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The Santa Clara County Reentry Resource Center: Reentry Service Linkage and the One-Stop Shop Model

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**The Santa Clara County Reentry Resource Center:
Reentry Service Linkage and the One-Stop Shop Model**

By

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A Thesis Quality Research Project Submitted
in Partial Fulfillment of the Requirements for the
Masters of Public Administration

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Section I-Introduction

Recidivism in the United States

Since the mid-1970's, there has been a significant rise in the number of individuals incarcerated. In 1975, there were roughly 400,000 individuals in state prisons. That number increased to 2.1 million in 2003. By 2011, the number of incarcerated individuals in state prisons had dropped to 1.5 million. Although the number of incarcerated individuals has declined, rates of incarceration across U.S. states remain high (Morenoff & Harding, 2014). As of 2012, the total number of individuals held in federal and state prisons, and jails was an estimated 2.23 million- the highest incarceration rate in the world (National Research Council, 2014).

Mass incarceration rates coincide with mass numbers of inmates being released back to the community. Per most recent statistics, over 700,000 prisoners are released each year across the U.S. More than half of released prisoners will recidivate within the first three-five years of their release (Coparizzo, 2011). In 2014, the U.S. Bureau of Justice Statistics (BJS) examined recidivism rates among 405,000 former state prisoners, who were released in 2005, across 30 U.S. states. BJS researchers observed that 67.8% of ex-prisoners were rearrested within three years of release, and 76.6% were rearrested within five years of release (Durose, Cooper & Snyder, 2014). A 2008-2009 fiscal year study found that in California alone, 61.3% of former state prisoners were rearrested within the first three years of release (California Department of Corrections and Rehabilitation ((CDCR)), 2014). BJS researchers also observed that among the 405,000 prisoners released in 2005, recidivism rates were highest among young, nonviolent offenders. Also, a more recent article published by the Council of State Governments Justice Center stated that recidivism rates are highest among young adults between the ages of 18-24 (Council of State Governments Justice Center, 2015).

The financial costs of cycling in and out of state prisons are substantial for U.S. Taxpayers. To generate a somewhat accurate estimate of how much incarceration costs U.S taxpayers, the Vera Institute of Justice (VIJ) examined financial reports for the 2010 fiscal year across 40 U.S. states. VIJ researchers calculated an average cost of \$39 billion dollars to U.S. taxpayers across the 40 states surveyed for the 2010 fiscal year (Henrichson & Delaney, 2012). Additionally, state prison spending across the U.S. has risen from \$12 billion in 1988 to more than \$52 billion in 2011. Federal and state policymakers have realized that a rigid criminal justice system is costing taxpayers billions of dollars and is counterproductive to correcting criminal behavior. They have also realized that investing more money and resources in rehabilitative strategies that support ex-offenders' efforts to rejoin society is crucial to reducing recidivism and cutting prison operation costs (Coparizzo, 2011).

A Growing Interest in Prisoner Reentry

Most often, released inmates return to the community with no money, no housing, low levels of education and vocational skills, and a variety of healthcare issues. Former inmates who lack the capacity to overcome the barriers to self-sufficiency are more likely to reoffend. Reentry programs and services help newly, and soon to be, released inmates gain access to resources that are imperative for successfully reintegrating into the community and becoming self-sufficient individuals. These resources include stable housing, drug addiction counseling, mental health counseling, family reunification, job development training, food stamps, healthcare and a variety of other services (Burke, 2008).

Alarming recidivism rates have prompted federal policymakers to invest more funds in reentry programs and services. In 2003, Congress passed the Serious Violent Offender Reentry

Initiative (SVORI). The initiative directed a lump sum of money to states, so they could expand reentry programs and services for returning juvenile and adult offenders (more about the SVORI initiative will be discussed in the Literature Review) (About the Serious, 2011). In 2008, Congress also passed the Second Chance Act grant program. The program directs federal funds to criminal justice, public service, and nonprofit organizations to provide reentry services to returning adult offenders. The program also provides funds for reentry research (Evaluating the Second, 2016).

Reentry Service Coordination

Because criminal justice systems do not possess all the resources to meet the diverse needs of the reentry population, many of them have turned their attention towards reentry service coordination. Service coordination is defined as two, or more, agencies working together to achieve a common goal. Coordination efforts include inter-agency sharing of resources and knowledge, a common definition of the social issue that needs to be addressed (e.g. homelessness, recidivism), and aligned tasks and efforts to address the issue. Working with other agencies (e.g. nonprofits) allows criminal justice systems to avoid costly service duplication, address service fragmentation, and expand former inmates' access to services (Bunger, 2010; Lægreid, 2017). The goal of service coordination is to improve the long-term outcomes of target populations (e.g. homeless population, ex-offender population) by providing comprehensive service delivery (Bunger, 2010).

A common method of service coordination is the *One-Stop Shop* model. One-stop shop models have long been used by private sector firms to provide quicker, more efficient, and more convenient customer service by providing multiple services/products in one location. In the

public sector, the implementation of a One-stop shop model consists of multiple agencies (i.e. government and community-based organizations) operating under one roof to deliver a variety of services to the public. One-stop shop models allow consumers of public services to access multiple services from a single location. (Transforming the Citizen, 2012). Some advantages of the one-stop shop model include: 1) quicker, more convenient access to services for public service consumers, 2) reduced operation costs (e.g. staff, equipment, rent) for the agencies, because they are operating out of one location rather than multiple locations, 3) improved economies of scale over time, and 4) better communication between staff members and better communication between customers and the agency (One-Stop Shops as, n.d.).

Criminal justice systems across the United States have adopted this innovative approach to successfully and efficiently link former inmates to reentry resources. For example, Tulsa county in Oklahoma has partnered with community-based organizations (CBO) to establish the Tulsa One-Stop Reentry Center. At this facility, newly released prisoners can access a variety of services, such as job training, housing assistance and peer mentor support (Tulsa Reentry One-Stop, 2017). Mahoning County in Ohio established the Mahoning Valley Reentry Coalition, which serves as a one-stop shop for newly released state prisoners. At this facility, former inmates can access services such as ID cards, birth certificates, housing and clothing, voter registration and referrals to substance abuse treatment services (Ohio Department of Correction and Rehabilitation, 2017). Furthermore, counties throughout California, such as Contra Costa County (Reentry Success Center, 2016), Los Angeles County (Villacorte, 2017), Kern County (Bakersfield Reentry Center, n.d.) and Santa Clara County (County of Santa Clara, 2018) have established one-stop shop reentry centers that provide comprehensive reentry services to clients.

Statement of the Problem

In 2011, the U.S. Supreme Court ordered the state of California to fix its overcrowded prison problem. To comply with the order, Governor Jerry Brown signed Assembly Bill 109 (AB 109), also referred to as the Public Safety Realignment Act. Under the bill, newly convicted, low-level, non-violent, and non-sexual offenders are required to serve their sentences in California county jails instead of state prisons, thus easing state prison overcrowding. AB 109 shifted the responsibility of low-level offenders and parolees from the state prison system to the county jail system. AB 109 has achieved its short-term objective of reducing prison overcrowding. However, the long-term objectives of AB 109 are to help reduce prison costs and prevent future overcrowding by lowering recidivism rates throughout California (Gottesdiener, 2011).

California legislatures also adopted auxiliary policies to help counties effectively implement AB 109. In 2012 state legislatures passed Proposition 30, which constitutionally guarantees ongoing AB 109 funding to county jails and corrections agencies. Funding for AB 109 comes from vehicle licensing fees and a portion of the state sales tax. Also, in 2014 California legislatures passed Proposition 47 (Prop 47), which reduces certain drug possession offenses from felonies to misdemeanors. Prop 47 also requires treating offenses such as petty theft, receiving stolen property, and writing bad checks as misdemeanors. Furthermore, Prop 47 allows offenders who are already serving their sentences to petition the court for resentencing (CDCR, 2017).

Since AB 109 took effect in October 2011, California county corrections facilities have made various changes to accommodate the influx of AB 109 inmates. For example, counties are now authorized to offer low-level offenders sentencing alternatives instead of standard full jail

terms. Depending on the type of offense, and if they meet the qualifications, offenders can (as determined and granted by a judge) either serve their full jail term, be placed under house arrest, be placed under GPS monitoring, or serve a Split Sentence (i.e. serve a portion of their sentence in jail and the remainder on probation) (Lofstrom & Raphael, 2013). Another measure some counties are taking is to expand their existing jails or build new jails to accommodate for the lack of cells and other necessities (e.g. bathrooms, showers, lounge areas) (Rubin, 2015). Additionally, counties throughout California have designed and implemented reentry programs specifically aimed at helping AB 109, and non-AB 109, inmates successfully reenter their communities.

Despite ongoing funding, optimal implementation of AB 109 has been a major challenge for most California counties. Before realignment, many county jails were already dealing with space constraints. Seventeen counties throughout California were under court orders to reduce their jail populations (Mischynski, 2012). As a result of realignment, counties across California are currently struggling to reduce overcrowding in their jails. Los Angeles, Fresno, and San Bernardino counties have resorted to releasing inmates early without proper supervision (Valenzuela, 2013). According to John (2014), early jail releases have skyrocketed because of realignment. More than 13,500 inmates were released each month from county jails across California- a 34% increase compared to release numbers before realignment. San Diego, Los Angeles, and Stockton counties have turned away offenders would normally receive jail time for offenses, such as trafficking stolen property, fraud, and repeat parole violations, because their jails lack space for new inmates (John, 2014). Additionally, a recent study observed that 56 percent of the individuals who would be under parole supervision scored high on risk assessment scales (risk assessment scales measure the likelihood of reoffending after release) (Santos, 2013).

Furthermore, in efforts to reduce both prison and jail overcrowding, California expanded the Good Conduct Credit system by passing Proposition 57 (Prop 57) in November 2016. Under Prop 57, inmates can earn credits for things such as good behavior, and rehabilitative achievements (e.g. GED completion, self-improvement activities). Earned credits can be go towards shortening inmates' sentences (CDCR, 2017). Counties across California continue to face numerous difficulties in implementing AB 109. This is primarily because the effective implementation of this six-year-old law is still a work in progress.

Because of these challenges, AB 109 has resulted in a significantly greater need for reentry programs and services across California. Many county law enforcement officials now view reentry programs and services as a promising approach for keeping recidivism rates low. Lower recidivism rates mean less crowded jails and less need to resort to numerous sentencing alternatives. Lower recidivism rates also mean less cycling through the justice system which will reduce jail costs for counties. However, the effectiveness of delivering these programs and services is critical to reentry success.

Santa Clara County Reentry Resource Center

Santa Clara County has recognized the value of well-coordinated, quick, and efficient reentry service delivery. In response to AB 109, the Office of the Sheriff and Department of Correction partnered with the Probation Department, Office of the County Executive, Behavioral Health Services Department, Custody Health Department, Ambulatory Care, and the Social Services Agency to establish the Santa Clara County Reentry Resource Center (SCCRC) in February 2012. Since it's opening, the SCCRC has partnered with many CBOs, such as faith-based organizations, a nonprofit legal organization, and nonprofit employment organizations to

deliver various reentry programs and services. As a one-stop shop, the SCCRC delivers a range of services to the Santa Clara County reentry population (Public Safety Realignment, 2016).

Santa Clara County is one of only two counties in California (Los Angeles County is the other) to implement a one-stop shop model for reentry service delivery. It is also the only county in Northern California to offer such a large variety of rehabilitative services to its reentry population. Other Bay Area counties such as San Francisco, San Mateo and Santa Cruz, are looking to replicate the SCCRC's one-stop shop system. (E. Tran, personal communication, January 16, 2018). Additionally, the SCCRC has adopted a client-centered approach to assisting Santa Clara County's reentry population. Compared to more traditional rehabilitative models (e.g. rigid criminal justice systems based on punishment), the SCCRC is focused on meeting clients' specific rehabilitative needs by providing them with comprehensive assessments and individualized case management (Public Safety Realignment, 2016).

At the SCCRC, former inmates (referred to as clients upon release) can access the following services (County of Santa Clara, 2017):

- Comprehensive intake and assessment
- Alcohol and drug treatment care/referrals
- Transitional case management
- Cal Fresh food assistance
- Child Support Assistance Services
- Clothes Closet
- Parole Computer Literacy Lab
- Parole Programs
- Counseling

- Expungement (record clearance)
- General Assistance benefits (cash assistance for adults)
- Health referrals
- Medical Mobile Unit
- Healthcare coverage
- Housing assistance/referrals
- Mental Health treatment/referrals
- Peer Mentoring
- Faith-based Services
- Family Reunification
- Legal service referrals
- Vocational training referrals
- Job development assistance
- Education referrals

There are added gains to the SCCRC's one-stop shop model besides quicker, more convenient access to reentry services. Serving clients in one location helps SCCRC management track client referrals and outcomes. This information can help staff acquire valuable information such as recidivism numbers and resource demands. Additionally, interagency collaboration under one roof makes it easier for SCCRC management to evaluate reentry programs and implement performance measures. Moreover, delivering services from one location means reentry professionals from different areas are present to assist clients and to provide interdepartmental assistance (E. Tran, personal communication, March 29, 2017).

Implementation

The SCCRC implements its one-stop shop model through a straightforward intake process and routing system. Upon their first visit to the SCCRC, clients are directed to the front desk to register for services. New clients must sign a consent form and fill out a registration form before they can access services. The registration form requests personal information (i.e. full name, housing status, social security number), criminal history (i.e. correctional facility from which the client was released), and service needs. Once a client has completed the registration form, the receptionist enters the information into a database to create the client's electronic profile, (E. Tran, personal communication, March 29, 2017).

After creating the client's profile, the receptionist documents the client's service request(s) in a reentry service list and prints the list. The receptionist delivers the reentry service list to the client in a blue folder. After receiving the folder, the receptionist routes the client to the behavioral health department where a licensed clinician conducts a comprehensive risk/needs assessment. After the assessment, a staff member routes the client to the appropriate service departments within the SCCRC. For example, clients who seek the clothes closet are directed to the Faith-based services department, and clients who seek medical services are directed to the Medical Mobile Van, which is located right outside the building.

Figure 1. Visual diagram of SCCRC’s intake process.

The number of services that a client qualifies for depends on his or her classification. Santa Clara County has the following release classifications: Custodial Alternative Supervision Unit (CASU-AB 109), Mandatory Supervision (MS-AB 109), Straight AB 109, Formal Probation, Post Release Community Supervision (PCRS-AB 109), Parole, and No Supervision. All classifications, except for Parole and No Supervision, generally referred to as “Probation” Additionally, to qualify for services, clients must register with the SCCRC within the first 12 months of their release. Clients who have been released on Probation qualify for all reentry services offered by the SCCRC, except those designated for parolees (i.e. Parole Computer

Literacy Lab and Parole Programs). Clients who are on parole also qualify for all SCCRC services, but must obtain a referral from their parole agents.

Clients under no supervision, or who have never been incarcerated, qualify for a limited number of SCCRC services. Client under No Supervision qualify for the Medical Mobile Unit, Public Benefits (Food Stamps, General Assistance, Housing and Medi-Cal or Medicare for older clients) and Expungement. To clarify, General Assistance is cash aid for adults, similar to welfare benefits for families with children. Clients who have never been incarcerated can still access the Medical Mobile Unit, Faith-Based Services, expungement, and Public Benefits (E. Tran, personal communication, September 27th, 2017). Clients who have never been incarcerated will not be included in this study because they are not undergoing reentry transition. *Table 1* summarizes SCCRC reentry services by category. *Table 2* summarizes client classifications and the services for which they qualify.

Table 1. SCCRC reentry services by category

Santa Clara County Reentry Resource Center: Services	
Category	Includes
Health Services	<ul style="list-style-type: none">• Healthcare referrals• Healthcare coverage (MediCal or Medicare)• Mental health services/referrals• Medical Mobile Unit
Rehabilitation Services	<ul style="list-style-type: none">• Comprehensive intake and assessment• Alcohol & drug treatment referrals• Transitional case management• Peer mentoring• Counseling
Public Benefits Services	<ul style="list-style-type: none">• CalFresh food assistance (Food Stamps)• Housing assistance/referrals• General Assistance benefits• Healthcare coverage (MediCal or Medicare)
Education/Employment Services	<ul style="list-style-type: none">• Vocational training referrals• Job development assistance• Education referrals• Parole Computer Literacy Lab
Legal Services	<ul style="list-style-type: none">• Expungement• Legal service referrals
Other	<ul style="list-style-type: none">• Clothes closet• Child support assistance services• Family reunification• Faith-based services• Parole programs

Table 2. SCCRC reentry services that clients qualify for according to classification

Classification	Qualifies for:
Probation	<ul style="list-style-type: none">• Health services• Rehabilitation services• Public Benefits services• Education/Employment Services• Legal services• Other
Parole	<ul style="list-style-type: none">• Health services• Rehabilitation services• Public Benefits services• Education/Employment Services• Legal services• Other• Parole Computer Literacy Lab• Parole Programs
No Supervision	<ul style="list-style-type: none">• Health services (Medical Mobile Unit only)• Public Benefits services• Expungement

Research Statement

The purpose of this study was to examine the SCCRC's one-stop shop model to determine if the model is fulfilling its goal of linking clients to reentry services.

Section II-Literature Review

Currently, there is a lack of scholarly literature that discusses the one-stop shop model for reentry service delivery. However, researchers have written about policy efforts to coordinate reentry service delivery and other service coordination models that have demonstrated to be effective for better-coordinated and more efficient reentry service linkage.

Serious Violent Offender Reentry Initiative (SVORI)

In 2003, Congress passed the Serious Violent Offender Reentry Initiative (SVORI). This program was the product of a collaboration between the U.S. Department of Justice, Department of Labor, Department of Education, Department of Housing and Urban Development, and the Department of Health and Human Services (Lattimore & Visser, 2010). Agency officials passed SVORI in response to emerging research findings that suggested that the delivery of comprehensive and coordinated reentry services, based on individual needs and risk assessments, can improve reentry outcomes. Agency officials awarded states \$100 million to develop, enhance, or expand criminal justice, education, health, and housing services for adult and juvenile offenders returning to the community (Lattimore & Visser, 2010).

The SVORI program is implemented in three consecutive phases (pre-release, post-release, and ongoing care) to ensure a continuum of reentry care. The pre-release phase involves assessment, case planning, and receipt of reentry services. The post-release phase involves continued receipt of reentry services, including intense supervision and case management. The continued care phase involves continued receipt of reentry services (on an as needed basis) as former inmates take on more productive and self-sufficient roles in the community. The goal of

the SVORI program is to reduce recidivism among high-risk or violent offenders through the delivery of well-coordinated reentry care (Lattimore & Visser, 2010).

Researchers have conducted evaluations on SVORI program sites to assess whether this federal initiative has reduced recidivism. In 2006, Bouffard and Bergeron conducted an evaluation of a North Dakota-based SVORI program. Using a quasi-experimental design, researchers compared reentry outcomes of 71 SVORI participants and 106 comparable parolees who were not receiving coordinated reentry care. Researchers analyzed the following data: 1) personal interviews with reentry and criminal justice system staff, 2) information regarding reentry program participation (obtained from the reentry coordinator's database), 3) information regarding referrals to service providers, and completion of reentry programs (obtained from the computerized management system), 4) information regarding administered drug tests, drug test results, and parole revocations (obtained from the state Department of Correction and Rehabilitation (DOCR), and 5) information on recidivism rates (obtained from the state's Bureau of Investigation). Researchers used a Cox Regression analysis to examine results (Bouffard & Bergeron, 2006).

Researchers observed mixed findings. SVORI participants were referred to significantly more reentry programs than the comparison group. However, they completed less of their assigned programs than the comparison group. This may be because SVORI participants were referred to so many programs, it became burdensome for them to complete each one. SVORI participants completed more drug tests than comparison participants and were less likely to test positive than the comparison participants. Overall recidivism rates among SVORI participants were slightly higher than the comparison group. However, the difference was not statistically significant. Researchers theorized that because SVORI participants underwent more intense post-

release supervision, agents were more likely to discover and impose disciplinary action for parole violations (e.g. missing an appointment for a drug test). Bouffard and Bergeron (2006) concluded that results demonstrate the potential effectiveness of well-coordinated service delivery in reducing recidivism. However, future studies need larger samples sizes.

In a more recent study, Lattimore and Visser (2010) conducted a multisite SVORI evaluation to assess the program's effect on recidivism and reentry outcomes (i.e. whether SVORI sites connected offenders to reentry services). Researchers looked at 16 SVORI programs across 14 states. Using a quasi-experimental design, Lattimore and Visser (2010) compared the reentry outcomes of a group of SVORI participants and non-SVORI participants at each site. Criteria for the evaluation included: 1) in-person, semi-structured, and telephone interviews with program directors, 2) surveys and follow-up surveys completed by program directors, 3) In person, pre-release and follow-up interviews with offenders and 4) quantitative data regarding rearrests, reconvictions, and reincarcerations (obtained from the National Crime Information Center, state DOCR, probation department, and parole agencies). Researchers used propensity models to analyze the data (Lattimore & Visser, 2010).

Researchers observed mixed findings. Overall, SVORI participants had access to a greater number of reentry resources than non-SVORI participants. However, SVORI participants reported being able to utilize only a small number of those resources. Researchers think this was because, during the time of the evaluation, many SVORI sites were still developing their programs. Researchers also observed that reentry service delivery declined substantially after release. Researchers attribute this to the inability of agencies to sustain service delivery for such a high needs population. However, SVORI participants had moderately better reentry outcomes with regards to housing, education, and substance abuse treatment, than non-SVORI participants.

Overall, recidivism rates (24 months post-release) were high for both groups. However, SVORI participants' recidivism rates were slightly lower than non-SVORI participants. Researchers concluded that future studies should consider SVORI site characteristics to determine the challenges that SVORI sites face with delivering reentry services (Lattimore & Visser, 2010).

Other Models of Service Coordination

Reentry Coordinators- To ensure that clients are linked to their specific reentry needs, many criminal justice systems employ "Reentry Coordinators." Reentry Coordinators work directly with clients (after they have been assessed for their specific reentry needs) and are responsible for connecting them to services (e.g. healthcare, food stamps, mental health counseling). They also collaborate with supervision agents and case managers to assist with comprehensive case planning. Furthermore, they are responsible for keeping track of clients' participation in reentry activities (e.g. meeting with supervision agents, and program completion) (Clark, 2014).

Clark (2014) conducted an evaluation of the High-Risk Revocation Reduction Program (HRRR)- a program that utilizes reentry coordinators. The purpose of the evaluation was to assess whether the program reduced recidivism. Applying a 2-year, post-release, randomized experimental design, the researcher compared the reentry outcomes of a group of 162 HRRR participants to a group of 77 parolees who were receiving traditional reentry services (i.e. case management). The researcher examined the following evaluation criteria: 1) quantitative data regarding re-arrests, reconvictions, parole revocations, and reincarcerations (obtained from the Minnesota Department of Corrections), 2) surveys that were completed by the control group's

supervision agents, and 3) data on clients' post-release activities that was recorded by reentry coordinators. Clark, (2014) used a Cox Regression Analysis to examine the results.

The researcher observed that the HRRR program was effective in reducing recidivism rates. Compared to the control group, the HRR group had significantly lower rates of parole revocations (64% compared to 79%) and reconvictions (23% compared to 31%). Also, compared to the control group, the HRRR group had lower rates of rearrests (47% compared to 53%) and reincarcerations (10% compared to 14%). Reentry Coordinators assisted with comprehensive case planning and helped clients access services. The researcher commented that, for this reason, the HRRR group received a greater number of reentry services than the control group. Clark (2014) concluded that the HRRR program might have been more successful in reducing recidivism if it had prerelease programming and that comprehensive case planning may be more effective for reentry success among high-risk offenders.

Boundary Spanners- Improved reentry coordination depends heavily on interagency collaboration. Pettus and Severson (2006) discuss the role and function of the *Boundary Spanner*. A Boundary Spanner is an employee (usually of the probation department or reentry office) that works to build partnerships between criminal justice departments and community-based service providers (e.g. housing, mental health, drug treatment, healthcare and other service providers). The name "Boundary Spanner" reflects the coordination efforts that go beyond traditional reentry service coordination (e.g. case management). Boundary Spanners seek to build communication, understanding, shared goals, and information sharing capacity regarding reentry needs and criminogenic risk factors, between criminal justice departments and public service providers. The goals of the Boundary Spanner are to identify gaps in services, ensure linkages

between clients and reentry services, and help clients navigate systems that are difficult for the reentry population to navigate (e.g. securing stable housing) (Pettus & Severson, 2006).

Pettus and Severson (2006) cite the Kansas Reentry Program (KRP) as an example of the favorable outcomes that can result from using a Boundary Spanner. The KRP Boundary Spanner initiated partnerships between housing programs and the Kansas City Reentry Office by attending public information and comment sessions on Kansas City housing programs, meeting with housing program representatives, and sharing reentry data with housing program directors. Because of these efforts, Kansas City reentry clients were able to apply for housing vouchers that they previously did not qualify for. Additionally, the Boundary Spanner initiated a partnership between the KRP director and a local detox center. Because of this effort, reentry program staff were able to immediately secure a detox bed for a client who had relapsed. Furthermore, by meeting with representatives and sharing reentry information, the Boundary Spanner collaborated with a local educational center to provide services to reentry clients, such as career development, education goal planning, and college application assistance. Authors assert that the KRP example demonstrates how collaboration efforts can result in well-coordinated service systems that immediately meet the exigent needs of returning offenders (Pettison & Severson, 2006).

Discharge Planning- Many researchers have deemed discharge planning to be an evidence-based practice that contributes to reentry success. Researchers have also found discharge planning to be an effective tool for coordinating the ongoing healthcare needs of chronically ill ex-offenders.

In a 2007, Wang et al. conducted a one-year (2005-2006) evaluation to measure the effectiveness the San Francisco County Jail's discharge planning system- the San Francisco

County jail offers discharge planning to inmates with HIV and other chronic illnesses. Using a cross-sectional design, researchers examined the healthcare outcomes of 181 inmates with HIV, 102 inmates with other chronic illnesses, and 64 non-chronically ill inmates who did not receive discharge planning. All participants were soon to be released from incarceration. Researchers used the San Francisco County Jail's electronic database to recruit participants and conducted personal interviews with all participants inside the jail. Researchers applied a bivariate and multivariate analysis to examine the interview data (Wang et al., 2007).

Researchers observed that discharge planning helped chronically ill inmates obtain a regular source healthcare after release. Inmates with HIV were 6-times more likely (than inmates with other chronic illnesses) and 10-times more likely (than non-chronically ill who received no discharge planning) to have enrolled in a healthcare plan and have a primary care provider after release. Wang et al. commented that although chronically ill inmates acquired a regular source of healthcare, 42 percent of them reported service fragmentation while transitioning to the community. Researchers concluded by recommending that jails should expand healthcare discharge planning to all inmates, not just chronically ill inmates (Wang, et al. 2007).

Riker's Island Jails in New York employ public health professionals (i.e. health educators, counselors, and patient care coordinators) to provide discharge planning services to inmates with HIV. Inmates with HIV participate in transitional care coordination programs. These programs provide participants with individual assessments, medical case management, counseling, and comprehensive discharge plans. Discharge plans provide inmates with medication and medication prescriptions, a health passport, a listing of STD clinics, and a pocket guide to other criminal justice services. Upon release, primary care coordinators ensure that

inmates are linked to community-based primary care providers within 30 days (Jordan et al. 2012).

In one study, Jordan et al. (2012) examined the outcomes of Riker's Island Jails' discharge planning programs for the years of 2009, 2010 and 2011. Researchers used the following evaluation criteria: 1) quantitative data regarding newly admitted inmates with HIV (obtained from the jails' Electronic Health Record database), 2) monthly summary reports of transitional care coordination sessions, and 3) data from the Enhance Link Initiative (a longitudinal evaluation that looked at social and clinical outcomes of former jail inmates in New York) (Jordan et al. 2012).

Researchers observed that discharge plans significantly increased the likelihood of post-release service linkage. In 2009, Riker's Island jails released 1,345 inmates with HIV. seventy percent of this group attained a primary healthcare provider. In 2010, 1,676 inmates with HIV were released. Seventy-five percent of this group attained a primary healthcare provider. And in 2011, 1336 inmates with HIV were released. Seventy-three percent of this group attained a primary healthcare provider. Researchers noted that the intervention of patient care coordinators was a critical component to the effectiveness of discharge planning. Researchers concluded that future studies should address the barriers that inmates face when obtaining HIV care (Jordan et al. 2012).

Challenges of Service Coordination

Multiple agencies from disparate fields working together to achieve a common goal (i.e. successful reentry) can be rife with challenges. According to Bond and Gittell (2010), conflicting beliefs systems can hinder an agency's willingness to cooperate with other agencies, making it

difficult to establish unified goals and strategies. For example, criminal justice agencies (e.g. probation departments) tend to foster more disciplinary and rigid belief systems, whereas public service agencies (e.g. drug treatment agencies) tend to foster more forgiving and flexible belief systems. Additionally, public service agencies must often compete against each other for funding. For this reason, agencies may feel reluctant to cooperate with other agencies and share information about the agency and reentry clients. This may also hinder the establishment trust and support between staff of different agencies. Moreover, confidentiality rules may prevent agencies from sharing information, such as updates on reentry progress and outcomes (Bond & Gittell, 2010).

Lehman et al. (2009) discussed additional challenges to reentry service coordination. Lack of incentives to communicate and collaborate with other agencies can hinder service coordination progress. Currently, there is a lack of concrete evidence that shows the potential effectiveness of reentry service coordination in improving service linkage and reducing recidivism. Lack of infrastructure poses another challenge. It can be difficult for agencies to work together when they are not within proximity to each other (e.g. operating in the same building). Additionally, coordination between multiple agencies can be time-consuming and costly. Most law enforcement and public service agencies are underfunded and understaffed, making it difficult to invest resources in establishing productive partnerships (Lehman et al 2009).

In the boundary spanner article, authors discussed the challenges that boundary spanners face when forming partnerships between agencies. Boundary spanners often meet with agencies who may be unwilling or may not have the resources to work with the reentry population (e.g. housing, educational institutes). Boundary spanners are also required to collect necessary

information from agencies. In this instance, confidentiality rules or the agency's unwillingness to share information may prevent boundary spanners from acquiring certain information.

Additionally, boundary spanners must be aware of, and make efforts to change, an agency's perception of another agency. Pettus and Severson (2006) note that DOC agencies are often perceived as powerful and distant. This may make it difficult for a boundary spanner to form partnerships with the DOC and other agencies if they are perceived as inflexible.

Summary

Policymakers and criminal justice systems across the U.S. have implemented innovative strategies to improve coordination of reentry service delivery. The SVORI program is an example of the federal government's realization that service coordination can contribute to reentry success. The SVORI implementation method (i.e. prerelease, post-release and ongoing care phase) ensures continuous reentry intervention until clients become self-sufficient members of the community. The use of reentry coordinators allows criminal justice systems to ensure clients are connected to reentry services. Additionally, boundary spanners allow criminal justice agencies to coordinate with public service agencies to expand access to reentry resources. Moreover, discharge plans allow criminal justice staff to ensure chronically ill inmates (who need ongoing medical care) are connected to the appropriate medical care upon release from incarceration.

Studies that have looked at the effectiveness of reentry service coordination models have yielded mixed, yet promising, results. The HRRR program demonstrated the effectiveness of service coordination (i.e. reentry coordinators) in reducing recidivism. However, the SVORI studies failed to demonstrate the effectiveness of service coordination in reducing recidivism.

Although, it is worth noting that the rates of recidivism among SVORI participants and non-SVORI participants were not statistically significant. Other studies discussed in this review showed that strategies for coordinated service delivery, such as boundary spanners and discharge planning, can be effective in linking clients to resources and improving reentry outcomes. The findings of the studies discussed in this review demonstrate that service coordination is a promising approach for meeting the needs of the reentry population and, if implemented correctly, may contribute to reducing recidivism.

Section III-Methodology

The purpose of this study was to examine the SCCRC's one-stop shop model to determine if the model is achieving its goal of linking clients to reentry services. This research objective was accomplished by first, gathering information about SCCRC's one-stop shop model and second, gathering information to assess service linkage. The purpose of the first objective was to gain a deeper understanding of the implementation practices of the SCCRC's one-stop shop system, particularly, the facets that are important to service linkage. These facets included 1) components that contribute to SCCRC's one-stop shop success, 2) Staff members level of reentry service knowledge, 3) the user-friendliness of SCCRC's one-stop shop system, 4) Areas where the SCCRC's one-stop shop model has uniquely excelled, and 5) Areas of the SCCRC's one-stop shop model that need improvement.

The above research objectives were broken down into key research questions. To gather the appropriate information to answer the key research questions, qualitative and quantitative research methods were used in this study. The first was structured interviews with staff members from different SCCRC departments. The second was an analysis of numerical data pulled from the SCCRC's Internal Referral Tracking System (IRTS). And the third method was anonymous client surveys. To meet San Jose State University's ethical research standards, an Institutional Review Board protocol for the structured interviews and client surveys was completed before data collection began.

Structured Interviews- Structured interviews were conducted with six SCCRC staff members. Staff interviews included two SCCRC Associate Management Analysts, one employee from the Faith-Based Services department, one employee from the Housing department, and two

employees from the Behavioral Health department. The General Assistance department declined to be interviewed.

Structured interview participants were selected based on specific criteria. First selected participants were SCCRC staff members who work directly with clients (i.e. directly service clients). This selection criterion was based on structured interview questions that sought to collect information regarding reentry service linkage (e.g. the one-stop shop model, clients' service demands) and service knowledge. Although employees who do not work directly with clients may still have sufficient levels of reentry service knowledge, they may not have been able to provide other information based on their personal experiences working with clients (e.g. clients service demands). Second, interview participants were SCCRC staff members who have experience with, or sufficient knowledge of, their respective department's data collection practices. This is because interview questions sought to collect information regarding SCCRC data collection practices. Additionally, employees from different SCCRC departments were selected to capture different perspectives regarding the SCCRC's one-stop shop system.

The questionnaire consisted of eleven open-ended questions regarding 1) the SCCRC's one-stop shop model (i.e. components that contribute to the model's success, areas that need improvement, user-friendliness), 2) SCCRC data collection practices (i.e. referral and outcome tracking), and 3) service linkage (i.e. knowledge, challenges, successes). The complete staff questionnaire is presented in Appendix A. All interviewees answered the same set of questions. Structured interviews took place at the SCCRC between mid-September and mid-October 2017 and lasted between 30-60 minutes. Participants' answers were transcribed on a Microsoft Word document. Per IRB protocol, written consent forms were collected before the start of each

interview. In this report, SCCRC staff members are identified solely by the departments they work for to protect their privacy.

Surveys- Anonymous surveys were completed by current SCCRC clients. The survey instrument collected the following background information 1) respondent's gender and age, 2) respondent's classification (i.e. Parole, Probation, No Supervision), 3) length of time the respondent has been visiting the SCCRC, and 4) reentry services the respondent has received). The survey consisted of nominal, ordinal, and open-ended questions related to one-stop shop usage and service linkage (a copy of the survey instrument is presented in Appendix B). Respondents took an average of between 5-10 minutes to complete the survey. The purpose of the survey was to allow clients to provide measurable feedback related to their experiences with accessing services through the SCCRC's one-stop shop system.

The target population for the survey was current SCCRC clients. Specifically, clients who have been incarcerated. Clients who have never been incarcerated were not recruited to complete surveys as they were not undergoing reentry transition. Respondents were recruited as they were leaving the SCCRC. The reason for this recruitment method was to ensure that clients had been serviced by the one-stop shop system and could, therefore, provide measurable feedback. Respondents filled out surveys in the SCCRC waiting area. Surveys were distributed by an SCCRC student intern, who worked during the operating hours of Mondays- 9am to 2pm, Wednesdays- 9am to 5pm, and Fridays- 9am to 2pm (Clients completed surveys only during these days and times). One-hundred and thirty-two clients completed surveys between October 3d, and October 30th, 2017. Survey participants for this study were not randomly selected. Because access to contact information of current SCCRC clients was not permitted, due to

confidentiality restrictions, and clients who have never been incarcerated were excluded from participation, random participant selection was not possible.

Per IRB protocol, measures were taken to ensure survey completion and collection was anonymous and participant selection was fair. As previously noted, surveys were distributed by an SCCRC student intern instead of the researcher. Additionally, waived written consent forms were provided to survey respondents before they began completing the survey. Furthermore, the student intern instructed the respondents to return their completed surveys by dropping them in a locked box that was located in the reception area. Surveys written in Spanish were distributed to Spanish Speaking clients upon request. The complete survey in Spanish is presented in Appendix C.

Numerical Data- Numerical data related to service requests and service linkage was pulled from the SCCRC's IRTS database. IRTS is the most widely used database by the SCCRC. When clients register with the SCCRC, all information collected from the registration forms (e.g. demographics, classifications, new and returning clients, individual service requests) is manually entered into the IRTS system by the receptionists and management analysts. During subsequent visits, only service requests are documented in the IRTS database. That is, if other important information such as a client's employment or housing status has not changed. Employees of SCCRC departments (e.g. Housing, Behavioral Health) are not responsible for entering service requests, but instead are responsible for documenting, in IRTS, whether clients' service requests were either screened or assessed and/or linked or referred. The information stored in the IRTS database can be customized (i.e. information such as housing status, gender, classification or service requests can be individually selected) and generated in either weekly, monthly, quarterly (three-month), or annual reports.

For this study, quarterly (three-month) reports from July 2016 until September 2017 were generated from the IRTS system. The reports were retrieved on October 20th, 2017. The following data were extracted from each report 1) a list of SCCRC reentry services, 2) number and of service requests, 3) number of links/referrals, and 4) number of clients on Probation, Parole, and No Supervision. Reentry Services were categorized as displayed in *table 3*. Five frequency tables (one for each quarter) were created using the extracted data (frequency tables are displayed in the *Findings* section of this report). The purpose of generating the quarterly reports was to numerically measure service linkage. Shortly after gathering the IRTS data, a semi-structured interview, via telephone was conducted on November 17th, 2017 with the SCCRC's Senior Management Analyst. The purpose of the interview was to gather additional information to explain discrepancies between service requests and service linkages.

Table 3. Reentry services, that the IRTS database tracks, listed by category.

IRTS Reentry Services List Categorized	
Category	Services
Health & Rehabilitation	<ul style="list-style-type: none">• Dental• Healthcare coverage (MediCal or Medicare)• Mental Health services• Medical Mobile Unit• Drug and Alcohol services• Counseling Groups• Peer Mentor Support
Public Benefits	<ul style="list-style-type: none">• Housing• CalFresh/Food stamps• General Assistance
Immediate Needs	<ul style="list-style-type: none">• Clothes closet• Food pantry• Bus token• Bus pass
Education & Employment	<ul style="list-style-type: none">• Education referrals• Employment assistance• Parole computer literacy lab
Legal	<ul style="list-style-type: none">• Legal service referrals• Expungement
Other	<ul style="list-style-type: none">• Child support assistance services• Faith-based services• ID Voucher• Parole Program

Research Questions

This study aimed to answer the following research questions:

1. How does the SCCRC implement its one-stop shop model?

- a. What components contribute to a successful SCCRC one-stop shop model and does the SCCRC implement these components?

- b. Do staff members have sufficient levels of knowledge about SCCRC reentry services?
- c. Is the SCCRC's one-stop shop system easy for clients to navigate?
- d. Are there areas where the SCCRC's one-stop shop model has uniquely excelled?
- e. Are there areas where the SCCRC's one-stop shop model needs improvement?

2. Is the SCCRC's one-stop shop model fulfilling its goal of linking clients to reentry services?

- a. Are clients linked to reentry services in a timely manner?
- b. Does the SCCRC offer all the reentry services that clients need?
- c. Have clients been able to access all their reentry service needs through the SCCRC?
- d. How does the SCCRC ensure that clients are linked to services?
- e. What challenges does the SCCRC face in delivering reentry services and why?

Table 4. Summary of primary research methods used to answer key research questions.

Research Questions	Research Method		
	Questionnaire	Survey	IRTS Data
1. How is the SCCRC implementing its one-stop shop model?			
<i>a. What components contribute to a successful one-stop shop model and does the SCCRC implement these components?</i>	√		
<i>b. Do staff members have sufficient knowledge about SCCRC reentry services?</i>	√	√	
<i>c. Is the SCCRC's one-stop shop system easy for clients to navigate?</i>		√	
<i>d. Are there areas where the SCCRC's one-stop shop model has uniquely excelled?</i>	√		
<i>e. Are there areas where the SCCRC's one-stop shop model needs improvement?</i>	√		
2. Is the SCCRC's one-stop shop model fulfilling its goal of linking clients to reentry services?			
<i>a. Are SCCRC clients linked to reentry services in a timely manner?</i>	√	√	
<i>b. Does the SCCRC offer clients all the reentry services that they need?</i>	√	√	
<i>c. Have clients been connected to all their needed reentry services through the RRC?</i>		√	√
<i>d. How does the SCCRC ensure that clients are linked to reentry services?</i>	√		√
<i>e. What challenges does the SCCRC face in delivering reentry services and why?</i>	√		

Data Analysis

The data collected for this study were analyzed using qualitative and quantitative approaches. Thematic content analysis was used to analyze staff questionnaire answers for recurring themes and patterns that align with key research questions. Answers to structured interview questions are summarized in Appendix D. Descriptive statistics analysis was applied to survey answers. Answers to each survey question were counted and transferred into a Microsoft Excel spreadsheet. Percentages of answers were calculated and presented as bar charts and pie charts. Thematic content analysis was also used to analyze responses to open-ended survey questions.

Descriptive statistics analysis was also used to analyze the five frequency tables that were created using the data that was extracted from the IRTS database. The percentages of service requests and linkages/referrals were calculated and entered into the frequency tables. The percentages of service requests were compared to the percentages of links/referrals. Percentage comparisons were used to answer key research questions related to measuring SCCRC service linkage.

Section IV-Findings

The research methods employed in this study produced the appropriate information to answer key research questions. Structured interviews provided insightful testimonies from SCCRC staff members who play active roles in implementing the SCCRC's one-stop shop model. Survey responses provided insightful feedback from clients who utilize SCCRC's one-stop shop model to access reentry services. Additionally, numerical data from the IRTS database provided quantitative measures to determine how well the SCCRC is linking clients to reentry services. In the following two sections, background information on survey participants and auxiliary information about the IRTS data are summarized. Moving forward, findings to research methods are summarized and linked to the appropriate research questions as displayed in *Table 4*.

Survey Population

The target population for the survey instrument was current SCCRC clients. Demographic information on the SCCRC client population was extracted from the most recent (July-September 2017) IRTS quarterly report. The information in the IRTS database is generally representative of the overall SCCRC client population. Demographic information pulled from the report was compared to demographic characteristics of the survey population.

Based on the comparison, the survey population is representative of the SCCRC's overall client population. Currently, roughly 77 percent of SCCRC's clientele are male. As a result, the majority of survey respondents were male (107) compared to female (25) as depicted in *Figure 2*. Additionally, around 61 percent of SCCRC's clientele are individuals on Probation. Thus, a higher number of survey respondents were individuals on probation (75, 57%), compared to

clients on Parole (36, 27%) or No Supervision (21, 16%), as depicted in *Figure 3*. Furthermore, the ages of survey participants ranged between 20-77 years old. The ages of SCCRC clients range between 18-55 years and older. Most clients who utilize SCCRC services are between the ages of 25-34 (34%), followed by clients aged 35-44 (26%). Most survey participants were also between the ages of 25-34 (47, 36%), followed by clients aged 35-44 (41, 31%).

Figure 2. Survey Respondents by Gender

Figure 3. Reported classification of survey respondents

The survey also collected information about the length of time that clients had been visiting the SCCRC. Nineteen percent of respondents reported that it was their first time visiting the SCCRC. As noted in the Methodology section, all survey respondents were recruited as they were leaving the facility to make sure that they would be able to provide measurable feedback after they had already been serviced by the SCCRC's one-stop shop system. Twenty-one percent of respondents reported that they had been visiting the SCCRC for less than one month. Twenty-seven percent reported that they had been visiting the facility for less than six months. Nine percent reported that they had been visiting the SCCRC for more than six months, and 24 percent had been visiting the facility for a year or longer. *Figure 4* depicts the above findings.

Figure 4. Length of time respondents have been with the SCCRC

The survey also asked clients to list the services they had received from the SCCRC either directly or via referral (categorization of services is depicted in *Table 1*). One-hundred and twenty-seven respondents listed the services that they had accessed through the SCCRC. Twenty-seven percent of respondents had received Public Benefits services, followed by Rehabilitative services (24%), and health services (17%). Fifteen percent of respondents accessed *Other* services (Clothes closet, Family Reunification, Faith-based Services, and Child Support Assistance) through the SCCRC. Services that were least accessed were Employment/Education services (11%) and Legal services (6%), as depicted in *Figure 5*.

Figure 5. Percentages of reentry services received by survey respondents.

IRTS Data Revisited

As noted in the methodology section, quarterly (three-month) reports were generated from the SCCRC's IRTS database. The following data were extracted from each report 1) a list

of SCCRC reentry services, 2) number of service requests for each reentry service, 3) number of links/referrals, and 4) number of clients on Probation, Parole, and No Supervision. Reentry services were categorized as displayed in *table 3*. Five frequency tables (one for each quarter) were created using the extracted data. Shortly after gathering the IRTS data, a semi-structured interview was conducted with the Senior Management Analyst to gather information to explain discrepancies in the data. Frequency tables and information gathered via semi-structured interviews were used to answer *Research Question 2c*.

For this study, two things must be noted about the data pulled from the IRTS database. First, the IRTS system counts service linkage data for clients on Probation, Parole, and No Supervision. However, because the SCCRC is funded primarily through Proposition 30 (i.e. AB 109 realignment funds), the database displays the categories of AB 109 Probation and lumps clients on Parole, and No Supervision, together under an “Other” category. Second, the IRTS database counts the number of service requests for each SCCRC service. It does not count the number of clients requesting those services. Following service requests, staff members from SCCRC departments report whether those service requests were screened/assessed and linked/referred.

Research Questions and Findings

Research Question 1. How does the SCCRC implement its one-stop shop model?

Question 1a. What components contribute to a successful one-stop shop model and does the SCCRC implement these components?

The purpose of this research question was to gather testimonies from staff members regarding what components they perceive as vital to a successful one-stop shop model and to

determine whether the SCCRC implements the reported components. Data to answer this question was gathered through structured interviews. Recurring themes were present in staff testimonies. Five of the six interview participants reported *Accessibility* as a component that contributes to a successful one-stop shop model. Three staff members specified that “access to a variety of services” was vital to one-stop shop success. One staff member specified “access to information” as a contributing component to one-stop shop success. With different departments operating in one location, both staff members and clients can access various reentry services and extensive information about those services. Thus, enhancing service linkage.

Another recurring theme was *Collaboration*. Three staff members reported collaboration (between SCCRC departments and between the SCCRC and outside organizations) as a component that contributes to one-stop shop success. Collaboration between SCCRC departments allows for more efficient service delivery. Collaborating with outside organizations has allowed the SCCRC to better coordinate, and expand, reentry service capacity to include services that it cannot directly deliver from the facility (e.g. education programs, job placement assistance).

A third recurring theme was *Location*. Two staff members cited the SCCRC’s location as a component for one-stop shop success. The SCCRC is located across the street from the Santa Clara County Main Jail and near a light rail station. This location makes it easier for clients to travel to and from the SCCRC and to visit the SCCRC as soon as they are released.

Lastly, *Compassion* was reported by one of the participants from the Behavioral Health department and a participant from the Faith-based department, as another component that is vital to a one-stop shop success. The behavioral health department implements a compassionate approach by delivering drug and alcohol counseling and mental health counseling services. The

Faith-based Services department uses a caring and supportive approach with clients by listening to their needs to ensure that they are connected to services that meet their specific reentry needs. Furthermore, the SCCRC implements a personable (i.e. friendly, caring, welcoming) approach when servicing clients.

Only six, out of the roughly 50, SCCRC staff members participated in structured interviews. Because the sample size was small, the above testimonies may not be representative of all SCCRC employees. However, the majority of interview participants have been employed by the SCCRC for multiple years and premise their testimonies on their experiences working with clients, staff and outside organizations. One participant from the Behavioral Health department has been employed with the SCCRC since the facility opened five years ago. Additionally, the SCCRC has held multiple focus groups with staff members and clients. Some of the above recurring themes (e.g. collaboration) were expressed by staff members and other recurring themes (e.g. compassion and accessibility) were expressed by clients (E. Tran, personal communication, February 19, 2018). For these reasons, participants' testimonies were deemed valid for this study.

Responses to survey question number *eight* (Appendix B) aligned with staff testimonies about using a compassionate approach to servicing clients. The question asked clients if they felt welcomed and comfortable when approaching the staff with their service requests and questions. Eighty-six percent of clients reported that they felt comfortable when visiting the SCCRC either “all the time” (65%) or “most of the time” (21%). Four percent of clients reported that they felt comfortable and welcomed “only some of the time”. Two percent of clients reported “never” feeling comfortable and welcomed. Eight percent of clients did not answer the question. *Figure 6* depicts the above findings.

Figure 6. Survey question *eight* responses by percentage.

Staff members were also asked as to whether the SCCRC implements all the reported components that are believed to contribute a successful SCCRC one-stop shop model.

Testimonies were mixed. Four of the six interviewees agreed that the SCCRC implements components such as accessibility, collaboration, and compassion. One staff member reported that the SCCRC tries to implement the components of collaboration and accessibility to the best of its ability. One of the participants from the Behavioral Health department vouched that her department is very consistent in implementing the components of accessibility, collaboration, and compassion, but declined to provide a testimony for the whole SCCRC organization.

Question 1b. Do staff members have sufficient levels of knowledge about reentry services?

An important aspect of assessing service linkage is to determine how knowledgeable SCCRC staff members are about reentry services and how they acquire such knowledge. For this study, “sufficient” levels of knowledge about reentry services refers to staff members’ ability to provide clients, and other staff members, with accurate information about reentry services, and to answer questions about reentry services (e.g. how to obtain certain services, qualification criteria for services). During structured interviews, participants were asked about how knowledgeable they feel they are about the reentry services that the SCCRC offers. Four out of the six interviewees felt that they had the sufficient levels of knowledge needed to answer questions and connect clients to reentry services. One staff member reported that he had more general knowledge about SCCRC reentry services. Another staff member reported that she had expert knowledge of housing programs but did not feel that she had sufficient levels of knowledge about other SCCRC reentry services. Additionally, directing clients to the appropriate departments for their service needs was another recurring theme among staff testimonies. Three staff members reported that when clients need more in-depth information about a particular service (e.g. education programs), they prefer to send them to the appropriate department to speak with an expert.

The opportunity for employees to route clients to different departments is just one of the advantages of multiple organizations operating under one roof. It is easier and more convenient for clients to visit multiple departments within one facility rather than visiting multiple organizations that operate in different locations. Additionally, employees can match clients to the appropriate services based on their classifications.

Staff members also reported how they acquire the knowledge they need to help connect SCCRC clients to reentry services. Four out of the six participants reported that they acquire reentry service knowledge through staff meetings and staff trainings. Three of those staff members reported that they also acquire knowledge by consulting other SCCRC departments and outside organizations. The other two staff members reported that they do not attend any ongoing meetings or staff trainings and prefer to consult other SCCRC departments and outside organizations to further their knowledge about SCCRC reentry services.

Feedback from survey questions aligned with staff members testimonies. Most staff members believed that they had sufficient levels of knowledge about reentry services. Survey question number *nine* (Appendix B) asked participants if they were given adequate information about reentry services at the time they registered with the SCCRC. Eighty-seven percent of respondents agreed (Yes-72% and Somewhat yes-15%) that staff members provided them with adequate information regarding reentry services at the time of registration, compared to five percent who reported that staff members did not provide them with adequate information regarding reentry services at the time of registration. Eight percent of respondents did not answer the question. *Figure 7* summarizes participants responses to survey question *nine*.

Figure 7. Survey question *nine* responses by percentage

Survey question number *ten* (Appendix B) asked respondents if SCCRC staff were able to answer all their questions about reentry services and whether staff were able to provide respondents with useful information regarding their reentry needs. Eighty-six percent of respondents agreed that SCCRC staff were able to answer their questions and provide them with useful information either “all of the time” (54%) or “most of the time” (32%) compared to eight percent who reported staff were able to answer their questions “only some of the time” and two percent who reported staff were not able to answer their questions or provide them with useful information. Four percent of respondents did not answer the question. Responses to survey question *ten* are depicted in *Figure 8*.

Figure 8. Survey question *ten* responses by percentage.

Question 1c. Is the SCCRC's one-stop shop system easy for clients to navigate?

Traditional one-stop shop models aim to make it easy for clients to access the services they need. To answer *Research Question 1c*, survey questions gathered feedback to determine if SCCRC clients can easily navigate the SCCRC's one-stop shop system. Survey question number 14 (Appendix B) asked clients if they found the SCCRC's check-in/registration process easy to understand and follow. Ninety-four percent of respondents agreed that the SCCRC's check-in and registration process is easy to understand and follow. Two percent of respondents did not agree that it was easy to understand or follow. Five survey respondents did not answer the question. Responses to survey question 14 are depicted in *Figure 9*. Survey question number 15 (Appendix B) was an open-ended follow-up question that asked respondents to specify what aspects, of the SCCRC check-in and registration process, they found difficult to understand. Of

the two percent that answered “No” to question 14, No respondents specified aspects of the SCCRC’s check-in/registration process they found difficult to understand or follow.

Figure 9. Survey question 14 responses by percentage.

Question 1d. Are there areas where the SCCRC’s one-stop shop model has uniquely excelled?

To gain further insight about SCCRC service linkage, structured interviews gathered staff testimonies about areas (i.e. specific services, processes, or outcomes) where the one-stop shop model has excelled (i.e. exceeded its performance capacity). Three of the six participants agreed that the SCCRC’s one-stop shop system has excelled in forming partnerships with outside CBOs and other service providers. They stated that by forming partnerships, the SCCRC has been able to better coordinate, and expand, reentry service access and link clients to services that are not offered directly from the SCCRC (e.g. education programs, dental care). Additionally, both

participants from the Behavioral Health department reported that the SCCRC has excelled in delivering outpatient services (i.e. medical services via the Medical Mobile Unit). Through the Medical Mobile Unit, clients have been able to get medications, exams, and prescription refills.

Question 1e. Are there areas where SCCRC's one-stop model needs improvement?

Another important aspect of assessing service linkage involved gathering information, via structured interviews, about areas where the SCCRC's one-stop shop model needs improvement. Few recurring themes were present. Three staff members reported that the SCCRC needs to expand (i.e. hire more staff and move to a larger facility). The SCCRC is continuing to develop and implement new reentry programs, but the organization is not hiring the extra staff needed to run these programs. About a year ago, the SCCRC began offering Child Support Assistance Services and is currently in the process of opening a Detox Center within the facility. Additionally, as the SCCRC implements more programs, and serves more clients, space continues to become more limited.

Another recurring theme was *Communication*. Two staff members cited communication between SCCRC departments as an area that needs improvement. The SCCRC currently has no solid framework for interdepartmental communication which can hinder efficient reentry service delivery. Additionally, communication with outside organizations was reported as an area that needs improvement, especially for the purpose of data collection. One of the Management Analysts explained how the SCCRC relies on its partner organizations to report data about the reentry clients it serves. However, each organization reports its data differently or is not consistent with collecting data. Although only one interview participant claimed that the SCCRC needs to improve its communication with outside organizations, for the purposes of data

collection, that testimony was also supported by the SCCRC's Senior Management Analyst who also claimed, during a semi-structured interview, that communication with outside organizations needs improvement, especially for the purposes of collecting data regarding SCCRC clients. For this reason, the management analyst's testimony can be observed as a recurring theme.

Research Question 2. Is the SCCRC's one-stop shop model fulfilling its goal of linking clients to reentry services?

Research Question 2a. Are clients linked to all their reentry services in a timely manner?

This research question sought to address two facets of the traditional one-stop shop model. First, whether clients can obtain all their needed services in one visit, and second, how long it takes clients to get connected to services during their visits. Staff testimonies, regarding whether the SCCRC tries to connect clients to all their needed services in one visit, were collected during structured interviews. Four of the six participants reported that the SCCRC does not aim to deliver all a client's reentry service needs in one visit (i.e. the clients first visit). The other two participants reported that the SCCRC tries to link clients to all their needed services in one visit when it is feasible. Additionally, all staff members agreed that it takes an average of 2-3 visits for clients to obtain all their reentry service needs.

Staff members also reported the factors that influence the number of visits it takes for clients to get connected to the service they need. All participants agreed that the length of time it takes to get connected to services depends on the intensity of a client's service needs. Services such as critical needs assessments and speaking with a housing expert can be time-consuming. The more services a client needs, the longer the service linkage process will take. Two staff

members reported that timely service linkage also depends on the pace at which SCCRC departments operate. Each SCCRC department operates at their own pace. The time it takes for one department to service a client will affect the number of services that client can access in one visit. Furthermore, two other staff members reported that additional documents (e.g. valid ID) needed to apply for services is often a factor that affects timely service linkage.

Staff members were also asked if there is a set timeframe in which SCCRC staff aim to register/check-in clients, service them, and send them on their way. All six participants reported that the SCCRC does not try to meet a specific timeframe for servicing clients. Four staff members reported that the SCCRC does make efforts to service clients as quickly as possible. Two staff members reported that they have seen some clients spend hours at the SCCRC retrieving services. One staff member stated that most clients can expect to spend at least one hour at the SCCRC each time they visit. Furthermore, staff members reported various factors that can affect timely servicing such as the time-consuming processes (e.g. paperwork, critical needs assessments), the number of services the client needs, the volume of foot traffic, and the pace at which each department operates.

Survey question number 13 (Appendix B) sought to determine how long, on average, SCCRC clients wait to meet with a service provider after they have checked-in/registered for services. Forty-four percent of clients reported that they met with a service provider between 0 and 15 minutes compared to 31% who met with a service provider between 16 and 30 minutes. Four percent of clients reported waiting between 31 and 45 minutes before meeting with a service provider. Five percent of clients waited between 46 and 60 minutes before meeting with a service provider and 11 percent waited over an hour before seeing a service provider. Five percent of clients did not answer the question. *Figure 10* depicts the above findings.

Figure 10. Responses to survey question 13 by percentage

Research Question 2b. Does the SCCRC offer all the reentry services that clients need?

One-stop shop models aim to connect clients to all their needed services in, or through, one location. SCCRC Feedback from staff interviews provided insight regarding the comprehensiveness of SCCRC reentry service linkage. Staff members were asked if clients often make requests for services that the SCCRC does not offer. Virtually no recurring themes were present in staff testimonies. Four staff members reported that they had gotten requests for services such as grievance counseling, services for the blind, referrals to cold weather shelters, house furniture, and assistance with rent. Two staff members reported that they had not received requests for services that the SCCRC does not offer. Staff members were also asked how they typically respond when clients request services that the SCCRC cannot deliver. Four out of the six staff members reported that they would contact outside organizations or speak to staff

members from different SCCRC departments to connect clients to the resources that they cannot receive through the SCCRC.

Survey question number *four* (Appendix B) sought to gather client feedback to determine if the SCCRC offers all the reentry services that clients need. Eighty-one percent of respondents reported that the SCCRC offers all the reentry services they need either “all the time” (45%) or “most of the time” (36%). Eight percent of respondents reported that the SCCRC offers all the services they need “only some of the time” and two percent reported that the SCCRC never offers all the reentry services that they need. Nine percent of respondents did not answer the question. *Figure 11* depicts the above findings.

Figure 11. Responses to survey question *four* by percentage

Survey question number *five* was a follow-up to question *four*. Respondents were asked to list the reentry services they need that the SCCRC does not offer. Of the 61 respondents who gave an answer different from “all of the time”, seven respondents listed services that the SCCRC does not offer. Three respondents listed Housing, specifically guaranteed housing, family housing, and housing for individuals who are not homeless. Currently, the SCCRC only offers housing assistance to clients who are homeless. The organization cannot offer guaranteed housing or housing for clients’ and their families. Two respondents listed Lifeline Assistance Phones. Currently, the SCCRC offers clients assistance with applying for Lifeline Assistance Phones but does not offer the phones as a direct service. One respondent listed DUI classes, and another respondent listed sanity support groups. Currently, the SCCRC does not offer either of those services.

Research Question 2c. Have clients been able to access all their reentry service needs through the SCCRC?

Survey question *11* (Appendix B) sought to measure service linkage by determining whether SCCRC clients have been able to access all their reentry service needs through the SCCRC’s one-stop shop system. Seventy-seven percent of respondents reported that they were able to access all their reentry needs. Eighteen percent reported that they were not able to access all their reentry needs through the SCCRC. Five percent of respondents did not answer the question. Responses to survey question *11* are depicted in *Figure 12*.

Figure 12. Survey question 11 responses by percentage

Survey question 12 (Appendix B) was a follow-up to question 11 that asked clients to list the reentry services that they have not been able to access through the SCCRC. Sixteen of the 24 respondents, who answered *No* to survey question 11, listed the reentry services that they were not been able to access through the SCCRC. Some respondents listed multiple services. The most common service listed was Housing (6/16), and Legal services (5/16), followed by Transportation services (4/16). Three respondents listed Education services, followed by two respondents who listed the Clothes Closet. Lastly, two respondents were not able to access General Assistance benefits.

Although some clients reported that they were not able to access all their reentry needs, they are still more likely to be linked to more reentry services through the SCCRC compared to other organizations in Santa Clara County. No other organization in Santa Clara County offers a

wide array of reentry services in one location. Additionally, the SCCRC staff work with many organizations to advocate for formerly incarcerated individuals who are seeking resources such as housing, education, and job placement assistance. They also work closely with clients by assisting them with complicated processes such as applying for education programs and seeking employment. Former inmates can seek rehabilitative services from other county organizations (e.g. Santa Clara County Social Services Agency) and nonprofit agencies. However, they may find some county organizations difficult to navigate, and the other nonprofit agencies may not have experience serving the reentry population.

The data extracted from the IRTS quarterly reports provided additional information to assess whether clients have been able to access all their reentry needs through the SCCRC. For the July-September 2016 quarter, 1726 (1064 Probation, 662 Other) clients were registered with the SCCRC. During this quarter, a total of 9,583 service requests were counted. Most service requests were for Public Benefits (3140) and Health and Rehabilitation services (2220). Table 5 shows that 54 percent (1701) of Public Benefits service requests were either linked or referred followed by 40 percent (877) of Health and Rehabilitation service requests that were either linked or referred.

The second most requested services for the July-September 2016 quarter were Other services (1965) and Immediate Needs services (1085). Forty-four percent (864) of Other service requests were either linked or referred followed by 50 percent (539) of Immediate Needs service requests that were either linked or referred. The least requested services were Education and Employment (970) and Legal services (203). For the July-September 2016 quarter, 28 percent (273) of Education and Employment service requests were either linked or referred, and eight

percent (17) of Legal service requests were either linked or referred. The above findings are depicted in *Table 5*.

Table 5. Total client count and service linkage data for the Jul-Sep 2016 quarter.

Number of SCCRC Clients, Jul-Sep 2016	
Probation	1064
Other	662
Total	1726

Total Encounters Counts: Services Requested & Linked/Referred, Jul-Sep 2016			
Category	Request Count	Linked/Referred Count	Percentage of Linked/referred
Health & Rehabilitation	2220	877	40%
Public Benefits	3140	1701	54%
Immediate Needs	1085	539	50%
Education & Employment	970	273	28%
Legal Services	203	17	8%
Other Services	1965	864	44%
Total	9583	4271	45%

For the October-December 2016 quarter, 1742 (Probation 1076 and 666 Other) clients were registered with the SCCRC. During this quarter, 10,699 service requests were counted. Most service requests were for Public Benefits (3322) and Health and Rehabilitation services (2763). Forty-nine percent (1630) of Public Benefits service requests were either linked or referred followed by 38 percent (1052) of Health and Rehabilitation service requests that were either linked or referred.

The second most requested services for the October-December 2016 quarter were Other services (1916) and Immediate Needs services (1379). Thirty-nine percent (741) of Other service

requests were either linked or referred followed by 52 percent (712) of Immediate Needs service requests that were either linked or referred. The least requested services for the October-December 2016 quarter were Education and Employment (1070) and Legal Services (249). Nineteen percent (205) of Education and Employment service requests were either linked or referred followed by fourteen percent (35) of Legal service requests that were either linked or referred. *Table 6* depicts the above findings.

Table 6. Total client count and service linkage data for the Oct-Dec 2016 quarter.

Total Number of Clients, Oct-Dec 2016	
Probation	1076
Other	666
Total	1742

Total Encounters Counts: Services Requested & Linked/Referred, Oct-Dec 2016			
Category	Request Count	Linked/Referred Count	Percentage of Linked/referred
Health & Rehabilitation Services	2763	1052	38%
Public Benefits Services	3322	1630	49%
Immediate Needs Services	1379	712	52%
Education & Employment Services	1070	205	19%
Legal Services	249	35	14%
Other Services	1916	741	39%
Total	10699	4375	41%

For the January-March 2017 quarter, 1998 (Probation 1173 and 825 Other) clients were registered with the SCCRC. During this quarter, 11,304 service requests were counted. Most service requests were for Health and Rehabilitation (3153) and Public Benefits services (3150).

Thirty-six percent (1132) of Health and Rehabilitation service requests were either linked or referred. Thirty-three percent (1037) of Public Benefits service requests were either linked or referred.

The second most requested services for the January-March 2017 quarter were Other services (1719) and Immediate Needs services (1608). Thirty-eight percent (652) of Other service requests were either linked or referred and 51 percent (814) of Immediate Needs service requests were either linked or referred. The least requested services for the January-March 2017 quarter were Education and Employment (1379) and Legal services (295). Fifteen percent (211) of Education and Employment service requests were either linked or referred, and 18 percent (52) of Legal service requests were either linked or referred. The above findings are depicted in *Table 7*.

Table 7. Total client count and service linkage data for the Jan-Mar 2017 quarter.

Total Number of Clients, Jan-Mar 2017			
Probation	1173		
Other	825		
Total	1998		
Total Encounters Counts: Services Requested & Linked/Referred, Jan-Mar 2017			
Category	Request Count	Linked/Referred Count	Percentage of Linked/referred
Health & Rehabilitation Services	3153	1132	36%
Public Benefits Services	3150	1037	33%
Immediate Needs Services	1608	814	51%
Education & Employment Services	1379	211	15%
Legal Services	295	52	18%
Other Services	1719	652	38%
Total	11304	3898	34%

For the April-June 2017 quarter, 1965 (1161 Probation and 804 Other) clients were registered with the SCCRC. During this quarter, 13,329 service requests were counted. Most service requests were for Health and Rehabilitation (3697) and Public Benefits services (3313). Forty percent (1461) of Health and Rehabilitation services were either linked or referred and 28 percent of Public Benefits service requests were either linked or referred.

The second most requested services were Other services (2877) and Immediate Needs services (1668). Forty-nine percent (1417) of Other service requests were either linked or referred and 55 percent of Immediate Needs service requests were either linked or referred. The least requested services for the April-June 2017 quarter were Education and Employment (1405) and Legal services (369). Seventeen percent (243) of Education and Employment service requests were either linked or referred followed by 22 percent (80) of Legal service requests that were linked or referred. The above findings are depicted in *Table 8*.

Table 8. Total client count and service linkage data for the Jan-Mar 2017 quarter.

Total Number of Clients, Apr-Jun 2017				
Probation	1161			
Other	804			
Total	1965			
Total Encounters Counts: Services Requested and Linked/Referred, Apr-Jun 2017				
Category		Request Count	Linked/Referred Count	Percentage of Linked/referred
Health & Rehabilitation Services		3697	1461	40%
Public Benefits Services		3313	943	28%
Immediate Needs Services		1668	912	55%
Education & Employment Services		1405	243	17%
Legal Services		369	80	22%
Other Services		2877	1417	49%
Total		13329	5056	38%

The last report pulled from the IRTS system was for the July-September 2017 quarter. During this quarter, 2,063 (1253 Probation and 810 Other) clients were registered with the SCCRC and a total of 12,727 service requests were counted. Most service requests were for Health and Rehabilitation (3847) and Public Benefits services (3510). Thirty-five percent (1347) of Health and Rehabilitation service requests were either linked or referred followed by 21 percent (732) of Public Benefits service requests that were either linked or referred.

The second most requested services for the July-September 2017 quarter were Other services (1956) and Immediate Needs services (1921). Twenty-four percent of Other service requests were either linked or referred and 48 percent of Immediate Needs service requests were either linked or referred. The least requested services were Education and Employment (1070) and Legal Services (423). Sixteen percent of Education and Employment service requests were either linked or referred followed by nine percent of Legal service requests that were either linked or referred. The above findings are depicted in *Table 9*.

Table 9. Total client count and service linkage data for the Jul-Sep 2017 quarter.

Total Number of Clients, July-Sep 2017	
Probation	1253
Other	810
Total	2063

Total Encounters Counts: Services Requested and Linked/Referred, Jul-Sep 2017			
Category	Request Count	Linked/Referred Count	Percentage of Linked/referred
Health & Rehabilitation Services	3847	1347	35%
Public Benefits Services	3510	732	21%
Immediate Needs Services	1921	928	48%
Education & Employment Services	1070	169	16%
Legal Services	423	36	9%
Other Services	1956	475	24%
Total	12727	3687	29%

The semi-structured interview that was conducted with the SCCRC's Senior Management Analyst provided the information to explain the discrepancies between service requests and service linkages that appear in the above tables. Various factors contribute to the discrepancies. First, the SCCRC lacks standardized requirements for use of the IRTS system. For this reason, use of the IRTS system is very inconsistent across SCCRC departments. For example, during the July-September 2017 quarter, 1070 requests for education and employment services were documented in the IRTS system. Only 16 percent of those service requests were either linked or referred. One factor that contributes to this discrepancy is the Parole department's inconsistent use of the IRTS database. A large number of Parole clients visit the SCCRC every week to check in, or sign up for, the Parole Computer Literacy Lab. However, the Parole department will sometimes document only a quarter of those linkages, or will not document them at all.

Another contributing factor is the lack of a common definition among SCCRC departments regarding service linkages and referrals. For example, some staff members who refer clients for services outside the SCCRC will document in the IRTS system that the service requests were “linked/referred”. However, other staff members will not document that service requests were “linked/referred” until after they have followed up with service providers to verify that the services were delivered. The Senior Management Analyst attributed a lack of standardized requirements, and a common definition of service linkage, as the main factor that accounts for such large discrepancies between service requests and service linkages.

Other contributing factors include the critical needs assessments and status checks for reentry service requests. When clients register with the SCCRC, they will mark their reentry service requests on their registration form. However, during their critical needs assessments, some clients will find out that they do not qualify for some of the services they requested (e.g. a new client who is under No Supervision does not qualify for Faith-based services). Additionally, during assessments, some clients will realize that their critical needs are different from what they marked on the registration form. Furthermore, clients may come in multiple times a week to check on the status of a service that they requested but have not yet received (e.g. housing).

Lastly, not all clients follow through with their service requests. For example, a client who requested Legal services during one visit, but could not meet with a public defender during that visit, may never end up meeting with a public defender. Additionally, some clients will go through the registration/check-in process just to get simple services such as bus tokens, while having no intention of following through with the other reentry services they requested (C. Martens, personal communication, November 17, 2017).

Research Question 2d. How does the SCCRC ensure that clients are linked to reentry services?

To continue assessing SCCRC service linkage, staff members were asked, via structured interviews, what strategies they use to ensure that clients have been linked to reentry services. Few recurring themes were present in staff testimonies. Three staff members reported that the SCCRC provides transportation services (i.e. bus tokens, monthly bus passes, and vehicle transportation) to help clients who need assistance getting to the SCCRC, or to outside organizations. Both participants from the Behavioral Health department and the participant from the Faith-based department reported that their departments use peer mentors and caseworkers who are responsible for following up with clients, service providers, and Parole/Probation officers to ensure that clients received their services. Additionally, both participants from the Behavioral Health department and the participant from the Housing department reported that their departments also use their own databases to track reentry service linkage.

Staff members were also asked about their usage of the SCCRC's IRTS database. Five out of the six participants reported that they use the system. Both Management Analysts reported that they document service requests but do not document service linkage, as this is the responsibility of the SCCRC departments. Participants from the Behavioral Health and Faith-based department reported that they use the IRTS database consistently to document and track service linkage. The participant from the Housing department reported that her department does not use the IRTS database and instead uses its own database to track housing placement of reentry clients.

Another recurring theme expressed by staff members was the challenges associated with ensuring reentry service linkage. Currently, the Faith-based services department is short staffed and therefore does not have enough peer mentors to follow up with every client and service

provider they work with. One of the participants from the Behavioral Health department reported that tracking service linkage can be time-consuming, so it is difficult to remain consistent with tasks such as following up with service providers. Additionally, one of the senior management analysts reported that tracking referral outcomes can be difficult because all service providers record their data differently.

Research Question 2e. What challenges does the SCCRC face in delivering reentry services and why?

The final research question sought to further assess service linkage by gather information, via structured interviews, about the challenges that the SCCRC currently faces in delivering reentry services. Staff members were asked about the reasons the SCCRC might deny reentry services to clients (e.g. lack of funding, lack of resources). Only one recurring theme was present among staff testimonies. All staff members reported that when the SCCRC denies services to clients, it is mainly because they do not qualify for the requested services based on their classification. Four out of the six participants also reported that when the SCCRC must deny services to clients, they will contact outside organizations to try to connect those clients to the services they cannot receive through the SCCRC.

Staff members were also asked about the services that they found to be most difficult to deliver to clients. Only two recurring themes were present. Four staff members reported Housing as the most difficult reentry service to deliver. This is because not all clients who request housing meet the qualification criteria and some clients, who do qualify for housing, are under housing restrictions due to their criminal history. Additionally, the ongoing housing crisis in Santa Clara County only adds to the challenge of finding available housing units for homeless reentry clients.

As a result, many clients are denied housing assistance or placed on waiting lists. Furthermore, a participant from the Behavioral Health department and one of the Management Analysts reported Substance Abuse Treatment as service that is difficult to deliver. Currently, the SCCRC is short staffed and has a high demand for Substance Abuse Treatment services. Forth this reason, clients have had to be placed on waiting lists.

Section V-Analysis

The purpose of this research study was to examine the SCCRC's one-stop shop model to determine if the model is fulfilling its goal of linking clients to reentry services. This research objective was accomplished by first, gathering information about implementation practices of the SCCRC's one-stop shop model that are important to service linkage and second, gathering information to assess service linkage. Thematic content analysis was used to analyze staff testimonies from structured interviews. Descriptive statistics analysis was used to analyze survey responses and service linkage data extracted from the IRTS database. Present themes and patterns in both the qualitative and quantitative data used for this study indicate that overall, the SCCRC's one-stop shop model is fulfilling its goal of linking clients to reentry services.

Results of the thematic content analysis indicate that the SCCRC consistently implements components that contribute to a successful one-stop shop model. These components include a convenient location of operation, accessibility (to various reentry services and reentry service information), active collaboration (between SCCRC departments and the SCCRC and outside organizations), and a compassionate and personable approach to servicing clients. Staff testimonies regarding collaboration aligned with research findings discussed in the literature review. Lattimore and Visher (2010) observed that former inmates who participated in SVORI programs were connected to a larger number of reentry programs and services compared to non-SVORI participants. Additionally, staff testimonies regarding compassion aligned with survey feedback. A large percentage of survey respondents (65%) agreed that the SCCRC staff implements a compassionate and personable approach to client service.

Staff interview testimonies and survey feedback also indicate that the SCCRC staff are sufficiently knowledgeable about reentry services. The majority of staff members agreed that

they are knowledgeable enough to answer clients' questions and connect them to the appropriate reentry service departments. A notably large percentage (87%) of survey respondents agreed that SCCRC staff provided them with adequate information about their reentry needs when they registered with the SCCRC compared to five percent who reported that SCCRC staff did not provide them with adequate information when they registered for services. Additionally, a large percentage (86%) of survey respondents agreed that SCCRC staff were able to answer their questions and provide useful information regarding reentry services compared to ten percent of respondents who reported that SCCRC staff did not answer their questions or provide them useful information regarding reentry services.

However, it must be noted that the assessment of staff members' knowledge of reentry services was based solely on self-testimonies. The researcher does not possess enough knowledge about reentry services to more objectively measure (i.e. test) levels of reentry service knowledge among SCCRC staff members, and the SCCRC does not test its employees' levels of reentry service knowledge. For these reasons, structured interviews, in which staff members provided self-testimonies, was the most feasible research method for this study.

Because staff members may be reluctant to admit that they do not possess sufficient levels of reentry service knowledge, self-testimonies may be viewed as compromising the overall validity of research findings. However, answers to survey questions nine and ten support staff members' self-testimonies. In addition, the SCCRC is a county organization that employs professionals in fields such as behavioral health (e.g. licensed clinicians, certified counselors), law (e.g. public defenders), and other areas of rehabilitation. Moreover, the SCCRC employs individuals who have undergone the reentry process (i.e. peer mentors). For these reasons, the

self-testimonies that were given during structured interviews can be observed as valid for this study.

In addition to a knowledgeable staff, survey feedback indicates that the SCCRC implements a one-stop shop system that is easy for clients to navigate. An overwhelming 94 percent of survey respondents reported that they found the SCCRC's check-in and registration process easy to understand and follow compared to only two percent who reported that the SCCRC's one-stop shop system was not easy to understand and follow. Of those two percent, no respondents specified aspects about the SCCRC's one-stop shop system that they found difficult to understand and/or follow.

Furthermore, the SCCRC has exceeded capacity for service delivery in two areas. Three out of the six interview participants agreed that the SCCRC has excelled in forming partnerships with outside CBO's and other service providers. This has allowed the SCCRC to better coordinate and expand the number of reentry services available to clients. It has also allowed the SCCRC to deliver services it cannot deliver directly from the facility (e.g. education programs, job placement assistance). The SCCRC does not employ Boundary Spanners. However, the above finding aligns with research findings, surrounding Boundary Spanners, that were discussed in the literature review. Pettus and Severson (2006) observed that criminal justice departments that employed Boundary Spanners (i.e. employees responsible for building partnerships with outside service providers), were able to expand the number of reentry services available to clients. Additionally, two staff members vouched that the SCCRC's Behavioral Health department has excelled in delivering outpatient services via the Medical Mobile Unit.

Further research findings of this study reveal that overall the SCCRC offers a comprehensive array of reentry services that meet clients' needs. Eighty-one percent of survey

respondents agreed that the SCCRC offers all the reentry services they need either “all of the time” (45%) or “most of the time” (36%). Additionally, staff testimonies and survey feedback reveal no common themes regarding requests for services that the SCCRC does not offer. Requests for services, that the SCCRC does not offer, tend to vary widely and are seldom directly related to reentry. Services such as DUI classes, grievance counseling, cold weather shelters and house furniture are not services that are vital to reentry success compared to other services such as substance abuse counseling, education programs, and job placement assistance. Some survey respondents reported guaranteed housing, housing for clients and their families, and housing for non-homeless clients as services that the SCCRC does not offer. Again, the SCCRC cannot guarantee housing to all applicants and housing for families and non-homeless clients are not considered as services directly related to reentry.

Research findings also indicate that overall clients can access all their reentry needs through the SCCRC. Over half (77%) of survey respondents reported that they were able to access all their reentry needs through the SCCRC’s one-stop shop system, compared to 18 percent who reported that they were not able to access all their reentry needs. Of those 18 percent, only 16 respondents listed the services that they were not able to access through the SCCRC. These services included housing, legal, education, and transportation services, general assistance benefits and the clothes closet. As noted in the introduction of this paper, the services that clients can access depends on their classification. It is likely that the survey respondents who listed the aforementioned services did not qualify for them.

Another observation worth noting is the staff members networking efforts. Four interview participants reported that when they receive requests for services that the SCCRC does not offer, they contact partner organizations, and other organizations in Santa Clara County, to try to

connect clients to the services they need. Another four staff members also reported that when they have to deny clients services, they contact outside organizations to try to connect clients to the services that they cannot obtain through the SCCRC.

Data pulled from the IRTS system (displayed in tables 5-9) sought to provide additional information to assess whether clients can access all their reentry needs through the SCCRC. However, testimonies from the Senior Management Analyst and structured interview participants reveal that there are no standardized requirements for the using the IRTS system, and usage of the system is inconsistent across SCCRC departments. Inconsistent usage can be detected by the vast discrepancies between service requests and service linkage displayed in the five frequency tables. For these reasons, the data pulled from the IRTS system considered unreliable and cannot be used in this study to measure service linkage.

Although the data extracted from the IRTS database is considered unreliable, there are other observations worth discussing. First, the frequency tables show that for the past five consecutive quarters, the highest number of service requests were for Public Benefits and Health and Rehabilitation services, followed by the second highest requested services (i.e. Other and Immediate Needs services) and the least requested services (i.e. Education and Employment and Legal services). This data provides a reliable depiction of reentry service demand. Additionally, the IRTS database keeps an accurate count of how many clients are registered with the SCCRC. For the past five consecutive quarters, the number of clients registered with the SCCRC increased from 1742 (July-September 2016) to 2063 (July-September 2017). Keeping an accurate count of the number of clients registered with the SCCRC can help the organization assess its capacity for service delivery.

Additional research findings reveal that the SCCRC implements various strategies to ensure that clients are linked to their reentry services. These strategies include transportation services (i.e. bus tokens, monthly bus passes, and vehicle transportation), follow-ups with service providers, clients, and Parole/Probation officers, and tracking service linkage using databases. Despite reported challenges with ensuring service linkage, staff testimonies suggest the SCCRC remains proactive in helping clients obtain the services that they need.

Furthermore, thematic content analysis of interview feedback indicates that currently, the SCCRC is not facing any significant challenges (e.g. lack of funding, lack of resources) with delivering reentry services. All staff members reported that, when the SCCRC must deny services to clients, it is mainly because they do not meet the qualification criteria, not because the facility lacks funding, adequate resources, or for other reasons. Additionally, staff members reported only two reentry services as difficult to deliver: Housing and Substance Abuse treatment services.

Although the majority of research findings indicate that overall the SCCRC's one-stop shop model is fulfilling its goal of linking clients to reentry services, they also indicate areas where service linkage needs improvement. Staff testimonies reveal that the SCCRC currently lacks a solid framework for interdepartmental communication. Establishing a solid communication framework for SCCRC departments may contribute to improved efficiency of reentry service delivery.

Research findings also indicate that the SCCRC's one-stop shop system is not delivering reentry services in a timely manner. Staff testimonies reveal that currently, it is not feasible for the organization to deliver all a client's reentry needs in one visit for various reasons (i.e. number of service needs, pace at which SCCRC departments operate, volume of foot traffic, additional

documents needed). Additionally, all staff members reported that the SCCRC does not have a set timeframe for servicing clients during SCCRC visits. Although 44 percent of the survey population reported to waiting between 0-15 minutes before meeting with a service provider, clients can expect to wait up to more than an hour before they meet with a service provider. Furthermore, the SCCRC continues to offer more reentry services without hiring the additional staff needed to deliver those services. Hiring additional staff and establishing timeframe goals may help shorten service linkage timeframes.

Further research findings indicate that the SCCRC does not have a solid framework for data collection. Inconsistent usage of the SCCRC's main database (IRTS) across departments has contributed to inaccurate service linkage counts. Additionally, some staff members reported that it is difficult to collect accurate data from outside organizations because data collection practices differ between organizations. A solid data collection framework and efforts to better coordinate data collection with outside organizations may help the SCCRC more accurately measure service linkage.

Limitations- the research methods employed in this study provided the appropriate data to answer key research questions. However, a number of research limitations were identified. First, the General Assistance department declined to be interviewed. This prevented the gathering of additional testimonies and perspectives from staff members who help implement the SCCRC's one-stop shop model. Second, access to SCCRC databases was limited. Permission to access the IRTS database was granted by the SCCRC Director. However, due to confidentiality regulations, it was not possible to access other databases, (e.g. databases used by the Housing and Behavioral Health department) to further assess service linkage. Lastly, the data extracted from the IRTS

database was deemed unreliable because of inconsistent usage of the system across SCCRC departments.

Additional research limitations surrounding the client survey were also identified. First, survey participants could not be randomly selected. Due to confidentiality regulations, it was not possible to acquire contact information of current SCCRC clients. Instead, clients had to be recruited as they visited the SCCRC. Also, survey participants could only be recruited on the days and times that the SCCRC student intern worked. Second, the survey population included respondents who were first-time visitors. Per IRB protocol, first-time visitors were included in the target population to avoid selection bias and to ensure that participant selection was fair. However, compared to clients who have utilized the one-stop shop system multiple times, single visits may not be enough for clients to form sound opinions about their one-stop shop experience.

Furthermore, survey participants cannot be considered representative of the Santa Clara County reentry population. As noted, survey participants were not randomly selected and access to current clients' contact information was not permitted. Although the survey population shares some characteristics with the general reentry population (i.e. majority of population is male and between the ages of 25-34), this is not enough information to make a true comparison.

Lastly, survey results may be biased. The majority of survey participants were returning clients who successfully navigated the SCCRC's one-stop shop system. As a result, they may have been more inclined to rate their experience with the SCCRC more positively. Clients who stopped visiting the SCCRC because of a negative experience, may have rated their SCCRC experience differently. Future research studies should use a larger sample size that is representative of the Santa Clara County reentry population.

Section VI-Conclusion

The passage of AB 109 was intended to reduce California state prison overcrowding by requiring low-level offenders to serve their sentences in county jails instead of state prisons and reducing recidivism rates throughout the state. Since the bill's enactment in 2011, counties throughout California have invested more time and resources in developing and implementing reentry programs designed to help formerly incarcerated individuals rejoin society as productive and self-sufficient members of their communities. Additionally, counties throughout California have also made efforts to better coordinate and expand access to reentry services.

The SCCRC is an example of Santa Clara County's efforts to better coordinate and expand reentry service delivery (i.e. linkage). The SCCRC's one-stop shop system has allowed the organization to more efficiently deliver a diverse array of reentry services from one location. Additionally, extensive partnerships with outside CBO's and other organizations has allowed the SCCRC to expand the number of reentry services clients can access.

This research study helped determine that overall the SCCRC's one-stop shop model is reaching its goal of linking clients to reentry resources. Research findings identified a number of elements that contribute to the SCCRC's one-stop shop success, such as access to a variety of reentry services, a compassionate approach to client service, an easy to navigate one-stop shop system, and a knowledgeable staff. Research findings also identified areas where the SCCRC's one-stop shop system has excelled (i.e. outpatient services and building partnerships with outside organizations).

Further Research findings indicate that the SCCRC offers a comprehensive array of reentry services that meets clients' reentry service demands, and that clients have been able to access all their reentry needs through the SCCRC. Research findings also indicate that the

SCCRC staff engages in extensive efforts to help ensure that clients are connected to the reentry services they need. These efforts include providing transportation services, actively collaborating with outside organizations, and following up with clients and service providers.

Although overall the SCCRC has been successful in linking clients to reentry services, Further research findings identified areas where the SCCRC could benefit from improvement. These areas include interdepartmental communication, data collection practices, and service wait times. The SCCRC lacks a solid framework for communicating between departments, and data collection practices are inconsistent across departments. Additionally, clients can expect to wait up to over an hour before speaking with a service provider.

The overall goal of reentry programs and services is to help formerly incarcerated individuals successfully rehabilitate (i.e. not recidivate). Recently, the SCCRC conducted a five-year post-realignment evaluation that examined the reentry outcomes of Santa Clara County's AB 109 population (Parole population not included). Data of the evaluation revealed that recidivism has fallen by 11 percent compared to five years prior to realignment. However, for the benefit of the SCCRC, future research should assess reentry outcomes of clients who have received services from the SCCRC, specifically outcomes related to services that are vital to self-sufficiency, such as job placement outcomes, housing outcomes, educational achievement, rehabilitation from substance addiction, and family reunification. Additionally, since the SCCRC relies heavily on its partner organizations, future research should attempt to identify any challenges that staff members face in forming partnerships with outside organizations, as challenges in these areas may negatively impact service linkage. Moreover, future research should include the parole population, not just individuals on AB 109 probation programs.

The information presented in this paper may serve useful to other California counties. As noted in the introduction, Santa Clara County is one of only two counties in California that has implemented a one-stop shop system for reentry service delivery. Also, other Bay Area Counties such as San Francisco, San Mateo and Santa Cruz are looking to replicate the SCCRC's one-stop shop system. For this reason, it is important that the performance of one-stop shop models for reentry service delivery be evaluated prior to implementation, especially in areas related to service linkage and reentry outcomes. Additionally, the information presented in this paper may serve useful to counties that are looking to expand reentry services to their reentry populations. Furthermore, the information in this paper may serve useful to other counties that are looking adopt a more client-centered approach.

Since the establishment of the SCCRC in 2012, Santa Clara County remains committed to helping its reentry population. By setting up an easy to navigate one-stop shop system, and building partnerships with outside organizations, the SCCRC has helped thousands of clients access (directly and via referral) a diverse and comprehensive array of services that are vital to reentry success. Additionally, the SCCRC continues to make significant strides in meeting the needs of its clients by offering additional reentry services (e.g. Child Support Assistance services and a Detox Center).

Section VII-Appendices

Appendix A. Structured Interview Questions	
1.	The RRC's one-stop shop model aims to link clients to a variety of reentry services from one location. What components do you think contribute to a successful one-stop shop model, and does the RRC implement all these components?
2.	Does your department implement any specific strategies to ensure that clients are linked to the appropriate reentry services (e.g. tracking referrals and referral outcomes)?
3.	Connecting clients to an array of different reentry services (e.g. healthcare, job training, food assistance, housing) can be a complicated challenge. Given the complexity involved, do you feel that you have sufficient levels of knowledge about clients' reentry needs? If so, how did you gain the level of expertise required? If not, what kind of information or expertise would help improve your knowledge of RRC reentry services and improve service delivery?
4.	I'm centrally interested in better understanding how the RRC links its clients to the appropriate reentry services. Does the RRC aim to link clients to all their needed services in one visit? If not, how many visits, on average, would you say it takes for clients to access all their needed services? what kind of factors influence whether clients are connected to all their needed services in one visit?
5.	One-stop shop models in the private sector aim to help customers get in, get their services, and get out in a timely manner for added convenience. Does the RRC also have this goal? Does the agency aim to help clients get checked in/registered, and connected to the appropriate services within a certain timeframe, so they do not have to spend so much time at the RRC? If so, how long is this timeframe?
6.	Are there areas where the one-stop shop model needs improvement?
7.	Based on your experience with implementing the One Stop model at the RRC, are there specific services, processes, or outcomes where you feel the RRC has uniquely excelled? Why? Are there specific services, processes, or outcomes where the one-stop shop model needs improvement? Why?
8.	Do you often get requests from clients for services that the RRC does not offer (either directly or via referral)? If so, can you list those services, and explain what the RRC does in those situations?
9.	What services would you say are the most difficult to deliver to clients?

Appendix B. Santa Clara County Reentry Resource Center Consumer Survey.

Santa Clara County Reentry Resource Center (RRC)

Consumer Survey

Please answer questions honestly and to the best of your knowledge.

Please circle your answers

1. Gender: Male Female

2. Age: _____

3. Classification: Parole Probation No supervision

4. How long have you been visiting the RRC?
 - a. This is my first visit
 - b. Less than one month
 - c. Less than six months
 - d. Six months or longer
 - e. A year or longer

5. In the list below, please mark **all** the services you have received from the RRC, by placing an **X** on the box that is next to each service:
 - ☐ Comprehensive intake and assessment
 - ☐ Alcohol and drug treatment referrals
 - ☐ Transitional case management
 - ☐ Cal Fresh food assistance
 - ☐ Child support assistance services
 - ☐ Clothes closet
 - ☐ Computer literacy lab
 - ☐ Counseling
 - ☐ Expungement (record clearance)

- ☐ General assistance benefits
- ☐ Health referrals
- ☐ Healthcare coverage
- ☐ Medical Mobile Unit
- ☐ Housing assistance/referrals
- ☐ Mental health referrals
- ☐ Peer mentoring
- ☐ Resources to faith-based organizations
- ☐ Family reunification
- ☐ Legal service referrals
- ☐ Vocational training referrals
- ☐ Job development assistance
- ☐ Education referrals

6. Does the RRC offer all the reentry services that you need?

- a. All the time
- b. Most of the time
- c. Only some of the time
- d. Never

7. If you answered no to *question 4*, can you specify below which of your needed service(s) the RRC does not offer?

8. During your visits to the RRC, did you feel comfortable and welcome? In other words, did you feel comfortable approaching the staff with your service requests and questions?

- a. All of the time
- b. Most of the time
- c. Only some of the time
- d. Never

9. When registering with the RRC, did the RRC staff adequately inform you about the reentry services for which you qualify?
- a. Yes
 - b. Somewhat yes
 - c. Somewhat no
 - d. No
10. During your visits to the RRC, was the RRC staff able to answer all your questions about reentry services and were they able to offer you useful information related to your reentry needs?
- a. All the time
 - b. Most of the time
 - c. Only some of the time
 - d. Never
11. Have you been able to get connected to **all** your needed reentry services through the RRC?
- a. Yes
 - b. No
12. If you answered **No** to *question 9*, can you specify which services you have not been able to get connected to through the RRC?
-
13. During your visits to the RRC, on average, how long did you wait before you were connected to a services provider
- a. Between 0 and 15 minutes
 - b. Between 16 and 30 minutes
 - c. Between 31 and 45 minutes
 - d. Between 46 and 60 minutes

- e. Over an hour
14. When visiting the RRC, did you find the check-in/registration process easy to understand and follow?
- a. Yes
 - b. No

SURVEY CONTINUES ON BACK.....

15. If you answered no to *question 10*, can you specify below how the check-in/registration process was not easy to follow?
-

Appendix C. Santa Clara County Reentry Resource Center Consumer Survey (Spanish)

Centro de Recursos Reentry del Condado de Santa Clara (RRC)

Encuesta al Consumidor

Por favor, responda a las preguntas con honestidad y según su leal saber y entender.

Por favor circule sus respuestas

Género: Masculino Femenino

¿Cual es tu edad? _____

5. Clasificación: Parole Probation Sin Supervisión

6. ¿Cuánto tiempo llevas en la RRC?

- a. Esta es mi primera visita
- b. Menos de un mes
- c. Menos de seis meses
- d. Seis meses o más
- e. Un año o más

2. En la siguiente lista, marque todos los servicios que ha recibido de la RRC, colocando una **X** en la casilla que está al lado de cada servicio:

- ☐ Ingesta y evaluación exhaustivas
- ☐ Referencias de tratamiento de alcohol y drogas
- ☐ Gestión transicional de casos
- ☐ Asistencia de alimentos de Cal Frescos (Cal Fresh)
- ☐ Armario de ropa
- ☐ Laboratorio de alfabetización informática
- ☐ Asesoramiento
- ☐ Cancelación de antecedentes penales
- ☐ Prestaciones de asistencia general
- ☐ Referencias de salud

- ☐ Seguro de salud
- ☐ Autobús médico
- ☐ Asistencia de vivienda / referencias
- ☐ Referencias de salud mental
- ☐ Tutoría de compañeros
- ☐ Recursos para organizaciones basadas en la fe
- ☐ Reunificación familiar
- ☐ Referencias de servicios legales
- ☐ Referencias a la formación profesional
- ☐ Asistencia para encontrar trabajo
- ☐ Referencias de educación

3. ¿Ofrece la RRC todos los servicios de reingreso que necesita?

- a. Todo el tiempo
- b. La mayoría del tiempo
- c. Solo parte del tiempo
- d. Nunca

4. Si contestó **No** a la *pregunta 4*, ¿puede especificar a continuación cuál de los servicios que necesita el RRC no ofrece?

5. Durante sus visitas al RRC, ¿se sintió cómodo y bienvenido? En otras palabras, ¿se sintió cómodo acercándose al personal con sus solicitudes de servicio y preguntas?

- a. Todo el tiempo
- b. La mayoría del tiempo
- c. Solo parte del tiempo
- d. Nunca

6. Al registrarse con la RRC, ¿el personal de RRC le informó adecuadamente sobre los servicios de reingreso para los cuales califica?
- a. Sí
 - b. No
7. Durante sus visitas al RRC, ¿el personal del CRR pudo responder todas sus preguntas acerca de los servicios de reingreso y fueron capaces de ofrecerle información útil relacionada con sus necesidades de reingreso?
- a. Todo el tiempo
 - b. La mayoría del tiempo
 - c. Solo parte del tiempo
 - d. Nunca
8. ¿Ha podido conectarse a **todos** los servicios de reingreso necesarios a través de la RRC?
- a. Sí
 - b. No
9. Si respondió **No** a la *pregunta 8*, ¿puede especificar qué servicios no ha podido conectarse a través de la RRC?
-
10. Durante sus visitas al CRR, por término medio, ¿cuánto tiempo esperó antes de conectarse a los servicios?
- a. Entre 0 y 15 minutos
 - b. Entre 16 y 30 minutos
 - c. Entre 31 y 45 minutos
 - d. Entre 46 y 60 minutos
 - e. Más de una hora

11. Al visitar la RRC, ¿encontró que el proceso de registro / registro era fácil de entender y seguir?

- a. Sí
- b. No

LA ENCUESTA CONTINUA EN LA ESPALDA.....

12. Si respondió **No** a la *pregunta 10*, ¿puede especificar a continuación cómo el proceso de registro / registro no fue fácil de seguir?

Appendix D. Summary of Structured Interview Answers

Questions	Staff Feedback
1. The RRC's one-stop shop model aims to link clients to a variety of reentry services from one location. What components do you think contribute to a successful one-stop shop model, and does the RRC implement all these components?	<ul style="list-style-type: none"> • Location • Accessibility to services and information. • Collaboration between SCCRC departments and SCCRC and outside CBO's. • Compassionate approach to servicing clients • User-Friendliness • Critical Needs Assessments • The SCCRC implements all the above components
2. Does your department implement any specific strategies to ensure that clients are linked to the appropriate reentry services (e.g. tracking referrals and referral outcomes)?	<ul style="list-style-type: none"> • Transportation services • Databases • Follow-ups • Scheduling
3. Connecting clients to an array of different reentry services (e.g. healthcare, job training, food assistance, housing) can be a complicated challenge. Given the complexity involved, do you feel that you have sufficient levels of knowledge about clients' reentry needs? If so, how did you gain the level of expertise required? If not, what kind of information or expertise would help improve your knowledge of RRC reentry services and improve service delivery?	<ul style="list-style-type: none"> • Employees feel they have sufficient levels of knowledge about reentry services. • Employees gain reentry service knowledge by attending staff meetings, trainings, and consulting with other service providers within, and outside the SCCRC. • Employees direct clients to the appropriate departments when they feel they cannot provide in depth knowledge about certain services.
4. I'm centrally interested in better understanding how the RRC links its clients to the appropriate reentry services. Does the RRC aim to link clients to all their needed services in one visit? If not, how many visits, on average, would you say it takes for clients to access all their needed services? what kind of factors influence whether clients are connected to all their needed services in one visit?	<ul style="list-style-type: none"> • The SCCRC does not aim to link clients to all their needed services in one visit. • Clients will visit the SCCRC on average 2-3 times before they can be linked to all their reentry needs. • Factors that affect service linkage include: <ul style="list-style-type: none"> ○ Number of services needed ○ Pace at which SCCRC departments operate ○ Additional documents needed ○ Volume of client traffic
5. One-stop shop models in the private sector aim to help customers get in, get their services, and get out in a timely	<ul style="list-style-type: none"> • The SCCRC does not have a specific time frame in which they try to check-

manner for added convenience. Does the RRC also have this goal? Does the agency aim to help clients get checked in/registered, and connected to the appropriate services within a certain timeframe, so they do not have to spend so much time at the RRC? If so, how long is this timeframe?	in/register clients, service them, and send them on their way.
6. Are there areas where the one-stop shop model needs improvement?	<ul style="list-style-type: none"> • Interdepartmental communication • More staff • Larger facility • Better operating hours • Better advertising
7. Based on your experience with implementing the One Stop model at the RRC, are there specific services, processes, or outcomes where you feel the RRC has uniquely excelled?	<ul style="list-style-type: none"> • Partnerships with outside organizations • Outpatient services via the Medical Mobile Unit • Variety of services in one location
8. Do you often get requests from clients for services that the RRC does not offer (either directly or via referral)? If so, can you list those services, and explain what the RRC does in those situations?	<ul style="list-style-type: none"> • Services varied and were seldom directly related to reentry (e.g. grievance counselling, house furniture, DUI classes, cold weather shelters) • Staff members contact outside organizations to help connect clients to services that the SCCRC does not offer.
9. When your department has to deny services to a client, can you tell me the reasons for this? For example? Is it because they do not qualify or because of lack of resources?	<ul style="list-style-type: none"> • The main reason is that clients do not meet the qualification criteria. • Lack of service providers (i.e. short staffed)
10. What services would you say are the most difficult to deliver to clients and why?	<ul style="list-style-type: none"> • Housing, because many clients who apply do not meet the qualification criteria and currently there are not enough housing units available. • Substance abuse treatment, because currently the SCCRC is short staffed.

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