

**DATA COLLECTION MANUAL**  
**ARIZONA COSIG PILOT PROJECT**



**March 13<sup>th</sup>, 2007**



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## INTRODUCTION

### PURPOSE OF THE PILOT STUDY

The Pilot Project is designed to develop, and implement an integrated program of co-occurring pre- and post-release services to adult inmates of the Arizona Department of Corrections. A primary goal of the project is to increase opportunities for successful re-entry into the community. The pilot project will reduce recidivism and increase treatment opportunities by providing a structured process for developing and implementing a formalized approach to serving persons with co-occurring disorders.

### OBJECTIVES OF THE PILOT PROJECT

1. Participants will be selected at random based upon mental health and substance abuse scores assigned by the Department of Corrections. Inmates with a score of 3/3 will be randomly placed in either a control group or selected for treatment. Those selected for treatment will be transferred to the Manzanita Unit for intake and orientation.
2. A comprehensive, dual-primary co-occurring treatment curriculum, developed by Dr. Roger Peters and his colleagues, is implemented for use in a 12 month, pre-release residential unit treatment program for inmates with co-occurring disorders.
3. A co-occurring Individualized *Transitional Release Planning* process will be developed and field-tested for ultimate dissemination and adoption throughout the entire ADC system. This will provide a formal procedure to guide preparation for, implementation and follow-through of an individual inmate's release from ADC custody and re-entry into the community. This planning process will utilize case management and adopt principles of multi-disciplinary and wrap-around services.
4. Process and outcome assessment of the post-release adjustment and recidivism of program participants occurs after initial release, 6 months, one and two years after release from the Department of Corrections.

## TARGET LOCATION

The Services Pilot will be implemented at the Arizona State Prison Complex in Tucson-Manzanita Unit beginning in February 2006. Not sooner than July 1, 2007 and not later than June 30, 2008.

## IMPLEMENTATION DATES

DATE	PROGRAM IMPLEMENTATION
01/30/06	12-month residential pre-release treatment program begins operations at the Manzanita unit of ASPC-Tucson
01/31/07	6-month post-release case management, housing, and alumni/relapse prevention group services begin operations in the Tucson community
1/31/07	6-month post-release case management, housing, and alumni/relapse prevention group services begin operations in the Phoenix community
11/01/06	First inmates completing the 12-month residential pre-release treatment program begins community re-entry services in both the Tucson and Phoenix Communities

## KEY COMPONENTS OF THE ENHANCED SERVICES PILOT

The COSIG Services Pilot Project will implement a package of residential-based, pre-release treatment services and post-release re-entry services that are co-occurring and culturally competent. ( $n = 125$  in enhanced treatment condition,  $n = 125$  in treatment-as usual condition). Key components of the Services Pilot will include:

- 1. CO-OCCURRING INTEGRATED CLINICAL TEAM:** Inmates participating in the enhanced Services Pilot Project will be staffed by an integrated clinical team that consists of a: Substance Abuse Counselor, Mental Health Counselor, Case Manager(s), Correctional Officer III(s) and Parole Officer(s). They will operate as a team and will be responsible for assessment, treatment planning, transitional release planning, and service delivery, referral, and coordination for those inmates participating in the enhanced Services Pilot Project.
- 2. CO-OCCURRING INFORMED ASSESSMENT:** Inmates participating in the enhanced Services Pilot Project will be assessed using instruments such

as the Addiction Severity Index (ASI)<sup>1</sup>, The Brief Psychiatric Rating Scale<sup>2</sup> and the SOCRATES<sup>3</sup>. Assessments will be given at the time of entry to the project (not less than 12 months prior to their discharge), at the time of discharge, and 6-months following discharge. ADC will provide summaries of these data in a format agreeable to the Coordinating Center.

**3. INDIVIDUALIZED TRANSITIONAL RELEASE PLANNING:** inmates will be provided an Individualized Transitional Release Plan (ITRP)<sup>4</sup> that is informed by the aforementioned assessment process. The integrated clinical team will develop an ITRP that is a, strengths-based plan designed to establish performance based objectives and identify resource needs for each inmate upon his release and re-entry into the community. The ITRP will be developed not more than 90 days after an inmate's enrollment into the program. Participants in this ITRP process and required signatories to the ITRP will include:

- The inmate
- The inmate's family members/significant others as appropriate
- The assigned case manager
- The assigned parole officer
- The substance abuse counselor
- The mental health counselor
- Other individuals mutually agreeable to the inmate and his case manager.

An agreed upon format for the ITRP will be developed that specifies goals, objectives, actions with deadlines and/or dates for completion of specific activities necessary to adequately prepare the inmate for community re-entry and for assisting the inmate in identify and accessing appropriate services and supports in the community upon discharge. In support of the development of the ITRP, the inmates and their case manager will complete a "pre release questionnaire".

**4. CO-OCCURRING CASE MANAGEMENT:** Inmates participating in the enhanced Services Pilot Project will be provided a comprehensive continuous integrated system of care through case management support for 12 months prior to their discharge and up to 6 months post-release. Case Manager caseloads will not exceed 1:40, with caseloads reflecting a mix of pre-released and post-release inmates.

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<sup>1</sup> Appendix B

<sup>2</sup> Appendix C

<sup>3</sup> Appendix D

<sup>4</sup> Appendix F

- 5. PRE-RELEASE RESIDENTIAL CO-OCCURRING TREATMENT SERVICES:** Inmates participating in the enhanced Services Pilot Project will be provided “Co-Occurring Recovery Treatment and Education Services” for the 12 months prior to their discharge from the Manzanita Unit of the Arizona State Prison Complex-Tucson. This program of services will follow a manualized approach and will be based upon *Working with Offenders Who Have Co-Occurring Mental and Addictive Disorders: A Treatment Curriculum for Corrections-Based Programming*, authored by Roger Peters, Ph.D. & colleagues.
- 6. CO-OCCURRING SUBSIDIZED HOUSING:** Inmates participating in the COSIG Services Pilot Project, working with the Case Manager will be set up with housing to meet their needs. The Department of Corrections, utilizing a Purchase Order will be able to provide housing for an inmate provided cost does not exceed \$1,000. Residence must meet therapeutic guidelines, be approved by parole officer and be an approved ADC housing location.
- 7. RE-ENTRY SERVICES:** Inmates participating in the Services Pilot Project will be provided with referral and enrollment assistance services from their ADC case manager to facilitate access to a variety of appropriate and necessary community based services, as identified in the inmates’ ITRP<sup>5</sup>. Prior to release, all eligible inmates will be set up with a DES/AHCCCS representative to begin enrollment paperwork. Additional assistance may include but is not limited to, mental health services, medical services, substance abuse treatment, housing, transportation, education, food, clothing, and employment. As part of the transitional release plan, the inmate may be provided assistance with other community resources and provider networking and with placement in community reintegration workshops.
- 8. ALUMNI/RELAPSE PREVENTION GROUP:** Participating inmates will be encouraged to attend monthly alumni meetings. These meetings will be co-facilitated by a former inmate with co-occurring disorders and an ADC substance abuse counselor, case manager, or parole officer, and will be convened in a community location to provide inmates with a social support network to aide in their community-re-adjustment and maintenance of sobriety and mental health stability.

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<sup>5</sup> Appendix F

# PRELIMINARY LOGIC MODEL FOR THE ARIZONA COSIG SERVICE PILOT DEMONSTRATION

## POPULATION & ENVIRONMENT

**Target Population**  
 Male inmates of ADC with co-occurring disorders (substance abuse/mental health)

Program eligibility:

- Alcohol and Drug score of 2 or more (indicates substance abuse problems)
- Mental Health score of 3 (indicates mental illness)
- Public Risk score of 3 (indicates reasonably low risk for altercations and violence)
- Institutional Risk score of 3 (indicates reasonably low risk for altercations and violence)
- Security Score of 3 (indicates reasonably low risk for altercations and violence)
- Free from exclusion criteria

**Population Characteristics (system-wide)**

- 46% white; 14% African-American; 5% Native American

## THEORY & ASSUMPTIONS

**Curriculum based on a biopsychosocial treatment perspective that includes elements of:**

- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Emphasizes spirituality and relapse prevention as key elements
- Uses a group-treatment model found effective with inmates
  - Wide range of experience facilitates feedback
  - Peer credibility useful in addressing rationalization and denial
  - Cost effective

Intervention also includes a “wrap-around” model of care

- Integrated continuum of care model across multiple agencies found to decrease recidivism
- Provides for support up to six months following release

## INTERVENTION

**Key components of the Enhanced Services Pilot include:**

- Co-Occurring Integrated Clinical Team
- Co-Occurring Informed Assessment
- Individualized Transitional Release Planning
- Co-Occurring Case Management
- Pre-Release Residential Co-Occurring Treatment Services
- Co-Occurring Subsidized Housing

## OUTCOMES

**Mediators:**

- Therapeutic working alliance
- Program support/services

**Moderators:**

- Person characteristics

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- Reduced recidivism
- Reduced substance use
- Improved mental health functioning
- Improved residential stability
- Improved levels of employment
- Improved access to health and behavioral health supports

## EVALUATION DESIGN

Outcome evaluations are designed to determine whether a set of expected program outcomes occurred, and whether these same outcomes would have occurred if the demonstration had not been initiated. To do this, evaluators must measure demonstration outcomes and compare them to outcomes of traditional or ongoing programs. The methods for accomplishing this are referred to here as the outcome research plan.

The essence of social outcome evaluation is consistent and systematic comparison, usually of observed changes in groups of people. The evaluation design defines the manner in which those groups are created or identified. This includes how inmates will be screened as eligible for participation, and how some will be assigned to the experimental group and others to the comparison group. Time frames for group membership are also defined along with potential problems and how these will be addressed in the research.

The overall evaluation plan compares the service pilot project participants with a control group cohort who receive services as usual. Services as usual include a variety of both mental health services and substance abuse treatment programs. However, none of these programs currently integrate services for inmates suffering from co-occurring disorders.

Participants that meet the service pilot project's eligibility criteria will be randomly assigned to either the experimental or comparison units as described in the next section. Random assignment provides the strongest position for causal inference, is considered traditionally as the best method of insuring high similarity between groups, and generally is regarded as the "gold standard" of research methodologies<sup>6</sup>.

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<sup>6</sup> Cook, T.D. and Campbell, D.T. (1979). *Quasi-Experimentation: Design & Analysis Issues for Field Settings*. Boston, MA: Houghton Mifflin Company.

## **RANDOM ASSIGNMENT PROCEDURES**

Male inmates of ADC who meet the following criteria will be eligible for this program:

- Public/Institutional Risk score of 3/3
- Alcohol/Drug score of 2 or above
- Mental Health score of 3
- Security Score of 3 (others considered on a case basis through a classification over-ride allowing placement at Manzanita)
- No detainers that would preclude participation in outside services on record at time of transfer into Manzanita for treatment
- Planned release in Tucson/Phoenix metropolitan area
- Release not more than 18 months and not less than 12 months from date of program selection

Inmates who meet the following criteria are considered ineligible:

- Non-US citizen
- Convicted of a sex offense
- History of serious violence
- Psychotic diagnosis/disorder
- Probabilistic release to county other than Maricopa or Pima

Equal probability of selection (i.e. random assignment) will be used to construct two groups: a comparison group (n = 125); and a treatment group who will be offered the enhanced co-occurring disorders services of COSIG (n = 125). Initially, 40 inmates will be assigned to each group (it is anticipated that the program will serve approximately 40 clients at a time). When openings in the program occur, further assignments will be made until each group's quota of 125 is met.

There is the possibility that an individual identified as eligible for the program may become ineligible prior to being approached by the ADC staff. This could be due to a change in security score, a temporary detention or other factors. If the reason for being made ineligible is temporary, once the original status is restored and assuming there is sufficient time remaining prior to release, the inmate will be offered the program if there is a spot available. Otherwise, that individual will not be further considered for the program.

Inmates in the comparison group will receive services as usual. However, a subset of the comparison group will be given the assessment battery described below upon selection and six-months following release. Arizona Department of Corrections (ADC) staff will provide inmates in the treatment group with a description of COSIG and will invite those inmates to participate in the program. Those assigned to the treatment group who decline to participate will continue to receive treatment as usual. Those in Group 2 who elect to participate will enter the COSIG prison housing unit to begin the program.

## PREDICTED STATISTICAL VALIDITY

The power of a statistical test<sup>7</sup> is the probability of rejecting the null hypothesis, i.e., a hypothesis of no difference, when the null hypothesis is, in fact, false. A way of understanding power, as it pertains to the COSIG Service Pilot, is to consider it as the likelihood that analytical tests will detect a significant difference between the treatment group and the comparison group on the outcome measures, given that such differences do exist.

The power of a statistical test is dependent upon three variables: 1) the significance criterion, or the standard by which we reject the null hypothesis; this standard is usually set by the evaluator at 0.05 or 0.01; 2) the sample size of the study; and 3) the effective size, or the difference between two population parameters, such as number of subsequent violations (recidivism). Cohen has described procedures for determining effect sizes as small, medium, and large<sup>8</sup>. As summarized in the following table, Arizona's COSIG service pilot may have limited power to detect a small difference (small effect size) between the two groups, but should have sufficient power to detect differences of medium or greater effect size.

STATISTICAL POWER CALCULATION ARIZONA COSIG SERVICE PILOT	
Significance criterion ( $\alpha$ )	0.05
Project sample size for each treatment and comparison group	125
Estimated Power	
Small effect (d = .2)	0.21
Medium effect (d = .5)	0.89
Large effect (d = .8)	>0.995

<sup>7</sup> Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2<sup>nd</sup> ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.

<sup>8</sup> *Ibid.*, page 24.



## RESEARCH QUESTIONS

The Services Pilot Project will consist of both process and outcome components. The goals and objectives of the evaluation are shown in the following table.

<b>SERVICES PILOT PROJECT PROCESS AND OUTCOME EVALUATION GOALS AND QUESTIONS</b>	
<b>Goals/Objectives</b>	<b>Process Evaluation Questions</b>
<ol style="list-style-type: none"> <li>1. Develop &amp; implement a structured inter-agency process for pre-release screening, assessment, and transitional release planning.</li> <li>2. Develop &amp; implement a standardized package of post-release services (intensive case management, subsidized housing, and co-occurring and gender specific treatment) for persons with co-occurring disorders re-entering the community.</li> <li>3. Conduct a comprehensive process and outcome evaluation to synthesize key lessons learned and strategies for successful replication.</li> </ol>	<ul style="list-style-type: none"> <li>• How closely did the services pilot implementation match the plan?</li> <li>• What types of deviation occurred from the services pilot plan? What led to the deviations? What impact did the deviations have on the services pilot intervention and evaluation?</li> <li>• What barriers were encountered and how were they overcome?</li> <li>• What was the extent of the collaboration among system staff serving the target individuals?</li> <li>• Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community) and at what cost (facilities, personnel, dollars)?</li> <li>• How might these program enhancements be expanded in other communities and settings?</li> </ul>
	<b>Outcome Evaluation Questions</b>

The following two tables outline the major research questions, and the data sources for each of the questions.

<b>Component 2: Services Pilot Project Process Evaluation Instruments and Measures</b>		
<b>Evaluation Question/Issue</b>	<b>Instrument/Measure</b>	<b>Data Collection Period</b>
How closely did the services pilot implementation match the plan?	Review of Gant chart Review meeting minutes Review of case notes	Quarterly
What types of deviation occurred from the services pilot plan? What led to the deviations? What impact did the deviations have on the services pilot intervention and evaluation?	Review meeting minutes Program staff interviews	Quarterly
What barriers were encountered and how were they overcome?	Review of meeting minutes Program staff interviews	Quarterly
What was the extent of the collaboration among system staff serving the target individuals?	Review of meeting minutes Key stakeholder interviews Client satisfaction survey	Quarterly 6 & 12 month post release
Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community) and at what cost (facilities, personnel, dollars)?	RBHA MIS data Review of client files	RBHA MIS data quarterly Semi-annual
How might these program enhancements be expanded in other communities and settings?	Program Staff Interviews	Annual

<b>Component 2: Services Pilot Project Outcome Evaluation Instruments and Measures</b>		
<b>Evaluation Question/Issue</b>	<b>Instrument/Measure</b>	<b>Data Collection</b>
1. Is criminal recidivism reduced?	AZCJIS	6-mos post-release, 1 year, 2 years
2. Is substance use reduced?	ASI <sup>9</sup>	Baseline, 6-mos post-release
3. Is there improvement in mental health functioning?	BPRS <sup>10</sup> , SOCRATES <sup>11</sup>	30 days pre-release, 6-mos post-release
4. Is there improvement in residential stability?	Residential Follow-up Focus Group <sup>12</sup>	6-mos post-release
5. Is there improvement in employment?	Residential Follow-up Focus Group	6-mos post-release
6. Is there improved access to health and behavioral health supports?	Services needed/received inventory	6-mos post-release

The following section outlines how data will be collected to answer these questions.

<sup>9</sup> Appendix A

<sup>10</sup> Appendix B

<sup>11</sup> Appendix C

<sup>12</sup> Appendix D

## METHODOLOGY

The ABHP Research Technician, with direction from the Evaluation Manager, will have overall responsibility for coordinating the data collection effort. ADC will assign a single point of contact to work with the Research Technician for the purposes of assisting in the coordination effort. Various persons/organizations have data collection responsibilities for each data element. These were outlined in the previous section.

At program entry, every treatment and comparison group inmate will be assigned a tracking number by ABHP. These tracking numbers will be provided to ABHP staff during the randomization process. ABHP will maintain a master list of the names and control numbers in a locked file cabinet on ABHP property. All data passed to ABHP will, to the extent practical, refer to the tracking number rather than the name of the individual. In those cases where the name must be used, once data is entered in the database, the document will be filed in a separate locked file cabinet under the control of the principal investigator.

Data will be provided to ABHP in phases, as outlined above. Using the forms in Appendix A, the Research Technician and the ADC point of contact will ensure that all the data needed for that phase has been collected.

**PHASE 1: PROGRAM ENTRY**

During Phase 1, data collection consists of obtaining baseline information on both the program participants and a subset of the inmates assigned to the control group. The following provides the major categories of data elements.

Phase 1: Program Entry	Data Element	Sub-elements	Treatment Group	Who Collects	Control Group	Who Collects
<i>Within 30 Days</i>	ASI <sup>13</sup>		Yes	Program Staff	Yes	ABHP
	SOCRATES <sup>14</sup>		Yes	Program Staff	Yes	ABHP
	BPRS <sup>15</sup>		Yes	Program Staff	Yes	ABHP
<i>Within 60 Days</i>	Criminal History Records	Prior arrests, sentences, convictions, incarcerations and probations  Age of first offense Most serious criminal offense Criminal justice status at time of arrest	Yes	ADC MIS	Yes	ADC MIS
	Current Incarceration	Current sentence Level of custody Confinement Behavior report Disciplinary report/ violence	Yes	ADC MIS	Yes	ADC MIS

Phase 1: Program Entry	Data Element	Sub-elements	Treatment Group	Who Collects	Control Group	Who Collects
	Demographics	Race/Ethnicity	Yes	ADC MIS	Yes	ADC MIS
		DOB Age at admission and release	Yes	ADC MIS	Yes	ADC MIS

<sup>13</sup> Appendix B

<sup>14</sup> Appendix D

<sup>15</sup> Appendix C

Phase 1: Program Entry	Data Element	Sub-elements	Treatment Group	Who Collects	Control Group	Who Collects
		Education level Marital Status Children/ Dependents Military service	Yes	ADC MIS	Yes	ADC MIS
		Religious affiliation Employment history and at time of arrest	Yes	ADC MIS	Yes	ADC MIS
	Family background	Drug and alcohol abuse Incarceration, past and present History of abuse Foster home or out of home placement				
	Substance abuse	History Motivation for use and treatment Treatment history				
	Mental health	Current diagnosis and history Current treatment and history Motivation for treatment Medication status				

**PHASE 2: ON-GOING PRE-RELEASE**

During Phase 2, the primary focus of the data collection is on program fidelity. The following chart outlines the major data elements for this phase.

Phase 2: On-going Pre-release	Data Element	Sub-elements	Treatment Group	Who Collects	Control Group
	Attendance Records	Classes Level of compliance/ involvement	Yes	Program Staff	No
		Counseling Sessions Level of involvement/ compliance	Yes	Program Staff	No
	Document Reviews (compliance with manual)	Class/ Counseling Session Schedules	Yes	ABHP	No
		ITRP <sup>16</sup>	Yes	ABHP	No
		Case Manager Logs (frequency of contact, types of services)	Yes	ABHP	No
	Staff Meetings	Document problems, successes by staff	Yes	ABHP	No

**PHASE 3: 30 DAYS PRE-RELEASE**

During the period beginning 30 days pre-release up to the actual release, the data collection effort focuses on follow-up assessment, a structured interview regarding program implementation, release information, and program participation for the entire time the inmate was in prison this incarceration.

Phase 3: 30 Days Pre-release	Data Element	Sub-elements	Treatment Group	Who Collects	Control Group	Who Collects
	SOCRATES <sup>17</sup>		Yes	Program Staff	No	
	BPRS <sup>18</sup>		Yes	Program Staff	No	
	ASI		Yes	Program Staff	No	
	Structured Interview <sup>19</sup>	Benefits	Yes	ABHP	No	
		Shortcomings	Yes	ABHP	No	
		Recommendations for improvement	Yes	ABHP	No	
		Plans, beliefs, concerns about re- entry	Yes	ABHP	No	
	Release Information (Location, case manager, PO, service provider)	Parole terms Location of release Level of supervision Type of aftercare Type of housing, location, with whom	Yes	Program Staff	Yes	ADC MIS (Location, PO only)

<sup>17</sup> Appendix D

<sup>18</sup> Appendix C

<sup>19</sup> Appendix G

Phase 3: 30 Days Pre-release	Data Element	Sub-elements	Treatment Group	Who Collects	Control Group	Who Collects
	Programming Records	In-prison program participation Type of programs Work assignment Treatment Education	Yes	ADC MIS	Yes	ADC MIS
	Misc. time spent in prison	Visits/ phone calls from friends and family Spiritual involvement Entertainment				

**PHASE 4: ON-GOING POST-RELEASE**

Phase 4 is primarily associated with the process evaluation—are services being delivered per the program implementation plan.

Phase 4: On-going Post-release	Data Element	Sub-elements	Treatment Group	Who Collects	Control Group	Who Collects
	Case Manager Documentation Review	Frequency of contact	Yes	ABHP	No	
		Type of housing provided	Yes	ABHP	No	
		Type of government funding Welfare SSI, SSDI Medicare, Medicaid, ACCESS Veterans pension Other	Yes	ABHP	No	
		Employment Status, FT/PT	Yes	ABHP	No	
		Housing status, location	Yes	ABHP	No	
	PO Document Review	Frequency of Contact	Yes	ABHP	No	
	Alumni Meeting roster		Yes	ADC Case Manager	No	
	MH/SA Services Provided		Yes	ADHS	Yes	ADHS

**PHASE 5-7: 6-MONTH POST-RELEASE; 1-YEAR POST-RELEASE; 2-YEAR POST-RELEASE**

Six-months post release data collection focuses primarily on outcome measures, although some data is collected from the Case Manager and Parole Officer to measure implementation fidelity. Data are also collected regarding recidivism. The recidivism data are also collected at the one-year and two-year post-release points.

Phase 5: 6-month Post-Release	Data Element	Sub-elements	Treatment Group	Who Collects	Control Group	Who Collects
	ASI <sup>20</sup>		Yes	ABHP	Yes	ABHP
	BPRS <sup>21</sup>		Yes	ABHP	Yes	ABHP
	SOCRATES <sup>22</sup>		Yes	ABHP	Yes	ABHP
	Case Manager Documentation Review	Current housing and history since release Living with whom Stability	Yes	ABHP	No	
		Current Employment History since release FT/PT, Stability	Yes	ABHP	No	
	Focus Groups <sup>23</sup>		Yes	ABHP	No	
	Recidivism Data <sup>24</sup>	Re-arrest status	Yes	AZCJIS	Yes	AZCJIS
		Time to re-arrest - Technical violation	Yes	AZCJIS	Yes	AZCJIS
		Time to re-arrest - new crime	Yes	AZCJIS	Yes	AZCJIS
		Number of re- arrests	Yes	AZCJIS	Yes	AZCJIS
		Re-arrest charges (all)	Yes	AZCJIS	Yes	AZCJIS

<sup>20</sup> Appendix B

<sup>21</sup> Appendix C

<sup>22</sup> Appendix D

<sup>23</sup> Appendix E

<sup>24</sup> The recidivism data are also collected at the one-year and two year post-release intervals. Separate tables are not prepared for these points.

## RE-ENTRY COMPONENT OVERVIEW DATA COLLECTION

To ensure that all of the outlined procedures for the re-entry component are fulfilled the COSIG Timeline Matrix<sup>25</sup> has been created to track if all the outlined tasks are completed. The timeline consists of actions, time frames and due dates. This timeline is used to ensure that all of the components of the re-entry system are in place prior to re-entry and all needs are addressed. Following release there is a six-month gradual step-down process for the released individual along with their treatment team members to complete.

Using the Timeline Matrix each of the re-entry manual actions are outlined with approximate due dates and the time frame to complete the action. The matrix allows for a determination to be made if the action was completed on time and if not, when it was completed. The listed approximate date due date is the last day the action should be completed by.

## COSIG INTEGRATED RELEASE PLAN PROTOCOL

This document is a checklist for the ITRP form<sup>26</sup>. The ITRP form outlines the needs of the inmate prior to re-entry and can be used to make any necessary arrangements prior to release. The protocol form<sup>27</sup> determines if the service is needed and if action was taken on those needed services at the 180-, 90-, and 30- days prior to release and a final plan also developed.

The check if needed row corresponds directly with the ITRP's check if needed column. If checked on the ITRP form it should be tracked on the protocol form and determined if it is being followed up on at the designated time periods.

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<sup>25</sup> Appendix H

<sup>26</sup> Appendix F

<sup>27</sup> Appendix I

## **APPENDIX A: COSIG DATA COLLECTION PROTOCOLS PHASES 1-5**

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