Survey of State Parole Agencies on Reentry Services (SSPARS)

OMB Generic Clearance (1121-0339, exp. 01/31/2028) Request Attachments

Table of Contents

Attachment A: Survey of State Parole Agencies on Reentry Services (SSPARS) Instrument

Attachment A. Survey of State Parole Agencies on Reentry Service (SSPPARS) Survey Instrument

Purpose: Thank you for participating in this survey on reentry services. We are interested in learning about the types of reentry services available to people on **parole** or **post-release community supervision** and the number of people that use those services. REENTRY is a broad term used to refer to processes and services conducted during the transition of individuals from prison to the community. The purpose of this survey is to generate national- and state-level data on the availability and types of treatment programs, housing and employment assistance, and other reentry services provided to people on parole or post-release community supervision.

Who Should Complete This Survey?

This survey is best completed by someone in a managerial or leadership position who has administrative oversight and knowledge about:

- The reentry services available throughout the state,
- Sources of funding,
- Types of service providers, and
- Eligibility criteria for services.

If needed, the survey may be completed collaboratively by multiple people who can collectively provide this information.

Instructions

- **Definitions:** In this survey, we use the following definitions:
  - **Persons on supervision** refers to any individual placed under community supervision following a period of incarceration in **state prison** (e.g., persons supervised by parole or probation agencies). This includes those granted conditional release, mandatory release, release through judicial decisions, and release through bifurcated sentence (extended supervision).
  - **State supervision agency** refers to any agency responsible for providing reentry services to persons released from **state prison** who are now residing in the community (e.g., reentry services, supervision agency, parole or probation agency, etc.).
- **Who to count:** When answering questions about enrollment and services, please include:
  - Adults
  - Juveniles convicted as adults
  - Individuals **sentenced to state prison** but serving their time in county or local jails.

- **Scope:** The survey covers various reentry services such as mental health, substance abuse treatment, housing, educational programs, and others. You will be asked to provide information on the services available and enrollment counts.
- **Reporting services:** For questions about the programs that are offered, select 'Yes' if the service is provided either by your agency OR through referral to an external agency. Unless otherwise specified, please only report on services that are provided AFTER release from incarceration.

1 Section 1: Organization Questions

1.1 Is your state supervision agency located within the executive branch of government, the judicial branch, a part of a private organization under contract to a government agency, or some other organization?

- o Executive branch
- o Judicial branch
- o Private organization
- o Other, please specify: _____

1.2 Who runs your state supervision agency?

- o Department of Corrections
- o Courts
- o An independent parole agency (separate from the Department of Corrections)
- o An independent probation agency (separate from the Department of Corrections)
- o Other, please specify: _____

1.3 How many total people were on post-release community supervision in your state on December 31, 2024?

- **INCLUDE** persons sentenced as an adult (including juveniles sentenced as an adult) to state prisons who were released to community supervision. This includes those granted conditional release, mandatory release, release through judicial decisions, and release through bifurcated sentences (extended supervision).
- **INCLUDE** adult persons on supervision that are legally your responsibility but supervised outside your jurisdiction in another state.
- **EXCLUDE** adult persons on supervision that are supervised by your jurisdiction but legally the responsibility of another state and persons on supervision who have no previous period of incarceration.

    Total number of persons on supervision on December 31, 2024: _____

1.4 How many individual people entered supervision in your state during the calendar year (CY) in 2024?

    Number of people who entered supervision during CY 2024: _____

1.5 On December 31, 2024, how many of the persons were being supervised by your supervision agency following:

	Number of people
Discretionary release from prison	
Mandatory release from prison	
Special conditional release from prison	
Other release type, please specify: _____	

1.6 Does your state supervision agency oversee individuals under any of the following types of supervision? Mark all that apply.

☐ On parole
☐ On probation
☐ On pretrial release
☐ Other form of supervision, please specify: _____

1.7 PRISON IN-REACH is a strategy where state agencies and/or community-based organizations meet with an individual prior to release to begin service planning and establish continuity of care. Does your state supervision agency conduct prison in-reach?

o Yes
o No

1.8 Who sets the conditions of supervision for persons on supervision? Mark all that apply.

☐ Courts
☐ Parole board
☐ State Department of Corrections
☐ Another agency, please specify: _____

1.9 **Upon release**, does your state supervision agency administer a risk assessment, a needs assessment, both a risk and needs assessment, or neither assessment?

o Risk assessment only
o Needs assessment only
o Both a risk and needs assessment
o Neither assessment

Skip logic: If neither assessment, skip to 1.12.

1.10 Which of the following tool(s) is(are) used for assessments **upon release**? Mark all that apply.

Note: This includes any tools used by the agency, even if they are only administered to a subset of individuals.

☐ ACUTE-2007
☐ Client Management Classification (CMC) tool
☐ Correctional Offender Management Profile for Alternative Sanctions (COMPAS)
☐ Criminal Sentiments Scale (CSS)
☐ Maryland Department of Public Safety and Correctional Services (DPSCS) Standardized Risk Assessment
☐ Global Appraisal of Individual Needs (GAIN)
☐ Louisiana Risks/Needs Assessment (LARNA)
☐ Level of Service Inventory-Revised (LSI-R)
☐ Level of Service/Case Management Inventory (LS/CMI)
☐ Minnesota Sex Offender Screening Tool (MnSOST)
☐ Ohio Risk Assessment System (ORAS)
☐ Salient Factor Score
☐ STABLE
☐ Static-99R
☐ Static-2002
☐ Vermont Assessment of Sex Offender Risk (VASOR)
☐ Tool developed in-house
☐ Other tool, please specify: _____

1.11 Are either risk or needs assessments conducted prior to incarceration, prior to release, or after release while on post-release supervision? Mark all that apply.

☐ Yes, prior to incarceration
☐ Yes, prior to release
☐ Yes, after release while on post-release supervision

2 Treatment

The next section will ask about different types of reentry services that may be provided in your state. For these questions, please think about STAND-ALONE programs dedicated to the specific treatment type listed. Programs that are primarily created for another purpose, such as housing, that may contain a treatment component do NOT apply (such as halfway houses).

2.1 *Mental Health*

Mental health treatment refers to counseling sessions, group therapy, residential treatment, or any other services offered to treat individuals with mental health problems. Please do NOT report on treatments primarily intended for substance use disorder, unless specified. You will report on substance use treatments in a later section.

2.1.1 Does your state supervision agency provide or offer mental health services to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both?

- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, mental health services are not provided

Skip logic: If no, skip to Section 2.2.

2.1.2 Indicate the number of persons on supervision who were referred for mental health services or were enrolled in mental health services in calendar year 2024 (excluding substance use disorder services).

- o Please enter the total number of **referrals** in calendar year 2024: _____
    - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: ____
    - ☐ Check box if estimate

2.1.3 Indicate the number of persons on supervision who were actively enrolled in mental health services on December 31, 2024 (excluding substance use disorder services)?

- o Please enter the number of **active enrollments** on December 31, 2024: ____
    - ☐ Check box if estimate

2.1.4 Does your state supervision agency provide or offer the following types of mental health treatment services, either directly or through referrals?

	Yes	No
Cognitive behavioral therapy (CBT)	☐	☐
Trauma-focused CBT (TF-CBT)	☐	☐
Multi-systemic therapy (MST)	☐	☐
Dialectal behavioral therapy (DBT)	☐	☐
Group therapy	☐	☐
Family-systems therapy (FST)	☐	☐
Eye movement desensitization and reprocessing (EMDR)	☐	☐

2.1.5 For persons on supervision, are the mental health services voluntary, mandatory, or a mix of voluntary and mandatory?

- o Voluntary
- o Mandatory
- o Mix of voluntary and mandatory

2.1.6 When mental health services are mandatory, what is the criteria for mandating them? Mark all that apply.

- ☐ The type of charges
- ☐ The designated risk or need level
- ☐ Mental health diagnosis/concerns
- ☐ Ordered by paroling authority
- ☐ Some other criteria, please specify: _____
- ☐ Unsure

2.1.7 For persons on supervision, is placement in a mental health program based on results of a screening/risk assessment tool?

- o Yes
- o No

2.1.8 Please indicate which of the following are used for risk screening or assessment for persons on supervision for placement in a mental health program:

	Yes	No
Becks Depression Inventory (BDI)	☐	☐
Structured Clinical Interview of Diagnosis (SCID)	☐	☐
Diagnostic Interview Scale (DIS)	☐	☐
Minnesota Multiphasic Personality Inventory (MMPI)	☐	☐
Symptoms Checklist-90 Revised (SCL-90R)	☐	☐
Other, please specify: _____	☐	☐

2.1.9 How many people were required to participate in mental health treatment as a condition of their parole in calendar year?

Total number of post-release population required in calendar year 2024 _____

☐ Check box if estimate

2.1.10 Does your state department of corrections provide or offer mental health services during incarceration, BEFORE the supervision client is released into the community?

o Yes
o No
o Unsure

2.1.11 Does your state supervision agency offer mental health services specifically targeted toward the following populations?

	Yes	No
Individuals convicted of sexual offenses	☐	☐
People with co-occurring substance use disorders	☐	☐
Individuals convicted of domestic violence	☐	☐
Veterans	☐	☐
Juveniles convicted as adults	☐	☐
Women	☐	☐
Individuals with cognitive impairments/disabilities	☐	☐
Other populations, please specify: _____	☐	☐

2.1.12 Below is a list of job categories. For each role, please indicate whether professionals in that role serve as mental health treatment providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

2.1.13 Below is a list of potential funding sources. Are your state supervision agency's mental health services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

2.2 Substance Use Disorder

Substance use disorder treatment refers to counseling sessions, group therapy, residential treatment, therapeutic community, or any other services offered for the treatment of substance use disorders.

2.2.1 Does your state supervision agency provide or offer treatment for substance use disorder to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, substance use disorder services are not provided

Skip logic: If no, skip to Section 2.3.

2.2.2 Indicate the number of persons on supervision who were referred for substance use disorder treatment or were enrolled in substance use disorder treatment in calendar year 2024.

- o Please enter the total number of **referrals** in calendar year 2024: _____
  - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
  - ☐ Check box if estimate

2.2.3 Indicate the number of persons on supervision who were actively enrolled in substance use disorder treatment on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - ☐ Check box if estimate

2.2.4 Does your state supervision agency offer the following types of substance use services, either directly or through referrals?

	Yes	No
Residential facility	☐	☐
Counseling by a professional	☐	☐
Detoxification unit	☐	☐
Maintenance drug/medication assisted	☐	☐
Self-help group/peer counseling	☐	☐
Substance use education program	☐	☐
Transitional living/Oxford houses	☐	☐
Therapeutic community	☐	☐
Other, please specify: _____	☐	☐

2.2.5 For persons on supervision, is substance use treatment voluntary, mandatory, or a mix of both voluntary and mandatory?
- o Voluntary
- o Mandatory
- o A mix of both voluntary and mandatory

2.2.6 Are persons on supervision screened for substance use disorder upon post-release supervision intake?

- o Yes
- o No

Skip logic: If no, skip to 2.2.9.

2.2.7 Please indicate whether the following are used for screening persons on supervision for substance use disorders:

	Yes	No
Addiction Severity Index (ASI)	☐	☐
Alcohol Dependence Scale (ADS)	☐	☐
CAGE Assessment	☐	☐
Drug Abuse Screening Tool (DAST)	☐	☐
Michigan Alcohol Screening Tool (MAST)	☐	☐
Substance Abuse Subtle Screening Inventory (SASSI)	☐	☐
TCU Drug Screen	☐	☐
Assessment tool developed in-house	☐	☐
Other, please specify: _____	☐	☐

2.2.8 Does your state department of corrections offer treatment for substance use disorder during incarceration, BEFORE the supervision client is released into the community?

- o Yes
- o No
- o Unsure

2.2.9 Does your state supervision agency require routine DRUG testing (excluding alcohol) of persons on supervision?

- o Yes
- o No

2.2.10 Does your state supervision agency require routine ALCOHOL testing of persons on supervision?

- o Yes
- o No

2.2.11 Does your state supervision agency use technology for continuous alcohol monitoring, such as a transdermal monitoring device?
- o Yes
- o No

2.2.12 Does your state supervision agency record outcomes of substance use treatment services for persons on supervision, such as program completion or level of substance use?
- o Yes
- o No

Skip logic: If no, skip to 2.2.14.

2.2.13 Is information on the outcomes of substance use treatment recorded with your state supervision agency, with an external agency or provider, or with both the state supervision agency and an external agency or provider?
- o Recorded with your state supervision agency
- o Recorded with an external agency or provider
- o Recorded with the state supervision agency and an external agency or provider

2.2.14 Below is a list of job categories. For each role, please indicate whether professionals in that role serve as substance use treatment providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

2.2.15 Below is a list of potential funding sources. Are your state supervision agency's substance use disorder treatment services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

2.3 *Disability Services*

Disability services are services, programs, and accommodations provided to individuals with disabilities to help them receive access or the opportunity to participate in services and programs.

2.3.1 Does your state supervision agency provide services dedicated to persons on supervision with INTELLECTUAL/COGNITIVE disabilities, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- ○ Yes, provided directly by the state supervision agency
- ○ Yes, provided through referrals to external agencies
- ○ Yes, provided both directly and through referrals
- ○ No, these services are not provided

2.3.2 Does your state supervision agency provide services dedicated to persons on supervision with PHYSICAL disabilities, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- ○ Yes, provided directly by the supervision agency
- ○ Yes, provided through referrals to external agencies
- ○ Yes, provided both directly and through referrals
- ○ No, these services are not provided

Skip logic: If no to 2.3.1 AND 2.3.2, skip to Section 2.4.

2.3.3 Indicate the number of persons on supervision who received referrals or were enrolled in disability services for intellectual or physical disabilities in calendar year 2024.

- o Please enter the total number of **referrals** in calendar year 2024: _____
    - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
    - ☐ Check box if estimate

2.3.4 Indicate the number of persons on supervision who were actively enrolled in disability services for intellectual or physical disabilities on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: _____
    - ☐ Check box if estimate

2.3.5 Does your state supervision agency offer **any** of the following kinds of disability assistance/accommodations, either directly or indirectly?

	Yes	No
American Sign Language (ASL)/Deaf interpreters	☐	☐
Assistive technology	☐	☐
Referrals to Social Security Department	☐	☐
Referral to mental health services	☐	☐
Housing support	☐	☐
Other, please specify: ____	☐	☐

2.3.6 Does your state have a process in place to identify persons on supervision with disability needs? (e.g., self-assessment, medical referral to an outside provider, assessment during incarceration, review of existing medical files or documentation, etc.).

- o Yes
- o No

Skip logic: If no, skip to 2.3.9.

2.3.7 Which processes are used by your state supervision agency? Mark all that apply.

- ☐ Self-assessment
- ☐ Assessment by parole authority
- ☐ Medical referral from outside provider
- ☐ Assessment during incarceration
- ☐ Review of existing medical files or documentation
- ☐ Other, please specify: _____

2.3.8 Below is a list of job categories. For each role, please indicate whether professionals in that role serve as disability service providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

2.3.9 Below is a list of potential funding sources. Are your state supervision agency's disability services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

2.4 Anger Management

Anger management services are defined as therapeutic programs designed to help individuals identify, understand, and manage anger effectively, to reduce the likelihood of re-offending and promote safer reintegration into society.

2.4.1 Does your state supervision agency provide anger management services to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o Yes, provided directly by the supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, anger management services are not provided

Skip logic: If no, skip to Section 2.5.

2.4.2 Indicate the number of persons on supervision who received referrals or were enrolled in anger management services in calendar year 2024.

- o Please enter the total number of **referrals** in calendar year 2024: _____
  - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
  - ☐ Check box if estimate

2.4.3 Indicate the number of persons on supervision who were actively enrolled in anger management services on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - ☐ Check box if estimate

2.4.4 Does your state supervision agency provide or offer the following types of anger management services to persons on supervision, either directly or through referrals?

	Yes	No
Cognitive behavioral therapy (CBT)	☐	☐
Dialectal behavioral therapy (DBT)	☐	☐
Group therapy	☐	☐
Mindfulness programs	☐	☐
Other, please specify: _____	☐	☐

2.4.5 For persons on supervision, are anger management services voluntary, mandatory, or a mix of voluntary and mandatory?

- o Voluntary
- o Mandatory
- o A mix of voluntary and mandatory

2.4.6 Does the state department of corrections offer anger management services during incarceration, BEFORE the supervision client is released to the community?

- o Yes
- o No
- o Unsure

2.4.7 Below is a list of job categories. For each role, please indicate whether professionals in that role serve as anger management service providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

2.4.8 Below is a list of potential funding sources. Are your state supervision agency's anger management services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: ____	☐	☐

2.5 Domestic Violence

This section will ask about domestic violence services which may also be referred to as Abuse Awareness Class, Batterer Intervention Prevention Program (BIPP), Family Violence Course, Men's Nonviolence Class, Victim Impact Course, Violence Prevention Course, and more. For our purposes, please think about the program(s) that would fall under this category, even if it goes by a different name. Persons on supervision participating in these services may be either perpetrators or victims of domestic, intimate partner, or familial violence.

2.5.1 Does your state supervision agency provide or offer domestic violence services to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o   Yes, provided directly by the state supervision agency
- o   Yes, provided through referrals to external agencies
- o   Yes, provided both directly and through referrals
- o   No, domestic violence services are not provided

Skip logic: If no, skip to Section 2.6.

2.5.2 Indicate the number of persons on supervision who received referrals or were enrolled in domestic violence services in calendar year 2024.

- o   Please enter the total number of **referrals** in calendar year 2024: _____
  - ☐ Check box if estimate

- o   Please enter the total number of **enrollments** in calendar year 2024: ____
  - ☐ Check box if estimate

2.5.3 Indicate the number of persons on supervision who were actively enrolled in domestic violence services on December 31, 2024.

- o   Please enter the number of **active enrollments** on December 31, 2024: ____
  - ☐ Check box if estimate

2.5.4 For persons on supervision receiving domestic violence services for being a PERPETRATOR of domestic violence, are the domestic violence services voluntary, mandatory, or a mix of voluntary and mandatory?

- o   Voluntary
- o   Mandatory
- o   A mix of voluntary and mandatory

2.5.5 Does your state department of corrections provide domestic violence treatment services during incarceration, BEFORE the supervision client is released to the community?

- o Yes
- o No
- o Unsure

2.5.6 Below is a list of job categories. For each role, please indicate whether professionals in that role serve as domestic violence service providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

2.5.7 Below is a list of potential funding sources. Are your state supervision agency's domestic violence treatment services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

2.6 Sex Offender Treatment

Sex offender treatment consists of therapeutic and behavioral interventions aimed at reducing the risk of sexual reoffending and promoting responsible behavior in individuals who have committed sex crimes. These can include individual therapy, group therapy aimed at skill development (self-regulation, coping skills, communication skills, relationship skills, etc.), and relapse prevention.

2.6.1 Does your state supervision agency provide or offer sex offender-specific treatment for persons on supervision, either directly through the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o Yes, provided directly by the supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, sex offender treatment services are not provided

Skip logic: If no, skip to Section 2.7.

2.6.2 Indicate the number of persons on supervision who received referrals or were enrolled in sex offender-specific treatment in calendar year 2024?

- o Please enter the total number of **referrals** in calendar year 2024: _____
    - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: ____
    - ☐ Check box if estimate

2.6.3 Indicate the number of persons on supervision who were actively enrolled in sex-offender-specific treatment on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: ____
    - ☐ Check box if estimate

2.6.4 For persons on supervision, is sex offender-specific treatment voluntary, mandatory, or a mix of voluntary and mandatory?

- o Voluntary
- o Mandatory
- o A mix of voluntary and mandatory

2.6.5 Does your state supervision agency conduct a sex offender-specific risk assessment for persons on supervision?

- o Yes
- o No

Skip logic: If no, skip to 2.6.7.

2.6.6 Below is a list of job categories. For each role, please indicate whether professionals in that role serve as sex offender treatment providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

2.6.7 Please indicate whether the following are used for sex offender-specific risk assessment.

	Yes	No
Abel Assessment and Psychosexual evaluation	☐	☐
ACUTE-2007	☐	☐
Static-99R	☐	☐
Level of Service/Case Management Inventory (LS/CMI)	☐	☐
Static-2002	☐	☐
Minnesota Sex Offender Screening Tool–Revised (MnSOST-R)	☐	☐
Risk Matrix-2000 Sex	☐	☐
Sexual Violence Risk-20 (SVR-20)	☐	☐
Sex Offender Risk Appraisal Guide	☐	☐
Clinical judgement	☐	☐
Other, please specify: _____	☐	☐

2.6.8 Does the state department of corrections offer sex offender-specific treatment during incarceration, BEFORE the supervision client is released to the community?

- o Yes
- o No
- o Unsure

2.6.9 Below is a list of potential funding sources. Are your state supervision agency's sex offender-specific treatment services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
Other, please specify: ____	☐	☐

2.7 *Gang Disengagement*

Gang disengagement services are aimed at gang desistance or the cessation of gang activities and disentanglement from gang identity for persons with known gang involvement. It is the process of disconnecting from the gang and transitioning from current to former gang member status.

Gang involvement may be determined by criminal history, offense charges, activity while incarcerated, or through other means.

2.7.1 Does your state supervision agency provide or offer gang disengagement services for persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o Yes, provided directly by the supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, gang disengagement services are not provided

Skip logic: If no, skip to section 2.8.

2.7.2 Indicate the number of persons on supervision who received referrals or were enrolled in gang disengagement services in calendar year 2024.

- o Please enter the total number of **referrals** in calendar year 2024: _____
  - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: ____
  - ☐ Check box if estimate

2.7.3 Indicate the number of persons on supervision who were actively enrolled in or gang disengagement services on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - ☐ Check box if estimate

2.7.4 For persons on supervision, are gang disengagement services voluntary, mandatory, or a mix of both voluntary and mandatory?

- o Voluntary
- o Mandatory
- o A mix of both voluntary and mandatory

2.7.5 Does the state department of corrections offer gang disengagement services during incarceration, BEFORE the supervision client is released to the community?

- o Yes
- o No
- o Unsure

2.7.6 Below is a list of job categories. For each role, please indicate whether professionals in that role serve as gang disengagement service providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

2.7.7 Below is a list of potential funding sources. Are your state supervision agency's gang disengagement services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
Other, please specify: _____	☐	☐

2.8 *Reentry Planning*

Reentry Planning (or case management) involves meeting with persons prior to and during supervision to determine which services or programs are needed, trying to get them into programs or services, or otherwise helping them plan for their release.

2.8.1 Does your state supervision agency offer reentry planning services?

- o Yes
- o No

Skip logic: If no, skip to Section 2.9.

2.8.2 Who provides reentry planning services after release? Mark all that apply.

- ☐ A parole or probation officer from within the correctional facility
- ☐ A parole or probation officer from outside the correctional facility
- ☐ A social worker, case manager, or case worker who is not a parole or probation officer
- ☐ Other, please specify: _____

2.8.3 Does the state department of corrections offer reentry planning services during incarceration, BEFORE the supervision client is released to the community?

- o Yes
- o No
- o Unsure

2.9 Parent Education

Parent Education refers to services or programs provided to individuals to improve their parenting skills, knowledge, and ability to support their children. The goal is to assist individuals in becoming more effective and accountable parents as part of their reintegration into society.

2.9.1 Does your state supervision agency provide or offer parent education services to persons on supervision, either directly by the state supervision or through referrals to external agencies, or both directly and through referrals?

- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, parent education services are not provided

Skip logic: If no, skip to Section 3.

2.9.2 Indicate the number of persons on supervision who received referrals or were enrolled in parent education services in calendar year 2024?

- o Please enter the total number of **referrals** in calendar year 2024: _____
  - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
  - ☐ Check box if estimate

2.9.3 Indicate the number of persons on supervision who received referrals for or were actively enrolled in parent education services on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - ☐ Check box if estimate

2.9.4 For persons on supervision, who is eligible for parent education services? (Select all that apply)

- ☐ All supervisees with children
- ☐ Supervisees referred by parole officers
- ☐ Supervisees with specific parenting challenges
- ☐ Other, please specify: _____

3 Housing

For this section, we are using the following definitions:

Halfway House: A community-based correctional program that provides residential services to people on parole as a transitional step between their release from prison and their return to independent living in the community.
Kinship Housing: A residential program where persons on supervision are provided with a subsidy that is given to their family to pay for subsidized housing.
Supportive Housing: Permanent housing for lease holding tenants, in which social service provision and funding is an integral component of the housing operation.
Rental Assistance Program: Program where the allocation goes directly to the tenant, the sponsor of the program, or to a unit.

3.1 For each of the housing types below, please indicate:

(1) whether that housing type is offered (Yes/No);
(2) if that housing type is offered, the total number of persons on supervision who used that type of housing in 2024; and
(3) the number of persons on supervision utilizing or residing in each of the housing types on December 31, 2024 (Please report the total of all counties in your state).

	Is this housing type offered?		Total # of persons on supervision that used this housing type in 2024	# of persons on supervision in housing type on December 31, 2024
	Yes	**No**		
Halfway house	☐	☐		
Permanent supportive housing	☐	☐		
Funding support/guaranteed income/rental assistance	☐	☐		
Sober living/Oxford House	☐	☐		
Sex offender housing	☐	☐		
Kinship housing	☐	☐		
Shelters	☐	☐		
Community corrections center	☐	☐		
Special needs housing	☐	☐		
Other, please specify: _____				

3.2 For each of the housing types listed below, please indicate:

(1) whether the housing type includes a treatment component (yes/no); and

(2) whether the housing type has eligibility requirements (yes/no).

	Housing type not available	Housing type includes a treatment component?		Housing type has eligibility requirements?	
	N/A	Yes	No	Yes	No
Halfway house		☐	☐	☐	☐
Permanent supportive housing		☐	☐	☐	☐
Funding support/guaranteed income/rental assistance		☐	☐	☐	☐
Sober living/Oxford House		☐	☐	☐	☐
Sex offender housing		☐	☐	☐	☐
Kinship housing		☐	☐	☐	☐
Shelters		☐	☐	☐	☐
Community corrections center		☐	☐	☐	☐
Special needs housing		☐	☐	☐	☐
Other, please specify: _____					

Note on the web-version of the survey, question 3.2 will be populated only by the housing types they indicated they offer in question 3.1. The paper version will include an "N/A" option in question 3.2.

3.3 Does your state supervision agency have any specialized housing types that are devoted to serving the following specific offender population(s)?

	Yes	No
Individuals with substance use disorder	☐	☐
Individuals convicted of sexual offenses	☐	☐
People with co-occurring disorders	☐	☐
Individuals convicted of domestic violence	☐	☐
Individuals with cognitive impairments or physical disabilities	☐	☐
Veterans	☐	☐
Juveniles convicted as adults	☐	☐
Women	☐	☐
Geriatric populations	☐	☐
Other populations, please specify: _____	☐	☐

3.4 Below is a list of potential funding sources. Are your state supervision agency's housing types funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
Other, please specify: _____	☐	☐

3.5 Indicate the number of beds and the number of housing units in your state designated for persons on supervision, regardless of their current occupancy.

	Information not available	Number	Check if estimate
Housing beds	☐		☐
Housing units	☐		☐

4 Employment Assistance

Employment assistance consists of services that help formerly incarcerated individuals find and obtain employment. Examples of services include career counseling, job placement and referrals, and resume assistance.

4.1 Does your state supervision agency provide or offer employment assistance services for persons on supervision, either directly by the state supervision agency, through referrals to external agencies, or both directly and through referrals?

- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, employment assistance services are not provided

Skip logic: If no, skip to section 5.

4.2 Indicate the number of persons on supervision who received referrals or were enrolled in employment assistance services calendar year 2024?

- o Please enter the total number of **referrals** in calendar year 2024: _____
  - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
  - ☐ Check box if estimate

4.3 Indicate the number of persons on supervision who were actively enrolled in employment assistance services on December 31, 2024?

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - ☐ Check box if estimate

4.4 Does your state supervision agency offer the following types of employment assistance services to persons on supervision, either directly or through referrals?

	Yes	No
Career counseling	☐	☐
Resume assistance	☐	☐
Hiring events or job fairs	☐	☐
Job referrals	☐	☐
Job search support	☐	☐
Job training	☐	☐
Apprenticeships	☐	☐

4.5 For persons on supervision, is placement in employment assistance services based on a screening/assessment tool?
- o Yes
- o No

4.6 How are employment assistance services offered to persons on supervision? Mark all that apply.
- ☐ The supervision agency operates an employment service that directly refers persons on supervision to employers
- ☐ The supervision agency contracts with a private employment service
- ☐ The supervision agency works with a state or county employment agency
- ☐ Other, please specify: _____

4.7 Does the state department of corrections offer employment assistance services during incarceration, BEFORE the supervision client is released to the community?

- o Yes
- o No
- o Unsure

4.8 Are there specific eligibility requirements for persons on supervision to receive employment assistance services?

- o Yes
- o No

5 Education

This section refers to educational programs offered to individuals on supervision that aim to enhance their skills, knowledge, and opportunities for employment or further education, ultimately reducing recidivism. These services can include academic courses, vocational training, and GED/literacy classes, often delivered within the context of reentry programs.

5.1 Does your state supervision agency provide or offer educational services to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o Yes, provided directly by the supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, education assistance is not provided

Skip logic: If no, skip to Section 6.

5.2 Indicate the number of persons on supervision who received referrals or were enrolled in education services in calendar year 2024.

- o Please enter the total number of **referrals** in calendar year 2024: _____
    - ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
    - ☐ Check box if estimate

5.3 Indicate the number of persons on supervision who were actively enrolled in education services on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - ☐ Check box if estimate

For the following question, we use these definitions:
- **Adult basic education (ABE):** basic skills instruction in arithmetic, reading, writing.
- **Adult secondary education (ASE):** instruction to complete high school or prepare for a certificate of high school equivalency, such as the General Education Development (GED).
- **Postsecondary education (PSE):** college-level instruction that enables an individual to earn college credit that may be applied toward a two-year or four-year postsecondary degree.
- **Vocational education or career and technical education (CTE):** training in general employment skills and in skills for specific jobs or industries.

5.4 Does your state supervision agency provide or offer the following types of education services, either directly or through referrals?

	Yes	No
Adult basic education (ABE)	☐	☐
Adult secondary education (ASE)	☐	☐
English as a second language (ESL)	☐	☐
Post-secondary education (PSE)	☐	☐
Vocational education or career and technical education (CTE)	☐	☐

5.5 Does your state supervision agency work with colleges or universities in the state to offer education services to persons on supervision?

- o Yes
- o No

5.6 Does the state department of corrections offer education services during incarceration, BEFORE persons on supervision are released to the community?

- o Yes
- o No
- o Unsure

5.7 Are there specific eligibility requirements for persons on supervision to receive education services?

- o Yes
- o No

5.8 Does your state have a process in place to identify persons on supervision with learning disabilities? (e.g., a screening or assessment, review of educational or medical documentation, etc)

- o Yes
- o No

5.9 Does your state supervision agency provide or offer the following kinds of special education services to persons on supervision with learning disabilities, either directly or through referrals?

	Yes	No
Individualized Education Plan (IEP)	☐	☐
Specialized literacy program	☐	☐
Adapted physical education	☐	☐
Occupational therapy	☐	☐
Life skills	☐	☐
Other, please specify: _____	☐	☐

6 Other

6.1 Mentoring services

Mentoring refers to a developmental relationship in which a more experienced person helps a less experienced person develop specific knowledge and skills to increase the likelihood of successful reentry. Mentoring services include the informal transmission of knowledge, social capital, and provision of psychosocial support that is perceived by the recipient as relevant to work, career, and/or professional and personal development.

6.1.1 Does your state supervision agency provide or offer mentoring services to persons on supervision, either directly or through referrals?

- o Yes
- o No

Skip logic: If no, skip to Section 6.2.

6.1.2 How does your state supervision agency provide or offer mentoring services to persons on supervision? Mark all that apply.

☐ The supervision agency operates a mentoring service that directly matches persons on supervision with mentors
☐ The supervision agency contracts with a private organization to provide mentoring services
☐ The supervision agency works with a state or county mentoring agency
☐ Other, please specify: _____

6.2 Support with Transportation

6.2.1 Does your state supervision agency provide or offer transportation or financial support for transportation (e.g., bus tokens, metro cards, shuttle service) to persons on supervision either directly, through referrals, or both directly and through referrals?

o Yes, transportation only
o Yes, financial support for transportation only
o Yes, both transportation and financial support for transportation
o No, transportation services are not provided

6.3 Legal ID Services

6.3.1 Does ANY agency in your state, such as the Department of Corrections, provide forms of legal dentification (such as a state identification or social security card) to persons being released from incarceration?

o Yes
o No
o Unsure

6.3.2 Does your state supervision agency offer support to obtain forms of legal identification for persons on supervision, either directly or through referrals?

o Yes
o No

Skip logic: If no, skip to Section 6.4.

6.3.3 Does your state supervision agency offer support to obtain the following kinds of identification, either directly or through referrals?

	Yes	No
Birth certificate	☐	☐
Social security card	☐	☐
Driver's license	☐	☐
State identification card	☐	☐
Other, please specify: _____	☐	☐

6.3.4 Does your state supervision agency work with your state's secretary of state to provide forms of legal identification?

o Yes
o No

6.4 Access to Resources

6.4.1 Does your state supervision agency provide or offer any of the following, either directly or through referrals?

	Yes	No
Assistance enrolling in Medicaid/Medicare	☐	☐
Assistance applying for public financial assistance, such as disability benefits or welfare	☐	☐
Assistance with finding childcare	☐	☐

6.5 Legal Services

6.5.1 Does your state supervision agency provide or offer support to persons on supervision to help them with any active warrants or pending charges, either directly or through referrals?

o Yes
o No

6.5.2 Does your state supervision agency provide or offer support to persons on supervision to help them restore their right to vote, either directly or through referrals?

o Yes
o No

6.5.3 Does your state supervision agency offer expungement assistance, either directly or through referrals?

  o Yes
  o No

6.6 Life Skills

6.6.1 Does your state supervision agency provide or offer any of the following life skills trainings to persons on supervision, either directly or through referrals?

	Yes	No
General life skills training (e.g., communication, self-management, problem-solving)	☐	☐
Financial literacy or financial management training	☐	☐
Digital literacy or technology training	☐	☐

6.7 *Restorative Justice*

Restorative justice brings those harmed by crime and those responsible for the harm into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward. It gives victims the chance to meet or communicate with the offender to explain the impact of the crime and helps offenders take responsibility for what they have done and make amends. This is a practice commonly used in tribal communities.

6.7.1 Does your state supervision agency provide, offer, or connect persons on supervision to restorative justice programs, either directly or through referrals?

- o Yes
- o No

Skip logic: If no, survey ends.

6.7.2 Does your state supervision agency provide or offer the following types of restorative justice programs?

	Yes	No
Restorative Reentry Circles	☐	☐
Circles of Accountability	☐	☐
Reintegration Circles	☐	☐
Peacemaking Circles	☐	☐
Victim-offender Mediation	☐	☐
Community and/or Family Group Conferencing	☐	☐

Attachment B: Cognitive Interview Recruitment Email from BJS

ATTACHMENT B. COGNITIVE TEST INVITATION EMAIL

Cognitive interview invitation email

Dear _____

The Bureau of Justice Statistics (BJS) is working with the Justice Information and Resource Network (JIRN) and the American Probation and Parole Association (APPA) to conduct the Survey of State Parole Agencies on Reentry Services (SSPARS), a new data collection effort to capture information on the types of reentry services available to persons on parole. Before beginning data collection, BJS would like to conduct testing of survey items to ensure what is being collected is as accurate as possible.

I am writing to ask you for your assistance with testing the survey. This will take place over a video conference call where you work through the survey and a JIRN researcher will ask you questions along the way. The best way to accurately obtain information on services provided by state parole agencies is by asking experts like you. You are one of a small number of individuals selected to participate in this effort. Your input will improve the study and is integral to its success.

As an advisor on this project, I am dedicated to make sure this survey works for state parole agencies across the United States. I think that your perspective would be important to include in this test, but your participation is completely voluntary and please be assured that your responses in the testing phase of the project will be kept confidential.

If you are willing to participate, please respond to this email or call Katrina Cole at (202) 503-3519 to schedule a time to complete the interview, which should take no more than an hour. In the meantime, if you have any questions about the SSPARS or plans for testing, please don't hesitate to reach out to Katrina Cole, the project director at JIRN, at kcole@jirn.org or Lindsay Bostwick, the BJS program manager, at Lindsay.Bostwick@usdoj.gov.

BJS is authorized to conduct this data collection under Title 34 United States Code Section 10132. By law, BJS will use the information you provide only for statistical or research purposes and must protect the confidentiality of information identifiable to a private person against unauthorized disclosure or misuse. [Title 34 U.S.C. Sections 10134 and 10231] Any person who violates these provisions may be punished by a fine up to $10,000, in addition to any other penalties imposed by law. Per the Cybersecurity Enhancement Act of 2015, federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

Thank you in advance for both your time and support of this important work.

-Signature

Attachment C: Cognitive Interview Recruitment Email from APPA

ATTACHMENT C. COGNITIVE TEST INVITATION EMAIL

Cognitive interview invitation email

Dear _____

You may have previously received information from the Bureau of Justice Statistics (BJS) about the Survey of State Parole Agencies on Reentry Services (SSPARS), a new data collection effort to capture information on the types of reentry services available to persons on parole. Before BJS can begin data collection, they need to first conduct testing of survey items to ensure what is being collected is as accurate as possible.

The American Probation and Parole Association (APPA) encourages you to participate in this testing if possible. This will take place over a video conference call where you work through the survey and a Justice Information and Resource Network (JIRN) researcher will ask you questions along the way. The best way to accurately obtain information on services provided by state parole agencies is by asking experts like you. You are one of a small number of individuals selected to participate in this effort. Your input will improve the study and is integral to its success. Participation is completely voluntary, and please be assured that your responses will be kept confidential.

If you are willing to participate, please respond to this email or call Katrina Cole at (202) 503-3519 to schedule a time to complete the interview, which should take no more than an hour. In the meantime, if you have any questions about the SSPARS or plans for testing, please don't hesitate to reach out to Katrina Cole, the project director at JIRN, at kcole@jirn.org or Lindsay Bostwick, the BJS program manager, at Lindsay.Bostwick@usdoj.gov. BJS is authorized to conduct this data collection under Title 34 United States Code Section 10132.

Thank you in advance for both your time and support of this important work.

-[name]

Attachment D: Cognitive Interview Recruitment Email from JIRN

ATTACHMENT D. COGNITIVE TEST INVITATION EMAIL

Cognitive interview invitation email

Dear _____

The Justice Information and Resource Network (JIRN) and the Bureau of Justice Statistics (BJS) need your help with testing a new survey! The Survey of State Parole Agencies on Reentry Services (SSPARS), a new data collection effort to capture information on the types of reentry services available to persons on parole.

I'm writing to ask you for your assistance with testing the survey. This will take place over a video conference call where you work through the survey and a JIRN researcher will ask you questions along the way. You are one of a small number of individuals selected to participate in this effort. Your input will improve the study and is integral to its success. Participation is completely voluntary, and please be assured that your responses will be kept confidential.

If you are willing to participate, please respond to this email or call Katrina Cole at (202) 503-3519 to schedule a time to complete the interview, which should take no more than an hour. In the meantime, if you have any questions about the SSPARS or plans for testing, please don't hesitate to reach out to Katrina Cole, the project director at JIRN, at kcole@jirn.org or Lindsay Bostwick, the BJS program manager, at Lindsay.Bostwick@usdoj.gov. BJS is authorized to conduct this data collection under Title 34 United States Code Section 10132.

Thank you in advance for both your time and support of this important work!

-[name]

Attachment E: Informed Consent Form

STUDY INTRODUCTION:

The Bureau of Justice Statistics (BJS) is conducting a short study. BJS routinely conducts research on how to collect information to produce the best statistics possible. The Justice Information Resource Network (JIRN) will work under BJS's direction to conduct the study. You are invited to take part in this research, which will help BJS understand respondents' experiences with questions on the Survey of State Parole Agencies and Reentry Services (SSPARS). If you agree to participate, you will be asked to review survey questions and discuss your experience with answering these questions during a confidential interview.

DESCRIPTION OF THE STUDY:

The SSPARS is a survey that asks about the types of reentry services available to people on state parole and the number of people who access these services. This includes enrollments in drug, sex offender, mental health, or other treatment programs, and whether the agency had programs to help people post-release to obtain housing or employment.

The interview will be conducted by a staff member from JIRN on behalf of BJS. You will connect with the interviewer via Microsoft Teams for a virtual interview using computer audio or telephone. You can keep your web camera on or opt to turn it off during the interview. Together, you will review the survey questions and discuss your experience with the questions. The interviewer will ask questions to get your feedback on the clarity of the questions and the availability of data to answer the questions. The interview will take no more than 60 minutes.

The interviewer will not ask you any sensitive questions or ask you to share private information about yourself. You will be asked to provide your name, which BJS will use only to keep track of participants. BJS will not publish your name or the name of your agency in any reports. Your responses will help BJS finalize the questions before we launch the survey later in 2025.

BJS would like your permission to record the interview, both what you say and what is on the screen while you are being interviewed. If you decline to be recorded, you can still participate in the study. Only the people who work on this study will have access to the recording, which will be used to ensure a correct understanding of your feedback when writing results. If you agree to allow recording, a copy of the recording will be kept for up to six months after the interview, and then deleted.

POSSIBLE RISKS OR DISCOMFORTS:

The interview questions will not be personal in nature. There are no anticipated risks or discomforts to participating in the study.

BENEFITS:

You will not receive any direct benefits from completing this interview. However, participation will help BJS improve its survey collection methods so that we can produce the best statistics possible.

VOLUNTARY PARTICIPATION:

Your participation is completely voluntary. There are no penalties for not participating. You may skip any questions you do not want to answer or stop the interview at any time.

AUTHORITY AND CONFIDENTIALITY:

BJS is authorized to conduct this study under Title 34 United States Code (U.S.C.) Section 10132(c)(12). BJS and JIRN may only use the data we collect for statistical or research purposes, and are required by Federal law to protect your privacy and confidentiality (34 U.S.C. Sections 10134 and 10231). BJS and JIRN will use secure systems to store and manage your personally identifiable information. It is a crime for anyone on the project team to use or share your information in a way that breaks Federal law.

This study has been approved by the Office of Management and Budget (OMB). The eight-digit OMB number, 1121-0339, confirms this approval and expires on 01/31/2028. Without this approval, we could not conduct this study.

CONTACTS FOR QUESTIONS:

You may ask the interviewer questions during your interview. You may also send comments or questions about this study or any other aspect of the survey, including suggestions for reducing the time it takes to complete the survey, to AskBJS@usdoj.gov.

Please indicate your responses to the questions below and sign this form to indicate whether you agree to participate in the interview and whether you allow us to record what you say and the screen (audio and video). As a reminder, you can participate in the study without giving permission to record the interview.

Please select the appropriate options below to indicate your consent to participate:

>	**I have read the above, understand that my participation is voluntary, and I agree to participate.**

>	**I do not agree to participate in this study.**

Please select the appropriate option below to indicate your consent to record this interview:

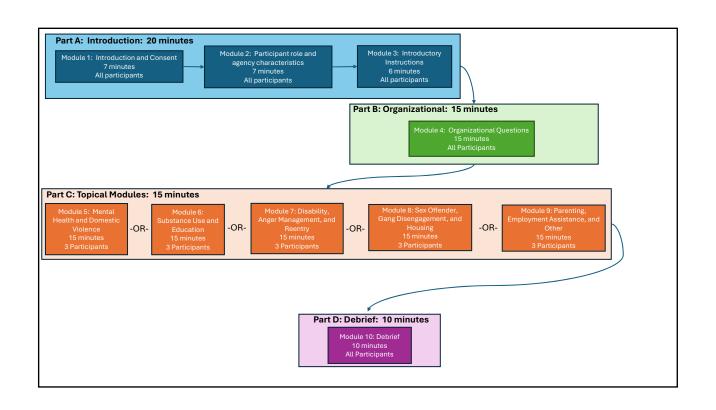>	**I agree for this interview to be audio and video recorded.**

>	**I do not agree for this interview to be audio and video recorded.**

_____   _____

Signature of participant   Date

Attachment F: Cognitive Interviewing Slides

Survey of State Parole Agencies on Reentry Services

Cognitive Testing

Part A: Introduction: 20 minutes

Module 1: Introduction and Consent
7 minutes
All participants
→
Module 2: Participant role and agency characteristics
7 minutes
All participants
→
Module 3: Introductory Instructions
6 minutes
All participants

Part B: Organizational: 15 minutes

Module 4: Organizational Questions
15 minutes
All Participants

Part C: Topical Modules: 15 minutes

Module 5: Mental Health and Domestic Violence
15 minutes
3 Participants
-OR-
Module 6: Substance Use and Education
15 minutes
3 Participants
-OR-
Module 7: Disability, Anger Management, and Reentry
15 minutes
3 Participants
-OR-
Module 8: Sex Offender, Gang Disengagement, and Housing
15 minutes
3 Participants
-OR-
Module 9: Parenting, Employment Assistance, and Other
15 minutes
3 Participants

Part D: Debrief: 10 minutes

Module 10: Debrief
10 minutes
All Participants

48

- **Definitions:** In this survey, we use the following definitions:
  - **Persons on supervision** refers to any individual placed under community supervision following a period of incarceration in **state prison** (e.g., persons supervised by parole or probation agencies). This includes those granted conditional release, mandatory release, release through judicial decisions, and release through bifurcated sentence (extended supervision).
  - **State supervision agency** refers to any agency responsible for providing reentry services to persons released from **state prison** who are now residing in the community (e.g., reentry services, supervision agency, parole or probation agency, etc.).

- **Who to count:** When answering questions about enrollment and services, please include:
  - Adults
  - Juveniles convicted as adults
  - Individuals **sentenced to state prison** but serving their time in county or local jails.

- **Scope:** The survey covers various reentry services such as mental health, substance abuse treatment, housing, educational programs, and others. You will be asked to provide information on the services available and enrollment counts.

- **Reporting services:** For questions about the programs that are offered, select 'Yes' if the service is provided either by your agency OR through referral to an external agency. Unless otherwise specified, please only report on services that are provided AFTER release from incarceration.

<div align="right">

SCREEN 1
</div>

Q. Is your supervision agency located within the executive branch of government, the judicial branch, or part of a private organization under contract to a government agency?
- Executive branch
- Judicial branch
- Private organization
- Other, please specify: _____

Q. Who runs your state supervision agency?
- Department of Corrections
- Courts
- An independent parole agency (separate from the Department of Corrections)
- An independent probation agency (separate from the Department of Corrections)
- Other, please specify: _____

<div align="right">

SCREEN 2
</div>

Q. How many total people were on post-release community supervision in your state on December 31, 2024?

- **INCLUDE** persons sentenced as an adult (including juveniles sentenced as an adult) to state prisons who were released to community supervision. This includes those granted conditional release, mandatory release, release through judicial decisions, and release through bifurcated sentences (extended supervision).
- **INCLUDE** adult persons on supervision that are legally your responsibility but supervised outside your jurisdiction in another state.
- **EXCLUDE** adult persons on supervision that are supervised by your jurisdiction but legally the responsibility of another state and persons on supervision who have no previous period of incarceration.

Total number of persons on supervision on December 31, 2024: ___

Q. How many individual people entered supervision in your state during the calendar year (CY) in 2024?

Number of people who entered supervision during CY 2024: _____

Q. On December 31, 2024, how many of the persons were being supervised by your supervision agency following:

	Number of people
Discretionary release from prison	
Mandatory release from prison	
Special conditional release from prison	
Other release type, please specify: _____	

Q. Does your state supervision agency oversee individuals under any of the following types of supervision? Mark all that apply.

☐ On parole
☐ On probation
☐ On pretrial release
☐ Other form of supervision, please specify: _____

Q. PRISON IN-REACH is a strategy where state agencies and/or community-based organizations meet with an individual prior to release to begin service planning and establish continuity of care. Does your state supervision agency conduct prison in-reach?

o Yes

o No

Q. Who sets the special conditions of supervision for persons on supervision? Mark all that apply.

□ Courts
□ Parole board
□ State Department of Corrections
□ Another agency, please specify: _____

Q. Upon release, does your state supervision agency administer a risk assessment, a needs assessment, both a risk and needs assessment, or neither assessment?

- o Risk assessment only
- o Needs assessment only
- o Both a risk and needs assessment
- o Neither assessment

Q. Which of the following tool(s) is(are) used for assessment upon release? Please Mark all that apply.

Note: This includes any tools used by the agency, even if they are only administered to a subset of individuals.

☐ ACUTE-2007
☐ Client Management Classification (CMC) tool
☐ Correctional Offender Management Profile for Alternative Sanctions (COMPAS)
☐ Criminal Sentiments Scale (CSS)
☐ Maryland Department of Public Safety and Correctional Services (DPSCS) Standardized Risk Assessment
☐ Global Appraisal of Individual Needs (GAIN)
☐ Louisiana Risks/Needs Assessment (LARNA)
☐ Level of Service Inventory-Revised (LSI-R)
☐ Level of Service/Case Management Inventory (LS/CMI)

☐ Minnesota Sex Offender Screening Tool (MnSOST)
☐ Ohio Risk Assessment System (ORAS)
☐ Salient Factor Score
☐ STABLE
☐ Static-99R
☐ Static-2002
☐ Vermont Assessment of Sex Offender Risk (VASOR)
☐ Tool developed in-house
☐ Other tool, please specify: _____

Q. Are either risk or needs assessments conducted at other times, prior to incarceration, prior to release, or after release while on post-release supervision? Mark all that apply

☐ Yes, prior to incarceration
☐ Yes, prior to release
☐ Yes, after release while on post-release supervision

Treatment Services

Please indicate whether the following types of reentry services are provided in your state.

For this section, please think about STANDALONE programs dedicated to the specific treatment type listed. Programs that are primarily created for another purpose, such as housing, that may contain a treatment component do NOT apply.

Mental health treatment refers to counseling sessions, group therapy, residential treatment, or any other services offered for individuals with mental health problems. Please do NOT report on treatments primarily intended for substance use disorder. You will report on substance abuse treatments in a later section.

2.1.1 Does your state supervision agency provide or offer mental health services to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both?
- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, mental health services are not provided

Q. Indicate the number of persons on supervision who were referred for mental health services or were enrolled in mental health services in calendar year 2024 (excluding substance use disorder services).
- o Please enter the total number of **referrals** in calendar year 2024: _____
- ☐ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
- ☐ Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in mental health services on December 31, 2024 (excluding substance use disorder services)?

- Please enter the number of **active enrollments** on December 31, 2024: _____
- Check box if estimate

Q. Does your state supervision agency provide or offer the following types of mental health treatment services, either directly or through referrals?

	Yes	No
Cognitive behavioral therapy (CBT)	☐	☐
Trauma-focused CBT (TF-CBT)	☐	☐
Multi-systemic therapy (MST)	☐	☐
Dialectal behavioral therapy (DBT)	☐	☐
Group therapy	☐	☐
Family-systems therapy (FST)	☐	☐
Eye movement desensitization and reprocessing (EMDR)	☐	☐

Q. For persons on supervision, are the mental health services voluntary, mandatory, or a mix of voluntary and mandatory?

- o Voluntary
- o Mandatory
- o Mix of voluntary and mandatory

Q. When mental health services are mandatory, what is the criteria for mandating them? Mark all that apply.

- ☐ The type of charges
- ☐ The designated risk or need level
- ☐ Mental health diagnosis/concerns
- ☐ Ordered by paroling authority
- ☐ Some other criteria, please specify: _____
- ☐ Unsure

Q. For persons on supervision, is placement in a mental health program based on results of a screening/risk assessment tool?

- o Yes
- o No

Q. Please indicate which of the following are used for risk screening or assessment for persons on supervision for placement in a mental health program:

	Yes	No
Becks Depression Inventory (BDI)	☐	☐
Structured Clinical Interview of Diagnosis (SCID)	☐	☐
Diagnostic Interview Scale (DIS)	☐	☐
Minnesota Multiphasic Personality Inventory (MMPI)	☐	☐
Symptoms Checklist-90 Revised (SCL-90R)	☐	☐
Other, please specify: _____	☐	☐

Q. What percentage of your state's post-release supervision population are required to participate in mental health treatment as a condition of their parole?

Percentage of post-release supervision population (0-100%): _____%

❑ Check box if estimate

Q. Below is a list of job categories. For each role, please indicate whether professionals in that role serve as mental health treatment providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

Q. Does your state department of corrections provide or offer mental health services during incarceration, BEFORE the supervision client is released into the community?

o Yes

o No

o Unsure

Q. Does your state supervision agency offer mental health services specifically targeted toward the following populations?

	Yes	No
Individuals convicted of sexual offenses	☐	☐
People with co-occurring substance use disorders	☐	☐
Individuals convicted of domestic violence	☐	☐
Veterans	☐	☐
Juveniles convicted as adults	☐	☐
Women	☐	☐
Individuals with cognitive impairments/disabilities	☐	☐
Other populations, please specify: _____	☐	☐

Q. Below is a list of potential funding sources. Are your state supervision agency's mental health services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

This section will ask about **domestic violence** programming, which may also be referred to as Abuse Awareness Class, Batterer Intervention Prevention Program (BIPP), Family Violence Course, Men's Nonviolence Class, Victim Impact Course, Violence Prevention Course, and more. For our purposes, please think about the program(s) that would fall under this category, even if it goes by a *different name*. Persons on supervision participating in these services may be either perpetrators or victims of domestic, intimate partner, or familial violence.

Q. Does your state supervision agency provide or offer domestic violence services to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, domestic violence services are not provided

Q. Indicate the number of persons on supervision who received referrals or were enrolled in domestic violence services in calendar year 2024.

- o Please enter the total number of **referrals** in calendar year 2024: _____
    - □ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
    - □ Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in domestic violence services on December 31, 2024.

o Please enter the number of active enrollments on December 31, 2024: _____

  □ Check box if estimate

Q. For persons on supervision receiving domestic violence services for being a PERPETRATOR of domestic violence, are the domestic violence services voluntary, mandatory, or a mix of voluntary and mandatory?

o Voluntary
o Mandatory
o A mix of voluntary and mandatory

Q. Below is a list of job categories. For each role, please indicate whether professionals in that role serve as domestic violence service providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

Q. Does your state department of corrections provide domestic violence treatment services during incarceration, BEFORE the supervision client is released to the community?

- ○ Yes
- ○ No
- ○ Unsure

Q. Below is a list of potential funding sources. Are your state supervision agency's domestic violence treatment services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

Debriefing

- Anything sensitive, offensive, or upsetting on this survey?

- How many people at your agency would it take to complete the questions we talked about today?

- How would you go about answering this survey?

- How much effort would it take you to complete this survey?

Treatment Services

Please indicate whether the following types of reentry services are provided in your state.

For this section, please think about STANDALONE programs dedicated to the specific treatment type listed. Programs that are primarily created for another purpose, such as housing, that may contain a treatment component do NOT apply.

Substance use treatment refers to counseling sessions, group therapy, residential treatment, therapeutic community, or any other services offered for the treatment of substance use disorders.

Q. Does your state supervision agency provide or offer treatment for substance use disorder to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o   Yes, provided directly by the parole agency
- o   Yes, through referrals to external agencies
- o   Yes, both directly and through referrals
- o   No, substance use disorder services are not offered

Q. Indicate the number of persons on supervision who were referred for substance use disorder treatment or were enrolled in substance use disorder treatment in calendar year 2024

- o   Please enter the total number of **referrals** in calendar year 2024: _____
  - □   Check box if estimate

- o   Please enter the total number of **enrollments** in calendar year 2024: _____
  - □   Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in substance use disorder treatment on December 31, 2024?

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - □ Check box if estimate

Q. Does your supervision agency offer the following types of substance use services, either directly or through referrals?

	Yes	No
Residential facility	□	□
Counseling by a professional	□	□
Detoxification unit	□	□
Maintenance drug/medication assisted	□	□
Self-help group/peer counseling	□	□
Substance use disorder education program	□	□
Transitional living/Oxford houses	□	□
Therapeutic community	□	□
Other, please specify: _____	□	□

Q. For persons on supervision, is substance use treatment voluntary, mandatory, or a mix of both voluntary and mandatory?

- o Voluntary
- o Mandatory
- o A mix of both voluntary and mandatory

Q. Below is a list of job categories. For each role, please indicate whether professionals in that role serve as substance use treatment providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

Q. Are persons on supervision screened for substance use disorder upon post-release supervision intake?

- o Yes
- o No

Q. Please indicate whether the following are used for screening persons on supervision for substance use disorders:

	Yes	No
Addiction Severity Index (ASI)	☐	☐
Alcohol Dependence Scale (ADS)	☐	☐
CAGE Assessment	☐	☐
Drug Abuse Screening Tool (DAST)	☐	☐
Michigan Alcohol Screening Tool (MAST)	☐	☐
Substance Abuse Subtle Screening Inventory (SASSI)	☐	☐
TCU Drug Screen	☐	☐
Assessment tool developed in-house	☐	☐
Other, please specify: _____	☐	☐

Q. Does your state department of corrections offer treatment for substance use disorder during incarceration, BEFORE the supervision client is released into the community?

- o Yes
- o No
- o Unsure

Q. Does your state supervision agency require routine DRUG testing (excluding alcohol) of persons on supervision?
- o Yes
- o No

Q. Does your state supervision agency require routine ALCOHOL testing of persons on supervision?
- o Yes
- o No

Q. Does your state supervision agency use technology for continuous alcohol monitoring, such as a transdermal monitoring device?

  o Yes

  o No

Q. Does your state supervision agency record outcomes of substance use treatment services for persons on supervision, such as program completion or level of substance use?

  o Yes

  o <u>No</u>

Q. Is information on the outcomes of substance use treatment recorded with your state supervision agency, with an external agency or provider, or with both the state supervision agency and an external agency or provider?

  o Recorded with your state supervision agency

  o Recorded with an external agency or provider

  o Recorded with the state supervision agency and an external agency or provider

Q. Below is a list of potential funding sources. Are your state supervision agency's substance use disorder treatment services funded by any of the following sources

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

EDUCATION: This section refers to educational programs offered to individuals on supervision that aim to enhance their skills, knowledge, and opportunities for employment or further education, ultimately reducing recidivism. These services can include academic courses, vocational training, and GED/literacy classes, often delivered within the context of reentry programs.

Q. Does your state supervision agency provide or offer educational services to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?
- o Yes, provided directly by the supervision agency
- o Yes, through referrals to external agencies
- o Yes, both directly and through referrals
- o No, educational assistance is not offered

Q. Indicate the number of persons on supervision who received referrals or were enrolled in education services in calendar year 2024.
- o Please enter the total number of **referrals** in calendar year 2024: _____
  - □ Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
  - □ Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in education services on December 31, 2024.

- Please enter the number of **active enrollments** on December 31, 2024: _____

  □ Check box if estimate

Terms:

- **Adult basic education (ABE):** basic skills instruction in arithmetic, reading, writing.

- **Adult secondary education (ASE):** instruction to complete high school or prepare for a certificate of high school equivalency, such as the General Education Development (GED).

- **Postsecondary education (PSE):** college-level instruction that enables an individual to earn college credit that may be applied toward a two-year or four-year postsecondary degree.

- **Vocational education or career and technical education (CTE):** training in general employment skills and in skills for specific jobs or industries.

Q. Does your state supervision agency provide or offer the following types of education services, either directly or through referrals?

	Yes	No
Adult basic education (ABE)	□	□
Adult secondary education (ASE)	□	□
English as a second language (ESL)	□	□
Post-secondary education (PSE)	□	□
Vocational education or career and technical education (CTE)	□	□

Q. Does your state supervision agency work with colleges or universities in the state to offer education services to persons on supervision?

- o Yes
- o No

Q. Does the state department of corrections offer education services during incarceration, BEFORE persons on supervision are released to the community?

- o Yes
- o No
- o Unsure

Q. Are there specific eligibility requirements for persons on supervision to receive education services?

- o Yes
- o No

Q. Does your state have a process in place to identify persons on supervision with learning disabilities? (e.g., a screening or assessment, review of educational or medical documentation, etc)?

- o Yes
- o No

Q. Does your state supervision agency provide or offer the following kinds of special education services to persons on supervision with learning disabilities, either directly or through referrals?

	Yes	No
Individualized Education Plan (IEP)	☐	☐
Specialized literacy program	☐	☐
Adapted physical education	☐	☐
Occupational therapy	☐	☐
Life skills	☐	☐
Other, please specify: _____	☐	☐

Debriefing

- Anything sensitive, offensive, or upsetting on this survey?

- How many people at your agency would it take to complete the questions we talked about today?

- How would you go about answering this survey?

- How much effort would it take you to complete this survey?

Treatment Services

Please indicate whether the following types of reentry services are provided in your state.

For this section, please think about STANDALONE programs dedicated to the specific treatment type listed. Programs that are primarily created for another purpose, such as housing, that may contain a treatment component do NOT apply.

Disability services are services, programs, and accommodations provided to individuals with disabilities to help them receive access or the opportunity to participate in services and programs.

Q. Does your state supervision agency provide services dedicated to persons on supervision with INTELLECTUAL/COGNITIVE disabilities, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?
- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, these services are not provided

Q. Does your state supervision agency provide services dedicated to persons on supervision with PHYSICAL disabilities, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?
- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, these services are not provided

Skip to next section

Q. Indicate the number of persons on supervision who received referrals or were enrolled in disability services for intellectual or physical disabilities in calendar year 2024.

- o Please enter the total number of **referrals** in calendar year 2024: _____
  - o Check box if estimate

- o Please enter the total number of **enrollments** in calendar year 2024: _____
  - o Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in disability services for intellectual or physical disabilities on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - o Check box if estimate

Q. Does your state supervision agency offer any of the following kinds of disability assistance/accommodations, either directly or indirectly?

	Yes	No
American Sign Language (ASL)/Deaf interpreters	☐	☐
Assistive technology	☐	☐
Referrals to Social Security Department	☐	☐
Referral to mental health services	☐	☐
Housing support	☐	☐
Other, please specify: _____	☐	☐

Q. Below is a list of job categories. For each role, please indicate whether professionals in that role serve as disability service providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

Q. Does your state have a process in place to identify persons on supervision with disability needs? (e.g., self-assessment, medical referral to an outside provider, assessment during incarceration, review of existing medical files or documentation, etc.).

     ○ Yes
     ○ No

Q. Which processes are used by your state supervision agency? Mark all that apply.

     ☐ Self-assessment
     ☐ Assessment by parole authority
     ☐ Medical referral from outside provider
     ☐ Assessment during incarceration
     ☐ Review of existing medical files or documentation
     ☐ Other, please specify: _____

Q. Below is a list of potential funding sources. Are your state supervision agency's disability services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

Anger management services are defined as therapeutic programs designed to help individuals identify, understand, and manage anger effectively, reducing the likelihood of re-offending and promoting safer reintegration into society.

Q. Does your state supervision agency provide anger management services to persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

o Yes, provided directly by the supervision agency
o Yes, provided through referrals to external agencies
o Yes, provided both directly and through referrals
o No, anger management services are not provided

Q. Indicate the number of persons on supervision who received referrals or were enrolled in anger management services in calendar year 2024.

    o Please enter the total number of **referrals** in calendar year 2024: _____

       □ Check box if estimate

    o Please enter the total number of **enrollments** in calendar year 2024: _____

       □ Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in anger management services on December 31, 2024.

- Please enter the number of **active enrollments** on December 31, 2024: _____
  - Check box if estimate

Q. Does your state supervision agency provide or offer the following types of anger management services to persons on supervision, either directly or through referrals?

	Yes	No
Cognitive behavioral therapy (CBT)	☐	☐
Dialectal behavioral therapy (DBT)	☐	☐
Group therapy	☐	☐
Mindfulness programs	☐	☐
Other, please specify: _____	☐	☐

Q. For persons on supervision, are anger management services voluntary, mandatory, or a mix of voluntary and mandatory?

- o Voluntary
- o Mandatory
- o A mix of voluntary and mandatory

Q. Below is a list of job categories. For each role, please indicate whether professionals in that role serve as anger management service providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

Q. Does the state department of corrections offer anger management services during incarceration, BEFORE the supervision client is released to the community?

- o Yes
- o No
- o Unsure

Q. Below is a list of potential funding sources. Are your state supervision agency's anger management services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
The client's own public or private medical insurance	☐	☐
Other, please specify: _____	☐	☐

REENTRY PLANNING (or case management) involves meeting with persons prior to and during supervision to determine which services or programs are needed, trying to get them into programs or services, or otherwise helping them plan for their release.

Q. Does your state supervision agency offer reentry planning services?

- o   Yes
- o   <u>No</u>

Q. Who provides reentry planning services after release? Mark all that apply.

☐ A parole or probation officer from within the correctional facility
☐ A parole or probation officer from outside the correctional facility
☐ A social worker, case manager, or case worker who is not a parole or probation officer
☐ Other, please specify: _____

Q. Does the state department of corrections offer reentry planning services during incarceration, BEFORE the supervision client is released to the community?

- o   Yes
- o   No
- o   Unsure

Debriefing

- Anything sensitive, offensive, or upsetting on this survey?

- How many people at your agency would it take to complete the questions we talked about today?

- How would you go about answering this survey?

- How much effort would it take you to complete this survey?

Treatment Services

Please indicate whether the following types of reentry services are provided in your state.

For this section, please think about STANDALONE programs dedicated to the specific treatment type listed. Programs that are primarily created for another purpose, such as housing, that may contain a treatment component do NOT apply.

Sex offender treatment consists of therapeutic and behavioral interventions aimed at reducing the risk of sexual reoffending and promoting responsible behavior in individuals who have committed sex crimes. These can include individual therapy, group therapy aimed at skill development (self-regulation, coping skills, communication skills, relationship skills, etc.), and relapse prevention.

Q. Does your state supervision agency provide or offer sex offender-specific treatment for persons on supervision, either directly through the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- o   Yes, provided directly by the supervision agency
- o   Yes, provided through referrals to external agencies
- o   Yes, provided both directly and through referrals
- o   No, sex offender treatment services are not provided

Q. Indicate the number of persons on supervision who received referrals or were enrolled in sex offender-specific treatment in calendar year 2024.

- o   Please enter the total number of **referrals** in calendar year 2024: _____

  □ Check box if estimate

- o   Please enter the total number of **enrollments** in calendar year 2024: _____

  □ Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in sex-offender-specific treatment on December 31, 2024.

- o Please enter the number of **active enrollments** on December 31, 2024: _____
  - □ Check box if estimate

Q. For persons on supervision, is sex offender-specific treatment voluntary, mandatory, or a mix of voluntary and mandatory?

- o Voluntary
- o Mandatory
- o A mix of voluntary and mandatory

Q. Below is a list of job categories. For each role, please indicate whether professionals in that role serve as sex offender treatment providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	□	□
General Parole officer/agency staff	□	□
Specialized treatment staff within the supervision agency	□	□
Clinician	□	□
Social worker	□	□
Volunteer	□	□
Other, please specify: _____	□	□

Q. Does your state supervision agency conduct a sex offender-specific risk assessment for persons on supervision?

- o   Yes
- o   No

Q. Please indicate whether the following are used for sex offender-specific risk assessment.

	Yes	No
Abel Assessment and Psychosexual evaluation	☐	☐
ACUTE-2007	☐	☐
Static-99R	☐	☐
Level of Service/Case Management Inventory (LS/CMI)	☐	☐
Static-2002	☐	☐
Minnesota Sex Offender Screening Tool-Revised (MnSOST-R)	☐	☐
Risk Matrix-2000 Sex	☐	☐
Sexual Violence Risk-20 (SVR-20)	☐	☐
Sex Offender Risk Appraisal Guide	☐	☐
Clinical judgement	☐	☐
Other, please specify: _____	☐	☐

SCREEN 68

Q. Does the state department of corrections offer sex offender-specific treatment during incarceration, BEFORE the supervision client is released to the community?

- o   Yes
- o   No
- o   Unsure

Q. Below is a list of potential funding sources. Are your state supervision agency's sex offender-specific treatment services funded by any of the following sources.

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
Other, please specify: ____	☐	☐

SCREEN 69

GANG DISENGAGEMENT services are aimed at gang desistance or the cessation of gang activities and disentanglement from gang identity for persons with known gang involvement. It is the process of disconnecting from the gang and transitioning from current to former gang member status.

Gang involvement may be determined by criminal history, offense charges, activity while incarcerated, or through other means.

Q. Does your state supervision agency provide or offer gang disengagement services for persons on supervision, either directly by the state supervision agency or through referrals to external agencies, or both directly and through referrals?

- ○ Yes, provided directly by the supervision agency
- ○ Yes, provided through referrals to external agencies
- ○ Yes, provided both directly and through referrals
- ○ No, gang disengagement services are not provided

Q. Indicate the number of persons on supervision who received referrals or were enrolled in gang disengagement services in calendar year 2024.

- ○ Please enter the total number of **referrals** in calendar year 2024: _____
  - □ Check box if estimate

- ○ Please enter the total number of **enrollments** in calendar year 2024: _____
  - □ Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in or gang disengagement services on December 31, 2024.

- Please enter the number of **active enrollments** on December 31, 2024: _____
  - Check box if estimate

Q. For persons on supervision, are gang disengagement services voluntary, mandatory, or a mix of both voluntary and mandatory?

- Voluntary
- Mandatory
- A mix of both voluntary and mandatory

Q. Below is a list of job categories. For each role, please indicate whether professionals in that role serve as gang disengagement service providers for persons on supervision by selecting either "Yes" or "No".

	Yes	No
Correctional officer	☐	☐
General Parole officer/agency staff	☐	☐
Specialized treatment staff within the supervision agency	☐	☐
Clinician	☐	☐
Social worker	☐	☐
Volunteer	☐	☐
Other, please specify: _____	☐	☐

Q. Does the state department of corrections offer gang disengagement services during incarceration, BEFORE the supervision client is released to the community?

o Yes

o No

o Unsure

Q. Below is a list of potential funding sources. Are your state supervision agency's gang disengagement services funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
Other, please specify: _____	☐	☐

Housing

For this section, we are using the following definitions:

- **Halfway House:** A community-based correctional program that provides residential services to people on parole as a transitional step between their release from prison and their return to independent living in the community.
- **Kinship Housing:** A residential program where persons on supervision are provided with a subsidy that is given to their family to pay for subsidized housing.
- **Supportive Housing:** Permanent housing for lease holding tenants, in which social service provision and funding is an integral component of the housing operation.
- **Rental Assistance Program:** Program where the allocation goes directly to the tenant, the sponsor of the program, or to a unit.

Q. For each of the housing types below, please indicate:

1) whether that form of housing is offered (Yes/No);

2) if that form of housing is offered, the total number of individuals who used that type of housing in 2024; and

3) the number of persons on supervision utilizing or residing in each of the housing types on **December 31, 2024** (Please report the total of all counties in your state)

	Is this housing type offered?		Total # of people that used this housing in 2024	# of people in housing on December 31, 2024
	Yes	No		
Halfway house	☐	☐		
Permanent supportive housing	☐	☐		
Funding support/guaranteed income/rental assistance	☐	☐		
Sober living/Oxford House	☐	☐		
Sex offender housing	☐	☐		
Kinship housing	☐	☐		
Shelters	☐	☐		
Community corrections center	☐	☐		
Special needs housing	☐	☐		

Next section

Q. For each of the housing types listed below, please indicate:

1) whether the housing type includes a treatment component (yes/no), and

2) whether it has eligibility requirements (yes/no).

	Is this housing type offered?		Total # of people that used this housing in 2024	# of people in housing on December 31, 2024
	Yes	No		
Halfway house	☐	☐		
Permanent supportive housing	☐	☐		
Funding support/guaranteed income/rental assistance	☐	☐		
Sober living/Oxford House	☐	☐		
Sex offender housing	☐	☐		
Kinship housing	☐	☐		
Shelters	☐	☐		
Community corrections center	☐	☐		
Special needs housing	☐	☐		

Q. Does your state supervision agency have any of the following specialized housing types that are devoted to serving the following specific offender population(s)?

	Yes	No	How many facilities in total?
Individuals with substance use disorder	☐	☐	
Individuals convicted of sexual offenses	☐	☐	
People with co-occurring disorders	☐	☐	
Individuals convicted of domestic violence	☐	☐	
Individuals with cognitive impairments or physical disabilities	☐	☐	
Veterans	☐	☐	
Juveniles convicted as adults	☐	☐	
Women	☐	☐	
Geriatric populations	☐	☐	
Other populations, please specify _____	☐	☐	

Q. Below is a list of potential funding sources. Are your state supervision agency's housing types funded by any of the following sources?

	Yes	No
Section 1115 Medicaid Waiver	☐	☐
Federal funding (Excluding special grant programs)	☐	☐
State funding	☐	☐
State to County/Local government as a pass-through	☐	☐
County/Local government	☐	☐
Pooled funding	☐	☐
Parole client pays/supervision fee	☐	☐
Other, please specify: _____	☐	☐

Q. Indicate the number of beds and the number of housing units in your state designated for persons on supervision, regardless of their current occupancy.

	Information not available	Number	Check if estimate
Housing beds	☐		☐
Housing units	☐		☐

Debriefing

- Anything sensitive, offensive, or upsetting on this survey?

- How many people at your agency would it take to complete the questions we talked about today?

- How would you go about answering this survey?

- How much effort would it take you to complete this survey?

Treatment Services

Please indicate whether the following types of reentry services are provided in your state.

For this section, please think about STANDALONE programs dedicated to the specific treatment type listed. Programs that are primarily created for another purpose, such as housing, that may contain a treatment component do NOT apply.

PARENT EDUCATION refers to services or programs provided to individuals to improve their parenting skills, knowledge, and ability to support their children. The goal is to assist individuals in becoming more effective and accountable parents as part of their reintegration into society.

Q. Does your state supervision agency provide or offer parent education services to persons on supervision, either directly by the state supervision or through referrals to external agencies, or both directly and through referrals?
- o Yes, provided directly by the state supervision agency
- o Yes, provided through referrals to external agencies
- o Yes, provided both directly and through referrals
- o No, parent education services are not provided

Q. Indicate the number of persons on supervision who received referrals or were enrolled in parent education services in calendar year 2024.

- Please enter the total number of **referrals** in calendar year 2024: _____

  - ☐ Check box if estimate

- Please enter the total number of **enrollments** in calendar year 2024: _____

  - ☐ Check box if estimate

Q. Indicate the number of persons on supervision who received referrals for or were actively enrolled in parent education services on December 31, 2024.

- Please enter the number of **active enrollments** on December 31, 2024: _____
  - ☐ Check box if estimate

Q. For persons on supervision, who is eligible for parent education services? (Select all that apply)

- ❏ All supervisees with children
- ❏ Supervisees referred by parole officers
- ❏ Supervisees with specific parenting challenges
- ❏ Other, please specify: _____

Employment assistance consists of services that help formerly incarcerated individuals find and obtain employment. Examples of services include career counseling, job placement and referrals, and resume assistance.

Q. Does your state supervision agency provide or offer employment assistance services for persons on supervision, either directly by the state supervision agency, through referrals to external agencies, or both directly and through referrals?

- ○ Yes, provided directly by the state supervision agency
- ○ Yes, provided through referrals to external agencies
- ○ Yes, provided both directly and through referrals
- ○ No, employment assistance services are not provided

Q. Indicate the number of persons on supervision who received referrals or were enrolled in employment assistance services calendar year 2024.

- Please enter the total number of **referrals** in calendar year 2024: _____
  - ☐ Check box if estimate

- Please enter the total number of **enrollments** in calendar year 2024: _____
  - ☐ Check box if estimate

Q. Indicate the number of persons on supervision who were actively enrolled in employment assistance services on December 31, 2024.

- Please enter the number of **active enrollments** on December 31, 2024: _____
  - ☐ Check box if estimate

Q. Does your state supervision agency offer the following types of employment assistance services to persons on supervision, either directly or through referrals?

	Yes	No
Career counseling	☐	☐
Resume assistance	☐	☐
Hiring events or job fairs	☐	☐
Job referrals	☐	☐
Job search support	☐	☐
Job training	☐	☐
Apprenticeships	☐	☐

Q. For persons on supervision, is placement in employment assistance services based on a screening/assessment tool?

o   Yes

o   No

Q. How are employment assistance services offered to persons on supervision? Mark all that apply.

☐ The supervision agency operates an employment service that directly refers persons on supervision to employers

☐ The supervision agency contracts with a private employment service

☐ The supervision agency works with a state or county employment agency

☐ Other, please specify: _____

Q. Does the state department of corrections offer employment assistance services during incarceration, BEFORE the supervision client is released to the community?

- o Yes
- o No
- o Unsure

Q. Are there specific eligibility requirements for persons on supervision to receive employment assistance services?

- o Yes
- o No

MENTORING refers to a developmental relationship in which a more experienced person helps a less experienced person develop specific knowledge and skills to increase the likelihood of successful reentry. Mentoring services include the informal transmission of knowledge, social capital, and provision of psychosocial support that is perceived by the recipient as relevant to work, career, and/or professional and personal development.

Q. Does your state supervision agency provide or offer mentoring services to persons on supervision, either directly or through referrals?

- o Yes
- o No

Q. How does your state supervision agency provide or offer mentoring services to persons on supervision? Mark all that apply.

- ☐ The supervision agency operates a mentoring service that directly matches persons on supervision with mentors
- ☐ The supervision agency contracts with a private organization to provide mentoring services
- ☐ The supervision agency works with a state or county mentoring agency
- ☐ Other, please specify: _____

Q. Does your state supervision agency provide or offer transportation or financial support for transportation (e.g., bus tokens, metro cards, shuttle service) to persons on supervision either directly, through referrals, or both directly and through referrals?

- o Yes, transportation only
- o Yes, financial support for transportation only
- o Yes, both transportation and financial support for transportation
- o No, transportation services are not provided

Q. Does ANY agency in your state, such as the Department of Corrections, provide forms of legal dentification (such as a state identification or social security card) to persons being released from incarceration?

- o Yes
- o No
- o Unsure

Q. Does your state supervision agency offer support to obtain forms of legal identification for persons on supervision, either directly or through referrals?

- o Yes
- o No

Q. Does your state supervision agency offer support to obtain the following kinds of identification, either directly or through referrals?

	Yes	No
Birth certificate	☐	☐
Social security card	☐	☐
Driver's license	☐	☐
State identification card	☐	☐
Other, please specify: _____	☐	☐

Q. Does your state supervision agency work with your state's secretary of state to provide forms of legal identification?

- o Yes
- o No

Q. Does your state supervision agency provide or offer any of the following, either directly or through referrals?

	Yes	No
Assistance enrolling in Medicaid/Medicare	☐	☐
Assistance applying for public financial assistance, such as disability benefits or welfare	☐	☐
Assistance with finding childcare	☐	☐

Q. Does your state supervision agency provide or offer support to persons on supervision to help them with any active warrants or pending charges, either directly or through referrals?

- o Yes
- o No

Q. Does your state supervision agency provide or offer support to persons on supervision to help them restore their right to vote, either directly or through referrals?

- o Yes
- o No

Q. Does your state supervision agency offer expungement assistance, either directly or through referrals?

- o Yes
- o No

Q. Does your state supervision agency provide or offer any of the following life skills trainings to persons on supervision, either directly or through referrals?

	Yes	No
General life skills training (e.g., communication, self-management, problem-solving)	☐	☐
Financial literacy or financial management training	☐	☐
Digital literacy or technology training	☐	☐

Restorative justice brings those harmed by crime and those responsible for the harm into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward. It gives victims the chance to meet or communicate with their offender to explain the impact of the crime and helps offenders take responsibility for what they have done and make amends. This is a practice commonly used in tribal communities.

Q. Does your state supervision agency provide, offer, or connect persons on supervision to restorative justice programs, either directly or through referrals?

- o   Yes
- o   No

Q. Does your state supervision agency provide or offer the following types of restorative justice programs?

	Yes	No
Restorative Reentry Circles	☐	☐
Circles of Accountability	☐	☐
Reintegration Circles	☐	☐
Peacemaking Circles	☐	☐
Victim-offender Mediation	☐	☐
Community and/or Family Group Conferencing	☐	☐

Debriefing

- Anything sensitive, offensive, or upsetting on this survey?

- How many people at your agency would it take to complete the questions we talked about today?

- How would you go about answering this survey?

- How much effort would it take you to complete this survey?

Attachment G: Cognitive Interviewing Protocol

SSPARS

Cognitive Testing Protocol

Participant Information:

First Name:
Last Name:
Agency:
State:
Email:
Phone:
Appointment (day and time):
Special considerations (select all that apply):
- ☐ Large population (overall)
- ☐ Large tribal population
- ☐ Organizational/structural considerations – describe:
- ☐ Parole abolishment
- ☐ Other consideration – describe:

Purpose:

Researchers in the Bureau of Justice Statistic's Reentry, Recidivism and Special Projects Unit along with the Justice Information Resource Network (JIRN) will conduct cognitive interviews with participants to support the development of the 2025 Survey of State Parole Agencies on Reentry Services (SSPARS). These interviews will address five key research goals, including:

1. Identify any items that cause excessive burden for the respondents;
2. Identify items that have an insufficient number of response options;
3. Assess comprehension issues associated with any of the questions, including whether respondents interpret questions consistently;
4. Refine the wording of questions so that respondents to the final survey receive the clearest instructions possible concerning which services to report on; and
5. Identify data availability and accessibility.

Not all questions in this protocol will pertain to all participants, and not all participants will receive all modules depending on the length of the interview and agency characteristics. Throughout this protocol, required probes are numbered, and optional probes are bulleted underneath to encourage interviewers to gather more nuanced response where possible. Interviewer instructions are noted in brackets and are in all capital letters with orange, italicized text.

Informed Consent:

Participants will be asked to complete a consent form electronically before the time of the interview.

Materials Needed:

- Electronically signed consent form
- List of survey questions tailored by agency characteristics
- Participant recruitment and agency information including: contact information, appointment, and special considerations

Method: Interviews will be conducted by Microsoft Teams.

Expected length of interview: 1 hour (60 mins) maximum

General probes that may be used throughout the interview:

- Are these data easy to access?
- What does this question mean in your own words?
- Can you tell me more about that?
- How confident are you in your response?
- What looks unclear or is confusing here?

Prior to the interview

1. Send recruitment email
2. Schedule interview
3. Send confirmation email with copy of the informed consent
4. Send reminder email the morning of the interview with another copy of informed consent (if not completed and returned)
5. Tailor the question listing to the modules selected for this interview.

Section A: Introduction (20 minutes total)

Module 1: Introduction to purpose and procedures of interview (All participants, 7 mins)

[CONFIRM PARTICIPANT]

Thank you for your time today! My name is XXX and I work for the Justice Information Resource Network. My research team evaluates how easy or difficult survey questions are to answer. What works well, we will keep; when we hear something isn't making sense, we have the opportunity to fix it.

If necessary: You should have received a link to a consent form from our recruiter via email. Did you have a chance to review and sign that yet?

> If yes: Did you have any questions on any of the information presented there?
> If no: Please open the link now and review the form, then sign it. Take your time and let me know if you have any questions.

Thanks for signing the consent form. I just want to reiterate that neither your name nor the name of your agency or state will be mentioned in our final report coming from all of these interviews.

Purpose: The purpose of this interview is to get your feedback on some survey questions for our upcoming Survey of State Parole Agencies on Reentry Services (SSPARS). The SSPARS is designed to fill existing gaps in knowledge and information on the types of reentry services available for people on parole, the number of individuals on parole using these services, and which people are eligible for these services.

This project is a joint effort between the Bureau of Justice Statistics (BJS), the Justice Information Resource Network (JIRN), and the American Probation and Parole Association (APPA). We want to understand what the questions mean to you. Your feedback will help us improve the survey and make the questions as clear as possible.

I will share my screen and pull up the survey questions for us to review. I ask that you read it on your own and then verbally tell me which of the response options you select. I would like you to please answer these questions to the best of your knowledge and know that there are no right or wrong answers.

After you read each question in your head and tell me your response, I may ask you follow-up questions to better understand your answer and the way you thought about the question. Most of my follow-up questions will ask what you thought about certain words or phrases or what you think a question is trying to ask. Some survey questions may request information that you would need to obtain from administrative records or other sources outside of the interview. In these cases, it is not necessary to answer the question in the interview and our discussion will focus on your interpretation of the question and the process for obtaining this information. After we discuss your response, we will move on to the next question.

As we are going through the survey, please feel free to tell me anything that comes to mind or to ask me anything you are unclear about. Feel free to tell me what you are thinking as you are

answering these questions. I also want to remind you that you do not have to answer any questions you do not want to, and you can end the interview at any time. If I ask you a question you do not want to answer, you can just say "Pass."

Do you have any questions before we begin?

I'd like to record our session today so that when I go to analyze the results of these interviews, I can use the recording to pick up on anything I may have missed in my notes. Do I have your permission to record our session today?

[TURN ON RECORDING, REPEAT CONSENT ON RECORDING]

Module 2: Participant Role and Agency Characteristics (All participants, 7 mins)

1. Before we get started with the survey, can you please tell me the agency you work for, your role, and briefly describe your duties.
   - How large is your team? That is, how many people do you work with regularly?
   - What is your title specifically? How are you situated within the agency?
   - How long have you been in this position?
   - Are you the person that usually responds to surveys?

2. Does your state currently have parole, mandatory release, or another type of supervised release after incarceration? Please describe the post-release supervision structure in your state.
   - Is there a typical process or system in place to handle post-incarceration? What typically happens after incarceration in your state?
   - Were you thinking of any particular office or program when you answered this question?
   - Can you tell me more about what happens when a person is to be release from prison in your state?

Module 3: Introductory Instructions (All participants, 6 minutes; blue)

[PULL UP SCREEN 1 IN THE QUESTION LIST. LAUNCH SCREEN SHARE, AND CONFIRM PARTICIPANT CAN SEE THE SCREEN]

Take a moment to read the text on screen now to yourself and share any immediate reactions or comments about it.

1. Are these instructions clear? Is there anything about these instructions that is confusing?
   - Do the terms in these instructions match the terms your agency uses? Which match and which don't? For those that don't match, what terms or phrases does your agency use to mean the same thing?

- Was there any part of the instructions that you had to re-read, or that wasn't clear on the first read?
2. (*If the state has abolished parole*) How would you proceed with this survey?
    - Does use of the term "under supervision" make you unsure about how to proceed with the survey?
3. With these definitions, does the title of the survey, *Survey of State Probation and Parole Agencies on Reentry Services*, match your understanding of what the survey is about?
4. Look at the last bullet point – reporting services. What does this mean in your own words?
    - What would you include here? What would you exclude?
    - Are there any services you are not sure if you should include or exclude?

Section B: Organizational (15 minutes total)

Module 4: Organization Questions (All participants, 15 mins, green)
[*ADVANCE TO SCREEN 2 IN THE QUESTION LIST.*]

Q1.1 & 1.2
1. Take a look at the first question. What is this question asking you?
    - Are the response options for this question clear?
    - Is anything missing here?
    - How easy or difficult is it to answer this question?
    - *If "other" selected:* Why did you select that option? What were you thinking about?
2. Now look at the second question. How easy or difficult is it to answer this question?
    - *If "other" selected:* Why did you select that option? What were you thinking about?

[*ADVANCE TO SCREEN 3 IN THE QUESTION LIST.*]

Q1.3 & 1.4
1. Look at the first question. How easy or difficult is it to provide this information and why?
    - Can you answer this question on your own, or would you need to reach out to others at your agency to answer this question?
    - How about responding by that specific date – December 31, 2024 – how easy or difficult is it to give a total number by that date?
    - How much time do you think it would take you to answer the first question?
2. What does "entered parole in your state" mean in this question?
    a. Would it make more sense to word it: "individuals released to parole"?
3. *If the state has abolished parole:* Does use of the word "parole" make you unsure about how to proceed with the survey?
    - Do we need to also say "post-release community supervision"?
    - What word or phrase should be used here instead?

Q1.5

1. How easy or difficult is this question to answer, and why?
   - Could you answer this question on your own or would you need to talk to others at your agency?
   - About how much time would it take you to pull this information together?
2. Let's look at the categories. Are any of these categories confusing or unclear?
   - Are there any releases that could be counted in more than one category here?
   - What does "special conditional release" mean in this question?
   - What "other release types" might you include here?

Q1.6 & 1.7

1. What does

Q1.8

1. What is this question asking in your own words?
   - What does "prison in-reach" mean in this question?
   - Is there another word or phrase your agency uses that means "prison in-reach"?
   - Could you answer this question on your own, or would you need to ask others in your agency?

Q1.9

1. What is this question asking you?
   - How about the phrase "special conditions" – what does that mean in the question here?
   - Could you answer this question on your own, or would you have to reach out to someone else for an answer?
2. *If "another agency" is selected:* Tell me about selecting this option. What were you thinking about?
   - How did you come to selecting this option?
   - What would you write in the box? Why?

Q1.10

1. What were you thinking about when you answered this question?

- What is the difference to you – if any – between a risk assessment and a needs assessment?
- Do you know the answer to this question independently or would you need to talk to anyone else at your agency for an answer? Who?
- What about the phrase "upon release"? When in the parole process is this?

2. Is your answer applicable to all, most, or some people on parole? That is, is the answer the same for all people on parole?

[IF SCREEN 8 "NEITHER ASSESSMENT" SKIP TO NEX MODULE]

Q1.11

1. What were you thinking about when you answered this question?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - Did you notice check all that apply? Did you check all that apply?
   - *If "other" selected:* Which other instrument is used?
2. Is your answer applicable to all, most, or some people on parole? That is, is the answer the same for all people on parole?
3. Take a look at the note – did this impact the way that you answered this question? Did you notice it when you first read the question?

[ADVANCE TO SCREEN 10 IN THE QUESTION LIST.]

Q1.12

1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - Does this apply to all post-release supervision, or is it different for some?
2. (If yes): How about answering in months – is there another unit that might make this easier to answer?
   - Do you track re-assessment in months? Is that how you keep your records?
3. Do reassessments only occur based on standard timing? Or, are those on post-release supervision ever reassessed for other reasons?
   - For example: would someone be reassessed sooner rather than planned if some event occurs?
   - Does this question accurately capture reassessments for your agency?

Section C: Topical Modules (15 minutes total)

Module 5: Mental Health and Domestic Violence (15 mins, red)
[PULL UP SCREEN 11 IN THE QUESTION LIST.]

1. Take a look at these instructions. What do these instructions say in your own words?
   - What does 'standalone program' mean here? Give me an example of a program that is standalone. Give me an example of a program that is not standalone.

- Is "standalone program" the phrase your agency uses? What word or phrase does your agency use that means the same thing?

Q2.1.1
1. Let's start with the top portion of the screen – anything confusing or unclear in this definition?
   - Are there programs that you are unsure if they are mental health treatment or some other type of treatment?
   - How would you determine if a program is "primarily" for mental health treatment?
2. Now, take a look at the first question – can you answer this question on your own, or would you need to reach out to someone at your agency to answer this question?
   - (If they need to reach out to someone) Would you ask directly for an answer or would it be easier to pass off part of the survey to another person?
   - Do you keep records on mental health treatment services?
   - What does "offer services" mean here – what does it mean to 'offer' the service?
3. (If yes to question 1) How about the second question – what is this question asking you in your own words?
   - What were you thinking about when you answered this question?
   - Are all mental health treatment services provided by one or the other of these categories, or does it depend on the treatment?
   - Give me an example of a program provided "within the parole agency" vs. one provided "by external contractor/agency." What do these phrases mean?

Q2.1.2
1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?

- What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
- How about an "active enrollment" – what does that phrase mean to you?
- What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q2.1.3
1. Can you answer this question yourself or would you need to reach out to others in your agency for an answer to this question?
   - Any of these treatment services unclear or confusing?
   - Are there other categories of treatment services that should be included here?

[ADVANCE TO SCREEN 15 IN THE QUESTION LIST.]
Q2.1.4 & 2.1.5
1. Let's look at the first question – how did you come up with an answer to this question?
   - Would you need to talk with anyone else at your agency to answer this question or do you know this one on your own?
2. (If mixed) Now the second question – was anything confusing or unclear in this question?
   - Would you need to select multiple response options, or just one?
   - (If some other criteria selected): Tell me about selecting this choice – what were you thinking about here? What would you write in here?
   - (If unsure is selected): Is there someone else at your agency who might know the answer to this question? Who is that person? Would you reach out to them or would you select 'unsure' and move on with the survey?

[ADVANCE TO SCREEN 16 IN THE QUESTION LIST.]

Q2.1.6
1. Anything confusing or unclear with this question?
2. (If yes) Any other tools you would expect to see here?
   - Currently this question is just select one – does your agency use more than one screening/risk assessment tool for mental health program placement?
   - Are any of these options unclear, confusing, or otherwise out of scope?

[ADVANCE TO SCREEN 17 IN THE QUESTION LIST.]

Q2.1.7
1. How would you answer this question? Walk me through your thought process for providing a response to this question.
   - How would you calculate a percentage? Would you consult records or could you do math in your head?
   - How confident do you believe you could be in responding to this question with either your records or other methods?

Q2.1.8

1. In your own words, what is this question asking?
   - What does the phrase "mental health treatment provider" mean here? Give me an example of providing mental health treatment.
   - How confident are you in your response to this question?
   - (If "other" selected) How did you decide to select this category? What would you write on the line?

Q2.1.9

Let's keep going…Any comments on this question?

Q2.1.10

1. What do we mean by "specifically targeted" in this question?
   - Any other groups you think should be included in this list?
   - What does "co-occurring substance use disorder" mean here?

Q2.1.11

1. Could you answer this question on your own or would you need to talk to others within your agency for answers to this question?
   - How confident are you in your response here?
   - How long would it take you to answer this question?
   - Are any of these categories confusing or unclear?
   - (If other selected): What are you thinking about that doesn't fit in the listed categories?

Ok, that wraps up the mental health treatment section. Anything you want to add or comment on with that block of questions? (capture response).

Q2.5.1

1. Look at the top part of the screen first. Is it clear what types of programs we are asking about here?
   - Are there any programs where you are not sure if it should be included here?
   - Are there words, terms, or phrases your agency uses that might make this clearer?

2. Now look at the question on screen – what are we asking here, in your own words?
   - What does "directly" mean in this question? What does "through referrals" mean?
   - What does "offer domestic violence services" mean here?
   - Do you know the answer to this question on your own or would you need to ask someone at your agency?

Q2.5.2
1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?
   - What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
   - How about an "active enrollment" – what does that phrase mean to you?
   - What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

[IF Q = 'YES', ADVANCE TO SCREEN 23 IN THE QUESTION LIST; ELSE ADVANCE TO DEBRIEF SCREEN 81 IN THE QUESTION LIST]

Q2.5.3 & 2.5.4
1. Look at the first question. Is anything unclear in this question?
2. Now look at the second question: can you answer this question on your own or would you need to ask others at your agency?
   - What other job categories if any should be included in this list?
   - What do we mean by "domestic violence service provider" in this question?

[ADVANCE TO SCREEN 24 IN THE QUESTION LIST.]

Q2.5.5 & 2.5.6
1. Look at the first question. Any comments on this one?
2. Now look at the second question – are we missing any sources of funding here?
   - Are any of the categories unclear?

- Do you know this information or would you need to reach out to someone else at your agency for this information?
- Do any of the categories overlap?

Ok, that wraps up the domestic violence treatment section. Anything you want to add or comment on with that block of questions? (capture response).

[ADVANCE TO DEBRIEF SCREEN 92 IN THE QUESTION LIST.]

Thank you so much for your participation today! I have just a few questions to wrap up our time together today!

1. Is anything we talked about today sensitive, offensive, or upsetting?
   - Which questions and why?
   - How would you react if you saw that question on a survey? What would you do?
2. How many people at your agency would it take to complete the questions we talked about today?
   - What positions do they hold in your agency?
   - How would you go about identifying the right person to send those questions to?
3. How would you go about answering this survey? (printing it out, assigning sections to different staff, etc.)
   - What would you do first?
   - And then what? And then what?
4. How much effort would it take you to complete the questions we talked about today?
   - Any that would take a particularly long amount of time?
   - Any that you think you would not be able to get answers to?
   - How long might you expect to take for the whole survey?
5. Anything else you want to share before we end our time together?

Thank you again! We will use your feedback to improve our survey. We will be sending the survey out in the next year or so. Your participation has made a difference!!

Module 6: Substance Use and Education (15 minutes, purple)
[PULL UP SCREEN 25 IN THE QUESTION LIST.]

1. Take a look at these instructions. What do these instructions say in your own words?
   - What does 'standalone program' mean here? Give me an example of a program that is standalone. Give me an example of a program that is not standalone.
   - Is "standalone program" the phrase your agency uses? What word or phrase does your agency use that means the same thing?

[ADVANCE TO SCREEN 26 IN THE QUESTION LIST (Section 3.2 – Substance Use.]

Q2.2.1

1. Let's start with the top portion of the screen – anything confusing or unclear in this definition?
   - Are there programs that you are unsure if they are substance use treatment or some other type of treatment?
2. Now, take a look at the question – can you answer this question on your own, or would you need to reach out to someone at your agency to answer this question?
   - Do you keep records on substance use disorder treatment services?
   - What does "offer treatment" mean here – what does it mean to 'offer' the treatment?

[IF Q = 'YES', ADVANCE TO SCREEN 27 IN THE QUESTION LIST; ELSE ADVANCE TO EDUCATION SERVICES SCREEN 34 IN THE QUESTION LIST]

Q2.2.2

1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?
   - What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
   - How about an "active enrollment" – what does that phrase mean to you?
   - What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q2.2.3

1. Let's start with the categories on screen – anything confusing or unclear here?
   - Are there programs that you are unsure if they are substance use treatment or some other type of treatment?
   - Are there programs that you are not sure which category they should fall into in this question?
   - Are there programs that could be in more than one category in this question?
2. What is the difference between "directly" and "through referrals"?
   - Is this the phrases that your agency uses? If not, what does your agency use to mean these words?

Q2.2.4 & 2.2.5

1. Let's start with the top portion of the screen – anything confusing or unclear in this question?
   - What do we mean by "mandatory" here?
2. And now the second question – any of these categories unclear?
   - Are we missing any categories of treatment providers?
3. What do we mean by serving as "substance abuse treatment providers" in this question?
   - Do you know the answer to this question yourself or would you need to ask someone in your agency for this information?

Q2.2.6 & 2.2.7

1. Take a look at the first question – any comments on this question?
2. (If Yes) Now look at the second question – do you know this information, or would you need to reach out to someone else in your agency?
   - Are there other assessments that should be listed here?
   - Are any of these unclear or called something else at your agency?

Q2.2.8
Let's keep moving. Anything unclear about this question?

Q2.2.9 & 2.2.10

1. Take a look at the first question – what does "regular" mean in this question?
2. Now look at the second question – anything unclear about this question?

Q2.2.11 & 2.2.12 & 2.2.13

1. Now let's look at the first question – what is this question asking you in your own words?
   - Is there some other word or phrase your agency uses to mean "continuous alcohol monitoring"?
   - Are you familiar with "transdermal monitoring devices"?
   - Do you know the answer to this question or would you need to consult someone else in your agency?
2. How about the second question – what does "capture outcomes of substance use treatment services" mean in this question?
   - Give me an example if you can of capturing outcomes of this type of treatment.
     [If NO, move to Screen 33]

3. (If yes) Finally, look at the third question on screen – are you able to provide an answer here, or would you need to talk to someone else in your agency?
   - Are there multiple agencies with which you might share this information?
   - What would you write on the capture line, if anything?

[ADVANCE TO SCREEN 33 IN THE QUESTION LIST.]

Q2.2.14

1. Look at the categories for this question – are there other sources of funding that you think should be included here?
   - Do any of these categories overlap?
   - Do you know the answer to this question or would you need to talk to someone else in your agency?

This concludes the section on substance abuse treatment programming. Anything else you want to add here?

[ADVANCE TO SCREEN 34 IN THE QUESTION LIST (Section 5 - Education.]

Q5.1

1. In your own words, what is this question asking you?
   - What does "educational programming" mean in this question?
   - What does it mean to "offer" programming?
   - What is the difference between "directly by the parole agency" and "referrals to external agencies" in this question?

[IF Q = 'YES', ADVANCE TO SCREEN 35 IN THE QUESTION LIST; ELSE ADVANCE TO DEBRIEF SCREEN 92 IN THE QUESTION LIST]

Q5.2

1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?

- What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
- How about an "active enrollment" – what does that phrase mean to you?
- What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q5.3
1. Take a look at the terms at the top of the screen. Anything unclear or confusing here?
   - Are there other words or phrases your agency uses to describe these programs?
   - Are there educational programs that you aren't sure where they would fit using these definitions?
   - Do these definitions overlap at all? How?
2. Now, let's look at the question on screen. How would you go about answering this question?
   - What does "directly" mean here? What does "through referrals" mean here?
   - Are there any educational programs that your agency offers that do not fit into one of these categories?
   - Are there any educational programs that your agency offers that fit into more than one of these categories at a time?

[ADVANCE TO SCREEN 36 IN THE QUESTION LIST.]

Q5.4
1. What is this question asking in your own words?
   - What does "formal relationship" mean here?
   - What about "offer education services" – what does that mean in this question?
2. Could you answer this question on your own or would you need to ask someone else in your agency?

[ADVANCE TO SCREEN 37 IN THE QUESTION LIST.]

Q5.5 & 5.6 & 5.7
1. Now, we have three questions on this screen. Let's look at the first one – any thoughts or comments on this question?
   - [If unsure] Would you ask someone else at your agency, or would you check the 'unsure' category?
2. Now the second question –what does this question mean by "screening/risk assessment?"
3. And finally, the third question – is anything unclear or confusing about this question?
   - What does "specific eligibility requirements" mean in this question? Can you give me an example?

[ADVANCE TO SCREEN 38 IN THE QUESTION LIST.]

Q5.8 & 5.9
1. For the first question, what do we mean by "process in place" here? Can you give me an example of a process in place?
   - What about "special education or learning disability services" – what does this question mean?
2. And now the second question – how easy or difficult is it to answer this question on your own?
   - Are there any other kinds of special education services that should be included here?
   - What about "directly or through referral" – what does that mean in this question?

This concludes the section on educational services programming. Anything else you want to add here?

[ADVANCE TO DEBRIEF SCREEN 92 IN THE QUESTION LIST.]

Thank you so much for your participation today! I have just a few questions to wrap up our time together today!

6. Is anything we talked about today sensitive, offensive, or upsetting?
   - Which questions and why?
   - How would you react if you saw that question on a survey? What would you do?
7. How many people at your agency would it take to complete the questions we talked about today?
   - What positions do they hold in your agency?
   - How would you go about identifying the right person to send those questions to?
8. How would you go about answering this survey? (printing it out, assigning sections to different staff, etc.)

- What would you do first?
- And then what? And then what?
9. How much effort would it take you to complete the questions we talked about today?
   - Any that would take a particularly long amount of time?
   - Any that you think you would not be able to get answers to?
   - How long might you expect to take for the whole survey?
10. Anything else you want to share before we end our time together?

Thank you again! We will use your feedback to improve our survey. We will be sending the survey out in the next year or so. Your participation has made a difference!!

Module 7: Disability, Anger Management, and Reentry (15 minutes, black)

[PULL UP SCREEN 39 IN THE QUESTION LIST.]

1. Take a look at these instructions. What do these instructions say in your own words?
   - What does 'standalone program' mean here? Give me an example of a program that is standalone. Give me an example of a program that is not standalone.
   - Is "standalone program" the phrase your agency uses? What word or phrase does your agency use that means the same thing?

[ADVANCE TO SCREEN 40 IN THE QUESTION LIST (Section 2.3 – Disability Services).]

Q2.3.1 & 2.3.2
1. What does this question mean by "intellectual/cognitive disabilities" here?
   - Look at the response options – what does "referrals to external agencies" mean here?
   - Is this question missing any response options?
   - Can you answer this question on your own, or would you need to ask others in your agency to answer this question?
2. Now look at the second question – what does "physical disabilities" mean in this question?
   - Are the response options applicable here? If not, what is missing?

[IF EITHER Q = 'YES', ADVANCE TO SCREEN 41 IN THE QUESTION LIST;

IF BOTH Q='NO', ADVANCE TO ANGER MANAGEMENT SCREEN 45 IN THE QUESTION LIST]

Q2.3.3
1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?
   - What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
   - How about an "active enrollment" – what does that phrase mean to you?

- What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q2.3.4
1. Anything unclear or confusing in this question?
   - Are we missing any categories of disability assistance/accommodations here?
   - [If 'other' selected] What would you write on the line, if anything?

[ADVANCE TO SCREEN 42 IN THE QUESTION LIST.]

Q2.3.5
1. What does "disability service provider" mean in this question?
   - What does "general parole officer/agency staff" mean here?
   - What about "specialized treatment staff within the parole agency" – what does that mean in this question?

[ADVANCE TO SCREEN 43 IN THE QUESTION LIST.]

Q2.3.6 & 2.3.7
1. Let's look at the first question – what does "systematic process" mean in this question?
   - Can you give me an example of a systematic process in place?
   - *[If NO, skip to 3.3.7 – Screen 44]*
2. Now the second question – anything unclear or confusing in this question?
   - Are the response options applicable here? If not, what is missing?

[ADVANCE TO SCREEN 44 IN THE QUESTION LIST.]

Q2.3.8
1. Could you answer this question on your own or would you need to talk to others within your agency for answers to this question?
   - How confident are you in your response here?
   - How long would it take you to answer this question?
   - Are any of these categories confusing or unclear?
   - (If other selected): What are you thinking about that doesn't fit in the listed categories?

This concludes the section on disability services programming. Anything else you want to add here?

[ADVANCE TO SCREEN 45 IN THE QUESTION LIST (Section 2.4 – Anger management.]

Q2.4.1
1. In your own words, what is this question asking you?
   - What does "directly or through referrals" mean here?
   - Are there any categories missing?

- What does "anger management services" mean in this question?

Q2.4.2
1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?
   - What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
   - How about an "active enrollment" – what does that phrase mean to you?
   - What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q2.4.3
1. Anything confusing or unclear in this question?
   - What does "mindfulness programs" mean here? Can you give me an example?
   - Are there any types of programs missing from the list?
   - Are there any programs that you're not sure where they fit in this category list?

Q2.4.4 & 2.4.5
1. Look at the first question. How did you come to an answer for this question?
   - Could you answer this question on your own or would you need to talk to someone else in your agency?
2. Now look at the second question – what does "anger management service provider" mean here?
   - Any providers missing from this list?
   - Any providers that you're not sure which category to select?

Q2.4.6 & 2.4.7

1. Look at the first question. How did you come to an answer for this question?
   - [If unsure is NOT selected] Is this true for everyone, or is it just some people and not others?
   - [If unsure IS selected] Would you select the 'unsure' category here, or would you ask someone in your agency for an answer?
2. Now on to the second question on screen: are there any funding sources missing from this list?

This concludes the section on anger management services programming. Anything else you want to add here?

Q2.8.1

1. Let's start with the definition at the top of the screen. Is this definition clear?
   - We use "reentry planning" or "case management" here – is there another word or phrase your agency uses that means the same thing?
   - Can you give me an example of a program that might fit here?
2. Now let's look at the question on screen – anything confusing or unclear here?

Q2.8.2 & 2.8.3

1. Look at the first question – are the categories clear here?
   - Can you tell if a parole or probation officer is from within or outside the correctional facility?
   - What other role might provide this service?
2. And now the second question on screen – anything unclear or confusing here?
   - Is your response true for all clients or does it vary?
   - [If unsure is selected]: Would you select this category, or could you ask someone else in your agency for a response to this question?

This concludes the section on reentry planning services programming. Anything else you want to add here?

Thank you so much for your participation today! I have just a few questions to wrap up our time together today!

1. Is anything we talked about today sensitive, offensive, or upsetting?
   - Which questions and why?

- How would you react if you saw that question on a survey? What would you do?
2. How many people at your agency would it take to complete the questions we talked about today?
   - What positions do they hold in your agency?
   - How would you go about identifying the right person to send those questions to?
3. How would you go about answering this survey? (printing it out, assigning sections to different staff, etc.)
   - What would you do first?
   - And then what? And then what?
4. How much effort would it take you to complete the questions we talked about today?
   - Any that would take a particularly long amount of time?
   - Any that you think you would not be able to get answers to?
   - How long might you expect to take for the whole survey?
5. Anything else you want to share before we end our time together?

Thank you again! We will use your feedback to improve our survey. We will be sending the survey out in the next year or so. Your participation has made a difference!!

Module 8: Sex Offender, Gang Disengagement, and Housing (15 mins, yellow)

[PULL UP SCREEN 51 IN THE QUESTION LIST.]

1. Take a look at these instructions. What do these instructions say in your own words?
   - What does 'standalone program' mean here? Give me an example of a program that is standalone. Give me an example of a program that is not standalone.
   - Is "standalone program" the phrase your agency uses? What word or phrase does your agency use that means the same thing?

[ADVANCE TO SCREEN 52 IN THE QUESTION LIST (Section 2.6 – Sex offender tx).]

Q2.6.1

1. What sorts of programs would you include in this question, and which would you exclude here?
   - What does "sex offender-specific treatment" mean in this question?
   - What does "directly or through referrals" mean here? What is the difference?

[IF Q = 'YES', ADVANCE TO SCREEN 53 IN THE QUESTION LIST;
ELSE ADVANCE TO GANG DISENGAGEMENT SCREEN 56 IN THE QUESTION LIST]

Q2.6.2

1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?
   - What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
   - How about an "active enrollment" – what does that phrase mean to you?
   - What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q2.6.3 & 2.6.4

1. Look at the first question – is anything unclear or confusing about this question?
   - Do you know this question on your own or would you need to talk to someone else at your agency for an answer to this question?

2. Now let's look at the second question – are there any other categories that should be included here?
    - What does "sex offender treatment provider" mean in this question?
    - [If "other" selected] What would you write on the line here?

Q2.6.5 & 2.6.6
1. Look at the first question – what does "sex offender-specific risk assessment" mean here?
    - Is your response true for all persons on parole, or some?
      [If NO, skip to 2.6.7 – Screen 55]
2. [If yes] How easy or difficult is it to answer this question?
    - Are any of the categories confusing?
    - [If "Other" selected] What would you write on the blank line?

Q2.6.7 & 2.6.8
1. Anything unclear or confusing about the first question?
2. Look at the second question – how easy or difficult would it be to answer this question?
    - [If "Other" selected] What would you write on the blank line?

This concludes the section on sex offender services programming. Anything else you want to add here?

Q2.7.1
1. Ok, let's look at the definition at the top. What sorts of programs would you include in this definition? What might you exclude?
    - Is there a word or phrase that your agency uses that means "gang disengagement" or "gang desistance"?
    - Is anything unclear or confusing about this definition?
2. Now the second question – anything unclear or confusing about this question?
    - What is the difference between "directly" and "through referrals?"
    - Do you know the answer to this question or would you need to talk to someone else at your agency?

Q2.7.2
1. How easy or difficult would it be for you to provide this information?

- Do you know the answer to this question on your own, or would you need to ask someone else?
- How many people would be involved in getting this information?
- How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?
   - What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
   - How about an "active enrollment" – what does that phrase mean to you?
   - What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q3.7.3 & 3.7.4
1. Anything confusing or unclear in the first question?
2. For the second question, what does "gang disengagement service provider" mean here?
   - Do you know the answer to this question on your own or would you need to talk with someone else at your agency?

[ADVANCE TO SCREEN 58 IN THE QUESTION LIST.]

Q2.7.5 & 2.7.6
1. For the first question, is your answer true of all or some clients released to the community?
2. Looking at the second question, are there other sources of funding that should be included in this list?

This concludes the section on gang disengagement services programming. Anything else you want to add here?

[ADVANCE TO SCREEN 59 IN THE QUESTION LIST (Section 3 - Housing.]
1. Take a look at the definitions on your screen now. Does anything stand out as confusing or unclear?
   - Look at the first term – halfway house. Is there another word or phrase that your agency uses that describes this type of housing?
   - How about the second term – kinship housing? Is there another word or phrase your agency uses for this type of housing?

- And the third – supportive housing? Is there another word or phrase your agency uses for this type of housing?
- And lastly is rental assistance programs – is this definition clear?
- Are there other types of housing or housing programs that should be included here?
- Are there housing programs that you are not sure how they should be categorized using these definitions?

Q3.1

1. Ok, walk me through how you would provide a response to this question. How would you start, and then what would happen?
   - Would you consult records? How are those records stored? Are they accessible to you?
   - Would you need to involve others at your agency to provide a response here?
2. Now, let's look at the categories listed. Are any of these categories confusing or unclear?
   - What does "permanent supportive housing" mean here?
   - What does "funding support/guaranteed income/rental assistance" mean here?
   - What does "special needs housing" mean here?
   - Are any of these categories easier or more difficult to report on?
3. Next, let's look at the first blank column – please describe what you would enter here.
   - How easy or difficult is it to provide a total number of people that used this housing for the year?
   - How much time do you think it would take you to provide a response to this question?
4. And finally, let's look at the far right blank column – please describe what you would enter here.
   - How easy or difficult is it to provide a point-in-time number tied to this date?
   - How accessible is that information to you?
   - How much time do you think it would take you to provide a response to this question?

Q3.2

1. What does "treatment component" mean in this question? How about "eligibility requirements" – what does that mean in this question?
   - [If any type has treatment component] Does all of the housing of this type have a treatment component, or just some? What factors decide if a person at this type of housing has a treatment component?
   - [If any type has an eligibility component] Does all of the housing of this type have an eligibility component, or just some? What factors decide if a person at this type of housing has an eligibility component?
2. How accessible is this information to you? Would you need to ask anyone else at your agency to answer this question?

Q3.3

1. What does "specialized facilities/locations" mean in this question?
   - Can you give an example of a specialized facility or location?
2. Look at the response options for this question – are any of them unclear or confusing?
   - How about "people with co-occurring disorders" – what does this mean in the context of this question?
   - Are there other options that should be listed here?
3. Do you have access to this information or would you need to consult with someone else at your agency to answer this question?
   - Are there any facilities that could or should be counted in more than one category?
   - Are there any facilities that would not be counted in any of these categories?

Q3.4

1. Is there anything unclear or confusing about this question?
   - Are there any additional categories that should be included here?

Q3.5

1. How easy or difficult is it to answer this question?
   - Do you have this information at the state level, or would you need to combine information from multiple sources?
   - Would you consult records here? What do those records look like?
   - Would you need to talk to anyone in your agency or could you answer this question on your own?
   - Can you provide a count or would you need to estimate here?
   - What data might you use to provide a response to this question?

This concludes the section on housing services. Anything else you want to add here?

Thank you so much for your participation today! I have just a few questions to wrap up our time together today!

6. Is anything we talked about today sensitive, offensive, or upsetting?
   - Which questions and why?
   - How would you react if you saw that question on a survey? What would you do?
7. How many people at your agency would it take to complete the questions we talked about today?
   - What positions do they hold in your agency?

- How would you go about identifying the right person to send those questions to?
8. How would you go about answering this survey? (printing it out, assigning sections to different staff, etc.)
    - What would you do first?
    - And then what? And then what?
9. How much effort would it take you to complete the questions we talked about today?
    - Any that would take a particularly long amount of time?
    - Any that you think you would not be able to get answers to?
    - How long might you expect to take for the whole survey?
10. Anything else you want to share before we end our time together?

Thank you again! We will use your feedback to improve our survey. We will be sending the survey out in the next year or so. Your participation has made a difference!!

Module 9: Parenting, Employment Assistance, and Other Services (15 mins, pink)

[PULL UP SCREEN 65 IN THE QUESTION LIST.]

1. Take a look at these instructions. What do these instructions say in your own words?
   - What does 'standalone program' mean here? Give me an example of a program that is standalone. Give me an example of a program that is not standalone.
   - Is "standalone program" the phrase your agency uses? What word or phrase does your agency use that means the same thing?

[ADVANCE TO SCREEN 66 IN THE QUESTION LIST (Section 2.9 – Parent education.]

Q2.9.1

1. Let's start with the text at the top of the screen. Is there anything unclear or confusing about this definition?
   - Give me an example of a program that might fit under this definition.
2. Now, let's look at the question. How would you go about answering this question?
   - What is the difference between "provided directly by the parole agency" and "through referrals to external agencies"?
   - Would you be able to answer this question on your own, or would you need to ask someone else at your agency for an answer to this question?

[IF Q = 'YES', ADVANCE TO SCREEN 67 IN THE QUESTION LIST;
ELSE ADVANCE TO EMPLOYMENT ASSISTANCE SCREEN 68 IN THE QUESTION LIST]

Q2.9.2

1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?
   - What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
   - How about an "active enrollment" – what does that phrase mean to you?

- What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q2.9.3
1. Any comments or thoughts on this question?
   - Are these categories applicable to all parolees that fall within the category, or is it a case-by-case basis for some?
   - Are there other categories that should be included for this question?

[ADVANCE TO SCREEN 68 IN THE QUESTION LIST (Section 4 - Employment.]

Q4.1
1. Let's start with the text at the top of the screen. Is there anything unclear or confusing about this definition?
   - Give me an example of a program that might fit under this definition.
2. Now, let's look at the question. How would you go about answering this question?
   - What is the difference between "provided directly by the parole agency" and "through referrals to external agencies"?
   - Would you be able to answer this question on your own, or would you need to ask someone else at your agency for an answer to this question?
   - Where might you fit work with a state or county employment agency, if applicable?

[IF Q = 'YES', ADVANCE TO SCREEN 69 IN THE QUESTION LIST;
ELSE ADVANCE TO OTHER SERVICES SCREEN 73 IN THE QUESTION LIST]

Q4.2
1. How easy or difficult would it be for you to provide this information?
   - Do you know the answer to this question on your own, or would you need to ask someone else?
   - How many people would be involved in getting this information?
   - How much time would it take you to get this information together?
2. Tell me about the process of pulling this information together. Is it all tracked in one system, or do you need to consult multiple systems?
   - Do you have pre-made reports with this information, or do you need to pull it together each time it is requested?
   - How readily available is the information we are asking for here? Are some easier than others?
   - Does your agency typically record or report enrollments for services received by people on parole? Does your record keeping match the way we've asked the question here, how or how not?
3. Now let's look at the questions. What is your reaction to this question?
   - What about the word "enrolled" or "enrollments" – what does this word mean to you? Does it match the word that your agency uses?
   - How about an "active enrollment" – what does that phrase mean to you?

- What about "referrals" – what does this word mean to you? Does it match the word your agency uses?

Q4.3
1. Is anything about this question confusing or unclear?
2. Take a look at the categories – are any of these unclear or confusing?
   - How about the category "job search support" – what might be included in this category?
   - How about "job training" and "apprenticeships" – what is the difference between these two categories, if any? Can you give me an example of a program that might fit into one or the other category?
   - Are there any other categories that should be included here?
   - Are there any employment assistance programs that you are not sure where they should fit in this list?

[ADVANCE TO SCREEN 70 IN THE QUESTION LIST.]

Q4.4 & 4.5
1. For the first question, could you provide a response to this question on your own, or would you need to ask someone else in your agency to answer this question?
   - Is your response true for all placements, or is it a case-by-case basis?
   - [If yes] What is an example of a screening/assessment tool your agency uses?
2. For the second question, is there anything confusing or unclear about the response categories?
   - Are there other response categories that should be included for this question?
   - Does more than one category apply to your agency, that is, should this question be a 'select all that apply' or a 'select one' option?

[ADVANCE TO SCREEN 71 IN THE QUESTION LIST.]

Q4.6 & 4.7
1. For the first question, anything unclear or confusing about this question?
   - [If 'unsure' is selected] Would you select unsure, or would you ask someone at your agency for a response here? Why?
2. For the second question, does your response apply to all parolees, or is it a case-by-case basis?
   - How easy or difficult would it be to specify or list the eligibility requirements to receive employment assistance services?
   - Could you list the eligibility requirements on your own, or would you need to talk to someone else at your agency for an answer?

[ADVANCE TO SCREEN 72 IN THE QUESTION LIST.]

Q4.8 & 4.9
1. For the first question, anything unclear or confusing about this question?
   - What does "frequently referred to" mean in this question?
   - What were you thinking about as you answered this question?

- Could you answer this question on your own, or would you need to talk to someone else at your agency to answer this question?
  [If NO, skip to Other section – Screen 73]
2. Let's look at the second question now – first, is this a question you could answer on your own, or would you need to talk to anyone else at your agency for an answer to this question?
3. Now, let's look at the categories for the second question – any of these unclear or confusing?
   - How would you determine which categories to select, if any?
   - Would you consult records for this, or would you answer this based on your own knowledge of referrals?
   - What were you thinking about as you answered this question?

[ADVANCE TO SCREEN 73 IN THE QUESTION LIST (Section 6.1 – Mentoring.]

Q6.1.1 & 6.1.2
1. Let's start with the text at the top of the screen. Is there anything unclear or confusing about this definition?
   - Give me an example of a program that might fit under this definition.
2. Now, let's look at the first question. How would you go about answering this question?
   - What is the difference between "provided directly by the parole agency" and "through referrals to external agencies"?
   - Would you be able to answer this question on your own, or would you need to ask someone else at your agency for an answer to this question?
     [If NO, skip to Section 7.2 (Transportation) – Screen 74]
3. [If yes] Let's look at the second question. Are the response categories confusing or unclear?
   - What does "directly matches persons on parole with mentors" mean in this question?
   - Does your agency use one of these categories, or a combination of these categories, that is, should this question be a "check all that apply" or a "select one" question?

[ADVANCE TO SCREEN 74 IN THE QUESTION LIST (Section 6.2 - Transportation.]

Q6.2.1
1. What does "transportation services" mean in this question?
   - Are there other examples that might help you answer this question?
   - Are there specific programs you are thinking about answering this question?
   - Would you know the answer to this question on your own, or would you need to talk to someone else in your agency for an answer?

[ADVANCE TO SCREEN 75 IN THE QUESTION LIST (Section 6.3 – ID services.]

Q6.3.1 & 6.3.2
1. Looking at the first question, is anything unclear or confusing about this question?
2. And with the second question, is anything unclear or confusing here?
   - What is the difference, if any, between these two questions?

- Would you know the answer to this question on your own, or would you need to talk to someone else in your agency for an answer?

[ADVANCE TO SCREEN 76 IN THE QUESTION LIST.]

Q6.3.3 & 6.3.4
1. Looking at the first question, is anything unclear or confusing about this question?
   - Are there other response options that should be included for this question?
2. Looking at the second question, what does "formal agreement" mean in this question?

[ADVANCE TO SCREEN 77 IN THE QUESTION LIST (Section 6.4 - Resources.]

Q6.4.1
1. Look at the response options to this question – what does "assistance" mean in this question?
   - Are there other response options that should be included for this question?

[ADVANCE TO SCREEN 78 IN THE QUESTION LIST (Section 6.5 - Legal.]

Q6.5.1 & 6.5.2 & 6.5.3
1. Look at the first question – How would you go about answering this question?
   - what does "help" mean in this question?
   - Are you thinking of a specific program, or are you thinking about something else?
2. Now the second question – what does "offer support" mean here?
   - Is there another response option that should be included here?
   - What does "restore the right to vote" mean in this question?
3. Finally, take a look at the third question – what does "expungement assistance" mean in this question?

[ADVANCE TO SCREEN 79 IN THE QUESTION LIST (Section 6.6 – Life skills.]

Q6.6.1
1. What does "general life skills training" mean here?
   - Are there other examples that might be helpful to answer this question?
   - Are you thinking of a specific program when you answer this question?

[ADVANCE TO SCREEN 80 IN THE QUESTION LIST (Section 6.7 – Restorative justice.]

Q6.7.1 & 6.7.2
1. Let's start with the definition at the top. Is anything unclear or confusing about this definition?
   - Is there another word or phrase that your agency uses that means "restorative justice"?
   - Are you thinking of a specific program when you answer this question?
2. Now the second question – is anything unclear or confusing about this question?
3. (If yes selected) And now the third question – are these response categories clear?

- Do any of these categories overlap?
- Are there any programs that would not fit into one of these categories?
- Do you know what these options are, or would you need descriptions for them?

Module 10: Debrief (10 minutes)

[ADVANCE TO SCREEN 92 IN THE QUESTION LIST (Debrief).]

Thank you so much for your participation today! I have just a few questions to wrap up our time together today!

11. Is anything we talked about today sensitive, offensive, or upsetting?
    - Which questions and why?
    - How would you react if you saw that question on a survey? What would you do?
12. How many people at your agency would it take to complete the questions we talked about today?
    - What positions do they hold in your agency?
    - How would you go about identifying the right person to send those questions to?
13. How would you go about answering this survey? (printing it out, assigning sections to different staff, etc.)
    - What would you do first?
    - And then what? And then what?
14. How much effort would it take you to complete the questions we talked about today?
    - Any that would take a particularly long amount of time?
    - Any that you think you would not be able to get answers to?
    - How long might you expect to take for the whole survey?
15. Anything else you want to share before we end our time together?

Thank you again! We will use your feedback to improve our survey. We will be sending the survey out in the next year or so. Your participation has made a difference!!

Attachment H: IRB Determination of Exemption

Justice Information Resource Network (JIRN)

Institutional Review Board (IRB)

To: Lily Hanrath, IRB Administrator

From: Ed McGarrell, IRB Chair

Subject: Survey of State Parole Agencies on Reentry Services (SSPARS) – Application for Exempt Status

Date: 11/27/24

The JIRN IRB met on November 26, 2024, to review the request to consider the application for exempt status for the project, "Survey of State Parole Agencies on Reentry Services (SSPARS)". The Committee unanimously agreed that the project is exempt from IRB review. The primary determination is that the project does not meet the definition of research: "*Research* means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge."

Despite this determination, there are several aspects of the project that we believe should be addressed by the PI before initiating the interview activities.

- Clarify the exemption criteria that the PI relies upon in requesting exempt status. There is a discrepancy between the IRB application and the Exempt application. Specifically,
    - On p. 2 of the IRB application, the PI indicates that the project is exempt based upon category #2, "Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior"
    - On the Exempt application, the PI selects the category #5, "Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: Public benefit or service programs"
- Provide a further explanation for how the identity of participants will be protected given the relatively small number of participants, the organizational affiliation information, and the recording of the interviews.
- Provide a data security plan.

CC: IRB Committee (Henry Brownstein, Rachel Johnston, Robert McManus, William Sabol)

Justice Information Resource Network (JIRN)

Institutional Review Board (IRB)

To: Lily Hanrath, IRB Administrator

From: Ed McGarrell, IRB Chair

Subject: Survey of State Parole Agencies on Reentry Services (SSPARS) – Update

Date: 12/16/24

The JIRN IRB reviewed the information provided by the Principal Investigator and Project Director of the project, "Survey of State Parole Agencies on Reentry Services (SSPARS)". The Committee appreciates the clarification provided and re-affirms our prior determination that the project is exempt from IRB review.

CC: IRB Committee (Henry Brownstein, Rachel Johnston, Robert McManus, William Sabol)