Project imPACT Cohort 2 Preliminary Local Evaluation Report

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The Proposition 47 grant program, administered by the California Board of State and Community Corrections (BSCC), provides discretionary grant funding to localities to provide community-based supportive services to justice-involved individuals. The goal of these funds is to invest in programs designed to reduce risk of recidivism among individuals with substance use and mental health problems who have been involved in the criminal justice system (Taylor, 2015). In June 2017, the Los Angeles Mayor’s Office of Reentry was awarded an initial round of Proposition 47 grant funding from the 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 were added as an additional 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 RAND Corporation and Harder+Company as their evaluator. As part of evaluation efforts, grantees submit Two-Year Preliminary Evaluation Reports to assess progress towards the goals and objectives of their programs. This report describes process and outcome evaluation efforts from June 2020, when Cohort 2 began enrolling clients, through March 2021. Interested stakeholders of this report include the Los Angeles Mayor’s Office; BSCC; the City of Los Angeles; as well as other municipalities or entities that provide supportive services to criminal justice populations or may be interested in implementing a similar program, both in and outside of Los Angeles County.

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

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

Project imPACT is a program designed by the Los Angeles City Mayor’s Office and funded by the California Board of State and Community Corrections. Project imPACT was among the original cohort of grantees (Cohort 1) who received funding, and was awarded additional funds under Proposition 47 Cohort 2 to continue and expand the program.

Originally offered in four regions of Los Angeles, Project imPACT provided 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, as well as expand its programmatic offerings. More specifically, Cohort 2 funds allowed the Mayor’s Office to establish a housing service component, which includes (a) the availability of 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 (b) the establishment of a subsidized, shared transitional living house specifically for Project imPACT, for which Fellows are eligible once they have obtained employment. The program also established a pilot focused on transition-aged youth (age 18 to 26) leaving a state youth correctional facility in Ventura County, CA and other local juvenile correctional facilities.

Project imPACT was designed to achieve five goals:

1) To create a program experience perceived to be positive and valuable by Fellows;
2) Improved ability among project partners to 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 outcomes; and
5) Reduced recidivism.

RAND Corporation and Harder+Company (the evaluation team) are currently conducting a mixed methods process and outcome evaluation of Cohort 2 of Project imPACT, with a focus on individuals served between June 2020, when Cohort 2 began enrolling Fellows, through March 2021. The process evaluation focused on the implementation of Project imPACT, including characteristics of Fellows served, types of services provided, whether the program adhered to the guiding principles outlined above, and implementation-related challenges and solutions. For the interim report, process evaluation data included quantitative data submitted monthly by providers.

1 Though funds were awarded in 2019, services did not begin until 2020 to accommodate the contracting process with providers and to allow time to develop a plan related to winding down Cohort 1 services while ramping up Cohort 2 services.
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 12 program Fellows. A final report documenting the implementation and outcomes will follow in May 2023.

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

- Program addressed cognitive and behavioral factors contributing to involvement in the criminal justice system, as measured by the Decision-Making scale of the TCU Psychological Functioning Assessment (Institute of Behavioral Research, 2007) 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 after enrolling in Project imPACT.

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

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

**Summary of Process Evaluation Findings**

Project imPACT enrolled 129 individuals across regions between June 2020 and March 2021. Fellows were largely male; African American/Black or Hispanic, Latino, or Spanish; and determined to be medium or high risk of recidivism based on a structured risk-needs assessment. Most Fellows were unemployed upon enrolling in the program, and nearly half were staying with family or friends. Almost all Fellows received employment services, with career readiness assessments and job coaching being the most common services. About three-quarters of Fellows participated in behavioral health services (especially individual counseling sessions) and legal services (especially counsel and advice). Housing services had been provided to an estimated one-fourth of participants, with 11 being housed in the Project imPACT shared housing at some point during this period. The vast majority of Fellows were still receiving services at the time of this report.
Regarding implementation, there were a number of facilitators, including providers’ experience working with justice-involved populations; the ability of providers to operate flexibly within the Project imPACT program model and draw on their organizational strengths; the availability of legal and behavioral health services to support employment outcomes; and the dedication of program staff. There were also several barriers experienced during initial implementation, including turnover in staff; staff requests for additional training on topics such as trauma-informed care; additional Fellow needs, such as lack of access to transportation; and a lack of awareness of the program in the community. The entirety of Cohort 2 has taken place during the COVID-19 pandemic, which created additional obstacles, such as an inability to provide in-person services, limited Fellow and staff access to technology, limited Fellow skills for technology, scarcity of jobs, and Fellows’ anxiety and worry about the pandemic. Unique to Cohort 2 were limitations to the new housing service component, including restrictions of housing eligibility (e.g., family members could not live in the shared housing). However, providers felt that they were able to draw on lessons learned throughout the implementation of Cohort 1 to ensure services provided under Cohort 2 maximally addressed Fellow needs. 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. Based on the report of staff members and clients, the program was largely adherent to the guiding principles (i.e., build community partnerships and collaborations; provide trauma-informed care; providers exhibit cultural competence; services reflect a focus on the Fellow).

Summary of Outcome Evaluation Findings

Only preliminary outcome data were available at the time of this report. There was no significant improvement on the decision-making scale after participation in CBT, though pre-and post-measurements were only available for 10 Fellows. Regarding employment, 35 Fellows had obtained employment between June 2020 and March 2021, mostly in full-time positions. Regarding recidivism, no Fellows had been convicted of new crimes between the time they enrolled in the program and December 31, 2020.² Note that our decision to focus on convictions reflects the state definition of recidivism, and also that other measures of recidivism (e.g., rearrest) tend to be more subject to bias. However, reconvictions can take longer to observe, so this will be an important trend to continue monitoring throughout the course of the evaluation.

² BSCC required recidivism data be submitted by March 31, 2021, reflecting the period from program implementation to December 31, 2020. For this reason, we do not have recidivism data for the period from January 1, 2021 to March 31, 2021. Our next annual recidivism data pull will cover any recidivism taking place during the 2021 calendar year.
Has Project imPACT Achieved its Goals?

We assessed progress toward each of the five overarching Project imPACT goals. Progress is summarized in Table S.1.

<table>
<thead>
<tr>
<th>Project imPACT Goal</th>
<th>Progress Toward Goal</th>
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| Improvement of project partners’ ability to serve justice-involved individuals. | • Providers have a track record of serving justice-involved individuals, and those who provided services under Cohort 1 had the benefits of learning from that experience.  
• The Mayor’s Office has provided requested training (e.g., focused on trauma-informed care) to increase the capacity of providers. |
| To create a 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 making the duration of services more flexible. |
| 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 and have requested training opportunities to improve their knowledge and skills 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. |
| Improved employment outcomes. | • To date, 27% of enrolled Fellows have obtained employment, even though most of these Fellows are still enrolled and actively receiving services in Project imPACT. |
| Reduced recidivism. | • As of December 31, 2020, no Cohort 2 Fellows have been convicted of a new crime after entering the program. |

Limitations

There are limitations to this preliminary report of evaluation findings. First, this report focuses only on the first 10 months of implementation, so these data – especially the outcome data – should be considered preliminary. It will be important to determine if the trends we observed remain as Cohort 2 continues to be implemented. Second, there remained ongoing challenges related to evaluation capacity. Specifically, though the evaluation team partnered with the Mayor’s Office to develop a new case management system to facilitate data entry, data cleaning, and report building, there was a significant learning curve to this system. The evaluation team is continuing to work closely with providers to provide technical assistance and improve the quality of submitted data. For the final evaluation report, we will be able to provide more detailed data regarding service use, including dosage of services (e.g., mean number of services used), as well as progress toward barriers to employment. Finally, though we had
conducted site visits with three program regions, these were site visits designed to collect information about both Cohort 1 and Cohort 2 implementation, as they took place in Fall 2020 (when both cohorts were ongoing). It will be important to continue gathering detailed implementation data from providers across regions and from the new transition-age youth pilot program.

**Next Steps for the Evaluation of Project imPACT**

As providers continue to provide services under Cohort 2, the evaluation team will continue our data collection efforts. This will include analysis of quarterly data submitted by regions; annual site visits with each region and the pilot program; interviews with Fellows (and potentially focus groups, should it be possible to resume in-person data collection); and collection of recidivism data from administrative records. We will also continue to provide close technical assistance to ensure we receive high quality data from providers while limiting the burden of data collection for them, allowing them to focus on providing program services.
Acknowledgments

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

Project imPACT is a program that was developed by the Los Angeles County Mayor’s Office of Reentry to improve employment outcomes among individuals who have recently been involved in the criminal justice system. Project imPACT was first developed and funded through funds available from the California Board of State and Community Corrections through Proposition 47, the Safe Neighborhoods and Schools Act (California Courts, 2019). 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 (Judicial Council Criminal Justice Services, 2016). This included a substantial proportion of funds to be invested in programs designed to reduce risk of recidivism among individuals with substance use and mental health problems who have been involved in the criminal justice system (Taylor, 2015).

An initial round of funds (“Cohort 1” of Proposition 47-funded programs) 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 grantees who received funding under Cohort 1 and were expanding services, as well as jurisdictions proposing new programs. Of the 43 agencies that responded to the RPP, 23 were selected for funding.

Project imPACT was among the original grantees who received 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 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 received Peer Navigation support from an individual 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, obtaining and retaining employment. Cohort 1 of Project imPACT services were provided in four areas of Los Angeles: Watts, South Los Angeles, Downtown, and 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 age 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 Pilot Program, and refer to the site 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 & Andrews, 2017). This means that individuals who are not employed or 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 justice-involved individuals have the potential to reduce future risk of recidivism.

To date, research on employment-focused programs has been mixed, with some studies finding improved employment outcomes after participation in job training, job coaching, or subsidized employment, and others finding no significant effect (CEO, 2019; Farabee, Zhang, & Wright, 2014; Formon, Schmidt, & Henderson, 2018; Redcross et al., 2012). Similarly, there is equivocal evidence that such programs impact recidivism (Visher et al., 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, cognitive behavioral therapy). However, these studies 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 providers help Fellows to address barriers to employment (e.g., mental health-related barriers, violations of Ban the Box policies), in addition to addressing Fellows’ other psychosocial and legal needs. Housing services were added as a result of feedback from Fellows and providers, who noted that lack of stable housing can be a significant obstacle to obtaining or retaining employment. Our initial evaluation of Project imPACT found that the program helps Fellows address a range of barriers to employment, and found 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, as well as to continue to examine the mechanisms of action of the program (e.g., how does dosage of services relate to program outcomes?).
Program Referral and Eligibility

Project imPACT

Project imPACT providers receive referrals from a range of local agencies and community-based organizations, including Probation, Parole, and other community-based organizations serving justice-involved individuals (e.g., transitional housing programs, behavioral health providers). In addition, the employment agencies may receive walk-in clients who are eligible for Project imPACT services. Eligibility criteria for the program include:

- **Recent criminal justice involvement.** This is defined as having been arrested or convicted of a crime in the past year, or currently on community supervision (i.e., probation or parole). Individuals released from incarceration in the past year are eligible for the program.
- **History of mental health issues and/or substance use disorders.** Fellows are considered to have met this criterion if they have a mental health issue or substance use disorder that limits one or more life activities; have ever received services for a mental health issue and/or substance use disorder; have self-reported a history of these concerns to a provider; or have been regarded as having a mental health issue or substance use disorder (e.g., by a provider or family member).
- **Willing 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, & Wormith, 2004), a well-validated risk/needs assessment. The program also enrolls a small number of individuals who were low risk but had significant psychosocial needs that could be addressed by the program, but approval has to be granted by the Mayor’s Office for these cases.

Upon referral to the program, potential Fellows complete an interest form that assesses the first three eligibility criteria. Those who meet these criteria are then assessed with the LS/CMI. Those who meet all eligibility criteria are then offered the opportunity to enroll, though participation is voluntary. Upon 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, & Taxman, 2013; Piquero, Jennings, Diamond, & Reingle, 2016). Youth who are aging out of the juvenile justice system encounter a range of barriers to reentry, which can include some considerations unique to their age group, such as higher prevalence of issues related to peers or acquaintances (Spruit, van Der Put, Gubbelts, & Bindels, 2017) and especially limited educational and employment prospects (Farrington, Loeber, & Howell, 2012). Moreover, rates of behavioral health concerns can be high in this population (Ajmani & Webster, 2016;
OJJDP, 2017). It is for these reasons that the Mayor’s Office of Reentry established a pilot program focused on youth aging out of the juvenile justice system for Cohort 2.

As described above, the pilot program was originally designed such that youth are recruited from the Ventura Youth Correctional Facility. In practice, they are 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. 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 this pilot.

Project imPACT Program Services

In this section, we provide a broad overview of the services provided by Project imPACT. For four program sites (South LA, Downtown, Watts, and San Fernando Valley), employment, behavioral health, and legal services are provided by three separate agencies. For the newest program site, which focuses on transition-age youth (age 18 to 26), all three services are provided by the same organization and are described in more detail in the next section.

Employment Services

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. When services are provided in-person, 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.

Behavioral Health Services

Each Project imPACT region has a single, full-time staff member serving as the therapist. 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 can focus on a wide range of concerns, including anxiety and depression, trauma, substance use, and family relationships.

3 For more details on these services, see Brooks Holliday et al., 2021.
Legal Services

Fellows have access to civil legal services through Project imPACT. Similar to the model for behavioral health, each region has a dedicated attorney. Legal services offered include counsel/advice, self-help, limited representation, and full representation. Attorneys assist Fellows with a range of concerns, including correcting, removing, sealing, or expunging criminal records; driver’s license reinstatement; and Ban the Box or Fair Chance Hiring-related issues, such as helping Fellows respond to denials to employment.

Peer Navigation

Each Project imPACT region has a dedicated peer navigator, who is an individual with lived criminal justice experience who supports Fellows during their participation in Project imPACT. Their role can include 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 team.

Cognitive Behavioral Therapy

As part of the program, 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 cognitive behavioral approach. CBT is typically provided as a one- to two-week course at the beginning of Fellows’ enrollment in the program. The CBT course is generally offered by some combination of program staff members, including behavioral health, peer navigators, and employment providers, depending on the preferences of a given region.

Housing Services

Housing services were a new addition to Project imPACT at the end of Cohort 1, though no Cohort 1 Fellows ended up enrolling in 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 the transitional housing, Project imPACT Fellows must be employed. The transitional housing component is designed such that Fellows are responsible for covering an increasing proportion of the monthly rent, allowing them to move from dependence on Project imPACT to independently covering 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 higher rent. If Fellows lose their employment while living at the house, there are some resources that can be used to cover
their rent while they seek new employment. The housing is designed to be available for up to 12 months to a given Fellow, though there can be 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**

Services provided by ARC are generally consistent with those provided by the other Project imPACT regions. Programming was designed to following a transformative mentoring model, in which a mentor with lived experience serves as a life coach to enrolled youth. Youth are first identified and connected with the program prior to their release, and begin receiving services upon release. As in the other Project imPACT regions, ARC offers educational and employment services, behavioral health and legal services, and housing services through in-house programming or linkages with other relevant organizations.

**Program Goals**

Project imPACT was designed to achieve five overarching goals:

1) To create a program experience perceived to be positive and valuable by Fellows;
2) Improved ability among project partners 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 outcomes; and
5) Reduced recidivism.

Figure 1.1 is the logic model describing Project imPACT. This includes the inputs and resource needed to operate the program; intended activities and outputs of those activities; and expected short-term, intermediate, and long-term outcomes associated with the program. Note that updates to the logic model from Cohort 1 are represented in italics and described in more detail in Chapter 2.
Figure 1.1 Project imPACT Logic Model

Inputs
- Service providers
  - Employment
  - Behavioral health
  - Legal services
  - Peer navigator
  - Housing navigation specialist

- Staffing
  - Size, qualifications, and skills decided by providers

Key stakeholders
- Mayor’s Office of Reentry
- Project imPACT Fellows
- Joint Local Advisory Committee
- BSCC

Funding
- Prop 47

Activities
- Conduct outreach
- Screen potential Fellows for eligibility
- Provide employment services (e.g., job coaching/development)
- Provide behavioral health services (e.g., individual/group therapy)
- Provide legal services (e.g., address fines and fees, driver’s license reinstatement)
- Provide cognitive behavioral therapy focused on criminogenic needs
- Provide peer navigation and mentorship support
  - Provide housing navigation support
  - Provide collaborative housing

Outputs
- Individuals served by Project imPACT
  - Number assessed
  - Number enrolled
  - Number receiving services, by provider
- Services provided
  - Types of services by provided, by provider
  - Number of sessions/hours of services provided
- Individuals complete Project imPACT
  - Number completing services, by provider
  - Number completing program
- Services provided with fidelity
  - Fellow satisfaction

Short-Term Outcomes
- Addressed cognitive and behavioral factors contributing to criminal justice involvement
  - Barriers to employment are removed (including legal, behavioral health, and housing related concerns)
  - Increased rates of employment

Intermediate Outcomes
- Increased retention of employment
  - Improved housing stability
  - Reduced recidivism

Long-Term Impacts
- Improved quality of life and community functioning of Fellows
- Improved public safety

Note: Italics represent updates from the Cohort 1 logic model.
Purpose of the Study

The Mayor’s Office selected the RAND Corporation and Harder+Company (referred to as the evaluation team for purposes of this document) to conduct a process and outcome evaluation of Project imPACT. The evaluation team recently completed an evaluation of Cohort 1 (Brooks Holliday et al., 2021), and is now leading the evaluation of Cohort 2. For this interim report, the process evaluation focused on understanding initial patterns of service utilization, identifying implementation barriers and facilitators, and describing Fellow experiences in the program. Regarding outcomes, we examined preliminary employment and criminal justice outcomes for Fellows enrolled to date. Cutting across the process and outcome evaluation, we aimed to describe progress toward the five program goals described above. We focused on the period of time from June 2020, when regions began recruiting participants for Cohort 2, through March 2021.4 A final report documenting the implementation and outcomes will follow in May 2023.

In this interim report, we describe our evaluation methodology (Chapter 2); describe the characteristics of enrolled Fellows, service utilization to date, and preliminary employment and recidivism outcomes (Chapter 3); examine provider perspectives on implementation, including barriers and facilitators to implementation (Chapter 4); and discuss the findings from an initial set of interviews with currently enrolled Fellows (Chapter 5). We conclude with key findings and recommendations (Chapter 6).

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4 Though funds were awarded in 2019, services did not begin until 2020 to accommodate the contracting process with providers and to allow time to develop a plan related to winding down Cohort 1 services while ramping up Cohort 2 services.
2. Research Design

To assess the implementation and effectiveness of Project imPACT, the evaluation team is conducting a process and outcome evaluation. Our evaluation methods build on our prior evaluation of Cohort 1 of Project imPACT. In this section, we provide an overview of our evaluation methods.

Process Evaluation

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

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

This interim report is largely focused on the process component of our evaluation, given that services had only been provided for 10 months at the time of the writing of this report. Our goal was to understand initial patterns of enrollment and service utilization; describe the experience of providers as they transitioned from providing services under Cohort 1 to Cohort 2; and describe the perspective of Fellows enrolled to date.

Methods

The process evaluation is assessing the activities and outputs of Project imPACT, as outlined on the logic model in Figure 1.1. Our evaluation relies on three main sources of data.

Quantitative Data from Service Providers

Service providers submit quarterly data related to services provided. This includes sociodemographic characteristics; risk assessment data; and specific types of services received from each provider, including number of sessions and/or hours of services. The data elements collected for Cohort 2 are consistent with those collected under Cohort 1.

Our method of collecting quantitative data changed from Cohort 1 to Cohort 2. During Cohort 1, providers were reporting data in an Excel spreadsheet, and extensive data cleaning
steps were required each month to ensure data were accurate (e.g., due to providers carrying forward data from a previous quarter or failing to update 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 clients as well as analysis of evaluation data. Whereas the evaluation team only had access to de-identified data before, we now have authorization for full access to the case management system for evaluation purposes, though only de-identified reports are pulled from the system. To date, our focus has been on increasing provider capacity for using this system, though there have been challenges. Prior to implementing Apricot, some provider agencies did not have their own case management systems, so they enter individual sessions participated in by Fellows into Apricot directly. However, other providers have existing case management systems; therefore, to alleviate burden on those providers, they are able to enter aggregate data on number of sessions of services provided at the end of each quarter. Because there are distinct options for entering data, our team has focused our efforts on providing technical assistance and improving the quality of data collected (e.g., making sure all necessary fields are being completed; helping to develop process flows for providers; deleting inadvertent duplicate data entry). As an additional complicating factor, the Apricot case management system was not ready for data entry for the first four months of Cohort 2 services, so some services were submitted using temporary Excel templates. We are currently working with the Apricot developers to develop automated reporting capabilities. In the future, we will be able to provide data regarding dosage of services (e.g., average number of sessions of each type of employment service, behavioral health service, legal service, housing service). However, for the purposes of this report, we analyzed the data descriptively and we report simpler indicators of the number of Fellows who received at least one session of each type of service. We analyzed these data for the overall sample and within each region.

Observations, Site Visits, and Discussions with Providers

The evaluation team remained in close contact with service providers during the initial stage of implementation of Cohort 2. We attended monthly All Partner meetings, which include representatives from each provider, the evaluation team, and the Mayor’s Office of Reentry. During these meetings, providers discuss their current progress with Fellows, 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 are used to fulfill reporting requirements to BSCC, but also provide the evaluation team with information about program accomplishments and challenges in the past three months.

Finally, we are continuing to conduct annual site visits with programs. The last site visits took place virtually in summer and fall 2020 and covered both Cohort 1 and Cohort 2. These site visits included questions about barriers and facilitators to implementation of the program, as well
as questions about any changes to services as regions transitioned from providing services under Cohort 1 to Cohort 2.5

These data sources were analyzed for our Cohort 1 Final Report (Brooks Holliday et al., 2021). To do so, one team member 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 of the categories, within and across regions. Most barriers and facilitators described by providers applied to both Cohort 1 and Cohort 2. Therefore, we present a summarized version of the findings described in our Cohort 1 Final report (see Chapter 5). We also analyzed the responses specific to Cohort 2 separately, which are also described in Chapter 5.

Focus Groups and Interviews with Fellows

We conducted semi-structured interviews with Project imPACT Fellows from each of the four original regions. These interviews took place remotely via telephone given the COVID-19-related restrictions in Los Angeles County. Our goal was to learn about Fellows’ experiences with the program, including the reasons they decided to participate, perspectives on services received, and recommendations for program improvement. Participants received a $20 gift card for their participation. The interviews took place between March and April 2021. To recruit Fellows, the evaluation team provided information to program providers on the purpose of the interviews and logistical details. Potential interview participants were asked to share their contact information and their preferred method of contact (via email, phone call, or text) with the providers, who then shared their information with the evaluation team. The evaluation team contacted potential interview participants using their preferred contact method to schedule their interview. Research team members attempted to connect with potential interview participants an average of three times using various methods, particularly phone calls and texts. Of the 18 Fellows we attempted to contact, the evaluation team was able to reach and conduct phone interviews with 12 Fellows. Fellows who participated in the interview were contacted on average two times, while those that did not participate in the data collection were contacted an average of four times. Of those who did not participate, about half were never reached and half were scheduled several times but did not show to their interviews. Participating Fellows had been in the program between one and 11 months at the time of their interview.

To facilitate the analysis process, focus groups and interviews were recorded and professionally transcribed (with the permission of participants). Transcripts were analyzed by the evaluation team using the qualitative software program Atlas.ti and a grounded theory approach (Glaser & Strauss, 1967). Given the relatively small number of interviews and focus groups, 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.

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5 As Cohort 1 services have ended, future site visits will be fully focused on Cohort 2 implementation.
Process Evaluation Methods Summary

Table 2.1 summarizes the specific process measures being 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) being used to assess each measure; and the timeline for collection of the data. Note that this table includes data collection that has taken place for this interim report, as well as future planned data collection.

Table 2.1 Process Evaluation Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Data Source(s)</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals served by Project imPACT</td>
<td>Number of individuals assessed for Project imPACT&lt;br&gt;Number of individuals enrolled in Project imPACT&lt;br&gt;Number of individuals assessed, by service provider&lt;br&gt;Number of individuals receiving services, by service provider</td>
<td>Quantitative data from service providers</td>
<td>Quarterly beginning July 2020</td>
</tr>
<tr>
<td>Services provided by Project imPACT</td>
<td>Types of services provided, by service provider&lt;br&gt;Number of sessions and/or hours of each service provided, by service provider</td>
<td>Quantitative data from service providers</td>
<td>Quarterly beginning July 2020</td>
</tr>
<tr>
<td>Individuals completing Project imPACT</td>
<td>Number of individuals completing services, by service provider&lt;br&gt;Number of individuals exiting without completing services, by service provider&lt;br&gt;Number of individuals completing Project imPACT&lt;br&gt;Number of individuals exiting without completing Project imPACT</td>
<td>Quantitative data from service providers</td>
<td>Quarterly beginning July 2020</td>
</tr>
<tr>
<td>Services provided with fidelity to guiding principles of Project imPACT</td>
<td>Services (a) leverage community partnerships and collaboration; (b) incorporate principles of trauma-informed care; (c) are culturally competent; and (d) focus on the Fellow</td>
<td>Site visits&lt;br&gt;Provider narratives&lt;br&gt;Attendance at All Partner Meetings&lt;br&gt;Focus groups/interviews with Fellows</td>
<td>Fall 2020; expected in 2021 and 2022&lt;br&gt;Quarterly beginning July 2020&lt;br&gt;Monthly beginning July 2020&lt;br&gt;March/April 2020; expected ongoing during program</td>
</tr>
<tr>
<td>Fellows are satisfied with service delivery</td>
<td>Fellows perceive Project imPACT as meeting their needs and providing relevant services</td>
<td>Focus groups/interviews with Fellows</td>
<td>March/April 2020; expected ongoing during program</td>
</tr>
</tbody>
</table>

Source: RAND/Harder+Company
Outcome Evaluation

We are conducting an evaluation to determine if Project imPACT is achieving its intended outcomes, as summarized in the logic model.

Project imPACT aims to achieve the following outcomes:

- Addressed cognitive and behavioral factors contributing to involvement in the criminal justice system (short-term, from enrollment to exit);
- Improved housing situation of Fellows (short-term, from enrollment to exit);
- Addressed barriers to employment, including behavioral and legal barriers (short-term, from enrollment to exit);
- Increased rates of employment, including full-time and part-time employment (short-term, from enrollment to exit);
- Increased retention of employment (intermediate, assessed at 3, 6, 9, and 12 months following attainment of employment); and
- Reduced recidivism (intermediate, assessed annually following program enrollment).

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

Most of these outcomes are consistent with those measured as part of Cohort 1. However, during Cohort 1, one of the identified outcomes was “improved decision-making” – an outcome that was expected to result from participation in CBT, as well as the prosocial influence of the peer navigators and behavioral health services. Based on our qualitative findings from the Cohort 1 final report, though, the effect of CBT was broader than just impacting decision-making. Providers and Fellows described the ways that participation in CBT helped them to identify and modify a range of problematic cognitions, and therefore change their behaviors. Therefore, we have broadened this outcome to reflect that the program addresses cognitive and behavioral factors contributing to involvement in the criminal justice system.

Methods

We are using an observational outcome evaluation design, given the lack of identified comparison group. Data for the outcome evaluation are largely reported by service providers as part of their quantitative reporting requirements, though we also obtain recidivism data from the Los Angeles County Superior Court. Table 2.2 summarizes the measures we will use to evaluate the implementation of Project imPACT, the definition of each measure (i.e., how it is being operationalized), and considerations for measurement. Each is then described in more detail below, along with the current status of data collection for each outcome. Unless otherwise indicated, analyses of these data were descriptive for this interim report (e.g., percentages of individuals who have obtained employment).
### Table 2.2 Outcome Evaluation Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Notes for Measurement/Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressed cognitive and behavioral factors contributing to involvement in the criminal justice system</td>
<td>Assessed with the Decision-Making subscale of the TCU Psychological Functioning Assessment, part of the Client Evaluation of Self and Treatment (Institute of Behavioral Research, 2007). Also assessed via qualitative data collection with providers and Fellows.</td>
<td>To be measured at baseline, completion of the CBT core curriculum, and completion of program. March/April 2020; expected ongoing during program.</td>
</tr>
<tr>
<td>Addressed barriers to employment</td>
<td>Each type of provider (employment, behavioral health, legal) identified specific barriers to employment, and will report on barriers addressed for each individual.</td>
<td>Submitted by providers quarterly by providers.</td>
</tr>
<tr>
<td>Addressed barriers to housing</td>
<td>Among those participating in Housing Services, providers will report on barriers to housing that were addressed.</td>
<td>Submitted by providers quarterly beginning July 2020.</td>
</tr>
<tr>
<td>Increased rates of employment</td>
<td>Percentage of Fellows employed, by full-time, part-time, and temporary/seasonal employment.</td>
<td>Submitted by providers quarterly beginning June 2020.</td>
</tr>
<tr>
<td>Increased rates of housing stability</td>
<td>Among those participating in Housing Services, Fellow housing status upon exit from Project imPACT compared to housing status upon enrollment.</td>
<td>Submitted by providers quarterly beginning June 2020.</td>
</tr>
<tr>
<td>Increased retention of employment</td>
<td>Percentage of Fellows retaining employment at 6, 9, and 12 months after placement, by full-time, part-time, and temporary/seasonal employment.</td>
<td>Submitted by providers quarterly beginning June 2020.</td>
</tr>
<tr>
<td>Reduced recidivism</td>
<td>Percentage of Fellows convicted of a new crime following enrollment in the program, based on data from the Los Angeles County Superior Court.</td>
<td>Collected annually by the evaluation team.</td>
</tr>
</tbody>
</table>

Source: RAND/Harder+Company

**Addressed cognitive and behavioral factors contributing to involvement in the criminal justice system.** As described, during Cohort 1, we had identified improved decision-making skills as an expected outcome of Project imPACT, as multiple aspects of Project imPACT have the potential to impact decision-making skills. First, the CBT curriculum is designed to address criminogenic thinking, which is a risk factor for future recidivism (Bonta & Andrews, 2017), and improve decision-making skills. Modules include topics such as identifying risk thinking patterns, improving emotional regulation, and managing impulsivity. In addition, it is possible that behavioral health services may also contribute to improvements in decision-making (e.g., by helping Fellows address anger management problems or navigate difficult situations). Therefore, we recommended that Fellows complete the Decision-Making scale of the TCU Psychological Functioning Assessment, part of the Client Evaluation of Self and Treatment (Institute of Behavioral Research, 2007) at three time points: upon enrollment to Project imPACT; upon completion of the core CBT curriculum modules, since this is the component of program services that is expected to have the most direct effect on decision-making; and again at program completion, enabling us to explore whether continued participation in Project imPACT services...
had any further effect on decision-making skills. However, during Cohort 1, we observed a potential ceiling effect on the 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. That said, it may 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.

However, we were able to collect qualitative data from providers and Fellows to better understand the impact of CBT. Based on their feedback on the effects of CBT, we broadened this outcome to reflect changes in the cognitive and behavioral factors contributing to involvement in the criminal justice system. Therefore, in addition to providers administering the decision-making scale as part of Cohort 2, we will continue to collect qualitative data from providers and Fellows. At the time of the writing of this report, we focused on analyzing the limited number of pre- and post-CBT decision-making scale data available using paired samples t-tests. We are also exploring whether a different quantitative outcome measure might better detect the effects of this programming.

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

On a quarterly basis, providers submit data about which barriers were being addressed for each Fellow currently enrolled. Of note, the determination as to whether a barrier is being addressed was based on provider judgment. Therefore, data reported on barriers addressed reflects the professional judgment of providers and were not corroborated by the evaluation team.

Although providers have been submitting these data for Fellows served under Cohort 2, limitations to our reporting capability from the case management system prevented us from reporting on these barriers for the interim report.
Addressed barriers to housing. Those Fellows who participate in Project imPACT housing services may be working to address barriers to obtaining stable housing. Examples of these barriers include eviction history; difficulty finding housing that is record-friendly; limited affordable housing options; lack of funds for security deposit and/or rent; landlord or roommate issues; substance use; mental health concerns; physical disability; discrimination/stigma; registered sexual offender; lack of knowledge of how to search for housing. As with employment barriers, although providers have been submitting these data for Fellows served under Cohort 2, limitations to our reporting capability from the case management system prevented us from reporting on these barriers for the interim report.

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 want or need) or need assistance finding a new job for some other reason. Providers report successful achievement of employment by Fellows on a quarterly basis, including full-time, part-time, and temporary/seasonal employment. As a supplemental data point, providers also collected information related to income at enrollment and completion as another indicator of employment. For purposes of this interim report, we focus on the data on employment attainment.

Increased rates of housing. Fellows who receive housing services are expected to have increased rates of stable housing. The housing providers for this program 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 to collecting data on housing situation upon enrollment in Project imPACT, providers will be reporting on housing status quarterly for enrolled Fellows and upon exit from the program. To date, very few Fellows have received housing services, so we have not reported housing outcomes for this report, but will continue to track these outcomes and report them in the final evaluation report.

Increased retention of employment. Project imPACT aims not only help individuals obtain employment, but to help them retain employment. After initial employment placement, employment providers will report on whether Fellows were still employed 3 months, 6 months, 9 months, and 12 months later. Given the interim nature of this report, we do not report retention data; however, this will be included in our final report.

Reduced recidivism. Project imPACT addresses criminogenic needs, including criminogenic thinking and education/employment. Therefore, it is expected that Project imPACT will ultimately result in reduced recidivism. For Cohort 1 of Project imPACT, the evaluation team relied on providers following up with participants to obtain self-reported recidivism at 6, 12, and 18 months after program completion. There were limitations to this method, including a large number of participants lost to follow-up; provider concerns about asking for such sensitive information after program completion; and the lack of a systematic way to collect information about criminal justice contact during program participation. Therefore, for Cohort 2, we are
relying on criminal justice records to obtain data about recidivism. Currently, we are collecting data from the Los Angeles County Superior Court public data kiosks. Using these kiosks, we are able to access records of client charges and the disposition of those charges. From these records, we are extracting the date of the incident/arrest and nature of the charges for any conviction. We are also exploring the use of California Department of Justice data as an additional data source. We are collecting data on any new convictions after enrolling in the program, and recidivism data will be collected annually. The first recidivism data pull occurred in Spring 2021 and focused on the period from the beginning of Cohort 2 services through December 31, 2020.

Note that our decision to focus on convictions reflects the state definition of recidivism (Office of the Attorney General, 2019), and also that other measures of recidivism (e.g., rearrest) tend to be more subject to bias.

Assessing Progress Toward Project imPACT Goals

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Proposed Method of Measurement</th>
<th>Evaluation Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Program experience perceived to be positive and valuable by Fellows</td>
<td>Assessment of Fellow satisfaction and perceptions of needs being met</td>
<td>Process evaluation</td>
</tr>
<tr>
<td>2) Improvement of project partners’ ability to serve justice-involved individuals</td>
<td>Staff interviews during site visits; attendance at regular meetings of Project imPACT providers</td>
<td>Process evaluation</td>
</tr>
<tr>
<td>3) Adherence to the program’s guiding principles</td>
<td>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</td>
<td>Process evaluation</td>
</tr>
<tr>
<td>4) Improved employment attainment and retention</td>
<td>Assessment of percentage of Fellows achieving and retaining full-time and part-time employment; to be compared to goal set by employment providers (55%) and similar programs described in relevant literature</td>
<td>Outcome evaluation</td>
</tr>
<tr>
<td>5) Recidivism reduction</td>
<td>Assessment of new convictions following completion of Project imPACT</td>
<td>Outcome evaluation</td>
</tr>
</tbody>
</table>

Source: Brooks Holliday et al., 2021
In this chapter, we describe the numbers of Fellows served by Project imPACT, as well as the patterns of service utilization (e.g., dosage of services received) and rates of program completion. We also explored differences in service use among those who successfully completed the program compared to those who did not.

Service Utilization

Characteristics of Enrolled Fellows

Between June 2020 and March 2021, 129 Fellows enrolled in Project imPACT (see Table 3.1). This reflects substantial progress toward the goal of enrolling 200 Fellows. Watts enrolled the most Fellows, followed by San Fernando Valley, Downtown LA, and Watts. ARC had the lowest enrollment, though this likely reflects that they were not part of Cohort 1 and therefore had more of a ramping up phase than the other providers. This is supported by the data, which indicated that the first ARC youth were enrolled in February 2021 (about 1.5 months before the cutoff date for inclusion in this interim report). This might also reflect their more limited referral streams and eligibility criteria. Most Fellows were male, and the mean age was 38.16 (range = 19 to 70 years) – though Fellows served by ARC were much younger, reflecting their focus on transition-age youth.

There was variability in race/ethnicity across regions, often reflecting the demographic composition of the region where services were located (e.g., San Fernando Valley served primarily Hispanic, Latino, or Spanish Fellows, whereas Watts served primarily Black or African American Fellows). About half of Fellows had a GED or high school diploma, and most were unemployed upon enrollment. Nearly half of Fellows were living with family or friends when they enrolled, though 18% were in transitional housing setting and about 10% were experiencing homelessness.

| Table 3.1 Demographic Characteristics of Fellows Enrolled in Project imPACT June 2020 to March 2021 |
|---------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | ARC (n = 3) | Downtown LA (n = 26) | San Fernando Valley (n = 31) | South LA (n = 21) | Watts (n = 48) | TOTAL (n = 129) |
| Age (M, SD) | 21.00 (2.00) | 38.81 (12.25) | 35.35 (7.74) | 45.00 (12.88) | 37.71 (11.23) | 38.16 (11.50) |
| Gender* | | | | | | |
| Male | 100.0% (3) | 80.8% (21) | 67.7% (21) | 95.2% (20) | 85.4% (41) | 82.2% |
Regarding past criminal justice involvement, most Fellows had a history of prior arrests and convictions, and nearly 92 percent were currently on probation, parole, or post-release community supervision (PCRS) (see Table 3.2). There was some variability across regions with respect to reporting of prior arrests or convictions; specifically, fewer South LA Fellows had...
reported arrests or convictions, though this may reflect a misunderstanding in the reporting of the data for these variables. Based on the LS/CMI, most Fellows were high risk (56.4%) or medium risk (32.5%).

**Table 3.2 Criminal Justice Background and Risk Level of Enrolled Fellows**

<table>
<thead>
<tr>
<th></th>
<th>ARC (n = 3)</th>
<th>Downtown LA (n = 26)</th>
<th>San Fernando Valley (n = 31)</th>
<th>South LA (n = 21)</th>
<th>Watts (n = 48)</th>
<th>TOTAL (n = 129)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal justice involvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior arrests</td>
<td>33.3% (1)</td>
<td>100.0% (26)</td>
<td>100.0% (31)</td>
<td>23.8% (5)</td>
<td>72.9% (35)</td>
<td>76.0% (98)</td>
</tr>
<tr>
<td>Prior convictions</td>
<td>33.3% (1)</td>
<td>100.0% (26)</td>
<td>83.9% (26)</td>
<td>38.1% (8)</td>
<td>72.9% (25)</td>
<td>74.4% (96)</td>
</tr>
<tr>
<td>Current probation, parole, or PRCS</td>
<td>66.7% (2)</td>
<td>100.0% (26)</td>
<td>74.2% (23)</td>
<td>100.0% (21)</td>
<td>95.8% (46)</td>
<td>91.5% (118)</td>
</tr>
<tr>
<td>Risk level (LS/CMI)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>33.3% (1)</td>
<td>45.5% (10)</td>
<td>40.0% (12)</td>
<td>14.3% (3)</td>
<td>25.0% (12)</td>
<td>32.5% (38)</td>
</tr>
<tr>
<td>High</td>
<td>66.7% (1)</td>
<td>54.5% (12)</td>
<td>50.0% (15)</td>
<td>66.7% (14)</td>
<td>56.1% (23)</td>
<td>56.4% (66)</td>
</tr>
<tr>
<td>Very high</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>10.0% (3)</td>
<td>19.0% (4)</td>
<td>14.6% (6)</td>
<td>10.1% (13)</td>
</tr>
</tbody>
</table>

<sup>a</sup> Risk level was missing for 12 participants

**Services Received**

Table 3.3 provides an overview of the percentage of Fellows receiving each type of service from June 2020 to March 2021. Actual service needs are decided by the providers, based on an intake assessment conducted by each provider upon enrollment. All Fellows are eligible to receive employment, behavioral health, and legal services. All Fellows are eligible for certain housing services (e.g., housing navigation services) after they’ve had contact with the other three core services, though only Fellows who have obtained employment are eligible for placement in the shared Project imPACT housing.

Across all regions, employment services were the most frequently received services (90.5%). There were some regional differences in services received. For example, somewhat fewer Fellows in South Los Angeles received behavioral health services, though the provider in this region expressed during site visits that he was having particular difficulty reaching Fellows for remote or virtual services.

**Table 3.3 Percentage of Fellows Receiving Services Across Regions**

<table>
<thead>
<tr>
<th></th>
<th>ARC (n = 3)</th>
<th>Downtown LA (n = 26)</th>
<th>San Fernando Valley (n = 31)</th>
<th>South LA (n = 21)</th>
<th>Watts (n = 48)</th>
<th>TOTAL (n = 129)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>33.3% (1)</td>
<td>96.2% (25)</td>
<td>100% (31)</td>
<td>100% (21)</td>
<td>100% (48)</td>
<td>97.7% (126)</td>
</tr>
</tbody>
</table>
Behavioral health 0% (0) 92.3% (24) 74.2% (23) 61.9% (13) 77.1% (37) 75.2% (97)
Legal 0% (0) 76.9% (20) 80.6% (25) 66.7% (14) 87.5% (42) 78.3% (101)

Source: Data submitted by regional providers.

At the time of the writing of this report, the evaluation team was still working with the housing navigator to improve data entry into the Apricot system. However, a discussion with the provider indicated that he had served around 30 Fellows, including those who received housing through Project imPACT and those who received housing navigation services.

Employment Services

There are seven categories of employment services offered by Project imPACT employment providers. These include career readiness assessments, career readiness workshops, job coaching, job development, vocational training, placement and retention services and transitional jobs. Career readiness assessments and job coaching were the most common services overall, though there was variation across regions (Table 3.4). For example, South LA relied more on job coaching, career readiness workshops, and job development; Watts had more individuals participating in vocational training; and Downtown LA’s program model focused on transitional employment and job coaching.
Table 3.4 Employment Services, Overall and Regional

<table>
<thead>
<tr>
<th>Service</th>
<th>ARC (n = 3)</th>
<th>Downtown LA (n = 26)</th>
<th>San Fernando Valley (n = 31)</th>
<th>South LA (n = 21)</th>
<th>Watts (n = 48)</th>
<th>TOTAL (n = 129)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career readiness assessments</td>
<td>33.3% (1)</td>
<td>53.8% (14)</td>
<td>38.7% (12)</td>
<td>0% (0)</td>
<td>100.0% (48)</td>
<td>58.1% (75)</td>
</tr>
<tr>
<td>Career readiness workshops</td>
<td>33.3% (1)</td>
<td>23.1% (6)</td>
<td>12.9% (4)</td>
<td>23.8% (5)</td>
<td>4.2% (2)</td>
<td>14.0% (18)</td>
</tr>
<tr>
<td>Job coaching</td>
<td>33.3% (1)</td>
<td>76.9% (20)</td>
<td>77.4% (24)</td>
<td>85.7% (18)</td>
<td>41.7% (20)</td>
<td>50.4% (83)</td>
</tr>
<tr>
<td>Job development</td>
<td>33.3% (1)</td>
<td>65.4% (17)</td>
<td>64.5% (20)</td>
<td>19.0% (4)</td>
<td>0% (0)</td>
<td>31.8% (42)</td>
</tr>
<tr>
<td>Vocational training</td>
<td>33.3% (1)</td>
<td>11.5% (3)</td>
<td>16.1% (5)</td>
<td>0% (0)</td>
<td>22.9% (11)</td>
<td>15.5% (20)</td>
</tr>
<tr>
<td>Placement and retention</td>
<td>33.3% (1)</td>
<td>23.1% (6)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>5.4% (7)</td>
</tr>
<tr>
<td>Transitional jobs</td>
<td>33.3% (1)</td>
<td>80.8% (21)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>17.1% (22)</td>
</tr>
</tbody>
</table>

Source: Data submitted by regional providers
Behavioral Health Services

Project imPACT behavioral health services include individual regular sessions, individual crisis sessions, group sessions, key influencer sessions, and maintenance sessions. Individual regular sessions are one-on-one sessions with a counselor. Individual crisis sessions are immediate, short-term services due to experiencing an event that produces critical emotional, mental, physical, and behavioral distress or problems. Group sessions are group treatment sessions (i.e., sessions with two or more Fellows) with a counselor. Key influencer sessions are sessions that are provided to an important, positive person from the Fellow’s life, such as a family member, spouse or significant other, or friend, with or without the Fellow present. Maintenance sessions are one-on-one sessions that are conducted on an as-needed basis, after a Fellow has completed their key behavioral health goals. Of note, regions were not required to offer all types of services; the specific nature of services provided was at the discretion of the therapist in each region.

Individual regular sessions were the most common across regions. About 15% of Fellows had received individual crisis counseling (Table 3.5). A small number of Fellows in San Fernando Valley, South LA, and Watts received group therapy, and the therapist in Watts also provided key influencer-focused sessions to about 40% of their Fellows. ARC has in-house behavioral health services but capacity is limited and shared with other ARC-hosted programs, which might explain the lack of behavioral health services provided to their Fellows during this initial period.

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 them to 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 their interests in court). Counsel/advice (66%) and limited representation (46%) were the most common legal services during this period, though a sizeable proportion of Fellows in the San Fernando Valley also received full representation (45%) (Table 3.6).
### Table 3.5 Behavioral Health Services, Overall and Regional

<table>
<thead>
<tr>
<th>Service Type</th>
<th>ARC (n = 3)</th>
<th>Downtown LA (n = 26)</th>
<th>San Fernando Valley (n = 31)</th>
<th>South LA (n = 21)</th>
<th>Watts (n = 48)</th>
<th>TOTAL (n = 129)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual crisis</td>
<td>0% (0)</td>
<td>30.8% (8)</td>
<td>9.7% (3)</td>
<td>0% (0)</td>
<td>16.7% (8)</td>
<td>14.7% (19)</td>
</tr>
<tr>
<td>Individual regular</td>
<td>0% (0)</td>
<td>84.6% (22)</td>
<td>74.2% (23)</td>
<td>61.9% (13)</td>
<td>77.1% (37)</td>
<td>73.6% (95)</td>
</tr>
<tr>
<td>Group</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>12.9% (4)</td>
<td>4.8% (1)</td>
<td>20.8% (10)</td>
<td>11.6% (15)</td>
</tr>
<tr>
<td>Key influencer</td>
<td>0% (0)</td>
<td>3.8% (1)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>39.6% (19)</td>
<td>15.5% (20)</td>
</tr>
<tr>
<td>Maintenance</td>
<td>0% (0)</td>
<td>61.5% (16)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>12.4% (16)</td>
</tr>
</tbody>
</table>

Source: Data submitted by regional providers

### Table 3.6 Legal Services, Overall and Regional

<table>
<thead>
<tr>
<th>Service Type</th>
<th>ARC (n = 3)</th>
<th>Downtown LA (n = 26)</th>
<th>San Fernando Valley (n = 31)</th>
<th>South LA (n = 21)</th>
<th>Watts (n = 48)</th>
<th>TOTAL (n = 129)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counsel/Advice</td>
<td>0% (0)</td>
<td>76.9% (20)</td>
<td>38.7% (12)</td>
<td>52.4% (11)</td>
<td>87.5% (42)</td>
<td>65.9% (85)</td>
</tr>
<tr>
<td>Self-help</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>6.5% (2)</td>
<td>0% (0)</td>
<td>4.2% (2)</td>
<td>3.1% (4)</td>
</tr>
<tr>
<td>Limited Representation</td>
<td>0% (0)</td>
<td>42.3% (11)</td>
<td>22.6% (7)</td>
<td>47.6% (10)</td>
<td>64.6% (31)</td>
<td>45.7% (59)</td>
</tr>
<tr>
<td>Full Representation</td>
<td>0% (0)</td>
<td>7.7% (2)</td>
<td>45.2% (14)</td>
<td>19.0% (4)</td>
<td>2.1% (1)</td>
<td>16.3% (21)</td>
</tr>
</tbody>
</table>

Source: Data submitted by regional providers
Housing Services

Housing services are the newest category of Project imPACT services. Housing navigation services involve assistance with finding suitable housing settings or troubleshooting any housing problems that Fellows experience in their existing living situations (e.g., landlord or roommate challenges). Project imPACT housing refers to the new subsidized shared housing site available to employed Fellows. As noted previously, we were still working with the Project imPACT housing navigator on entry into the Apricot data system. However, in a discussion with the housing navigator, he indicated that about 30 individuals have received services to date. This included 11 people who have lived in the Project imPACT housing setting during the evaluation period. Fellows from Downtown, San Fernando Valley, South LA, and Watts had been housed at the shared housing setting. The housing navigator noted that there was a fairly even split of Fellows who opted for shared rooms versus single rooms. Other Fellows received housing linkage and navigation services, several of whom were referred to another program operated by the housing navigation organization. This program provides rental assistance, security deposit assistance, and flex funds for emergency housing. It was due in part to a recent influx of referrals to that program that the housing provider was still in the process of entering data into Apricot.

Of note, we also learned that ARC offers housing navigation services, as well as their own shared housing options. Though not funded directly through Project imPACT funds, the ARC shared housing is available to Project imPACT Fellows. We will work with ARC to track these additional housing services for the next report.

Cognitive Behavioral Therapy

Overall, 86% of Fellows participated in CBT (i.e., completed at least one session of CBT) (Table 3.7). Fellows in South LA had a somewhat lower rate of CBT participation, though it is unclear if this reflects a specific challenge enrolling participants in CBT or challenges with the reporting of CBT participation in the new case management system. As we continue to work with the regions to improve data collection using Apricot, we will also be able to report on completion of CBT services.

<table>
<thead>
<tr>
<th>Table 3.7 CBT Participation, Overall and Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARC</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>100.0% (3)</td>
</tr>
</tbody>
</table>

Source: Data submitted by regional providers
Program Completion

As described in the sections above, all regions use a shared definition of “successful completion” for each service area, as well as for Project imPACT overall. A Fellow fully completed Project imPACT if they met the minimum threshold for completing services across two of the three service areas (Table 3.8). From June 2020 to March 2021, only four Fellows were indicated to have successfully completed the program, and only two had exited unsuccessfully. Most were still in progress at the time of this report.

Table 3.8 Completion of Project imPACT

<table>
<thead>
<tr>
<th>Area</th>
<th>ARC</th>
<th>Downtown LA</th>
<th>San Fernando Valley</th>
<th>South LA</th>
<th>Watts</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successfully completed Project imPACT</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>8.3% (4)</td>
<td>3.1% (4)</td>
</tr>
<tr>
<td>Exited unsuccessfully from Project imPACT</td>
<td>0% (0)</td>
<td>3.8% (1)</td>
<td>3.2% (1)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>1.6% (2)</td>
</tr>
<tr>
<td>Still active in Project imPACT</td>
<td>100% (3)</td>
<td>96.2% (25)</td>
<td>96.8% (30)</td>
<td>100% (21)</td>
<td>91.7% (44)</td>
<td>95.3% (123)</td>
</tr>
</tbody>
</table>

Source: Data submitted by regional providers

Improved Decision-Making Skills

A goal of CBT is to support Fellows in improving their decision-making skills. Based on normative data for the decision-making scale, a score of 40.00 is considered the 75th percentile (Institute of Behavioral Research, 2005). Ideally, providers administer the decision-making scale at enrollment, post-CBT, and at exit. We only had enrollment and post-CBT measures for ten Fellows, and there was no significant change from enrollment to post-CBT (see Table 3.9). As with Cohort 1, we will also measure the impact of CBT via qualitative interviews with the Fellows (to be reported in the final report).

Table 3.9 Decision-Making Skills

<table>
<thead>
<tr>
<th>Enrollment M(SD)</th>
<th>Post-CBT M(SD)</th>
<th>Mean Difference M (SD)</th>
<th>Paired Samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.50 (2.51)</td>
<td>33.90 (2.56)</td>
<td>0.60 (3.24)</td>
<td>t(9) = 0.59, p = 0.57</td>
</tr>
</tbody>
</table>

Source: Data submitted by regional providers.

Preliminary Employment Outcomes

Of the 129 Fellows who enrolled in Project imPACT between June 2020 and March 2021, 35 (about 27 percent) had obtained employment (Table 3.10). Of those who obtained employment, most were in full-time positions.
### Table 3.10 Fellows Obtaining Employment, Overall and Regional

<table>
<thead>
<tr>
<th></th>
<th>ARC</th>
<th>Downtown LA</th>
<th>San Fernando Valley</th>
<th>South LA</th>
<th>Watts</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtained employment</td>
<td>0 (0.0%)</td>
<td>15.4% (4)</td>
<td>16.1% (5)</td>
<td>19.0% (4)</td>
<td>45.8% (22)</td>
<td>27.1% (35)</td>
</tr>
<tr>
<td>Full-Time Employment</td>
<td>0 (0.0%)</td>
<td>100% (4)</td>
<td>40.0% (2)</td>
<td>100% (4)</td>
<td>95.5% (21)</td>
<td>88.6% (31)</td>
</tr>
<tr>
<td>Part-Time Employment</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>60.0% (3)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>8.6% (3)</td>
</tr>
<tr>
<td>Temporary/Seasonal</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>4.5% (1)</td>
<td>1 (2.9%)</td>
</tr>
</tbody>
</table>

Source: Data submitted by regional providers.

### Recidivism

We collected recidivism data reflecting any new convictions by December 31, 2020.\(^6\) Based on data from the Los Angeles County Superior Court, no enrolled Fellows had been convicted of a new crime between the time of their enrollment in the program and December 31, 2020.

### Summary

A total of 129 individuals enrolled in Cohort 2 of Project imPACT across the four regions. Regarding demographics, Fellows were largely male (82.2 percent); medium risk (56.4 percent); and Black or African American (50 percent), though there were some regional differences. Most Fellows received three out of four core services – employment, behavioral health, and legal services. Fewer Fellows received housing services. The most common employment services included career readiness assessments and job coaching, though transitional jobs were a core component of the services in the Downtown region. Individual counseling sessions were the most common behavioral health service; regarding legal services, counsel and advice was most common. About 86 percent of Fellows participated in CBT services.

At the time of this reporting, about 3% percent of Fellows successfully completed Project imPACT, meaning that they completed the requirements in two of the three core program services (employment, behavioral health, and legal). The vast majority (95.3%) were still active in services; only 1.6% had exited unsuccessfullly.

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\(^6\) BSCC required recidivism data be submitted by March 31, 2021, reflecting the period from program implementation to December 31, 2020. For this reason, we do not have recidivism data for the period of January 1, 2021 to March 31, 2021. Our next annual recidivism data pull will cover any recidivism taking place during the 2021 calendar year.
4. Provider Perspectives on Program Implementation

To understand provider perspectives on program implementation, we drew upon interviews collected during site visits in late 2020; quarterly narratives submitted by the regions; and information learned during our attendance at monthly meetings of all program providers. In particular, we were interested in understanding barriers and facilitators to Cohort 2 implementation, as well as any lessons learned from Cohort 1 that providers planned to implement in Cohort 2. As described, our site visits in late 2020 were dual purpose, in that they focused on understanding the final year of Cohort 1 services as well as the transition to providing Cohort 2 services. Though not all of the barriers experienced during Cohort 1 also applied to Cohort 2, there were some barriers that were consistent for both Cohorts, including those related to the impact of COVID-19 on services. Because these were reported in detail in our Cohort 1 final report, here we provide a summary of the barriers and facilitators that were described in that report that also apply to Cohort 2. In addition, we describe barriers and facilitators that were identified by providers as specific to their experiences implementing Cohort 2. We also drew on these sources to understand whether the program had been implemented in a manner that was consistent with the Project imPACT guiding principles.

Implementation Facilitators

Cohort 2 started enrolling participants after the onset of the pandemic. Therefore, many services have been provided virtually, though some providers were able to identify ways to meet with Fellows in-person (e.g., through outdoor, physically distanced meetings). The providers are hopeful that it will be possible to formally return to in-person services in the coming months, though they are considering whether they may retain some elements of remote services for those Fellows who experience logistical barriers to participation (e.g., geography, lack of transportation, scheduling concerns).

In Table 4.1, we summarize the implementation facilitators that were reported by providers (for a more thorough discussion of these facilitators, see Brooks Holliday et al., 2021). These facilitators included the strengths of the providers and the organizations that they represented, as well as the flexibility built into the Project imPACT model. Other key facilitators included the incorporation of legal and behavioral health services to support Fellows in their search for employment, as well as the availability of other resources in each region that providers were able to leverage (e.g., training programs).

---

7 As described, our site visits in late 2020 were dual purpose, in that they focused on understanding the final year of Cohort 1 services as well as the transition to providing Cohort 2 services.
Table 4.1 Summary of Implementation Facilitators Relevant to Cohorts 1 and 2

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Description</th>
</tr>
</thead>
</table>
| Providers demonstrate teamwork, commitment, and professionalism | • Regional providers demonstrate professionalism and commitment in serving Fellows and collaborating with one another.  
• Monthly All Partner meetings, which bring together providers across regions, promote an exchange of information and forum to discuss concerns. |
| Providers contribute prior experience with this type of work | • Providers come from organizations with a track record of serving justice-involved individuals and providing reentry services.  
• Organizations have existing connections with relevant community partners.  
• Providers with lived criminal justice experience provide important insight into the needs and experiences of the Fellows. |
| Providers are allowed autonomy within the Project imPACT framework | • Though each region had to implement the core model, each provider was able to draw on the existing strengths of their agencies.  
• Providers were able to offer services and connections rooted in their communities. |
| Availability of legal and behavioral health services | • Though this is an employment-focused program, legal and behavioral health services were seen as equally valuable to engaging Fellows and attaining desired outcomes. |
| Availability of additional resources in regions | • Providers were able to leverage other resources in their local communities, such as services available through WorkSource centers or training programs on the campus of a local community college. |

Source: Brooks Holliday et al., 2021

Implementation Barriers

In Table 4.2, we summarize the challenges that were experienced in implementation of Cohort 1 that were also experienced in implementing Cohort 2. These included a need for additional trainings; additional Fellow needs that are not currently met through the program, such as food insecurity or limited access to transportation; and a need to improve awareness of the program in the community. Because Cohort 2 services began during the pandemic, there are also several ways in which the pandemic and associated restrictions affected services. For example, as described above, there were limitations to providing in-person services, and many Fellows had limited access to technology. Even when Fellows had access to technology, they sometimes needed additional support to learn how to use it, or had challenges finding private spaces for

8 There were a small number of barriers that were experienced during Cohort 1 that had been addressed before Cohort 2 began enrolling Fellows, including difficulty engaging Fellows in the CBT curriculum and behavioral health services and challenges locating a physical space to provide services. Though there were certain challenges related to these areas that were specific to COVID-19, we describe these in the COVID-19 related challenges.
their virtual meetings (e.g., if they lived in a shared housing setting and had a roommate). More details on these challenges are described in Table 4.2.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Description</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Barriers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover in staff across the regions</td>
<td>Staff turnover occurred across multiple positions across regions, including behavioral health, employment, and peer navigators. This resulted in some lapse of services.</td>
<td>Regions identified and hired new staff members as quickly as they could to fill these positions, and onboarded new staff quickly with support from the regional providers and Mayor's Office.</td>
</tr>
<tr>
<td>Need for additional training for providers</td>
<td>Providers expressed a desire for additional training, including refresher training on the CBT curriculum (or initial training for newer providers) and training on trauma-informed approaches.</td>
<td>The Mayor's Office convened a seven-day trauma-informed care training for providers in June 2021.</td>
</tr>
<tr>
<td>Additional Fellow needs not currently met by the program</td>
<td>Providers described a handful of fellow needs that are not currently met by the program, including limited access to transportation, a need for funds to cover legal expenses, food insecurity, and limited access to medical care.</td>
<td>There have been region- and provider-specific efforts to address these challenges (e.g., one region provides transportation subsidies; legal providers help Fellows apply for fee waivers when available). However, there are ongoing needs in this area.</td>
</tr>
<tr>
<td>Need for additional awareness of the program</td>
<td>Providers noted that there is not much community awareness of the program, including among other organizations serving justice-involved individuals, potential employers, and other government-funded programs.</td>
<td>Regions have established connections with other community-based organizations and work to provide Fellows with documentation of participation and completion. However, there are ongoing needs in this area.</td>
</tr>
<tr>
<td><strong>COVID-19 Related Barriers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to meet with Fellows in-person due to COVID</td>
<td>Some providers had limited ability to meet in-person with Fellows, whereas others were completely unable to meet in-person with Fellows. Certain services were especially difficult to provide virtually (e.g., completing legal paperwork, conducting group CBT sessions).</td>
<td>Providers moved the majority or all of their services to telephone or online formats, though this process involved trial and error. Some providers delivered services outdoors with physical distancing and masking measures in place.</td>
</tr>
<tr>
<td>Inability to share physical space with other providers</td>
<td>Providers often collaborated informally when co-located on site and found that collaboration was somewhat more difficult virtually due to lack of needed equipment or understanding of ethical guidelines for telework.</td>
<td>With time, staff were able to develop approaches that facilitated more effective communication among staff, which included telephone, email, and texting to stay in contact.</td>
</tr>
<tr>
<td>Fellows’ had limited access to technology and ability to use it effectively</td>
<td>Not all Fellows owned smart phones or had sufficient data plans, and few Fellows owned tablets or computers. Not all Fellows were proficient with</td>
<td>Providers worked with Fellows to provide education and advocate for additional technology access when possible (e.g., through their group</td>
</tr>
<tr>
<td>Lack of private space for Fellows</td>
<td>Many Fellows lived in shared housing settings. The lack of access to technology combined with local restrictions made it difficult for some Fellows to engage in services in a private space.</td>
<td>Providers worked with transitional and group housing sites to accommodate Fellows when possible, and met with Fellows outside in-person when possible.</td>
</tr>
<tr>
<td>Scarcity of jobs</td>
<td>Especially in the early stages of the pandemic, lockdowns and restriction measures resulted in closures, reduced capacity, and layoffs for some employers.</td>
<td>Employment providers focused on industries and companies that continued to expand and hire during the pandemic, such as Amazon.</td>
</tr>
<tr>
<td>Fellows’ mental health challenges</td>
<td>Initially, Fellows experienced increased anxiety and worry about their health and employment prospects as a result of the pandemic.</td>
<td>Providers continued offering behavioral health services and supported the Fellows as they navigated uncertainty.</td>
</tr>
</tbody>
</table>

Source: Brooks Holliday et al., 2021

**Barriers Specific to Cohort 2**

In addition to these challenges that were ongoing from Cohort 1, two additional barriers emerged as unique to Cohort 2.

**Limited Capacity for Collecting and Submitting Evaluation Data**

During Cohort 1, we observed challenges that providers had related to collecting and submitting evaluation data via Excel. In response to these challenges, the evaluation team and Mayor’s Office partnered to develop a new case management system for providers to use for Cohort 2. This online-based system is more intuitive in some ways, with a point-and-click interface. However, learning any new data system is complicated, and there have been challenges as providers have learned to navigate the new system. There have been efforts to address this challenge. All providers were invited to participate in a half-day training orienting them to the system, including hands-on practice entering data. Members of the evaluation team have also met with individual providers to demonstrate how to navigate the system in real-time. When a new data field was added, the evaluation team created a guide with screen shots demonstrating how providers could add the new requested information. The evaluation team has also used All Partner meetings to review common data entry mistakes or missing fields. However, it is clear that there is a need for ongoing support. To address this need, the evaluation team plans to set aside dedicated technical assistance appointment slots for providers in advance of their quarterly data being due and is also considering preparing additional user guides with screen shots. We have also developed elements of the case management system that will support providers in their efforts to submit evaluation data. For example, there are alerts that indicate when Fellows are due for their quarterly data to be submitted, as well as alerts reminding providers that it is time to follow-up with Fellows for employment retention data. We also solicited feedback from providers regarding their challenges collecting pre- and post-CBT data, and learned that the
virtual nature of services has made it more challenging to collect those data. Our team is considering the importance of continuing to collect these data, and what additional support we can lend to providers while services are still taking place remotely.

Limitations to the Housing Services

The second challenge relates to the new housing services. The housing services were added toward the end of Cohort 1 in direct response to feedback from the providers and Fellows, but the first Fellows were enrolled in housing services during Cohort 2. However, it has taken some time to find enough Fellows to fill the spots in the shared housing settings. There are multiple reasons for this, including the eligibility criteria for housing (i.e., a Fellow must be employed to be eligible); constraints on Fellows’ living situations (e.g., because they live with their children, and the shared housing option is only for individual Fellows), and the geographic location of the housing, which is in South Los Angeles and quite a distance from the San Fernando Valley in particular. There have been steps taken to address some of these challenges. For example, even if Fellows are not eligible for the shared housing, they may receive housing navigation services to assist in finding other housing options. In addition, the Mayor’s Office has been working with the San Fernando Valley to find housing options that are more geographically convenient for Fellows served in that region.

Lessons Learned from Cohort 1 to be Implemented in Cohort 2

During the site visits taking place in late 2020, we asked providers about any changes that they expected to make in Cohort 2 as a result of lessons learned from Cohort 1.9 Many of the providers indicated that they had continually made changes to the program during the course of offering services under Cohort 1, so they did not plan to make any significant changes for the beginning of Cohort 2. As one provider noted, they felt that they were already continually examining their services to identify gaps or opportunities for improvement. For example, one legal provider noted that initially, their intake forms felt more rigid, but over the course of Cohort 1, they had started to implement a more conversational approach to obtaining the needed information from Fellows. A second provider noted that they anticipated making “adjustments” rather than “major shifts” to services. Another indicated that, “There is always room for change, but I think our foundation is pretty solid. It’s a play as you go kind of thing.” Two providers reflected on the ongoing impact of COVID-19 on Cohort 2. Though one indicated that they felt more proficient using technology to connect with Fellows, another highlighted that “this is a program that really helps to be with people in person.” Providers also underscored the importance of housing services as a part of Cohort 2, indicating that it addressed a key need for

9 Note that these site visits reflected three of the five Cohort 2 regions (Watts, Downtown, and South LA). The San Fernando Valley had its first site visit only months before these site visits took place, so they did not participate again in late 2020, and ARC had only just started providing services.
Fellows. However, one provider also noted that it may be difficult to observe long-term impacts of the housing component, especially given the small scale of the shared housing setting.

Adherence to the Project imPACT Guiding Principles

As with the barriers and facilitators to implementation, we assessed adherence to the Project imPACT guiding principles during our site visits. In Table 4.3, we summarize our findings regarding ways in which each guiding principle is reflected in providers’ work (for more details, see Brooks Holliday et al., 2021).

<table>
<thead>
<tr>
<th>Guiding Principle</th>
<th>How Reflected in Providers' Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build community partnerships and collaborations</td>
<td>• All providers assign high importance to developing community collaborations with organizations that could facilitate or complement Project imPACT services. Collaborations included connections with relevant city and county departments, CBOs, and local businesses. Links to community organizations became particularly helpful during the COVID-19 pandemic.</td>
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<tr>
<td>Provide trauma-informed care</td>
<td>• Trauma experience is recognized by providers as central for how Fellows navigate reentry and associated challenges. Providers’ levels of training in trauma-informed care varied, but all expressed interest in more. Therapists and providers with lived experience across regions continue to bring trauma to the forefront of discussions about how to serve Fellows better, including how to avoid triggering trauma. For example, providers advocated that for housing, offering individual rooms and avoiding bunk beds to the extent possible should be a priority.</td>
</tr>
</tbody>
</table>
| Providers exhibit cultural competence                | • Providers make efforts to be sensitive to the needs of the target population, making sure that the language they use resonates with the Fellows.  
• The diversity of staff reflects the diversity of Fellows, which facilitates rapport with Fellows. Because many of the providers had worked on or have long served the communities where their offices were located, they are better able to understand Fellows' connections, needs, and challenges.  
• Providers seek training to be able to better serve Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Fellows. |
| Services reflect the focus on the Fellow             | • Providers across all services express that they aspire to center Fellows and their experiences in all of their services. This is reflected in great efforts to "meet Fellows where they are," avoid judgement and pressure, and allow Fellows to carve out their own path with providers' facilitation. |

Source: Brooks Holliday et al., 2021

Together, these findings indicate that providers are successful in integrating aspects of each guiding principle into their work with Cohort 2 Fellows. That said, providers also highlighted opportunities to build their capacity to enact these guiding principles, such as through training on topics such as trauma-informed care and care for certain subpopulations of Fellows (e.g., LGBTQ+ individuals).
Summary

This chapter summarizing findings related to barriers and facilitators to Cohort 2 services, as well as the ways in which Cohort 2 services are consistent with the guiding principles of Project imPACT. As described, many of these findings were based on discussions with providers that took place in Fall 2020 and covered both Cohort 1 and Cohort 2, as services were provided concurrently to both groups between June and December 2020. As providers noted, they made continual adjustments to the program as they implemented Cohort 1 services, and as a result, there was not a stark difference in implementation for Cohort 1 compared to Cohort 2. As Cohort 2 implementation continues, it will be valuable to continue monitoring implementation and barriers, especially as COVID-related restrictions begin to be lifted in Los Angeles County. In addition, there have been efforts to address certain barriers to implementation; for example, providers participated in a seven-day trauma-informed care training in June 2021. It will be valuable to examine whether these types of efforts adequately address the needs raised by providers.
Gathering client feedback and experiences with Project imPACT was an important component of this evaluation. This feedback was solicited through one-on-one individual telephone interviews with currently enrolled Fellows. As described in Chapter 2, a total of 12 current Fellows participated in interviews. Fellows were asked how they learned about Project imPACT, what drew them to participate in Project imPACT; their satisfaction with services, including aspects of each type of service they found helpful; experiences with the multi-disciplinary team; and suggestions for improvement.

Program Awareness and Motivation to Participate

Fellows learned about Project imPACT through a variety of sources. In order of frequency, reported 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) housing, legal services, and behavioral health resources. Fellows also reported receiving additional services such as transportation support (bus passes and gas gift cards).

Satisfaction with Services

Overall, interviewed Fellows reported a high level of satisfaction with Project imPACT services. Interviewed Fellows indicated that Project imPACT services are a great source of support in their process of reintegrating back to society. One participant noted, “[Project imPACT] is my stepping stone.” Another Fellow echoed this sentiment: “They're a safety net when you're trying to get your life back together.”

Fellows reported not needing all of the services available but they appreciated knowing that they could access these services if needed. When asked to identify the Project imPACT service they found the most helpful, the most commonly identified service included (in order of frequency) behavioral health, job training, and job leads. When asked to identify least helpful services, half of interviewed Fellow indicated that all the services provided have helped them reach their goals. Only a couple Fellows identified legal services or housing services as the least helpful services.

Fellows were asked about their experiences with each of the categories of Project imPACT services, which we describe below.
Employment Services

Fellows expressed appreciation for Project imPACT employment services, especially the availability of tuition to cover vocational training. 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 costed almost $5,000.

Fellows pointed out that Project imPACT has helped them leverage the skills that they learned during their incarceration as a potential resource to enhance their employability:

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

Behavioral Health Services

Behavioral health services can include a range of services, including delivery of evidence-based psychotherapy (e.g., cognitive behavioral therapy, trauma-focused treatment) and supportive counseling. Though all Fellows who enroll must have current or past behavioral health concerns (including mental health and substance use disorders), the specific nature and acuity of their needs can vary quite widely. During interviews, Fellows pointed out how Project imPACT behavioral services helped them feel supported because they were able to share their thoughts, feelings and emotions. One interviewee 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.

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.

Legal Services

Fellows highlighted the benefits of accessing no-cost legal services to assist them on removing, sealing, or expunging criminal records; filing legal paperwork; preventing eviction; negotiating tax payments; and reinstating their driver’s licenses. 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 that needed legal services, almost one-third 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 [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 provider. However, it was unclear if the Fellow had this perception because the legal team actually could have been doing more to resolve the issue, or if it perhaps reflected another issue beyond the control of the legal team (e.g., the Fellow’s lack 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 will be needed on their part to resolve legal concerns.

Cognitive Behavioral Therapy

Fellows noted that CBT sessions helped them make informed decisions by emphasizing the link between thoughts/actions and consequences. A Fellow noted that the skills learned in their CBT lessons helped them to “outweigh 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.”

Housing Services

Fellows emphasized the vital role that housing plays when working towards their goals. For example, as one Fellow stated,

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

A third of interviewed Fellows reported needing housing services. Housing services that they reported receiving included eviction prevention through legal intervention, rental assistance, and housing placement via referral to housing providers. Out of those who needed housing assistance, three expressed being satisfied with the assistance received and one participant had yet to receive housing services. One Fellow noted that the available shared housing resources did not meet their needs:

> 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.

Though Fellows participating in the Project imPACT housing had the option to select individual or shared rooms, individual rooms had a higher rent and therefore might not be financially feasible for all Fellows. Moreover, some Fellows might still be concerned about sharing a house and common areas with so many other people, particularly after a period of incarceration.

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,” “non-judgmental,” “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 as 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.

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

Employment Outcomes

At the time of the interview, about two-thirds of interviewed Fellows reported being employed. Their employment type varied widely from warehouse assistance to phlebotomy. Fellows that are currently seeking employment shared that their efforts have been negatively impacted by the COVID-19 pandemic and the type of job leads received. For example, a couple of Fellows shared that they have been unable to take their truck driving school test due to closures and reduced hours at their local Department of Motor Vehicle (DMV) facilities. Other Fellows noted that the job leads they received are for minimum-wage jobs with limited growth prospects, or that were not easily accessible due to transportation barriers.

Considerations for the Future

We asked Fellows about any recommendations they had for the ongoing implementation of Project imPACT. Five interviewed Fellows did not have any recommendations to improve
imPACT project services. The remaining Fellows offered the following recommendations to consider when implementing similar programs in the future:

- **Make the 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.”

- **Incorporate additional program components.** Fellows suggested a few components that would benefit program participants including providing volunteering opportunities while they wait for their paperwork (e.g., social security cards, driver licenses) to get processed, and adding a social component by providing a space where participants can come together to share their experiences in a safe, non-judgmental 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.”

- **Revise the eligibility criteria.** One Fellow recommended offering Project imPACT services to individuals who have been involved with the criminal justice system but have not experienced incarceration. For example, one Fellow indicated, “People who are at risk of going to prison, they should have a program for them so they know that there's a way out, they don't have to commit crimes.” Of note, Project imPACT is available to individuals who have been arrested but not convicted of a crime, so this may reflect some confusion surrounding program eligibility criteria, or perhaps a narrower application of the eligibility criteria in a particular region.

- **Increase the visibility of Project imPACT’s services.** Fellows indicated that providers need to outreach 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 when they get out so they know that there's a support.”

- **Increase the number of PACT team members to better serve the needs of participants.** 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.”

- **Increase the diversity of PACT team members so that they reflect the community being served.** For example, a Fellow in one region indicated that in their perception, the staff were ethnically homogenous, and noted that additional diversity would be beneficial.

**Summary**

Fellows were generally satisfied with their experiences in Project imPACT, noting how the support has been valuable as they reintebrate into the community. Employment and behavioral health services were described as particularly helpful. Though some Fellows who had received legal services felt that they hadn’t 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 may suggest a need for clearer messaging on the purpose of Project imPACT legal services. In addition, though we found that a smaller subgroup of Fellows has been receiving housing services, this remains an important need for many Fellows. As Cohort 2 continues, it will be important to assess their satisfaction with housing services, whether Fellows participate in the shared housing or receive housing navigation services to identify housing that better meets their needs (e.g., for those who have families).
6. Summary and Conclusion

This report described the preliminary findings of our process and outcome evaluation of Cohort 2 of Project imPACT, based on data from June 2020 to March 2021. In this chapter, we summarize progress toward the Project imPACT programmatic goals, describe limitations of our evaluation to date, and identify next steps for our evaluation efforts.

Progress toward Project imPACT Goals

**Goal 1: Improvement of project partners’ ability to serve justice-involved individuals.**

Project imPACT providers have demonstrated their commitment to serving justice-involved individuals. Most Cohort 2 providers have been serving Project imPACT Fellows for a couple years, as they also provided services to Cohort 1 Fellows. During site visits, these providers explained how they have continually adjusted their approach to serving Fellows to maximize the relevance and effectiveness of services. Though the housing component and transition age youth pilot program are new for Cohort 2, the Mayor’s Office partnered with providers who have a longstanding track record of serving justice-involved individuals in Los Angeles. In addition, the Mayor’s Office has responded to providers’ requests for additional training in trauma-informed care, which is highly relevant to justice-involved populations. In this way, progress has been made toward the goal of improving partners’ ability to serve individuals who are involved in the criminal justice system.

**Goal 2: To create a 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. Though they identified some opportunities for improvement – for example, making program participation more flexible and incorporating additional program components, such as opportunities to socialize with other Fellows – they also described the benefits of employment, behavioral health, and legal services. As Cohort 2 continues to be implemented, we will continue to obtain input from current Fellows as well as program alumni. Focus groups and interviews with program alumni are especially valuable for understanding how skills learned through Project imPACT persist after program completion and identifying additional ways that providers can support Fellows as they transition from current to former Fellows.
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 program providers highlighted providers’ efforts to adhere to the program’s guiding principles. Partnerships with community organizations are a key part of the program model. Project imPACT receives referrals from these organizations and also refers Fellows to outside organizations when services are needed. Providers are aware of the importance of trauma-informed care and have requested training to bolster their capacity in this area. It is also clear from the site visits that providers are constantly thinking of ways their services can be better tailored to meet the needs of Fellows. Regarding cultural competence, providers often have long-standing track records of working in the communities in which they are located and, therefore, are able to provide culturally appropriate services. In interviews, Fellows indicated that providers seem sensitive to differences related to racial and ethnic identity, sexual orientation, language abilities, and/or cultural traditions.

Goal 4: Improved employment outcomes.

To date, 35 of the 129 (27.1%) Fellows who have enrolled in Project imPACT have obtained employment, with most of those obtaining full-time employment. This is particularly striking as most Fellows were still enrolled in Project imPACT at the time of the writing of this report, meaning they are continuing to receive supportive services from the program providers. It is also promising that such employment outcomes were observed despite the effect that the COVID-19 pandemic had on employment opportunities, especially in mid-2020. As the job market rebounds and Fellows continue to receive services, it will be important to continue tracking rates of employment attainment and retention.

Goal 5: Reduced recidivism.

Between June 2020 and December 2020, no Cohort 2 Fellows had been convicted of a new crime after entering the program, based on data from the Los Angeles County Superior Court. These findings are promising if preliminary. In addition, our ability to track recidivism through official administrative data sources reflects an improvement over Cohort 1. As the evaluation continues, we will explore whether California DOJ data can be used to supplement Los Angeles County Superior Court data, which only reflects convictions in the county of Los Angeles (though we expect this is where the bulk of recidivism events would take place).

Limitations

There are a number of limitations to this evaluation that should be kept in mind when interpreting the results. First, this was an interim evaluation that focused on the first then months of Cohort 2 implementation. However, not all regions enrolled Fellows in June 2020, so for some
In addition, there remained ongoing challenges related to evaluation capacity. There were many reasons for this. First, though we helped the program develop the new Apricot case management system, the full system was not ready for data entry until several months into Cohort 2 implementation. Therefore, providers had to use a temporary spreadsheet to submit their quantitative data for the first four months of program implementation before switching to using Apricot. Though intensive training was provided by Apricot and ongoing technical assistance was provided by the evaluation team, providers still encountered a learning curve when beginning to enter data. In addition, providers were juggling both Cohort 1 and Cohort 2 Fellows and reporting requirements for several months covered by this evaluation. Though the data elements were largely similar for both Cohorts, there were some slight differences (e.g., updates made to the categories of barriers), and the data submission process was different for the two Cohorts – submission took place in Excel only for Cohort 1, whereas Cohort 2 was split between Excel and Apricot. For this reason, the evaluation team is continuing to work with the regions to provide additional technical assistance and troubleshoot past and current data entry difficulties. These data entry challenges are part of why we opted to provide more basic data regarding service participation – that is, we reported the percentage of Fellows who received each type of service, rather than mean numbers of sessions of each type of service. In addition, some providers continue to backfill data; for that reason, the numbers reported in this report should be considered the minimum number who received services, but there may be Fellows who are not yet reflected in the data.

Due to the overlap in Cohort 1 and Cohort 2 implementation, the site visits we conducted in Fall 2020 asked broadly about both cohorts of services. Providers indicated that there were no significant changes in services as they began implementing Cohort 2. However, only a limited number of questions were asked specific to experiences with Cohort 2. In addition, San Fernando Valley was on a different site visit cycle in 2020, and we have not yet had a chance to conduct a site visit with ARC. At this point, Cohort 1 services have been completed, and regions have fully shifted their focus to Cohort 2. As the program and evaluation efforts continue, we will have more Cohort 2-specific data collection efforts across regions, but this remains a limitation of this report. However, we were able to recruit Cohort 2 Fellows to participate in a focus group specific to Cohort 2, which was a strength of our evaluation efforts.

Next Steps

As Cohort 2 services continue, we have identified certain priorities for our ongoing evaluation efforts, which we describe here:

- **Share early findings with the Mayor’s Office of Reentry and program providers.**
  Though our findings are preliminary, there are certain useful themes that emerged from
this report that might help the providers to adjust their services to best meet the needs of Fellows. This includes the concerns raised about legal and housing services not completely meeting the needs of participants. These findings were recently shared with providers during an All Partner meeting, and providers expressed a desire to better understand and address these potential shortcomings of their services however possible. For example, legal providers indicated that if there are legal needs that are not being met that are within their scope of services, they want to be aware of and address those potential gaps. In addition, we have shared the findings related to the need to raise the profile of Project imPACT in the community, and efforts are underway with the Mayor’s Office and providers to brainstorm solutions.

- **Explore the implementation and outcomes of the housing services.** Because housing services were newly implemented in Cohort 2, the housing navigator has required additional technical assistance for entering data. We will continue to work closely to improve upon their current capacity. It will also be critical to understand the implementation and outcomes of housing services. The housing component to the program was established after Fellows and providers identified housing as an unmet need for many Fellows, and something that could interfere with efforts to obtain and maintain housing. Project imPACT is offering a mix of housing services, including opening a shared transitional living house specific to program Fellows, as well as provision of housing navigation services. It will be interesting to explore not only whether housing services contribute to increased housing stability, but also whether housing stability has benefits for other program outcomes (i.e., employment and recidivism).

- **Examine the implementation and outcomes of the transition-age youth pilot program.** This pilot program was designed by the Mayor’s Office in collaboration with ARC, which is well-known in Los Angeles County for providing reentry services. Moreover, this “region” of Project imPACT is unique in its focus on transition-age youth who are reentering the community from youth correctional facilities. It will be important to determine whether there are specific considerations related to recruiting and serving this population, and whether program outcomes differ compared to other Project imPACT regions.

- **Support providers in improving their capacity for evaluation.** As described, it is a top priority of the evaluation team to continue working closely with regions to ensure they are collecting and submitting high-quality data for evaluation purposes. In addition, we helped to develop the Apricot case management system in part to reduce provider burden for data submission. Therefore, although there has been an initial learning curve, it is our hope that ongoing support will ultimately result in this system being a time-saver for providers.

- **Continue examining the impact of COVID-19 on Project imPACT services.** At the time of the writing of this report, restrictions in Los Angeles County – and more broadly across California – were being lifted. We anticipate that this will enable providers to serve Fellows in-person again more easily, which is likely a significant benefit to many Fellows who might lack access to technology or have limited technological abilities. At the same time, it will be interesting to determine whether there are any changes that providers made that they decide to keep in place. For example, leveraging technology might help providers serve individuals from additional geographic areas of Los Angeles. Leveraging technology might also help providers stay in contact with Fellows who
otherwise might experience logistical obstacles to participation, such as work schedules, family obligations, or lack of transportation. Helping Fellows to continue developing their technological skills would likely also be beneficial as they search for jobs.

Conclusion

This report discussed findings from the first ten months of implementation of Project imPACT Cohort 2. Services are expected to continue through December 2022, and we will continue to engage in ongoing process and outcome evaluation efforts through this time. It is our hope that the evaluation of Project imPACT will contribute to the broader literature related to the effectiveness of employment-focused wraparound services.
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