

Prisoner Re-Entry Employment Program

Final Evaluation Report, 2006

Prepared for

Second Chance

Prepared by:

**The Social and Behavioral Research Institute
California State University San Marcos**

July 24, 2006

Study Team:

Chuck Flacks, M.P.P., M.S., Director, Business Development
Michael D. Large, Ph.D.; Former Quantitative Study Director
Richard T. Serpe, Ph.D., Former Director
Sandra Martinez, M.A.; Former Field Research Coordinator
Sam Ballard, B.A.; Research Assistant

TABLE OF CONTENTS

Executive Summary	1
Section 1: Introduction & Methodology	5
1.1 Introduction.....	5
1.2 Methodology	9
1.3 Measures of Success	11
Section 2: Recidivism	11
2.1 PREP vs. Control	11
2.2 Nature of Crimes Committed.....	14
Section 3: Employment.....	14
3.1 Placement of PREP Graduates.....	14
3.2 Job Readiness.....	15
Section 4: Physical Health	17
4.1 Self-Reported Health Status.....	17
4.2 Program Outcome Effects on Health	17
4.3 Victimization Experience.....	23
Section 5: Program Outcome Measures.....	23
5.1 Second Chance Counseling Services.....	24
5.2 Program Impacts on Mental Health	24
5.2.1 Somatization	24
5.2.2 Depression.....	25
5.2.3 Anxiety.....	27
5.2.4 Distress (GSI).....	28
5.2.5 Public Self-Consciousness	29
5.2.6 Social Anxiety.....	30
5.3 Program Impacts on Attitudes and Beliefs	31
5.3.1 Future Aspirations.....	31
5.3.2 Perceptions of Control	31
5.3.3 Self Esteem	32
5.3.4 Self Mastery	33
5.3.5 Impulse Control	34
5.4 Parent Involvement	35
5.4.1 Time Spent with Children.....	35
5.4.2 Required Child Support Payments.....	35
5.4.3 Informal Child Support	37
Section 6: Demographics	38
Section 7: Concluding Observations.....	41
Section 8: Appendix A – Instruments Used.....	42
Section 9: Appendix B – Measures Described.....	65

Executive Summary

Recent newspaper headlines decry the state of California's prisons. Dubbing them "overcrowded," Governor Arnold Schwarzenegger has called for more prisons to be built¹. On July 1, the U.S. District Court ordered that a federal receiver be put in charge of the California State Prisons' health care system due to the high number of inmate deaths and in response to independent evaluations.² The receiver, Robert Sillen, promptly called the system, "at best 'in a state of abject disrepair.'"³

Given this problematic climate, a program that promises to help former inmates stay out of jail or prison and to become employed, productive members of society ought to be a welcome addition to California's correctional system. This summary report describes such a program, started by a San Diego nonprofit, Second Chance.

This report was commissioned as part of an evaluation of the Prisoner Re-entry Employment Program (PREP) supported by a grant from the California Endowment. Second Chance, the nonprofit recipient of this funding, chose the Social and Behavioral Research Institute at Cal State San Marcos (SBRI) to design an evaluation that not only looked at program counts and outcomes, but generated publishable results of best practices.

An Evaluation with an Experimental Design

¹ *Los Angeles Times*, June 27, 2006.

² *San Francisco Chronicle*, July 1, 2005.

³ Reuters, July 5, 2006.

The SBRI evaluators recognized that more people would want to participate in this program than could be accommodated. Thus, they proposed to track PREP-eligible non-participants to see if they recidivated more quickly than those who participated in the PREP program. Prison inmates initially applied to program, and were then accepted based on their release dates. If their release dates didn't fit the parameters of the program, they were not let in. The non-participants were assigned to a control group.

SBRI and Second Chance did not choose to pursue a randomized experiment because it would mean knowingly depriving people of the services Second Chance provided. However, randomization was accomplished by the calendar of STRIVE classes. If the release date was 11 days or more prior to the start of the next STRIVE class, the person was assigned to the control group. And, if the release date was less than 11 days prior to the next STRIVE class, they were assigned to the treatment group (received PREP program).

PREP Prevents Recidivism

SBRI found the following (among those for whom Department of Justice data were available): Of 506 people tracked over two years, 331 were eligible, but could not come because of their release dates. These people were assigned to the control group. The remaining 175 applicants were assigned to the treatment group. Of these, 74 enrolled but didn't finish the program due to either dropping out or being terminated. One hundred one (101) graduated from the PREP program. Of these, 64 did not complete a

60-90 follow-up interview, and 37 completed the follow up.

- Of the 101 PREP graduates over two years, 70% **stayed out of jail or prison.**
- Of the 37 PREP graduates for whom follow-up information was collected, **87% stayed out of jail or prison.**
- Of those who entered the PREP program but could not complete it (74 people), **sixty-one percent (61%) returned to incarceration.**
- Of those who qualified for PREP, but did not get in (331), **sixty-eight percent (68%) returned to incarceration.**

The fact that the control group members were eligible for the PREP program before their release date was even known by Second Chance staff means that this program was not simply targeting the most likely to succeed in the jails and prisons, many more could have been helped if Second Chance had the resources.

The Program

PREP combines job readiness training, transitional sober living, mental health services, and case management. Participants were taken directly from their jail or prison gate to a sober living household. Within days they were placed in an award-winning “**tough love**” job readiness program (STRIVE) for three weeks. They were provided mental health counseling, case management for health care and basic needs, job counseling and job placement assistance.

Participants were recruited while incarcerated. Second Chance staff gave presentations to inmates about Second Chance and their STRIVE and PREP programs. Interested inmates filled out PREP applications right after the presentation. Applicants who said that they had nowhere to go after leaving jail or prison, and who were able and willing to come immediately to the program, were most likely to be selected.

The Evaluation

Over two years, the SBRI collected data from PREP participants at four points: application, entry, graduation, and 60-90 day follow-up. Relying on self-administered written forms for the application, entry and graduation tests, the SBRI attempted to contact graduates by phone for the final follow-up interview. The instrument used at entry, graduation and follow-up was identical. It measured the following outcome measures:

- 1) Health – mental, physical and psychological, including alcohol and drug behavior
- 2) Changes in attitudes and beliefs
- 3) Changes in parenting or social integration.

Employment

Although SBRI did not measure employment data, the evaluator was presented with employment statistics from Second Chance:

Table 5 (reprinted below from the report) illustrates the reported placement of PREP graduates by industry. Second Chance staff reported that the average starting wage for PREP graduates was \$10.41 per hour. This rate is

significantly below the average personal income for the region (\$16.53 per hour⁴); however, it is well above California's minimum wage of \$6.75 per hour.

Industry	PREP Grads
Maintenance & Repair	40%
General Office	21%
Supermarket & Retail	18%
Amusement & Recreation	14%
Manufacturing	5%
Healthcare	2%

According to Second Chance staff, the placement rate of these cycles of treatment group participants were eighty-three percent (83%) placement.

Key Findings

In addition to the encouraging recidivism statistics discussed above, there were quite a few other positive findings from the three year evaluation.

Job Readiness – PREP participants went from thirty-three percent (36%) saying they felt at least “very prepared” to find a new job at program entry to seventy-eight percent (79%) saying they were at least “very prepared” at graduation.

Mental Health – PREP participants showed a **significant drop from program entry to graduation and from program entry to follow-up in depression. PREP participants also saw a significant increase in self-**

esteem, as well as a decrease in social anxiety and an increase in public self-consciousness.

In addition, PREP participants **scored significantly higher on measures of self mastery and impulse control.** Clearly, their perceptions of their ability to function more responsibly increased after they participated in the program. These results were maintained after 60-90 days at the follow-up assessment.

Parenting – For those with children, PREP follow-up participants were more likely to spend time with their children more frequently. For those without their children at home, PREP follow-up participants were much more likely to keep current with child support payments.

On the other hand, there were some discouraging findings as well.

Physical Health – PREP participants gave higher ratings to their physical health prior to graduating from the program than after graduation. The program had no effect on alcohol or drug addiction. Most discouraging was that even though the majority of PREP participants who smoked (over 70%) wanted to quit (about 60%), few wanted to take a smoking cessation class if offered (about 22%).

Mental Health – The PREP program had no measurable impact on measures of future aspirations, which remained flat during the assessment period.

⁴ Source: SANDAG publication, *Indicators of sustainable competitiveness: A quality of life index for San Diego*, (2005), p. 28.

Concluding Observations

- PREP helps keep people out of jail or prison.
- PREP impacts mental health positively, having the greatest impacts on depression, self-esteem, social anxiety, self mastery, and impulse control.
- PREP helps people stabilize their lives enabling them to become better parents, and more prepared and able to find work.

PREP participants were not easily found for the follow-up portion of the study. While 175 total PREP participants graduated from the program, only 57 were available to complete the follow-up survey. Those who did complete it scored higher on all measures than expected. Many of these people maintained close contact with Second Chance job counselors and case managers. Thus, there is a link between a person's ability and willingness to remain close to Second Chance and more successful outcomes. It is possible that the more successful people were the ones most likely to want to participate in follow-up; however, the positive benefit of continued contact with the program should not be dismissed by skepticism.

- **Second Chance ought to increase efforts to maintain contact with clients after graduation to ensure success.**

Given the program's success over the past three years, program expansion and sustainability would be advisable.

Section 1: Introduction & Methodology

1.1 Introduction

Second Chance, a nonprofit dedicated to providing a second chance to homeless men and women since 1998, began the Prisoner Re-entry Employment Program (PREP) in the summer of 2003. PREP is aimed at reducing recidivism and homelessness while improving the well-being and job readiness of those being released from jail or prison. The program includes:

1. Gate pick-up for prisoners released from jail or prison,
2. Immediate transportation to a sober living transitional housing placement,
3. A three-week job readiness training course (STRIVE – see below),
4. Mental health counseling,
5. Job search assistance, and
6. Job-placement and coaching.

The job readiness program builds on the core program of Second Chance. Since 1998, they have offered the nationally-recognized STRIVE (Support and Training Resulting in Valuable Employees) program for job readiness training to any person interested in the intensive three-week, tough-love approach to getting ready to land and keep a job.

The Evaluator -- As part of a seed grant for the PREP program from the California Endowment, Second Chance selected the Social and Behavioral Research Institute (SBRI) at California State University San Marcos to be its

evaluation partner. As a partner, rather than an auditor or quality management team, SBRI worked with Second Chance staff to craft a record-keeping and participant tracking program. In addition to the instruments used for this report (Second Chance Survey), the SBRI helped Second Chance develop an orientation evaluation, a formal application and interview process for PREP participants, and a revised application form for all participants in the STRIVE program as well as PREP participants.

This report examines specific outcomes of the PREP program in five areas:

- Recidivism rates
- Employment placement and preparedness
- Measures of physical and mental health
- Changes in attitude about the future and oneself
- Community integration and parenting

In addition, this report describes the demographics of the PREP participants (treatment group), in comparison to a control group.

Control Group

A control group is important when measuring the effect of a program to know if the program works. Without a control group, there is no way to know if any observed changes are the result of the intervention the program performed or some other factor. If, after participating in PREP, a certain percentage of people stay out of jail, they need to be compared to a similar group who did not participate.

Very few evaluations of small non-profit programs are concerned with control groups. Rarely do programs measure the interventions and services they offer in comparison to doing something else or nothing at all. Second Chance and the SBRI took great pains to examine their recidivism results in comparison with a non-treatment group.

All PREP-eligible participants were released in the San Diego area. Second Chance staff began the program by working first in the San Diego County jails and eventually recruited at Donovan State Prison.

PREP applicants were screened based on their interest in the program and their suitability. Each applicant was interviewed one-on-one by a Second Chance staff member. Based on these interviews with program staff, all applicants were screened into either likely participants or not. During this period, almost everyone who was interviewed was given the chance to enter the treatment, provided their release dates matched the program dates. All of the participants in the control group and those who received the program were deemed eligible for PREP based on these interviews.

If a person's release date was 11 days or more before the start of the next cycle, then that person was put in the control group and encouraged to come take STRIVE on their own. If a person's release date was 10 days or less from the next cycle, then that person was put into the treatment group.

Given these criteria, from the data provided by the Department of Justice,

506 PREP applicants were tracked for recidivism, 331 of these were put in the control group, 74 people were in the treatment group but did not graduate; they were either terminated or they quit the program. The final 101 people surveyed graduated.

Unfortunately, due to the limited contact with inmates during the design of this report, it was not possible to pre-test the inmates using the instruments developed for this evaluation. Second Chance recruiters had limited access to and time with inmates; and they did not think it was possible to administer the 30 minute survey. Thus, the only data used to compare the control group with the treatment group was whether the control group recidivated during comparable time periods to the treatment group.

SBRI and Second Chance elected to not pursue a randomized experiment because it would mean knowingly depriving people of the services Second Chance provided. However, the way the control group was assigned takes the place of a randomization process, because the release dates from incarceration were not under the control of the study.

Program Flow Chart

The PREP program officially began in the summer of 2003, with evaluation tracking of participants starting in January of 2004. Each PREP class participated in four week cycles that included the three week STRIVE training and one week of job placement assistance. The evaluation period lasted until December of 2005. A total of twenty-two (22) cycles were tracked for this report.

Part of SBRI's role was to help the program staff track participants through the process from prison to program completion and a 60 to 90 day follow-up. This process is shown in Chart 1, Program Flow Chart. SBRI broke the process down into the following steps:

1. **Orientation** (inside the institution) – inmates were given an overview of Second Chance and the STRIVE and PREP programs, then they were given the PREP Application.
2. **Application Processing** – PREP applicants were selected for eligibility based on their interest and they were contacted for interviews. Program staff were not aware of the inmates' release date until they were already accepted into the program. PREP participants received notification that they were accepted while still incarcerated.
3. **Interviews** – All applicants were interviewed using an SBRI-developed interview guide. This interview occurred while the inmates were still incarcerated.
4. **Pick-up at Gate** – Second Chance staff picked up PREP participants on their release date.
5. **Office Application** – All PREP participants filled out a Second Chance Application which included the Second Chance Survey (Baseline).

6. **Graduation** – On the day before graduation, PREP participants took the Second Chance Survey again (Post Test)
7. **Follow-Up** – Between 60 and 90 days following graduation, the SBRI contacted PREP graduates at their primary contact numbers to have them take the **Second Chance** Survey again on the phone (Follow-Up).

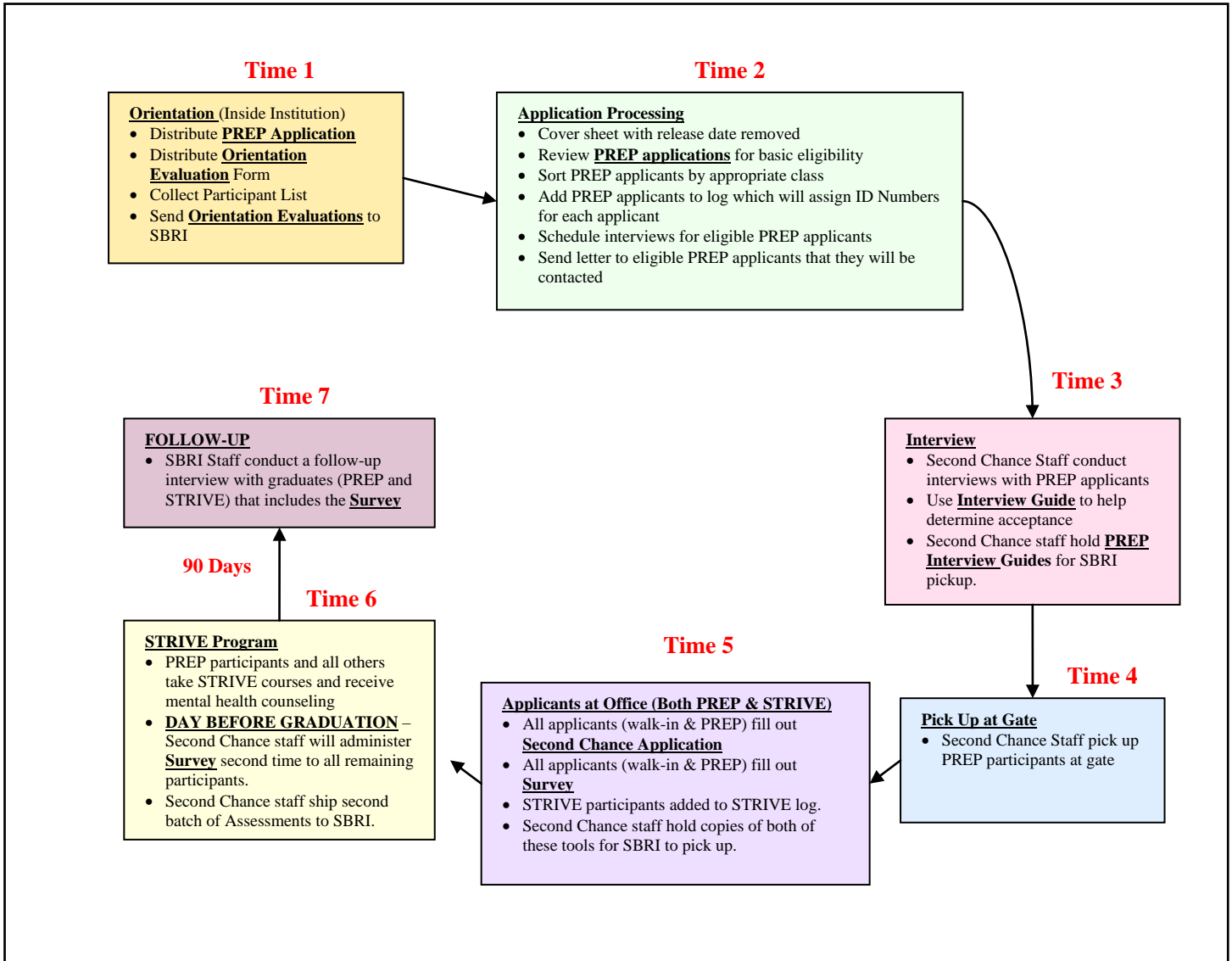
The “intervention,” the treatment that the PREP program provided, was:

1. Sober living in group housing for a minimum of two months (unless rules were violated),
2. Three weeks of STRIVE job readiness training,
3. Mental health counseling in both individual and group treatment,
4. One-on-one meetings with case managers and job placement professionals
5. Follow-up calls for a minimum of 60 days from case managers and job-placement professionals.

In addition to setting up this process, SBRI worked closely with Second Chance staff to train them in data collection methods and use of the different set of ID numbers to manage the control group.

See next page for program flow chart

Program Flow Chart



1.2 Methodology

Data collection for this study began in January of 2004. PREP participants were considered eligible if they showed an interest in the PREP program when meeting with the Second Chance recruiters, filled out a PREP application, showed up for their PREP interview, and met the “gut” feelings as eligible by Second Chance staff. According to the staff, their primary criterion was whether a person was willing to be picked up at the gate and transported immediately to Second Chance.

As mentioned in Section 1.1, the data for this report were gathered in two ways, paper and pencil and telephone interviews. All PREP participants were asked to complete pre-tests, post-tests and follow-ups using the Second Chance Survey instrument. This instrument measured psycho-social outcomes of the Second Chance program, and health and social relationships both before and after the program. The Second Chance Application measured demographic characteristics, current health and drug use status and employment training experience.

These instruments were self-administered using paper and pen during the pre- and post-test. For respondents who were limited in either literacy or English language, Second Chance staff provided assistance.

Participants first completed the Second Chance Survey instrument when they enrolled in the STRIVE component of the program (Pre-test). After the three week course, those participants still left in the program completed the

questionnaire again (Post-test). After 60-90 days following graduation from the program, an attempt was made to contact the participant again to complete the follow-up version of the same questionnaire – this time on the phone with trained SBRI interviewers.

A total of 952 people applied to the PREP program during the study period. Of these, 309 people were admitted into the treatment group, leaving 643 people as the control group. Of the 309 people who entered the treatment group, 175 graduated.

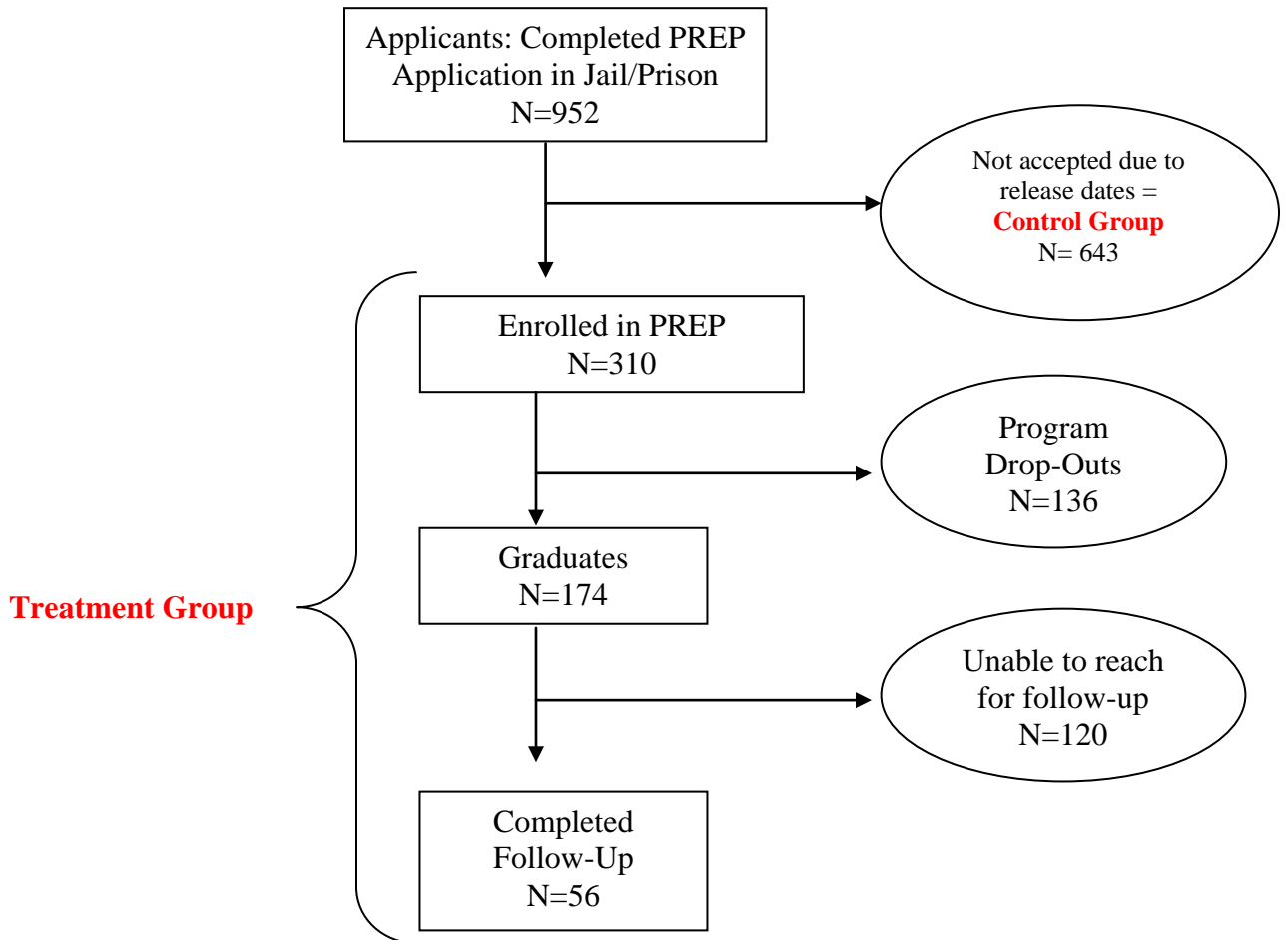
It is natural to expect that there would be some attrition between the beginning of the program and graduation. The classroom portion of the Second Chance program is a “tough love” experience and many participants were removed during this period.

Table 1 shows the number of program participants and the number of participants who graduated, as well as those who were successfully contacted for a follow-up interview.

Table 1 -- Participation/Attrition Rates in PREP				
	PREP	Attri- tion	STRIVE	Attri- tion
Entry	310		1540	
Graduation	176	43.2%	359	76.7%
Follow-Up	56	68.2%	189	47.4%

Table 1 shows a 43.2% attrition rate for PREP participants from beginning to graduation. This is further illustrated in Figure 1 below.

**Figure 1 – PREP Participants
From Application to Graduation and Follow-Up**



In addition, follow-up with the PREP graduates was more difficult. Of the 174 graduates in the two years of data collection, only 56 were successfully contacted to complete the follow-up survey, an attrition rate of 68.2%. It is important to note that this follow-up group is not representative of the PREP participants as a whole.

For the purposes of this research, a \$25.00 incentive was offered to any PREP participant who completed the follow-up questionnaire; however, this amount did not generate very much additional cooperation.

- *An area for further investigation for Second Chance is to determine methods that are more successful in following-up with their clients -- both graduates and people who have left the program.*

1.3 Measures of Success

The purpose of the Second Chance Survey was to measure psychological outcomes of the PREP program, including: **depression, anxiety, somatization, general distress, public confidence and social anxiety.** Psycho-social measures were also tracked, including **future aspirations, perceptions of control, self-esteem, mastery, and impulse control.**

Section 2: Recidivism

2.1 PREP vs. Control

In March of 2005, the SBRI submitted to the California Department of Justice a request for information about all participants in PREP and the PREP-

eligible control group. In January of 2006, the SBRI received data on approximately 506 of the participants who had contact with law enforcement based on their names, driver's license numbers and social security numbers.

The California Department of Justice data was incomplete – not every request for participant information yielded results. The SBRI was able to obtain matching records for 506 of the PREP participants who either applied for the program or actually participated. There were 952 PREP applications received for the program.

California Department of Justice records are often many months behind the up-to-date arrest and conviction records. Ideally, these records would be cross-checked with police arrest records; however, given limited resources, this analysis was not possible.

Because the DOJ database was missing 456 PREP records, further work needs to be done to locate these. **Of the 506 located DOJ records, 331 were assigned to the control group.** The remaining 175 people were in the treatment group (PREP participants). Of these 74 either dropped out or were terminated. The remaining 101 of the treatment group graduated from the program and were included in the DOJ recidivism data.

The breakdown of the status of PREP and PREP-eligible participants for whom recidivism data were available is shown in Table 2:

Table 2 -- Status of Prep Clients For Whom Recidivism Data Were Available
--

Control Group			
	No Pre-test completed	65.4%	331
Treatment Group			
	Completed Pre-test (Dropped out or terminated)	14.6%	74
	Completed Post-test (Graduated)	20.0%	101
	Total		506

Table 3 shows the all of the variables that were recorded for the control group compared to the PREP enrollees who dropped out and the PREP enrollees who graduated for those whom DOJ data were available. For all of the characteristics presented below, the only significant difference between the groups was the number of women vs. men. The control group is somewhat more male than the PREP enrollees. In other words, the control group is demographically very similar to the treatment group.

The Department of Justice data was obtained quite late during the study period (January, 2006). Thus, comprehensive analysis of people's complete rap sheets was not possible given limited resources.

The DOJ data had the PREP participants listed by identification number. For each ID# there was a list of contacts with law enforcement resulting in arrest. SBRI used this arrest data as the point of comparison to the PREP application date.

For the purposes of this report, a person was considered to have gone back to jail or prison if there was contact with the Department of Justice. This contact may

not have resulted in reincarceration, but it serves as the latest point of contact with the system. This approach may be blunt; however, it serves to quantify a point in time where a likely return to jail or prison occurred.

The date of the participants' submission of a PREP application was compared to the latest arrest or law enforcement contact date. If the last contact date occurred after submission of the application, this was considered to be someone who recidivated. If the last contact date was before the application date, that person was considered out of the penal system.

There is no follow-up data on participants' recidivism available at this time. The Department of Justice data run was a snapshot of the current status of the participants. One problem with this approach is that interval post graduation will vary from cycle to cycle. Early cycles will have a higher likelihood of recidivating than those with recent graduation dates. However, given that the entire study period was two years, the time frame was not extensive.

For the purposes of this report, recidivism means that the PREP-eligible person had a registered contact with the Department of Justice some time after submitting a PREP application to Second Chance.

This new contact was a re-arrest for either a new crime or a violation of parole or probation. Table 4 below shows the breakdown of new offenses.

Table 3 -- PREP Groups by Demographics				
Category	Subcategory	Control, n=331	Drop-out, n=74	Grad., n=101
Age				
	Under 21	4%	10%	9%
	Over 21 to 30	24%	23%	31%
	Over 30 to 40	34%	25%	31%
	Over 40 to 50	32%	39%	23%
	Over 50 to 60	6%	3%	6%
	Over 60	0%	0%	0%
		100%	100%	100%
Sex				
	Male	76%	68%	62%
	Female	24%	32%	38%
Education				
	Completed grade school	3%	5%	4%
	Some high school	20%	19%	21%
	High school graduate/ GED	37%	46%	35%
	Occupational skills training	4%	1%	3%
	Occupational skills license	13%	16%	15%
	Some college	20%	16%	23%
	AA Degree	3%	1%	2%
	College graduate	4%	5%	7%
Race				
	African American	23%	26%	20%
	Asian	1%	3%	1%
	Caucasian	46%	43%	50%
	Latino	18%	23%	23%
	Native American/Alaskan	3%	1%	1%
	Pacific Islander	3%	4%	2%
	Mixed race/other	6%	0%	3%

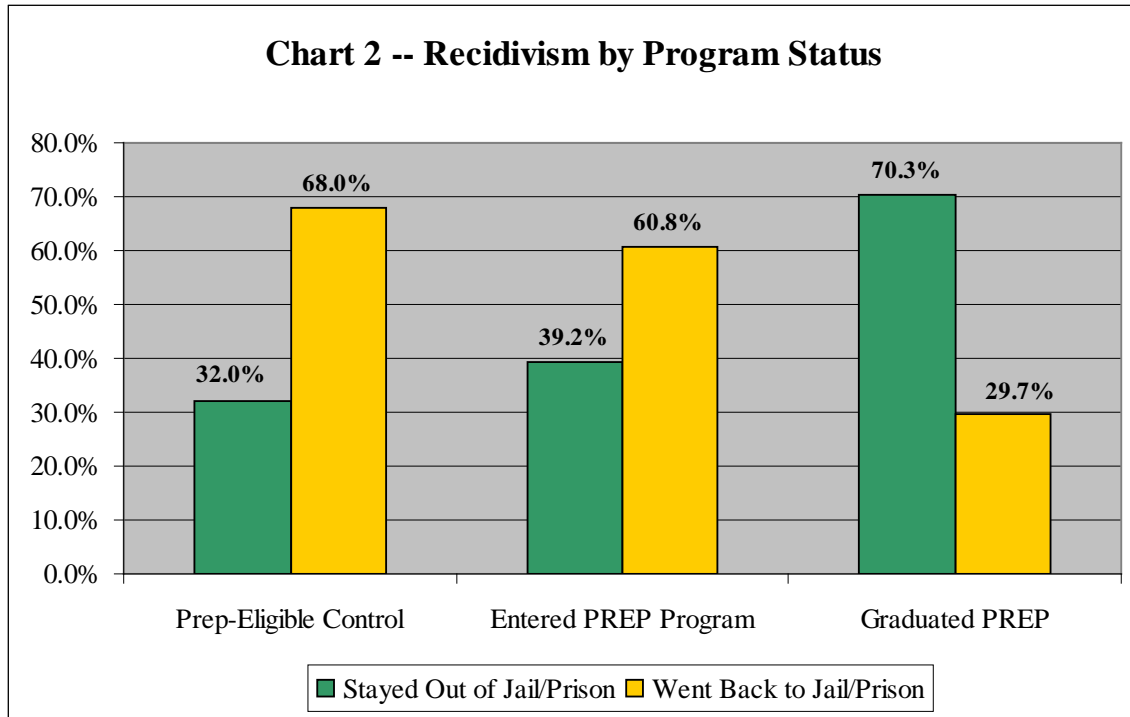


Chart 2 shows the recidivism results from the Department of Justice data. For those in the control group (never attended PREP), sixty-eight percent (68.0%) returned to jail or prison. The results for those who entered PREP but could not finish are similar; sixty-one percent (61%) returned to jail or prison. However, for those who graduated, the situation reverses itself. In this case, 70% stayed out of jail for the study period. The prospects were even better for those who were available for contact at the follow-up (total of 37 people). Of these participants, eighty-seven percent (87%) stayed out of jail or prison.

release. For those who did recidivate, their crime is the one for which they went back to jail or prison. During this period, all participants and control group members were either on probation or parole. Those who recidivated were more likely to have committed an administrative violation, (such as a parole violation), than those who stayed out of an institution. Those who did not recidivate were more likely to have committed either a violent or a property crime as their latest crime.

2.2 Nature of Crimes Committed

Table 4 shows the differences between the latest crime committed by both those who recidivated and those who did not. For those who did not recidivate, the data are from their latest crime prior to

	Violent Crime	Property Crime	Drug Crime	Administrative Violation	Other
Stayed out	13.6%	34.0%	27.7%	10.7%	14.1%
Recidivated	6.7%	26.7%	29.7%	24.3%	12.7%

Section 3: Employment

3.1 Placement of PREP Graduates

Table 5 illustrates the placement of PREP Graduates by industry as reported

by Second Chance staff. They reported that the average starting wage for PREP graduates was \$10.41 per hour. This rate is significantly below the average personal income for the region (\$16.53 per hour⁵); however, it is well above California's minimum wage of \$6.75 per hour.

Industry	PREP Grads
Maintenance & Repair	40%
General Office	21%
Supermarket & Retail	18%
Amusement & Recreation	14%
Manufacturing	5%
Healthcare	2%

According to Second Chance staff, the placement rate of these cycles of treatment group participants were eighty-three percent (83%) placement. Thus, of the 174 graduates from the program, 144 were placed in the occupations shown in table 5.

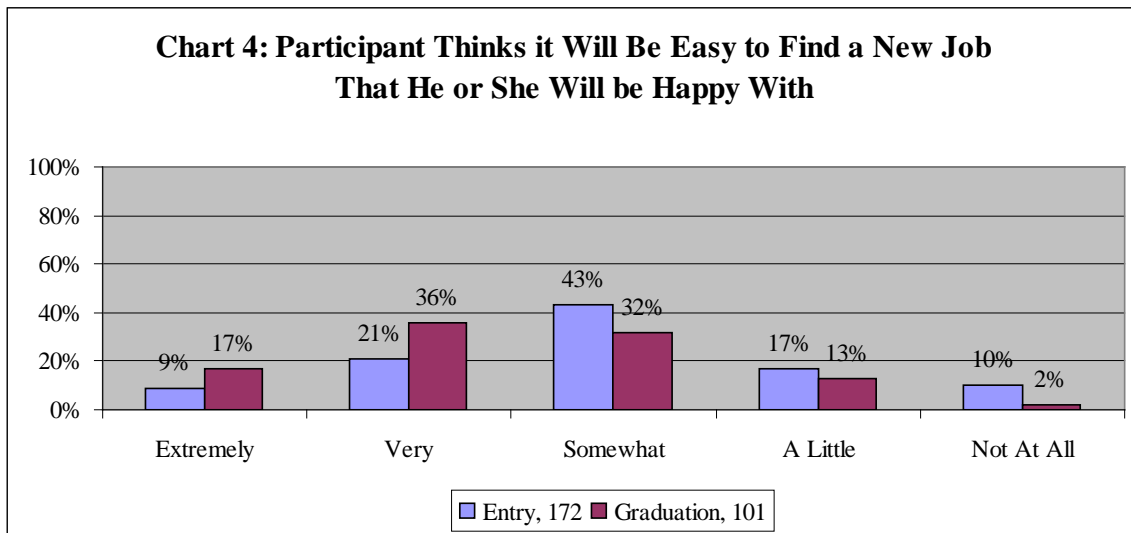
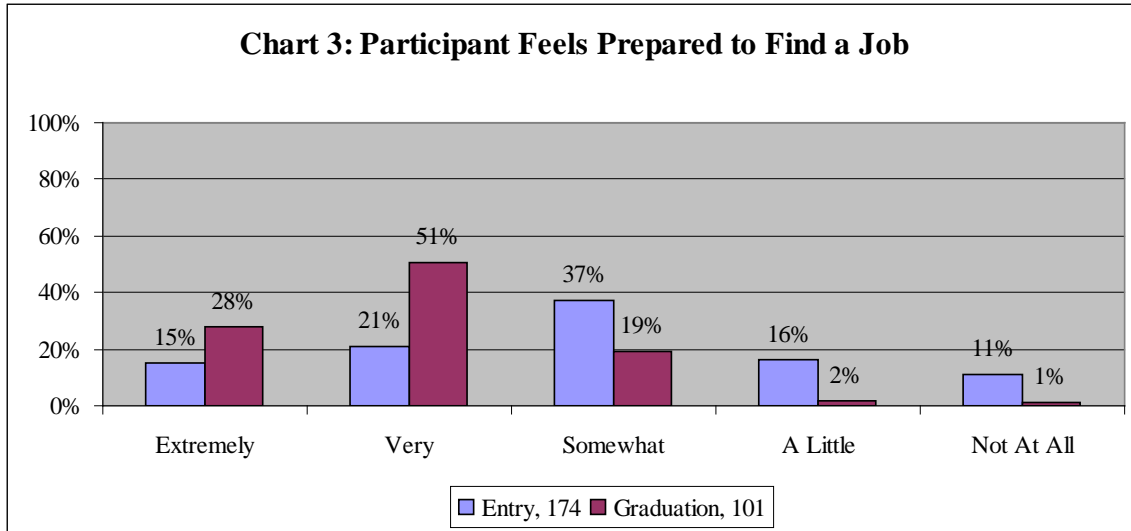
Even more significant are the obstacles that previously incarcerated people must overcome to gain employment. This is the message that Second Chance promotes; that people can overcome personal obstacles and become productive members of society. Sometimes, restricted employment was a condition of being released (e.g. not being allowed to work around alcohol or to come in contact with children), however this represented a minority of participants in the study (16%).

3.2 Job Readiness

Another measure that was tracked was a person's overall orientation toward his or her readiness for a job. This is Second Chance's core mission through their STRIVE program. Participants were recruited believing and hoping that they would be able to overcome the stigma of incarceration, beat their personal demons and become more employable.

For the 174 treatment group participants, how they rated their job readiness is shown on Charts 3 and 4 below.

⁵ Source: SANDAG publication, *Indicators of sustainable competitiveness: A quality of life index for San Diego*, (2005), p. 28.



Charts 3 and 4 show the rising expectations that the treatment group (PREP participants) had from program entry to graduation. Chart 3 shows that participants moved from feeling somewhat prepared to find a job to either Very prepared or Extremely prepared at graduation. Some of this change can be accounted for by attrition.

Chart 4 shows that there were reasonably high expectations of finding a job that would be a good job at the beginning of the program. Participants in the

treatment group at graduation were significantly more likely to express optimism that it would be Very or Extremely easy to find a good job.

Comparing these responses to the two control groups for which there was data (STRIVE participants and Recidivists), there were no significant differences. This makes sense because these variables measured a level of optimism about one's chances. So regardless of whether a person was in STRIVE or PREP, or regardless of whether he or she

was headed back to incarceration or not, the level of optimism remained consistent.

Section 4: Physical Health

4.1 Self-Reported Health Status

Health factors were measured in two ways. First, at program entry, participants filled out a fairly complete medical history as part of the Second Chance Application. Second, when filling out the Second Chance Survey, participants were asked to rate their current health, level of physical activity, frequency of unprotected sex, smoking behavior, drug-taking behavior, and alcohol abuse. See Appendix A for the complete text of both survey instruments.

Table 7 shows the list of health problems that people were asked about at program entry on the Second Chance Application.

The most striking issues raised by these data were the high incidence of drug addiction. Depression (self-reported) was also clearly a problem. \.

One would expect the PREP group to have better physical health than the STRIVE group given their more recent and consistent access to health care in incarceration.

	PREP, n=311	STRIVE, n=1542
Alcoholism	15.4%	**
Anxiety	10.9%	**
Arthritis	4.5%	**
Asthma	6.1%	10.3%
Blood Pressure Problems	6.1%	**
Cancer	0.0%	**
Depression	14.8%	19.2%
Diabetes	1.9%	**
Drug Addiction	40.5%	22.2%
Eating Disorder	1.0%	**
Gastro-intestinal problem	1.3%	**
Headaches	7.4%	**
Heart Condition	0.6%	2.3%
Liver Disease	2.3%	**
Lung Disease	0.3%	**
Respiratory Problem	2.0%	2.5%
Sleep Disorders	4.2%	7.3%
Tuberculosis	0.3%	**
Ulcers	1.6%	**
Experienced Any Problem	66.9%	58.2%
Mean # of Problems	1.31	1.35
**No Significant Difference		

4.2 Program Outcome Effects on Health

Participants were also asked to rate their current health at application, graduation and at 60-90 day follow-up. The results for PREP participants are shown in Chart 5.

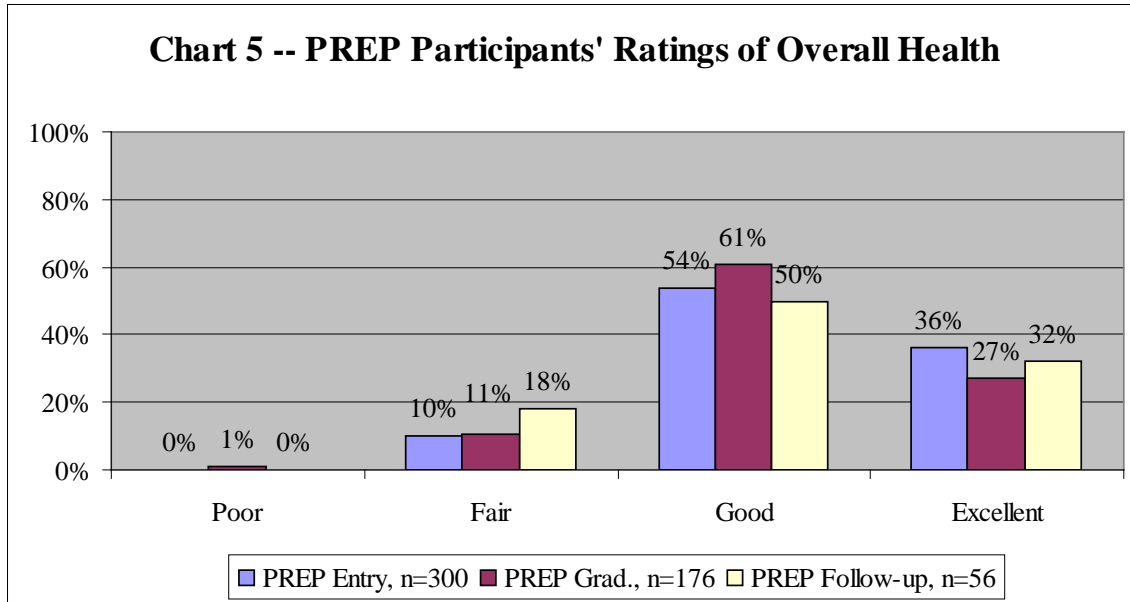
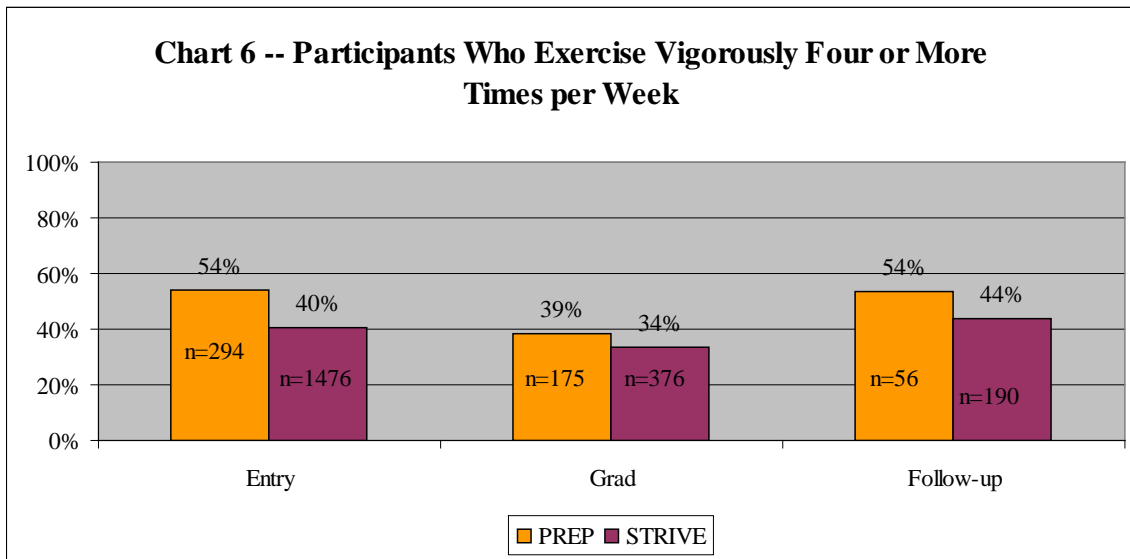
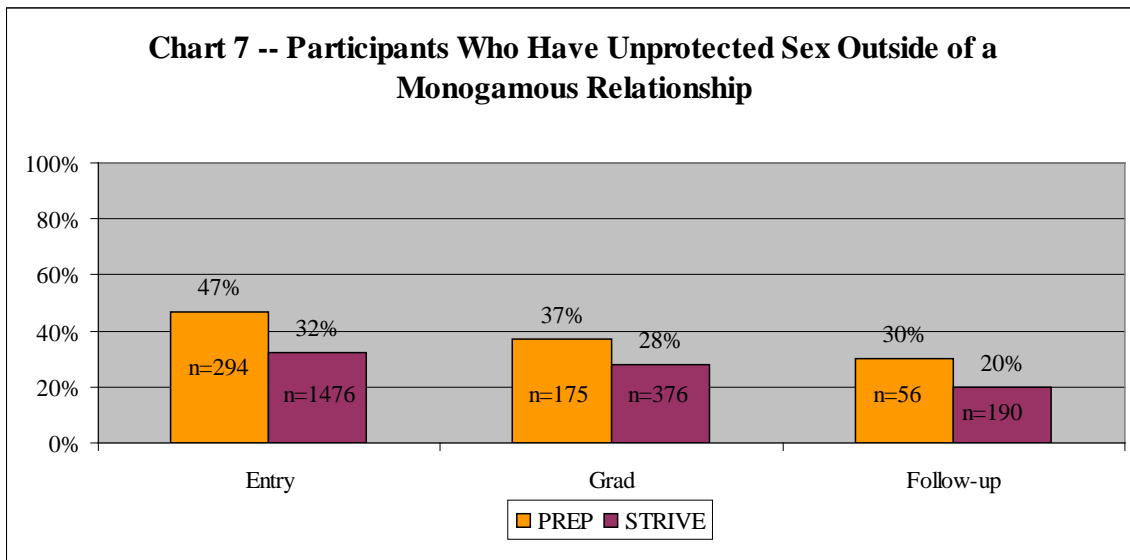


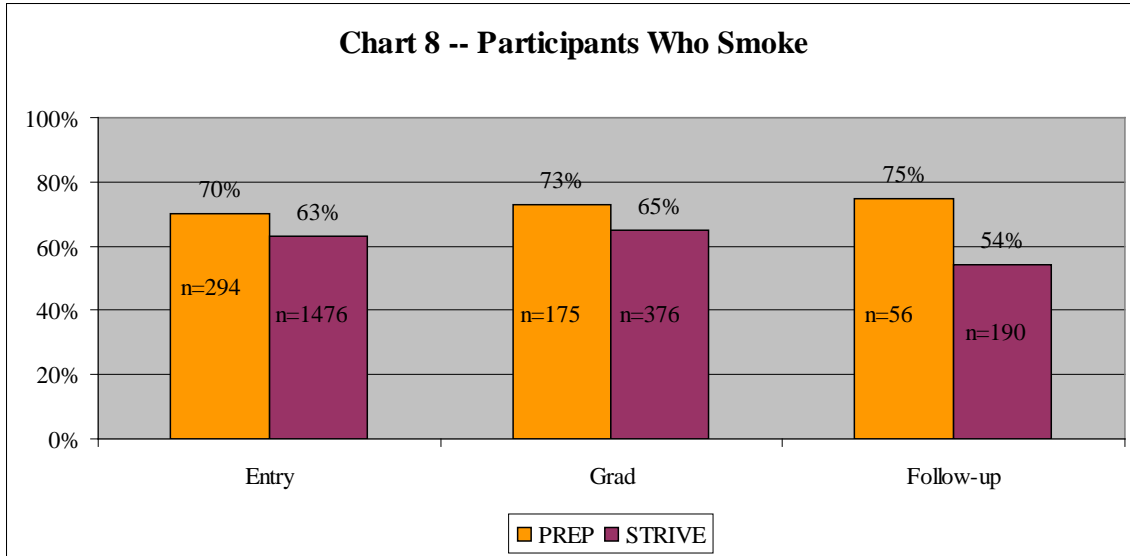
Chart 5 shows fairly consistent health ratings over time. However, while ninety-one percent (91%) of PREP participants rated their health as good or excellent at program entry, this combined number drops to eighty-two percent (82%) at follow-up. **While not a large drop, it suggests that PREP participants received better medical care while incarcerated than when out of their respective institutions.**



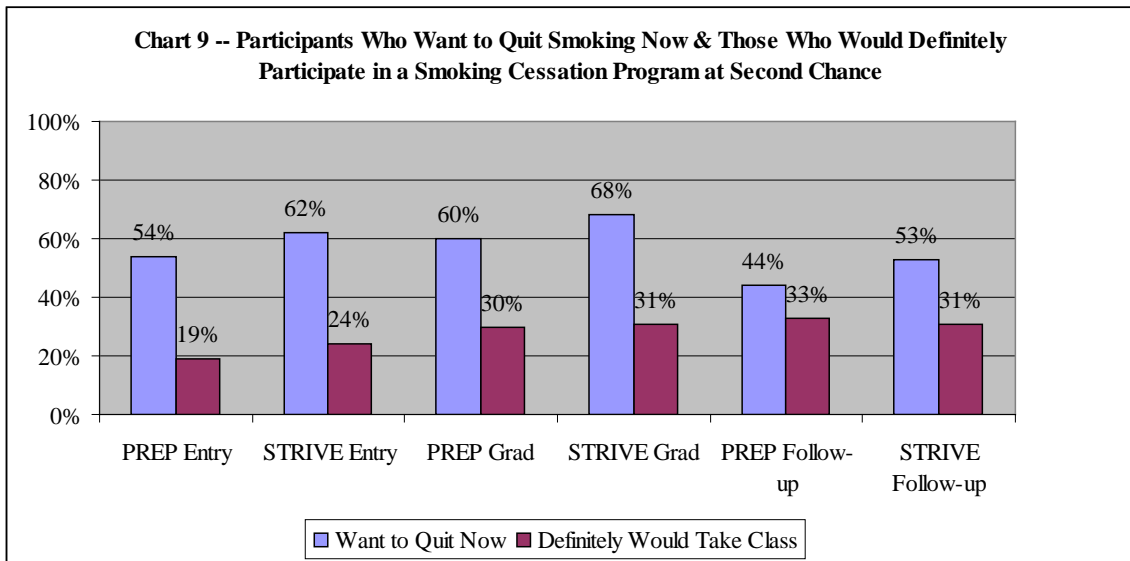
Another measure of PREP participants’ better physical health was their higher level of exercise than STRIVE participants. Vigorous exercise was defined as any activity that made them breathe hard and sweat, such as exercise, sports, or lifting or carrying heavy objects. While their level of exercise took a dip during their intensive program experience, the data show them returning to their previous high level of exercise.



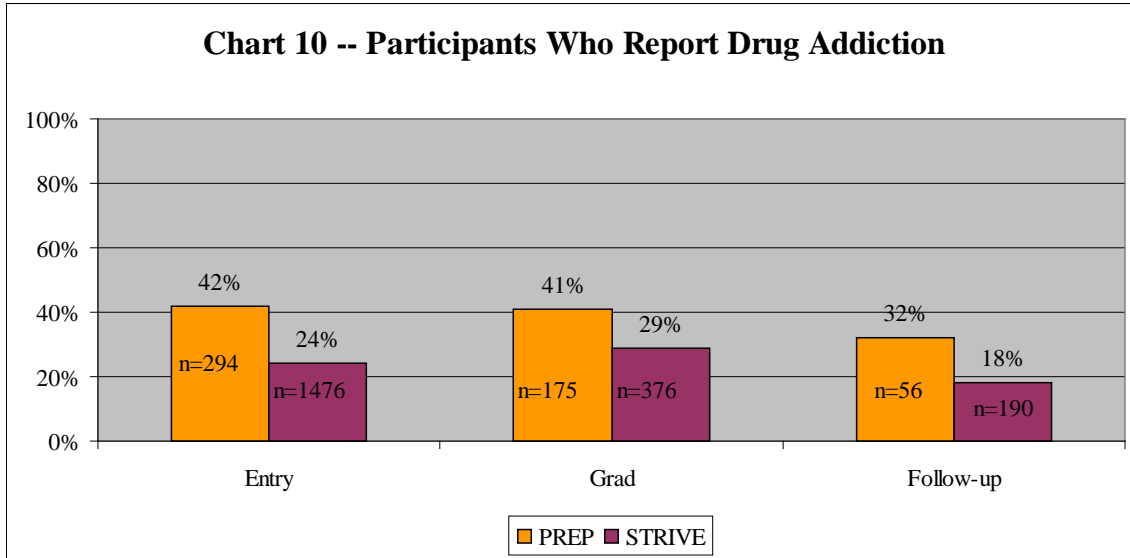
Unsafe sex occurred at a higher rate for PREP participants than STRIVE. The results at the different data points in time are encouraging as the reported rate of unsafe sex declined in both groups. However, each group Entry, Grad and Follow-up are not necessarily equivalent, given the attrition.



Most respondents in both programs are smokers. The rates remained consistently high throughout the study; however, non-PREP graduates of STRIVE showed a decrease. These statistics include both habitual and daily smokers.

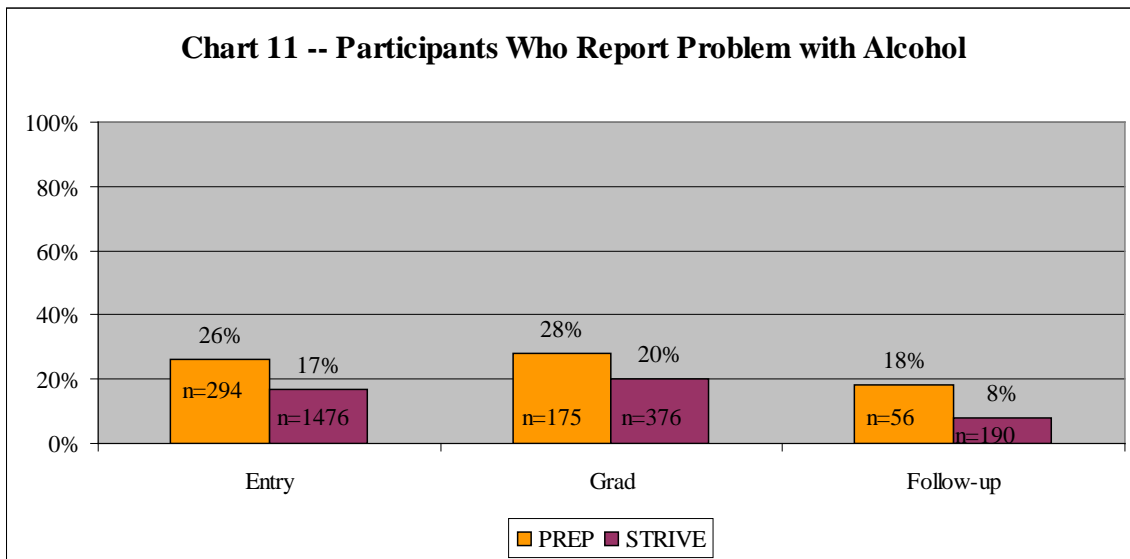


Given the high percentage of smokers in both programs, the percentage of people interested in a smoking cessation class was small. This is even more surprising given the high percentage of people who say they want to quit now. However, this offering may be something Second Chance considers. Further research needs to be done to find out if people would prefer something other than a class to help them quit (medication, hypnosis, etc.) The groups shown above are not necessarily equivalent due to program attrition and inability to contact people in follow-up.



A key difference between PREP participants and STRIVE were those who report drug addiction. This difference was constant across time. The drop in addiction at follow-up for both groups may be that those who were addicted were more likely to return to their old neighborhoods and habits, and thus, were unavailable for participation in the follow-up survey. The groups shown above are not necessarily equivalent due to program attrition and inability to contact people in follow-up.

It is important to note that these are self-reports and subject to people saying what they think the program wants to hear.



A minority of participants in both programs reported a problem with alcohol. The groups shown above are not necessarily equivalent due to program attrition and inability to

contact people in follow-up. The observed decline at follow-up is likely similar to the observed drop in drug addiction: the severely addicted were unavailable for participation. As with drug addiction, PREP participants tended to report higher levels of alcohol problems.

It is important to note that these are self-reports and subject to people saying what they think the program wants to hear.

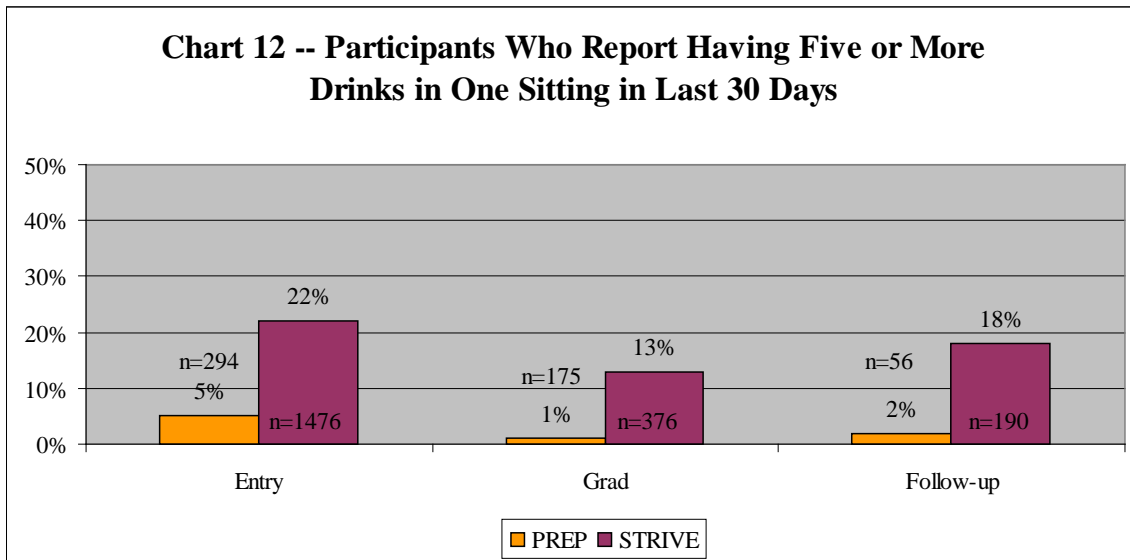


Chart 12 above shows one of the benefits of the sober living for the PREP program. Some STRIVE participants may also have benefited from the sober living that Second Chance provides. While about 25% of PREP participants report problems with alcohol, very few were able to binge drink during their involvement with the program. Most encouraging are those at follow up who were able to refrain from binge drinking during the 60-90 days of the follow-up period. Of course these data assume that the participants are telling the truth about their own behaviors.

Those with admitted alcohol and drug problems were asked about the effects of alcohol on their lives. Table 8 summarizes these effects.

	PREP	STRIVE
Charged with DUI	25%	16%
Negative Family Impact	24%	17%
Negative Financial Impact	20%	14%
Negative Health Impact	15%	11%
Negative Relationship Impact	24%	16%
Negative Work Impact	20%	12%
Attended Drug/Alcohol Treatment	50%	40%

Each of these results is statistically significant. This means that PREP participants are more likely to have experienced negative effects of their alcohol problems than STRIVE participants.

4.3 Victimization Experience

One of the measures used that gives an indication of mental or physical health was the history of victimization that participants had experienced. Table 9 shows that while both groups have experienced relatively high levels of victimization, PREP participants were more likely to have experienced violence or property crimes by force.

	PREP	STRIVE
Before age 18 participant was sexually molested by family member	13%	**
Before age 18 participant was sexually molested by non-family member	17%	**
Witnessed an attack on someone else involving weapon	47%	38%
Has been physically attacked, beaten up, or threatened	61%	52%
Someone has broken into or illegally entered participant's home	36%	**
Has had something stolen by force	37%	28%

**Not a significant difference

A history of victimization does not contribute to program attrition – Analysis was done on PREP participants who completed the program vs. those who dropped out on their history of victimization. While a history of

victimization corresponds to a greater change after treatment for several measures than those without a history of victimization, it was expected that a history of victimization may explain some of the drop-out or termination behavior. However, there were no significant differences in victimization history between PREP graduates and PREP drop-outs/terminators.

A history of victimization does not contribute to recidivism. For some measures, like mental health, people with a victimization history showed larger differences after treatment than those who had no history of victimization. However, for recidivism, the history of victimization was not a factor.

Section 5: Program Outcome Measures

This section of the report will look at outcome measures of mental health using standardized, normed mental health measures from the Brief Symptom Inventory 18 (see Appendix B, Measures). The mental health issues examined included clinical levels of somatization, anxiety, depression (as measured by the Brief Symptom Inventory 18 (BSI 18)), distress (as measured by the General Severity Index (a compilation of the BSI measures), and social anxiety.

In addition, a variety of attitudes and belief measures will be presented including: future aspirations, perceptions of control, and a sense of self-esteem.

Finally, this report will look at the indirect effects of the program on parent involvement. While the program does

not directly deal with these issues, an indirect impact of improving a person's life is that he or she becomes a better member of his or her family.

5.1 Second Chance Counseling Services

Part of the PREP program was to provide both individual and group psychological counseling services to all participants who wanted it. As part of this evaluation, a tally of counseling sessions was maintained for both PREP and STRIVE participants. Data collection problems meant that SBRI could not confirm all of the counseling appointments attended, but staff reports that 100 PREP participants were treated for mental health issues in either individual or group settings during the study period.

Future research could examine the impact of counseling on program success. It may be possible, given more resources, to examine the current counseling records and enter them into the PREP data set that SBRI currently maintains.

5.2 Program Impacts on Mental Health

5.2.1 Somatization

This psychological disorder is characterized by frequent and persistent physical complaints – stomach problems, headaches, pain in the reproductive organs – but where there can be no physical cause found. The BSI 18 included questions that diagnose somatization in program participants. According to the BSI 18 manual, a clinical score for somatization,

depression or anxiety, is one that is in the top 10 percent of the range of scores from the population being measured. The scores reported for somatization are T scores computed from the normed scores from the six questions that related to somatization on the BSI 18. The T scores for all of the BSI symptoms below are normed for gender and for the general population.

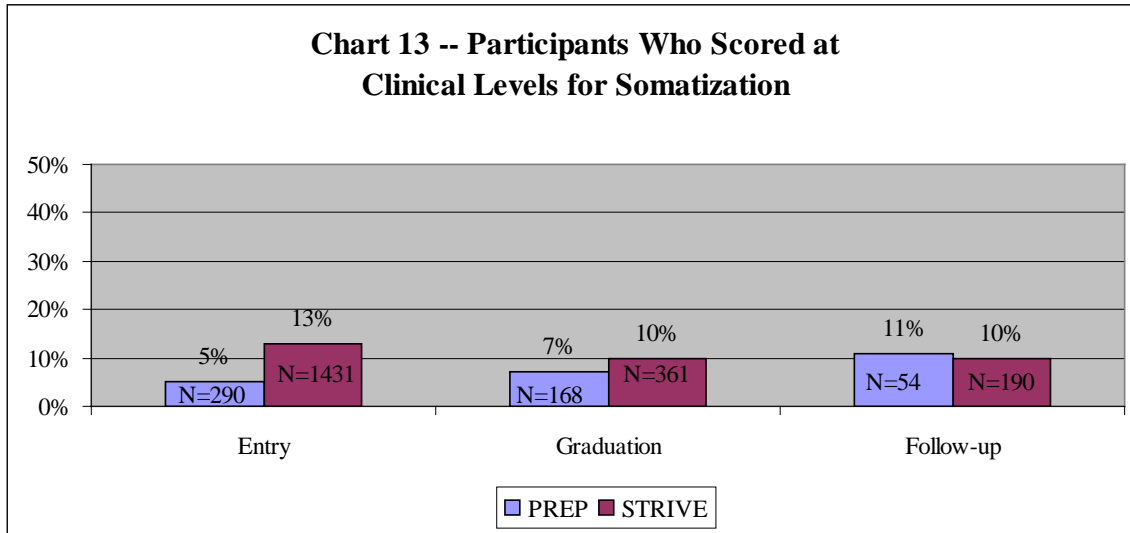
	Entry	Graduation
PREP, N=162	47	47
STRIVE, N =351	47	48
	Entry	Follow-up
PREP, N=51	47	47
STRIVE, N=184	47	49

Table 10 shows a statistically significant increase in somatization over the course of the program from entry to graduation and from entry to follow-up for STRIVE participants, but not PREP. The scores are paired comparisons, that is, the same people are compared at each stage.

According to the BSI manual, T scores compare directly to percentiles in the general population with the clinical range of a particular disorder determined by its incidence in the general population. In the cases above, a score of 47 would be the 38th percentile, a score of 48 would be the 42nd percentile and score of 49 would be the 46th percentile. These average scores are not in the clinical range of somatization. Therefore, though the somatization scores went up over time, the average participant in either program was not in the clinical range for these symptoms.

Chart 13 shows the percentages of participants who did score in the clinical range and the change in percentages over time. Chart 13 shows that a small minority of people in both programs had somatization symptoms in the clinical

range. The only statistically significant difference was that at program entry, fewer PREP participants scored in the clinical range.



5.2.2 Depression

Depression is a psychological disorder characterized by a lack of interest in doing things that one used to enjoy, loss or gain in appetite, loss or increase in sleep and a general lack of energy.

There were six items on the BSI 18 that diagnose depression. The T scores at each program point are shown in Table 11. As with somatization, these scores are normed for gender and the community. Table 11 shows a meaningful drop in depression for both STRIVE and PREP participants. The first sets of scores are a comparison of the same participants at entry and at graduation. The second sets of scores are a comparison of the same participants from entry to follow-up. The different mean scores at entry are the result of a smaller population used

for comparison at the latter stage in the program.

	Entry	Graduation
PREP, N=162	52	49
STRIVE, N =351	51	49
	Entry	Follow-up
PREP, N=51	52	49
STRIVE, N=184	51	47

The corresponding percentiles in the general population for the above T scores are: 49 = 46th; 50=50th; 51=54th; 52=58th.

As with somatization, the average PREP or STRIVE participant did not score in

the clinical range for depression. Chart 14 shows the breakdown of PREP and STRIVE participants who scored in the clinical range for depression at the three points in the program. The biggest difference was that at the beginning of the program, a greater percentage of STRIVE participants than PREP scored

in the clinical range for depression, though, across the board, the percentage scoring in the clinical range was very small.

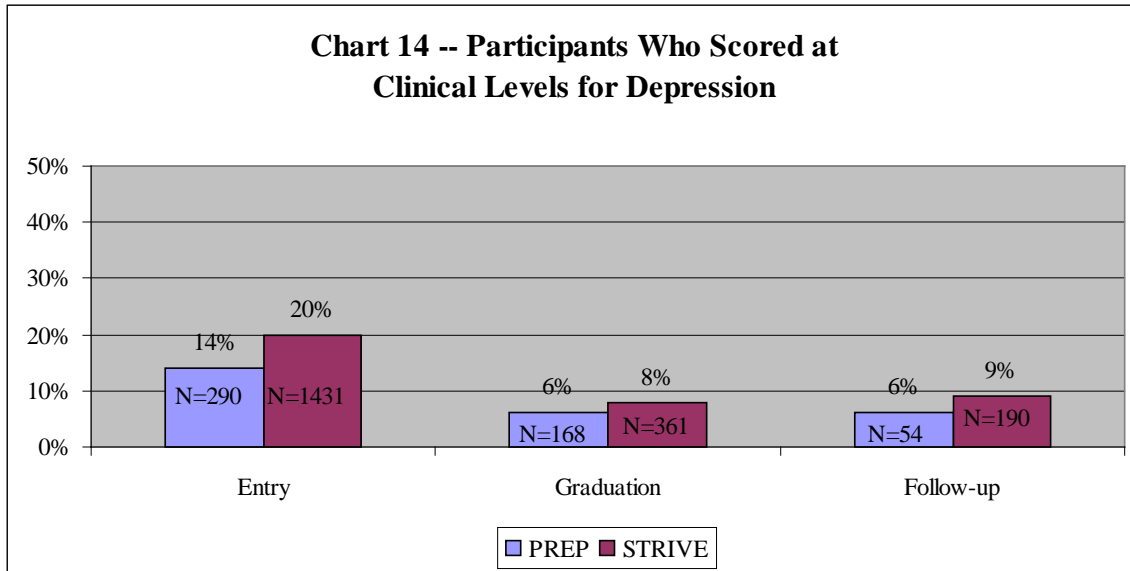
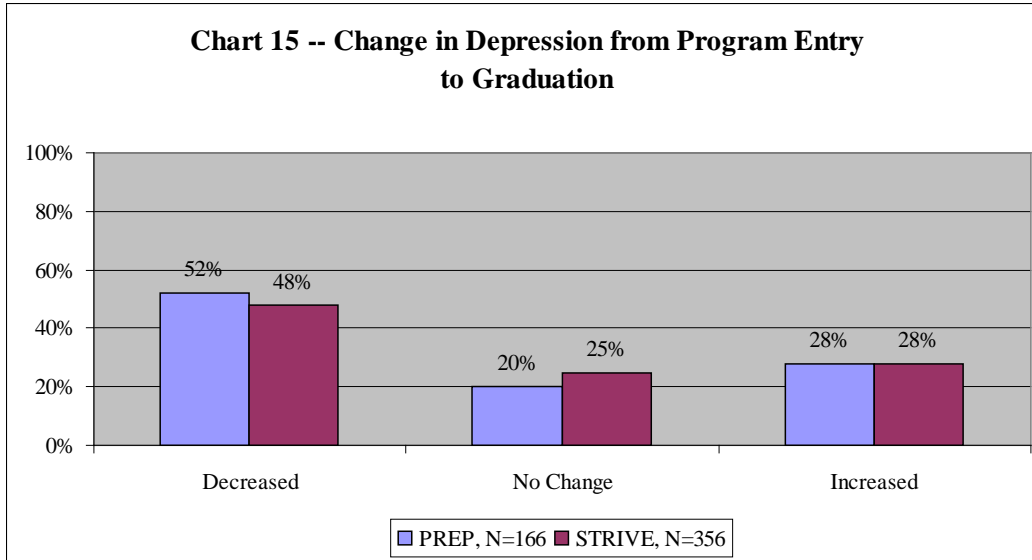


Chart 15 shows that for a majority of PREP participants with depression and nearly half of STRIVE participants with depression, their scores dropped from program entry to graduation.



5.2.3 Anxiety

Anxiety disorders are some of the most common mental illnesses in the United States. Anxiety disorders are characterized by panic attacks, obsessive thoughts, flashbacks of painful events, nightmares, and physical symptoms. Like the depression results above, one can compare means for the populations under study. Table 13 does this for anxiety.

	Entry	Graduation
PREP, N=152	52	52
STRIVE, N =356	50	51
	Entry	Follow-up
PREP, N=50	52	47
STRIVE, N=184	49	46

Table 12 shows that PREP participants entered the program with higher levels of anxiety than STRIVE participants. However, neither PREP nor STRIVE participants showed a statistically significant change in anxiety from program entry to graduation. However, for those who were available for the follow-up survey, both groups had a statistically significant reduction in anxiety. For the PREP participants who completed the follow-up, the reduction in anxiety was of the greatest magnitude.

The T scores shown correspond to the following percentiles: 46=34th, 47=38th, 48= 42nd, 49=46th; 50=50th; 51=54th; 52=58th.

Chart 16 shows the percentage of PREP and STRIVE participants whose responses to the BSI put them in the clinical range for anxiety.

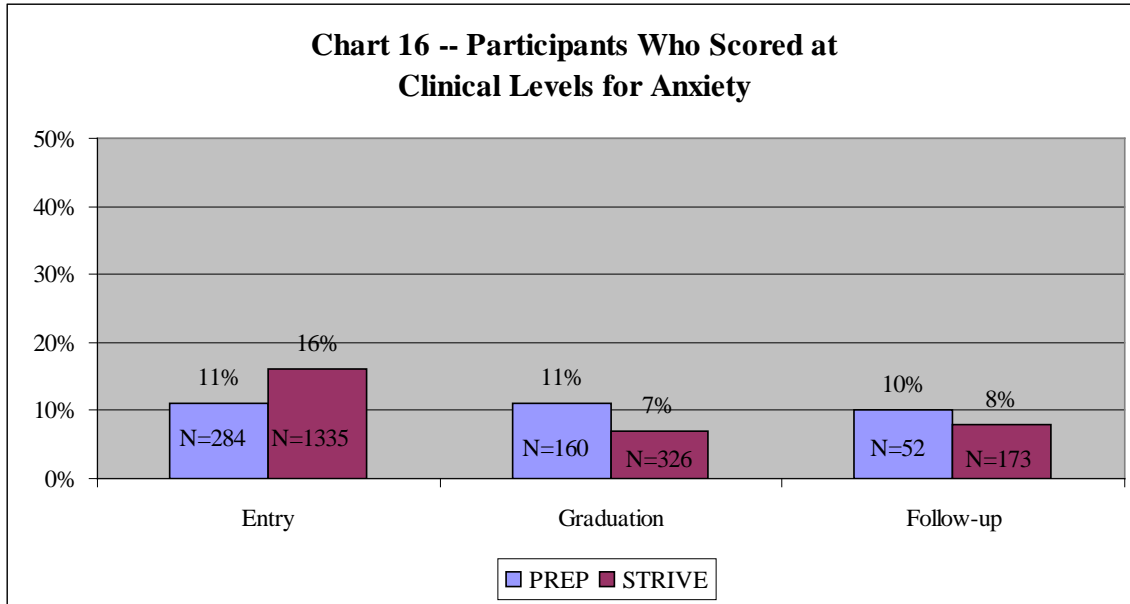


Chart 16 shows very low percentages of people in the clinical range for anxiety for both groups. The STRIVE group entered the program with a statistically significant higher percentage of people in the clinical range; however, at graduation, the statistically significant differences between the programs disappears.

5.2.4 Distress (GSI)

If the measures for depression, anxiety and somatization from the BSI 18 are combined, they give a standardized measure of distress called the General Severity Index (GSI). (See Appendix B, Measures).

Table 13 shows that PREP participants had higher initial levels of distress than the STRIVE participants. The average T score for distress for PREP participants dropped slightly at graduation; however, this decline was not statistically significant. The average STRIVE T score for distress remained unchanged. Larger, and statistically significant drops, were observed for both groups whose participants were available for the follow-up survey.

Since the scores for distress are the sum of the other scores, it is not surprising that a minority of participants in both programs scored in the clinical range for the GSI. What is noteworthy is that according to the BSI-18 manual, a clinical range score on the GSI is a definition of a “case,” or someone who is at risk of developing a severe disorder or who might benefit from mental health treatment. Thus, using the normed BSI-18 instrument revealed that only a small minority of PREP and STRIVE participants would be considered “cases.”

	Entry	Graduation
PREP, N=162	51	50
STRIVE, N =351	49	49
	Entry	Follow-up
PREP, N=51	51	47
STRIVE, N=184	49	47

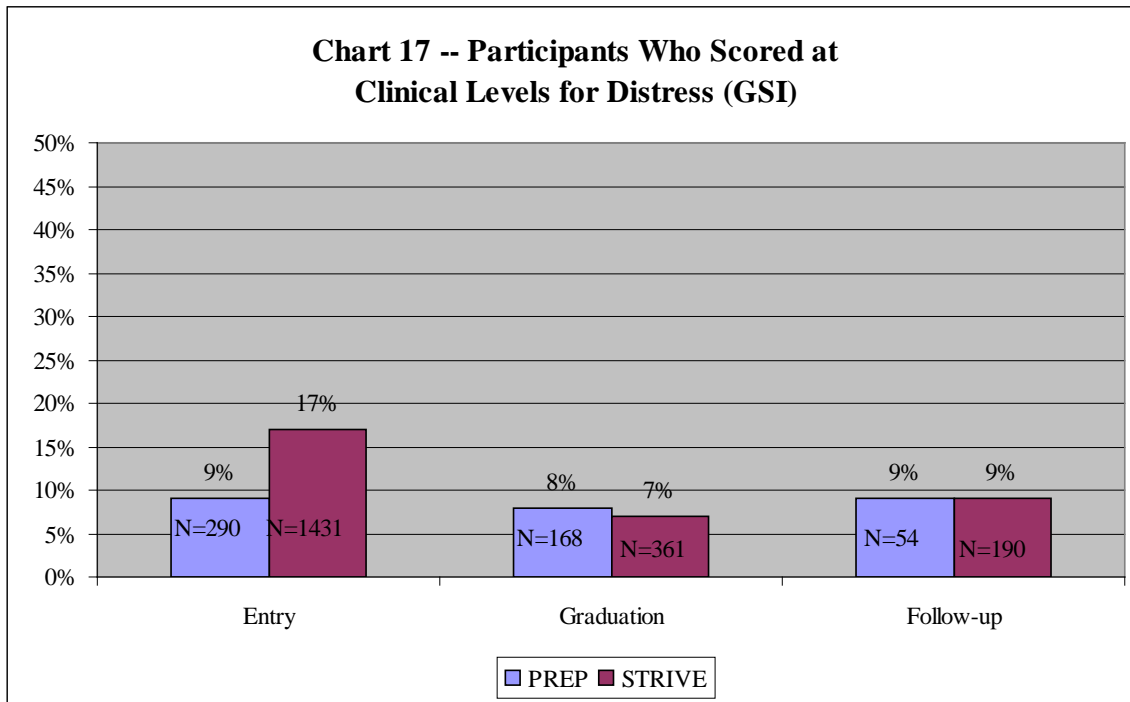


Chart 17 shows those scoring in the clinical range for distress on the GSI. PREP participants scored clinically at consistently low levels. STRIVE participants scored clinically higher at program entry, but dropped to the same level as PREP at graduation and follow-up.

5.2.5 Public Self-Consciousness

This mental health measure looks at how people see themselves in public settings. Participants were asked to rate, on a seven point scale, statements like, “I am concerned about the way I present myself.” (See Appendix B, Measures, for discussion). This is a measure of self-esteem and social anxiety that is particularly important for getting and keeping a job.

Table 16a -- Changes In Public Self Consciousness During Programs (Entry to Graduation)

	Decrease	No Change	Increase
PREP, N=165	41.2%	6.7%	52.1%
STRIVE, N=347	36.3%	6.6%	57.1%

Table 16b -- Changes In Public Self Consciousness During Programs (Entry to Follow-up)

	Decrease	No Change	Increase
PREP, N=54	51.9%	3.7%	44.4%
STRIVE, N=180	48.3%	7.8%	43.9%

An increase in Public Self Consciousness is the desired result. Tables 16a and 16b show the results on public self-consciousness at program entry, graduation and follow up. The data show that for both PREP and

STRIVE participants, a significant group shows a decrease in public self consciousness and another significant group shows an increase. These differences occurred when examining the change from entry to graduation and the change from entry to follow-up. Few expressed no change in public self consciousness.

It is not clear what is happening here. One possibility is that those who indicate a decrease in public self consciousness found Second Chance's emphasis on presenting oneself well in public a difficult task. What is clear is that nearly half of the participants in Second Chance programs leave feeling less confident in public settings and half leave feeling more confident in public settings. There were no statistically significant differences between PREP and STRIVE on this measure.

5.2.6 Social Anxiety

Related to public self-consciousness is social anxiety. A psychological disorder in its own right, social anxiety is characterized by a "marked and persistent fear of social or performance situations in which embarrassment may occur."⁶ It can result in panic attacks or avoidance of social situations. Both of these can have tremendous impact on a person's ability to get and keep a job.

	Decrease	No Change	Increase
PREP, N=166	44.6%	9.6%	45.8%
STRIVE, N=352	42.6%	9.4%	48.0%

	Decrease	No Change	Increase
PREP, N=54	68.5%	5.6%	25.9%
STRIVE, N=181	57.5%	7.7%	34.8%

Both programs had two distinct groups, as shown in Tables 17a and 17b. One group reported a decrease in social anxiety, and another group reported an increase. These results were similar to the results for self consciousness above.. However, for those that reported at follow-up there was a significant decrease in social anxiety. This result seems to contradict the result from the previous measure, public self-consciousness.

The difference is likely between how a person feels internally and how he or she feels about how others see them. For the participants in both programs, while they seemed to become more uncomfortable about how they were perceived once they had graduated, their internal confidence in social settings seemed to increase.

⁶ American Psychological Association, (2000) Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), p. 450.

5.3 Program Impacts on Attitudes and Beliefs

5.3.1 Future Aspirations

Future aspirations are an important component of how one plans and lives one’s life. People with poor aspirations are more likely to return to bad habits, have low self-esteem, and a more likely to fail at things that matter to them. For the purpose of this study, future aspirations were measured by participants agreeing or disagreeing with statements like, “I think things will be good for me in the future.” (See Appendix B, measures)

	Decrease	No Change	Increase
PREP, N=48	6.3%	91.7%	2.1%
STRIVE, N=124	2.4%	89.5%	8.1%

	Decrease	No Change	Increase
PREP, N=14	0%	92.9%	7.1%
STRIVE, N=54	16.7%	73.5%	13.2%

Tables 18a and 18b show that for both programs, the vast majority of participants had no change in their future aspirations scores from program entry to graduation. The differences shown in these tables were not statistically significant.

5.3.2 Perceptions of Control

Several questions were asked both groups about the degree to which they feel in control of the things that happen to them. An example of these kinds of questions was, “If you work hard, you will get what you want.” Given the circumstances of many participants’ lives, one would not expect to find a great deal of a sense of control among either participant group.

	Decrease	No Change	Increase
PREP, N=93	1.1%	96.8%	2.2%
STRIVE, N=216	3.7%	89.8%	6.5%

	Decrease	No Change	Increase
PREP, N=24	12.5%	87.5%	0%
STRIVE, N=100	16.0%	75.0%	9.0%

As with future aspirations, there appeared to be very little, if any change at the different points in the program on measures of perceptions of control. The vast majority of people had no change in their scores either from entry to graduation or from entry to follow-up.

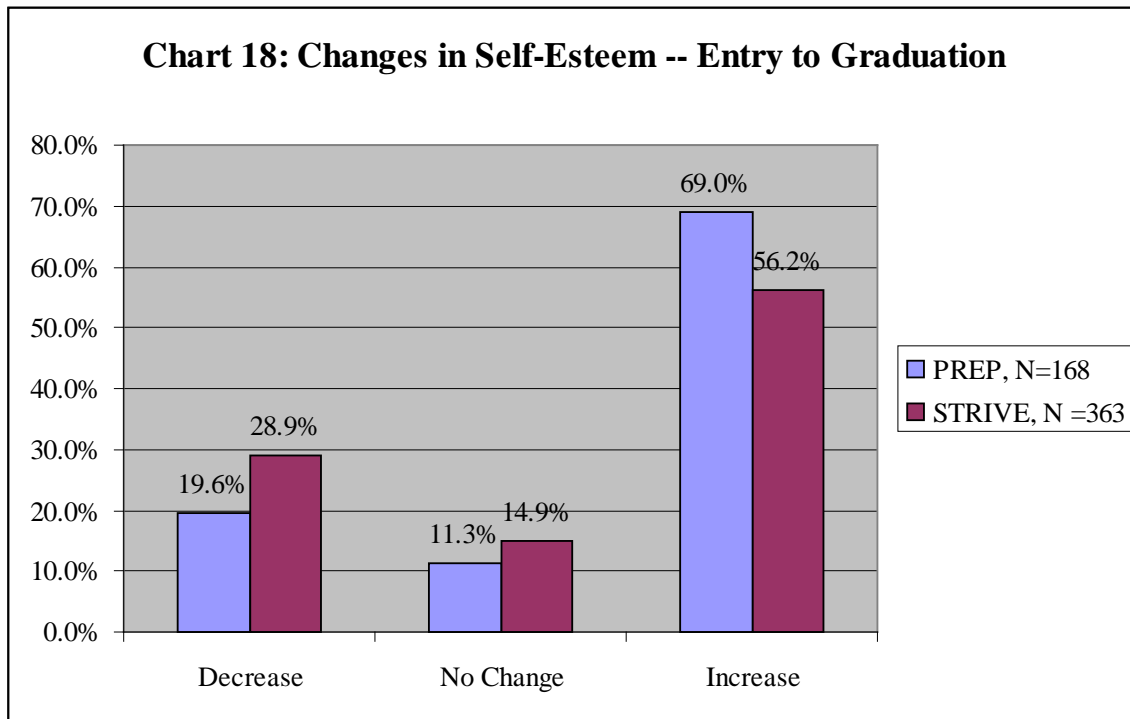
We are likely seeing a ceiling effect – people couldn’t be rating themselves any higher. People came in with high sense of personal control according to this scale, and they left the program with an equally high sense of their own ability to control their lives.

The differences between PREP and STRIVE participants in the two tables were not statistically significant.

5.3.3 Self Esteem

Self esteem was measured using 10 items from the Rosenberg Self Esteem Scale (See Appendix B, measures). Participants rated whether they agreed or disagreed with statements like, “I take a positive attitude toward myself.”

	Decrease	No Change	Increase
PREP, N=168	19.6%	11.3%	69.0%
STRIVE, N =363	28.9%	14.9%	56.2%



	Decrease	No Change	Increase
PREP, N=56	12.5%	7.1%	80.4%
STRIVE, N =196	30.6%	9.2%	60.2%

Tables 20a and 20b and Chart 18 show that the majority of PREP and STRIVE participants showed an increase in their

self-esteem between program entry and graduation and between program entry and follow-up. In both cases, the self-esteem increase was even larger for PREP participants than it was for STRIVE participants. It is not known whether this self-esteem jump is due to the fact that the PREP participants are now out of jail, or in sober living, or in counseling. These three factors are the primary differences between the two

groups and likely account for some of the observed differences.

5.3.4 Self Mastery

The Second Chance Survey used a seven measure scale of personal mastery, or the degree to which the person feels that he is the master of his or her own fate (see appendix B, Measures). Using a similar presentation to Self-Esteem above, Tables 21a and 21b show an across the board increase in feelings of self-mastery from both program entry to graduation and program entry to follow-up. There were no statistically significant differences between the PREP and STRIVE groups for this measure.

	Decrease	No Change	Increase
PREP, N=165	30.3%	18.8%	50.9%
STRIVE, N=361	29.6%	15.8%	54.6%

	Decrease	No Change	Increase
PREP, N=55	36.4%	12.7%	50.9%
STRIVE, N=191	41.4%	15.2%	45.1%

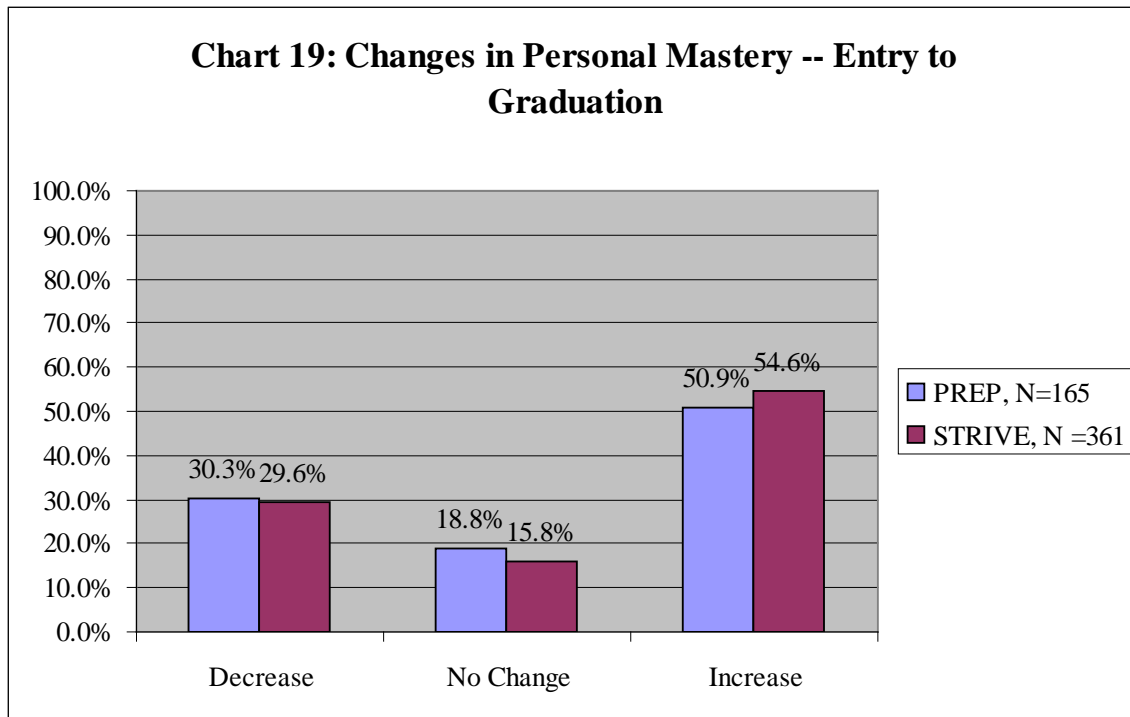


Chart 19 is a graphic illustration of Table 21a that shows a clear increase in Self-Mastery by the majority of participants in both programs.

Differences shown above between the two programs were not statistically significant.

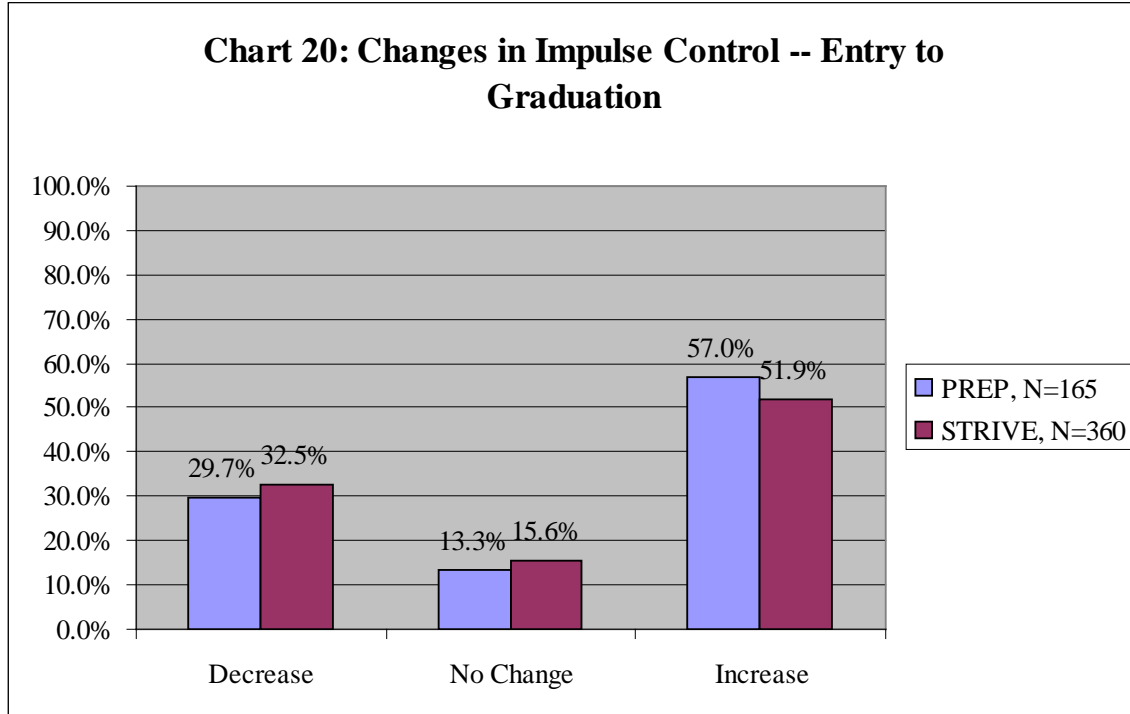
5.3.5 Impulse Control

An important measure of whether a person will maintain sobriety and refrain from further criminal behavior is impulse control. This study used a normed scale that looked at whether participants' self assessments of their ability to control their impulsive behavior improved over time. Tables 22a and 22b show that, in fact, participants in both programs had improvements in impulse control.

	Decrease	No Change	Increase
PREP, N=165	29.7%	13.3%	57.0%
STRIVE, N=360	32.5%	15.6%	51.9%

	Decrease	No Change	Increase
PREP, N=55	40.0%	3.6%	56.4%
STRIVE, N=191	35.6%	12.6%	51.8%

These results are encouraging for the program's ability to help people make better choices about their futures. Chart 20 shows a graphic illustration of Table 22a.



5.4 Parent Involvement

While not a focus of the program, an indirect result of improved social functioning would be improvement in one’s parenting responsibilities. The Second Chance Survey examined time spent with children, child support payment responsibility and informal support.

5.4.1 Time Spent with Children

Table 21 shows the breakdown for PREP participants at Entry, Graduation and Follow for the time spent with their children.

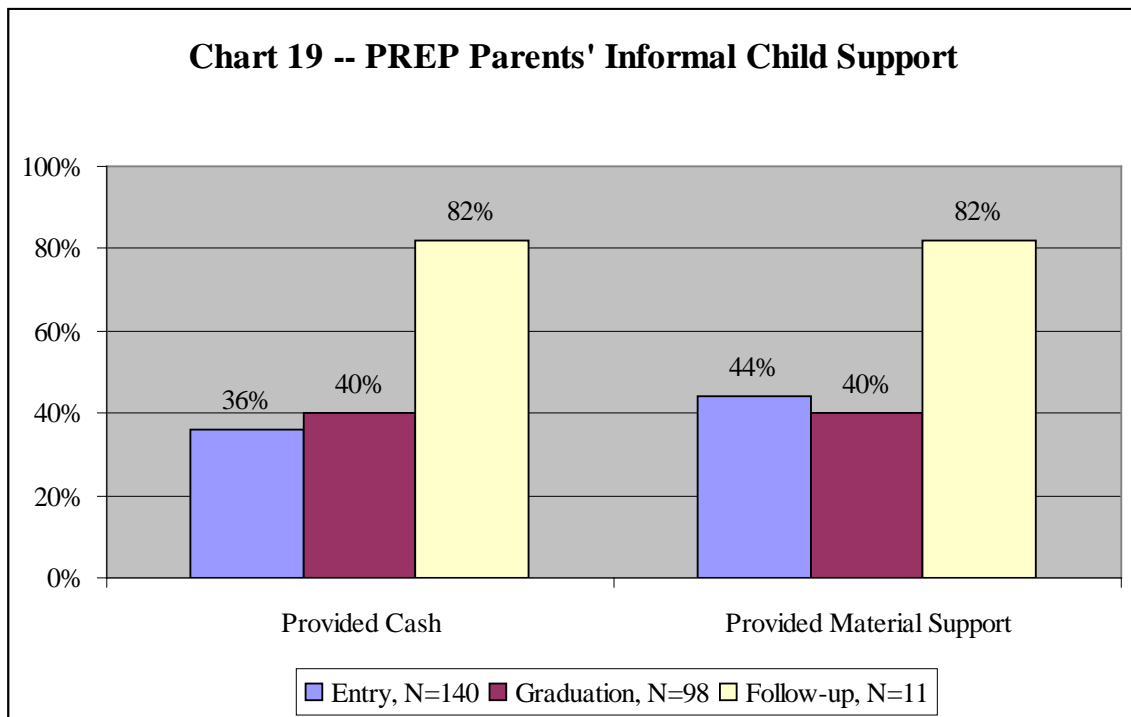
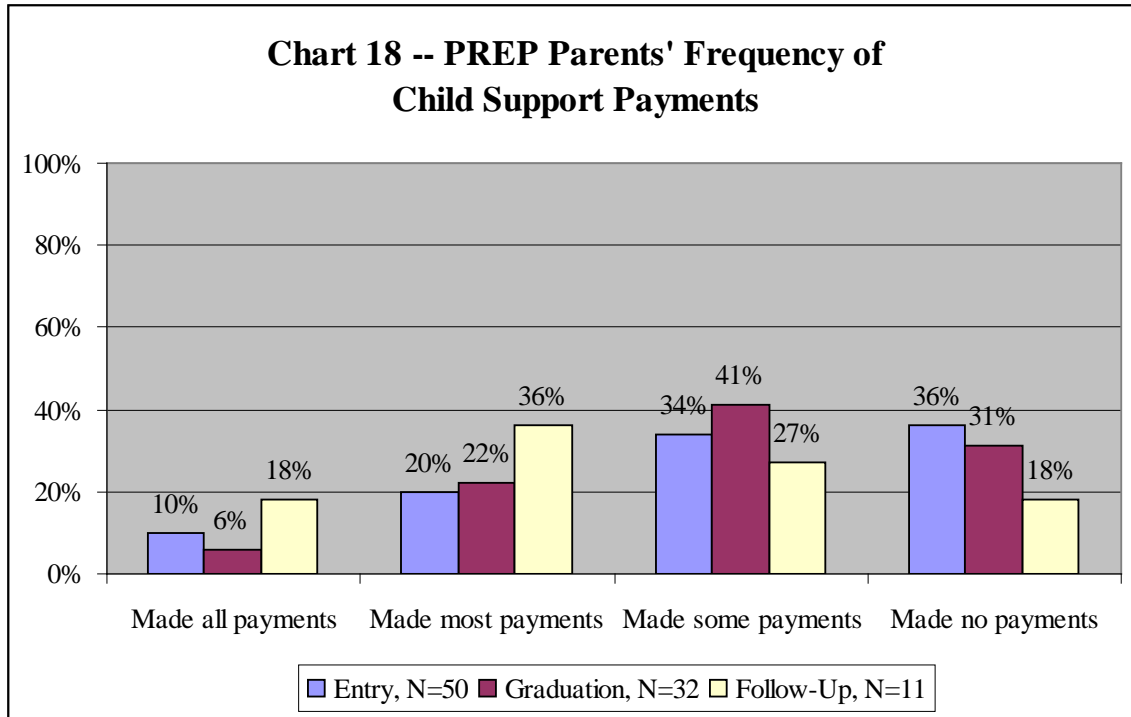
The most obvious finding from Table 21 is that the percentage of people saying that they did the listed activities once per week increased dramatically at Follow-up. Given how time-intensive the PREP program is, and that people have just come from incarceration, it makes sense that the amount of time with children would increase during the follow-up period. It is unclear from this list whether these higher percentages represent a real increase in parenting time from before the program began.

5.4.2 Required Child Support Payments

The overall analysis of Chart 18 is that most PREP participants rarely or never pay their child support. Adding the columns, Chart 18 shows that at entry, 70% paid little or nothing and at graduation, this number was 72%. On the other hand, those who participated in the follow-up show a higher level of responsibility. Of these, 54% paid at least most of the time. There appears to be some correlation between maintaining a longer term

relationship with Second Chance and taking personal responsibility for one’s children.

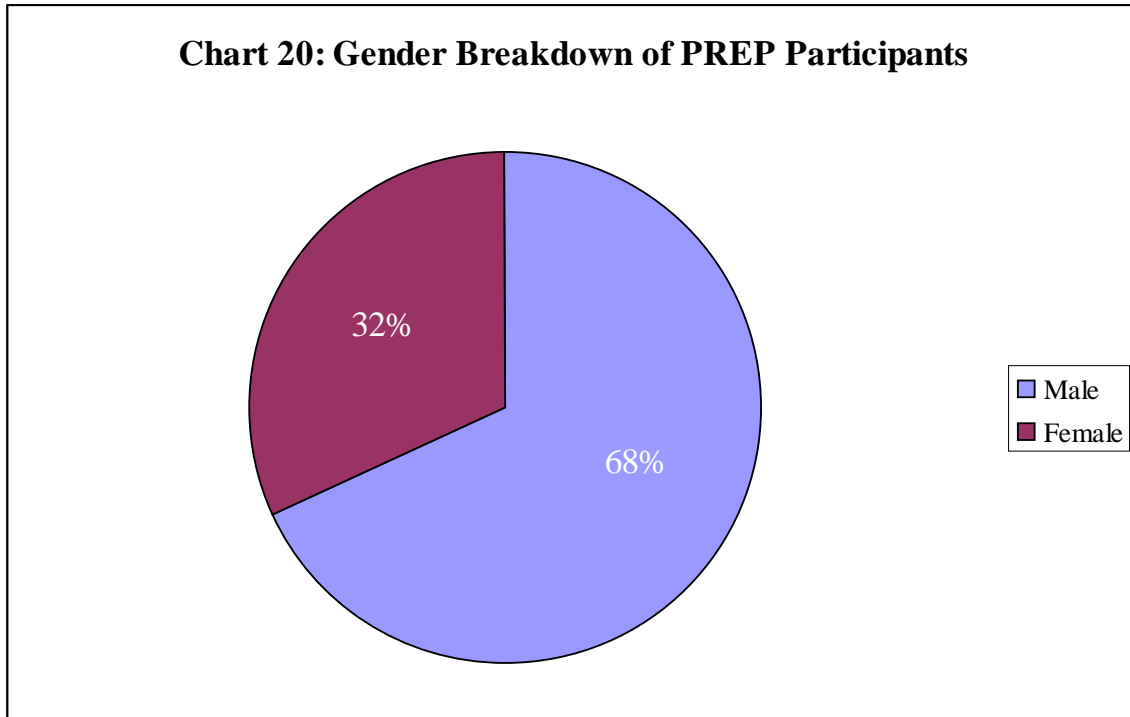
	Less than once per week	Once per week	More than once per week
Entry			
Outing away from home	61%	20%	20%
At home playing together	56%	11%	33%
Reading to a child	65%	10%	25%
At home working on a project	73%	11%	15%
Having private talks	58%	13%	29%
Helping with homework	72%	8%	21%
Graduation			
Outing away from home	65%	13%	22%
At home playing together	66%	11%	23%
Reading to a child	78%	10%	12%
At home working on a project	81%	10%	9%
Having private talks	59%	10%	31%
Helping with homework	80%	7%	13%
Follow-up			
Outing away from home	44%	44%	11%
At home playing together	33%	30%	37%
Reading to a child	52%	22%	26%
At home working on a project	56%	30%	15%
Having private talks	51%	19%	30%
Helping with homework	67%	11%	22%



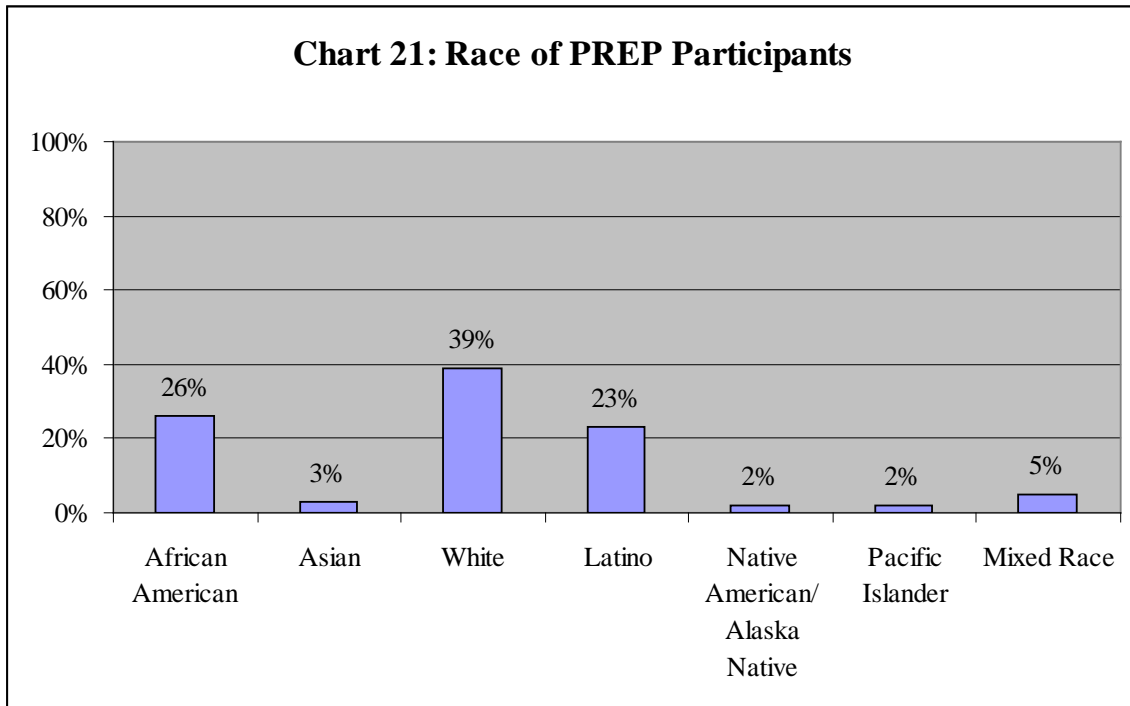
5.4.3 Informal Child Support

Chart 19 shows a similar pattern to that in Chart 18. The follow-up participants showed a much higher level of child involvement. This is a very small group (only 11); however, their high level of support indicates that there is a correlation between follow-through with children and follow-through with the Second Chance evaluation program.

Section 6: Demographics



PREP participants were mostly male.



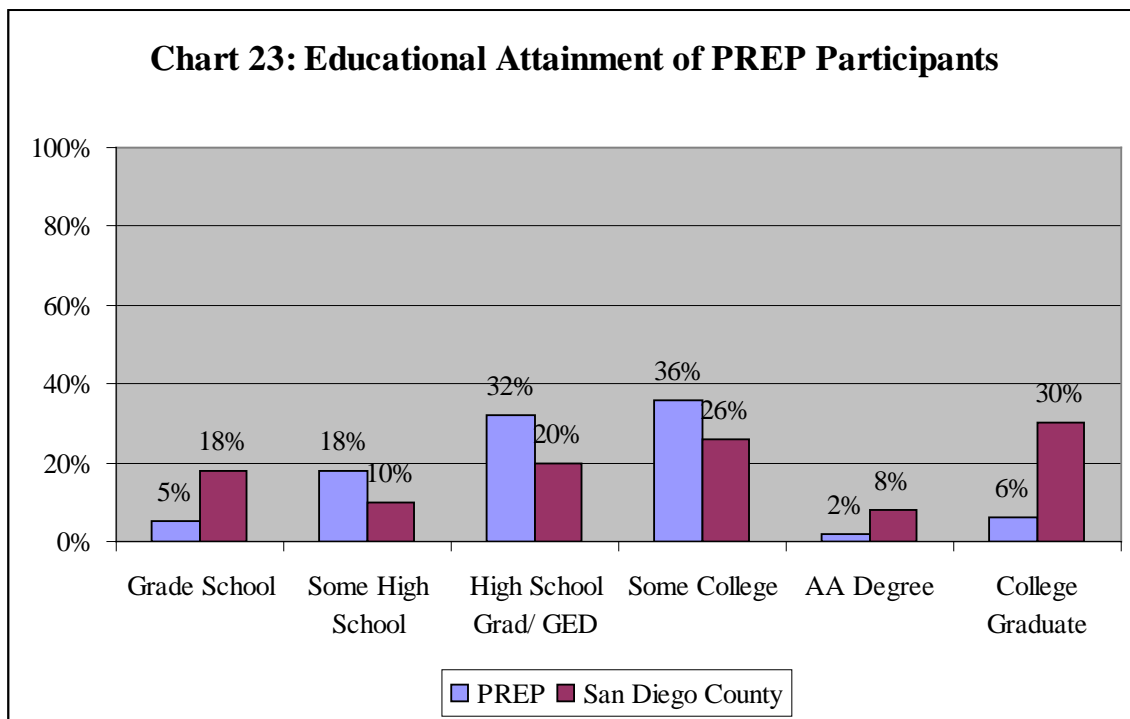
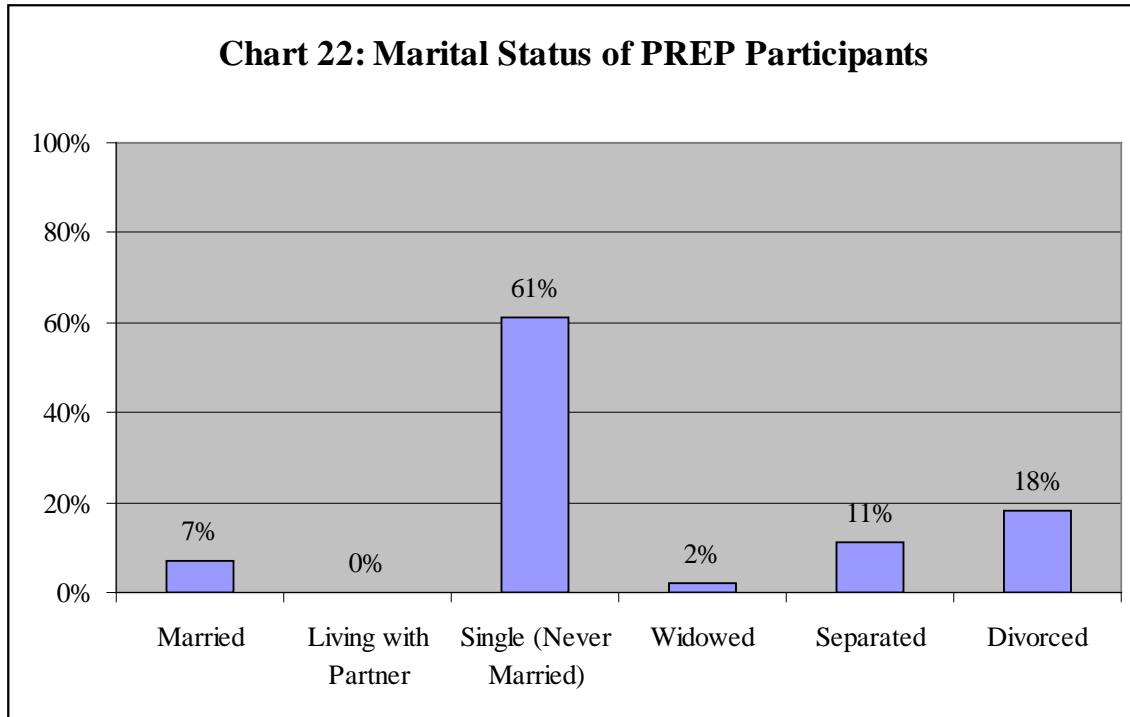
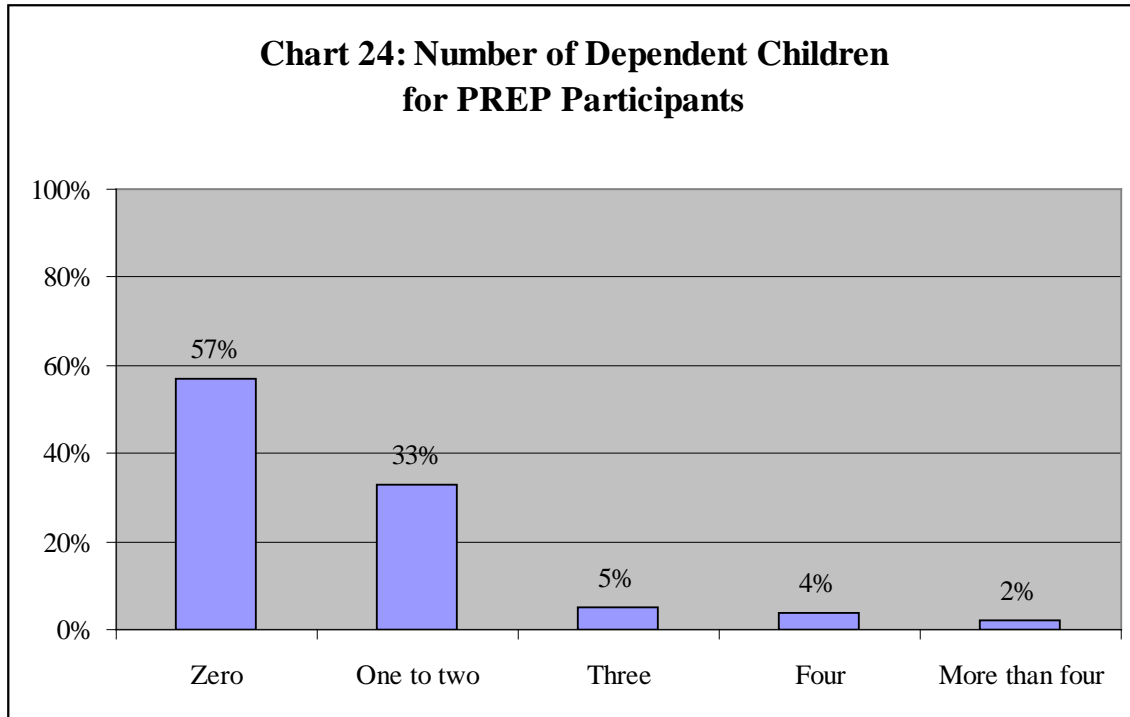
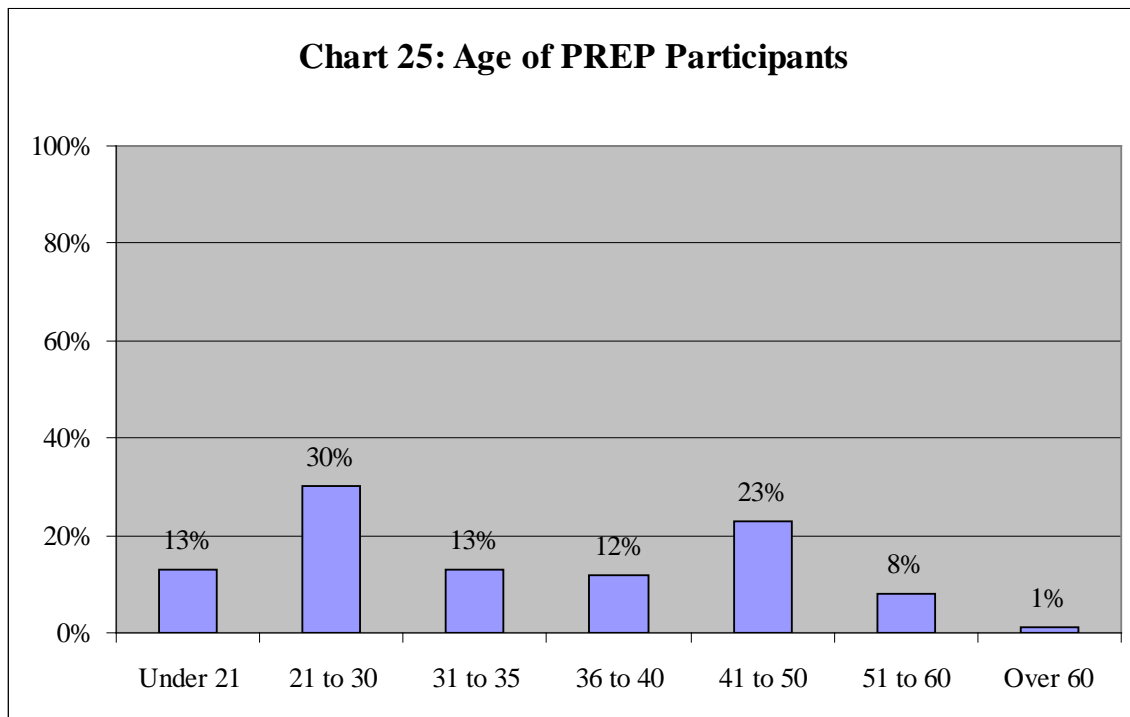


Chart 23 compares PREP participants to the San Diego County Census for 2000. PREP participants were more likely to graduate from high school or to have some college than residents from the County as a whole; however, they were less likely to have gotten a college degree.



PREP participants have a relatively low number of children.



The average age of PREP participants was 33.

Section 7: Concluding Observations

- PREP helps keep people out of jail or prison.
- Nearly every PREP participant was placed in sober living and given the tools to remain sober.
- Every PREP participant was exposed to mental health counseling and encouraged to continue this process.
- Eighty-three percent (83%) of PREP graduates were placed in gainful appointment at an average wage of nearly \$11.00 an hour.
- PREP impacts mental health positively, having the greatest impact on depression and social anxiety and self esteem.
- PREP participants were able to improve their sense of self mastery and improve their perceptions of their ability to control their impulses.
- PREP helps people stabilize their lives enabling them to become better parents, and more prepared and able to find work.

to look deeply at issues of particular concern to Second Chance – specifically the impact of family violence. Further analysis could be done on the impact, if any, of a history of domestic violence as well as establishing the incidence of domestic violence among both PREP and STRIVE participants.

In addition, 60-90 days is not really long enough to determine long-term success or failure among the participants. Thus, further research updating the cohorts from these data could yield more results on recidivism and employment success.

Given the program's success over the past three years, program expansion and sustainability would be advisable.

Continued research -- The data gathered included over 800 variables. Due to the number of issues that this evaluation dealt with, it was impossible

Section 8: Appendix A – Instruments Used

Second Chance Application

PLEASE PRINT CLEARLY

Today's Date: ____/____/____ Social Security #: ____ - ____ - ____

Full Name: _____
First M.I. Last

Present Address: _____
Street City State Zip Code

Driver's License/ID No.: _____

Phone Numbers

Home Phone #: _____ Cell Phone #: _____ Pager #: _____

Please list two (2) emergency contact numbers.

Emergency #: _____ Name: _____

Emergency #: _____ Name: _____

Please give us the name and number of someone who will always be able to reach you, and who is likely to be at their current address for at least a year.

Name _____ Phone Number: _____

Demographics

Date of Birth: ____/____/____

Gender: Male Female

Race/Ethnicity:

African American Caucasian Native American/Alaskan Other: _____
 Asian Latino/Hispanic Pacific Islander

Marital Status:

Married Single, (never married) Separated Divorced
 Living with Partner Widowed

Citizenship Status:

U.S. Citizen Eligible Non-Citizen Ineligible Non-Citizen
Alien Registration No.: _____

Can you work legally in the U.S.? Yes No

Is English your first language? Yes No If No, what is your first language? _____

Are you a veteran? Yes No Registered Selective Service? Yes No

Dependents:

Do you have any dependent children under 18 years old? Yes No

If yes:

How many dependent children do you have? _____

How many are under 12 years? _____

How many are under 6 years? _____

How many of your children live with you? _____

Are you single head of household? Yes No

Are you a non-custodial parent? Yes No

Do you have childcare? Yes No

How do you plan to provide daycare for your children while at STRIVE/Work?

Programs and Services

Which of the following programs and services are you applying for?

- STRIVE – 3 weeks job readiness training
- PREP – Prisoner Re-entry and Employment Program
- Sober Living Housing
- Housing Search Assistance

How did you hear about Second Chance - Strive/Sober Living/PREP?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Case Worker | <input type="checkbox"/> Correctional Officer | <input type="checkbox"/> Drug Treatment Facility | <input type="checkbox"/> EDD/1-Stop |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Friend | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Penny Saver | <input type="checkbox"/> PREP Orientation | <input type="checkbox"/> Probation | <input type="checkbox"/> STRIVE Staff Presentation |
| <input type="checkbox"/> TV | <input type="checkbox"/> Walking By | <input type="checkbox"/> Other: _____ | |

Name of Agency and Caseworker: _____

Living Situation

Do you own your own home? Yes No

Are you currently paying rent? Yes No

I am currently living in . . .

A Private Home

- | | | |
|--|--|--|
| <input type="checkbox"/> My Own House/Apt. | <input type="checkbox"/> Relative's House/Apt. | <input type="checkbox"/> Friend's House/Apt. |
|--|--|--|

A Shelter

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Domestic Violence Shelter | <input type="checkbox"/> Emergency Shelter |
|----------------------------------|--|--|

A Treatment Facility

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Treatment Facility | <input type="checkbox"/> Psychiatric Facility | <input type="checkbox"/> Residential Treatment Facility |
| <input type="checkbox"/> Hospital | | |

Other

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Sober Living | <input type="checkbox"/> Work Furlough |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Jail | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Other Living Situation: _____ | | |

Length of stay at current residence: _____ Years _____ Months

If at your present residence less than 30 days, what was your prior living situation?

A Private Home

- | | | |
|--|--|--|
| <input type="checkbox"/> My Own House/Apt. | <input type="checkbox"/> Relative's House/Apt. | <input type="checkbox"/> Friend's House/Apt. |
|--|--|--|

A Shelter

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Domestic Violence Shelter | <input type="checkbox"/> Emergency Shelter |
|----------------------------------|--|--|

A Treatment Facility

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Treatment Facility | <input type="checkbox"/> Psychiatric Facility | <input type="checkbox"/> Residential Treatment Facility |
|--|---|---|

- Hospital
- Other*
- Hotel/Motel Sober Living Work Furlough
- Homeless Jail Prison
- Other Living Situation: _____

Are you, or have you been homeless. Yes No

 If Yes: Have you been homeless for the last 12 months in a row? Yes No

 Have you been homeless for four or more times in the past three years? Yes No

Income Information

- Please check if you currently receive:
- | | | |
|---|---|---|
| <input type="checkbox"/> Allowance | <input type="checkbox"/> Child Support | <input type="checkbox"/> Employed |
| <input type="checkbox"/> EDD (Unemployed) | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> GR (General Relief) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare | <input type="checkbox"/> SSDI |
| <input type="checkbox"/> SSI | <input type="checkbox"/> TANF / How Long? _____ | <input type="checkbox"/> VET (Veteran's Benefits) |
| <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> None |

What was your approximate total income for the last month from all sources?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$200 | <input type="checkbox"/> \$800 to under \$1,000 |
| <input type="checkbox"/> \$200 to under \$400 | <input type="checkbox"/> \$1,000 to under \$1,500 |
| <input type="checkbox"/> \$400 to under \$600 | <input type="checkbox"/> \$1,500 to under \$2,000 |
| <input type="checkbox"/> \$600 to under \$800 | <input type="checkbox"/> \$2,000 and above |

Background

Criminal History:

- Have you ever been arrested? Yes No
- Have you ever been incarcerated? Yes No
- Have you ever been convicted of a crime? Yes No
- Have you been convicted of a felony in the last 10 years? Yes No
- Have you been convicted of a DUI in the last 7 years? Yes No

If you answered yes to any of the above, what were you convicted of? _____

Have you served or are you currently on:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> County Probation | <input type="checkbox"/> Federal Probation | <input type="checkbox"/> Work Release | <input type="checkbox"/> Community Release |
| <input type="checkbox"/> Sheriff's Parole | <input type="checkbox"/> State Parole | | |

Completion Date: ____/____/____ P.O.'s Name _____ P.O.'s Phone: _____

If you have been convicted of a crime, does that affect the type of work you can do or the age or type of people you can work with? Yes No

If yes, what are the restrictions on your employment? _____

If P3 (Parolee Partnership Program), list advocate's Name and Phone Number:

Health Information

Medical Information (Check all that apply.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Cancer | <input type="checkbox"/> Gastro-Intestinal Prob. | <input type="checkbox"/> Respiratory Problem |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Blood Pressure Prob. | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Other: _____ |

How would you rate your current health?

- Poor Fair Good Excellent

When was the last time you went to a doctor for medical problems?

- Past month Past 3 months Past 6 months Past 6 months Past year

Are you currently seeing a mental health counselor for any problems? Yes No

Medications

Are you taking any prescribed medications? Yes No

If **yes**, who is the *prescribing physician*? _____

Please list all medication(s) currently prescribed: _____

Drugs

Have you ever used illegal drugs? Yes No

Have you used illegal drugs in the last 6 months? Yes No

Are you addicted to any drugs? Yes No

Drug of choice: _____

Do you share needles...? Never Rarely Sometimes Often Almost Always

Date of last drug use ____/____/____

Alcohol

Have you ever been charged with a DUI? Yes No

Do you have a problem with alcohol use or abuse? Yes No

Has your use of alcohol negatively affected your:

- family finances health relationships work

Considering all types of alcoholic beverages, how many times *during the past 30 days* did you have 5 or more drinks on an occasion? _____

Have you been through a Treatment Facility/Program? Yes No

For each program, please list the name, type (out-patient or residential), when attended, and if you graduated.

Name of Program	Type		Start Date	Exit Date	Graduate	
	Out-patient	Residential			Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Couple Conflicts

Please think about your romantic and sexual relationships over the course of your life. This includes dating, living together and married relationships.

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or for some other reason. Couples also have many different ways of trying to settle their differences.

This is a list of things that might happen when you have differences. Please mark how many times you did each of these things, or they were done to you, in any of your past or present romantic or sexual relationships including dating, living together and married relationships.

3. I pushed, shoved, or slapped my partner.
- Once in my lifetime
 - Twice in my lifetime
 - 3-5 times in my lifetime
 - 6-10 times in my lifetime
 - 11-20 times in my lifetime
 - More than 20 times in my lifetime
 - This has never happened
4. My partner pushed, shoved, or slapped me.
- Once in my lifetime
 - Twice in my lifetime
 - 3-5 times in my lifetime
 - 6-10 times in my lifetime
 - 11-20 times in my lifetime
 - More than 20 times in my lifetime
 - This has never happened
5. I punched or kicked or beat-up my partner.
- Once in my lifetime
 - Twice in my lifetime
 - 3-5 times in my lifetime
 - 6-10 times in my lifetime
 - 11-20 times in my lifetime
 - More than 20 times in my lifetime
 - This has never happened
6. My partner punched or kicked or beat-me-up.
- Once in my lifetime
 - Twice in my lifetime
 - 3-5 times in my lifetime
 - 6-10 times in my lifetime
 - 11-20 times in my lifetime
 - More than 20 times in my lifetime
 - This has never happened
7. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner.
- Once in my lifetime
 - Twice in my lifetime
 - 3-5 times in my lifetime
 - 6-10 times in my lifetime
 - 11-20 times in my lifetime
 - More than 20 times in my lifetime
 - This has never happened
8. My partner had a sprain, bruise, or small cut or felt pain the next day because of a fight with me.
- Once in my lifetime
 - Twice in my lifetime
 - 3-5 times in my lifetime
 - 6-10 times in my lifetime
 - 11-20 times in my lifetime
 - More than 20 times in my lifetime
 - This has never happened
9. I went see a doctor (M.D.) or needed to see a doctor because of a fight with my partner.
- Once in my lifetime
 - Twice in my lifetime
 - 3-5 times in my lifetime
 - 6-10 times in my lifetime
 - 11-20 times in my lifetime
 - More than 20 times in my lifetime
 - This has never happened
10. My partner went to see a doctor (M.D.) or needed to see a doctor because of a fight with me.
- Once in my lifetime
 - Twice in my lifetime
 - 3-5 times in my lifetime
 - 6-10 times in my lifetime
 - 11-20 times in my lifetime
 - More than 20 times in my lifetime
 - This has never happened

Education and Training

Please indicate your highest level of education:

- | | |
|---|---|
| <input type="checkbox"/> Grade School (Less Than 9 Years)
Credential | <input type="checkbox"/> Occupational Skills Certificate or |
| <input type="checkbox"/> Some High School (9 - 12 Years) | <input type="checkbox"/> Some College |
| <input type="checkbox"/> G.E.D. | <input type="checkbox"/> AA Degree |
| <input type="checkbox"/> High School Graduate or GED (12 Years) | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> Occupational Skills License | <input type="checkbox"/> Other _____ |

Typing Skills: Yes No If yes, WPM: _____
 Have you received any Employment/Training services in the last 18 months? Yes No

If Yes, what type?

What other job-related skills do you have (computer, certificates, telephones, etc.)?

Employment

How many jobs have you had in the past year? _____
 How long has it been since you last worked? _____ Years _____ Months
 Have you been actively looking for a job since you last worked? Yes No
 How many applications have you filled out in the last 3 months? _____
 How many interviews have you had in the last 3 months? _____
 How many job offers have you had in the last 3 months? _____

Employment History:

*Please begin with you most recent position and work backwards in order

ID# _____

Second Chance Survey

Cover Sheet

We would like to keep the STRIVE/PREP program going and improve it where we can. This is very important, and we need your help. Please complete this questionnaire so we can provide the best service possible to everyone who comes to STRIVE/PREP.

All of your answers are kept confidential. The cover sheet that you write your name on will be removed from the questionnaire, so your name will never be matched to the answers you give.

There are no right or wrong answers to these questions. Just be honest about how you feel and what you believe to be true.

Please check only ONE box for each question. If you cannot decide, answer the question based on how you feel most of the time.

Please print your name on the line below. This top page will be removed from the following questionnaire before sending it to the program evaluator.

Name: _____

ID _____

Date _____

Second Chance Survey

SECTION A – ATTITUDES

The statements below have been used to describe certain attitudes. We would like to know how much you agree or disagree with these statements. Please answer each question as well as you can by checking the box by the answer that best describes how much you agree or disagree with these attitudes. There are no right or wrong answers.

1. I want to buy a house in my neighborhood.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

2. I will have a job that pays well.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

3. I will go to college.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

4. In the future, I want to have a family.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

5. I think things will be good for me in the future.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

6. I know what kind of work I want to do in the future.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

7. Other people decide what happens to me.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

8. When I try to be nice, people notice.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

9. It is important to think before you do something.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

10. I am responsible for what happens to me.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

11. If I study hard, I will get better grades.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

12. If you work hard, you will get what you want.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

SECTION B – SELF-BELIEFS

This section concerns the beliefs you have about yourself. Please answer each question honestly. Place a check in the box by the answer that best describes how you think about yourself. There are no right or wrong answers.

1. All in all, I am inclined to feel that I am a failure.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

2. I feel that I have a number of good qualities.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

3. I feel that I am a person of worth, at least on an equal basis with others.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

4. I take a positive attitude toward myself.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

5. I feel I do not have much to be proud of.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

6. I am able to do things as well as most other people.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

7. I certainly feel useless at times.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

8. I wish I could have more respect for myself.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

9. On the whole, I am satisfied with myself.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

10. There is really no way that I can solve some of the problems I have.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

11. I have little control over the things that happen to me.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

12. At times I think that I am not good at all.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

13. What happens to me in the future mostly depends upon me.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

14. I often feel helpless in dealing with the problems of life.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

15. There is little I can do to change many of the important things in my life.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

16. I'm the kind of person who will try anything once.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

17. Sometimes I feel like I am being pushed around in life.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

18. I can do just about anything I really set my mind to do.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

19. When I'm having fun, I tend to get carried away and go too far.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

20. I do things without giving them enough thought.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

21. I should try harder to control myself when I'm having fun.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

22. I stop and think things through before I act.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

23. I say the first thing that comes into my mind without thinking enough about it.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

24. I like to do new and different things that many people would think is weird or not really safe.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

SECTION C – RECENT FEELINGS

We are interested in knowing about how you have been feeling recently. There are no right or wrong answers.

Below is a list of problems people sometimes have. Read each one carefully and check the box that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.

1. Faintness or dizziness

- Not at all
 A little bit
 Moderately
 Quite a bit
 Extremely

2. Feeling no interest in things

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

3. Nervousness or shakiness inside

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

4. Pains in heart or chest

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

5. Feeling lonely

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

6. Feeling tense or keyed up

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

7. Nausea or upset stomach

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

8. Feeling blue

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

9. Suddenly scared for no reason

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

10. Trouble getting your breath

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

11. Feelings of worthlessness

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

12. Spells of terror or panic

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

13. Numbness or tingling in parts of your body

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

4. How often do you attend religious services in your neighborhood?

- Never
 Not Often
 Sometimes
 Often
 Almost Always

5. How often do you go to local community events (such as street fairs, concerts, or farmer's markets)?

- Never
 Not Often
 Sometimes
 Often
 Almost Always

6. How often do you do things with other people in your neighborhood?

- Never
 Not Often
 Sometimes
 Often
 Almost Always

SECTION E – HEALTH HABITS

1. How would you rate your current health?

- Poor Fair Good Excellent

2. How many days per week do you usually do VIGOROUS physical activity, that is, activity that makes you breathe hard and sweat, such as exercise, sports, or lifting or carrying heavy objects?

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 6 Days |
| <input type="checkbox"/> 1 Day | <input type="checkbox"/> 4 Days | <input type="checkbox"/> 7 Days |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 5 Days | |

3. How many days per week do you usually do MODERATE physical activity, that is, activities like brisk walking, bicycling on level ground, using the stairs, active housework or gardening, and active play with children?

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 6 Days |
| <input type="checkbox"/> 1 Day | <input type="checkbox"/> 4 Days | <input type="checkbox"/> 7 Days |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 5 Days | |

4. How often do you have unprotected sex outside a monogamous relationship?

- Never Not Often Sometimes Often Almost Always

5. Do you smoke?

- No Yes

If Yes,

6. How many cigarettes do you typically smoke in a day (1 pack = 20 cigarettes)?

7. Do you want to quit smoking at this time in your life? No Yes

8. How likely would you be to participate in a program to help you quit smoking if we had one here at Second Chance?

Definitely would not participate

Might participate

Definitely would participate

9. Have you used illegal drugs in the last 6 months? No Yes

10. Are you addicted to any drugs? No Yes

11. Do you share needles...?

Never Rarely Sometimes Often Almost Always

12. Date of last drug use ____/____/____

13. Do you have a problem with alcohol use or abuse? No Yes

14. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? _____

SECTION F – EMPLOYMENT

1. How prepared do you feel you are for finding a good job?

Not at All

A Little

Somewhat

Very

Extremely

2. How easy do you think it will be to get a new job that you are happy with?

Not at All

A Little

Somewhat

Very

Extremely

SECTION G – PARENTHOOD

Please complete this section if you have any children under 18 years of age.

1. How often do you spend time with your children...
 - a. on an outing away from home (at parks, museums, zoos, etc.).
 - Never or Rarely
 - Once a Month or Less
 - Several Times a Month
 - About Once a Week
 - Several Times a Week
 - Almost Daily
 - b. At home playing together.
 - Never or Rarely
 - Once a Month or Less
 - Several Times a Month
 - About Once a Week
 - Several Times a Week
 - Almost Daily
 - c. reading to a child.
 - Never or Rarely
 - Once a Month or Less
 - Several Times a Month
 - About Once a Week
 - Several Times a Week
 - Almost Daily
 - d. at home working on a project together.
 - Never or Rarely
 - Once a Month or Less
 - Several Times a Month
 - About Once a Week
 - Several Times a Week
 - Almost Daily
 - e. having private talks.
 - Never or Rarely
 - Once a Month or Less
 - Several Times a Month
 - About Once a Week
 - Several Times a Week
 - Almost Daily

f. helping with homework.

- Never or Rarely
 Once a Month or Less
 Several Times a Month
 About Once a Week
 Several Times a Week
 Almost Daily

Please answer the following questions only if you have children that do not live with you.

2. Are you legally required to pay child support?

Yes

No

3. If Yes, have you...

- Made all the payments required.
 Made some of the payments required.
 Made most of the payments required.
 Made none of the payments required.

4. For children not living with you, do you...
provide informal cash support?

Yes

No

provide other material support (such as buying them clothes)?

Yes

No

1. Before I was 18, an adult or another kid in my family made me look at or touch their private parts (sex organs), looked at or touched mine, or had sex with me (vaginal, anal, or oral).

No

Yes

2. Before I was 18, an adult or another kid who was not part of my family made me look at or touch their private parts (sex organs), looked at or touched mine, or had sex with me (vaginal, anal, or oral).

No

Yes

3. Have you ever been a witness to an attack on someone else that involved a weapon?

No

Yes

4. Aside from childhood incidents, have you ever been physically attacked, beaten up, or threatened?

No

Yes

5. Has someone ever broken into or illegally entered your home, garage or other building on your property?

No Yes

6. Have you ever had something stolen from you by force (e.g., stick-up, mugging)?

No Yes

Section 9: Appendix B – Measures Described

There were a number of outcome measures central to the goals of this project. These included emotional outcomes, health outcomes, attitudes and beliefs, social outcomes, and parental involvement.

The emotional outcomes include depression, anxiety, somatization, general distress, public self-consciousness, and social anxiety. Depression, anxiety, and somatization were all measured with the Brief Symptom Inventory 18 (BSI 18), and general distress comprises these three sub-scales. Details on scoring the BSI 18 are found in the BSI 18 Administration, Scoring, and Procedures Manual. The BSI 18 manual indicates that a clinical score for each sub-scale (somatization, depression, and anxiety) is one that is equivalent to the top 10 percent of the range of scores from a community population. The reliability coefficients¹ as measured with Cronbach's alpha ranged from 0.83 to 0.88 on the baseline questionnaire. The BSI 18 produces a General Severity Index (GSI) as a measure of general distress, and the clinical range for the GSI is equivalent to approximately the top 10 percent of scores in a community population. The reliability on the baseline questionnaire as measured with Cronbach's alpha was 0.94.

Public self-consciousness taps the degree to which participants are concerned about their image in public settings. The seven-item scale had an alpha reliability on the baseline of 0.77, and includes Likert-type items for which participants rated the extent of their agreement with statements such as "I am concerned about the way I present myself."

Social anxiety had a reliability of 0.83 on the baseline questionnaire. This five-item measure indicates the extent to which social situations elicit agitation-related emotions in participants.

The health outcomes include general health, vigorous exercise, moderate exercise, unsafe sex, smoking, drugs, and alcohol. All of these outcomes were measured with single items, such as, "How would you rate your current health? Excellent, good, fair, or poor?" Each of these items are found in Appendix A, which contains the questionnaire administered when the participant entered the program (baseline), after the job-readiness course was completed (post), and three months after the course was completed (follow-up).

Attitude and belief measures include future aspirations, perceptions of control, self-esteem, mastery, and impulse control. The future aspirations measure reflects the extent to which participants think about and plan for their future. The scale uses five Likert-

¹*Reliability coefficients* refers to how consistent a measure is in producing scores, and it ranges from 0 to 1.0, with a score of 1.0 indicating perfect consistency (or the absence of measurement error). In the case of Cronbach's alpha, it is a measure of internal consistency. That is, it indicates how well the individual items in a scale cohere.

type items for which participants rated the extent of their agreement with statements such as “I know what kind of work I want to do in the future.” The reliability of this measure on the baseline questionnaire was 0.59.

Perceptions of control were measured with a four-item scale that taps the extent to which participants believe they have control over events in their life. The measure includes Likert-type items such as “I am responsible for what happens to me.” Reliability on the baseline measure of perceptions of control was 0.71.

Pearlin & Schooler’s “Personal Mastery Scale” has become perhaps the most widely used measure in health research. It consists of 7 items which are answered on a 4-point (strongly agree, agree, disagree, strongly disagree) scale and has been shown to exhibit reasonable internal reliability.

Participants’ perceptions of self-worth were measured with Rosenberg’s 10-item self-esteem scale. Rosenberg’s self-esteem scale has Likert-type items such as “I feel I am a person of worth, at least on an equal basis with others.” Reliability on the baseline was 0.83.

The questionnaire contained a measure of impulse control, which included seven items designed to assess the degree to which participants were able to think about things before they act on them. The measure had a reliability of 0.75.

The social outcomes included in the study were community activities and couple conflicts. The community activities measure includes questions about the frequency of activities such as dining in neighborhood restaurants or using neighborhood recreation facilities. The six-item scale had a reliability of 0.67 on the baseline questionnaire.

Those that had children under the age of 18 were asked about their level of involvement with their children. They were asked about the amount of time they spend in various activities with their children such as reading, or outings away from home. The time spent with children scale included six items and a reliability of 0.92.

The amount of material and monetary support that participants gave to their children was assessed with a set of three questions that addressed formal monetary support, informal monetary support, and other material support. The reliability for this scale was only 0.51.