

Project imPACT Cohort 1 Final Local Evaluation Report

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SOCIAL AND ECONOMIC WELL-BEING

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About This Report

The Proposition 47 grant program, administered by the California Board of State and Community Corrections (BSCC), provides discretionary grant funding to localities to provide community-based supportive services to justice-involved individuals. In June 2017, the Los Angeles Mayor’s Office of Reentry was awarded Proposition 47 grant funding from the BSCC to implement Project imPACT. Project imPACT is a voluntary program designed to serve individuals who were arrested or convicted of a crime in the past year or who are currently on community-based supervision who also have a history of mental health and/or substance use concerns. This program provides employment, behavioral health, and legal services in an effort to help participants obtain and retain employment and reduce criminal recidivism. Project imPACT serves four regions of Los Angeles: South Los Angeles, Watts, Downtown, and San Fernando Valley. Proposition 47 grantees are required to collect data and evaluate their programs, and the Los Angeles Mayor’s Office of Reentry selected RAND Corporation and Harder+Company as their evaluator. This final evaluation report summarizes our findings from a process and outcome evaluation of Cohort 1 of Project imPACT, which provided services from July 2018 to December 2020. 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 Los Angeles County.

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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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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 under the first round of programmatic funding available from Proposition 47 (known as “Cohort 1”). Offered in four regions of Los Angeles, Project imPACT focuses on improving employment outcomes as a way to reduce future criminal justice system involvement. In addition to offering job training and job placement opportunities, Project imPACT aims to prepare its participants (known as Fellows) for successful employment through strengthening their psychological well-being and addressing the legal challenges they face. 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
5. reduced recidivism.

RAND Corporation and Harder+Company (the evaluation team) conducted a mixed methods process and outcome evaluation of the first cohort of individuals served by Project imPACT from July 2018 to December 2020, when the program completed its provision of services under the first cohort of funding received from the state.¹ This report builds on our Two-Year Preliminary Evaluation Report, submitted in August 2019, which reported on the initial program planning phase (February 2018–July 2018) and program implementation through March 2019. The present report focuses on the implementation phase only (July 2018–December 2020), integrating data reported in the interim report with the additional data collection activities that took place over the last two years.

The process evaluation focused on the implementation of Project imPACT, including characteristics of Fellows served, types of services provided, whether services were provided with fidelity to the program’s guiding principles, and implementation-related challenges and solutions. It is also assessed progress toward the first three Project imPACT goals. Process evaluation data included quantitative data submitted monthly by providers in each region, annual site visits with each program provider, participation by evaluation team members in meetings of the service providers, analysis of quarterly narratives submitted by providers about

¹ Though one provider received an extension to provide services through April 2021, our report includes data collected through December 2020 to allow sufficient time for data cleaning and analysis.

challenges and accomplishments, and focus groups and interviews with program Fellows and alumni.

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

- improved decisionmaking, as measured by the Decision-Making scale of the TCU Psychological Functioning assessment (Institute of Behavioral Research, 2007)
- addressed barriers to employment, based on the professional judgment of service providers
- increased rates of employment and retention of employment (Goal 4). For this outcome, the Mayor's Office has established a target of 55 percent of enrolled Fellows obtaining employment during the first year of implementation. Retention is assessed at 6, 9, and 12 months
- reduced recidivism (Goal 5). Recidivism is being assessed using a definition developed for the program, which includes determining whether Fellows have any new convictions at 6, 12, and 18 months after completion of Project imPACT.

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

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

Summary of Process Evaluation Findings

Project imPACT enrolled 432 individuals across regions. Fellows were largely male; African American/Black or Hispanic, Latino, or Spanish; and determined to be medium or high risk based on a structured risk-needs assessment. Project imPACT provides three core services: employment, behavioral health, and legal services. The majority of Fellows participated in all three types of services. The most common employment services were career readiness assessments, job coaching, and job development; the most common behavioral health service was individual counseling sessions; and the most common legal service was counsel and advice, though the most time was spent on full representation. Fellows also participated in a cognitive behavioral therapy (CBT) course focused on addressing criminogenic risk; about two-third of Fellows completed the full curriculum. About 78 percent of enrolled Fellows successfully fulfilled program requirements.

Through site visits, participation in regular program meetings, and narrative data submitted by providers, we learned about facilitators and barriers to implementation. In Table S.1, we summarize the primary facilitators to implementation, common barriers described by providers, and solutions developed to address the barriers.

Regarding the Fellow experience, Fellows had largely positive perceptions of the program. They highlighted the importance of the wraparound nature of the services, and though many joined for the employment services, they unexpectedly valued the behavioral health services quite highly. Fellows described benefits of each type of service (employment, behavioral health, and legal) and the dedication and cultural sensitivity of the service providers.

Table S.1
Summary of Implementation Facilitators, Barriers, and Solutions

Facilitators to Implementation	
Teamwork, commitment, and professionalism on the part of program staff	
Providers' prior experience, including experience serving justice-involved individuals and providing employment-focused services, as well as lived justice system experience	
Provider autonomy within the Project impACT framework	
Availability of legal and behavioral health services to support Fellows as they pursued employment	
Ability to offer program services at four regions that drew on assets in their surrounding community	
Barriers to Implementation	Solutions Identified
Difficulty engaging Fellows in CBT in a once-weekly format	Enhanced relevance of curriculum to Fellows, offered in short intensive course
Difficulty motivating participation in behavioral health services	Providers addressed stigma by considering alternative ways to refer to behavioral health services and explaining the value of services to Fellows, and instituted three-session mandatory minimum number of sessions
Staff turnover	Providers quickly interviewed and hired new candidates
Limited capacity for collecting and submitting evaluation data	Regularly revisited data definitions and collection methods with the evaluation team and Mayor's Office
Lack of physical space for services	Provider secured additional, more private space to support behavioral health and legal services
Insufficient training on topics such as trauma-informed care, or refresher trainings for CBT	Providers pursued additional external trainings, and Mayor's Office is planning a trauma-informed care workshop
Fellows have some remaining unmet needs, such as limited access to transportation, housing, or medical care; lack of funds to cover legal fees; or food insecurity	Providers were creative in creating a budget for some supports (e.g., transit cards) and worked with the Mayor's Office to develop a housing services component
Need for additional awareness of the program on the part of community stakeholders (e.g., other community-based organizations, potential employers)	Providers worked to raise knowledge of the program in the community and requested more centralized support from the Mayor's Office
Obstacles to Fellows completing services, including substance use, external pressures (e.g., meeting terms of community supervision), and severity of mental health concerns	Providers established relationships with outside services where they could refer Fellows and provided additional support when possible
Effect of coronavirus disease-19 (COVID-19), including lack of access to needed technology, Fellows' lack of familiarity with remote platforms, and inability to meet with Fellows and colleagues in-person	Providers met with Fellows in-person outside when safe and possible, and advocated for increased access to technology and private spaces (e.g., in Fellows' shared housing settings)

Summary of Outcome Evaluation Findings

Regarding outcomes, no significant changes were observed on the decisionmaking scale, though our analyses were limited by high levels of missingness at the follow-up administrations of the scale. However, both providers and Fellows indicated that the CBT was valuable to helping Fellows identify problematic thinking and changing their behaviors. Regarding barriers to employment, providers addressed a wide range of needs with Fellows. This included barriers addressed by both employment and behavioral health providers, such as interview preparedness, need for a résumé, transportation, managing stress, anger management, and time management. In addition, legal providers helped 60 percent of Fellows to either correct, remove, seal, or expunge their records, or to take initial steps in that process (for those who were not yet eligible for expungement).

With respect to employment, a total of 192 Fellows obtained employment. This reflects 44 percent of all Fellows who had enrolled in Project imPACT. However, providers had lost contact with 185 Fellows (42.8 percent). If all of those individuals employed, the overall employment rate could be as high as 87 percent, though we expect that those who could not be contacted at follow-up were more likely to be unemployed. Therefore, we anticipate that the “true” employment rate was somewhere between 44 percent and 87 percent. Focusing on the 247 Fellows who they were able to follow up with, the employment rate was 77.7 percent (192 of 247). Among Fellows who provided income data at enrollment and exit, there was an increase of more than \$2,100 from enrollment to exit. Individuals who successfully completed employment services were more likely to obtain a job. Moreover, at 3- and 6-month follow-up, nearly 60 percent of Fellows were still employed. Employment retention decreased by 9- and 12-month follow-up, and the proportion of Fellows who were not reached by providers increased.

To assess recidivism, the evaluation team relied on self-report data that providers collected from Fellows at 6, 12, and 18 months after program completion. However, there were significant missing data, which precludes our ability to draw strong conclusions about recidivism. For example, 347 Fellows had reached the 6-month follow-up period. Of these, providers were able to reach 118, of whom one had been reconvicted. However, they were unable to reach 4 and did not attempt to reach 225.

Has Project imPACT Achieved Its Goals?

We assessed progress toward each of the five overarching Project imPACT goals.

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

Based on our observations, providers are dedicated to ensuring that services provided are relevant and effective. Providers are in frequent communication about services and Fellows, and the Mayor’s Office has been an engaged partner to the providers. Our focus groups and interviews with current and past Fellows also make it clear that Fellows are largely satisfied with their experience in the program. They highlighted that the program provides access to services that address their needs and provide the tools they need to improve their future opportunities.

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

Providers across regions have participated in various trainings over the evaluation period that have improved their capacity to serve this population. Providers have also created partnerships

with various local agencies to increase the stream of referrals to Project imPACT. There are some opportunities for improvement, though. For example, providers described a need for additional training, and coronavirus disease-19 (COVID-19) presented key challenges to serving Fellows—particularly given technology-related challenges.

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

Project imPACT has successfully adhered to the program’s guiding principles in many ways. Community partnerships are a key part of the program models. Providers receive referrals from community-based agencies, but also rely on community-based organizations to meet Fellows’ needs. Regarding trauma-informed care, providers were aware of the role trauma plays for justice-involved individuals, though they did express interest in additional trauma-focused care training. In addition, providers described their efforts to be culturally competent and understanding of the backgrounds of the target population, and Fellows confirmed that they felt that providers are equipped to work with a diverse range of individuals. However, additional training may continue to build the capacity of providers to serve diverse populations. Finally, both providers and Fellows described the ways in which Fellows and their needs are centered in this program.

Goal 4: Improved Employment Outcomes

As described, 192 Fellows who enrolled in Project imPACT obtained employment. Using an “intent-to-treat” approach, which examines the employment rate among all individuals who enrolled in Project imPACT, it reflects a 44-percent employment rate. However, the rate of employment was even higher among those who completed employment services—66 percent. The majority of those employed were in full-time positions. At the beginning of the program, the Mayor’s Office established a target of 55 percent of Fellows obtaining full-time employment. There are some challenges to knowing whether this target was reached given the large number of Fellows who were lost to follow-up—however, the rate of employment among those who completed employment services exceeds this target. Fellows also experienced a substantial increase in their monthly income during the program—a nearly 2,000-percent increase among those with complete data.

Goal 5: Reduced Recidivism

Given the obstacles the evaluation team experienced to collecting recidivism data, we were unable to formally assess progress toward this goal. We realize that this is a key limitation of our findings. However, Project imPACT received a second round of funding through Cohort 2 of programs funded through Proposition 47. To address this issue, we revised our protocol for the collection of data with Cohort 2 such that we can use identifiable data to access recidivism data from administrative records.

Recommendations

Though Cohort 1 of Project imPACT has ended, the program continues to serve Fellows through Cohort 2. The program has demonstrated promise and ongoing data collection during

Cohort 2 will allow us to continue to explore key themes regarding implementation and outcomes. We also plan to supplement existing data sources to strengthen our outcome evaluation, as described previously. Therefore, we identified the following recommendations for the ongoing implementation of the program:

Recommendation #1: Provide Needed Supports and Trainings for Project imPACT Providers

There has been turnover across regions for a number of reasons, including providers leaving for other positions. Additional supports for providers might address factors that lead to turnover, such as burnout. This includes relevant trainings (e.g., better preparation for serving populations with high levels of complex trauma), but also considering whether there might be ways to address turnover or mitigate the effect of turnover on other providers and Fellows. Additional supports for staff and efforts to monitor for burnout might also be warranted, given providers' levels of dedication and the intensive nature of program services. It may also be worth considering whether additional support staff could alleviate the burden on providers by assisting with tasks such as outreach to participants lost to follow-up and collecting follow-up employment data.

Recommendation #2: Offer Additional Supports to Address Fellows' Other Common Psychosocial Needs

The Mayor's Office has already worked with providers to add housing-related services as an option for Cohort 2 fellows. The program might also consider whether there are ways to address Fellow needs through "pop-up" services, such as a mobile health clinic or mobile fingerprinting event so that Fellows can request their RAP sheets to support the work of the legal providers. Providers may also work to bolster partnerships with other community-based organizations and local agencies that provide low-cost or no-cost services to this population, and from providing additional access to technology and related training.

Recommendation #3: Increase Awareness of the Program in the Greater Los Angeles Community

This might include efforts to advertise the program to potential referral sources (e.g., probation or parole offices) and new potential employers, and to provide education to employers on the benefits of employing formerly justice-involved individuals. It might also include more formal connections between the program and other services offered by the city. In this way, raising the profile of the program will benefit current and future Fellows.

Recommendation #4: Continue to Expand the Evaluation Capacity of Project imPACT Providers

Our evaluation team continues to identify opportunities to reduce burden on the providers, such as through development of a new case management system that providers can use for service provision and we can use to extract evaluation data. This will include elements to assist providers in their efforts to obtain follow-up data (e.g., by providing a reminder report with the names of Fellows due for employment follow-up submission in a given month). We also continue to provide technical assistance to providers to increase their evaluation capacity.

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, Youth Policy Institute, AMAAD Institute, Homeless Health Care Los Angeles, Legal Aid Foundation of Los Angeles, and Neighborhood Legal Services of Los Angeles County. We would also like to thank Fellows enrolled in Project imPACT for their willingness to contribute to this evaluation. Finally, we thank our quality assurance reviewers for their thoughtful feedback on this report.

Abbreviations

BSCC	Board of State and Community Corrections
CBT	cognitive behavioral therapy
CEO	Center for Employment Opportunities
COVID-19	coronavirus disease-19
DMV	department of motor vehicles
M	mean
LGBTQ+	lesbian, gay, bisexual, transgender, queer, and others
LS/CMI	level of service/case management inventory
SD	standard deviation

Project Description

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

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

In 2017, the first round of funding from Proposition 47 (known as “Cohort 1”) was awarded to communities through a competitive grant process (BSCC, 2019). A total of \$103 million was awarded to 23 programs across the state of California. These programs are designed and administered by public agencies, including city and county agencies and local school districts (BSCC, 2018). In turn, these agencies contracted with local community-based organizations to provide services. Programs were required to include mental health services, substance use disorder treatment, and/or diversion programs, and serve adults or juveniles who had been “arrested, charged with or convicted of a criminal offense AND a history of mental health issues or substance use disorders” (BSCC, 2016, p. 9). Certain guiding principles were outlined by the BSCC, including the value of community partners, provision of culturally competent and trauma-informed services, and addressing barriers to serving this population. However, outside these requirements, jurisdictions were given latitude to design programs suited to the needs of their area. All programs funded through Proposition 47 were required to set aside funding for an evaluation of the program’s implementation and effectiveness.

Project impACT is one of the programs funded through this program. Designed by the City of Los Angeles Mayor’s Office of Reentry, Project impACT focuses on improving employment outcomes—a known criminogenic need (Bonta & Andrews, 2017)—as a way to reduce

future criminal justice system involvement. In addition to offering job training and job placement opportunities, Project imPACT aims to prepare its Fellows for successful employment through strengthening their psychological well-being and addressing the legal challenges they may face.

Evidence Base for Employment-Focused Programs for Justice-Involved Individuals

There have been several studies examining employment-focused services for justice-involved populations, though they provide mixed evidence as to the effectiveness of such programs. For example, a study of a program providing job readiness training and employment placement assistance found that 26.2 percent were employed at 12 months, compared with 22.0 percent of the comparison group, who received a list of community resources (Farabee, Zhang, & Wright, 2014). Another study examined participants of a job coaching program, finding that the time to employment after completing the program was similar for formerly justice-involved individuals and nonjustice-involved individuals (Formon, Schmidt, & Henderson, 2018). Starting salaries were also similar. A recent review described the findings of several randomized controlled trials of programs offering of wraparound service models, combining employment services with other supportive services such as substance use treatment, case management, life skills training, or cognitive behavioral therapy (CBT) (Doleac, 2019). These studies also yielded mixed results, with some finding no significant effect on employment outcomes, but others finding positive effects on employment two years after enrollment and on participant income.

A handful of studies have examined programs that use a transitional job model, which provides individuals with subsidized employment as a way to build job skills, with the ultimate goal of helping individuals transition into unsubsidized employment. Many of these studies have focused on the Center for Employment Opportunities (CEO), a national organization that uses a transitional job model. A study in New York found that individuals who participated in CEO programming had similar rates of unsubsidized employment as a comparison group—roughly 50 percent had unsubsidized employment at some point during the two years after program completion (Redcross, Millenky, et al., 2012). A more recent study found a more consistent, positive effect of CEO services on employment compared with a comparison group (CEO, 2019). However, a study of another transitional job model found that outcomes were fairly similar to individuals who received more basic job search assistance (Redcross, Bloom, et al., 2010).

In addition to improving economic outcomes for justice-involved individuals, addressing employment had the potential to reduce the risk of future recidivism, because employment has been identified as a criminogenic need (Bonta & Andrews, 2017). However, findings regarding recidivism have also been mixed. Transitional job models have been associated with reduced likelihood of future arrests, convictions, and incarcerations (CEO, 2019; Harder+Company, 2015; Redcross, Millenky, et al., 2012). However, Visher, Winterfield, and Coggeshall, 2005, conducted a meta-analysis of employment services programs for justice-involved individuals. They identified eight randomized controlled trials for inclusion and found no significant effect of the interventions on arrests. The review of wraparound service models also found little effect of these programs on recidivism, and in some cases, that program participants had higher rates of justice system involvement than those in the comparison groups (Doleac, 2019).

Program Overview

Though these studies provide mixed evidence for the effectiveness of employment-focused services for justice-involved individuals, Project imPACT is distinct from some existing models of employment services in several ways. First, Project imPACT was designed to serve individuals who have a history of mental health conditions and/or substance use disorders. Second, Project imPACT was designed as a wraparound service model. Though prior research has been mixed on the effectiveness of wraparound models (Doleac, 2019), these programs vary in the specific supports they offer, and understanding the effectiveness of the constellation of services provided by Project imPACT remains an important goal. In Project imPACT, employment services form the core of the program, but clients (known as “Fellows”) also receive behavioral health, legal services, and CBT aimed at addressing criminogenic thinking. A peer navigator—a program staff member with lived experience of incarceration or involvement with the justice system—works closely with Fellows throughout their time in the program. Fellows are also eligible to receive housing services once they have obtained employment. By utilizing the employment service providers and PACTeam (with “PAC” standing for peer navigator, attorney, and counselor) to provide wraparound, holistic support specific to the needs of individuals involved in the justice system, Project imPACT aims to improve employment outcomes and job retention for Fellows, reduce recidivism, and enable community-based partners to serve this population more effectively. Project imPACT services are provided in four areas of Los Angeles: Watts, South Los Angeles, Downtown, and San Fernando Valley. Each of these regions has a separate team of providers working to support Fellows.

Program Goals and Objectives

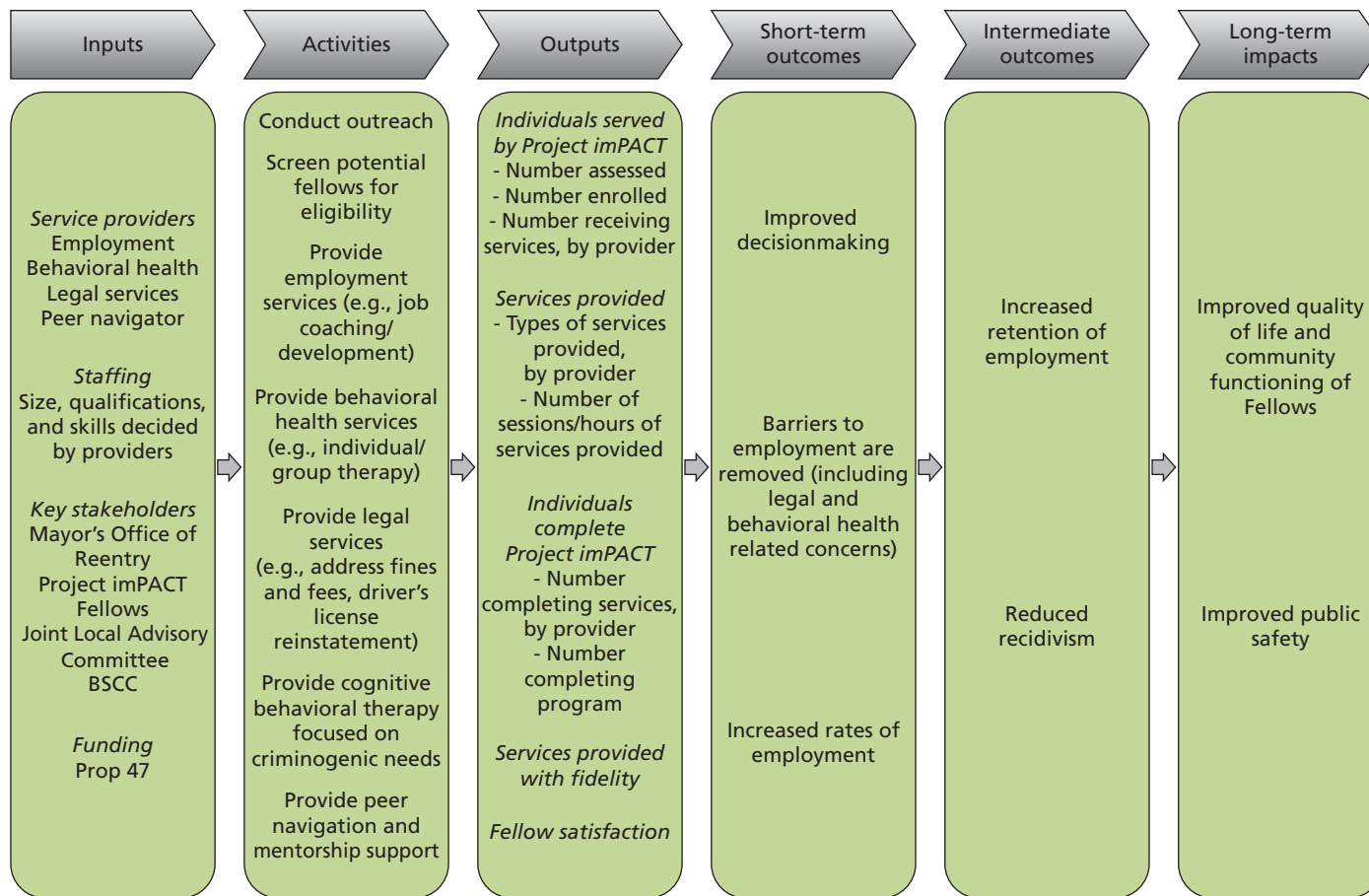
Project imPACT was designed to achieve five goals:

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

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

Ultimately, Project imPACT is designed to reduce recidivism. However, there are also more proximal effects that the program is expected to achieve. In the short-term, Project imPACT aims to improve participant decisionmaking, via the CBT curriculum, and address barriers to employment, through the employment, legal, and behavioral health services. It is expected

Figure 1.1
Project imPACT Logic Model



that addressing these short-term outcomes will improve rates of employment and employment retention, ultimately reducing future contact with the criminal justice system.

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

Purpose of the Study

The Mayor's Office selected RAND 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 goals of the process evaluation were to describe implementation of the program across the four regions; examine utilization of the program, including numbers of Fellows enrolled, volume and types of services provided; and identify implementation barriers and facilitators. The goals of the outcome evaluation were to explore employment and criminal justice outcomes for Fellows. Cutting across the process and outcome evaluation, we aimed to describe progress toward the five program goals described above. This report builds on an interim report published in late 2019 describing the early stages of Project imPACT (Brooks Holliday et al., 2019). The previous report described the planning phase (February 2018–July 2018) of Project imPACT in detail. It also described initial services provided between July 2018 and March 2019. Since that time, we have completed several additional data collection activities, including additional focus groups and interviews with program Fellows; site visits with each region; and the ongoing collection of quantitative implementation and outcome data. Therefore, the present report integrates findings from across the period in which services were provided, including some themes that may have been described in the first report.

In this report, we describe our evaluation methodology (Chapter 2); provide a detailed description of the program model, including variations across region and how services have evolved over time (Chapter 3); describe program implementation, including service utilization, whether services were provided with fidelity, and barriers and facilitators (Chapter 4); and evaluate program outcomes (Chapter 5). We conclude with key findings and recommendations (Chapter 6).

Research Design

To assess the implementation and effectiveness of Project imPACT, the evaluation team conducted a process and outcome evaluation. Regarding the time frame of the analysis, the Los Angeles Mayor's Office initial received funding for the program in June 2017. Between June 2017 and February 2018, the Los Angeles Mayor's Office released competitive requests for proposals to identify and select service providers for Project imPACT. Providers were selected and planning for services under Project imPACT began in February 2018, with services starting in July 2018. As described, our Two-Year Preliminary Evaluation Report, submitted in August 2019, reported on the initial program planning phase (February 2018–July 2018) and program implementation through March 2019. Because the planning phase was already described in detail in that previous report, the present report focuses on implementation and services provided from July 2018 to December 2020.¹ All procedures were approved by the RAND's Institutional Review Board.

Process Evaluation

Our process evaluation focused on the following questions:

- 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?

In addition to providing detail about implementation, the process evaluation was important for interpreting results of the outcome evaluation; for example, if no effect of the program

¹ Most of the program providers completed service provision in December 2020. Though one provider continued to provide services through April 2021, our report includes data collected through December 2020 to allow sufficient time for data cleaning and analysis.

is found, it may be due to challenges implementing the program (e.g., meeting the target population, offering needed services).

Methods

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

Quantitative Data from Service Providers

Throughout the course of the evaluation, service providers submitted quantitative data related to services provided. These data were collected at the individual Fellow level. Data include sociodemographic characteristics; risk assessment data; and specific types of services received from each provider, including number of sessions and/or hours of services. Data were submitted monthly for the first 1.5 years of the program and then moved to quarterly submission to reduce provider burden. Note that there were no specific benchmarks for intensity of services provided (e.g., number of sessions) or for the number of Fellows expected to receive each type of service. Whether a Fellow received services and the number of sessions attended were a function of the needs identified during a provider's intake process.

Observations, Site Visits, and Discussions with Providers

The evaluation team was in close contact with service providers throughout the implementation of Project imPACT Cohort 1. We attended monthly All Partner Meetings, which included representatives from each provider, the evaluation team, and the Mayor's Office of Reentry, and provided the opportunity to learn about implementation progress and challenges, learn about innovative practices across regions, and discuss evaluation-related questions. We also collected quarterly narratives from each region regarding program implementation. The narratives asked providers for information about trainings attended, program accomplishments, and program challenges in the past three months. Finally, in the course of the program, we conducted two site visits with the regions, during which we conducted individual and group interviews with program staff and attended case conference meetings, when possible.² The first round of site visits took place in person (on-site at the regional offices) and the second round of site visits took place virtually due to coronavirus disease-19 (COVID-19). One of the researchers on the team reviewed data from these sources and thematically organized them within a structured grid, which incorporated such categories as barriers to implementation, facilitators of the implementation, needed resources, COVID-19-specific barriers and needs, and adherence to guiding principles, organized by region. The grid was then reviewed by another researcher for accuracy. We then identified the trends and common and unique themes that emerged across all of the categories, within and across regions.

Focus Groups and Interviews with Fellows

The evaluation team conducted semistructured focus groups and interviews with Project imPACT Fellows and alumni from across the four regions. We switched to an individual inter-

² Three of the Project imPACT regions participated in two site visits (fall 2019 and fall 2020). At the time we were conducting the fall 2019 site visits, one of the regions (San Fernando Valley) was unavailable to participate in a site visit because of a changeover of the lead employment services agency. That region participated in one site visit in summer 2020.

view format after the onset of the COVID-19 pandemic to facilitate virtual data collection, based on feedback from program providers. We developed semistructured focus group and interview guides with the goal of understanding Fellows' experiences participating in the program, their perspectives on the services received, and recommendations for program improvement. Participants received a \$20 gift card for their participation.

The focus groups took place between June and October 2019. We conducted three focus groups with current Fellows at the Downtown, South Los Angeles, and Watts Project imPACT program sites.³ Potential focus participants learned about the focus groups through Project imPACT staff. The evaluation team developed a guide to support recruitment efforts, which included information on who should be informed about the groups (current program participants), the purpose of the focus group, a recruitment script, and frequently asked questions. Potential focus group participants were asked to share their contact information and their preferred method of contact (via email, phone call, or text). The evaluation team sent focus group reminders using participants preferred contact method the day prior to the focus group. At each of the focus groups, the evaluation team consisted of one facilitator and one notetaker. The number of Fellows per focus group ranged from 6 to 10, for a total of 23 Fellows. The participating Fellows had been in the program from 3 weeks to 12 months (mean [M] 6 months; median 3 months).

Between December 2020 and January 2021, we conducted telephone interviews with 11 Project imPACT participants from across the four project regions. To support recruitment efforts, the evaluation team provided information to program providers on who should be invited to participate in the interviews, the purpose of the interviews, and frequently asked questions. Potential interview participants were asked to share their contact information and their preferred method of contact (via email, phone call, or text). The evaluation team contacted potential interview participants using their preferred contact method to schedule their interview. Participating Fellows had been in the program from 8 to 12 months (M, 10 months; median, 10 months).

We were also interested in obtaining input from Project imPACT alumni. These alumni interviews provided an opportunity to understand alumni experiences during and after their participation in Project imPACT, their perspectives on the services they received, the effect of COVID-19 on their employment, unmet needs, and recommendations for program improvement. Fellows learned about the opportunity to be interviewed through Project imPACT staff. Recruitment occurred in the same way as the telephone interviews with current program Fellows. The evaluation team conducted phone interviews with 14 alumni from the four program sites between September and October 2020. The participating alumni had exited the Project imPACT between 1 and 12 months prior to 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.

³ Given the employment agency turnover in the San Fernando Valley region, we were unable to conduct a focus group with this region during that time.

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.

Outcome Evaluation

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

Table 2.1
Process Evaluation Measures

Measure	Definition	Data Source(s)	Time Frame
Individuals served by Project imPACT	Number of individuals assessed for Project imPACT	Quantitative data from service providers	Monthly from July 2018 to December 2019; quarterly from January to December 2020
	Number of individuals enrolled in Project imPACT		
	Number of individuals assessed by service provider		
	Number of individuals receiving services by service provider		
Services provided by Project imPACT	Types of services provided by service provider	Quantitative data from service providers	Monthly from July 2018 to December 2019; quarterly from January to December 2020
	Number of sessions and/or hours of each service provided by service provider		
Individuals completing Project imPACT	Number of individuals completing services by service provider	Quantitative data from service providers	Monthly from July 2018 to December 2019; quarterly from January to December 2020
	Number of individuals exiting without completing services by service provider		
	Number of individuals completing Project impact		
	Number of individuals exiting without completing Project imPACT		
Services provided with fidelity to guiding principles of Project imPACT	CBT group delivered according to curriculum	Site visits	Twice during program (2019 and 2020)
	Services provided are consistent with goals of each provider	Provider narratives	Quarterly from September 2018 to December 2020
		Attendance at All Partner Meetings	Monthly from February 2018 to December 2020
		Focus groups/ interviews with Fellows	Between June 2019 and December 2020
Fellows are satisfied with service delivery	Fellows perceive Project imPACT as meeting their needs and providing relevant services	Focus groups/ interviews with Fellows	Between June 2019 and December 2020

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

- improve decisionmaking (short term, from enrollment to exit)
- address barriers to employment, including behavioral and legal barriers (short term, from enrollment to exit);
- increase rates of employment, including full- and part-time employment (short term, from enrollment to exit)
- increase retention of employment (intermediate, assessed at 3, 6, 9, and 12 months after program completion)
- reduce recidivism (intermediate, assessed at 6, 12, and 18 months after program completion)

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

Methods

Our evaluation was observational in nature. Ideally, to demonstrate the effectiveness of a program, the performance of the intervention group was compared with a control or comparison group (e.g., individuals with similar characteristics who did not participate in Project imPACT). However, given the individualized nature of certain outcomes (e.g., addressing barriers to employment) and challenges to identifying an appropriate comparison group, our evaluation efforts focused on tracking changes from baseline on the outcomes of interest. For certain outcomes, specific targets were identified. For example, employment providers aimed for 55 percent of individuals completing the program to obtain employment. For others, such as rates of employment retention, we drew on the literature to determine how outcomes for Project imPACT fellows compared with those of individuals in other similar programs. In addition, we examined whether Fellow characteristics (e.g., risk level) and patterns of service use (e.g., completion of services, dosage of services) were associated with employment outcomes.

Data for the outcome evaluation were largely reported by service providers as part of their quantitative reporting requirements. Table 2.2 summarizes the measures we used to evaluate the implementation of Project imPACT, the definition of each measure (i.e., how it will be operationalized), and considerations for measurement. Each is then described in more detail below.

Improved decisionmaking. Multiple aspects of Project imPACT have the potential to affect decisionmaking skills. First, the CBT curriculum was designed to address criminogenic thinking, which is a risk factor for future recidivism (Bonta & Andrews, 2017), and improve decisionmaking 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 decisionmaking (e.g., by helping the Fellows address anger management problems or navigate difficult situations). To determine whether program participation results in improved decisionmaking, 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: on enrollment to Project imPACT; on completion of the core CBT curriculum modules, because this is the component of program services that is expected to have the most direct effect on decisionmaking; and again at program completion, enabling us to explore whether continued participation in Project imPACT services had any further effect on decisionmaking skills.

Table 2.2
Outcome Evaluation Measures

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

At the time of our Two-Year Preliminary Evaluation Report, we identified key limitations to this measure. First, there was limited variability in scores, and we may have been observing a ceiling effect due to the relatively high scores even at baseline. Second, program providers reported challenges to having clients complete the measure at the follow-up periods, especially after the onset of the COVID-19 pandemic. Therefore, we supplemented this scale with a question during our site visits that asked specifically about the effect of CBT in a more open-ended way: “What, if any, changes do you observe in Fellows after the CBT?” Responses to this question were summarized.

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

- **employment:** child care, clothing (interview and work), credential/certificate attainment, driver’s license, housing; interview prepared, current résumé, scheduling conflict, transportation, workplace behavior
- **behavioral health:** anger management/emotion regulation, depression, substance use, time management, mental health stigma, motivation, family relations, self-esteem
- **legal:** correct/remove/seal/expunge criminal records, Proposition 47 reclassification, occupational licenses, family reunification, eviction prevention, fines and fees, department of motor vehicles’ (DMV) license reinstatement, other reclassifications.

On a quarterly basis, providers submitted data about which barriers were being addressed for each Fellow currently enrolled. Of note, the determination as to whether a barrier was being addressed was based on providers’ judgment. Therefore, data reported on barriers addressed

reflected the professional judgment of providers and were not objectively corroborated by the evaluation team.

Increased rates of employment. Project imPACT was 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 needed assistance finding a new job for some other reason. Providers reported successful achievement of employment by Fellows on a quarterly basis, including full-time, part-time, and temporary/seasonal employment. In addition, the Mayor's Office set the goal of at least 55 percent of enrolled Fellows obtaining full-time employment. Therefore, employment rates were also compared with this benchmark. As a supplemental data point, providers also collected information related to income at enrollment and completion as another indicator of employment.

Increased retention of employment. Project imPACT aims not only help individuals obtain employment, but to help them retain employment. After initial employment placement, employment providers reported on whether Fellows were still employed 3, 6, 9, and 12 months later. At times, these follow-up time points were reached while a Fellow was still enrolled in services (e.g., the Fellow obtained a job but was still receiving mental health or legal services, or was receiving job retention support). Other times, these follow-up time points were reached after a Fellow had exited from the program. Though employment providers attempted to follow up with Fellows at each time point, they were sometimes unable to reach them. In addition, though some providers attempted to follow up with Fellows who were not employed when they exited the program but may have obtained employment after leaving, not all regions did so consistently. Therefore, we focused on reporting retention rates among those who obtained a job before exiting the program and for the subset of Fellows who could be reached.

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

The State of California defines recidivism as a new conviction for a felony or misdemeanor committed within three years of release from custody or placement on supervision for a previous criminal conviction (Office of the Attorney General, 2019). Therefore, our focus was on new convictions for incidents that occurred after enrolling in Project imPACT.

Project imPACT service providers do not have special access to criminal justice records, and the evaluation team was only able to receive de-identified data for the purposes of this project and therefore could not assess recidivism (e.g., using data from the Los Angeles County Superior Court). Therefore, recidivism was measured based on the self-report of Fellows and/or key contacts of the Fellows, such as family members. After program completion, employment providers were meant to follow up with graduated Fellows at 6, 12, and 18 months to determine if they had been convicted of any new crimes in the last 6 months.⁴

Unfortunately, there were significant limitations to the use of self-reported data. The primary issue appeared to be a lack of follow-up attempts on the part of program providers, with

⁴ Although we had initially included arrests and technical violations in a "local" definition of recidivism, we opted to remove this from our definition of recidivism given that these might be more subject to bias than reconvictions.

Table 2.3
Assessing Progress Toward Project imPACT Goals

Goal	Proposed Method of Measurement	Evaluation Component
1. Program experience perceived to be positive and valuable by Fellows	Assessment of Fellow satisfaction and perceptions of needs being met	Process evaluation
2. Improvement of project partners' ability to serve justice-involved individuals	Staff interviews during site visits; attendance at regular meetings of Project imPACT providers	Process evaluation
3. Adherence to the program's guiding principles	Staff interviews during site visits, descriptions of training provided to staff at provider organizations, attendance at regular meetings of Project imPACT providers, observation of case conferences	Process evaluation
4. Improved employment attainment and retention	Assessment of percentage of Fellows achieving and retaining full-time and part-time employment; to be compared with goal set by employment providers (55 percent) and similar programs described in relevant literature	Outcome evaluation
5. Recidivism reduction	Assessment of new convictions after completion of Project imPACT	Outcome evaluation

a secondary issue being difficulty getting in touch with alumni at those follow-up periods. In addition, very few program alumni had reached the 18-month follow-up time period at the time of the report.⁵ In a model like Project imPACT, which is highly relational and depends on strong rapport between providers and Fellows, a process by which providers are responsible for asking Fellows about episodes of recidivism is not optimal. Informal feedback from providers suggested that asking about recidivism got in the way of otherwise positive and supportive conversations they had with Fellows and so they often avoided it. In addition, over the course of program implementation, providers had an increasing number of current and active Fellows to track, and the volume of follow-ups required may have been more than providers had the capacity to manage. Moving forward, Project imPACT will rely on official sources of data to measure recidivism so as to capture the data on this key outcome and maintain the integrity of the supportive model.

Assessing Progress Toward Project imPACT Goals

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

⁵ The program has received ongoing funding through BSCC for a second cohort of Fellows ("Cohort 2"), and we have adjusted our recidivism data collection approach for that evaluation, given these issues. The evaluation team will have access to identifiable data and official recidivism records through the Los Angeles County Superior Court.

Program Description

Individuals enrolled in the program, who are known as Fellows, receive employment services from an employment agency and are assigned to work with a multidisciplinary “PACTeam.” A PACTeam includes a peer navigator with lived experience of incarceration or involvement with the justice system, an attorney to address the numerous legal challenges experienced after incarceration, and a counselor to address mental health and substance abuse concerns that may interfere with obtaining and retaining employment. Fellows also participate in group-based CBT curriculum, designed to address criminogenic needs and promote “cognitive, social, emotional, and coping skill development” (University of Cincinnati Corrections Institute, 2018a). Fellows were eligible to receive services for up to one year. This means that a Fellow who completed services prior to one year but needed to reengage in services (e.g., due to losing a job or experiencing a significant legal challenge) could do so before their year of eligibility was complete. If a Fellow’s needs had not been addressed within a one-year period, they may have been referred for additional, longer-term services at the one-year point.

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

In this chapter, we provide a comprehensive description of Project imPACT services. In addition, though the program has the core elements described in Chapter 1 (i.e., employment, behavioral health, legal services, and CBT), the nature of services differed to some extent across regions. We provide a description of regional variation and how the model has evolved over time.

Program Referral and Eligibility

Project imPACT providers draw on a number of existing contacts and community-based organizations to identify potential Fellows. In some regions, the employment agency serves a broader range of clients, so a representative from Project imPACT would attend those broader orientations to describe the program and identify potentially eligible participants. Other referrals come from local agencies (e.g., probation) or other community-based organizations that serve justice-involved individuals. Some regions provide these agencies with flyers or make

presentations describing program services. Providers were creative in their outreach efforts; for example, employment providers in South Los Angeles described going to the Department of Public Social Services with a banner and flyers and sitting in the lobby to recruit participants.

Eligibility criteria for Project imPACT were developed by the Los Angeles Mayor's Office. Individuals are eligible for Project imPACT if they meet the following criteria:

- **Recent criminal justice involvement.** This is broadly defined and includes having been arrested or convicted of a crime in the past year, or currently on community supervision (i.e., probation or parole). Individuals released from incarceration in the past year are eligible for the program.
- **History of mental health issues and/or substance use disorders.** Fellows are not necessarily required to have a formally diagnosed mental health or substance use disorder at the time of enrollment. Rather, Fellows are considered to have met this criterion if they have a mental health issue or substance use disorder that limits one or more life activities; have ever received services for a mental health issue and/or substance use disorder; have self-reported a history of these concerns to a provider; or have been regarded as having a mental health issue or substance use disorder (e.g., by a provider or family member).
- **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.** Potential Fellows are administered the Level of Service/Case Management Inventory (LS/CMI) (Andrews, Bonta, & Wormith, 2004), a well-validated risk/needs assessment. The program also enrolled a small number of individuals who were low risk but had significant psychosocial needs that could be addressed by the program, but approval had to be granted by the Mayor's Office for these cases.

The potential Fellows referred to the program are first screened for eligibility with respect to criminal justice involvement and history of mental health and/or substance use concerns. This screening is conducted using a standard screening tool developed for this project, which includes self-reported questions regarding criminal justice contact, mental health, and substance use. Those who meet initial eligibility criteria are then assessed with the LS/CMI; the potential Fellows who are determined to be medium risk or higher are then eligible to enroll in Project imPACT.¹ Participation in Project imPACT is voluntary. These eligibility screening procedures were designed to be consistent across regions. On enrollment, program Fellows participate in a more comprehensive intake assessment with the employment, legal, and behavioral health providers in their region to determine their specific needs within each domain. Enrolled Fellows must be willing to participate in all three types of services, though there are situations in which a Fellow may not engage with a specific service (e.g., because their behavioral health concerns are historical rather than current).

Individuals who are not eligible for Project imPACT or who decide not to participate are provided with other resources (e.g., provided with referrals to other programs or a list of other

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

organizations with relevant programs). Regions generally indicated that ineligible individuals are referred to other programs offered by the employment agency.²

Program Services

In this section, we describe the core Project imPACT services and describe regional variations.

Employment Services

Project imPACT employment agencies provided a broad range of services, including career readiness assessments, career readiness workshops, job coaching, job development, vocational training, placement and retention services, and transitional jobs. In this section, we describe regional approaches to employment services. Successful completion of employment services in Project imPACT was defined as completion of at least one session in four of the five “core” service areas (i.e., career readiness assessment, career readiness workshop, job coaching, job development, and vocational training). Each employment agency had a lead employment manager for Project imPACT services, but then had a team of individuals providing services to Fellows (e.g., working to identify job opportunities, facilitating workshops). Each of the Project imPACT employment agencies used a somewhat distinct model to provide services, and regional differences are described in more detail in this section.

Downtown. The employment agency for the Downtown region is CEO. On beginning services with CEO, individuals completed the Pathways to Employment workshop, a five-day course during which time they learned about the various program options offered by CEO, including Project imPACT. Those who were interested completed the eligibility assessment process and then began work with Project imPACT providers. Transitional jobs, which are subsidized employment opportunities, were a key element of the CEO program model and were unique to the Downtown region of Project imPACT. Fellows could be employed in transitional jobs for up to 75 days and get paid for their work. Transitional jobs included positions at the California Department of Transportation, park cleanup, and postfire restoration crews. While placed on transitional work crews, Fellows worked three to four days per week and also start working with a CEO job coach—who was an individual with lived experience in the justice system—on interview, résumé, and behavioral skills to navigate the job search. Based on feedback from staff working with the Fellow and an assessment of their job readiness, Fellows reached a stage where they were considered “job ready.” At this stage, Fellows began working with a job developer, a CEO staff member whose role was to learn about the individual’s short- and long-term goals and help them identify opportunities.

South Los Angeles. The employment agency for the South Los Angeles region is a non-profit firm that operates in partnership with a WorkSource center. WorkSource centers are funded by the Los Angeles Economic and Workforce Development Department and operated by community-based organizations. They offer services to certain target populations (i.e., dislocated workers, veterans, individuals experiencing homelessness, and individuals reentering the community from incarceration) (City of Los Angeles, 2021). Though WorkSource centers have certain commonalities in their services, such as offering job training and résumé building, providing skills workshops, making referrals to employment, and providing career placement

² More detail about Fellows’ motivation to participate is described in Chapter 6.

assistance, there may also be some distinctions in services based on the agency that operates the center.

Fellows in South Los Angeles began by completing an intake, during which the job specialist began to identify Fellows' interests and aspirations. All Fellows in South Los Angeles then completed a one-week CBT workshop (described in more detail below), followed by a one-week, 20-hour "prison to paycheck" workshop. The workshop covered topics such as employment expectations and information on how to use online job search tools. At the same time, the job specialist began working with the Fellow on a draft résumé and began to identify job leads based on the information gathered from the Fellow at the intake interview. Many Fellows entered directly into an employment position, though some clients completed technical education courses first, such as welding, heating, ventilation, and air conditioning (HVAC), and hospitality-focused courses. Once Fellows obtained a job, they were encouraged to bring paystubs to the employment providers in exchange for a \$25 gift card incentive. The program staff also provided services to help Fellows retain their employment; for example, if the client encountered a problem at work, Project imPACT staff would reach out to the employer to help troubleshoot the situation.

San Fernando Valley. The lead agency for the San Fernando Valley region is a WorkSource center.³ Fellows began by completing an in-house job readiness program, which covered topics such as résumé building, interview techniques, and job search skills and techniques (e.g., use of the CalJobs system, Indeed, LinkedIn). Similar to South Los Angeles, most Fellows focused on obtaining employment, though a smaller number (about 15 percent) sought vocational training, including clerical programs, biomedical education, trades (e.g., construction), and logistics (e.g., truck operators).

Watts. The lead agency for the Watts region is a WorkSource center. Fellows in Watts worked with an employment specialist who helped them to identify their goals and then determined the best pathway for them to pursue. A unique aspect to the Watts service model was that a significant proportion of Fellows—approximately 70 percent—completed vocational training as part of their time in Project imPACT, which was a function of the relationships the WorkSource center had with vocational training sites. Common vocational training tracks included plumbing, electrical, welding, truck driving, and office automation. Among those who did not complete vocational training, truck driving and warehouse-related jobs were among the most common choices, though some entered office-based or administrative positions.

Behavioral Health

Behavioral health services for Project imPACT were provided by staff members from two community-based organizations. One organization provided staff for the Downtown and San Fernando Valley regions, and the other provided staff for the South Los Angeles and Watts regions. Each region had a single, full-time staff member who served as the regional therapist.⁴ Behavioral health services provided through Project imPACT included crisis services, individual counseling, group counseling, engagement with key influencers (e.g., family mem-

³ Note that the lead agency has changed for the San Fernando Valley region, but both agencies operated WorkSource centers.

⁴ For approximately the first year of the program, a single therapist served the South Los Angeles and Watts regions. Since that time, the program has moved to having a separate therapist per region.

bers or close friends), and maintenance services. Services are intended to address behavioral health concerns that may interfere with obtaining and maintaining employment, including anger management, depression and substance use, mental health stigma, and low self-esteem. Completion of behavioral health services required participation in at least three individual counseling sessions.

There were few substantial differences in the nature of behavioral health services provided across regions. Providers across regions indicated that most behavioral health treatment was in the form of individual therapy, though some offered specific therapy groups during the course of program implementation. Though therapists were generally colocated with the employment agencies certain days each week, they also described flexibility in the places they served clients and modes of communication. For example, it was common to offer telephone sessions with Fellows to help accommodate more urgent issues or alleviate logistical challenges (e.g., traveling to the therapist's office for a session). Therapists also reported meeting clients off-site (e.g., while taking a walk or at a café) to help them feel more comfortable or alleviate challenges related to office space.

Therapists described using a range of therapeutic techniques, including CBT, psychodynamic approaches, solution-focused therapy, and family therapy. Therapists sometimes offered treatment to fulfill specific requirements of community supervision for their clients and reported providing letters on behalf of their clients to demonstrate their engagement in services. Though therapists noted that regular meetings were preferable (e.g., weekly or biweekly), they were flexible with clients who had scheduling constraints. In the early stages of the program, Project imPACT providers established a three-session minimum for behavioral health services—that is, Fellows were required to complete at least three individual therapy sessions to be actively engaged in the program. This minimum number of sessions was established due to concerns that it would be difficult to engage Fellows in services, either due to stigma or because they placed greater importance on employment and legal services. However, therapists reported that they were generally able to establish rapport in the initial stages of the intake and treatment planning, and they did not find it necessary to enforce the three-session minimum.

Legal Services

Legal services were provided by attorneys and legal staff from two legal aid organizations. One organization provided legal services in South Los Angeles, Watts, and Downtown, and the other organization served the San Fernando Valley. Similar to the model for behavioral health, each region had a dedicated attorney. The San Fernando Valley also had a dedicated paralegal who worked with Fellows. Legal services offered included counsel/advice, self-help, limited representation, and full representation. Completion of legal services was defined as having completed the comprehensive legal needs assessment and having one or more of their legal needs addressed (note: this does not necessarily mean that the Fellow's desired outcome for that legal need was achieved, but rather that the need was addressed to the extent possible within the limits of the law).

The attorneys reported that Fellows were not always aware that they had legal needs, so an important part of serving Fellows was a comprehensive legal intake. This often helped identify legal issues that Project imPACT legal staff could help to address. Common services included correcting, removing, sealing, or expunging criminal records; driver's license reinstatement; eviction prevention; fines and fees; and family reunification. Attorneys also assist with Ban the Box or Fair Chance Hiring-related issues, such as helping Fellows respond to

denials to employment. Though services were generally consistent across regions, there was some variability. For example, the attorney in South Los Angeles reported that he offered to assist all Fellows to obtain their RAP sheet. He found this useful to determine if there were charges that could be reduced and ensure that the record was accurate. Though the attorneys in other regions often did this for their clients, it is not a standard part of their services in the same way. There are also some legal issues that are more difficult for attorneys to address; for example, many Fellows have child support–related issues, but there is little the attorneys can do related to arrears. Similarly, many Fellows are not eligible for expungement because they are currently on probation or parole, though attorneys can sometimes help to identify convictions that could be expunged once they complete the terms of their supervision. As with behavioral health services, attorneys were generally colocated at the employment agency certain days each week.

Peer Navigation

Peer navigators are individuals with lived criminal justice experience who support Fellows throughout their time in Project imPACT. Peer navigators described a number of roles that they fulfill. They provide instrumental assistance to Fellows, such as helping people to navigate the process of getting an ID or their social security card. They also provide ongoing social support to Fellows. One Peer Navigator described themselves as a “motivator and point person” for Fellows. Peer navigators reported having regular check-ins with Fellows, typically on a weekly or biweekly basis. Additional roles of the peer navigator included serving as a liaison between the Fellow and the PACTeam, assisting with outreach for Project imPACT (e.g., attending community meetings to describe the program), and helping Fellows schedule appointments and connect to other types of needed services (e.g., DMV appointments, health care appointments). One peer navigator highlighted the value to having a staff member in the program who had lived experience, because it allowed them to communicate with Fellows using a shared language and understand what Fellows were going through. Peer navigators also typically led or coled the group CBT sessions in each of the regions, described in more detail in the next section.

Cognitive Behavioral Therapy

All Fellows are required to complete a group CBT curriculum, which is separate from the other core services (i.e., it was not tracked as an employment or behavioral health service, but rather as its own element of the program). The core curriculum includes 13 modules (see the box titled CBT Core Curriculum Modules) selected from the University of Cincinnati Cognitive-Behavioral Interventions—Core Curriculum, which was designed to address criminogenic needs through a cognitive behavioral approach (University of Cincinnati Corrections Institute, 2018a). To select the required modules for Project imPACT, representatives from the Mayor’s Office, employment providers, and behavioral health providers, along with peer navigators from across regions, met to review the complete set of Cognitive-Behavioral Interventions—Core Curriculum modules. The 13 core modules were selected from 55 available sessions based on their perceived ability to target behaviors, incorporate coping skills, promote self-awareness, and embody the core principles of CBT. Regions also had flexibility to select other modules from this curriculum as needed to address the needs of a specific group of Fellows. Prior to the beginning of service delivery, peer navigators, behavioral health providers, and employment providers participated in a required training delivered by the University of Cincinnati Correc-

CBT Core Curriculum Modules

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

tions Institute. As noted, the peer navigator was typically involved in leading or coleading the curriculum across regions, sometimes with assistance from employment or behavioral health staff.

The curriculum is delivered as a closed group, because material builds across the modules, and Fellows who miss a module can make up sessions at a future date. At the beginning of the program, the curriculum was delivered in a variety of ways across regions, with some implementing the curriculum as an intensive two-week course and others offering it as a weekly or twice-weekly program. By the middle of Cohort 1, all regions had moved to delivering the curriculum as an intensive one- or two-week course, typically within the first week or two after enrolling in the program.

Communication Among imPACT Providers and Program Completion

Employment providers and other PACTeam members met for regular case conferences to discuss and troubleshoot Fellows' progress toward employment, identify ongoing needs, and determine when a Fellow was ready to complete program services. This also provided an opportunity for providers to discuss any clients they were having difficulty reaching or address any significant concerns about Fellows. Project imPACT staff also described a great deal of ad hoc communication within their regions, including in-person communication when staff were colocated on-site, email, and text messages.

At the beginning of Project imPACT, the caseload of active Fellows within each region was limited to 30 Fellows to ensure program participants receive individually tailored services. However, with time, providers realized that they had the bandwidth to serve additional Fellows, especially if they had Fellows at multiple stages in the program (e.g., some Fellows may have completed employment services but still be actively receiving behavioral health or legal services), and the caseload limit was eliminated. Regions now have flexibility to enroll as many Fellows as they feel they have the capacity to serve. A Fellow is considered to have fully completed Project imPACT if they have met the minimum threshold for completing services across two of the three service areas (i.e., employment, behavioral health, and legal services).

Impact of COVID-19 on Services

The onset of the COVID-19 pandemic had a substantial effect on the program. In mid-March 2020, all program services transitioned to being offered in a virtual, remote format. Previously, employment agencies served as the “hub” for services, with the other providers collocated on-site several times a week. However, with the onset of the pandemic, services became somewhat decentralized. Several months after the onset of the pandemic, some agencies were able to begin offering in-person services again with additional safety protocols. However, some remained fully virtual. For example, the employment agency in South Los Angeles was located on campus at a local community college, and due to ongoing restrictions with the college, they were unable to reopen their physical offices. The employment provider located in the Downtown region was initially able to engage clients in online training sessions in lieu of in-person work crews and was eventually able to place Fellows on in-person work crews with additional safety precautions in place (e.g., mask wearing, physical distancing requirements). Some behavioral health providers largely offered virtual sessions (e.g., using telephone sessions or video conference sessions), though others found ways to meet clients in person. For example, the employment provider in Watts was able to help facilitate CBT sessions in person by meeting with a small group in a large room, with sufficient space in between each Fellow. Legal services transitioned to a virtual format and remained that way through the end of Cohort 1. Providers were able to continue to serve fellows, though more details about the transition to virtual services are provided in Chapter 5, including the challenges and successes experienced by providers.⁵

Summary

Project imPACT was designed to provide wraparound services to individuals recently in contact with the criminal justice system who also had a history of mental health or substance use concerns. The program is offered in four regions of Los Angeles, which each share certain core programmatic elements but have some differences based on the specific providers in each region. In subsequent chapters, we provide breakdowns of process and outcome measures by region and for the overall program, allowing us to examine whether there were different challenges, facilitators, and outcomes across regions.

⁵ Findings regarding the influence of COVID-19 should also be interpreted in the context of program providers beginning to simultaneously serve current Cohort 1 Fellows and enroll and serve new Cohort 2 Fellows. During much of this time, their focus was on completing services for Cohort 1 while bolstering the census of Cohort 2 Fellows.

Service Utilization Findings

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 explore differences in service use among those who successfully completed the program compared with those who did not.

Service Utilization

Characteristics of Enrolled Fellows

A total of 1,269 people completed a Project imPACT interest form across all regions (Table 4.1). Of those who completed interest forms, 432 people enrolled in Project imPACT. The Mayor's Office originally established a goal of having 420 individuals complete interest forms and 196 enroll in Project imPACT, and providers far surpassed these targets. Regarding the large number of individuals completing the interest form relative to the number of Fellows enrolling, some providers had potential Fellows complete these interest forms during larger orientations for their organizations. The interest form was designed to serve as an eligibility screener, so this is one way that providers can determine if individuals are eligible for Project imPACT or not. When Fellows are not eligible for the program, they are generally referred to other resources, primarily other programs operated by the employment providers. However, there are likely some individuals who are eligible for Project imPACT but opt to participate in another program for other reasons, such as the intensity of this program (which can last up to a year) or a preference for employment services only (rather than wraparound services).

The onset of the COVID-19 pandemic required that Project imPACT providers shift their outreach and service provision strategies to accommodate community safety and public health guidelines. As shown in Table 4.2 below, prior to April 2020,¹ providers enrolled an average of 19.27 Fellows each month. Even within the first three months of 2020, 56 new Fellows were enrolled into the program. On the onset of COVID, this number declined to an average of four Fellows enrolled per month (during months in which Fellows were enrolled), with only eight Fellows enrolled in total between April 1 and December 31, 2020. However, regions were also beginning to purposefully slow their rate of enrollment during this time for two reasons. First, they understood that Cohort 1 was going to end by December 31, 2020,

¹ For purposes of this analysis, the onset of COVID-19 was defined as April 1, 2020, through the end of the calendar year. Although many aspects of services began shifting to virtual formats in the middle of March 2020, we collected data on a quarterly basis and therefore were unable to determine which individuals were enrolled before mid-March versus after mid-March.

Table 4.1
Enrollment of Fellows

Enrollment Status	Downtown	San Fernando Valley	South Los Angeles	Watts	Total
Cumulative number of individuals completing interest form	183	180	368	538	1,269
Cumulative number of Fellows enrolled	108	95	101	128	432

Table 4.2
Average Number of New Fellows Enrolled Monthly, Pre- and Post-COVID

	Pre-COVID (n=424)	Post-COVID (n=8)	Total (N=432)
Average number of Fellows enrolled per month	19.27 (10.74)	4.00 (4.24)	18.00 (11.16)

NOTE: These numbers reflect months in which Fellows were enrolled. During the post-COVID period, new Cohort 1 Fellows were enrolled only during two months.

and wanted to ensure that enrolled Fellows had sufficient time enrolled in the program before it ended, particularly because the program was designed to provide services for up to one year. Second, plans were underway to begin recruitment for Cohort 2 of the program, which started enrolling Fellows in June 2020. Therefore, the reduced rate of enrollment likely reflects a combination of these factors.

Table 4.3 shows the characteristics of Project impACT Fellows who were enrolled between July 2018 and December 2020, when Cohort 1 services ended. Fellows largely scored as medium (44.7 percent) or high (44.4 percent) risk on the LS/CMI. Fellows were predominately male (79.4 percent) and the largest percentage (57.4 percent) was between the ages of 26 and 43. Nearly all (96.3 percent) Fellows identified as a single-ethnic origin and the largest group identified as Black/African American (53.6 percent), followed by Hispanic/Latino (34.4 percent). There were some differences by region; for example, South Los Angeles appeared to serve individuals with somewhat higher risk and needs (based on the LS/CMI) and who were somewhat older than other regions. The San Fernando Valley served a higher percentage of Hispanic, Latinx, or Spanish Fellows, which reflects the demographics of that region of Los Angeles.

Services Received

Table 4.4 provides an overview of the percentage of Fellows receiving each type of service during the period of July 2018 to December 2020. All Fellows who enroll in Project impACT must be willing to receive each of the three types of services. Actual service needs are decided by the providers, based on an intake assessment conducted by each provider on enrollment. Note that this intake assessment is specific to the individual provider; therefore, there may be variations in the instruments used and questions asked across regions within a provider category. Based on these assessments, it may be determined that a given Fellow does not need a certain type of services at that time (e.g., there are no legal needs to be addressed at that moment), which explains some of the variability across services. Across all regions, employment services were the most frequently received services (90.5 percent). There were some regional differences

Table 4.3
Number and Characteristics of Fellows Enrolled in Project imPACT July 2018–December 2020

Fellow Characteristics	Downtown	San Fernando Valley	South Los Angeles	Watts	Total
Number of Fellows enrolled	108	95	101	128	432
Risk level (LS/CMI)					
Low	2.8%	3.2%	3.0%	2.3%	2.8%
Medium	45.4%	45.3%	24.8%	59.4%	44.7%
High	51.9%	40.0%	51.5%	35.9%	44.4%
Very high	0.0%	11.6%	20.8%	2.3%	8.1%
Gender					
Male	77.8%	68.4%	87.1%	82.8%	79.4%
Female	21.3%	31.6%	12.9%	17.2%	20.4%
Other	0.9%	0.0%	0.0%	0.0%	0.2%
Age (years)					
18–25	15.7%	12.6%	8.9%	14.1%	13.0%
26–43	60.2%	62.1%	52.5%	55.5%	57.4%
44+	24.1%	25.3%	38.6%	30.5%	29.6%
Race/ethnicity					
Single ethnic origin	95.4%	96.8%	98.0%	95.3%	96.3%
Black or African American	61.2%	14.1%	58.6%	73.0%	53.6%
Hispanic, Latino, or Spanish	32.0%	59.8%	32.3%	18.9%	34.4%
Other (includes Native Hawaiian, Asian, and American Indian or Alaska Native)	1.0%	1.1%	0.0%	0.8%	0.7%
White	4.9%	23.9%	7.1%	4.9%	9.6%
Multi-ethnic origin	3.7%	2.1%	0.0%	2.3%	2.1%
Declined to state	0.9%	1.1%	2.0%	2.3%	1.6%

SOURCE: Data submitted by regional providers.

NOTE: The racial/ethnic categories were specified by the BSCC.

Table 4.4
Percentage of Fellows Receiving Services Across Regions

Service Category	Downtown (n=108)	San Fernando Valley (n=95)	South Los Angeles (n=93)	Watts (n=116)	Total (N=432)
Employment	102 (94.4%)	80 (84.2%)	93 (92.1%)	116 (90.6%)	391 (90.5%)
Behavioral health	99 (91.7%)	53 (55.8%)	92 (91.1%)	103 (80.5%)	347 (80.3%)
Legal	88 (81.5%)	54 (56.8%)	97 (96.0%)	117 (91.4%)	356 (82.4%)

SOURCE: Data submitted by regional providers.

in services provided; for example, fewer Fellows in the San Fernando Valley region participated in behavioral health or legal services, though that may have been a function of the turnover that took place in the employment agency in that region (e.g., some Fellows were lost to follow-up before they could engage with behavioral health or legal 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. Across all regions, the most common employment services received are the career readiness assessment (74.7 percent) and job coaching (70.3 percent), whereas the least common employment services were vocational training (3.8 percent) and placement and retention services (10.7 percent) (Table 4.5). The data regarding the number of sessions of each type of service demonstrate that Fellows received multiple sessions of many types of services, including career readiness workshops and assessments. Some of the regional variations reflect differences in the service model of the lead employment agency in each region. For example, only the Downtown region uses a transitional job model. Regarding placement and retention services, though all regions described some aspect of placement services, it may be that they captured these under other categories (e.g., job development). In addition, though all regions reported that they provide some aspects of job retention services, it may be that some tracked this more formally than others. Though basic definitions of each type of service were decided on by the service providers in collaboration with the evaluation team, providers were responsible for categorizing each service when they submitted their data to the evaluation team, which might also explain the differences across regions. These data might also highlight challenges related to shifting definitions over the course of the evaluation. For example, vocational training is a core component of the Watts services. Early in Project imPACT, we specifically collected data on Occupational Safety and Health Administration (OSHA) training, which was later expanded to include any vocational training; however, it is possible that this expanded definition was not used consistently, which would explain the small numbers of Fellows receiving vocational training services in Watts.

As described previously, successful completion of employment services was defined as completion of at least one session in four of the five “core” service areas (i.e., career readiness assessment, career readiness workshop, job coaching, job development, and vocational training). Across all regions, 61.6 percent of Fellows met this goal (Table 4.6). It should be noted here that wide variation between regions in meeting these goals is a function of several factors. First, Project imPACT providers, in conjunction with the evaluation team, refined the definition of “successful completion” in November 2020. Previously, obtaining employment was a requirement to successfully complete employment services, so regions were less focused on meeting a threshold level of services. However, out of a desire to tease apart the process measure of “service completion” from the outcome measure of “obtaining employment,” the evaluation team and employment providers met and collaboratively developed this revised definition. (Note that we were able to retroactively apply the revised definition to Fellows served prior to November 2020 for the purposes of this report.) Second, the San Fernando Valley region, which had the lowest percentage (28.7 percent) of Fellows completing core employment services transitioned in late 2020 from one employment provider to another, resulting in attrition and cases that were lost to follow-up (described in more detail in Chapter 5).

Table 4.5
Employment Services, Overall and Regional

Category of Employment Services	Downtown (n = 102)		San Fernando Valley (n = 80)		South Los Angeles (n = 93)		Watts (n = 116)		Total (n = 389)	
	No./ Percentage Receiving Services	No. of Sessions M (SD)	No./ Percentage Receiving Services	No. of sessions M (SD)	No./ Percentage Receiving Services	No. of Sessions M (SD)	No./ Percentage Receiving Services	No. of Sessions M (SD)	No./ Percentage Receiving Services	No. of Sessions M (SD)
Career readiness assessments	62 (60.8)	1.68 (1.23)	78 (97.5)	5.21 (4.08)	41 (44.1)	2.73 (1.80)	111 (95.7)	4.53 (3.69)	292 (74.7)	3.85 (3.49)
Career readiness workshops	36 (35.3)	2.50 (1.52)	60 (75.0)	4.58 (3.84)	70 (75.3)	5.83 (4.20)	34 (29.3)	3.76 (2.26)	200 (51.2)	4.51 (3.63)
Job coaching	78 (76.5)	5.60 (4.67)	76 (95.0)	11.66 (10.15)	85 (91.4)	10.52 (6.00)	36 (31.0)	7.89 (7.14)	275 (70.3)	9.09 (7.61)
Job development	86 (84.3)	16.43 (14.72)	64 (80.0)	10.83 (10.33)	52 (55.9)	7.38 (4.84)	40 (34.5)	7.28 (4.89)	242 (61.9)	11.49 (11.34)
Vocational training	5 (4.9)	2.40 (0.89)	0 (0.0)	N/A	5 (5.4)	6.00 (0.00)	5 (4.3)	6.40 (2.19)	15 (3.8)	4.93 (2.25)
Placement and retention	32 (31.4)	2.63 (1.77)	6 (7.5)	2.33 (2.80)	0 (0.0)	N/A	4 (3.4)	2.50 (1.73)	42 (10.7)	2.57 (1.89)
Transitional jobs	88 (88.0)	33.91 (24.30)	1 (1.3)	8.00 (0.00)	0 (0.0)	N/A	0 (0.0)	N/A	89 (22.9)	33.62 (24.31)

SOURCE: Data submitted by regional providers.

NOTE: SD, standard deviation.

Table 4.6
Number of Fellows Successfully Completing Core Employment Services, Overall and Regional (n = 391)

	Downtown (n=102)	San Fernando Valley (n=80)	South Los Angeles (n=93)	Watts (n=116)	Total (n=391)
Successfully completed core employment services	42 (41.2%)	23 (28.7%)	85 (91.4%)	91 (78.4%)	241 (61.6%)

SOURCE: Data submitted by regional providers.

As shown in Table 4.6, Fellows who successfully completed employment services ($n = 234$), were enrolled in Project imPACT, on average, about one month longer ($M = 5.96$ months, standard deviation [SD] = 3.58) than those who did not successfully complete employment services ($n = 129$; $M = 4.85$ months, $SD = 3.38$) ($p < .05$). This may suggest that additional time in the program is helpful in allowing Fellows to complete the core employment services.

Behavioral Health Services

From July 2018 to December 2020, Project imPACT behavioral health services included individual regular sessions, individual crisis sessions, group sessions, key influencer sessions, and maintenance sessions. Individual regular sessions included one-on-one sessions with a counselor. Individual crisis sessions included immediate, short-term services due to experiencing an event that produced critical emotional, mental, physical, and behavioral distress or problems. Group sessions were group treatment sessions (i.e., sessions with two or more Fellows) with a counselor. Key influencer sessions were sessions provided to an important, positive person from the Fellow's life, such as a family member, spouse or significant other or friend, either with or without the Fellow present. Maintenance sessions were one-on-one sessions conducted on an as-needed basis, after a Fellow had 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.

Across all regions, the most common behavioral health services received was individual regular sessions, with 89.9 percent of Fellows who participated in behavioral health services receiving that service (Table 4.7). Group sessions were uncommon and only offered in two regions (San Fernando Valley and South Los Angeles), which was consistent with the report of providers during the site visits. The least common service was maintenance, with only 3.7 percent of Fellows who received a behavioral health maintenance service.

We also computed the average number of sessions that Fellows received per month. These averages were calculated only for those who participated in a given service (i.e., the average number of monthly individual crisis sessions is based only on those who had at least one crisis session). The average number of monthly sessions was highest for individual regular sessions (2.52 sessions a month) and key influencer sessions (2.57 sessions a month), though substantially more Fellows participated in individual sessions (Table 4.8).

As noted, Project imPACT behavioral health providers established a threshold for meaningful engagement in behavioral health services of three individual sessions. Across all regions, 59.1 percent of Fellows met this threshold (Table 4.9). Fellows who successfully completed behavioral health services were in the program longer ($M = 7.44$ months, $SD = 3.61$) than Fellows who did not successfully complete behavioral health services ($M = 5.31$ months, $SD = 4.81$) ($p < .05$).

Table 4.7
Behavioral Health Services, Overall and Regional

Category of Behavioral Health Service	Downtown (n=99)		San Fernando Valley (n=53)		South Los Angeles (n=92)		Watts (n=103)		Total (n=347)	
	No./ Percentage Receiving Services	No. of Sessions M (SD)	No./ Percentage Receiving Services	No. of Sessions M (SD)	No./ Percentage Receiving Services	No. of Sessions M (SD)	No./ Percentage Receiving Services	No. of Sessions M (SD)	No./ Percentage Receiving Services	No. of Sessions M (SD)
Individual crisis	29 (29.3)	2.76 (2.94)	11 (20.8)	2.91 (1.87)	3 (3.3)	3.00 (1.00)	18 (17.5)	3.94 (2.13)	61 (17.6)	3.15 (2.02)
Individual regular	99 (100.0)	10.15 (10.70)	53 (100.0)	14.75 (13.95)	72 (78.3)	7.21 (6.02)	88 (85.4)	4.81 (5.04)	312 (89.9)	8.75 (9.78)
Group	0 (0.00)	N/A	2 (3.8)	2.00 (0.00)	8 (8.7)	2.75 (1.49)	0 (0.00)	N/A	10 (2.9)	2.60 (1.35)
Key influencer	0 (0.00)	N/A	2 (3.8)	1.00 (0.00)	0 (0.00)	N/A	28 (27.2)	7.46 (3.26)	30 (8.6)	7.03 (3.55)
Maintenance	1 (1.0)	2.00 (0.00)	5 (9.4)	3.00 (1.87)	0 (0.00)	N/A	7 (6.8)	4.57 (1.40)	13 (3.7)	3.77 (1.74)

SOURCE: Data submitted by regional providers.

NOTE: SD, standard deviation.

Table 4.8
Number of Behavioral Health Sessions Attended per Month per Fellow, Overall and Regional

	Downtown	San Fernando Valley	South Los Angeles	Watts	Total
Category of Behavioral Health Service	Sessions Attended per Month M (SD)	Sessions Attended per Month M (SD)	Sessions Attended per Month M (SD)	Sessions Attended per Month M (SD)	Sessions Attended per Month M (SD)
Individual crisis (<i>n</i> =61)	1.48 (0.94)	1.74 (1.17)	1.33 (0.58)	1.78 (0.62)	1.61 (0.89)
Individual regular (<i>n</i> =312)	2.34 (1.42)	3.79 (3.01)	2.48 (1.10)	2.00 (1.59)	2.52 (1.87)
Group (<i>n</i> =10)	0.00 (0.00)	2.00 (0.00)	1.00 (0.00)	0.00 (0.00)	1.20 (0.42)
Key influencer (<i>n</i> =30)	0.00 (0.00)	1.00 (0.00)	0.00 (0.00)	2.68 (1.43)	2.57 (1.44)
Maintenance (<i>n</i> =13)	2.00 (0.00)	3.00 (1.87)	0.00 (0.00)	2.00 (0.58)	2.38 (1.26)

SOURCE: Data submitted by regional providers.

NOTE: SD, standard deviation.

Table 4.9
Total Fellows Who Completed the “Minimum” Behavioral Health Requirement, Overall and Regional

	Downtown (<i>n</i> =99)	San Fernando Valley (<i>n</i> =53)	South Los Angeles (<i>n</i> =92)	Watts (<i>n</i> =103)	Total (<i>n</i> =347)
Completed at least three individual sessions	69 (69.7%)	44 (83.0%)	55 (59.8%)	37 (35.9%)	205 (59.1%)

SOURCE: Data submitted by regional providers.

Legal Services

Project imPACT Fellows receive four key types of legal services: counsel/advice, self-help, limited representation, and full representation. The most frequently used legal service is counsel/advice (86.2 percent) and the least frequently used is self-help (2.8 percent). Although full representation was provided to a little less than a quarter (23.6 percent) of Fellows receiving legal services, this service by far is the most intensive with the average number of service hours provided equaling 22.68 hours per Fellow (Table 4.10).

Overall, 91.6 percent of Fellows who received legal services successfully completed those services (i.e., completing the comprehensive legal needs assessment and having one or more of their legal needs addressed) (Table 4.11). Fellows who successfully completed legal services component of Project imPACT were in the program a shorter amount of time (*M*=5.89 months, *SD*=3.80) than Fellows who did not successfully complete legal services (*M*=6.48 months, *SD*=3.17), though this was not a statistically significant difference.

Cognitive Behavioral Therapy

Overall, 84 percent of Fellows participated in CBT, with South Los Angeles and Watts particularly successful at enrolling their Fellows in CBT. These regions both indicated that they required participants to complete CBT before enrolling in other program services as a way to incentivize completion, which may explain this difference. Of those who participated, 65.8 percent successfully completed all required modules (Table 4.12). However, a substan-

Table 4.10
Legal Services, Overall and Regional

Category of Legal Service	Downtown (n=88)		San Fernando Valley (n=54)		South Los Angeles (n=97)		Watts (n=117)		Total (n=356)	
	No./ Percentage Receiving Services	No. of Hours M (SD)	No./ Percentage Receiving Services	No. of Hours M (SD)	No./ Percentage Receiving Services	No. of Hours M (SD)	No./ Percentage Receiving Services	No. of Hours M (SD)	No./ Percentage Receiving Services	No. of Hours M (SD)
Counsel/advice	87 (98.9)	3.92 (2.92)	25 (46.3)	8.37 (16.44)	78 (80.4)	2.56 (1.50)	117 (100.0)	4.74 (4.10)	307 (86.2)	4.25 (5.73)
Self-help	2 (2.3)	3.00 (2.83)	3 (5.6)	4.00 (1.00)	2 (2.1)	1.50 (0.71)	3 (2.6)	3.00 (2.65)	10 (2.8)	3.00 (1.89)
Limited representation	38 (43.2)	6.63 (5.49)	5 (9.3)	7.80 (5.63)	87 (89.7)	8.82 (7.11)	22 (18.8)	12.59 (10.81)	152 (42.7)	8.78 (7.51)
Full representation	7 (8.0)	16.43 (10.28)	44 (81.5)	30.24 (36.35)	32 (33.3)	14.41 (15.07)	1 (0.9)	32.00 (0.00)	84 (23.6)	23.08 (28.94)

SOURCE: Data submitted by regional providers.

NOTE: SD, standard deviation.

Table 4.11
Total Fellows Who Successfully Completed Legal Services, Overall and Regional

	Downtown (n=88)	San Fernando Valley (n=54)	South Los Angeles (n=97)	Watts (n=117)	Total (n=356)
Successfully completed legal services	68 (77.3%)	49 (90.7%)	93 (95.9%)	116 (99.1%)	326 (91.6%)

SOURCE: Data submitted by regional providers.

Table 4.12
Cognitive Behavioral Therapy Participation, Overall and Regional

CBT Completion Status	Downtown	San Fernando Valley	South Los Angeles	Watts	Total
Percentage of Fellows participated in CBT	62 (57.4%)	79 (83.2%)	95 (94.1%)	127 (99.2%)	363 (84.0%)
Percentage of Fellows who never finished CBT	9 (14.5%)	55 (69.6%)	19 (20.0%)	41 (32.3%)	124 (34.2%)
Percentage of individuals successfully completed CBT	53 (85.5%)	24 (30.4%)	76 (80.0%)	86 (67.7%)	239 (65.8%)

SOURCE: Data submitted by regional providers.

tial proportion did not complete the CBT curriculum. Of note, the particularly low rate of CBT completion in San Fernando Valley may be explained by the turnover of the employment provider and peer navigator in the region, because the peer navigator was previously involved in providing CBT. Regarding the length of time enrolled in Project impACT, those who completed CBT had been enrolled for 7.27 months (SD = 3.71) and those who had not were enrolled for 5.20 months (SD = 4.04) ($p < .05$). This suggests that it was not that Fellows were dropping the program early (e.g., in the first month after enrollment) and therefore did not receive the full curriculum. Rather, it was more likely that Fellows missed a day of the workshop and did not make up that session, perhaps because they became busy with the other Project impACT services.

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. From July 2018 to December 2020, of the 432 Fellows that enrolled in Project impACT during this period, 335 Fellows (77.5 percent) successfully completed Project impACT (Table 4.13). The remaining 97 (22.5 percent) exited Project impACT before successful completion. We found significant regional differences in the rate of program completion: South Los Angeles and Watts had significantly higher completion rates than Downtown, which had a significantly higher completion rate than San Fernando Valley ($p < .05$). The relatively higher rate of unsuccessful exits from the San Fernando Valley region may reflect some of the Fellows who were lost to follow-up during the transition of employment agencies. Providers described some other reasons that Fellows leave the program early, including Fel-

Table 4.13
Completion of Project imPACT

Completion Status	Downtown	San Fernando Valley	South Los Angeles	Watts	Total
Successfully completed project imPACT	79 (73.1%)	53 (55.8%)	94 (93.1%)	109 (85.2%)	335 (77.5%)
Exited unsuccessfully from project imPACT	29 (26.9%)	42 (44.2%)	7 (6.9%)	19 (22.5%)	97 (22.5%)

SOURCE: Data submitted by regional providers.

Table 4.14
Project imPACT Completion Status by Months Enrolled in Project imPACT

Fellow Characteristics	Successfully Completed Project imPACT (<i>n</i> = 322)	Did Not Successfully Complete Project imPACT (<i>n</i> = 93)
Total months enrolled in Project imPACT,* M (SD)	7.12 (3.91)	4.29 (3.86)
Age of Fellows, <i>n</i> (%)*		
18–25 years	64.3	35.7
26–43 years	77.0	23.0
44 years and up	84.4	15.6
Risk level of Fellows, <i>n</i> (%)*		
Low	83.3	16.7
Medium	75.6	24.4
High	78.6	21.4
Very high	80.0	20.0

SOURCE: Data submitted by regional providers.

* $p < .05$.

lows becoming overwhelmed by navigating program requirements and external requirements (e.g., for probation or parole), experiencing stigma around participating in programs, deciding they want to focus on seeking employment and not the other services, experiencing personal or family issues, moving out of the area, having ongoing substance use concerns, obtaining employment and wanting to focus on their job or having scheduling constraints, or being rearrested.

As shown in Table 4.14, Fellows who successfully completed Project imPACT were enrolled in the program longer on average (7.12 versus 4.29 months, $p < .05$), were more likely to be older (84.4 percent were 44 years and up; $p < .05$), and were more likely to score as low risk (83.3 percent) or very high risk (80 percent) on the LS/CMI, relative to noncompleters. Of note, this finding suggests that even those individuals in the very high-risk category can successfully engage in a community-based, voluntary reentry program. There was no significant association between the LS/CMI subscale scores and completion status (results not shown).

Table 4.15
Number of Sessions of Each Service by Project imPACT Completion Status

Number of Sessions	Successfully Completed Project imPACT	Did Not Successfully Complete Project imPACT
Total number of employment sessions attended	27.39 (28.18)	24.60 (31.66)
Total number of behavioral health sessions attended*	11.25 (11.54)	3.02 (4.85)
Total number of behavioral health sessions attended per month*	2.36 (1.61)	1.72 (1.20)
Total hours of legal sessions attended	11.92 (16.43)	24.50 (45.84)

SOURCE: Data submitted by regional providers.

* $p < .05$.

Association Between Use of Individual Services and Program Completion

We examined programmatic factors that may have contributed to a Fellow successfully completing Project ImpACT. First, we examined whether Fellows who completed Project imPACT participated in a different number of the core services than those who did not complete Project imPACT (Table 4.15). Program data show that this holds true for behavioral health services and legal services, but not for employment services. Fellows who successfully completed Project imPACT attended approximately seven more behavioral health sessions than those who did not successfully complete ($p < .05$). Further, Fellows who successfully completed Project imPACT received approximately 12.75 fewer legal service hours than those who did not successfully complete ($p < .05$). This may suggest that those Fellows who did not complete Project imPACT had a larger number of legal issues or more complex legal issues to be resolved.

Summary

A total of 432 individuals enrolled in Cohort 1 of Project imPACT across the four regions. Regarding demographics, Fellows were largely male (79 percent); medium or high risk (89 percent across the two groups); and Black or African American (54 percent), though there were some regional differences. Most Fellows received all three core services—employment, behavioral health, and legal 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 the most common, though the most hours were spent on full representation. About 66 percent of Fellows completed CBT services.

A total of 78 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). Those who successfully completed the program were more likely to be older and had been enrolled in the program longer, on average. Individuals who successfully completed the program had attended more behavioral health sessions, though there were no differences with respect to total number of employment or legal services attended.

Provider Perspectives on Program Implementation

Program providers had an instrumental role in the design and implementation of Project imPACT. Though the core program model was established by the Mayor's Office, the providers within each region came together during the initial planning phase of the project to determine how they would collaborate to provide the required services. This phase took place from February to June 2018 and is described in more detail in our interim report (Brooks Holliday et al., 2019). To better understand the facilitators and barriers to program implementation, we drew on interviews with staff members during site visits, information learned during our attendance at Project imPACT meetings, and quarterly narratives submitted by the regions. 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.

Facilitators to Implementation

Teamwork, Commitment, and Professionalism

During both site visits, providers across all regions noted that the comradery, pursuit of the common goal, professionalism and commitment of their regional teammates were a strong facilitator of each region's work. All providers also noted the value of regular All Partner Meetings held by the Mayor's Office and the opportunity these meetings provided for experience exchange, troubleshooting, and staying up to date on requirements and program developments. In addition, providers mentioned that receiving support from other regions—in the form of guidance or advice—was also helpful, particularly for onboarding new regional partners or tackling challenges that are shared across regions.

Providers' Prior Experience

Providers also noted that the fact that their organizations' long-standing experience with job development and reentry work, as well as team members with lived experience, has been an important facilitator of the Project imPACT service provision. Providers were able to mobilize their existing connections with employers—and build new ones—to offer Fellows employment opportunities across a range of careers. That some of the providers had first-hand experience with the justice system helped establish rapport with the Fellows, offered insights into the unique traumas and vulnerabilities of formerly incarcerated individuals, and allowed for thoughtful implementation of the program initiatives. For example, when onboarding the housing component (described in more detail below), providers from several regions advocated

against the shared-room option, noting that people coming out of prison seek autonomy and independence and putting them in shared rooms may prevent them from moving forward.

Provider Autonomy Within the Project imPACT Framework

Further, providers noted that allowing regions to implement their own programming within the Project imPACT framework was beneficial for the project. This way, providers were able to capitalize on their know-how and what they already did well, and expanded it further to meet Project imPACT objectives. Such flexibility also allowed providers to offer services and connections that were rooted in the communities where they are located and from where many of the Fellows have come.

Legal and Behavioral Health Services

Employment providers in all regions noted the great value in offering high-quality specialized legal and behavioral health services to their Fellows. Providers mentioned that the fact that legal providers and behavioral providers serving different regions worked for the same umbrella organizations helped streamline some of the resources and ensure capacity building and experience exchange across regions.

Regional Placement of Project imPACT Services

Regional providers also mentioned region-specific factors that helped facilitate the program, such placement of Project imPACT on the site of WorkSource centers or on the campus of a community college with a variety of vocational tracks. According to the providers, these contexts offered Fellows access to additional resources, beyond those embedded in Project imPACT and allowed for expanding their support networks. For example, one of the sites offered additional behavioral health support opportunities, such as parenting groups and substance use programs; the community college connections of another site offered Fellows easy access to enrolling in classes.

Overall, all regional providers noted the importance of Project imPACT and the value of its wraparound model. By the time of the first visit in late 2019, three of four regions reported that their services were running smoothly and were a “well-oiled machine.” The fourth region—San Fernando Valley—experienced some additional challenges. After the lead employment agency closed in late 2019 (described in more detail below), a new employment agency joined the program in early 2020. However, as services started to ramp-up again, the onset of the COVID-19 pandemic required providers to quickly shift to virtual services. Despite these challenges, at the time when we conducted their first site visit in July 2020, the region was providing the full range of services to the Fellows and finding their footing as a regional provider of Project imPACT services.

Barriers to Implementation

Despite these program facilitators, we learned about several barriers that challenged either service delivery, uptake, or both. Some of the barriers were specific to the regions, but many of them were raised across regions. As described in the following section, many of the barriers were identified early on by staff in the regions and addressed as part of each regions’ effort to

continuously improve the imPACT programming. See Table 5.1 for the summary of the discussion that follows.

Cognitive Behavioral Therapy Completion and Engagement

Early in the implementation stage, providers from all of the regions reported low completion rates for CBT and difficulty keeping Fellows engaged with the content. The reason for the low completion rates was the two-month period over which CBT modules were spread out. In consultation with the Mayor's Office and the evaluation team, providers decided to offer a condensed, more intensive two-week course. These changes were executed to make it easier for Fellows enrolled in the program to fully participate in CBT and to serve as a demonstration of commitment to program services.

Further, eager to focus on employment services, Fellows expressed concerns that they had completed similar programs while incarcerated or that the content of CBT was less important for their advancement than other services. Different regions took different approaches to addressing this challenge. One region began to offer an incentive for completing CBT, but waited to inform Fellows about the incentive until they completed most of the program. Providers in this region found that this approach facilitated Fellows' completion of the CBT modules. Peer navigators in other regions tailored CBT curriculum to Fellows' specific situations and needs and encouraged Fellows with past CBT experience to take more of a leadership role during the CBT sessions.

Participation in Behavioral Health Services

Regions also grappled with Fellows' reluctance to participate in behavioral health therapy because of the associated stigma and ambiguity about the value it may add to their pursuit of employment. To overcome these notions, providers collaboratively discussed alternative ways to refer to behavioral services (e.g., calling it "word support" rather than therapy), peer navigators made conscious efforts to explain the value of behavioral health supports and dispel stigma, and therapists met with Fellows early on to break the ice and open the door to future conversations. In addition, through targeted discussions across regions, providers decided to institute a three session minimum for Fellows' engagement with behavioral health. These changes helped to transform the behavioral health program component into a more valued and popular service among Fellows, with many engaging with the behavioral health services much beyond the mandatory three sessions.

Staff Turnover

Staff turnover was another barrier that all of the regional providers had to face during the implementation of the project. All the regions had at different points "lost" their peer navigators—a connecting link across all of the services—to different circumstances. Some level of turnover occurred across all positions, however, from employment managers and job specialists, to behavioral health providers and attorneys. In all cases, regional providers and/or umbrella organizations supplying therapists and legal supports to the regions moved quickly to fill vacancies with qualified candidates. In all cases, new Project imPACT staff were onboarded quickly with support and guidance of regional and cross-regional providers and of the Mayors' Office. However, there were some staff members who came on board after the key trainings were already provided (e.g., the CBT facilitation training), and there were not opportunities for these individuals to participate in the missed trainings.

Table 5.1
Barriers to Service Delivery and Uptake

Barrier	Affected Service Delivery, Service Uptake, or Both	No. of Affected Regions	Resources Needed	Solution Implemented
CBT completion and engagement	Both	All	Guidance and troubleshooting	Enhanced relevance to Fellows, tailored content; revised to a short intensive course
Difficulty motivating participation in behavioral health services	Uptake	All	Guidance and troubleshooting	Peer navigators discuss stigma, therapists meet with Fellows early on, instituted three-session mandatory minimum
Staff turnover	Delivery	All	Guidance and troubleshooting	Providers quickly interviewed and hired new qualified candidates
Limited capacity for collecting and submitting evaluation data	N/A	All	Guidance and troubleshooting; additional resources for provider support and incentives for Fellows to engage with follow-up	Discussed and changed entry categories and definitions, instituted a new data reporting system, supported regions through trainings and troubleshooting
Lack of physical space for services	Delivery	One	Guidance and troubleshooting	The affected provider secured the needed space
Insufficient trainings	Both	All	More trainings on trauma-informed care, work with reentry populations, CBT	Some of the requested trainings were offered or will be offered
Limited access to transportation	Uptake	All	Add standardized transportation assistance to the program	At least one region gives its participants transport-specific subsidies
No funds for fees to cover legal expenses	Both	All	Develop a fund to cover Fellows' legal fees	N/A
Food insecurity	Uptake	All	Secure funds for the providers to help participants with snacks	N/A
Access to medical care	Uptake	All	Consider adding consultations with medical providers as a recurring service available to Project imPACT Fellows	N/A
Housing services	Uptake	All	Add housing component to Project imPACT	Mayor's Office brought on a new partner to provide a shared transitional housing option to employed Fellows. Prior to this, providers referred Fellows to the organizations that assisted with transitional and other housing

Table 5.1—Continued

Barrier	Affected Service Delivery, Service Uptake, or Both	No. of Affected Regions	Resources Needed	Solution Implemented
Limited relationships with relevant offices (probation and parole, city attorney, etc.)	Delivery	All	Providers develop these relationships; Mayor’s Office facilitates these relationships	Providers have worked to develop these relationships
Limited awareness of the project among the employers	Both	All	A centralized public awareness campaign targeting employers; city-sponsored education programs for employers on hiring reentry populations	N/A
Limited awareness of the project among relevant populations	Both	All	A centralized public awareness campaign to ensure that relevant entities can share information with potential Fellows and facilitate referrals	N/A
Need to elevate the prestige and significance of completing Project imPACT	Uptake	All	Funds and framework for graduation and celebration; official graduation certificate	Regions provided Fellows with documentation of participation/completion of different services, when required by the court
Substance use	Uptake	All	Institutionalize connections between Project imPACT and substance use programs; establish substance use programming as a permanent part of Project imPACT	Some connections exist/have been established
Multiple external pressures on Fellows	Uptake	All	N/A	Frame services as an opportunity to alleviate—not add to—pressures, meeting Fellows where they are, serving as Fellows’ support networks
Severe mental health challenges	Uptake	All	N/A	Referral to relevant mental health resources

A related significant challenge was the closure of the employment provider in the San Fernando Valley region. The nonprofit organization that operated the WorkSource center in that region abruptly closed without warning in October 2019. The Mayor's Office quickly mobilized to identify a new lead employment agency, which officially began providing services in January 2020. Although the behavioral health and legal providers made efforts to reach out to as many Fellows as they could, the prior employment agency had been the primary record keeper, making it impossible to follow up with a number of Fellows enrolled in that region.

Limited Capacity for Collecting and Submitting Evaluation Data

Throughout the project, regional providers faced different challenges related to reporting data for evaluation purposes, which included streamlining definitions for all data categories across different sites, ensuring that the evaluation accurately captured all different aspects of the providers' work, recording data, and following up with Fellows who existed in the program. To address these, the service providers, the Mayor's Office, and the evaluation team met and worked together to find best approaches to mitigate the issue. When providers expressed concern that the reporting system was convoluted and cumbersome, the evaluation team recruited support from the Mayor's Office and developed a data reporting database with the help of an outside contractor. To ensure data quality and consistency, members of the evaluation team engaged in a two-step process to carefully review all data submitted on a monthly and, later, quarterly basis and follow up with regions should concerns about inconsistencies or missing data arise. Throughout the project, members of the evaluation team also met with regional providers to support their data reporting challenges, through either training or troubleshooting.

Following up with Fellows to capture their long-term employment and recidivism have continued to meet difficulties throughout the full implementation period. The challenge was multifold: on the one hand, reaching out to Fellows required quite a bit of effort and hours from the already stretched-thin providers; on the other hand, some Fellows were not responsive to follow-up, whereas others may have had their contact information change, making them difficult to reach. Providers indicated that designated supports (e.g., a reminder system that makes it clearer which Fellows are eligible for follow-up) and incentives for Fellows to engage in follow-up activities could prove useful.

Physical Space for Services

One region in particular had an extended challenge of securing adequate space to meet with Fellows for conversations and work that required privacy and confidentiality. When this occurred, providers in the region showed creativity and flexibility in where they met Fellows for private conversations. For example, when privacy in the main program office was not possible, the behavioral health provider met with Fellows in the office of the behavioral health management organization, in a nearby park, or a coffee shop, if the setting was conducive to a private conversation. The current provider for this region was ultimately able to secure private space, albeit shortly before the COVID-19 pandemic forced physical spaces to shut their doors.

Insufficient Training

Providers also reported that they needed more training to enhance their ability to serve Fellows' unique needs. Most consistently, providers mentioned the need for trainings on trauma-informed approaches to service delivery. Further, providers mentioned that additional or more

frequent training opportunities for CBT would help ensure that all providers—whether long timers or recently hired—were able to deliver the curriculum.

In response to these needs, providers reported pursuing opportunities from different community organizations to supplement trainings funded by Project imPACT. And as a response to the specific need for more training on trauma-informed care, the Mayor’s Office convened a training on trauma-informed approaches at the time of the writing of this report. The Mayor’s Office facilitated other trainings for service providers as well, including training on how to implement the Effective Practices in Correctional Settings-II (University of Cincinnati Corrections Institute, 2018b), a manualized approach to engaging with key influences as part of serving justice-involved individuals

Fellows’ Remaining Unmet Needs

Limited Access to Transportation

All regional providers noted that access to transportation was a barrier for some of the Fellows that may have prevented them to engage in, complete, or fully benefit from Project imPACT. Most of the regions referred Fellows to external resources that offered transportation assistance and at least one of the regions used internal resources to provide Fellows with a \$100 public transit card and taxi credits. However, all providers agreed that it would be beneficial for Project imPACT to incorporate transportation support as part of the complementary features, to ensure consistency and access for all Fellows who need it. At the time of the report writing, the program did not include earmarked supplementary funds to assist with transportation.

No Funds for Fees to Cover Legal Expenses

Legal providers across all regions repeatedly mentioned that Fellows had challenges covering expenses associated with some of the legal processes. For example, this included fees for finger printing, which is part of the LiveScan process that allows Fellows to gain access to their RAP sheets and review them for accuracy. Providing funds to help Fellows cover such expenses would facilitate both the service delivery by the providers and the Fellows’ ability to speedily eliminate their barriers to employment. At the time of the report writing, the program did not include earmarked supplementary funds to cover such fees.

Food Insecurity

Providers in two regions noted that many Fellows may experience food insecurity or simply show up to participate in the Project imPACT programming hungry after their workday. Providers suggested that having some funds allocated for snacks for Fellows would help create a welcoming atmosphere and provide nourishment to those who may need it. In cases of food insecurity, providers have been able to refer Fellows to the resources that could provide them with nutritional support. As far as we know, no Project imPACT funds were allocated to provide food or snacks for Fellows.

Access to Medical Care

Three providers mentioned that access to medical care may be a challenge for the Fellows. Getting insured through public programs and/or seeking medical care may not be one of the immediate priorities for the Fellows or seem out of reach. In such cases, having an easy access to a nurse might be the “foot-in-the-door” that will help Fellows seek more extensive medical care, in case they need it.

Housing Services

Throughout the full time of the implementation, providers brought up lack of adequate housing as one of the principal barriers that could prevent Fellows from engagement with Project imPACT, focusing on getting and staying employed. Providers often discussed housing as a basic need that preempted employment (although all admit the cyclical nature of the housing-employment relationship) and appealed to prioritize adding housing as the Project imPACT component. As a result of multiple discussions, the Mayor's Office created a housing services element, staffed by personnel from one of the behavioral health organizations providing services through Project imPACT. Planned services including housing navigation services (i.e., assistance finding housing or addressing housing-related issues) and a subsidized, transitional living home for Project imPACT Fellows. Though the housing services component was added while Cohort 1 Fellows were enrolled in Project imPACT, no Cohort 1 Fellows ended up enrolling in the housing services. In addition, throughout the full time of implementation, regional providers referred Fellows to other local organizations and resources that assisted people with housing needs.

Need for Additional Awareness of the Program

Limited Relationships with Relevant Offices

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

Limited Awareness of Project imPACT Among Employers

Providers across all regions noted that lack of awareness of Project imPACT among employers is a barrier that could be tackled with a targeted marketing campaign. At present, providers often seek out employers, educate them about the specificities and benefits of working with reentry populations, and convince them to give justice-involved individuals a chance. Providers across all regions agreed that a more centralized employer outreach and education effort, spearheaded by the city, county, or even the state, could help greatly to ensure that Project imPACT Fellows have more choice and opportunities to pursue satisfying careers.

Limited Awareness of Project imPACT Among Relevant Populations

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

Need to Elevate the Prestige and Significance of Completing Project imPACT

Providers also suggested that the program establish or support special graduation ceremonies and certificates to celebrate Fellows' accomplishments, recognize their ability to complete a program with many requirements, and elevate the prestige of the program. Some regions have

provided their own certificates or letters documenting the completion of program services. However, officially documenting the graduation from Project impACT may facilitate Fellows' ability to advocate for their early release from probation or parole or provide additional assurance to employers that the Fellows had acquired the tools needed to successfully navigate a new job. Such recognition of the accomplishment may encourage Project impACT Fellows to continue developing their careers and not recidivate; celebrating graduation from Project impACT may become a psychological booster and a positive experience on which Fellows may further build.

Barriers to Program Completion

Substance Use

Substance use was often mentioned by providers as one of the reasons that Fellows dropped out from the program. Although behavioral health therapists across different regions provided some assistance to Fellows struggling with substance use and referred them to additional external resources, substance use remained a formidable barrier for some of the Fellows in their pursuit of employment. The extent to which this was a frequent problem varied across regions, though each of the regions mentioned substance use as a barrier.

Multiple External Pressures on Fellows

Providers in multiple regions indicated that Fellows experience multiple pressures and expectations on their reentry. As one provider noted, this includes pressure to meet the terms of their probation or parole, begin earning income, and pay child support and other debts, among others. The many facets of Project impACT may present as an additional pressure on the Fellows and prevent them from engaging with the services. To avoid this, providers were mindful about how they discussed expectations for the program with the Fellows, emphasized that they were there to support Fellows' goals, and made sure to meet Fellows "where they are."

Severity of Mental Health Concerns

Finally, providers mentioned that serious mental health concerns have precluded some of the Fellows from completing the program. The eligibility criteria for Project impACT are quite broad when it comes to mental health—an individual only needs to have a history of mental health concerns, which could include current or past diagnoses or receipt of mental health treatment services. Providers reported that they felt that the program was not well suited to individuals with acute serious mental illness, in part because the program requires a certain level of engagement with multiple providers, and because psychiatric care (e.g., medication management) is not available through the program. If a Fellow's mental health symptoms became more acute while enrolled in services, behavioral health providers sometimes referred individuals to appropriate external resources. In these instances, Fellows were welcome to stay in Project impACT as they were receiving treatment, or take a hiatus from the program and return when their symptoms were more stable.

Additional Barriers Precipitated by the COVID-19 Pandemic

The onset of the pandemic inevitably added new challenges and barriers both to successful service delivery and uptake (see Table 5.2 for the summary). All of the regional providers had to reduce capacity at their offices or closed their physical offices completely, and either ceased or significantly limited the number of face-to-face interactions among the providers and with

Table 5.2
Barriers Precipitated by the COVID-19 Pandemic

Barrier	Affected Service Delivery, Service Uptake, or Both	No. of Affected Regions	Resources Needed	Solution Implemented
Inability to meet with Fellows in person	Both	All	N/A	Met with Fellows outside, when safe and possible; advocated for their access to technology; modified materials to deliver a variety of curricula and services online
Fellows' access to technology and their ability to navigate it effectively	Both	All	Technology to give to Fellows for use; trainings	Providers liaised with the managers of the shared housing to help Fellows gain access to technology
Lack of private spaces for Fellows	Both	All	N/A	Providers advocated to the managers of shared housing to help Fellows secure space and technology
Inability to share physical space with other providers	Both	All	N/A	Instituted new routines and norms for telework; when became possible, opened office to use at lower capacity
Scarcity of jobs	Both	All	City or state to facilitate connections with employers	Established or capitalized on connections with warehouses for Walmart and Amazon
Fellows' mental health	Both	All	N/A	Offered tailored behavioral health support

Fellows. This led to several additional barriers that providers navigated in the last nine months of the program.

Inability to Meet with Fellows in Person

Inability to meet in person precipitated a number of challenges, such as keeping Fellows engaged, providing them with the necessary resources and trainings, creating a sense of community and support. For legal providers, it was difficult to gather documentation from Fellows; for behavioral health—to counsel them using technology rather than personal contact; for peer navigators—conducting CBT remotely; for employment—doing orientations and job development trainings virtually as well.

To accommodate to new reality, providers scrambled to move all or a majority of their services and trainings online or via phone—from orientations and CBT, to job development and peer navigation, to legal counsel and behavioral therapy. However, without specific training, doing so was a challenging process that demanded rapid learning, trial and error, and adaptation to keep Fellows engaged and provide them with timely information, supports, and tools. Some of the providers delivered services outdoors, asking Fellows to distance and wear face masks.

Inability to Share Physical Space with Other Providers

Most providers across all regions mentioned that they were missing an ability to walk down the hall to seek a colleague's advice or an update on a Fellow. Although providers quickly adopted

technology to continue collaboration and provision of services, they noted that not all staff had access to the needed equipment; some providers used their personal devices to conduct their professional duties. In addition, certain services were more difficult to transition to a virtual format; for example, as alluded to, there were challenges determining how to best bring together a virtual group to deliver CBT.

Further, staff lacked adequate training in both technology use and ethical guidelines for telework, which resulted in early challenges in getting and staying in touch for some providers. However, after the initial adjustment period, providers from all regions developed patterns, rules, and approaches that facilitated more effective communication among staff.

Fellows' Limited Access to Technology and Their Ability to Use It Effectively

Fellows' access to technology and their ability to navigate it were two related and notable pandemic-related challenges. Not all Fellows owned smart phones or had sufficient data plans to utilize them for online learning. Few Fellows owned tablets or computers they could use for meetings with providers or attending trainings. Even when technology was available, many Fellows struggled with using it effectively. Providers worked with Fellows to address these challenges by providing guidance on how to use virtual tools on their devices, contacting transitional and group houses to advocate for Fellows' use of the available technology there, and allowing Fellows to use individual computers on providers' site, in cases when it was safe and possible. However, providers also noted that the switch to remote means of communication was also helpful in some cases, allowing for easier and more frequent check-ins with Fellows through text messages and scheduling individual sessions without the need to consider commute times and transportation. All providers noted that bolstering Fellows' access to technology by providing them with smart phones, tablets, or computers and providing additional training on navigating technology could greatly facilitate Fellows' journey toward employment, during the pandemic and beyond.

Lack of Private Space (for Fellows)

A related challenge for Fellows across different regions was the lack of private spaces that Fellows could use for engagement with different services within Project imPACT. Many Fellows lived in shared housing, including shared rooms. Further, lack of access to personal devices increased Fellows' dependency on shared computers and phones, which may be located in shared spaces and the use of which is limited in time. Although lack of privacy seemed to be a particularly challenging barrier for behavioral health sessions, all providers mentioned that their work with Fellows was affected by it. Here too, providers advocated with transitional housing and group homes for accommodations for Fellows' time and privacy for their Project imPACT sessions, met with Fellows outside for distanced and masked discussions, and spoke with Fellows on the phone when Fellows found private spaces outside.

Scarcity of Jobs

The lockdowns and restriction measures implemented to curb the spread of COVID-19 precipitated closures, reduced capacity, and layoffs for some of the Project imPACT established employers. This made it more difficult to identify fitting employment opportunities for Fellows and to place them into desired career trainings and tracks. Providers navigated this challenge by establishing new and capitalizing on existing relationships with the industry players who continued to expand and hire during the pandemic, such as Walmart and Amazon.

Fellows' Mental Health

Providers noted that at least initially, many of the Fellows were negatively affected by the pandemic and experienced a great deal of anxiety and worry, both about their health and what the pandemic meant for their employment prospects. Providers continued offering tailored behavioral health support during this time and finding ways to reassure Fellows as they navigated this period of uncertainty.

Adherence to the Project imPACT Guiding Principles

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

Community partnerships and collaborations. All providers assigned high importance to developing community collaborations. These collaborations included links to other organizations providing services to justice-involved individuals, local government agencies, and businesses. Providers used these connections for a wide range of purposes: establishing referral streams, complementing Project imPACT services with other supports (e.g., substance use programming, health supports, housing), facilitating document retrieval and advocating for Project imPACT services to count toward Fellows' parole or probation requirements, and identifying and facilitating employment opportunities. However, as described, providers identified opportunities to further leverage community collaborations to offer additional supportive services to Fellows and/or raise the profile of Project imPACT in the community.

Trauma-informed care. All providers were acutely aware of the role trauma may play in the reentry challenges for justice-involved individuals, although an understanding of how to shape services to account for trauma has varied across different providers. Some providers received formal training in trauma-informed approaches to service provision, whereas others expressed that additional training was needed for them to comfortably adopt a trauma lens in their work with Fellows. Across regions, however, providers demonstrated sensitivity to participants' history of incarceration, including identification of sensitive ways to ask questions regarding justice-system involvement when administering the LS/CMI, avoiding judgment, meeting Fellows where they were in their reentry adaptation, and acknowledging the multiplicity of challenges they faced. Providers advocated on behalf of Fellows to ensure that whatever services were provided avoided triggering incarceration traumas; for example, in housing discussions, providers insisted that offering individual rooms and avoiding bunk beds to extent possible should be a priority.

Cultural competence. There have been efforts to ensure that providers and programs are sensitive to the needs of the target population. This includes ensuring that language used on intake forms and assessments is person centered and nonstigmatizing, and ensuring that services are described in a way that resonates with the target population (e.g., behavioral health services being described as "word support"). The trainings attended by providers have also helped to ensure that they are aware of the unique challenges of justice-related populations and have the skills needed to address these challenges.

In addition, providers noted that the background of their staff in many cases reflected the demographics of the populations they served, which—they believed—facilitated their rapport with the Fellows. Further, because many of the providers had come themselves from or long served the communities where their offices were located, they could better understand Fellows'

connections, needs, and challenges. Providers also sought training to be able to better serve lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+) Fellows.

Focus on the Fellow. During site visits, in observations during All Partner Meetings, and in other interactions, it was obvious that focus on the Fellow was an important principle of all providers' work. Providers prioritized the experience of the Fellow in several ways, such as tailoring the availability of services to better fit Fellows' schedules and providing services in a more convenient location. When barriers to engagement arose, providers discussed their concerns with other providers and the Mayor's Office to identify solutions. Providers made sure to create environments where Fellows did not feel judged or pressured to follow directions that were not aligned with their expressed interests. On multiple occasions, across different regions, providers mentioned that they aimed for Fellows to feel like Project imPACT providers were their support network.

Summary

This chapter summarized findings from our discussions with providers, attendance at partner meetings throughout the course of the program, and narrative data submitted quarterly by providers. Although not without some unique challenges and facilitators, overall regional providers reported similar factors that may have hindered or bolstered service delivery and uptake and, on balance, requested similar resources. All providers agreed that the freedom to build on the services they were already delivering at their sites was a fruitful platform on which to grow Project imPACT programming. At the same time, providers in all regions also agreed that a centralized cross-regional effort to inform employers, relevant city/county offices, and affected populations about Project imPACT, as well as provision of more targeted trainings for providers, would be a welcome contribution to their work.

Working with a team of committed individuals—many of whom had lived experience—both within and across regions, was also a strong facilitator of the program. Strong core staffing and established communication avenues, commitment to the goals of the program, close coordination with the Mayor's Office, within- and cross-regional comradery were all critical to weathering a variety of challenges. These involved periodic staff turnover, absence of adequate physical space, difficulties in implementation of the program, inability to conduct work face to face, among others. When challenges arose, providers came together to fill in the gaps, troubleshoot, advocate, and, ultimately, get things done.

Providers also identified a number of resource challenges, such as access to housing, transportation, technology, and financial assistance to cover fees associated with the removal of legal barriers. The Mayor's Office was able to tackle some of these gaps through, for example, introducing addition of housing navigation services and a shared, transitional housing program to the program. To address remaining gaps, providers referred Fellows to external organizations with relevant resources.

Providers also identified some other barriers to effective implementation. For example, they considered data reporting cumbersome and some of the reporting requirements confusing and consistently worked with evaluation teams to clarify and streamline reporting processes. In addition, providers across different regions expressed the need for adequate training in trauma-informed approaches to work with reentry populations and the Mayor's Office prepared to facilitate one such training at the time of the writing of this report.

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

Finally, providers in all regions incorporated Project imPACT guiding principles into their programming. To facilitate their services and to expand the Fellows' support networks, providers worked hard to establish ties with relevant community organizations and government agencies. To ensure that their services are helpful and received well by their Fellows, providers sought to expand their competence in culturally appropriate service delivery and adapted trauma lens to their work. Providers also worked hard to meet Fellows where they were in their reentry journey and to support them without judgment or pressure, but with robust support.

Outcome Evaluation Results

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

As described above, the outcome evaluation measured short-term and intermediate outcomes associated with the program. Short-term outcomes included changes in decisionmaking skills, whether barriers to employment were addressed, and whether employment was obtained. Intermediate outcomes included employment retention and recidivism.

Improved Decisionmaking Skills and Outcomes of Cognitive Behavioral Therapy

A goal of CBT is to support Fellows in improving their decisionmaking skills. We examined changes in scores on the decisionmaking scale that was administered at enrollment, post-CBT, and at exit. There are significant limitations to these data; specifically, though 294 individuals completed the measure at enrollment, only 91 completed it post-CBT and 30 completed it on exit. However, we conducted significance testing for the subset of participants who completed the measure at enrollment and immediately post-CBT ($n=91$) (see Table 6.1). The mean change was a decrease of 0.57 points. It should be noted that the majority of these Fellows were from South Los Angeles ($n=81$), with the remainder from Watts ($n=10$). Similarly, we examined the change in scores for the subset of participants who completed the measure at enrollment and exit ($n=30$). All Fellows included in this analysis were from the South Los Angeles region. There was a mean increase of 0.43 points. The mean change was not significant for either of these comparisons. Based on normative data for the decisionmaking scale, a score of 40.00 was considered the 75th percentile (Institute of Behavioral Research, 2005). Therefore, although there was no significant change from baseline to post-CBT, this also suggests that decisionmaking scores were already at the high end for enrolled Fellows.

Given the challenges to administering the decisionmaking scale, peer navigators were also asked about any changes they observed in Fellows after completion of CBT. Across regions, peer navigators described positive effects of CBT. Peer navigators described the importance of making the material relevant to the Fellows, such as through providing personal examples. Peer navigators reported that they heard Fellows challenging their maladaptive beliefs, becoming more aware of their behaviors, and attempting to implement the skills. Peer navigators also described it as a time that Fellows build communication skills, self-esteem, and confidence.

Table 6.1
Decisionmaking Skills

Time Period	Enrollment M (SD)	Post-CBT M (SD)	Exit M (SD)
Enrollment to post-CBT (<i>n</i> =91)	40.08 (4.68)	39.51 (5.08)	—
Enrollment to exit (<i>n</i> =30)	40.61 (4.98)	—	40.18 (4.78)

SOURCE: Data submitted by regional providers.

NOTE: SD, standard deviation; Enrollment to post-CBT analysis includes only those Fellows with data at both of those time points. Enrollment to exit analysis includes only those Fellows with data at both of those time points.

One peer navigator noted that it gives Fellows a chance to open up, build a sense of comradery among Fellows, and help Fellows establish a support system.

Fellows also reported on the benefits of the CBT programming during focus groups and interviews (described in more detail in Chapter 7). They reported that CBT helped them learn to see situations from a different perspective or mentality and develop skills to cope with stressful situations. Some Project imPACT alumni noted that the sessions served as a reminder of classes they took while incarcerated.

Some Fellows described the ways that CBT helped improve their skills for dealing with difficult situations. For example, as two alumni described:

They helped me to think positive and not to act right away in case I was in a situation, and to help manage my anger properly so I don't get in trouble again like I did initially.

It made me think different on the daily like, instead of doing something crazy, I'll just go calm down, and relax and breathe and take a walk.

Other Fellows and alumni described an improved ability to identify their thinking patterns, change problematic thinking, and therefore change behavior:

It changes your frame of mind to make you think better. Because when you think better, you do better. But if you don't have nothing positive to think about, then you refrain back to the same thing you've been doing all the time. You think you could do this, and it's going to have a different result. It's not. It's going to have the same result. So this place has changed my frame of mind.

It allowed me to look at the bad choices, and how they came about. You analyze a lot of situations in your life that had previously caused you problems, that led you to this situation of being incarcerated . . . It was very helpful in recognizing, they call them triggers, things that make you angry and how to handle those things, so that you won't have criminal behavior.

Barriers to Employment Addressed

Project imPACT employment providers work with Fellows to reduce common barriers to employment, including lack of transportation, not having a résumé, lack of work-appropriate

clothing, or not being prepared for a job interview. A Fellow may need to address some barriers only once, and others may need to be addressed multiple times during their enrollment in Project imPACT (e.g., a Fellow may find child care so they can go to work, but then lose that child care a couple of months later and need support addressing that barrier again). The tables in the sections below show the number of Fellows who addressed each barrier type at least once.

Barriers to Employment Addressed by Employment Providers

More than three-quarters of Fellows were supported by employment providers to address interview preparedness (85 percent) and résumé (77.5 percent) barriers (Table 6.2). More than half of Fellows were supported to address transportation (67.1 percent), clothing (62.5 percent), workplace behavior (60.9 percent), lack of motivation (58.1 percent), housing (53.2 percent), and lack of computer skills (52.1 percent) barriers.

Barriers to Employment Addressed by Behavioral Health Providers

Behavioral health providers worked with Fellows to address additional barriers to employment. As shown in Table 6.3, the most common barriers addressed by Fellows with their behavioral health providers included managing stress (78.5 percent), anger management (70.6 percent), time management (58.3 percent), motivation (56.0 percent), and family relations (50.7 percent).

Table 6.2
Number of Fellows with Barriers Addressed with Employment Providers

Barrier	Downtown (n)	San Fernando Valley (n)	South Los Angeles (n)	Watts (n)	Total (n/%)
Interview preparedness	102	77	99	89	367 (85.0)
Résumé	101	72	97	65	335 (77.5)
Transportation	88	72	94	36	290 (67.1)
Clothing	97	50	43	80	270 (62.5)
Workplace behavior	95	49	98	21	263 (60.9)
Motivation	89	60	51	51	251 (58.1)
Housing	89	56	58	27	230 (53.2)
Computer skills	68	54	59	44	225 (52.1)
Credential/certificate attainment or educational criterion	59	13	23	90	185 (42.8)
Driver's license (as required by the job)	74	25	7	39	145 (33.6)
Scheduling conflict	50	43	15	4	112 (25.9)
Child care or other family matter	67	14	4	12	97 (22.5)
Work equipment	11	14	3	58	86 (19.9)
Medical/dental/eye need	45	11	6	3	65 (15.0)
Visible tattoos	12	9	6	4	31 (7.2)

SOURCE: Data submitted by regional providers.

Table 6.3
Number of Fellows with Barriers Addressed with Behavioral Health Providers

Barriers	Downtown (n)	San Fernando Valley (n)	South Los Angeles (n)	Watts (n)	Total (n/%)
Managing stress	102	56	79	102	339 (78.5)
Anger management/emotional regulation	100	31	79	95	305 (70.6)
Time management	102	13	47	90	252 (58.3)
Motivation	102	4	58	78	242 (56.0)
Family relations	102	37	42	38	219 (50.7)
Depression	102	29	29	29	189 (43.8)
Mental health stigma	102	4	38	33	177 (41.0)
Self-esteem	102	23	14	36	175 (40.5)
Substance use	89	21	9	9	128 (29.6)

SOURCE: Data submitted by regional providers.

Barriers to Employment Addressed by Legal Providers

Legal providers helped Fellows address a variety of legal issues that can be barriers to employment. For example, more than 60 percent of Fellows were supported to have a criminal record corrected, removed, sealed, or expunged, 26.2 percent were supported to address other legal issues (e.g., early terminations of probation and probation, assisting someone with transferring their parole so they could be closer to family/support networks), and 22.2 percent of Fellows were helped with DMV issues such as getting their driver's license reinstated (Table 6.4).

Employment Outcomes

Fellows Obtaining Employment

At the point they exited from Project imPACT, 192 Fellows had obtained employment. This represented 44.4 percent of all Fellows who had enrolled in Project imPACT employed (Table 6.5). However, providers had lost contact with 185 Fellows (42.8 percent). If none of those individuals were employed, the overall employment rate would have been 44.4 percent. However, if all of those individuals were employed, the overall employment rate would have been 87 percent. Therefore, the "true" employment rate was somewhere between 44 percent and 87 percent, though it is likely that those individuals who were lost to follow-up were more likely to be unemployed. Focusing on the 247 Fellows who they were able to follow up with, the employment rate was 77.7 percent (192 of 247). Of those who obtained employment, 82.5 percent were employed full time, 13.8 percent were employed part time, and 3.7 percent were employed in a temporary or seasonal position (Table 6.5).

We found some significant regional differences in the rate of employment, with South Los Angeles having the highest employment rate ($p < .05$). South Los Angeles was also significantly less likely to be missing information on Fellows ($p < .05$) and had a higher rate of

Table 6.4
Number of Fellows with Barriers Addressed by Legal Providers

Barriers	Downtown (n)	San Fernando Valley (n)	South Los Angeles (n)	Watts (n)	Total (n/%)
Correct/remove/seal/expunge criminal records	54	54	85	67	260 (60.2)
Other legal issues	23	18	29	43	113 (26.2)
DMV issues (i.e., license reinstatement)	32	21	38	5	96 (22.2)
On the job legal issues	14	14	41	4	73 (16.9)
Fines and fees	7	7	8	22	44 (10.2)
Family reunification	16	2	17	7	42 (9.7)
Consumer debt	20	0	10	6	36 (8.3)
Prop 47 reclassification	2	1	9	14	26 (6.0)
Housing support (e.g., eviction prevention)	5	7	4	8	24 (5.6)
Other reclassifications	1	1	0	18	20 (4.6)
Occupational licenses	1	4	5	8	18 (4.2)
Public assistance	1	1	10	4	16 (3.7)
ID issues	1	1	9	0	11 (2.5)
Work authorization (for eligible immigrants)	1	0	4	0	5 (1.2)

SOURCE: Data submitted by regional providers.

Table 6.5
Fellows Obtaining Employment, Overall and Regional

Employment Status	Downtown	San Fernando Valley	South Los Angeles	Watts	Total
Obtained employment	52 (48.1%)	37 (38.9%)	65 (64.4%)	38 (29.7%)	192 (44.4%)
Full-time employment	43 (84.3%)	26 (70.3%)	53 (81.5%)	34 (94.4%)	156 (82.5%)
Part-time employment	7 (13.7%)	8 (21.6%)	11 (16.9%)	0 (0.0%)	26 (13.8%)
Temporary/seasonal	1 (2.0%)	3 (8.1%)	1 (1.5%)	2 (5.6%)	7 (3.7%)
Did not obtain employment	8 (7.4%)	1 (1.1%)	36 (35.6%)	10 (7.8%)	55 (12.7%)
Unable to reach or missing information	48 (44.4%)	57 (60.0%)	0	80 (62.5%)	185 (42.8%)

SOURCE: Data submitted by regional providers.

Table 6.6
Employment Status of Exiting Fellows Prior to and During COVID

Timing of Exit	Obtained Employment	Did Not Obtain Employment
Fellow exited prior to COVID	24 (16.4%)	122 (83.6%)
Fellow exited after COVID	31 (32.3%)	65 (67.7%)

SOURCE: Data submitted by regional providers.

Table 6.7
Obtaining Employment by Fellows' Risk Level

Risk Level	Obtained Employment	Did Not Obtain Employment	No Information Provided or Unable to Reach
Overall LS/CMI categorical score*			
Medium risk ($n=193$)	88 (45.6%)	15 (7.8%)	90 (46.6%)
High risk ($n=192$)	76 (39.6%)	32 (16.7%)	84 (43.8%)
Very high risk ($n=35$)	19 (54.3%)	7 (20.0%)	9 (25.7%)

SOURCE: Data submitted by regional providers.

* $p < .05$

unemployed Fellows—however, as mentioned, we suspect that the rate of unemployment was likely higher among those who could not be reached in the other regions.

Table 6.6 shows that the percentage of Fellows who exited Project imPACT without a job during COVID (April 2020–Dec 2020) (32.3 percent) is nearly twice the percentage who exited without a job prior to COVID (July 2018–March 2020) (16.4 percent). This suggests that COVID pandemic may have had an effect on Fellows' ability to find a job.

On average, Fellows participated in Project imPACT employment services for 4.24 months prior to obtaining a job ($SD=4.15$, minimum = 0 months, maximum = 21 months).¹

Factors Associated with Obtaining Employment

Demographic Characteristics of Fellows

We conducted analyses to determine if Fellows' demographic characteristics were associated with employment outcomes. We found no significant association between employment outcomes and race, age, or gender. Focusing on Fellows who were medium risk or higher, there was an association risk level and employment likelihood, as shown in Table 6.7. Very high-risk Fellows had similar rates of employment as other groups, but were less likely to be lost to follow-up. This is especially noteworthy, because obtaining a job has the potential to reduce an individual's overall risk level. Medium-risk individuals had the lowest rates of unemployment.

¹ Note that although the program was designed to be 12 months in length, seven individuals had been enrolled for more than 12 months. Occasionally, individuals were allowed to enroll for longer than 12 months. This may also reflect Fellows who were in a maintenance phase before exiting from the program.

Completion of Project impACT Services

Tables 6.8 and 6.9 show the employment rate by Project impACT completion status. Table 6.8 includes all enrolled Fellows, including those who could not be reached, whereas Table 6.9 includes only those who could be reached. Unsurprisingly, as shown in Table 6.8, individuals who did not complete Project impACT or each of the individual services was more likely to have missing employment outcome data.

Table 6.9 shows that, among those who could be reached, high percentages of Fellows obtained employment regardless of whether they successfully completed Project impACT. A slightly higher percentage of those who did not successfully complete Project impACT obtained employment (82.4 percent) than those who did successfully complete Project impACT (77.0 percent); however, this was not a statistically significant difference. It may be that Fellows who obtained a job earlier in their enrollment in Project impACT were not able to finish the program due to lack of time or were not as interested in finishing because their primary goal of obtaining employment had been met.

When looking at employment by successful completion of the three Project impACT service categories (Table 6.9), those who completed the core employment services were significantly ($p < .05$) more likely to obtain employment (83.2 percent) than their counterparts who did not complete employment services (54.1 percent). Those who completed behavioral health services also appeared more likely to obtain employment (80.3 percent) than their non-completer counterparts (74.7 percent); however, this difference was not statistically significant. Those who completed legal services were about equally as likely to obtain employment (74.9 percent) as those who did not complete legal services (78.6 percent).

Table 6.8
Obtaining Employment by Successful Completion of Program Services, Full Sample (Including Fellows with Missing Information)

	Obtained Employment	Did Not Obtain Employment	No Information Provided or Unable to Reach
Overall Project impACT			
Completed ($n=335$)	164 (49.0%)	49 (14.6%)	122 (36.4%)
Did not complete ($n=97$)	28 (28.9%)	6 (6.2%)	63 (64.9%)
Employment services*			
Completed ($n=241$)	158 (65.6%)	32 (13.3%)	51 (21.2%)
Did not complete ($n=150$)	20 (13.3%)	17 (11.3%)	113 (75.3%)
Behavioral health services			
Completed ($n=205$)	110 (53.7%)	27 (13.2%)	68 (33.2%)
Did not complete ($n=142$)	62 (43.7%)	21 (14.8%)	59 (41.5%)
Legal services			
Completed ($n=326$)	152 (46.6%)	51 (15.6%)	123 (37.7%)
Did not complete ($n=30$)	11 (36.7%)	3 (10.0%)	16 (53.3%)

SOURCE: Data submitted by regional providers.

* $p < .05$

Table 6.9
Obtaining Employment by Successful Completion of Program Services, Fellows with Available Data

	Obtained Employment	Did Not Obtain Employment
Overall Project imPACT		
Completed ($n=213$)	164 (77.0%)	49 (23.0%)
Did not complete ($n=34$)	28 (82.4%)	6 (17.6%)
Employment services*		
Completed ($n=190$)	158 (83.2%)	32 (16.8%)
Did not complete ($n=37$)	20 (54.1%)	17 (45.9%)
Behavioral health services		
Completed ($n=137$)	110 (80.3%)	27 (19.7%)
Did not complete ($n=83$)	62 (74.7%)	21 (25.3%)
Legal services		
Completed ($n=203$)	152 (74.9%)	51 (25.1%)
Did not complete ($n=14$)	11 (78.6%)	3 (21.4%)

SOURCE: Data submitted by regional providers.

* $p < .05$

Dosage of Services

The average number of sessions of employment services received was nearly identical between people who obtained employment and those who did not obtain employment (Table 6.10). On average, Fellows who obtained employment attended approximately one more session of behavioral health services and two more sessions of legal services than those who did not. None of these differences was statistically significant.

Fellows who obtained employment were enrolled in Project imPACT approximately the same length of time ($M=7.55$ months, $SD=4.21$) as those who did not obtain employment ($M=7.78$ months, $SD=3.30$).

Employment Retention

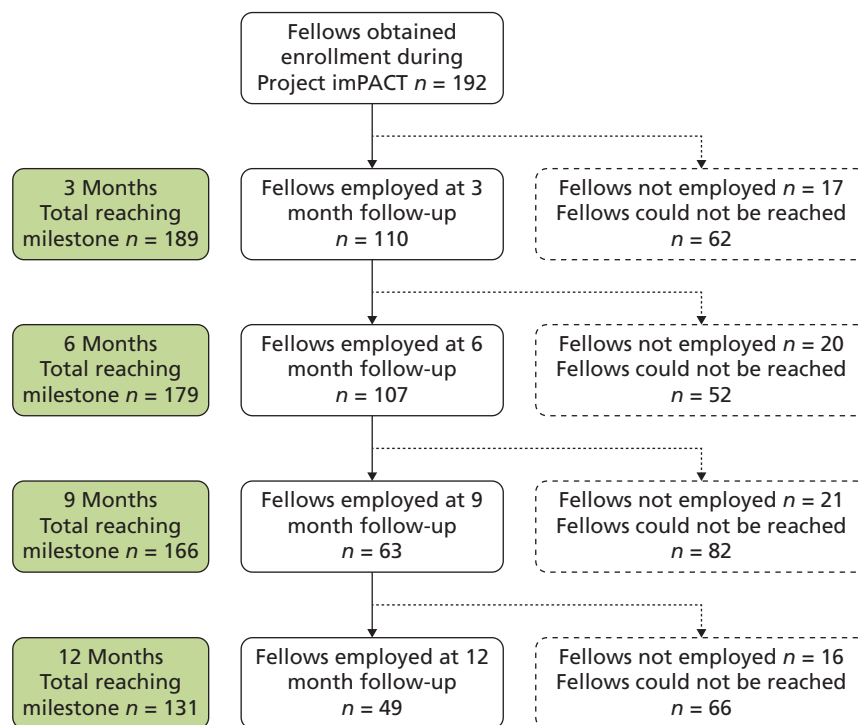
After a Fellow's exit from Project imPACT, providers follow up with Fellows at 3, 6, 9, and 12 months to assess whether Fellows are employed and whether any additional supports are needed. Figure 6.1 below shows the number of Fellows who were employed at each time point, the number who were not employed, and the number that the providers was not able to reach (either because they attempted to reach the individual and were unsuccessful or did not attempt to reach the individual). At three months, 58 percent of Fellows were known to still be employed, and at six months, 60 percent of Fellows were known to still be employed. At 9 and 12 months, the number of Fellows who were not reached by providers increased. Therefore, although the overall percentage of employed Fellows decreased (38 percent at 9 months and 37 percent at 12 months), many more had an unknown employment status (49 percent at 9 months and 53 percent at 12 months).

Table 6.10
Number of Sessions of Services Received by Employment Status

	Obtained Employment	Did Not Obtain Employment
Number of employment sessions attended	27.95 (26.51)	27.53 (30.29)
Number of behavioral health sessions attended	10.76 (11.87)	10.35 (9.98)
Number of hours of legal services provided	14.88 (20.19)	12.59 (15.20)

SOURCE: Data submitted by regional providers.

Figure 6.1
Employment Retention



Income Outcomes

We collected data on income from all sources, including employment and other sources (e.g., Social Security Disability Insurance, general relief). Table 6.11 represents those Fellows for whom income data were available at both enrollment and exit. Fellows increased their monthly income by more than \$2,100 from enrollment to exit ($p < .05$). This was close to a 2,000-percent increase in income. There was no significant association between change in income and months enrolled in Project imPACT ($r = -0.07$, $p = .40$), number of sessions of employment services ($r = -0.05$, $p = .53$), or number of sessions of behavioral health services ($r = -0.11$, $p = .21$). There was a significant association between the number of legal sessions

Table 6.11
Comparison of Monthly Income at Enrollment and at Exit ($n = 158$)

	Enrollment Income M(SD)	Exit Income M(SD)	Mean Difference (SD)
Enrollment to exit	\$105.26 (\$399.40)	\$2,206.36 (\$759.38)	\$2,101.10 (\$830.11)*

SOURCE: Data submitted by regional providers.

NOTE: SD, standard deviation.

* $p < .05$.

attended and change in income; those who completed more hours of legal services experienced a smaller increase in income ($r = -0.27$, $p < .01$).

Recidivism

Project imPACT providers assess recidivism when conducting regularly scheduled follow-ups with Fellows at 6, 12, and 18 months after a Fellow completes Project imPACT. Although providers are supposed to ask about any justice system contact when conducting these follow-ups, these conversations did not always happen consistently. For example, 347 Fellows had reached the six-month follow-up period. Of these, providers were able to reach 118, of whom one had been reconvicted. However, they were unable to reach four and did not attempt to reach 225.

Summary

This chapter described the outcomes of Fellows enrolled in Project imPACT. Regarding decisionmaking, although there was limited change in the decisionmaking scale, feedback from providers and Fellows suggested that the CBT curriculum helped Fellows examine their thinking patterns and change their behaviors. In addition, data submitted by the providers highlighted the range of important barriers to employment that Fellows were able to work on during their time in the program. This included barriers addressed by employment providers, which included job-related skills such as interview preparedness and developing a résumé, but also needs related to transportation and clothing. Behavioral health providers addressed barriers such as stress management, anger management, time management, and motivation. And legal providers helped 60 percent of Fellows to correct, remove, seal, and/or expunge criminal records, and/or lay the groundwork to do so (e.g., in the case of individuals on community supervision who were not yet eligible for expungement).

The program also yielded promising employment outcomes. Among all individuals who enrolled in the program, 44 percent ($n = 192$) were known to have obtained employment. However, rates of employment were even higher among those who were still in touch with the program when they exited (77 percent). We also found evidence that completion of employment services—which required at least one session in at least four of five core employment service areas—was associated with an increased likelihood of employment. Our data also suggested promising employment retention numbers. Though some Fellows were not reached at the follow-up periods, roughly 60 percent of Fellows were still employed at six-month follow-

up. High rates of missing data make it more difficult to make conclusions about retention at 9- and 12-month follow-up points. Unfortunately, high rates of missing data also make it very difficult to draw conclusions about the effect of the program on recidivism. However, it is promising that of the 118 individuals reached six months after they left the program, only one had been reconvicted. Recidivism will be an important outcome to monitor using different methods into Cohort 2.

Client Perspectives

Gathering qualitative client feedback and experiences with Project imPACT is an important component of this evaluation. This feedback is solicited through semistructured focus groups and one-on-one interviews with currently enrolled Fellows and alumni. As described in Chapter 2, a total of 34 current Fellows and 14 program alumni participated in focus groups or interviews. The evaluation team worked with the employment provider in each region to recruit Fellows who were willing to be interviewed or join a focus group. In both focus groups and interviews, current Fellows and alumni 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 multidisciplinary team, obstacles to participation, and suggestions for improvement. Though we explored themes by region, findings were largely consistent across regions; therefore, in this chapter, we present overall findings aggregated across regions.

Program Awareness and Motivation to Participate

Fellows and alumni learned about Project imPACT through a variety of sources. Commonly reported referral sources included legal system (e.g., parole and probation officers), transitional housing providers (e.g., Hollywood Reentry), word of mouth (e.g., family members and friends who have participated in the program), other programs operated by the imPACT providers, other community-based organizations serving this population (e.g., Anti-Recidivism Coalition), and employment training centers (e.g., Maxine Waters Employment Preparation Center). Most Fellows reported that they were drawn primarily by the prospect of receiving employment assistance and securing permanent employment. Some Fellows also described an interest in receiving behavioral health and legal services, or being motivated by an overarching goal of integrating back into society.

Satisfaction with Services

Overall, current Fellows and alumni reported a positive experience participating in Project imPACT services. A current Fellow stated:

I want to be able to succeed in that [trucking school] and they helped me do that. . . . They keep it professional and they keep it positive. They tell you that you can do it.

They expressed a high level of satisfaction with the services offered including behavioral health, employment, and legal services. One Fellow noted:

[Project imPACT] is helping us get to where we want to get to accomplish that goal. Everything we need is just in the whole package.

Alumni indicated that Project imPACT services played a pivotal role in helping them reintegrate into society and achieve their goals. One participant pointed out:

If you're dedicated to success and accomplishing something and improving your life, Project imPACT is where you can do it.

Another shared:

My whole outlook was different when I came out and society had changed. Everything had changed and so I had to adjust. It helped me to adjust to the present-day society.

Many Fellows reported that all the services were beneficial, and they were unable to select one that emerged as the most helpful. Some current Fellows identified employment services as one of the most helpful components of Project imPACT. Participants indicated that their opportunities for obtaining and retaining employment have improved as a result of participating in Project imPACT. One Fellow indicated that Project imPACT “sets you up pretty much for a career. Opposed to just having a dead end job.” Another Fellow echoed this sentiment:

When I come here, like program like this, I'm more successful to find a job a little bit more long term.

Others identified behavioral health treatment as the most helpful service. Moreover, although most alumni were seeking employment services when they first enrolled in Project imPACT, when asked to identify which service they found the most helpful, two-thirds (64 percent) of alumni identified behavioral health services as the most helpful.

Fellows struggled to identify the least helpful services because they believed all the services provided are “equally beneficial” to help them overcome barriers to employment. A participant pointed out that “there is no service that you can say that didn't help.”

In Table 7.1, we summarize the aspects of each service that current Fellows and alumni described as beneficial.

During the interviews conducted in late 2020 and early 2021, we asked Fellows about their employment status. About half of the Fellows we talked to were employed. Interestingly, many of those found their jobs through other sources, but noted that the services they received through Project imPACT were instrumental for securing these jobs. That said, a small number of Fellows also shared that imPACT did not always provide job leads that directly aligned with their interests or that seemed to offer opportunities for growth. A small number also reported that they had placed their job searches on hold because of the pandemic.

Table 7.1
Benefits of Project imPACT Services

Service	Reported Benefits	Illustrative Quotes
Employment services	<ul style="list-style-type: none"> • Support preparing for a career, not just a job • Opportunity to talk with employers that are “background friendly” • Opportunities for mock interviews to increase preparedness • Support with job retention services • Long-term benefits resulting from obtaining and retaining a job 	<p>“I think it is going to be life changing . . . because they were able to help me get through [electrical] school and through school, I am going to be able to apply myself better in society”</p> <p>“. . . through employment you can do a lot of things. You can afford a place, you can build some credit, you can buy clothes, you can have transportation.”</p>
Behavioral health services	<ul style="list-style-type: none"> • Opportunity to address behavioral issues such as anger and depression • Support navigating interpersonal relationships • Encouragement and support to work through difficult situations • Better understanding of root causes of behavior and learning coping skills • Opportunity to share thoughts and feelings in nonjudgmental space • Convenience of colocated services 	<p>“It was a big adjustment for me coming back out into society and especially having gone in so young that was basically my whole life was spent in there”</p> <p>“. . . The services and the tools that I gained through the therapy . . . helped me to adjust.”</p> <p>“Therapy has really helped me because at least, that way, I’m able to break things down and just see somebody else’s perspective. It’s my first time ever being in therapy, so it’s helped me with just seeing somebody else’s perspective on my actions, or things that I could do, or things I could do better, and just the support, obviously, just having somebody to talk to.”</p>
Legal services	<ul style="list-style-type: none"> • No-cost legal services that address removing, sealing, or expunging records • Assistance negotiating child custody arrangements • Assistance filing paperwork and preparing for court • Reinstatement of drivers licenses • Assistance with credit repair and other financial concerns 	<p>“The legal help that is available . . . is very important to former prisoners that are coming out, because they need legal help in navigating [legal system] . . . and [knowing] what to file.”</p>
CBT	<ul style="list-style-type: none"> • Learning to see situations from a different perspective or mentality • Developing skills to cope with stressful situations 	<p>“It allowed me to look at the bad choices, and how they came about. You analyze a lot of situations in your life that had previously caused you problems, that led you to this situation of being incarcerated . . . It was very helpful in recognizing, they call them triggers, things that make you angry and how to handle those things, so that you won’t have criminal behavior.”</p>

NOTE: CBT findings were also reviewed in Chapter 6.

Experiences with the Multidisciplinary Team

Fellows were asked about their experiences working with the multidisciplinary PACTeam. Alumni reported very positive experiences with the PACTeam members, describing them as “helpful,” “patient,” “genuine,” “responsive,” “attentive,” “supportive,” “compassionate,” “humble,” “nonjudgmental,” “welcoming,” “respectful,” and “professional.”

Many current Fellows and alumni expressed that they particularly valued working with the peer navigator because they are “people who are like us so they know what we are going through.” Alumni described a number of benefits to working with the peer navigator, who provided a forum for sharing their experiences in a nonjudgmental space. As one alum indicated:

[Having a peer navigator] helped because you were comfortable to just say what you were going through and just without sugar-coating anything.

Another pointed out that:

It’s different when someone’s justice-involved . . . [the peer navigator] would understand where I was coming from when we communicate . . . they’ve been through the process; they know better what the person is going through.

However, at least one Fellow noted that the main benefit of peer navigators was that they could interpersonally relate to the experience that Fellows are going through and suggested that they may need additional skills to help Fellows in a more concrete way.

Fellows expressed feeling supported by the PACTeam as they navigated the employment process. One participant noted that staff treats them “like family.” Most Fellows noted that the PACTeam members are knowledgeable and responsive to their needs. One participant pointed out that staff members “catered to” their needs because “they listen.” Another Fellow indicated that staff are “always here to assist you.” One alum noted:

I liked the fact that they were always on top of everything. Whatever you needed; they’re doing the research if they didn’t have the answer right there with them. That did help because it made me feel like they actually did care.

Another Fellow shared:

The way that I feel that they meet my needs is when I need something, if they’re able to give it to me or assist me in any way, that’s exactly what they do. They’re always courteous and up front. They let me know what they can and what they can’t do. They don’t beat around the bush about it. They are straight up front, and they’re honest about it. You can’t ask for no more than that.

As described previously, provision of culturally competent services is a guiding principle of Project imPACT. Fellows indicated that the PACTeam effectively works with individuals from different racial and ethnic groups, sexual orientation, language abilities, and/or cultural traditions. One participant highlighted the team’s ability “to adapt” to different populations:

They adapt. Because the first day you feel people out . . . And then when once they felt us out, then it became a family thing. . . . So now you’re more eager to want to go there. You want to hear what they got to say.

One Fellow did indicate that diversifying the Project imPACT staff (e.g., with respect to cultural background, LGBTQ+ background) might be another way to ensure providers are culturally competent and prepared to serve a wide range of Fellows. Another Fellow emphasized the PACTeam’s skill serving individuals with a history of justice system involvement:

If it wasn't for this program, I don't know what I would have done. I really don't know. I probably would have went back. I probably would have failed, if anything that were positive. They talk to me as a person, not as an inmate, not as a prisoner, not as a convict. They treated me as a person. That's what I loved about this program.

Alumni echoed this sentiment, indicating that PACTeam members “are highly skilled and . . . have a lot of knowledge about the neighborhood that they all service” and “they are well-equipped with resources for no matter what beliefs or what gender you are, they can help you in any way . . . no matter what.”

All interviewed alumni indicated that members from the PACTeam had followed up with them after program completion to check on their well-being. The frequency of check-ins ranged from once a month to once every few months. The check-ins were primarily initiated by the peer navigator, but also sometimes by the behavioral health therapist and the employment specialist. A small number of alumni reported receiving resources after program completion, including job leads, list of mental health resources, gas cards, and grocery store gift cards. One interviewee stated that “they know things are difficult so they still continue trying to help me as best they can.”

Challenges to Participation

Most Fellows did not identify any factors negatively affecting their participation in the program. A small number of Fellows shared that staff availability made it difficult to access services. A small number cited that lack of transportation would have been a concern if Project imPACT had not provided transportation assistance and that child care had presented an issue. Fellows stated that sometimes it can be difficult to connect with members of the PACTeam because there may be only one person that serves in that capacity or they have limited availability (e.g. only on-site a few days/hours a week).

Impact of COVID-19

During the Fellows' interviews conducted in December 2020 and January 2021, we asked Fellows about the ways that COVID-19 had affected their experience in Project imPACT or their life more generally. Regarding their experience in Project imPACT, participants said that they appreciated being able to still be in contact with staff during the pandemic, but most preferred in-person check-ins. For example, one Fellow noted:

It's weird talking to a little box instead of talking to a live person, that somebody's giving me advice. Like I said, I did a lot of time so it's all new to me. For me, that was a little hard to get used to.

That said, a couple of participants indicated that they liked meeting over the phone because it was more convenient.

A couple of participants also described challenges trying to reach PACTeam members. One participant described the negative effect of these challenges:

When I see them in person, it's like family. By us not being able to see, talk, whenever. Sometimes it's hard to get a hold on them. Maybe you're trying this, but now you can't. You can't find nowhere or nobody or you can't see nobody to get it out, so they don't give you an input or advise how to deal with the situation. You're going to bottle everything up.

Some Fellows reported that COVID-19 had also impacted their employment prospects, either because they were unable to complete or enroll in training programs or because their work hours were reduced. Finally, regarding the broader effect of COVID-19, a couple of participants shared their concerns about becoming infected.

Considerations for the Future

We asked Fellows about any recommendations they had for the ongoing implementation of Project impACT. Fellows made the following recommendations:

- **Partner with local organizations to ensure that Fellows get connected to the services they need.** Current Fellows suggested developing policies and procedures that support collaborative relationships with other agencies to effectively leverage resources to meet the needs of Fellows. For example, one Fellow suggested they would benefit from access to legal services that address situations beyond the scope of what Project impACT legal providers are able to address. Fellows suggested that providers would benefit from learning about resources available at other organizations.
- **Streamline the intake/application process.** Current Fellows suggested allowing program participants to complete the application and orientation online. One Fellow recommended establishing a comprehensive screening process to assess participants' job readiness level and identify those Fellows who should be prioritized for services. This participant suggested prioritizing individuals that are "just getting out" because "they might get put on the back burner . . . [providers] should have individual mentoring with those individuals that are just getting out in order for them to succeed just as quickly as the next individual that has everything [ready to work]."
- **Make length of program participation more flexible.** Both current Fellows and alumni suggested allowing program participants to remain in the program until they secure a job that allows them to be financially stable. For example, a current Fellow suggested that "they should let you work until you are able to sustain yourself" because "it was a little inconvenient" when services were terminated after securing part-time employment. Similarly, an alum noted, "it may take people longer to get their feet on the ground."
- **Increase visibility of Project impACT's services.** Both current Fellows and alumni encouraged more publicity about the services offered through Project impACT to increase awareness, reach, and impact. Participants suggested posting flyers at transitional homes and handing them out to parole and probation officers. Fellows also suggested having alumni share their success stories with new program participants to encourage them to remain in the program. As one Fellow noted, "people have achieved a lot and when you see one achieve, it makes you want to achieve too."

Some current Fellows mentioned additional services that might help them be successful after completing the program, including housing services (before the housing services were implemented), additional vocational trainings, internship opportunities, and stipends.

It is worth noting that more than half of alumni did not have recommendations of changes to the program. One alum shared that:

The way [the program is] set up, it was very conducive to an individual being able to succeed if they simply apply themselves to the program . . . they have everything set up in that program to give an individual an opportunity to succeed and to actually create a life for themselves.

Summary

Project impACT Fellows reported a largely positive experience with the program, whether they had recently enrolled or had graduated from the program. Though employment services were the main draw for many of the participants, Fellows highlighted the benefits of all of the core program services. Interestingly, alumni noted that in retrospect, the behavioral health services had been especially beneficial. Current and past alumni described the benefits of working with the multidisciplinary PACTeam, including the value of working with a peer navigator who had lived experience with the justice system. Fellows identified a handful of recommendations for how the program model could be improved, including streamlining the process of assessing eligibility and enrolling Fellows, increasing the visibility of the program, incorporating additional categories of services (e.g., housing), and allowing Fellows to enroll for longer than a year if needed.

Summary and Conclusion

This report described the findings our process and outcome evaluation of Cohort 1 of Project imPACT, based on data from July 2018 to December 2020. In this chapter, we summarize our key findings, describe whether Project imPACT met the programmatic goals, and identify recommendations for the ongoing implementation of the program.

Key Findings

Based on our results, we identified the following key findings:

Project imPACT Successfully Developed a Referral Pipeline and Process for Enrolling Fellows

At the beginning of Project imPACT, the Mayor's Office established target numbers for identifying potentially interested Fellows (420 individuals) and enrolling Fellows (196 individuals). The providers went far beyond this goal, with three times the expected number of individuals completing interest forms and twice as many individuals enrolling in the program. Providers described their efforts to identify community partners who might serve as referral pipelines, including probation, parole, and other community-based organizations serving justice-involved individuals. These recruitment and enrollment numbers demonstrate the effectiveness of these referral pipelines.

The Wraparound Service Model Implemented by Project imPACT Is Important to Addressing Fellows' Complex Needs

Many programs designed to improve employment outcomes among justice-involved individuals have a sole focus on employment. However, justice-involved individuals often have a range of psychosocial needs, which is evidenced in this program by the types of barriers that providers helped Fellows to address. By addressing behavioral health and legal obstacles to employment, Project imPACT represents a more holistic approach to addressing. For example, it is noteworthy that 60 percent of Fellows were able to begin the steps to correct, remove, seal, or expunge their legal records, and nearly one-quarter were able to work to have their driver's license reinstated. The importance of all three types of services was also evident from the focus groups and interviews with Fellows—many found it difficult to identify just a single service that had been most helpful. Similarly, during site visits, program staff provided examples of the way that each service type had been instrumental in improving outcomes among their Fellows. In addition, though there were challenges with engagement in CBT early in the program, the

service providers were able to address this issue by consolidating the curriculum into a condensed schedule, and both providers and Fellows reported the benefits of CBT for identifying problematic thoughts and changing behavior.

Additional Resources Would Enable Providers to Serve Fellows Even More Effectively

Despite the strengths of the current program model, both providers and Fellows identified additional services that would benefit Fellows. This included housing, transportation, and health-related services. In addition, providers from across disciplines (employment, behavioral health, legal, and peer navigation) described the complex trauma experienced by many of the Fellows. Though behavioral health providers expressed familiarity with trauma-focused approaches, providers from all disciplines indicated that additional training on providing services through a trauma-focused lens would be valuable for all providers. In addition, colocation of services was an important aspect of service provision and allowed Fellows access to a “one-stop shop.” However, this required each employment agency to have available private spaces for behavioral health and legal staff to meet with their clients, and this presented a challenge to some regions, especially early in the program. This type of challenge is not unique to Project IMPACT—it has also been observed in other contexts in which behavioral health services are integrated with other care (e.g., Watkins et al., 2020). It will be important to ensure that the infrastructure exists to support all types of providers to be on-site, especially as services begin to return to in-person formats. Another important resource is technology for Fellows, such as smart phones, tablets, or computers, as well as providing additional training on navigating technology. Though services are beginning to return to in-person formats, access to technology might help Fellows remain in closer contact with their providers, allow for easier access to other needed support services, and assist in effort to track and follow up with Fellows.

Findings Regarding the Association Between Dosage of Services and Outcomes Were Mixed

Early in the program, certain thresholds were established to define “successful completion” of program services. For example, successful completion of employment required Fellows to complete at least four sessions of five core services, and we found that a higher dosage of employment services was associated with better employment outcomes. By contrast, successful completion of behavioral health services was defined as completion of at least three individual counseling sessions. This threshold was designed in part to provide an incentive to Fellows to engage in behavioral health services. However, a year and a half into the program, therapists reported that this minimum threshold seemed to be less important for engagement than providing concrete rationales for the importance of services. Moreover, there was no association between dosage of behavioral health services and employment outcomes, whether measured as successful completion of at least three services or examining the total number of behavioral health sessions attended. Based on these findings, we hypothesize that employment services are the key ingredient for obtaining a job. Though the dosage of behavioral health and legal services was not directly related to employment outcomes, it may be that these supportive services have a more indirect relationship with employment outcomes (e.g., by improving retention in the program or addressing factors that support employment retention)—and these services certainly have benefits independent of employment outcomes. This will be important to continue to explore during the ongoing implementation of the program.

A Substantial Number of Fellows Were Able to Obtain Employment

Among those who enrolled in Project imPACT, 192 were known to have obtained employment. This represents 78 percent of Fellows who providers were in touch with at the time they exited the program and 44 percent of all Fellows who ever enrolled in Project imPACT. This is a rate of employment that is similar to or exceeds those found in the employment intervention literature (e.g., Farabee, Zhang, & Wright, 2014; Redcross, Millenky, et al., 2012). Moreover, Fellows who completed employment services were more likely to be employed than those who did not. This suggests an association between participation in employment services and retention in Project imPACT and employment success. Obtaining employment is potentially a life-changing event for these Fellows, in that employment is likely to improve their economic well-being and support longer-term goals (e.g., obtaining housing). As employment is also a criminogenic need, obtaining employment also has the potential to reduce the risk of future criminal justice involvement. Fellows also experienced a substantial increase in their employment during the program—from \$105.26 at program entry to \$2,101.10 at program exit (for those with data at both time points). This increase in income has an enormous potential to make a difference in Fellows' quality of life.

COVID Created Additional Barriers to Serving Fellows, and Though the Program Made Adaptations, There Are Limits to Virtual Services for This Population

At the onset of the COVID-19 pandemic, providers quickly adapted their services for a virtual format, including service delivery via telephone and online. However, not all providers had the needed technology; providers had difficulty fully transitioning some services to a virtual format (e.g., group CBT sessions presented a particular challenge); and it took time for providers to establish best practices for virtual work. In addition, Fellows often had limited access to technology and did not always have private spaces to communicate with providers. Both providers and Fellows noted that it became somewhat more difficult to stay in consistent communication with Project imPACT staff members. Some providers were able to return to in-person services, in part because they had access to outdoor areas or large private space. Those who were able to return to in-person services described how much more effective these services were for the target population.

Has Project imPACT Achieved Its Goals?

In this report, we described the results of the process and outcome evaluation thus far. Certain results are directly relevant to the five overarching Project imPACT goals previously identified. Here, we summarize progress toward each of the Project imPACT goals.

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

Based on our observations, providers are dedicated to ensuring that services provided are relevant and effective. Within regions, providers are in frequent communication about services and Fellows to ensure their needs are being met. On a wider scale, providers use the monthly All Partner Meetings to share big picture concerns or questions that they encounter in their day-to-day work. When gaps in services are identified, the Mayor's Office collaborates with providers to develop solutions. A prime example is the establishment of housing services for

employed Fellows. Our focus groups and interviews with current and past Fellows also make it clear that Fellows are largely satisfied with their experience in the program. They highlight that those services provide access to services that address their needs and provide the tools they need to improve their future opportunities.

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

As described, providers across regions have participated in various trainings over the evaluation period that have improved their capacity to serve this population. This includes the CBT training, as well as trainings relevant to the unique legal and behavioral health needs of the population. These trainings have been an important component of improving providers' ability to serve the target population. Providers have also created partnerships with various local agencies to increase the stream of referrals to Project imPACT. There are some opportunities for improvement, though. As a result of staff turnover, not all current providers have received the core trainings. Providing a "refresher course" would ensure all staff members were working from a shared foundation. In addition, COVID-19 presented some key challenges to serving the target population, in large part due to lack of access to technology. Though providers have exhibited creativity and tenacity in continuing to serve Fellows, it is likely that this population will benefit from a return to in-person services whenever that is possible.

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

Project imPACT has successfully adhered to the program's guiding principles in many ways. Community partnerships are a key part of the program models. Providers receive referrals from community-based agencies, but also rely on community-based organizations to meet Fellows' needs. Regarding trauma-informed care, providers were aware of the role trauma plays for justice-involved individuals. However, whereas some providers had received trauma-informed trainings, others expressed that additional training was needed for them to comfortably adopt a trauma lens in their work with Fellows. The Mayor's Office was responsive to this request; at the time of report preparation, the Mayor's Office was preparing to convene a training on trauma-informed approaches for all providers. Providers described their efforts to be culturally competent and understanding of the backgrounds of the target population, and Fellows confirmed that they felt that providers were equipped to work with a diverse range of individuals. Some providers indicated that they were interested in training on this topic as well, though, including training on serving LGBTQ+ populations. Finally, both providers and Fellows described the ways in which Fellows and their needs were centered on this program. Though the program has encountered barriers to serving Fellows, providers and the Mayor's Office have been quick to identify issues and find solutions. The one guiding principle that may have room for growth is the emphasis on trauma-informed care.

Goal 4: Improved Employment Outcomes

As described, 192 Fellows who enrolled in Project imPACT obtained employment. Using an "intent-to-treat" approach, which examines the employment rate among all individuals who enrolled in Project imPACT, this reflects a 44-percent employment rate. However, the rate of employment was even higher among those who completed employment services—66 percent. The majority of those who were employed were in full-time positions. At the beginning of the

program, the Mayor's Office established a target of 55 percent of Fellows obtaining full-time employment. There were some challenges to knowing whether this target was reached given the large number of Fellows who were lost to follow-up—however, the rate of employment among those who completed employment services exceeded this target.

Data regarding employment retention reflected that there was some decrease in the rate of employment at each follow-up time point. It was somewhat difficult to interpret these trends given the levels of missing data at each follow-up period, though other studies found declines in rates of employment over time. For example, a study of CEO participants in New York found that about 60 percent were employed 6 months after enrolling in the program, compared with slightly more than 40 percent at 12 months (CEO, 2019). It is also important to highlight that our methods for collecting follow-up data were somewhat different than what other studies used. Many studies assessed employment at regular intervals after entering a program; however, our providers did not collect follow-up data on Fellows until they had got employed, and the time to employment varied from person to person.

Fellows also experienced a substantial increase in their employment during the program. Whereas the mean monthly income (from all sources) was \$105.26 at baseline, at follow-up, it was \$2,101.10. There are some caveats when interpreting this number; in particular, it may be that Project imPACT providers had greater success collecting income data at exit from Fellows they were still in touch with, who may have been more likely to be employed. Even so, this reflects a substantial increase for the 164 Fellows with complete data, and the benefits of this type of increase in income cannot be overlooked. At the same time, it is important to keep in mind that Los Angeles is an extremely high cost of living region, and the demand for affordable housing far outpaces the availability of such housing (California Housing Partnership, 2020). In addition, the fair market rate of a one-bedroom apartment in Los Angeles is currently \$1,517 (National Low Income Housing Coalition, 2021), which would be 69 percent of the income of the average Fellow on exit from the program.

Goal 5: Reduced Recidivism

Given the obstacles the evaluation team experienced to collecting recidivism data, we were unable to formally assess progress toward this goal. We realize that this is a key limitation of our findings, especially because a key goal of all programs funded through Proposition 47 is to reduce recidivism. Though we were able to comment on the short-term outcomes achieved by the program (e.g., addressing barriers to employment, obtaining employment), it is unclear whether these activities were in fact effective at reducing recidivism risk in Fellows. However, to address this issue, we revised our protocol for the collection of data with Cohort 2 of Project imPACT. We worked with providers to develop a new case management system and, with their input, revised our protocol to be able to obtain identifiable data, rather than de-identified data. This enabled the evaluation team to access recidivism data from administrative records. In addition, providers would still be able to report any recidivism that they learnt about during and after participation in Project imPACT using the new case management system as a supplemental data source.

Limitations

There are a number of limitations to this evaluation that should be kept in mind when interpreting the results. First, Project imPACT was designed to serve a broad population with

respect to criminal history and mental health/substance use concerns. As a result, Fellows may have had diverse service needs, which may explain some of the variability in services provided. Providers did not submit detailed information on individual-level employment, behavioral health, or legal needs, and therefore we were unable to comment on the extent to which variation in services provided reflected variation on the needs of Fellows.

Second, we did not formally quantify the peer navigation services that Fellows received. In part, this was because peer navigators often served a more flexible role in the program. Their roles included providing social support, helping to motivate Fellows to engage in services, and helping Fellows navigate Project imPACT and external services. However, they were also involved in more formal activities, such as leading CBT groups and conducting regular check-ins with Fellows. The lack of formal tracking of their services is not to downplay the importance of peer navigators to the program—in fact, providers described peer navigators as an essential part of their regional teams, and Fellows noted how valuable it was to have individuals with lived experience involved with the program. We will continue to work with the program to determine if more formal tracking of such services is warranted or whether there are other ways to capture the effect of their work.

Third, this program has continued to evolve since the early days of program implementation. One example is the format of the CBT modules, which were originally delivered in weekly sessions and are now delivered as an intensive course on enrollment. There have also been refinements to program definitions (e.g., those used to define successful completion) as a result of new situations that arose during implementation. Turnover in staff members and agencies resulted in some disruption of services. And the onset of the COVID-19 pandemic completely reshaped the way that services were provided to Fellows for the last nine months of the program, with some regions affected more substantially than others. Although we were unable to formally consider the effect of these factors as part of our analysis, they constituted an important context for the interpretation of our results.

Fourth, our evaluation relied on program providers to submit all data. During the course of the evaluation, some data were submitted more reliably, such as the nature of services provided and barriers addressed. These data also underwent a careful review of project team members, often with several follow-up efforts to refine and clarify any inconsistencies. However, certain variables had particular data quality issues. Many providers had difficulty readministering the decisionmaking scale after completion of the CBT curriculum and when Fellows exited. Employment retention data and recidivism data were even bigger issues. First, providers relied on the self-report of Fellows for these data, which is subject to self-report bias (e.g., if former Fellows are reticent to report justice system contact to providers). However, an even more salient issue was the large number of Fellows who could not be reached to assess employment retention, and the large number of Fellows that providers did not attempt to reach for recidivism data. Despite attempts to provide technical assistance around collection of these data throughout the course of the evaluation, the quality of these data did not improve. This limits conclusions that can be drawn from the outcome evaluation component of this study.

Finally, we were unable to identify a suitable comparison group for the purposes of this evaluation, which precludes us from drawing causal inferences about the influence of the program on observed outcomes. Throughout the report, we compared the program experience of those who successfully completed the program to those who exited before completion (e.g., with respect to volume of services received); however, we missed the follow-up data regarding employment and income outcomes for many of those who exited unsuccessfully. An alternative

option for analyzing data would have been to use an “intent-to-treat” approach, assuming that those who had missing follow-up data had similar outcomes as were observed at baseline (e.g., those who were unemployed at baseline were still unemployed at follow-up). To some extent, we were able to incorporate this approach to the calculation of the employment rates. However, it was also important that we not obscure the significant accomplishments of those Fellows for whom follow-up data were available. Our efforts to look at measures of program participation beyond “successful” and “unsuccessful” completion similarly reflect our desire for a nuanced understanding of the way that the dosage of services contributed to outcomes, whether or not people completed all preestablished program requirements. However, our findings should be interpreted with this lens in mind.

Recommendations

Recommendation #1: Provide Needed Supports and Trainings for Project imPACT Providers

Given the turnover that has happened with key program staff, many current Project imPACT providers have not participated in the key trainings offered earlier in the program (e.g., to deliver the CBT curriculum). Similarly, staff members have expressed interest in more formal training related to trauma-informed care. The Mayor’s Office has already started to make progress on addressing these needs, including a trauma-informed care training that was scheduled for spring 2021 that addressed topics such as the role of trauma, cultural competencies needed to work with reentry populations, and developing skills to reduce vicarious trauma. Additional trainings such as these will ensure the providers feel empowered to effectively serve Fellows.

It is also important to consider the rates of turnover among providers, whether there might be ways to address turnover, and whether there are ways to mitigate the effect of turnover on the other providers and Fellows. Turnover has occurred for a range of reasons, including providers leaving for other positions in other organizations. Providers’ dedication to Fellows was evident from their anecdotes of responding to calls well outside the business hours, picking up extra food on their way into the office, and providing transportation to clients. In addition, behavioral health and legal staff receive regular supervision and oversight from supervisory staff. However, caseloads are high and burnout may be an issue. Therefore, additional supports for staff and efforts to monitor for burnout may be warranted. The types of trainings described above, designed to prepare providers to work with individuals experiencing complex trauma, may also protect against burnout. In addition, though a certain level of turnover is inevitable, positions often were vacant for several weeks before being filled by a new staff member. Finding ways to improve transfer of institutional knowledge and maintain continuity of care for Fellows may be important. Similarly, the experience of San Fernando Valley demonstrated the challenges of turnover within the lead agency in particular and emphasized the need to have processes in place for continuity of care of Fellows when turnover occurs—whether at the individual or organizational level.

Finally, it may also be worth considering whether additional support staff could alleviate the burden on providers by assisting with tasks such as outreach to participants lost to follow-up and collecting follow-up employment data. The role of this type of support staff could be complementary to that of the peer navigator, allowing the peer navigator to focus more on fostering motivation and providing connections to needed services, while the support staff focused on tracking and following up with Fellows.

Recommendation #2: Offer Additional Supports to Address Fellows' Other Common Psychosocial Needs

Providers and Fellows highlighted the importance of the wraparound nature of Project imPACT services, but described other needs that are not currently addressed by the program. These included housing, transportation assistance, substance use treatment, and food security. There are multiple ways that the program might address these other needs. First, although it may not be possible to offer all of these services on a permanent basis, the Mayor's Office and Project imPACT providers might consider offering some of them on a "pop-up" basis. For example, employment agencies sometimes offer one-time, on-site job fairs. Similar events could be held to help Fellows complete LiveScans (needed to obtain their rap sheets for legal services). Another option might be a mobile health clinic event, which could provide access to low-cost screening or primary care services (e.g., through licensed vocational nurses) or specialty care (e.g., human immunodeficiency virus [HIV] services).¹ Such services could be offered using Project imPACT funds, but might also be coordinated by soliciting volunteers—whether individuals or organizations—to provide certain services. Second, providers can continue to bolster their partnerships with other community-based organizations and local agencies that provide low-cost or no-cost services to this population. Third, there are opportunities for providers to leverage their funding from the Mayor's Office in a more flexible way. Some regions budgeted for costs such as transportation incentives, and this is something that all regions could integrate into their budgets if there is a need. Finally, the Mayor's Office has sought opportunities to formally add additional services to the Project imPACT model. Specifically, after hearing the need for housing services, the Mayor's Office worked with BSCC and the providers to develop a transitional housing option for Project imPACT Fellows.

In addition to these specific service needs, Fellows would also benefit from additional access to technology and training related to technology. This need became especially salient during the pandemic, when services became largely virtual. However, better access to cell phones and/or computers, as well as Wi-Fi and data plans, might continue to facilitate access to services even once the pandemic restrictions are lifted. This is an option the Mayor's Office has been exploring.

Recommendation #3: Increase Awareness of the Program in the Greater Los Angeles Community

There are multiple pathways along which Project imPACT might be able to raise its external profile, and providers and Fellows indicated that an increased awareness of Project imPACT would have a number of benefits. First, additional efforts to advertise the program might help to increase the pipeline of potential Fellows and/or reach subpopulations of justice-involved individuals who are not currently reached by the program. Second, providers noted that additional awareness of the program might help them establish relationships with new employers, creating additional employment opportunities for Fellows. Relatedly, they indicated that it would be helpful for the Mayor's Office to create a more formal link between Project imPACT and other employment-focused programs offered by the City. Third, employers would benefit from understanding the laws surrounding hiring individuals with a history of justice-system involvement, as well as the benefits of employing individuals from this population. The legal

¹ It was beyond the scope of the project to obtain detailed health information from Fellows, but these represent common needs among justice-involved individuals.

providers described employer-focused trainings they had developed, and wider dissemination of this information could benefit Fellows. Finally, providers noted that they sometimes write letters on behalf of their Fellows to demonstrate how participation in the program fulfilled the requirements of community supervision. However, there are likely opportunities to celebrate participation more formally, such as through a graduation celebration (which may be more possible as pandemic restrictions lift) or graduation certificates.

Recommendation #4: Continue to Expand the Evaluation Capacity of Project imPACT Providers

Project imPACT providers put considerable effort into the evaluation requirements for this program and grant. The evaluation team works closely with providers to develop data collection requirements, with the goal of developing a robust evaluation approach that also limits burden on the providers. However, there are substantial quantitative reporting requirements for this work, and there are ongoing difficulties related to submission of data despite regular provision of technical assistance by the evaluation team. This is occasionally exacerbated by regional turnover. In addition, the providers seem to have particular difficulty following up with Fellows to obtain employment retention and recidivism data. This is not to underestimate the effort it takes to follow up with populations such as those served by Project imPACT (i.e., justice-involved individuals with behavioral health concerns). In fact, research has shown that longitudinal follow-up with the difficult-to-reach populations can be a heavy lift and is often most successful when using many forms of follow-up (e.g., telephone, mailings, use of public records, use of social networking sites) (Garvey et al., 2017). This is a big request for the evaluation team to make of providers, who are already busy providing services to Fellows.

In response, though, the evaluation team has already started to work with providers to make the reporting even simpler for them. First, rather than using an Excel-based data submission template, we worked with providers and the Mayor's Office to develop an online case management system that allows the provider to enter services in real time and the evaluation team to extract reports with needed data. Second, for Cohort 2, we rely on administrative sources of recidivism data (including records from the Los Angeles County Superior Court) so that the providers can focus their efforts on obtaining employment retention data. We have also developed reminders within the case management system to indicate when a provider should follow up with a given Fellow to obtain retention data. Though we anticipate that these measures will streamline data collection and analysis for Cohort 2, providing technical assistance and capacity building support will remain a focus of the evaluation team.

Conclusion

Project imPACT is a novel approach to increasing rates of employment among justice-involved individuals. The findings from this evaluation demonstrate that the program is well received by Fellows and demonstrates promise in achieving its goals. However, it will be important to continue monitoring the implementation and outcomes of the program for Cohort 2, including capturing the experience of Fellows participating in the new housing component and obtaining more reliable recidivism data.

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