

«SiteName»
«TargetName»

Completed by: _____
Date completed: _____

Program Status

The first set of questions pertains to the status of your SVORI program.	
1. When would you say all of the planned elements of your SVORI program became fully operational (<i>month/year</i>)?	<input type="checkbox"/> Program became fully operational on ___/___ <input type="checkbox"/> Program has not become fully operational
2. Does your program still have a SVORI program director?	Y N
3. Over the course of your grant, how many individuals have held the SVORI program director position?	Number:
4. Have you applied for a no-cost extension for your original SVORI grant?	Y N
5. What is the current end date of your SVORI grant (including any no-cost extensions you have received or will receive on your SVORI grant)? <i>Please do not include extensions as a result of any supplementary funds you may have received from other sources.</i>	(month/year): ___/___
6. What was the original end date of your SVORI grant?	(month/year): ___/___

Enrollment

The next questions pertain to your program’s enrollment.	
7. When did you enroll your first participant (month/year)?	<input type="checkbox"/> We enrolled our first participant on ___/___ <input type="checkbox"/> We have not enrolled any participants
8. As of 3/1/2006, what was the total cumulative enrollment in your SVORI program (i.e., how many individuals did you enroll in your program from its inception to 3/1/06?)	Number:
9. How does this number compare with your original projections?	<input type="checkbox"/> Fewer than originally projected <input type="checkbox"/> About the same as originally projected <input type="checkbox"/> More than originally projected
10. How many SVORI participants are currently enrolled in the pre-release phase of your program?	Number:
11. How many SVORI participants are currently enrolled in the post-release phase of your program?	Number:

12. Are you still enrolling new participants into your program?	Y	N
a. <i>[If yes]</i> How long do you expect to continue enrolling new participants into your program?	<input type="checkbox"/> Plan to continue enrolling until approximately (month/year) ___/___ <input type="checkbox"/> Plan to continue enrolling indefinitely	
b. <i>[If no]</i> When did you stop enrolling new participants into your program?	(month/year): ___/___	
13. Did your SVORI grantee agency (e.g. your Department of Corrections or Juvenile Justice agency) set an enrollment target for your program?	Y	N
a. <i>[If yes]</i> Did your SVORI grantee agency monitor progress toward this target?	Y	N
14. Did the top administrators at your SVORI grantee agency (e.g., DOC or DJJ) set implementation goals for your program?	Y	N
a. <i>[If yes]</i> Did your SVORI grantee agency monitor progress toward these goals?	Y	N
15. Which phase of your program was more difficult to implement? <i>(Please check only one.)</i>	<input type="checkbox"/> Pre-release <input type="checkbox"/> Post-release	
16. What were the three most significant factors that limited the number of participants you were able to enroll in your program? Please rank these three factors by putting a "1" next to the most significant factor "2" next to second most significant, and "3" next to the third most significant. <i>(Please rank only three.)</i>	<i>Rank</i> ___ Not screening enough offenders for potential eligibility ___ Your program's eligibility criteria being too restrictive (i.e., not enough eligible offenders available) ___ The federal funding agency's eligibility criteria being too restrictive ___ Your pre-release agency's management information system (MIS) or electronic database not including the data needed to determine if someone is eligible ___ Your pre-release agency's MIS being difficult to use or hard to access ___ Accurate current information about release dates for potential participants not routinely being available ___ Accurate current information about post-release plans not routinely being available ___ Inadequate referrals by facility staff ___ Facility or agency policies making it difficult to deliver SVORI programming ___ Offenders declining to participate ___ Offenders being identified too late to complete post-release programming (i.e., too close to release date) ___ Inadequate resources to serve the number of offenders identified by facility staff	

Services

The next questions ask about your program's programming priorities and desired outcomes.	
<p>17. When thinking about providing programming or services to offenders, how has your program focused its resources and efforts overall throughout the course of your program? Please rank the areas by putting a "1" next to your top focus, "2" next to the second focus, "3" next to the third focus, "4" next to the fourth focus, and "5" next to the fifth focus. <i>(Please rank <u>all</u> areas.)</i></p>	<p><i>Rank</i></p> <p>___ Assessment, Coordination, and Supervision Services (e.g., risk/needs assessments, treatment/release plan development, post-release supervision)</p> <p>___ Transition Services (e.g., housing placements/referrals, assistance obtaining identification and benefits, legal assistance, financial support/emergency assistance, peer support, mentoring)</p> <p>___ Health Services (e.g., substance abuse treatment, counseling, mental health services, anger management/violence counseling, medical services, dental services)</p> <p>___ Employment, Education, and Skills Development Services (e.g., education/GED/tutoring/literacy services, vocational training, employment referrals/job placement, resume/ interviewing skills, work release, cognitive skills development/behavioral programming, life skills)</p> <p>___ Family services (e.g., family reunification, family counseling, parenting skills, domestic violence services)</p>
<p>18. If you were to be given more federal funding for reentry programming, how would you focus your resources? Please rank the areas by putting a "1" next to your top focus, "2" next to the second focus, "3" next to the third focus, "4" next to the fourth focus, and "5" next to the fifth focus. <i>(Please rank <u>all</u> areas.)</i></p>	<p><i>Rank</i></p> <p>___ Assessment, Coordination, and Supervision Services (e.g., risk/needs assessments, treatment/release plan development, post-release supervision)</p> <p>___ Transition Services (e.g., housing placements/referrals, assistance obtaining identification and benefits, legal assistance, financial support/emergency assistance, peer support, mentoring)</p> <p>___ Health Services (e.g., substance abuse treatment, counseling, mental health services, anger management/violence counseling, medical services, dental services)</p> <p>___ Employment, Education, and Skills Development Services (e.g., education/GED/tutoring/literacy services, vocational training, employment referrals/job placement, resume/ interviewing skills, work release, cognitive skills development/behavioral programming, life skills)</p> <p>___ Family services (e.g., family reunification, family counseling, parenting skills, domestic violence services)</p>

<p>19. Besides recidivism, what outcomes does your program hope to affect for individual participants? Please rank the three most important outcomes by putting a "1" next to most important outcome, "2" next to second most, and "3" next to the third most. <i>(Please rank only three.)</i></p>	<p><i>Rank</i></p> <p>_____ Reduced substance use</p> <p>_____ Improved physical and/or mental health</p> <p>_____ Employment</p> <p>_____ Educational attainment</p> <p>_____ Housing</p> <p>_____ Family reunification/functioning</p> <p>_____ Community integration/connectedness</p> <p>_____ Improved decision-making or self-sufficiency</p> <p>_____ Other (please specify in the box at the left)</p>
<p>20. If someone were evaluating the effectiveness of your SVORI program, what measurable outcomes do you think it would be fair to use to determine program effectiveness? <i>(Please check all that apply.)</i></p>	<p><input type="checkbox"/> Reduced recidivism</p> <p><input type="checkbox"/> Reduced substance use</p> <p><input type="checkbox"/> Improved physical and/or mental health</p> <p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Educational attainment</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Family reunification/functioning</p> <p><input type="checkbox"/> Community integration/connectedness</p> <p><input type="checkbox"/> Improved decision-making or self-sufficiency</p> <p><input type="checkbox"/> Other (please specify in the box at the left)</p>

Next we'd like to know about services that offenders in your state are currently receiving during incarceration and after release. For each service type in the table below, please indicate the following by circling the appropriate letter:

Pre-release services

- Whether *pre-release* services of this type have changed (N, S, NC, NA) as a result of SVORI [if the service is not available to any offenders, circle NA and skip the following two steps related to proportions served]
- The proportion (N, F, U, O, M, A) of **SVORI** participants who receive or are referred to the service *pre-release* [circle the letter on the "a" line]. If you are not currently serving any SVORI participants pre-release, please leave the "a" line blank.
- The proportion (N, F, U, O, M, A) of the general serious and violent offender (**General SVO**) inmate population who receive or are referred to the service *pre-release* [circle the letter on the "b" line"]

Post-release services

- Whether *post-release* services of this type have changed (N, S, NC, NA) as a result of SVORI [if the service is not available to any offenders, circle NA and skip the following two steps related to proportions served]
- The proportion (N, F, U, O, M, A) of **SVORI** participants who receive or are referred to the service *post-release* [circle the letter on the "a" line]. If you are not currently serving any SVORI participants post-release, please leave the "a" line blank.
- The proportion (N, F, U, O, M, A) of the general serious and violent offender (**General SVO**) inmate population who receive or are referred to the service *post-release* [circle the letter on the "b" line"]

	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1-25%) U (Just under half, 26-50%) O (Just over half, 51-75%) M (Most, 76-99%) A (All)	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1-25%) U (Just under half, 26-50%) O (Just over half, 51-75%) M (Most, 76-99%) A (All)
21. Case management	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
22. Risk assessment	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
23. Needs assessment	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
24. Treatment/release plan	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
25. Formal post-release supervision	not applicable		N S NC NA	
a. SVORI				N F U O M A
b. General SVO population				N F U O M A

	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
26. In-person contact from the post-release case manager or supervision officer while the offender is still incarcerated	N S NC NA		not applicable	
a. SVORI b. General SVO population		N F U O M A N F U O M A		
27. Reentry courts	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
28. Video-conferencing	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
29. Offender-specific reentry teams (groups consisting of agency representatives and/or community members that review and develop a plan for the offender)	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
30. AA/NA	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
31. Counseling sessions for drug or alcohol use (e.g., individual or group; please do not include drug education classes)	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A

	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
32. Comprehensive drug treatment programs (e.g., residential, therapeutic communities, etc.)	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
33. Mental health services	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
34. Anger management/violence counseling	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
35. Education/GED/tutoring/literacy	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
36. Employment referrals/job placement	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
37. Resume and interviewing skills development	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
38. Cognitive skills development/behavioral programming	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
39. Life skills training	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A

	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
40. Pre-release curriculum	N S NC NA		not applicable	
a. SVORI b. General SVO population		N F U O M A N F U O M A		
41. Assistance obtaining identification (e.g., driver’s license, social security card)	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
42. Assistance obtaining benefits and completing applications (e.g., Medicaid, disability benefits)	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
43. Financial support/emergency assistance (e.g., housing, clothing)	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
44. Parenting skills development	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
45. Family reunification	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
46. Peer support groups	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A
47. One-on-one mentoring	N S NC NA		N S NC NA	
a. SVORI b. General SVO population		N F U O M A N F U O M A		N F U O M A N F U O M A

	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	Proportion receiving the service: N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
48. Housing placements or referrals	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
49. Transportation	not applicable		N S NC NA	
a. SVORI				N F U O M A
b. General SVO population				N F U O M A

50. Please describe your program’s approach to service coordination.
 We may post your response on your program’s profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:

51. Please describe any programming delivered to SVORI participants once the formal post-release supervision phase is complete (i.e., the “Sustain and Support” phase described in the original SVORI solicitation).
 We may post your response on your program’s profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:

Organizational Context

The next set of questions asks about organizational context, including interagency communication and collaboration.					
52. What were the most significant barriers to implementation that your program encountered? Please rank the top three barriers by putting a "1" next to biggest barrier "2" next to second biggest, and "3" next to the third biggest. (Please rank only three.)		<p><i>Rank</i></p> <p>___ Existing agency regulations or policies</p> <p>___ Turf battles</p> <p>___ Inadequate funding</p> <p>___ Poor allocation of available funding</p> <p>___ Insufficient staff</p> <p>___ Inadequate staff training</p> <p>___ Staff turnover</p> <p>___ Inadequate availability of services</p> <p>___ Poor intra-agency communication</p> <p>___ Poor inter-agency communication</p> <p>___ Other (please specify in the box at left)</p>			
53. Please complete the table below, indicating whether each of the following agencies or community-based organizations (CBO) has been involved in your SVORI programming and the extent to which you agree or disagree with the statements about the agency's involvement. (Please complete the entire row for each agency/CBO, even if you answer "no" in the first column.)					
	Has this agency/CBO been involved in your SVORI program?	Do you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with the following?			
		We have encountered resistance from this agency/CBO as we implemented SVORI.	Support for SVORI from this agency/CBO has been strong.	This agency/CBO made major contributions toward SVORI programming.	
a.	Pre-release supervision agency (e.g., DOC/DJJ)	Y N	SA A N D SD	SA A N D SD	SA A N D SD
b.	Post-release supervision agency	Y N	SA A N D SD	SA A N D SD	SA A N D SD
c.	Faith-based organizations	Y N	SA A N D SD	SA A N D SD	SA A N D SD
d.	Substance abuse agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
e.	Mental health agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
f.	Family/social services agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
g.	Law enforcement agency	Y N	SA A N D SD	SA A N D SD	SA A N D SD
h.	Housing agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
i.	Employment agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
j.	Vocational training agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
k.	Technical institutions, community colleges, and universities	Y N	SA A N D SD	SA A N D SD	SA A N D SD
l.	[Juvenile programs only] Local school systems	Y N	SA A N D SD	SA A N D SD	SA A N D SD

54. Please complete the table below, indicating whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with the following statements about the groups below.		
	We have encountered resistance from this group as we implemented SVORI.	Support for SVORI from this group has been strong.
a. Top administrators at the pre-release facilities	SA A N D SD	SA A N D SD
b. Supervisors at the pre-release facilities	SA A N D SD	SA A N D SD
c. Line staff at the pre-release facilities	SA A N D SD	SA A N D SD
d. Top administrators at the post-release supervision agency	SA A N D SD	SA A N D SD
e. Supervisors at the post-release supervision agency	SA A N D SD	SA A N D SD
f. Line staff at the post-release supervision agency	SA A N D SD	SA A N D SD
g. Members of the community to which SVORI participants are returning	SA A N D SD	SA A N D SD

55. Please indicate whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with each of the following statements about your SVORI program:	
a. Information sharing about specific offenders across partnering agencies has improved as a result of SVORI.	SA A N D SD
b. Communication across partnering agencies has improved as a result of SVORI.	SA A N D SD
c. Partnering agencies have developed a common vision of reentry as a result of SVORI.	SA A N D SD
d. Partnering agencies have created common goals related to reentry as a result of SVORI.	SA A N D SD
e. SVORI is a collaborative effort among different agencies.	SA A N D SD
f. The original SVORI partnering agencies are still very involved in SVORI.	SA A N D SD
g. The culture within your SVORI grantee agency (e.g., DOC or DJJ) is supportive of reentry programs in general.	SA A N D SD
h. The culture within your SVORI grantee agency is supportive of SVORI.	SA A N D SD
i. The current political climate in your community is favorable to reentry programming in general.	SA A N D SD
t. Support for SVORI from the state legislature has been strong.	SA A N D SD
u. Support for SVORI from the executive branch of the state government has been strong.	SA A N D SD

Sustainability and Lessons Learned

The final set of questions addresses program sustainability, local evaluation efforts, technical assistance, and lessons learned.	
56. Since you received your original SVORI grant, has your SVORI program received funding from any of the following sources? <i>(Please check all that apply.)</i>	<input type="checkbox"/> Supplemental SVORI funds from the Federal government <input type="checkbox"/> Funds other than SVORI funds from the Federal government <input type="checkbox"/> Funds from state agencies other than your SVORI grantee agency (e.g., DOC or DJJ) <input type="checkbox"/> Funds (additional or reallocated) from your SVORI grantee agency <input type="checkbox"/> Funds from local government(s) <input type="checkbox"/> Funds from non-profit, not-for-profit, or other private organizations <input type="checkbox"/> Other (please specify in the box at left)
57. Are there other reentry initiatives (besides SVORI) under way in your state?	Y N
58. Are you planning to continue any elements of your SVORI program once SVORI funds are no longer available?	Y N [skip to 58c]
a. <i>[If yes to 58]</i> Which elements are you planning to retain?	<input type="checkbox"/> Steering committee <input type="checkbox"/> Other partnerships formed through SVORI <input type="checkbox"/> Staff hired through SVORI <input type="checkbox"/> Curriculum developed through SVORI <input type="checkbox"/> Service coordination approach <input type="checkbox"/> Approach for screening offenders for eligibility <input type="checkbox"/> Specific pre-release services enhanced through SVORI <input type="checkbox"/> Specific post-release services enhanced through SVORI <input type="checkbox"/> Other (please specify in the box at left)
b. <i>[If yes to 58]</i> Are you planning to expand your program?	Y N
b1. <i>[If yes to 58b]</i> In which of the following ways are you planning to expand your program? Please check all that apply.	<input type="checkbox"/> Expand pre-release programming to additional facilities <input type="checkbox"/> Expand post-release programming to additional communities <input type="checkbox"/> Expand offender eligibility criteria <input type="checkbox"/> Offer more pre-release services <input type="checkbox"/> Offer more post-release services <input type="checkbox"/> Lengthen the duration of the pre-release phase <input type="checkbox"/> Lengthen the duration of the post-release phase <input type="checkbox"/> Hire more staff <input type="checkbox"/> Other (please specify in the box at left)

<p>c. [If no to 58] What are the main reasons that you are not planning to continue your SVORI program? (Please check all that apply.)</p>	<p><input type="checkbox"/> Insufficient funding <input type="checkbox"/> Lack of support from your SVORI grantee agency (e.g., DOC or DJJ) <input type="checkbox"/> Lack of support from other partnering agencies <input type="checkbox"/> Too many barriers to program implementation/operation <input type="checkbox"/> Insufficient numbers of eligible participants <input type="checkbox"/> Program model was not viewed as successful <input type="checkbox"/> Other (please specify in the box at left)</p>
<p>59. In order to take reentry programming (not just SVORI programming) “to scale” in your state (i.e., provide comprehensive reentry services to all returning offenders in the state), which factors are necessary <u>in addition to state or local funding for reentry programming</u>? Please rank the top three areas by putting a “1” next to what you consider to be the most important factor, “2” next to the second most important, and “3” next to the third most important. (Please rank only three.)</p>	<p><i>Rank</i> ____ Support from elected state officials ____ Support from top administration at DOC/DJJ ____ Support from other partnering agencies ____ Support from the community ____ An effective model for service coordination ____ An accessible, easy-to-use management information system (MIS) containing detailed information on offenders ____ Policies that make reentry programming part of the agency’s standard operating procedure ____ Other (please specify in the box at left)</p>
<p>60. Please indicate whether your SVORI partnership has engaged in the following sustainability strategies.</p>	
<p>a. Held sustainability planning meetings</p>	<p>Y N</p>
<p>b. Assessed progress achieved compared with original goals</p>	<p>Y N</p>
<p>c. Assessed resource needs</p>	<p>Y N</p>
<p>d. Developed a sustainability plan</p>	<p>Y N</p>
<p>e. Extended MOAs with partnering agencies</p>	<p>Y N</p>
<p>f. Sought out other partnering agencies</p>	<p>Y N</p>
<p>g. Pursued additional federal funding</p>	<p>Y N</p>
<p>h. Pursued additional state funding</p>	<p>Y N</p>
<p>i. Pursued additional funding from local sources</p>	<p>Y N</p>
<p>j. Pursued additional funding from private funding sources</p>	<p>Y N</p>
<p>k. Reallocated resources within your SVORI grantee agency (e.g., DOC or DJJ) in order to continue SVORI</p>	<p>Y N</p>

l. Reallocated resources across the partnering agencies in order to continue SVORI	Y	N																																																							
m. Cross-training of staff	Y	N																																																							
n. Other (please specify: _____)	Y	N																																																							
61. Has your program conducted a local evaluation or made an attempt to document the success of the program in affecting offender outcomes such as recidivism?	Y	N																																																							
a. [If yes] Have any reports been produced from your local evaluation?	Y	N																																																							
b. [If yes] Have you communicated the results of your local evaluation/analyses to local, state, or federal policy makers?	Y	N																																																							
<p>c. [If yes] For each outcome below, please indicate whether the outcome was evaluated in your local evaluation, and, for each outcome that was evaluated, whether the analyses demonstrated a positive program effect.</p> <table border="1" data-bbox="305 804 1442 1220"> <thead> <tr> <th data-bbox="305 867 792 898">Outcome</th> <th colspan="2" data-bbox="808 835 1019 898">Was the Outcome Evaluated?</th> <th colspan="2" data-bbox="1060 804 1442 898">[If yes] Did the analyses demonstrate a positive program effect?</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 898 792 930">c1. Service utilization</td> <td data-bbox="808 898 857 930">Y</td> <td data-bbox="857 898 1019 930">N</td> <td data-bbox="1060 898 1109 930">Y</td> <td data-bbox="1109 898 1442 930">N</td> </tr> <tr> <td data-bbox="305 930 792 961">c2. Recidivism</td> <td data-bbox="808 930 857 961">Y</td> <td data-bbox="857 930 1019 961">N</td> <td data-bbox="1060 930 1109 961">Y</td> <td data-bbox="1109 930 1442 961">N</td> </tr> <tr> <td data-bbox="305 961 792 993">c3. Substance use</td> <td data-bbox="808 961 857 993">Y</td> <td data-bbox="857 961 1019 993">N</td> <td data-bbox="1060 961 1109 993">Y</td> <td data-bbox="1109 961 1442 993">N</td> </tr> <tr> <td data-bbox="305 993 792 1024">c4. Physical or mental health</td> <td data-bbox="808 993 857 1024">Y</td> <td data-bbox="857 993 1019 1024">N</td> <td data-bbox="1060 993 1109 1024">Y</td> <td data-bbox="1109 993 1442 1024">N</td> </tr> <tr> <td data-bbox="305 1024 792 1056">c5. Educational attainment</td> <td data-bbox="808 1024 857 1056">Y</td> <td data-bbox="857 1024 1019 1056">N</td> <td data-bbox="1060 1024 1109 1056">Y</td> <td data-bbox="1109 1024 1442 1056">N</td> </tr> <tr> <td data-bbox="305 1056 792 1087">c6. Employment</td> <td data-bbox="808 1056 857 1087">Y</td> <td data-bbox="857 1056 1019 1087">N</td> <td data-bbox="1060 1056 1109 1087">Y</td> <td data-bbox="1109 1056 1442 1087">N</td> </tr> <tr> <td data-bbox="305 1087 792 1119">c7. Housing</td> <td data-bbox="808 1087 857 1119">Y</td> <td data-bbox="857 1087 1019 1119">N</td> <td data-bbox="1060 1087 1109 1119">Y</td> <td data-bbox="1109 1087 1442 1119">N</td> </tr> <tr> <td data-bbox="305 1119 792 1150">c8. Family unification/support</td> <td data-bbox="808 1119 857 1150">Y</td> <td data-bbox="857 1119 1019 1150">N</td> <td data-bbox="1060 1119 1109 1150">Y</td> <td data-bbox="1109 1119 1442 1150">N</td> </tr> <tr> <td data-bbox="305 1150 792 1182">c9. Community integration</td> <td data-bbox="808 1150 857 1182">Y</td> <td data-bbox="857 1150 1019 1182">N</td> <td data-bbox="1060 1150 1109 1182">Y</td> <td data-bbox="1109 1150 1442 1182">N</td> </tr> <tr> <td data-bbox="305 1182 792 1220">c10. Other (please specify: _____)</td> <td data-bbox="808 1182 857 1220">Y</td> <td data-bbox="857 1182 1019 1220">N</td> <td data-bbox="1060 1182 1109 1220">Y</td> <td data-bbox="1109 1182 1442 1220">N</td> </tr> </tbody> </table>			Outcome	Was the Outcome Evaluated?		[If yes] Did the analyses demonstrate a positive program effect?		c1. Service utilization	Y	N	Y	N	c2. Recidivism	Y	N	Y	N	c3. Substance use	Y	N	Y	N	c4. Physical or mental health	Y	N	Y	N	c5. Educational attainment	Y	N	Y	N	c6. Employment	Y	N	Y	N	c7. Housing	Y	N	Y	N	c8. Family unification/support	Y	N	Y	N	c9. Community integration	Y	N	Y	N	c10. Other (please specify: _____)	Y	N	Y	N
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62. Has your program engaged in communication/public relations designed to convey information about the program to the public?	Y	N																																																							
63. For each of the following types of technical assistance (from the SVORI technical assistance provider), please indicate whether you needed it, whether you received it, and if you received it, how helpful it was (very helpful, somewhat helpful, not at all helpful).																																																									
Type of Assistance	Did you need the assistance?		Did you receive the assistance?		[If yes] How helpful was the assistance?																																																				
	Y (Yes) N (No)	Y (Yes) N (No)	Y (Yes) N (No)	Y (Yes) N (No)	V (Very helpful)	S (Somewhat helpful)	N (Not at all helpful)																																																		
a. Assistance with federal fiscal reporting	Y	N	Y	N	V	S	N																																																		
b. Assistance with performance measurement (GPRA) reporting	Y	N	Y	N	V	S	N																																																		
c. Assistance forming a steering committee	Y	N	Y	N	V	S	N																																																		
d. Assistance with staff training	Y	N	Y	N	V	S	N																																																		

Type of Assistance	Did you need the assistance?		Did you receive the assistance?		[If yes] How helpful was the assistance?		
	Y (Yes) N (No)		Y (Yes) N (No)		V (Very helpful) S (Somewhat helpful) N (Not at all helpful)		
e. Assistance with evidence-based program selection	Y	N	Y	N	V	S	N
f. Assistance with risk/needs assessments	Y	N	Y	N	V	S	N
g. Assistance with substance use programming	Y	N	Y	N	V	S	N
h. Assistance with mental health programming	Y	N	Y	N	V	S	N
i. Assistance with employment programming	Y	N	Y	N	V	S	N
j. Assistance with housing programming	Y	N	Y	N	V	S	N
k. Assistance with family/community integration programming	Y	N	Y	N	V	S	N
l. Local evaluation assistance	Y	N	Y	N	V	S	N
m. Other assistance (please specify: _____)	Y	N	Y	N	V	S	N
n. Other assistance (please specify: _____)	Y	N	Y	N	V	S	N
o. Other assistance (please specify: _____)	Y	N	Y	N	V	S	N

64. What is the key component of your SVORI program that you think has made the biggest difference for program participants?
*We may post your response on your program's profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:*

65. What components of your SVORI program did not appear to work?
*We may post your response on your program's profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:*

66. What have been the most significant organizational or systems-level changes as a result of SVORI?
*We may post your response on your program's profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:*

Thank you very much for taking the time to complete this survey.

If we need to follow up on any of the responses, who should we contact?

Name: _____

Phone No.: _____

Email address: _____

In order to update our records, please provide the contact information for the individual responsible for your program's local evaluation (if applicable).

Name: _____

Phone No.: _____

Email address: _____

Please make a photocopy of this survey and mail the original to RTI by *March 31, 2006*, using the Federal Express mailing label. If you have misplaced the label, please contact Mark Pope at (919) 485-5701.