24.8% (73)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

As of September 30, 2022, 51 percent of Fellows who received behavioral health services had completed those services (see Table 4.8). As with employment services, Fellows in Downtown Los Angeles had the lowest rate of exits from behavioral health services among the four original regions. Although it is unclear why this may be the case, it could be that Downtown Los Angeles is allowing Fellows to remain in the program through the end of Cohort 2, or perhaps had a slower rate of enrollment earlier in the program, meaning that Fellows are still in the middle of their year of services. No ARC Fellows had exited behavioral health services at the time of this report, but this is likely due to the fact that, because of staff turnover in the ARC region, most Fellows enrolled in early 2022 and were still within their first year of services as of this writing.

Table 4.9 presents the mean number of sessions across service types for exited Fellows. Because no ARC Fellows had exited from behavioral health services, their data were not included in this analysis. On average, Fellows who received individual therapy participated in 11 sessions, although this ranged from an average of four sessions in Downtown Los Angeles to 21 sessions in the San Fernando Valley. We also computed the average number of individ-

TABLE 4.8

Total Percentage of Fellows Exiting Behavioral Health Services, Overall and by Region

Employment Service	ARC (*n* = 18)	Downtown LA (*n* = 62)	San Fernando Valley (*n* = 59)	South LA (*n* = 44)	Watts (*n* = 111)	Total (*n* = 294)
% of Fellows who exited behavioral health services (*n*)	0.0% (0)	11.3% (7)	76.3% (45)	27.3% (12)	76.6% (85)	50.7% (149)

NOTE: LA = Los Angeles.

TABLE 4.9

Percentage of Exited Fellows Who Received Behavioral Health Services and Mean Number of Sessions, Overall and by Region

	Downtown LA (*n* = 7)		San Fernando Valley (*n* = 45)		South LA (*n* = 12)		Watts (*n* = 85)		Total (*n* = 149)	
Behavioral Health Service	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)
Individual, crisis session	14.3% (1)	NR	28.9% (13)	1.38 (0.77)	8.3% (1)	NR	20.0% (17)	1.47 (0.62)	21.5% (32)	1.53 (0.76)
Individual, regular session	57.1% (4)	4.25 (3.20)	100.0% (45)	20.56 (14.56)	100.0% (12)	8.50 (3.32)	100.0% (85)	6.06 (4.41)	98.0% (146)	10.68 (10.90)
Group session	0.0% (0)	NA	17.8% (8)	8.13 (2.42)	0.0% (0)	NA	25.9% (22)	2.45 (2.22)	20.1% (30)	3.97 (3.39)
Key influencer session	14.3% (1)	2.00	0.0% (0)	NA	0.0% (0)	NA	16.5% (14)	1.14 (0.36)	10.1% (15)	1.20 (0.41)
Maintenance session	85.7% (6)	3.00 (1.41)	28.9% (13)	1.38 (0.87)	0.0% (0)	NA	1.2% (1)	NR	13.4% (20)	1.90 (1.25)

NOTE: When a single person received a service, we did not include their mean number of sessions to preserve confidentiality. Unless otherwise noted, counts (*n*) are shown as parenthetical values. LA = Los Angeles; M = mean; NA = Not applicable; NR = not reported; SD = standard deviation.

ual therapy sessions per month to get a sense of the frequency of these sessions and found that Fellows attended an average of 1.31 sessions per month (SD = 1.00). We did not compute the monthly average for the other behavioral health services because of their relatively infrequent utilization. We excluded ARC from Table 4.9 because no ARC Fellows had exited behavioral health services at the time of this writing.

Legal Services

Project imPACT Fellows may receive four types of legal services: counsel/advice, self-help, *limited* representation (i.e., representation from an attorney that helps Fellows limit the scope of the attorney's involvement in a lawsuit or other legal action), and *full* representation (i.e., an attorney represents all of the Fellow's interests in court). Among the 292 Fellows who received legal services, the most common service was counsel/advice (91 percent), followed by limited representation (40 percent; see Table 4.10). Some variation in utilization occurred by region. For example, Fellows in Downtown Los Angeles were somewhat more likely to receive full representation, and Fellows in Downtown Los Angeles and Watts were somewhat more likely to receive limited representation. As previously noted, ARC Fellows did not receive legal services directly through Project imPACT providers but rather through referrals; therefore, utilization of those services is not reported.

In total, 65 percent of Fellows receiving legal services had exited those services as of September 30, 2022 (see Table 4.11). Table 4.12 reports the number of *exited* Fellows who received legal services, and the mean number of sessions they completed. Limited and full representation were somewhat more-intensive services: Fellows who participated in these types of services received, on average, 11 hours of each.

TABLE 4.10

Percentage of Enrolled Fellows Receiving Legal Services, Overall and by Region

Legal Service	Downtown LA (*n* = 56)	San Fernando Valley (*n* = 68)	South LA (*n* = 77)	Watts (*n* = 91)	Total (*n* = 292)
Counsel/advice	100.0% (56)	77.9% (53)	94.8% (73)	91.2% (83)	90.8% (265)
Self-help	0.0% (0)	2.9% (2)	2.6% (2)	2.2% (2)	2.1% (6)
Limited representation	50.0% (28)	29.4% (20)	26.0% (20)	54.9% (50)	40.4% (118)
Full representation	35.7% (20)	22.1% (15)	10.4% (8)	19.8% (18)	20.9% (61)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

TABLE 4.11

Percentage of Fellows Exiting Legal Services, Overall and by Region

Legal Service	Downtown LA (*n* = 56)	San Fernando Valley (*n* = 68)	South LA (*n* = 77)	Watts (*n* = 91)	Total (*n* = 292)
% of Fellows who exited legal services (*n*)	67.9% (38)	55.9% (38)	53.2% (41)	80.2% (73)	65.1% (190)

NOTE: LA = Los Angeles.

TABLE 4.12

Percentage of Exited Fellows Who Received Legal Services and Mean Number of Hours, Overall and by Region

	Downtown LA (*n* = 38)		San Fernando Valley (*n* = 38)		South LA (*n* = 41)		Watts (*n* = 73)		Total (*n* = 190)	
Legal Service	% of Fellows Receiving Services	# of Hours M (SD)	% of Fellows Receiving Services	# of Hours M (SD)	% of Fellows Receiving Services	# of Hours M (SD)	% of Fellows Receiving Services	# of Hours M (SD)	% of Fellows Receiving Services	# of Hours M (SD)
Counsel/advice	100.0% (38)	9.21 (4.04)	76.3% (29)	6.62 (3.99)	97.6% (40)	7.68 (12.63)	97.3% (71)	5.70 (3.27)	93.7% (178)	7.04 (6.87)
Self-help	0.0% (0)	NA	5.3% (2)	1.00 (0.00)	2.4% (1)	NR	2.7% (2)	1.50 (0.71)	2.6% (5)	2.20 (2.17)
Limited representation	50.0% (9)	8.58 (5.71)	31.6% (12)	14.25 (11.03)	31.7% (13)	23.92 (22.93)	53.4% (39)	7.41 (4.70)	43.7% (83)	11.25 (12.09)
Full representation	31.6% (12)	12.17 (7.76)	26.3% (10)	11.90 (7.40)	9.8% (4)	13.75 (15.41)	12.3% (9)	7.11 (6.21)	18.4% (35)	10.97 (8.34)

NOTE: When a single person received a service, we did not include their mean number of sessions to preserve confidentiality. Unless otherwise noted, counts (*n*) are shown as parenthetical values. LA = Los Angeles; M = mean; NA = Not applicable; NR = not reported; SD = standard deviation.

Cognitive Behavioral Therapy

Overall, 78 percent of Fellows participated in CBT (i.e., completed at least one session of CBT; see Table 4.13). Fellows in South Los Angeles had a somewhat lower rate of CBT participation than Fellows in the other regions, although it is unclear whether this reflects a specific challenge in enrolling Fellows in CBT, challenges with the reporting of CBT participation in the new case management system, or the absence of a behavioral health provider in that region for a large portion of 2022. The number of hours of CBT that Fellows completed across regions varied, but, on average, they participated in 12 hours of CBT groups.

Housing Services

Fellows who obtained employment during the program were eligible to receive housing services, a new feature in Cohort 2. One type of housing service is housing navigation, which includes one-on-one linkage and navigation (e.g., assessment, case planning, follow-up), and life skills sessions to build Fellows' skills and competencies for sustainability (e.g., financial planning, landlord relations, best practices for shared living). The second housing service is the Project imPACT transitional housing, a subsidized housing option available to employed Fellows for up to one year. In total, 59 enrolled Fellows participated in housing navigation, and most of them received one-on-one navigation (Table 4.14). It was more common for Fellows from Downtown Los Angeles to participate in housing navigation services. This was somewhat unexpected, because there was no indication that Fellows from Downtown Los Angeles were being referred to housing services at higher rates. It may be that some providers in Downtown Los Angeles inadvertently reported their own internal housing services as Project imPACT services in this category.

We also examined the mean number of sessions of housing navigation services attended among Fellows who exited Project imPACT (Table 4.15). Only one ARC Fellow had exited Project imPACT; therefore, we do not report that region to protect the confidentiality of that individual.

TABLE 4.13

CBT Participation, Overall and by Region

	ARC	Downtown LA	San Fernando Valley	South LA	Watts	Total
% of Fellows (*n*)	100.0% (16)	93.7% (63)	83.8% (57)	42.3% (33)	86.5% (90)	77.5% (255)
Mean number of CBT hours completed, M (SD)	4.70 (2.16)	10.40 (1.96)	12.40 (0.68)	19.42 (3.31)	11.64 (1.24)	12.09 (3.79)

NOTE: LA = Los Angeles; M = mean; SD = standard deviation.

TABLE 4.14

Total Percentage of Enrolled Fellows Receiving Housing Services, Overall and by Region

Housing Service	ARC (*n* = 31)	Downtown LA (*n* = 65)	San Fernando Valley (*n* = 74)	South LA (*n* = 94)	Watts (*n* = 120)	Total (*n* = 384)
Housing navigation	16.1% (5)	52.3% (34)	4.1% (3)	6.4% (6)	9.2% (11)	15.4% (59)
One-on-one sessions	60.0% (3)	100.0% (34)	100.0% (3)	100.0% (6)	100.0% (11)	96.6% (57)
Life skills sessions	80.0% (4)	2.9% (1)	0.0% (0)	33.3% (2)	54.5% (6)	22.0% (13)
Project imPACT housing	0.0% (0)	1.5% (1)	2.7% (2)	0.0% (0)	8.3% (10)	3.4% (13)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

TABLE 4.15

Percentage of Exited Fellows Who Received Housing Services and Mean Number of Sessions, Overall and by Region

	Downtown LA (*n* = 27)		San Fernando Valley (*n* = 3)		South LA (*n* = 4)		Watts (*n* = 9)		Total (*n* = 43)	
Housing Service	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)	% of Fellows Receiving Services	# of Sessions M (SD)
Any housing navigation	61.4% (27)	5.44 (4.89)	6.0% (3)	4.00 (5.20)	10.3% (4)	1.75 (1.50)	11.0% (9)	7.44 (3.43)	19.6% (44)	5.61 (4.69)
One-on-one sessions	100.0% (27)	5.33 (4.65)	100.0% (3)	4.00 (5.20)	100.0% (4)	1.25 (0.50)	100.0% (2)	6.00 (2.50)	100.0% (44)	5.00 (4.14)
Life skills sessions	3.7% (1)	NR	0.0% (0)	NA	25.0% (1)	NR	55.6% (5)	2.60 (0.89)	18.2% (8)	3.28 (2.39)

NOTE: Because of the small number of Fellows using the Project imPACT housing, we elected to show housing navigation services in aggregate. When a single person received a service, we did not include their mean number of sessions to preserve confidentiality. Unless otherwise noted, counts (*n*) are shown as parenthetical values. LA = Los Angeles; M = mean; NA = Not applicable; NR = not reported; SD = standard deviation.

Based on available data, there were 13 Fellows who lived in the Project imPACT house during Cohort 2 (through September 30, 2022). When asked why they decided to enter Project imPACT housing, most Fellows said they did not have stable housing or were at risk for losing their current housing (see Table 4.16).

Nine of the 13 Fellows in Project imPACT housing had moved out as of September 30, 2022; on average, they lived in the house for 6.1 months (SD = 5.1). The most common reason for moving out was because they had found permanent housing, although one Fellow said they had lost their housing as a result of violating program rules and another left because they felt the housing requirements were too strict (see Table 4.17).

Program Completion

A Fellow can be considered to have fully completed Project imPACT when they have met the minimum threshold for completing services across two of the three core service areas (employment, behavioral health, and legal services). We assessed program completion status as of September 30, 2022, based on provider reports (Table 4.18). At that time, 41 percent of Fellows were still actively enrolled in Project imPACT, and they were eligible to continue

TABLE 4.16
Reasons for Entering Project imPACT Housing

Reason	% of Fellows (*n*)
Did not currently have stable housing	76.9% (10)
At risk for losing current housing	23.1% (3)
Roommate-related problems (family or non-family)	7.7% (1)
Poor housing conditions (e.g., disrepair, pests)	7.7% (1)
Neighborhood-related issues (e.g., gang activity)	7.7% (1)
Other	15.4% (2)

NOTE: Categories were not mutually exclusive.

TABLE 4.17
Reasons for Moving Out of Project imPACT Housing

Reason	% of Fellows (*n*)
Found permanent housing	55.6% (5)
Evicted or lost housing because of violation of program rules	11.1% (1)
Left because of issues with housing requirements (e.g., too restrictive)	11.1% (1)
To reside with significant other or spouse	11.1% (1)
Other	11.1% (1)

NOTE: Categories were not mutually exclusive, although each Fellow selected only a single reason.

TABLE 4.18
Completion of Project imPACT

Completion Status	ARC	Downtown LA	San Fernando Valley	South LA	Watts	Total
Successfully completed Project imPACT	0.0% (0)	44.6% (29)	44.6% (33)	20.2% (19)	59.2% (71)	39.6% (152)
Exited unsuccessfully from Project imPACT	32.3% (10)	23.1% (15)	23.0% (17)	21.3% (20)	9.2% (11)	19.0% (73)
Still active in Project imPACT	67.7% (21)	32.3% (21)	32.4% (24)	58.5% (55)	31.7% (38)	41.4% (159)

NOTE: This table shows results for the total number of individuals who enrolled in Project imPACT (384). Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

receiving services through February 15, 2023. ARC and South Los Angeles had somewhat more Fellows who were still actively enrolled in the program at the time of our analysis. Of the 225 Fellows who had exited from the program, 68 percent (n = 152) successfully completed the program.

We explored the Fellow characteristics associated with completion status, focusing on the subset of Fellows who had both successfully and unsuccessfully exited the program (n = 225; see Table 4.19). Those who successfully completed the program were enrolled in the program for significantly longer (11.3 versus 7.6 months). There was no significant difference in completion status based on the age of the Fellow, and there were no differences in the likelihood of successfully completing the program based on a Fellow's recidivism risk level or race/ethnicity. During Cohort 2, we did not formally assess the reasons why Fellows dropped out of the program. However, after losing contact with Fellows, providers generally continue to try to make contact for at least 30 days—and, in many cases, for a full 90 days—before they exit the individual from their services. Peer navigators play a key role in maintaining contact with Fellows and attempting to follow up with them, and providers have reported that they are willing to pause services for Fellows who experience a significant life event that disrupts their attendance (e.g., incarceration). Data collected during our evaluation of Cohort 1 suggest some reasons that Fellows leave the program without completing services, such as becoming overwhelmed by navigating program requirements and external requirements (e.g., for community supervision), deciding they want to focus on seeking employment and not the other services, experiencing personal or family issues, moving out of the area, having ongoing substance use concerns, obtaining employment and wanting to focus on their job or having scheduling constraints, or being rearrested (Brooks Holliday et al., 2021).

We also examined whether there was an association between the number of sessions Fellows attended and their completion status. We found that Fellows who successfully completed Project imPACT attended significantly more sessions of behavioral health services and received more hours of legal services (see Table 4.20). There was no significant difference in

TABLE 4.19

Exited Fellow Characteristics, by Program Completion Status

Fellow Characteristics	Fellows Who Successfully Completed Project imPACT (*n* = 152)	Fellows Who Did Not Successfully Complete Project imPACT (*n* = 73)
Total months enrolled in Project imPACT,* M (SD)	11.32 (3.57)	7.58 (3.90)
Age of Fellows, M (SD)	39.00 (11.53)	36.55 (11.02)
Recidivism risk level		
Medium	31.5% (45)	33.8% (22)
High	58.7% (84)	56.9% (37)
Very high	9.8% (14)	9.2% (6)
Race/ethnicity		
Black or African American	48.7% (74)	43.8% (32)
Hispanic, Latino, or Spanish origin	37.5% (57)	45.2% (33)
White	5.9% (9)	6.8% (5)
Another racial/ethnic identity	5.9% (9)	4.1% (3)
Multi-racial or -ethnic origin	1.3% (2)	0.0% (0)
Decline to state	0.7% (1)	0.0% (0)

NOTE: The results shown in this table focus on the subset of Fellows who had both successfully and unsuccessfully exited the program (225). Unless otherwise noted, counts (*n*) are shown as parenthetical values. M = mean; NA = not applicable; NR = not reported; SD = standard deviation. * $p < 0.05$.

TABLE 4.20

Fellows' Service Attendance, by Program Completion Status

Sessions Attended	Fellows Who Successfully Completed Project imPACT	Fellows Who Did Not Successfully Complete Project imPACT
Total number of employment sessions attended	17.34 (31.05)	13.14 (31.43)
Total number of behavioral health sessions attended*	14.80 (13.75)	8.80 (10.07)
Total number of behavioral health sessions attended per month	1.34 (1.01)	1.17 (1.78)
Total hours of legal sessions attended*	16.31 (15.48)	9.20 (6.87)

NOTE: Mean values are shown with standard deviations in parentheses. * $p < 0.05$.

the number of employment sessions; however, this is likely partially a function of the substantial variability in the number of sessions completed among Fellows, as evidenced by the large standard deviations.

Summary

In total, 384 Fellows enrolled in Project imPACT between June 2020 and September 2022. Most Fellows were rated as high to very high risk for recidivism on the LS/CMI and entered the program with significant needs related to employment and housing. Most Fellows participated in each of the three core Project imPACT services, although service utilization varied by region based on the specific services available (e.g., ARC does not directly offer legal services) and lapses in staffing (e.g., the absence of a behavioral health provider in South Los Angeles for a significant period).

Job coaching and career readiness assessments were the most common employment services overall, although each region used a unique model to serve Fellows; some regions relied more on transitional jobs (Downtown Los Angeles), and some relied more on vocational training (ARC and Watts). The most common behavioral health service overall was individual therapy, and the most common legal service was counsel/advice.

A smaller number of Fellows received housing services (16 percent), although this partially reflects the requirement that Fellows must obtain employment before they are eligible to access Project imPACT housing services. Overall, most Fellows received housing navigation services. And of a small subset of Fellows who lived in the collaborative housing setting funded by Project imPACT, most did not have stable housing or were at risk for losing their current housing.

In total, at the end of the reporting period covered by this report, 40 percent of enrolled Fellows had successfully completed Project imPACT program requirements and left the program, whereas 19 percent exited without completing program requirements. Many Fellows (41 percent) were still enrolled in the program, from which they were eligible to receive services until the end of Cohort 2 funding on February 15, 2023.

CHAPTER 5

Provider Perspectives on Program Implementation

Program providers continued to play an instrumental role in the shaping and implementation of Project imPACT during the Cohort 2 program period. To understand provider perspectives on program implementation, we drew on interview data collected during our site visits in late 2020 and throughout 2022, narrative testimonials submitted by the regions on a quarterly basis, and our observations during the monthly meetings of all program providers. Through these different data collection efforts, we aimed to understand facilitators and barriers to the implementation of Project imPACT during the Cohort 2 period, what providers viewed as areas of improvement, and how they integrated the program's guiding principles into their work.

Implementation Facilitators

Experience Gained in Cohort 1

Cohort 2 began in June 2020, two years after the beginning of Cohort 1 (July 2018). By the end of Cohort 1 and in the beginning of Cohort 2, providers in three of the four original regions felt that Project imPACT had reached the point of being a "well-oiled machine" in their region. The structure of the program had been stabilized, and the areas for improvement had been identified; the path forward was clear. Although the implementation of Cohort 2 faced many challenges, building on and orienting around the solid foundation of Cohort 1 was a clear asset.

Teamwork, Commitment, and Professionalism

Uniformly across all the participating regions, providers mentioned that their colleagues were deeply passionate about their shared mission, committed to the Fellows' success, and eager to work as a team. Providers across all regions mentioned that they could rely on their fellow teammates to support their work and that other regional counterparts were friendly and helpful. Although some regions struggled somewhat with staff communication in a COVID-19–driven virtual environment, others reported that well-developed routines and procedures helped them transition relatively smoothly to the virtual form of service delivery

during the COVID-19–related shutdowns. Providers at most of the sites also commented on the professionalism and camaraderie of the providers from other regions and appreciated an open exchange of information and resources. In some instances, the cross-site cooperation helped mitigate such challenges as staff turnover; for example, a therapist at one site supported Fellows at another site experiencing a vacancy in their therapist position. Furthermore, providers spoke highly of the skilled coordination by the Mayor's Office, its responsiveness to providers' concerns, and help in navigating challenges.

Ability to Leverage Existing Resources of Regional Employment Agencies

The regional providers emphasized that the placement of Project imPACT on the site of the long-standing WorkSource Centers and other employment agencies embedded in different geographical communities had important benefits, such as pre-existing employment networks and established relationships with regional employers. The nature of the connections varied depending on the region. One site, for example, said they were most successful in establishing relationships with small businesses in their area: "We have built good rapport with local small businesses. That's maybe where our niche is, identifying those small business opportunities for employing our populations." Another site capitalized on its regional connections with larger corporations: "By being part of [this agency], [Project imPACT Fellows] have access to everything. There's a construction cohort, which is really good. We have a lot of internships with NBC, Universal. We have those networks. Whatever folks are into, there are a lot of avenues [to get them there]." Another provider boasted that the Fellows greatly benefited from how its employment agency approached job training, which incorporated immediate placement into transitional jobs, daily payments and feedback, and a greater sense of meaning. In the case of ARC and the TAY pilot program it operated, the fact that many services were provided at the shared house where most of their Fellows resided facilitated their participation and engagement.

Additionally, the established infrastructure and the funds received through and coming from the WorkSource Centers, and other employment agencies enabled some sites to mitigate the effects of COVID-19–related job disruptions, by continuing to pay their Fellows, even if at a reduced rate. The sites were also able to attract new opportunities from the employers that needed more labor force (e.g., Amazon). Finally, across all regions, Fellows were able to take advantage of complementary resources present within their home site organizations, such as additional support for substance use challenges, transportation assistance, or parenting classes.

Wraparound Nature of Services

Providers agreed that the wraparound nature of Project imPACT is an important facilitating factor in the Fellows' journey. Although employment services has been the core program component across all regions since Cohort 1, providers recognize the great value in Fellows'

access to behavioral health and legal services, peer advice, and some housing options. Providers across regions see the peer navigator as a crucial and central contributor to the Fellows' success and emphasized that behavioral health and legal services are also essential to enable Fellows to gain and sustain employment. Important here is the close coordination between the providers of different services, as they work together to ensure that Fellows' critical needs are addressed and amplify each other's services in communication with the Fellows.

Staff with Lived Experience

Across all sites, providers mentioned that having staff with lived experience has been a critical facilitator of Project imPACT. Although compassion, professionalism, and empathy help greatly to facilitate the Fellows' transition, lived experience fosters the sense of even greater acceptance and mutual understanding. One provider's comment illustrates the importance of this quality in peer navigators: "If you really understand someone's experience, they don't always have to explain it. It is the feeling of being seen without having to explain it."

Partner Organizations Behind the Behavioral Health and Legal Providers

Providers also noted that they were able to draw on the resources of the behavioral health and legal organizations that staff Project imPACT. For example, both behavioral health and legal providers benefited from a variety of trainings regularly offered by their organizations, reported seeking professional advice from colleagues, and capitalized on other institutional resources and connections. Providers who played different roles within Project imPACT described the benefits of these linkages in interviews across most sites.

Implementation Barriers

In addition to the abovementioned program facilitators, we learned about several barriers that challenged either service delivery or uptake, or both. Some of the barriers were specific to a region, but many of them were raised by providers across multiple sites. See Table 5.1 at the end of this chapter for a summary of the discussion that follows.

COVID-19–Related Barriers

The COVID-19–related shutdowns in Los Angeles began in mid-March 2020, and Cohort 2 began enrolling participants in June and July 2020. The nature of services and how they were implemented was shaped by the many restrictions imposed to curb the spread of the infectious disease. Although all regions worked hard to adjust to the new and dynamically changing environment in a timely manner, the COVID-19–related challenges made implementation of the program more difficult in several ways.

Reduced Availability of Jobs

COVID-19 significantly affected the availability of job opportunities for Project imPACT Fellows. Especially in the early months of Cohort 2, many work crews shut down, companies implemented hiring freezes, and jobs that required face-to-face interaction were put on hold. Although construction jobs returned to fuller functioning earlier than many industries—which was a key opportunity for Fellows able to do construction work—other jobs, particularly office jobs, remained scarce. Many Fellows struggled because of weather delays or halts in employment, so some of the regional providers used their resources to continue paying their Fellows. Providers also advised Fellows on how to access and take advantage of COVID-19–related supports and policy adjustments (e.g., eviction moratorium and stimulus funds). Furthermore, to help mitigate job disruptions, providers actively sought existing opportunities within the small businesses in their communities and reached out to employers that had to grow their workforces during the pandemic, such as Amazon. Although the need for more job opportunities for Project imPACT Fellows remained consistent throughout the course of Cohort 2, the COVID-19–related job scarcity appeared to become less of a problem with time.

Remote Services

The move to providing remote services affected many aspects of the Project imPACT implementation. We touch on three areas of challenges mentioned by providers: communication with the external services and programs that are essential for Fellows' progress, communication among the Project imPACT providers, and communication with the Fellows. We briefly discuss each of these challenges below.

Communication with Relevant External Services and Programs

Providers noted that the switch to remote or limited face-to-face work by courts and other government offices had been a notable barrier to Project imPACT implementation. The changing rules and unclear schedules, limited open hours, and appointment-only policies greatly complicated Fellows' efforts to obtain needed documentation and paperwork. In addition, it became difficult to refer the Fellows to partner organizations for external supportive services, because most of them experienced significant drops in their capacity to serve individuals, eliminated walk-in appointments, and canceled some services altogether. Although these challenges were no longer as prominent by September 30, 2022, it is likely that the experiences of Fellows enrolled during the early months of the pandemic were shaped by these dynamics.

Communication Among Providers

The switch to working remotely, fully or partially, happened in all regions, at least in the early weeks and months of Cohort 2. Although the extent to which each of the regions adapted to the new virtual environment varied, all sites mentioned at least one or more COVID-19–related challenges affecting communication among providers. Two of the regions, in particular, recalled struggling to establish procedures and guidelines for remote

communication among its providers, such as response times and the means and frequency of communication. Furthermore, many providers lacked the technical know-how to effectively navigate the virtual work environment, and some had limited access to communication devices. For example, not all providers had access to work-issued and work-supported phones and may have been reluctant to use their personal devices for work-related and work-sanctioned communications. This potential reluctance, along with the learning curve for navigating technology, hindered the providers' ability to communicate efficiently and effectively, particularly in the first weeks and months of Cohort 2. Relatedly, many of the providers lamented the lost ability to "just walk down the hall to discuss a case" with their Project imPACT colleagues.

Remote communication between providers also made it more difficult to onboard new staff to Project imPACT. Although some of the challenges had to do with limited institutionalization of the practices and records (described in more detail below), the limited face time in the virtual office further hindered the process of integration and building rapport and a sense of community among team members. However, we observed the providers overcome these challenges and build strong teams and collegial communities during the course of Cohort 2.

Communication with Fellows

Providers across all regions echoed the sentiment that the shift to remote communication with the Fellows was difficult. Although all regional sites immediately adjusted their services to accommodate public health guidelines and thought creatively about how to make these processes the least disruptive as possible, many suggested that it was hard to provide the same level of services remotely. It became more difficult to build rapport and trust with the Fellows and to keep them engaged in the services. Some providers noted that, for the Fellows, seeing all the providers together, on site, served both as a reminder of the wraparound supports and an opportunity to engage with each of them on the spot. "Now, it is 'out of sight, out of mind,'" lamented a peer navigator at one of the sites, referring to Fellows' more-limited engagement with the services.

The task of keeping Fellows engaged with the program seems to have largely fallen on the plate of peer navigators. The peer navigators employed their own ways of keeping Fellows interested. For example, one of the peer navigators continued to meet with Fellows in person—outdoors and/or masked and distanced. "I started going to parks, mall fronts, parking lots, the welfare office, parole office, places they had to go already. That way I could enter people into Project imPACT. One Fellow I took to the imPACT housing, got him settled." The peer navigator in another region boasted that his skills as a former telemarketer helped him entice Fellows in remote learning: "You have to be a little extra animated and dynamic," they said, "to keep everyone interested and engaged." All of the peer navigators checked in with Fellows frequently through any means they could—most often, phone calls.

Behavioral health providers, in particular, emphasized that the remote nature of services made it more difficult to build trust with the Fellows.[1] Many of the Fellows had never met in person with Project imPACT behavioral health providers prior to their engagement in services with them, which made it challenging to build rapport. Some of the Fellows could only speak with the behavioral health providers on the phone, missing out on the benefits of eye contact and nonverbal communication, even if interacting through remote communication.

Other challenges were more logistical in nature. Legal providers often mentioned the difficulty in getting signed paperwork back from Fellows. Some of the Fellows were able to sign the needed documents and take their photo to share with the attorneys later; others lacked the technology or skills needed to do that. To overcome this challenge, some attorneys traveled to meet with Fellows directly and receive their paperwork. In the regions where the employment agencies remained opened with limited staff, Fellows were able to drop off their paperwork at the employment agency, which attorneys would pick up later. Additionally, with fewer localities allowing face-to-face interactions, finding ways to conduct recruitment outreach became more difficult.

Lack of safe and private physical space, inadequate access to technology, and limited ability to use technology were also among the main barriers to effective remote communication with Project imPACT staff. Fellows living in group housing often lacked private space to be able to speak with the Project imPACT therapist or attorney. Limited access to the needed devices (i.e., computers, tablets, or smartphones) and inadequate technological skills limited Fellows' ability to take full advantage of the Project imPACT supports.

Other Implementation Barriers

Staff Turnover

All the participating regions experienced staff turnover during Cohort 2. Each of the sites lost a behavioral health provider, and two of the sites had to replace their therapist twice during Cohort 2. In addition, three of the regions also lost their long-serving program manager and a peer navigator during Cohort 2. Three regions lost attorneys who had worked with them since Cohort 1.

Although staff turnover is always difficult, Cohort 2 saw departures of several long-standing and deeply integrated providers, many of whom carried the program's institutional knowledge away with them. Onboarding the new staff was difficult under such circumstances, because the new staff had limited understanding and access to the information on the practices used by their predecessors and could not benefit from their insights on the Fellows' needs. In some cases, new staff also did not have access to the files kept by individuals who previously held their positions. It appears, however, that such challenges were largely

[1] However, one of the behavioral health providers was in fact enthusiastic about the opportunity to serve Fellows remotely, because it opened up an opportunity to engage in therapy during available windows of time, without having to commute to the WorkSource Center.

avoided among the attorneys, where their home organization facilitated continuity and linkages between the exiting and entering staff. The home organizations for the behavioral health therapists also supported the new staff as they transitioned but, likely, had more limitations to their ability to share the knowledge of the exiting therapists with them. The peer navigators often became the connective tissue and the buffer to help keep the different service aspects coherent for the Fellow. Still, the newly hired staff often reported feeling lost as they were navigating their new position.

In some cases, the turnover happened quickly and unexpectedly, leaving the remaining providers scrambling to keep the services going and to make sense of who oversaw what. For example, as one interviewee said, "[Program Manager] left with no notice and then there was a long time until the position was filled; there was then a long mix-up of who is in charge." Often, the remaining providers would work together to share the responsibilities of the exiting colleagues; however, sometimes such a temporary arrangement turned into a more permanent practice. Arguably, unclear roles and a heavy weight of varied responsibilities may have contributed to the turnover during Cohort 2.

The turnover also affected Fellows' desire to engage in services. For example, a new behavioral health provider in one of the regions shared that some of the Fellows refused to engage in behavioral health services with them, because they felt jaded by the previous therapist's departure and uneager to open up to a new one.

The turnover also affected the quality and delivery of the assessments and trainings. For example, the LS/CMI tool used to assess the Fellows' level of needs should be conducted by a trained professional, but, as many changes occurred, it was ultimately conducted by the previously untrained peer navigators in some regions. Similarly, the training for the evidence-based CBT curriculum was given only once to providers, during Cohort 1. Therefore, although new staff members had access to the treatment manual, they may not have delivered the intervention with full fidelity, and providers requested a formal training on the curriculum multiple times during Cohort 2.

Limited Training

Providers across all regions noted the need for recurrent training sessions in CBT, trauma-informed care, cultural competence, and other professional growth opportunities. Particularly in a high-turnover environment, the skills acquired by exiting providers exit with them, and the new staff members need to receive the same training. One of the regions emphasized the need for trauma-informed training for their employment staff who had limited understanding of the way trauma may be reflected in individual behaviors and performance. In addition, providers emphasized the need for more-systematic onboarding practices, both for the new regions and new providers, to avoid program delays and confusion. Furthermore, while providers appreciated the all partner meetings convened monthly by the Mayor's Office, they also called for more-purposeful experience exchange opportunities to help promote better mutual learning across regions.

Unaddressed Basic Needs and Logistical Barriers

Providers also noted that unaddressed basic needs have served as a major obstacle to the successful completion of Project imPACT. Providers named food security, access to medical and dental care, and housing as critical needs, which, when unmet, have precluded Fellows from engaging in and benefiting from the Project imPACT services. Lacking child care supports and transportation assistance have also hindered Fellows' engagement with the program. Providers have worked to mitigate these barriers by connecting Fellows with external organizations that could assist them with the needed supports. Yet, without integration into Project imPACT, these supports were not systematically available, and their impact was dependent on the availability, capacity, and the follow-through of the partnering organizations.

Housing

Despite the added housing component to Project imPACT in Cohort 2, lack of housing has continued to be an important barrier for Project imPACT Fellows. Providers appreciated the added housing services aspect of Project imPACT but pointed to several reasons for why it did not adequately address this dire gap. Among these are the lack of Project imPACT housing options in one of the regions, lack of Project imPACT housing for women and for Fellows with families and children, and the group home nature of the housing, which many Fellows find retraumatizing. In addition, the Project imPACT housing was designed to be available for up to a year, although flexibility was available if circumstances required; however, this time limit was named as a barrier to Fellows' full and successful transition to independent housing. According to providers making this point, when it comes to housing insecurity, it takes two years to fully stabilize someone's housing.

In addition, the inability to use Project imPACT funds to subsidize other aspects of housing costs—such as paying for a security deposit or first month's rent—was also named as a barrier to bridging the housing gap. Other providers further expressed that granting Fellows an opportunity for housing only *after* they gained employment did not help address the lack of housing as a critical barrier to employment for those still seeking a job. Relevant to this point, only employed Fellows have been referred for the housing navigation services thus far; while this is not the program requirement, the providers may have understood it as such, potentially failing to refer the yet-to-be-employed Fellows who could benefit a great deal from the housing navigation services.

Of note is the limited integration of the housing providers with other Project imPACT services and providers. Housing providers were rarely invited to program orientations, and housing services appeared to be more of an addendum to, rather than a core part of, the program. In addition, peer navigators have had limited visibility into the homes where Project imPACT Fellows were housed, making it less likely that they would be available to mitigate any issues that may arise. In general, providers recommended a closer and ongoing collaboration between the housing providers and the rest of the Project imPACT staff.

There are also factors outside Project imPACT that create challenges to stable housing, including high rents and move-in costs; concerns that available reentry housing is not trauma-informed; and a limited number of landlords willing to rent to individuals with a history of criminal justice involvement. Providers hope that the Mayor's Office and other policy bodies may help mitigate the latter issue, by incentivizing landlords to rent to these populations, issuing documentation that certifies Fellows' efforts toward rehabilitation, and advocating for a waiver of the background and credit checks for them.

Limited Awareness of the Program

Service providers continued to highlight the need for additional awareness and positive publicity around Project imPACT—a barrier that was also raised during Cohort 1. Particularly in the time of COVID-19, a broader awareness of Project imPACT—both by the employers, landlords, and populations the project aims to serve—could make a big difference.

Limited Relationships with Relevant Offices

The legal providers across all regions continued to mention that having established relationships with such offices as the City Attorney's Office and Department of Probation and Parole could help speed up and facilitate many of the processes that would help Fellows remove barriers to employment. Providers across all regions emphasized that an awareness campaign stemming from the Mayor's Office to inform these offices about Project imPACT could help facilitate the providers' work.

Limited Awareness of Project imPACT Among Employers

Providers across all regions continued to note that lack of awareness of Project imPACT among employers is a barrier that could be tackled with a targeted marketing campaign. At present, the primary modus operandi is for providers to seek out employers, educate them about the specificities and benefits of working with reentry populations, and persuade them to give justice-involved individuals a chance. Providers across all regions agreed that a more centralized employer outreach and education effort, spearheaded by the City of Los Angeles, Los Angeles County, or the state of California, could help greatly to ensure that Project imPACT Fellows have more choice and opportunities to pursue satisfying careers.

Limited Awareness of Project imPACT Among Relevant Populations

Similarly, providers noted that lack of awareness about Project imPACT presents a barrier for the recruitment of Fellows. Providers in all regions consistently noted that the program would benefit from greater public awareness about its existence. This became particularly clear when the COVID-19 pandemic prevented providers from traveling to different organizations serving justice-involved individuals to advertise and recruit. A more centralized and concerted effort to spread the word about the program among relevant organizations, such as social work, probation, and parole agencies, would facilitate recruitment greatly.

Fellows' Barriers to Successful Program Completion

Providers often noted that the Fellows they serve carry a heavy baggage of challenges that makes it very difficult for many to move forward in the program. Among these challenges are the legacy of complex trauma, severe anxiety, substance use, and difficulty in adjustment—fitting back with social circles, families, and the pre-existing relationships that may or may not be beneficial. Some of the Fellows come with mental health problems too severe for the program to tackle—for example, serious mental illness or panic disorder were two such problems named among many.

In addition, Fellows may also deeply distrust attorneys and therapists. Providers reported that some Fellows view attorneys as an extension of the penal system. Other Fellows view the behavioral health services as intrusive and unnecessary and fear that these would ultimately turn into mandated, forced counseling. Project imPACT services are voluntary, and the only limits to confidentiality are statutorily defined limits (e.g., mandated reporting of child abuse, risk of harm to self or others); however, this perception on the part of Fellows may be shaped by past experiences in court-mandated counseling.

Finally, staff members serving youth through the TAY pilot program noted that their Fellows had been incarcerated for a large portion of their late adolescence and early adulthood, and many were eager to enjoy being back in the community—for example, building connections with peers and entering relationships. A provider noted that they did not necessarily face challenges enrolling these Fellows in Project imPACT, but it could be more challenging to keep them engaged in the programming. To address this, they offered relationship skills groups to help Fellows navigate relationship challenges that can arise.

Adherence to the Project imPACT Guiding Principles

During the site visit interviews, we asked each group of providers to discuss how their region integrates the Project imPACT guiding principles into their services.

Community Partnerships and Collaborations

All providers relied heavily on and had a growing list of community collaborators. These collaborations included links to other organizations providing services to justice-involved individuals, local government agencies, and businesses. Providers used these connections for a wide variety of purposes: establishing referral streams, complementing Project imPACT services with other supports (e.g., substance use programming, health supports, housing), and identifying and facilitating employment opportunities.

Trauma-Informed Care

All providers were acutely aware of the role that trauma may play in the reentry challenges of justice-involved individuals, although understanding how to shape services in response to such trauma has varied among providers. Some providers received formal training in trauma-informed approaches to service provision, whereas others recognized that they lacked an understanding of how trauma may be reflected in Fellows' behavior and wanted additional training. There were also concerns about whether the design of the Project imPACT transitional housing was trauma-informed, in part because of its shared nature and its policies, which could be perceived as restrictive (e.g., curfews, limitations on visitors). Across all regions, however, providers demonstrated sensitivity to Fellows' backgrounds, avoided judgment, recognized the need to meet Fellows where they were in their reentry transition, and acknowledged the multiplicity of challenges that Fellows faced.

Cultural Competence

There have been efforts to ensure that providers and programs are sensitive to the needs of their target population. Such efforts include ensuring that language used on intake forms and assessments is person-centered and non-stigmatizing and that services are described in a way that resonate with the target population (e.g., behavioral health services are framed as a help in navigating the challenges of the new realities of life outside a correctional facility). The training sessions attended by providers have also helped to ensure that they were aware of the unique barriers encountered by justice-involved populations and had the skills to be able to address them.

In addition, providers noted that the background of their staff in many cases reflected the demographics of the populations they served, which—they believed—facilitated their rapport with the Fellows. Furthermore, because many of the providers had deep roots in the communities they served, they could better understand Fellows' connections, needs, and challenges. However, at least in one region, providers noted that they could benefit from additional training on cultural competence.

Focus on the Fellow

During our site visits, our attendance at all partner meetings, and in all our interactions with providers, we observed providers' obvious focus on the Fellow as an important principle of their work. Providers prioritized the experience of the Fellow by listening and offering the help that a Fellow requested. During the pandemic, providers accommodated Fellows' different technical capabilities and needs, met in person with those who could not meet remotely, offered equipment to those who had none, and used whatever means that were comfortable for the Fellow. Even once services returned to an in-person format, providers did what they could to meet Fellows where they were in their reentry transition and ability to engage in services.

Summary

This chapter summarizes findings from our discussions with providers, attendance at all partner meetings, and analysis of quarterly narrative data. Although not without some unique challenges and facilitators, overall, regional providers reported similar factors that may have bolstered or hindered service delivery and uptake and, on balance, requested similar resources. All providers agreed that the foundations developed during Cohort 1—teamwork, passion for and commitment to the shared cause, deep empathy and understanding for the Fellows rooted in providers' lived experience and training, the wraparound nature of the services, and the program's integration into the regional employment agencies—have been important facilitators for the implementation of Cohort 2.

At the same time, providers pointed to several barriers to successful implementation and Fellows' uptake of Project imPACT services. Among them were COVID-19–related challenges, such as job cuts and closures and the shift to remote services and communication. Other issues included unaddressed basic needs of the Fellows, such as access to food, medicine, and housing; complex mental health challenges; and high staff turnover across most regions. The high turnover also highlighted the need for better onboarding and for offering recurrent training for new staff on trauma-informed care, CBT, and cultural competence. In addition, providers noted that the limited awareness of Project imPACT among various criminal justice system offices, employers, landlords, and among potential Fellows in Cohort 1 continued to serve as a barrier during Cohort 2.

Access to technology and technological proficiency emerged as prominent barriers to both service delivery and uptake when the COVID-19 pandemic forced office closures and precluded face-to-face communication. Providers and Fellows worked together to find creative ways to continue mutual engagement; however, inadequate access to technology and limited technological proficiency—both of Fellows and providers—continued to be challenges compared with the early stages of the pandemic. At the same time, providers noted that effective utilization of technology served as a booster for Project imPACT services and offered more flexibility, easier check-ins, and overall greater impact.

Finally, providers in all regions shared the different ways in which they incorporated Project imPACT guiding principles into their work. To facilitate their services and to expand the Fellows' support networks, providers worked hard to establish ties with relevant community organizations and government agencies. To ensure that their services were helpful and received well by their Fellows, providers reported that they sought to expand their competence in culturally appropriate service delivery and adopted a trauma-informed lens to their work. Providers also reported working hard to meet Fellows where they were in their reentry journey and to support them without judgment and pressure, yet with robust support.

TABLE 5.1

Barriers to Service Delivery and Uptake

Barrier	Affected Service Delivery, Service Uptake, or Both	# of Affected Regions	Resources Needed	Solution Implemented
COVID-19–related barriers to implementation				
Reduced availability of jobs	Both	All	• Networks of employers open to hiring Project imPACT Fellows and hiring incentives	• Sites sought new job opportunities. • Sites made use of stimulus funds.
Remote services	Both	All	• Technology (equipment and trainings) both for Fellows and providers • Training on remote service provision	• Providers instructed Fellows on how to use technology and allowed Fellows to borrow tablets and computers. • Providers met with Fellows in person.
Other implementation barriers				
Staff turnover	Both	4 of 5	• Guidance and troubleshooting to identify root causes of high turnover • Clear requirements for record keeping and institutionalization of knowledge • Trauma-informed care and CBT training sessions for new providers	• Providers quickly interviewed and hired new qualified candidates. • Providers within regions redistributed responsibilities of exiting colleagues. • Providers from other regions offered support and continuity for Fellows.
Limited trainings	Both	All	• Recurrent training sessions on trauma-informed care, CBT, cultural competence, and other areas needed for work in the reentry services	• Providers sought trainings from external sources and solicited guidance from peers.
Unaddressed basic needs and logistical barriers	Uptake	All	• Additional resources to address food insecurity, as well as access to medical and dental care, transportation, child care, and housing	• Providers used their links to external partners to find needed supports for Fellows. • Providers drew on existing resources within the WorkSource Centers.

Table 5.1—Continued

Barrier	Affected Service Delivery, Service Uptake, or Both	# of Affected Regions	Resources Needed	Solution Implemented
Housing	Uptake	All	• Flexibility around the spending of housing funds, use of additional resources, availability of housing navigation services pre-employment, and offering Project imPACT housing to the Fellows who are yet to be employed • Housing opportunities for Fellows with families and children • Incentivize renting to returning citizens • Waive background and criminal checks on applications • Better integration of housing navigation services with other core Project imPACT services • Expand the time in Project imPACT housing from one to two years	• When Project imPACT housing was not a possibility for the Fellows in need, providers referred Fellows to external housing support organizations.
Limited awareness of the program				
Limited relationships with relevant offices	Delivery	All	• Provider-developed relationships with relevant offices, facilitated by the Mayor's Office	• Providers have worked to develop these relationships.
Limited awareness of Project imPACT among employers	Both	All	• A centralized public awareness campaign targeting employers • City of Los Angeles–sponsored education programs for employers on hiring reentry populations	• Providers organized job fairs and invited many regional employers. • Providers conducted educational workshops on working with reentry populations for interested employers.

Table 5.1—Continued

Barrier	Affected Service Delivery, Service Uptake, or Both	# of Affected Regions	Resources Needed	Solution Implemented
Limited awareness of Project imPACT among relevant populations	Both	All	• A centralized public awareness campaign to ensure that relevant entities can share information with potential Fellows and facilitate referrals	• Providers visited the offices of the Department of Probation and Parole to speak to Fellows about Project imPACT.
Fellows' barriers to successful program completion				
Complex trauma	Uptake	All	• Training on trauma-informed service provision • Linkages to organizations and individuals dealing with complex trauma at a deeper level	• Behavioral health providers addressed trauma in their sessions. • Other providers operated with and sought further understanding on how trauma surfaces in an individual's behaviors and performance.
Substance use	Uptake	All	• Institutionalize connections between Project imPACT and substance use treatment programs • Establish substance use programming as a permanent part of Project imPACT services	• Some connections between Project imPACT and substance use treatment programs exist, and others have been established.
Multiple external pressures on Fellows	Uptake	All	• Extend the duration of Project imPACT or allow entry by Fellows who are no longer on probation or parole	• Framed Project imPACT services as an opportunity to alleviate—not add to—Fellows' pressures. • Met Fellows where they are. • Served as Fellows' support networks.
Severe mental health challenges	Uptake	All	• Train providers to identify signs of severe mental health challenges early on	• Providers referred Fellows to relevant mental health resources.
Desire to focus on building relationships and other experiences of early adulthood	Uptake	1 of 5	• Mechanisms by which to keep young Fellows engaged after enrollment	• Offered a relationship group to keep Fellows engaged in the program and help them navigate challenges that may arise.

CHAPTER 6

Program Outcomes

In this chapter, we present findings related to the outcomes associated with Project imPACT. Regarding short-term outcomes, we explored whether participants experienced improvements in decisionmaking skills during the program; addressed barriers to employment through their work with the employment, behavioral health, and legal providers; and experienced greater housing stability from entry to exit. We also examined how many Fellows obtained employment during program participation and whether they retained employment at the 3-, 6-, 9-, and 12-month follow-ups, as well as rates of recidivism as defined by the program (i.e., any reconvictions within one year following enrollment in Project imPACT). Unless otherwise noted, the results presented in this chapter are based on our analysis of data submitted by regional providers (see Table 2.2 in Chapter 2 for more details).

Improved Decisionmaking Skills and Outcomes of CBT

To assess whether participation in Project imPACT was associated with improvements in Fellows' decisionmaking, providers aimed to administer the Decision Making scale of the TCU Psychological Functioning Assessment at three time points: (1) on enrollment to Project imPACT; (2) immediately after completing the CBT curriculum, because the curriculum directly addresses decisionmaking skills; and (3) on exit from the program. Unfortunately, very few providers administered the measure on exit from Project imPACT, and only four Fellows completed the scale at both enrollment and exit. Therefore, we focused our analysis on the subset of Fellows who completed the scale at enrollment and post-CBT (n = 66). There was no significant change in mean scores from enrollment (M = 34.03) to post-CBT (M = 33.63; see Table 6.1).

Scores on the Decision Making scale can range from 10 to 50, and normative data found a mean of 37.3 on this scale, although the validation sample consisted of individuals from prison treatment programs (Simpson et al., 2012)—a different population than our community-based sample. Still, these scores suggest moderate decisionmaking skills at baseline, with no significant improvement immediately following participation in CBT. However, only 17 percent of the 384 Fellows had measurements at both time points, and it is difficult to know whether there were systematic differences between those who completed both assessments and those who did not. Because so few people completed the scale on exit to the pro-

TABLE 6.1
Decisionmaking Skills Assessment Outcomes

	Assessment Time Point		
Analytical Sample	Enrollment M (SD)	Post-CBT M (SD)	Exit M (SD)
Enrollment to post-CBT (*n* = 66)	34.03 (3.76)	33.63 (3.62)	—
Enrollment to exit (*n* = 4)	33.00 (4.97)	—	32.50 (3.70)

NOTE: *Enrollment to post-CBT* analysis includes only those Fellows who completed the Decision Making scale at both of those time points. *Enrollment to exit* analysis includes only those Fellows who completed the Decision Making scale at both of those time points.
M = mean; SD = standard deviation.

gram, we also cannot determine whether additional time in the program and support from the providers would contribute to improvements in scores on this measure.

We also explored the outcomes of CBT through our qualitative data collection with Fellows. The overall findings of our interviews with current and former Fellows are described in more detail in Chapter 7, but here we present those findings specific to the outcomes of CBT.

Interviews with Fellows were conducted during 2021 and 2022. During the 2021 interviews, Fellows noted that CBT sessions helped them make informed decisions by emphasizing the link between their thoughts and actions and their consequences and by helping them recognize their triggers and situations that might lead to unwanted behaviors. A Fellow noted that the skills learned in their CBT lessons helped them to "[weigh] the cons and the pros and then just make your decision based off of that." Another Fellow stated that CBT teaches them "how making better choices and bad choices affect you."

Barriers to Employment Addressed

One of the goals of Project imPACT is to help Fellows address barriers to employment. We worked with providers to identify specific barriers that they would help address with Fellows, and the providers then reported on a quarterly basis (1) whether a Fellow had a specific barrier; (2) whether that barrier was being worked on in some way with the Fellow during that quarter; and for employment and legal providers, (3) whether that barrier had been successfully addressed during the quarter. (Note that behavioral health providers were not required to indicate whether a barrier had been successfully addressed, because, based on provider feedback, many of the barriers could require ongoing services, even beyond Project imPACT.) In this section, we report on the most common barriers addressed by providers, as well as the percentage of Fellows whose barriers were addressed.

Barriers to Employment Addressed by Employment Providers

We collapsed data across the quarters over which Fellows were served to create a dichotomous indicator of whether they ever worked on a particular barrier or not. Using this indica-

tor, the five most common employment barriers addressed for Fellows who received employment services were as follows:

- *interview preparedness*, targeted for 96 percent (317) of Fellows
- *resume*, targeted for 95 percent (311) of Fellows
- *clothing*, targeted for 94 percent (309) of Fellows
- *housing*, targeted for 89 percent (292) of Fellows
- *transportation*, targeted for 86 percent (283) of Fellows.

In addition, for each barrier, we computed the percentage of Fellows who reported having a specific barrier who actually had that barrier successfully addressed (i.e., the percentage who had their need met; see Table 6.2). The highest proportion of Fellows were able to successfully address their needs related to resumes and interview preparedness, followed by

TABLE 6.2
Percentage of Fellows Whose Employment Barriers Were Successfully Addressed

Employment Barrier	ARC	Downtown LA	San Fernando Valley	South LA	Watts	Total
Resume	93.8% (15)	98.4% (62)	42.9% (24)	75.3% (55)	77.7% (80)	75.9% (236)
Interview preparedness	75.0% (12)	87.3% (55)	42.9% (24)	80.8% (63)	80.8% (84)	75.1% (238)
Motivation	66.7% (10)	25.6% (10)	50.9% (28)	70.1% (47)	67.7% (65)	58.8% (160)
Workplace behavior	64.3% (9)	14.9% (7)	34.0% (16)	74.6% (53)	75.6% (65)	56.6% (150)
Clothing	75.0% (12)	75.4% (46)	25.4% (15)	52.2% (36)	54.8% (57)	53.7% (166)
Driver's license (as required by the job)	46.7% (7)	65.6% (40)	51.9% (27)	47.5% (28)	36.5% (35)	48.4% (137)
Transportation	80.0% (12)	55.0% (33)	44.4% (24)	51.5% (34)	33.0% (29)	46.6% (132)
Housing	75.0% (12)	35.5% (22)	21.3% (10)	70.0% (49)	29.9% (29)	41.8% (122)
Computer skills	56.3% (9)	46.3% (19)	19.3% (11)	48.4% (31)	37.9% (39)	38.8% (109)
Scheduling conflicts	68.8% (16)	40.9% (9)	14.6% (6)	39.2% (20)	25.0% (25)	30.9% (71)
Credential or certificate attainment or other educational criterion	13.3% (2)	29.0% (18)	41.7% (15)	17.0% (9)	36.5% (38)	30.4% (82)
Medical, dental, or eye care	36.4% (4)	22.8% (13)	10.7% (3)	56.9% (29)	0.0% (0)	23.4% (49)
Work tools	66.7% (10)	3.3% (2)	3.2% (1)	2.4% (1)	42.2% (43)	22.8% (57)
Child care or other family needs	0.0% (0)	34.3% (12)	17.1% (7)	19.6% (10)	18.8% (19)	20.8% (48)
Visible tattoos	20.0% (1)	28.6% (2)	8.7% (2)	7.9% (3)	15.5% (11)	13.2% (19)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

motivation and workplace behavior. By contrast, less than one-quarter of Fellows with medical, dental, or eye care needs; lack of work tools; child care or other family needs; or visible tattoos were able to successfully address those barriers during their time in Project imPACT. However, these barriers are less under the direct control of Project imPACT employment providers than such barriers as resumes or interview preparedness and, therefore, may reflect challenges in linking Fellows with ancillary services to address those needs. They were also less common barriers.

Barriers to Employment Addressed by Behavioral Health Providers

Similar to how we analyzed the barriers addressed by employment providers, we collapsed data across the quarters over which Fellows were served to create a dichotomous indicator of whether they ever worked on a particular behavioral health barrier. Based on this indicator, the five most common employment barriers for Fellows who received behavioral health services were as follows:

- *managing stress*, targeted for 99 percent (290) of Fellows
- *trauma*, targeted for 98 percent (289) of Fellows
- *interpersonal relations*, targeted for 98 percent (287) of Fellows
- *communication skills*, targeted for 97 percent (286) of Fellows
- *time management*, targeted for 97 percent (285) of Fellows.

We also computed the percentage of Fellows experiencing each behavioral health barrier who worked on that barrier during their time in the program (i.e., the percentage who had their need met; see Table 6.3). This analysis of behavioral health barriers is somewhat different from the way we tracked employment and legal barriers, because those calculations relied on Fellows who had *successfully addressed* each barrier. However, as mentioned previously, behavioral health providers tracked only barriers that were *in progress*. More than 90 percent of Fellows with needs related to managing stress, interpersonal relations, and transition and adjustment to life in the community were able to work on those goals during their time in the program. In fact, at least 80 percent of Fellows were able to work on 10 of the 14 identified behavioral health barriers to employment. The smallest proportion of Fellows were able to work on their substance use concerns (52 percent of Fellows who reported that barrier), which likely reflects the fact that formal substance use disorder services (e.g., residential treatment, 12-step programs) were not part of the Project imPACT model.

TABLE 6.3

Percentage of Fellows Whose Behavioral Health Barriers Were Successfully Targeted

Behavioral Health Barrier	ARC	Downtown LA	San Fernando Valley	South LA	Watts	Total
Managing stress	94.4% (17)	89.7% (52)	96.6% (57)	97.7% (43)	92.8% (103)	93.8% (272)
Interpersonal relations	94.4% (17)	89.3% (50)	84.5% (49)	97.7% (43)	90.1% (100)	90.2% (259)
Transition and adjustment to life in the community	87.5% (14)	91.2% (52)	71.2% (37)	97.7% (43)	95.5% (106)	90.0% (252)
Mental health	78.6% (11)	91.2% (52)	86.0% (49)	86.4% (38)	91.9% (102)	89.0% (252)
Family relations	75.0% (12)	89.1% (49)	87.9% (51)	97.7% (43)	86.5% (96)	88.4% (251)
Communication skills	94.1% (16)	89.5% (51)	73.7% (15)	97.7% (43)	88.3% (98)	87.4% (250)
Self-esteem	93.8% (15)	87.7% (50)	72.2% (39)	97.7% (43)	89.2% (99)	87.2% (246)
Trauma	50.0% (9)	89.7% (52)	60.3% (35)	93.2% (41)	91.9% (102)	82.7% (239)
Stigma	92.9% (13)	91.4% (53)	61.8% (34)	93.2% (41)	76.4% (84)	80.1% (225)
Time management	94.4% (17)	86.2% (50)	86.0% (49)	90.9% (40)	66.7% (72)	80.0% (228)
Anger management and emotion regulation	73.3% (11)	83.0% (44)	93.1% (54)	50.0% (22)	84.3% (91)	79.9% (222)
Motivation	94.1% (16)	88.9% (48)	55.8% (29)	93.2% (41)	70.4% (76)	76.4% (210)
Safety and risky behavior concerns	55.6% (5)	68.3% (28)	50.0% (25)	97.7% (43)	70.9% (78)	70.5% (179)
Substance use	80.0% (12)	77.3% (34)	50.0% (25)	75.0% (33)	27.9% (29)	51.8% (133)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

Barriers to Employment Addressed by Legal Providers

Regarding legal services, we again collapsed data across the quarters that Fellows were served to create a dichotomous indicator of whether they ever worked on a particular legal barrier. Across regions, the most common legal barriers for Fellows who received legal services included

- *correct, remove, seal, and expunge criminal records*, targeted for 92 percent (269) of Fellows
- *Department of Motor Vehicles (DMV) issues* (e.g., driver's license reinstatement), targeted for 29 percent (85) of Fellows
- *Ban the Box violations or other hiring-related legal concerns*, targeted for 29 percent (84) of Fellows
- *occupational licenses*, targeted for 19 percent (55) of Fellows
- *Proposition 47 reclassification*, targeted for 16 percent (46) of Fellows.

We then computed the percentage of Fellows experiencing a given barrier who had that barrier addressed (i.e., the percentage who had their need met; see Table 6.4). About 85 percent of Fellows with Ban the Box violations or other hiring-related legal concerns were able to have those issues addressed. Similarly, 76 percent of Fellows with concerns related to correcting, removing, sealing, or expunging criminal records were able to do so. However, less than 10 percent of Fellows targeting work authorization or ID issues were able to have those needs addressed; however, these were also somewhat uncommon barriers, affecting Fellows only in a single region (South Los Angeles). We also identified some differences across service regions, but most of those differences were for somewhat less common barriers (e.g., consumer debt, housing support), and we were careful not to overinterpret differences between regions for that reason.

Note that, as mentioned above, ARC provides legal services via referral, which is why legal service utilization was not tracked for ARC Fellows.

TABLE 6.4

Percentage of Fellows Whose Legal Barriers Were Successfully Addressed

Legal Barrier	Downtown LA	San Fernando Valley	South LA	Watts	Total
Ban the Box violations and other hiring-related legal concerns	78.6% (11)	50.0% (2)	75.0% (12)	92.0% (46)	84.5% (71)
Other legal issues	33.3% (2)	86.2% (25)	52.0% (13)	87.5% (49)	76.7% (89)
Correct, remove, seal, and expunge criminal records	80.0% (44)	56.1% (37)	80.3% (49)	86.2% (75)	76.2% (205)
Proposition 47 reclassification	NA	0.0% (0)	8.3% (1)	97.0% (32)	71.7% (33)
Other reclassifications	NA	NA	0.0% (0)	97.0% (32)	71.1% (32)
Occupational licenses	100.0% (2)	83.3% (5)	0.0% (0)	82.9% (29)	65.5% (36)
Fines and fees	57.1% (4)	100.0% (4)	0.0% (0)	100.0% (10)	54.5% (18)
Housing support (e.g., eviction prevention)	100.0% (5)	77.8% (7)	21.4% (3)	100.0% (1)	55.2% (16)
On-the-job legal issues	100.0% (7)	75.0% (3)	0.0% (0)	NA	43.5% (10)
Consumer debt	100.0% (6)	0.0% (0)	14.3% (2)	100.0% (2)	41.7% (10)
DMV issues (i.e., driver's license reinstatement)	66.7% (16)	19.4% (6)	33.3% (6)	50.0% (6)	40.0% (34)
Family reunification	38.5% (5)	66.7% (2)	20.0% (3)	50.0% (2)	34.3% (12)
Work authorization (for eligible immigrants)	NA	NA	8.3% (1)	NA	8.3% (1)
ID issues	NA	NA	7.1% (1)	NA	7.1% (1)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles; NA = not applicable.

Employment Outcomes

Fellows Obtaining Employment

Across regions, 198 Fellows obtained employment—about 52 percent of the Fellows who enrolled in Project imPACT (see Table 6.5). Although 48.4 percent of Fellows had not obtained employment at the time of our analysis, some Fellows were still being actively served in the program, so the total number of employed Fellows has the potential to increase after factoring in data from September 30, 2022, to February 15, 2023. Among those Fellows who obtained employment, almost three-quarters obtained full-time positions, 16 percent of Fellows obtained part-time positions, and 10 percent of Fellows filled temporary or seasonal positions. On average, it took 1.63 (SD = 2.51) months for Fellows to obtain employment after enrolling in Project imPACT.

Factors Associated with Obtaining Employment

We conducted analyses to determine whether Fellows' demographic characteristics were associated with employment outcomes. We found no significant association between employment outcomes and race/ethnicity, age, or gender (see Table 6.6). Similarly, there were no significant differences with respect to recidivism risk level. However, there was a significant association between program completion status and employment outcomes. About 50 percent of both employed and unemployed Fellows were still enrolled in the program. This means that those unemployed Fellows will still have the opportunity to obtain employment before completing the program under Cohort 2. However, employed Fellows were more likely to have successfully completed the program (63.8 percent) than those who did not obtain employment (36.2 percent), suggesting that Fellows who complete the program goals are more likely to gain employment. However, given that the mean time from enrollment to employment was fairly short, it is difficult to know whether Fellows who gain employment early are more

TABLE 6.5
Employment Status of Fellows, Overall and by Region

Employment Status	ARC	Downtown LA	San Fernando Valley	South LA	Watts	Total
Obtained employment	61.3% (19)	26.2% (17)	77.0% (57)	46.8% (44)	50.8% (61)	51.6% (198)
Full time	42.1% (8)	88.2% (15)	64.9% (37)	81.8% (36)	83.6% (51)	74.2% (147)
Part time	36.8% (7)	0.0% (0)	28.1% (16)	11.4% (5)	6.6% (4)	16.2% (32)
Temporary or seasonal	21.1% (4)	11.8% (2)	7.0% (4)	6.8% (3)	9.8% (6)	9.6% (19)
Did not obtain employment	38.7% (12)	73.8% (48)	23.0% (17)	53.2% (50)	49.2% (59)	48.4% (186)

NOTE: Counts (*n*) are shown as parenthetical values. LA = Los Angeles.

TABLE 6.6
Association Between Employment and Fellow Demographics

Fellow Demographic	Percentage of Fellows Who Obtained Employment	Percentage of Fellows Who Did Not Obtain Employment
Age, M (SD)	37.71 (11.84)	38.03 (11.75)
Length of time in Project imPACT, months*	9.43 (198)	8.22 (4.54)
Race/ethnicity		
Black or African American	44.4% (88)	57.5% (107)
Hispanic, Latino, or Spanish origin	40.9% (81)	29.0% (54)
White	6.6% (13)	7.5% (14)
Other (includes Native Hawaiian, Asian, and American Indian or Alaska Native)	4.5% (9)	4.3% (8)
Multi-racial or -ethnic origin	2.5%(5)	1.1% (2)
Declined to state	1.0% (2)	0.5% (1)
Overall recidivism risk (LS/CMI)		
Medium risk (*n* = 115)	33.7% (61)	30.9% (54)
High risk (*n* = 203)	55.8% (101)	58.3% (102)
Very high risk (*n* = 38)	10.9% (19)	10.5% (19)
Program completion status*		
Successful completion (*n* = 152)	63.8% (97)	36.2% (55)
Not completed successfully (*n* = 73)	31.5% (23)	68.5% (50)
Still enrolled (*n* = 159)	49.1% (78)	50.9% (81)

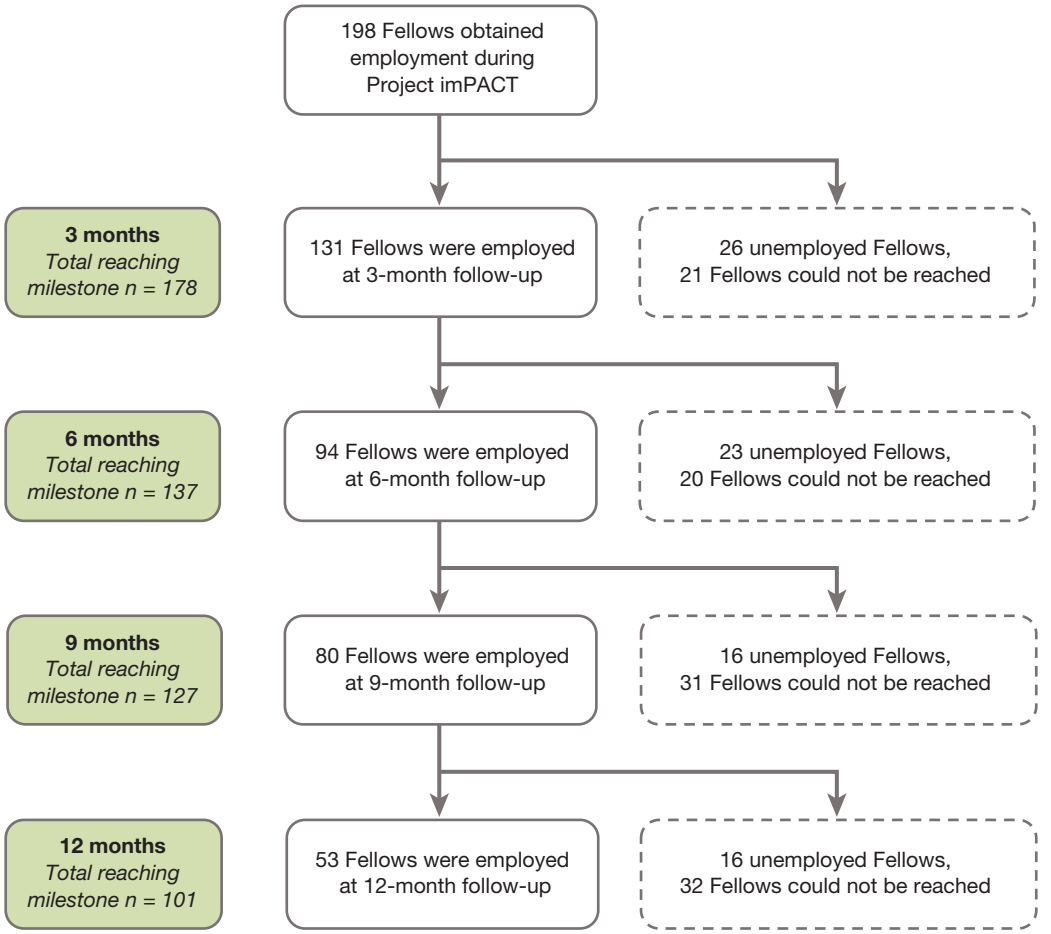
NOTE: Unless otherwise noted, counts (*n*) are shown as parenthetical values. M = mean; NA = not applicable; NR = not reported; SD = standard deviation. * $p < 0.05$.

motivated to stay and complete services; whether they are more likely to be meaningfully engaged in services and, therefore, have a better chance at obtaining employment; or whether they tend to be more motivated or have fewer barriers to employment, which leads to higher rates of employment and program completion.

Employment Retention

We collected employment retention data for the 198 Fellows who obtained employment during Project imPACT at three-month intervals. In Figure 6.1, we present data on employment status at each follow-up interval. Of note, not all Fellows reached each employment milestone, and the text boxes on the lefthand side of the figure indicate how many Fellows

FIGURE 6.1
Fellows' Employment Retention, by Follow-Up Period



reached each milestone. In addition, providers sometimes did not have the opportunity to attempt to follow-up with Fellows at each milestone, and sometimes they could not reach Fellows when they did try to follow up with them. Therefore, at each follow-up period, we present the number of Fellows who were employed at that time, the number who were not employed, and the number who could not be reached for follow-up.

Of the 178 Fellows included in the 3-month follow-up after their initial employment, 74 percent were employed, and 15 percent were no longer employed. At the 6-month follow-up, 69 percent of the 137 Fellows who reached this milestone were employed, and 16.8 percent of these Fellows were no longer employed. At nine months, 63.0 percent of the 127 Fellows at this milestone were employed, and 13 percent were no longer employed; however, the number of Fellows who were not reached for follow-up also increased. Finally at 12 months after

their initial employment, 53 percent of the 101 Fellows at this milestone were employed, and 16 percent were no longer employed.

Together, these findings indicate that rates of employment do appear to decline over time, although we cannot know the employment status of the Fellows whom providers were unable to reach at each follow-up period.

Housing Stability

With the added housing services in Cohort 2, one new goal of Project imPACT was to help Fellows improve their housing stability. To assess progress toward this goal, we began by examining the housing status of Fellows on exit from Project imPACT (see Table 6.7).

In a follow-up analysis, we explored whether the 87 Fellows living in unstable housing settings (transitional housing, sober living home, and sheltered and unsheltered homeless settings) when they entered the program had transitioned to more-stable settings on exit (see Figure 6.2). On exit from the program, 30 Fellows (34.4 percent) had moved into independent living settings and 26 Fellows (29.9 percent) had moved in with family members or friends. (We assumed that such individuals were in a stable setting, because they were not reported to be couch surfing in the homeless–sheltered category).

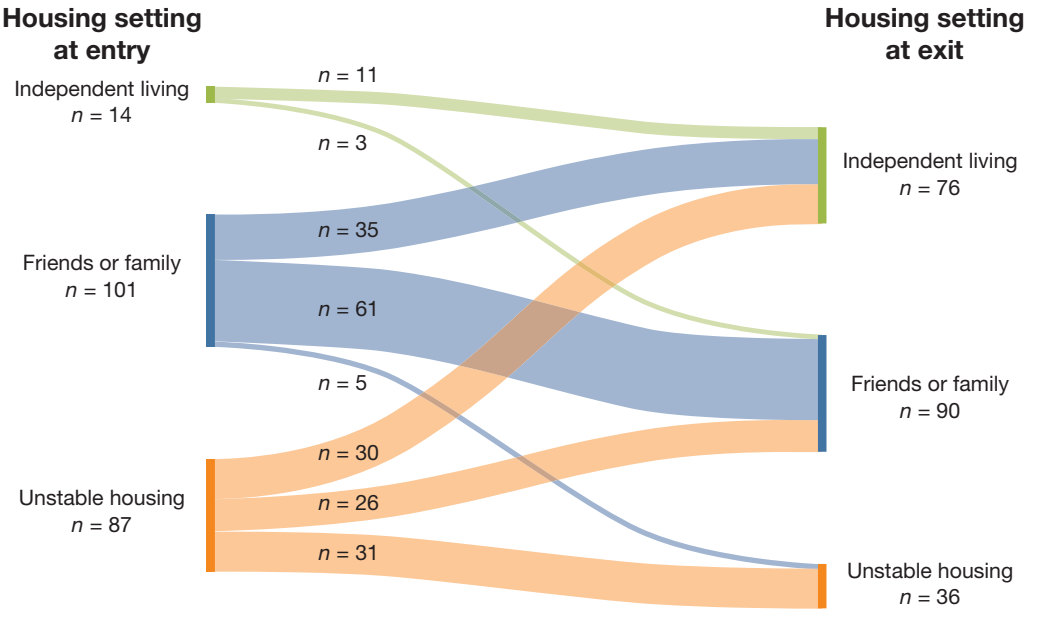
Moreover, very few Fellows who were living in stable housing settings when they entered the program transitioned to unstable settings. Of the 101 Fellows living with friends or family on entry, only five (5.0 percent) transitioned into less stable settings. Everyone who was living in independent living settings on program entry (n = 14) was still in stable housing settings

TABLE 6.7
Fellows' Housing Status at Exit from Project imPACT, Overall and by Region

Housing Setting	ARC (n = 9)	Downtown LA (n = 50)	San Fernando Valley (n = 54)	South LA (n = 39)	Watts (n = 82)	Total (n = 236)
Independent living	9.1%	40.0%	18.5%	28.2%	45.1%	33.5%
Transitional housing setting	0.0%	10.0%	7.4%	20.5%	2.4%	8.1%
Sober living home	0.0%	2.0%	1.9%	12.8%	0.0%	3.0%
Family or friend's house	9.1%	26.0%	72.2%	33.3%	37.8%	41.1%
Homeless–sheltered (e.g., couch surfing, hotel or motel)	0.0%	6.0%	0.0%	5.1%	1.2%	2.5%
Homeless–unsheltered (e.g., on the street or a place not meant for habitation)	0.0%	8.0%	0.0%	0.0%	0.0%	1.7%
Other	81.8%	8.0%	0.0%	0.0%	13.4%	10.2%

NOTE: LA = Los Angeles.

FIGURE 6.2
Changes in Fellows' Housing Status from Program Entry to Exit



NOTE: Figure includes Fellows who exited from Project imPACT and excludes those who indicated "other" for their housing status on entry or exit.

when they exited the program. Together, these data suggest that Fellows did experience improvements in housing stability during their time in Project imPACT.

Recidivism

Recidivism data were collected from Los Angeles County Superior Court records. We searched these records on January 17, 2023. On this date, Fellows had been enrolled in Project imPACT for at least 120 days (4 months), although an individual's days since enrollment ranged from 120 to 1,058 days (M = 522.9, SD = 239.7).

As described in the "Methods" section in Chapter 2, we searched the public court records using the Fellow's first name, last name, birth month, and birth year. We used birth month and year to maximize the likelihood that the individual identified in the Superior Court records was the actual Fellow, because there could be multiple matches based on name alone. However, there were still a small number of name, birth month, and birth year combinations that returned multiple matches (n = 5), and we were unable to determine which was the correct match because we did not have additional identifying data available for these individuals (e.g., middle name). In addition, we found no match in the system for about one-quarter of the Fellows (25.5 percent). This lack of match could mean that prior criminal justice system

involvement for these Fellows was based on charges outside Los Angeles County or perhaps that past records had been sealed. But a particularly large percentage of Fellows served by ARC had no prior record in this system (67.7 percent; see Table 6.8), which likely reflects the fact that ARC serves TAY, so any prior convictions would likely be in juvenile court (housed in a different system).

Variable outcome period. Our first analysis included all Project imPACT Fellows who enrolled by September 30, 2022, regardless of the length of time they had been enrolled in the program. In total, we were able to find records for 281 Fellows (73.2 percent of the sample). Among these, only 22 Fellows had been convicted of a new charge that occurred after enrollment in Project imPACT. Among those who were convicted, the average time from enrollment in Project imPACT to arrest (for the charge on which the person was ultimately convicted) was 289.5 days (SD = 229.9), ranging from 21 days to 718 days. We could not determine how many of the charges were misdemeanors or felonies, because many of the charges were *wobblers* (i.e., a charge that can be a misdemeanor or felony). However, the charges included driving under the influence (n = 5), crimes against persons (n = 5), property offenses (n = 4), firearm-related offenses (n = 3), criminal threats (n = 2), drug-related offenses (n = 1), resisting an executive officer (n = 1), and reckless driving (n = 1).

We examined the association between program completion status and recidivism status. In other parts of this report, we focused on program completion status as of September 30, 2022. However, because we obtained recidivism data on January 17, 2023, we included completion status data as of that same date (see Table 6.9). We found that there was a significant association between recidivism status and program completion status (p = 0.01). Among the 22 Fellows who had recidivated, 11 (50 percent) Fellows did not successfully complete Project imPACT, eight Fellows successfully completed the program (36 percent), and three Fellows were still active in the program (14 percent). Fellows who had been convicted of a new charge were less likely to have successfully completed the program. However, it is also important to note that recidivism sometimes took place before a Fellow left the program. For example, among the eight Fellows who successfully completed the program, five were arrested before

TABLE 6.8
Fellows' Recidivism Status, Overall and by Region

Recidivism Status	ARC (n = 31)	Downtown LA (n = 65)	San Fernando Valley (n = 74)	South LA (n = 94)	Watts (n = 120)	Total (n = 384)
Conviction	3.2% (1)	6.2% (4)	9.5% (7)	6.4% (6)	3.3% (4)	5.7% (22)
No conviction	29.0% (9)	80.0% (52)	58.1% (43)	77.7% (73)	68.3% (82)	67.4% (259)
No record	67.7% (21)	10.8% (7)	31.1% (23)	16.0% (15)	26.7% (32)	25.5% (98)
Multiple matches	0.0% (0)	3.1% (2)	1.4% (1)	0.0% (0)	1.7% (2)	1.3% (5)

NOTE: Counts (n) are shown as parenthetical values. LA = Los Angeles.

TABLE 6.9
Fellows' Recidivism Status, by Program Completion Status

Recidivism Status	Fellows Who Successfully Completed Project imPACT	Fellows Who Exited Without Completing Project imPACT	Fellows Who Are Still Active in Project imPACT
Conviction (*n* = 22)	36.4% (8)	50.0% (11)	13.6% (3)
No conviction (*n* = 259)	53.2% (138)	21.2% (55)	27.8% (72)
No record (*n* = 98)	56.1% (55)	12.2% (12)	34.7% (34)
Multiple matches (*n* = 5)	60.0% (3)	20.0% (1)	20.0% (1)

NOTE: Counts (*n*) are shown as parenthetical values.

they completed the program and three were arrested after they completed the program. Similarly, among the 11 Fellows who exited without completing the program, five were arrested before they completed the program and six were arrested after they completed the program.

Regardless, these data suggest rather low rates of reconviction—only 8 percent among those individuals whose records could be located within the Superior Court database. That said, the average number of days from arrest to conviction for these individuals was 131 days (SD = 114.4; range = 2 to 355). Therefore, there may be other Fellows who were arrested for an offense for which they will eventually be convicted but who had not yet been convicted at the time that we collected recidivism data. For example, there were 33 additional Fellows who had been arrested since their enrollment in Project imPACT but whose case status was pending at the time of our analysis, although there was some indication that some of these individuals might participate in a diversion program that would enable them to have their charges dismissed.

Fixed one-year outcome period. We also conducted an analysis focused on the subset of Fellows who had been enrolled in Project imPACT at least one year before we collected the recidivism data. This subsample included 251 individuals. We were able to find records for 186 Fellows (74.1 percent), and 19 of them had been reconvicted (10.0 percent). This provides further support for the program's low recidivism rate.

Summary

We found that Fellows participating in Project imPACT were able to achieve several of the program goals. Through their work with the employment, behavioral health, and legal providers, Fellows successfully worked on barriers to employment. Some of the most commonly addressed barriers included the need for a resume and interview preparedness, learning to manage stress and interpersonal relationships, and receiving assistance in addressing Ban the Box violations or other hiring-related legal issues.

In addition, across regions, 198 Fellows obtained employment—about 52 percent of the Fellows who enrolled in Project imPACT. Fellows who successfully completed Project

imPACT were more likely to have obtained employment, although we also observed that, on average, it took Fellows only 1.6 months to obtain employment. Moreover, employment retention rates suggested promising outcomes: At six months, 69 percent of Fellows were still employed, and at one year, 53 percent were still employed. In addition, although only a modest percentage of Fellows received formal housing services, we found that many Fellows' housing stability improved from enrollment to exit from Project imPACT. Of the 87 Fellows who were in unstable housing settings on entry, 64 percent had moved into a more stable setting by the time they exited. Finally, we found very low rates of recidivism as defined by the program as being convicted for a new arrest that occurred after enrollment in Project imPACT. According to available Los Angeles County Superior Court data for 281 Fellows, only 22 Fellows had been convicted of a new charge as of January 17, 2023.

CHAPTER 7

Fellow Perspectives

Gathering Fellow feedback and experiences with Project imPACT was an important component of this evaluation. We solicited this feedback through one-on-one individual telephone interviews with currently enrolled and recently exited Fellows, which included interviews that focused on experiences across the program's different types of services and interviews focused on specific service categories. As described in Chapter 2, a total of 35 Fellows and former Fellows participated.

Program Awareness and Motivation to Participate

Fellows learned about Project imPACT through a variety of sources. In order of frequency, referral sources included word of mouth (e.g., friends who have participated in the program); other programs operated by the imPACT providers; transitional housing providers; and parole and probation officers. Fellows were motivated to participate in Project imPACT primarily by the prospect of securing permanent employment. Additional services that attracted Fellows included (in order of frequency) behavioral health resources, legal services, and housing. Fellows also reported receiving additional services, such as transportation support (e.g., bus passes and gas gift cards).

Satisfaction with Services

Overall, Cohort 2 Fellows reported a high level of satisfaction with Project imPACT services. Fellows indicated that participating in the services was a great source of support in their process of reintegrating back into society, referring to the program as a "stepping stone" and "safety net when trying to get your life back together."

The sections below describe the feedback and reflections Fellows offered about each service area offered by Project imPACT. In the 2021 round of interviews, we asked each Fellow about each service area. In the 2022 round of interviews, the interviews focused on one service area only; however, Fellows occasionally would mention an experience with one of the other service areas. In those cases, that feedback may be included here as well.

Employment Services

Overall, Fellows expressed a great deal of appreciation for Project imPACT employment services; for many, the need for a job is what initially led them to enroll in the program. In addition to meeting the traditional needs of helping Fellows prepare a resume, search for a job they were qualified for, and practice interviewing, Fellows pointed out that Project imPACT employment services also helped them in some unique ways. For example, one Fellow noted how their employment specialist helped them think about leveraging their skills learned during incarceration as a potential strength to enhance employability:

> There's stuff that I learned how to do in prison . . . [and the employment specialist] explained to me that I can look at it as [work] experience.

Other Fellows shared appreciation for having someone to call on for support if they had a problem at work. A few Fellows shared that they reached out to program staff after having secured a job to ask for advice on how to navigate work-related challenges:

> Sometimes I need their support when there are issues that arise as far as different thinking patterns that can adversely affect me. I turn to them . . . I ask [them] questions about how do I navigate through a coworker who's clearly insubordinate?

In addition to person-to-person services, Project imPACT providers were able to offer tangible resources for Fellows in specific employment sectors, such as tuition to cover vocational training and reimbursement to purchase work-related tools. One Fellow shared,

> [Funding for vocational training] has been monumental because I didn't have the funds to get the license . . . I would have to work and save, man, forever to get here because it cost almost $5,000.

Another Fellow echoed this appreciation:

> Helping me by reimbursing me for tools is huge, because the money I've spent on tools is out of my pocket and I don't have any money on me. The little I do have I just spend on tools, it's a real hardship . . . I need the money so that I can get a home, so I can get on my feet rather than having to buy tools so that I can keep working.

These are just a few examples highlighting how program staff take Fellows' situations, interests, and desires into consideration when supporting Fellows who have different needs and barriers than traditional job seekers.

Behavioral Health Services

Interviewed Fellows largely reported meeting one-on-one with behavioral health providers on a weekly basis. Because many Cohort 2 services were delivered during the height of the COVID-19 pandemic, most of these sessions happened remotely, via phone or video calls. Fellows noted that meeting virtually did not interfere with their ability to build rapport with mental health professionals. Instead, they appreciated how convenient it was, and in many cases, remote support made it easier for them to access the service. As one Fellow asked,

> Why would you want to go out in traffic at rush hour to go to a meeting, when you can do it over the phone, from home?

Another Fellow explained,

> If it was up to me, I would rather do FaceTime, because I'm working [and] it's a lot simpler. Imagine getting off work, and then driving all the way to [the therapist's] office. When I could just, man, the simplicity [of doing] things on the phone.

Fellows expressed a high degree of satisfaction with the behavioral health services they received. In addition to providing a safe space to share their thoughts, feelings, and emotions, one Fellow noted that their behavioral health provider made them feel valued:

> Having this [criminal] history, it comes with a little bit of shame. Being with somebody that you can talk to about very, very personal things and they don't add to that, and they actually make you feel like you have worth. It's encouraging.

Another Fellow stated,

> It's nice to have somebody to talk to you that I can share my problems with, share my frustrations, share my difficulties with, and it's helped keep me grounded.

Fellows shared that through Project imPACT behavioral health services, they have been able to learn coping strategies to help them manage stressors, reintegrate into society, and maintain their employment. As one participant pointed out,

> To me it's important to participate in [behavioral health services], because it helps me with my sobriety; because instead of looking for comfort in the corner, I can do it from home, on my phone, and keep doing good.

Another Fellow shared,

> I spent a lot of time in prison, so there's things out here that I'm not prepared for because prison didn't prepare me for this. I guess just talking about it . . . it's helping me assimilate back into the society.

Another interviewee stated,

> [Behavioral health provider] was very instrumental in helping me with my attitude, adjusting and staying focused, and really just being the best employer or employee that I can be.

Although most interviewed Fellows spoke highly of the benefits of Project imPACT behavioral health services, two Fellows pointed out that staff turnover prevented them from receiving needed services and adversely affected their well-being. For example, one Fellow explained,

> I didn't like the fact that [my mental health provider] had left and then I got another person to meet with, and then I was meeting with her, and then she decided to leave as well . . . I was like, "I would have to start again all over," and I was like, "No, this is not beneficial to me. I sound like a broken record going back and forth." Therefore, I stopped the therapy session.

Legal Services

Fellows highlighted the benefits of accessing Project imPACT's no-cost legal services to assist them on removing, sealing, or expunging criminal records; lifting restraining orders; filing legal paperwork; preventing eviction; negotiating tax payments; and reinstating their driver's license. As one Fellow indicated,

> It's a blessing that they have [legal] services and it's free to those that are participating.

Out of those Fellows interviewed that needed legal services, some reported not receiving the legal services they needed. For example, one Fellow stated,

> The whole reason that I'm in Project imPACT was to expunge my record . . . I feel like [the legal advisor] didn't help me with my legal thing, and I'm doing it by myself.

This Fellow indicated that they did not feel that their concerns were understood by the legal services provider. However, it was unclear whether the Fellow had this perception because the legal team actually could have been doing more to resolve the issue or whether their perception reflected another issue beyond the control of the legal team (e.g., the Fellow's eligibility for expungement, the length of time it takes to seek expungement, the input needed on the part of the Fellow to seek expungement). Regardless, this may reflect a need to help Fellows set expectations about the effort that they might need to put forward while working with legal service providers to resolve legal concerns.

During the COVID-19 pandemic, Fellows met with legal assistance providers over the phone or via email. Although their ability to access legal services was not affected by the

pandemic, one interviewee spoke about COVID-19–related delays in getting their legal issues resolved:

> My only issue is that courts were pushed way back because [of] getting the capacity of the courtrooms or something like that.

Although such delays in the legal process were beyond the control of Project imPACT providers and Fellows, it made it more difficult for program attorneys to see Fellows' legal issues through to resolution.

Housing Services

Fellows emphasized the foundational role that housing plays when trying to work toward their life goals. For example, as one Fellow stated,

> It's hard to be job-ready, go to school, and change your life through Project imPACT when you don't have housing.

Housing services were introduced during Cohort 2 in response to needs identified during Cohort 1. Cohort 2 housing services included housing navigation (e.g., assistance finding housing or addressing housing-related issues) and subsidized, shared, transitional housing at a five-bedroom shared transitional living house. To be eligible to live at the Project imPACT house, Fellows needed to be employed and were expected to cover a portion of the monthly rent, with increases every three months until they were paying the full rent amount. Fellows who were eligible to move into the house had a choice to live in a single or a shared room; those who choose a single room pay at higher amount in rent than those living in shared rooms. Fellows could stay at the house for a period of 12 months and could request an extension if they needed to stay longer.

Interviewed Fellows who had lived in the Project imPACT house shared that they moved in because they had lost their housing, their previous housing "was not adequate," or they did not have other housing options. Participants also shared that the low cost of the housing was an appealing factor.

While living at the Project imPACT house, Fellows worked with a housing navigator and resident manager to address any issues that arose with other residents, staff, or the facility. Participants reported meeting weekly with the resident manager and monthly with the housing navigator:

> [We talked] about life in general, where we're at, what each of us are doing, our rules about the place, any issues I brought up, stuff like that.

Those Fellows who had lived at the Project imPACT house expressed varied levels of satisfaction with the housing services. Most reported a high level of satisfaction with the housing facility, sharing that the house was "clean," "well maintained," and "in better condition" than

other transitional housing places. They were dissatisfied (in order of frequency) with the lack of support they received as they transitioned out of housing, the house's no-visitors rule, the location of the house, and a general lack of privacy because of the shared living conditions. One Fellow who decided not to move into the Project imPACT house explained,

> They offered me a housing option, but I didn't want that because I . . . [was] in prison with a cellmate. . . . In some instances, I was in a dorm with a lot of other people smashed together . . . I didn't want that . . . I need some space to myself.

Several Fellows continued to struggle with finding housing after they left the Mike Gipson House and expressed that they did not get adequate support from Project imPACT during the transition. One Fellow expressed how daunting it is to search for housing on their own:

> I asked them for help [seeking permanent housing], and they just told me to go look for it on my own. Mind you, I've been in prison . . . and I [had] never looked at an apartment, ever.

Other barriers Fellows mentioned included lack of credit history; limited financial resources to cover application fees, security deposits, and first month's rent; and a lack of affordable housing units in Los Angeles.

Experiences with the Multidisciplinary Team

Fellows were asked about their experiences working with the multidisciplinary team of providers. Fellows reported a positive experience interacting with the different Project imPACT staff members. Fellows described the team members as "helpful," "genuine," "nonjudgmental," "professional," "responsive," and "supportive." One Fellow noted,

> [The multidisciplinary team] was always there to give me the extra push that I needed.

All interviewed Fellows felt that the Project imPACT staff members understood their needs. As one Fellow stated,

> I feel like I can actually reach out to somebody and they're going to actually help me. That's what Project imPACT has made me feel. That I now have a resource place to go to for any questions, any help that I would need, too.

Some Fellows even noted that interactions with Project imPACT staff members helped them to feel connected to other people, particularly while COVID-19 affected their ability to socialize with friends and family and participate in recreational activities.

Fellows especially valued the opportunity to work with peer navigators, noting that working with someone who also had criminal justice lived experience helped them feel understood:

> If a person that has never had that and they're trying to help you, they're not going to understand because they're not ever in your shoes, but if a person that has had that in the past, they know what it's been like.

As one Fellow stated,

> It was easy to interact and be opened up and trustworthy with all these individuals . . . because they came from the same struggles. They were able to help me build that trust with them and believe that they were really there to help out.

Fellows also noted that seeing individuals with similar criminal backgrounds as theirs being successfully employed is encouraging:

> Just the background [that the peer navigator] had prior to [being] in the ImPACT Program made me realize that even with the record or whatever the case may be, I was able to still follow my dreams and do what I can to be successful.

Given that services are currently being delivered virtually, most interviewed participants did not feel equipped to assess whether team members provide services to all individuals independent of their racial and ethnic identity, sexual orientation, language abilities, or cultural traditions. Those who did comment on this subject indicated that team members are knowledgeable and sensitive to these differences.

Employment Outcomes

At the time of the interviews, about four-fifths (81 percent) of participating Fellows reported being employed. The percentage of Fellows working full time varied between interview rounds: One-fourth (25 percent) of Fellows were employed during the first round in 2021, and more than two-thirds (69 percent) of Fellows from the second round of interviews in 2022 reported being employed full time. Their employment type varied widely from warehouse assistant to phlebotomist.

When asked if they would like to stay in their current position for a while, interviewed Fellows shared that while satisfied, their current employment is just a starting point. They expressed an interest in continuing their education, growing professionally at their current place of employment, and getting better-paying jobs. A couple of Fellows noted that because of their criminal background, they are underpaid:

> The owner of this company takes advantage of people like me. He hires us because he knows that those of us with a criminal background can't get a job. . . . He's paying me about $8 less than what I should be making with the skills, experience, and education that I have.

Fellows that are currently seeking employment shared that their efforts have been negatively affected by the COVID-19 pandemic and the type of job leads they have received from employment providers. For example, a couple of Fellows shared that they have been unable to take their truck driving school test because of closures and reduced hours at their local DMV facilities. Other Fellows noted that the job leads they received were for minimum-wage jobs with limited growth prospects or that they were not easily accessible because of transportation barriers.

Considerations for the Future

We asked Fellows about any recommendations they had for the ongoing implementation of Project imPACT. Fellows offered the following recommendations to consider when implementing similar programs in the future:

- **Make length of program participation more flexible.** Fellows suggested allowing more time for program participants to address barriers to employment beyond one year. One Fellow suggested that "they should [provide services] . . . until you're okay . . . if a person is struggling past longer than a year, I feel like they should be able to be with that person till they're okay because they would just make it easier for the person to be able to continue succeeding."
- **Improve housing support services, particularly during transition.** Fellows cited the need for Project imPACT to strengthen the support offered to Fellows when they are transitioning from Project imPACT–subsidized housing to living on their own. Locating housing is a daunting process for Fellows, who often have little experience in doing this and few resources to be competitive in the Los Angeles rental market, and they need more guidance to navigate the process. For example, one Fellow said, "If they could help me find housing, help me find a program that'll help me pay for housing . . . a more permanent solution and a way to assist paying for it, that would help."
- **Incorporate additional program components.** Fellows suggested a few components that could be added to Project imPACT that would benefit program participants. This included providing volunteering opportunities while they wait for their paperwork (e.g., Social Security cards, driver's licenses) to get processed, and adding a social component to the program by providing a space where Fellows can come together to share their experiences in a safe, nonjudgmental space. As one Fellow described it, "Somebody hearing somebody else's story, two things I'll take from that: Your story ain't as bad as you thought it was, and two, somebody else is going through something and you share the story, you experience some of that, and now you can put a name to it or put something to it to make some sense of it."
- **Continue to reevaluate service delivery modality.** While the majority of Fellows appreciated the flexibility that virtual services offered, virtual services might not meet every-

one's needs. One Fellow noted that, in certain circumstances, participants may benefit from more in-person interaction.

- **Build direct employment pipelines.** Fellows recommended that Project imPACT staff collaborate with the Department of Rehabilitation "to provide a broader range of employment training services." Another Fellow noted that "[Project imPACT staff] could be more helpful with [employment] resources that are . . . readily available and not so much you have to search and search and search, but just they already have contacts and resources that are available to assist."
- **Increase visibility of Project imPACT's services.** Fellows indicated that providers need to reach out to incarcerated individuals to raise awareness of Project imPACT services. One Fellow noted, "I wish they had outreach in the system, within the prison system, so that there is more accessibility for those [individuals] when they get out, so they know that there's a support."
- **Increase the number of Project imPACT team members to better serve the needs of participants and help cover gaps during staff turnover.** One Fellow noted, "They need more individuals there to be able to facilitate smaller groups. To keep the focus on what each individual needs to accomplish." Staff turnover, particularly in the behavioral health role was also a pain point during Cohort 2. Project imPACT may need to more carefully consider how to support Fellows during transition of key staff to maintain rapport and prevent support gaps.

Summary

Fellows were generally satisfied with their experiences in Project imPACT, noting how the support has been valuable as they reintegrate into the community. Employment and behavioral health services were described as particularly helpful. Although some Fellows who had received legal services felt that they had not received the services they needed, it was unclear whether this reflected actual gaps in services or perhaps certain categories of services that are beyond the scope of Project imPACT attorneys. If it is the latter, this perception may suggest a need for clearer messaging on the purpose of Project imPACT legal services. In addition, Fellows who had received housing services found them helpful; however, they needed more support in transitioning to more permanent housing.

CHAPTER 8

Summary and Conclusion

This report summarizes the findings of our process and outcome evaluation of Cohort 2 of Project imPACT. These findings cover services provided, employment outcomes, and housing outcomes from the beginning of services in June 2020 through September 2022; in addition, we were able to capture provider and Fellow perspectives, as well as reconviction data, through January 17, 2023. Although Cohort 2 formally ended on February 15, 2023, this report fulfills the final evaluation report for the BSCC. Therefore, in this chapter, we focus on summarizing progress toward the Project imPACT programmatic goals, describing limitations of our evaluation and providing recommendations for the ongoing implementation of Project imPACT, which recently received funds to support a third cohort.

Progress Toward Project imPACT Goals

Goal 1: Program Experience Perceived to Be Positive and Valuable by Fellows

In interviews conducted with Cohort 2 Fellows, most Fellows reported that they have been satisfied with the services they have received. Regarding employment services, Fellows noted that they received support not only in obtaining a job but also in retaining their employment. They also appreciated the availability of behavioral health services to help them through the reintegration process, including the therapists' flexibility to provide virtual services as needed. Fellows highlighted the dedication of Project imPACT staff, describing them as responsive, supportive, and nonjudgmental.

At the same time, Fellows and staff did identify some opportunities for improvement. For example, they noted that it would be beneficial to add components to the service model, such as substance use disorder treatment. In addition, although housing services were a new element to Project imPACT for Cohort 2, Fellows had some feedback on how the program could better address their housing needs (e.g., make housing available in other areas of the city or that can accommodate family members). Fellows and staff members also noted that flexibility in the length of the program could also help accommodate the needs of a greater number of Fellows.

Goal 2: Improvement of Project Partners' Ability to Serve Justice-Involved Individuals

Project imPACT providers have demonstrated their commitment to serving justice-involved individuals. Although the program initially set out to enroll 200 Fellows across regions, the providers nearly doubled that target, enrolling 384 Fellows by September 2022. This finding demonstrates the providers' ability to conduct outreach to and serve this population. During the course of Cohort 2, providers continued to work together to increase their capacity to serve the Fellows, maximize the relevance and effectiveness of services, create new partnerships, and develop innovative approaches to service delivery. Early in Cohort 2, providers also had the opportunity to participate in a trauma-informed care training coordinated by the Mayor's Office, and many providers participate in ongoing professional development through their own organizations. The monthly all partner meetings also serve as an important tool to building the capacity of providers, creating a forum for information-sharing and for troubleshooting issues. This finding is consistent with research on quality improvement efforts within programs—bringing together providers and other people involved in delivering services, not just managers, can be an effective way to support the ongoing evolution of a program.

At the same time, turnover among program staff may have served as a barrier to meeting this goal, because there were periods in which Fellows were unable to receive a certain type of service (e.g., when there was a vacancy in the therapist role), and important institutional knowledge about the implementation of Project imPACT was often lost as a result of this turnover.

It is also important to acknowledge that providers were able to leverage their experience gained in Cohort 1 for Cohort 2. Most of the organizations providing services under Cohort 2 have been serving Project imPACT Fellows since the program's inception in 2018; although ARC is newer to Project imPACT, its staff contributes a long-standing track record of providing services to justice-involved individuals. Implementation researchers have found that it can take up to three years for a program to reach "full implementation" (Fixsen et al., 2005). During some trial and error in Cohort 1, providers were able to see what worked effectively, what needed to be changed, and what additional services might be needed to optimize the effectiveness of Cohort 2. Having learned these lessons in Cohort 1 helped create a strong foundation for their approach in Cohort 2. This is something that BSCC may formally consider as part of their strategy for funding future cohorts of Proposition 47–funded programs: It is likely a good use of resources to continue to fund the same agencies, because these agencies have already built their capacity to do the work and could hit the ground running.

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

Our site visits with service providers highlighted their efforts to adhere to the program's guiding principles. Partnerships with community organizations are a key part of the program model. Providers often refer Fellows to outside organizations when Fellows need services beyond those offered in the core Project imPACT model, such as substance use disorder services or health supports. Providers are aware of the importance of trauma-informed care; many described the ways that trauma can affect a Fellow's reentry into the community, exemplifying their nonjudgmental approach to providing services. However, providers' understanding of how to provide trauma-informed care was mixed: For example, not all providers know how to identify the role of trauma in behaviors or how to sensitively provide services to individuals who have experienced trauma. Regarding cultural competence, providers described their efforts to use person-centered and nonstigmatizing language in their program materials. They also emphasized how they had matched the cultural backgrounds of providers to those of the Fellows they serve. However, providers in at least one region noted that they could benefit from additional training to support their cultural competence. Finally, providers described their efforts to center services around the needs of the Fellows. According to Fellow feedback, providers were effective at being genuine, responsive, and supportive of Fellows; they understood Fellows' needs; and they effectively provided Fellow-focused services.

Goal 4: Improved Employment Attainment and Retention

As of September 30, 2022, 198 of the 384 Fellows who enrolled in Project imPACT had obtained employment (51.6 percent), mostly in full-time positions. This is a similar or higher rate of employment than has been observed in some other evaluations of employment-focused reentry programs (Cook et al., 2015; Redcross et al., 2012; Valentine and Redcross, 2015), including observational, quasi-experimental, and experimental studies. In addition, 81 Fellows who had not obtained employment were still enrolled in the program at the time of data analysis, meaning that the total number of employed Fellows could increase by the end of services in February 2023. If we focus specifically on the rate of employment among Fellows who completed the program (n = 225), we find that 67.6 percent (n = 152) of Fellows obtained employment.

It is also noteworthy that Fellows rated as high risk and very high risk for recidivism successfully obtained jobs. We also tracked employment retention for 12 months after initial employment. Almost three-quarters of Fellows remained employed at three months, and two-thirds at six months. Even one year after their initial employment, more than 50 percent of Fellows were still employed. This rate of one-year employment retention is similar to that found in studies of other employment programs, such as the CEO program model (CEO, 2019).

Interestingly, among the Fellows who obtained employment, we found that it only took an average of 1.6 months after enrolling for them to find a job. In part, this may be a testament to the dedicated work of the employment providers and their connections with employers in the Los Angeles area. It may be that Fellows who obtained employment had fewer major barriers to employment, such as a less-extensive criminal history—although, anecdotally, providers shared instances in which they were able to help Fellows get a job despite having lengthy records or periods of incarceration. Regardless, our results suggest that there is a benefit to having a yearlong program model, even if the time to initial employment is relatively brief. First, having a yearlong program gives individuals with more barriers to employment a chance to address them and a longer opportunity to search for a job with the support of the employment agencies. Second, providers and Fellows shared that they valued having supportive services not just to find a job but to *keep* their job as well. For example, Fellows described how employment and behavioral health providers were able to help them troubleshoot difficult on-the-job situations. Spending more time in the program also gives Fellows a chance to continue working on their behavioral health and legal concerns, particularly given how flexible providers were in offering remote services. Finally, ongoing participation in the program provided employed Fellows with the opportunity to pursue housing navigation and shared housing services. Indeed, Fellows appeared to achieve greater housing stability during the course of their time in the program, consistent with the new housing-related goals for Cohort 2.

Goal 5: Reduced Recidivism

We examined recidivism for the Fellows who enrolled between June 2020 and September 2022. As of January 17, 2023, only 22 Fellows had been convicted for a new charge after enrolling in Project imPACT. The average time from enrollment in Project imPACT to arrest (for the charge on which the person was ultimately convicted) was 289.50 days (SD = 229.88), from a range of 21 days to 718 days. Fellows who were reconvicted were somewhat more likely to exit Project imPACT without completing the program, although if they were incarcerated as a result of their conviction, that may have led to them dropping out of the program. Overall, though, this finding reflects a low rate of recidivism among enrolled Fellows.

It is important to acknowledge that an additional 33 Fellows had been arrested since their enrollment in Project imPACT, but their cases were still pending at the time of our analysis. Thus, we did not classify these Fellows as having recidivated, because the pending status did not meet our defined criterion of a new conviction (which is consistent with the definition used by BSCC); however, some of these Fellows may go on to be convicted of their charges, which can take some time (the average time from arrest to conviction for the 22 Fellows who recidivated during our evaluation period was 4.4 months). However, there was also some indication that some of these Fellows may have been participating in a diversion program that would enable them to have their charges dismissed. In addition, arrests should be interpreted with caution because an abundance of research documents that low-income commu-

nities of color are more heavily policed, making it more likely that residents of these communities have contact with police, deservedly or otherwise. The vast majority (approximately 92 percent) of Project imPACT Fellows are people of color. Moreover, even if all those arrests did become convictions, it would represent a fairly low recidivism rate.

These data suggest a lower rate of recidivism among Project imPACT Fellows than the general population of justice-involved individuals. As reported, of the 186 people who had been enrolled in the program for at least one year, only 19 had been reconvicted (10.2 percent). It can be a challenge to find an appropriate point of comparison for the recidivism rate observed in this study. For one, the BSCC definition of recidivism is three-year reconviction, so many local and state reports related to recidivism report on that time frame rather than on one-year reconviction. Second, Project imPACT enrolls a heterogenous population that includes individuals who may have been recently released from a brief stint at the local jail, those who are on probation, and those who are being released on parole from state prisons. Therefore, there is a mix of potentially relevant comparison groups.

That said, there are some sources that provide a relevant point of comparison for these findings. For example, a national report focused on individuals released from state prison found that about 20 percent of individuals were reconvicted in the year following release (Durose and Antenangeli, 2021). A report specific to men being released from state prisons in California found that individuals participating in a reentry program had a one-year reconviction rate of 15 percent, and those who were eligible but did not participate in the program had a one-year reconviction rate of 12 percent (Higuera, Jensen, and Morton, 2021). It is also important to note that recidivism rates tend to increase with time; for example, an analysis focused on individuals being released from the Los Angeles County Jail found that 36 percent of individuals had a new conviction within three years, although that rate varied from 33 percent for individuals on summary probation (i.e., probation following a misdemeanor) to 60 percent for those on mandatory supervision (i.e., individuals on probation after serving a state prison sentence at the local jail) (Chief Executive Office, County of Los Angeles, 2020). Together, these findings suggest that Project imPACT may hold promise to reduce recidivism among Fellows, although it will also be important to continue to follow Fellows longitudinally to see if these program benefits persist.

Limitations

There are six limitations to this evaluation to keep in mind when interpreting the results of this evaluation.

First, there are several possible ways to track employment outcomes over time. For this evaluation, providers followed up with individuals who obtained employment at three-month intervals. However, they sometimes were unable to reach a Fellow or did not attempt a follow-up at every interval. There were also times that providers did not reach a Fellow until the nine-month follow-up; in this instance, they asked the Fellow to report their employment

status at the previous milestones, but that data may be subject to the limitations of memory and self-report. In addition, it is important to note that we did not specifically ask Fellows whether they were employed at the *same* initial job or whether there were bouts of unemployment during the follow-up period. However, our approach to measuring employment is consistent with that used by other reentry organizations (e.g., CEO, 2019), which provides a point of comparison for these findings.

Second, there continued to be challenges related to providers' capacity to participate in the evaluation. One challenge pertained to providers' ability to navigate the online data management system; some providers had more difficulty than others. In addition, turnover in key staff positions meant that several new providers had to be oriented to the data management system, and sometimes, if it took time to hire a new provider, some data entry may have fallen through the cracks. This might also help explain the low rates of administration of the CBT measure to Fellows exiting the program, though that may also be due to some Fellows leaving the program without notice. The evaluation team provided comprehensive technical assistance to address these concerns and obtain the best quality data possible, but this is an important limitation to any evaluation that relies on programmatic data.

Third, we were unable to include the final months of Cohort 2 services in this report because of the time needed for analysis. For this reason, our report includes programmatic data submitted for services provided through September 30, 2022. Regions continued to enroll a small number of additional Fellows after this date, because Cohort 2 enrollment did not end until November 30, 2022, and Cohort 2 services continued to be provided through February 15, 2023. Although the evaluation team continues to collect and analyze Cohort 2 data to fulfill BSCC's reporting requirements, those data are not included in this report. Therefore, some of our conclusions regarding the duration and intensity of services are based just on those Fellows who had completed services by September 30, 2022.

Fourth, we obtained recidivism data from the Los Angeles County Superior Court data management system. Therefore, we were only able to detect new offenses that were prosecuted in Los Angeles County, and we were unable to include arrests and convictions outside Los Angeles County. In addition, we could not find matches in the database for 26 percent of Fellows, meaning their recidivism status was unknown at the time of this writing.

Fifth, we partnered with providers to identify Fellows who were willing to participate in interviews. Although we provided guidance to the providers about our recruitment goals (e.g., not recruiting just Fellows who were especially engaged or successful in the program), it is likely that it was easier for providers to share information about the interviews with more engaged participants. In addition, Fellows who were willing to participate in services may have been unique in other ways (e.g., particularly satisfied with services), and our interview findings should be interpreted with that in mind.

Finally, we were unable to identify a suitable comparison group for the purposes of this evaluation, which precludes us from drawing causal inferences about the influence of the program on observed outcomes. Throughout the report, we compared the program experience of those who successfully completed the program with those who exited before completion

(e.g., with respect to volume of services received), but there are likely to be systematic differences between Fellows who did and did not complete the program that could also influence outcomes, such as employment or recidivism. Although we compared outcomes for this program with other employment-focused reentry programs, this is still an observational study.

Recommendations

Before Cohort 2 of Project imPACT ended in February 2023, the program received funding for a third cohort of Fellows, beginning December 2023. The Mayor's Office has made some adjustments to the program model, including a greater emphasis on behavioral health services, the addition of a formal pathway to make referrals for substance use disorder treatment, and an expansion of the available housing services. With these changes in mind, we identified the following recommendations for Project imPACT (summarized in Table 8.1).

TABLE 8.1
Summary of Recommendations

Recommendation	Potential Strategies
1. Identify ways to address staff turnover and its impact on program implementation and outcomes	• Reduce burnout through professional development, effective leadership, and good benefits • Ensure competitive salaries • Allow staff flexibility and control over their schedules and workloads • Have backup staffing when possible, such as having two providers share responsibilities in two regions • Develop a detailed implementation guide with job descriptions and workflow details
2. Expand the housing supports available to Fellows	• Expand housing navigation services to all Fellows, not just employed Fellows • Consider expanding housing benefits and eligibility for shared housing to all Fellows • Provide more support for the transition from shared housing to independent living • Create a flexible pool of funds to cover additional expenses (e.g., security deposit, furniture) • Increase awareness of the program and the role of the Mayor's Office among potential landlords
3. Address barriers to program participation	• Provide remote services, via telephone or videoconference, along with access to technology and education on leveraging technology • Create partnerships to provide supports to meet other needs (e.g., food, transportation, substance use) • Continue hosting community outreach events to connect Fellows with other agencies and organizations
4. Assess the experiences of Fellows who are employed and provide additional supports as needed	• Support Fellows in their search for advanced opportunities and new employment following their initial employment • Solicit feedback from Fellows on their jobs to ensure they are not taken advantage of by employers

Recommendation 1: Identify Ways to Address Staff Turnover and Its Impact on Program Implementation and Outcomes

During Cohort 2, there was staff turnover in several key positions, including multiple therapists, attorneys, and peer navigators. We found that this turnover influenced the services that were provided; for example, South Los Angeles did not have a dedicated therapist for about nine months, which meant that many Fellows who enrolled in that region were not able to access behavioral health services. Turnover also affected Fellows' experiences: For example, as one of the Fellows we interviewed stated, having multiple therapists during their time in Project imPACT resulted in their decision to stop engaging in services. In addition, there was often a gap of time between the departure of one provider and the hiring of their replacement, and we observed the effect this gap had on the transfer of institutional knowledge. For example, new providers were often unaware of program eligibility requirements, reporting requirements, or expectations for participation. Turnover is an expected element of a program like this. First, individuals in the peer navigator position were able to use that role as a stepping stone to jobs with more room for growth, which can be considered a success of that role in many ways. Second, burnout is an important concern in social service fields; anecdotally, we saw many providers move into roles where they might have more control over their schedules (e.g., private practice behavioral health services) or where the content might be less intense (e.g., focusing on wellness).

Our recommendations related to staff turnover fall into two categories: (1) ways to reduce turnover and (2) ways to mitigate the effect of turnover. Regarding ways to reduce turnover, some studies have suggested that providing additional training, effective leadership, good benefits and salaries, and mental health supports to employees can be effective (Adams et al., 2019; Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Allowing staff flexibility and control over their schedules and ensuring reasonable workloads are also important (SAMHSA, 2022). One specific way that Project imPACT could contribute to these measures is by providing ongoing professional development and training opportunities (e.g., quarterly or biannual training sessions). The program could also include on-demand training sessions available to providers at their convenience. Establishing minimum salary requirements for providers could also promote retention, as suggested by recent research from other sectors (Coviello, Deserranno, and Persico, 2022; Ruffini, 2022).

Even with additional supports, there is likely to be some level of turnover among Project imPACT staff. There are also things that regional providers and the Mayor's Office could do to mitigate the effect of this turnover. For example, for most of Cohorts 1 and 2, regions had a single dedicated therapist. When these individuals left for other positions, it sometimes took weeks or month to identify a replacement. More recently, San Fernando Valley and Downtown Los Angeles took a different approach to behavioral health services, hiring two therapists who split their time between both regions. It is unlikely that both therapists would leave at the same time, meaning that one therapist would still be available to maintain and transfer institutional knowledge to new hires and ensure some continuity of care for Fellows. Turnover also appeared to have less of an impact when the provider's home orga-

nization provided consistent support for Project imPACT while seeking a new provider. It would also be beneficial to develop a Project imPACT implementation guide, which is regularly updated, that included details of the core program model and regional variations. This document could also include specific details of the roles and responsibilities of various staff members within Project imPACT, including the roles of the Mayor's Office, individual providers, and the evaluation team; job descriptions; necessary training to fulfill program roles; and key elements of the program workflow (e.g., how Fellows are enrolled, which assessments are administered and when, how providers communicate with each other and how often). Region-specific guides would be especially beneficial given the variation in implementation across regions. This type of guide could be maintained by the Mayor's Office, updated on a regular basis by providers (e.g., monthly or quarterly), and used as a knowledge transfer tool in the event of turnover.

Recommendation 2: Expand the Housing Supports Available to Fellows

The housing services were a new component to the Project imPACT model for Cohort 2, and they included housing navigation services and shared transitional housing. We found that a relatively limited number of Fellows participated in housing services, although we also found that many Fellows lived in more-stable housing settings on program exit than on entry. However, there are many opportunities that might bolster existing housing services to support more Project imPACT Fellows in their search for stable, long-term housing. First, housing services were only available to Project imPACT Fellows who had obtained employment. This measure was intended to ensure that Fellows living in the shared transitional housing setting could cover their portion of the subsidized rent; however, housing navigation services were also reserved for Fellows who had obtained employment. According to the housing providers, there would be value in expanding housing navigation services to all Project imPACT Fellows. Even if Fellows do not have sufficient income to live in the shared housing setting, they would still benefit from the support of housing navigators in seeking affordable housing options or managing challenges in their current housing placement (e.g., roommate or landlord issues). In addition, there is benefit to a *housing-first* program model, which places people in housing immediately. Housing-first models are predicated on the idea that it is easier to address other needs (e.g., physical and mental health, employment) when an individual has a stable place to live, and such a model can be effective for populations involved in the criminal justice system and with behavioral health concerns (Lawrence et al., 2016). Because Project imPACT has the benefit of having a more flexible pool of funds to use for housing subsidies, it could perhaps subsidize transitional housing for Fellows during the time they are seeking employment.

Second, Fellows who lived in the Project imPACT shared housing setting suggested that they would have benefited from more support in their transition to long-term housing. This support could include providing more help in navigating the process of searching for

housing or applying for additional housing programs. The Los Angeles housing market is competitive and expensive: In fact, a recent report by the California Housing Partnership (2022) found that renters would need to earn $45.17 an hour to afford the average monthly rent. For comparison, minimum wage in the City of Los Angeles is currently $16.04 per hour (Office of Wage Standards, undated). Compounding this issue, Fellows may also have difficulty finding landlords willing to rent to someone with a criminal justice history. Additional support may help them to overcome some of these challenges. This finding is consistent with those of a recent report focused on individuals on probation in Los Angeles, which found that such individuals typically needed more than two years to transition to independent living because they had difficulty finding a job that covered the cost of living in Los Angeles (Hunter et al., 2020).

Project imPACT providers have also suggested the benefits of more flexible housing supports. Currently, the shared transitional housing setting is the main housing option available to Fellows, but there are limits to this house. For example, some Fellows are not interested in sharing a house, especially after leaving an incarcerated setting. In addition, the house is not an option for women or Fellows who have dependent children living with them, and the house is not in a convenient area of Los Angeles for many Fellows. Providers suggested using housing funds to subsidize housing in other neighborhoods or settings or to create a flexible pool of funds that could be used to cover security deposits, first and last month of rent, or furniture costs. For Cohort 3, the Mayor's Office has also formally been pursuing additional housing voucher options, which would allow the program to expand the types of housing and the neighborhoods in which housing is available.

Finally, housing providers noted that it can be difficult to find landlords willing to rent to individuals who have poor credit because of their history of justice system involvement. In response to this challenge, providers suggested that there may be ways to leverage the program—and the fact that it is operated by the Mayor's Office—to offset Fellows' poor credit history. For example, if potential landlords were aware that Fellows are enrolled in a program that is operated with close oversight by the Mayor's Office, they might be less concerned about Fellows' ability to pay the rent. Building such awareness might be especially effective in combination with the suggestion that the program have a flexible pool of funds that could be used to cover security deposits or first and last month of rent.

Recommendation 3: Address Barriers to Program Participation

Our interviews with Fellows and providers identified a variety of barriers to full participation in Project imPACT. These included challenges with transportation, lack of child care, lack of resources to meet basic needs, and substance use–related issues. One effective way that providers have addressed such issues as transportation and lack of child care has been through the provision of remote services. Because Cohort 2 started during the early phases of the COVID-19 pandemic, services were initially provided in a remote format, relying on telephone and videoconference. Over the past two-and-a-half years, providers have increased

the availability of in-person services, but many have continued to be flexible with Fellows by allowing for remote service options. If providers continue to offer these types of services, Project imPACT could consider providing resources for providers and Fellows, such as work cell phones and other tools to facilitate virtual services, while providing Fellows with training on how to navigate such technology. Providers have also gotten creative by meeting Fellows at locations that are more convenient for them, such as on the campus of a vocational training college that many Fellows attend. Although these measures do help keep Fellows engaged in services, it is also important to ensure that providers have the resources they need to make this Fellow-focused service delivery possible—for example, reimbursement for mileage and flexible schedules.

In addition, we learned from providers that many Fellows struggle to meet their basic needs. In addition to housing, such needs could include assistance in accessing government benefits (e.g., food stamps, Medi-Cal). Some regions have been creative in their efforts to address Fellows' basic needs. For example, one region provides a free farmers market, allowing Fellows to obtain fresh produce at no cost to them. In addition, in July 2022, the Mayor's Office started hosting community outreach events for Project imPACT Fellows and other community members. These outreach events have included a mobile vaccine clinic and representatives of other organizations that provide medical care, transportation, assistance obtaining IDs or accessing benefits, and financial support, and these events are another creative way of connecting Fellows to organizations that provide services complementary to those offered by Project imPACT.

Regarding substance use, behavioral health providers have provided some substance use disorder services as part of their one-on-one therapy with Fellows. However, Project imPACT has not offered formal substance use disorder programming. This gap is something that is being addressed in Cohort 3: The Mayor's Office has established a relationship with a local community-based organization that provides substance use disorder treatment, and these services will be available to Project imPACT Fellows on a referral basis. It will be important to evaluate how this increases engagement in services and, potentially, the effectiveness of services for Cohort 3.

Recommendation 4: Assess the Experiences of Fellows Who Are Employed and Provide Additional Supports as Needed

Our findings demonstrate that a large number of Fellows were able to obtain employment, and at least 50 percent of those individuals were still employed a year later. During our interviews, employment providers noted that one of their priorities is to help Fellows identify and pursue a *career path* not to quickly place them in any job. At the same time, our interviews with Fellows revealed that, although they were satisfied with their employment, they viewed their current employment as a starting point and expressed interest in continuing to grow professionally. Because many Fellows gain employment early in their Project imPACT experience, this could become an explicit focus of employment providers—helping Fellows to con-

tinue building their professional experiences and navigate the process of seeking new jobs or pursuing opportunities to advance in their current positions. In this way, Project imPACT could support Fellows in using their first job as a stepping stone to long-term, fulfilling, and stable employment.

Some Fellows also expressed a concern that they were being taken advantage of by their employers and were underpaid for their skill set as a result of their criminal justice history. In one National Institute of Justice–funded study (Decker, 2014), researchers interviewed employers about their experiences employing people with criminal records. Some of these employers expressed preferences for hiring people with criminal records, particularly those on probation or parole, because they could use their probation or parole status as leverage over them. Knowing that these individuals would get in trouble if they lost their jobs, these employers would threaten to call their probation or parole officers to keep the employee "in line." Given that some of the interview comments from Cohort 2 Fellows hint toward their having potentially experienced such behavior from employers, Project imPACT providers should consider soliciting regular feedback from Fellows regarding the jobs they secure while enrolled in Project imPACT, particularly when the Fellow has been connected to the employer through the program. Providers work carefully to identify and develop relationships with employers who are amenable to hiring individuals with a history of criminal justice involvement. In these instances, they are likely well positioned to ensure that Fellows are not being exploited by employers. However, as employment providers establish connections with new employers, or when Fellows identify their own employment opportunities, there may not be as many safeguards in place to ensure that Fellows are being treated—and compensated—fairly.

Ideally, Project imPACT staff and employers would have the opportunity for bidirectional feedback, where employers could give Project imPACT staff feedback on trends that they are seeing with Fellows they have hired, and Project imPACT staff could give employers feedback on how to best support Fellows to be successful in their jobs. At minimum, however, if Fellows report that certain employers are mistreating them or paying them unfairly, employment providers should carefully consider whether those employers should continue to be in the referral pool that Project imPACT uses.

Conclusion

This report presents the final evaluation findings for Cohort 2 of Project imPACT. In the coming months, Project imPACT will begin the formal transition from Cohort 2 to Cohort 3. Some adjustments to the program model have been made for Cohort 3; for example, behavioral health services will have a more prominent role, and the Mayor's Office has established a formal referral pipeline for substance use disorder services. The program is also hosting more community outreach engagements, increasing the referral base for the program, and creating connections with ancillary services for current Fellows, and it is looking to expand its hous-

ing options. As it continues to grow and expand, Project imPACT will be able to draw on the lessons learned from the first two cohorts, as well as its commitment to evaluation, to maximize the effectiveness of services. Future directions for the evaluation of Project imPACT may include the collection of longer-term recidivism outcome data to enable comparisons with studies using the BSCC definition of recidivism, as well as exploring the feasibility of identifying a comparison group to more rigorously test the effectiveness of the program.

Abbreviations

ARC	Anti-Recidivism Coalition
BSCC	Board of State and Community Corrections
CBI-CC	Cognitive-Behavioral Interventions—Core Curriculum
CBT	cognitive behavioral therapy
CEO	Center for Employment Opportunities
COVID-19	coronavirus disease 2019
DMV	Department of Motor Vehicles
LS/CMI	Level of Service/Case Management Inventory
PRCS	post-release community supervision
TAY	transition-age youth

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