

DUE Friday February 17, 2012 by 5pm

TO SUBMIT: By e-mail: reentry.council@sfgov.org

By fax: (415) 553-1717

By mail: Reentry Council of San Francisco; Attn: Jennifer Scaife

Reentry Division, Adult Probation Department, 880 Bryant Street, Room 200, San Francisco, CA 94103

Survey of Services and Programs for People Returning from Jails and Prisons

Reentry Council of the City & County of San Francisco

The Reentry Council is responsible for coordinating local efforts to support adults exiting San Francisco County Jails, San Francisco juvenile justice out-of-home placements, the California Department of Corrections and Rehabilitation facilities, and the United State Federal Bureau of Prison facilities. For more information, see <http://sfreentry.com>.

Purpose of this Survey

The findings from this survey will be used for two purposes:

- 1) To inform the Reentry Council and the Reentry Division of the Adult Probation Department about gaps in service availability for adults returning to San Francisco from jails and prisons. This will help us plan for developing future services.

- 2) To update the popular resource guide, ***Getting Out & Staying Out: A Guide to San Francisco Resources for People Leaving Jails and Prisons***. Over 16,000 high-quality bound guides, and countless PDF downloads, have been distributed in the last 4 years. With your help, we will update the guide, print, and distribute hard copies to prison libraries, jails, your organizations, and other places to provide people leaving jails and prisons with information that they need. *Make this guide even more useful with YOUR program's listing!* The guide is intended for adults who are incarcerated and soon to be released from jail or prison, and also for formerly incarcerated individuals who are living in San Francisco.

Instructions for Survey

- 1) Please complete one survey for *each* program that your agency runs.
- 2) Both in-custody and out-of-custody programs should complete a survey.
- 3) Government, non-profit, and other community-based programs should complete a survey.
- 4) Please complete this survey even if your program primarily serves people *not* returning from jails and prisons, but serves people who are low-income, in need of addiction recovery or health services, family or children's services, or other social services.
- 5) Enclose any current brochures, weekly schedules, program rules, program evaluations, or other documentation that provides details about the questions below.

Have Questions? Call (415) 558-2406 or see <http://sfreentry.com>.

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1. YOUR INFORMATION

Name of person completing this survey:	
Title:	
Phone number:	Email:

2. PROGRAM & AGENCY INFORMATION

NAME OF PROGRAM:	Program Website:
NAME OF AGENCY/ORGANIZATION:	Agency Website:

Type of Agency/Organization:

- A nonprofit organization registered as a 501(c)3 organization
- A for profit organization *Please describe:* _____
- A governmental entity *Please describe:* _____
- Other *Please describe:* _____

Check all funding sources that support the program:

- Federal grant or contract *Please describe:* _____
- State grant or contract *Please describe:* _____
- City/County grant or contract *Please describe:* _____
- Subcontract through other agency *Please describe:* _____
- Private/corporate foundation *Please describe:* _____
- Individual contributions *Please describe:* _____
- Client fees *Please describe:* _____
- Other *Please describe:* _____

3. ABOUT THIS PROGRAM

What is the program's service philosophy/mission?

What are the goals of this program?

What qualifications, certifications, or training are required of this program's front line staff?

Is front line staff trained or experienced in issues related to incarceration?

Is this program faith-based? If so, of what faith?

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Does this program maintain a waiting list? If so, please describe how this is administered.

Does the program conduct individualized needs assessments of clients? If so, how are these assessments used?

Does this program stay in touch with clients at the end of the program? If so, how?

What is the maximum length of stay in this program?

What is the average length of stay in this program?

Do you collect any evaluation data?

What process measures are used to evaluate the progress toward these goals?

What are the outcome measures used to evaluate progress toward these goals?

If this program has been evaluated, please describe who conducted the evaluation and when it was conducted. Please attach copy of evaluation findings or provide information as to how we may obtain it.

How do participants provide feedback on program quality? Please describe any house councils, grievance policies, client surveys, or other mechanisms in place.

What written program rules, such as grievance policy or client-program termination criteria, are provided to clients? Please attach documentation of program rules.

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4. SERVICES & HOUSING PROVIDED

Please list and describe the services and housing provided by this program. **Include only the activities that this program provides directly. Do not list the activities provided by other programs to which you may refer clients.** Be sure to include point in time capacity information for each type of service provided. Please summarize as appropriate.

Services & Housing Provided

Current Capacity

(Number of Beds or Service Slots)

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

HOUSING & SHELTER

<input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Hotel Vouchers
<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Rental & Move-in Assistance
<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Other

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

BASIC NEEDS

<input type="checkbox"/> Access to Internet
<input type="checkbox"/> Assistance Getting Driver's License/Other ID
<input type="checkbox"/> Clothing
<input type="checkbox"/> Food/Prepared Meals
<input type="checkbox"/> Hygiene/Personal Care Items
<input type="checkbox"/> P.O. Box/Mail Service
<input type="checkbox"/> Phone/Voicemail
<input type="checkbox"/> Shower Facilities
<input type="checkbox"/> Storage Facilities
<input type="checkbox"/> Transit Vouchers
<input type="checkbox"/> Other

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

BEHAVIORAL & PHYSICAL HEALTH

<input type="checkbox"/> Mental Health Treatment
<input type="checkbox"/> Substance Abuse Treatment
<input type="checkbox"/> Co-occurring Disorder/Dual Diagnosis Treatment
<input type="checkbox"/> Medical Care
<input type="checkbox"/> Dental Care
<input type="checkbox"/> Vision Care
<input type="checkbox"/> Health & Wellness Education
<input type="checkbox"/> Other

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SUPPORTIVE SERVICES

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Anger Management
<input type="checkbox"/> Community Education & Mediation
<input type="checkbox"/> Group Counseling/Therapy
<input type="checkbox"/> Intensive Case Management
<input type="checkbox"/> Individual Counseling/Therapy
<input type="checkbox"/> Mentorship
<input type="checkbox"/> Outreach
<input type="checkbox"/> Post-Incarceration Support
<input type="checkbox"/> Restorative Justice/Survivor Impact
<input type="checkbox"/> Trauma Recovery Services
<input type="checkbox"/> Victim/Survivor Services
<input type="checkbox"/> Other

EDUCATION

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Basic/Remedial Education
<input type="checkbox"/> College & Graduate Education
<input type="checkbox"/> Creative or Performing Arts
<input type="checkbox"/> English as a Second Language
<input type="checkbox"/> GED & High School Education
<input type="checkbox"/> Reading/Literacy
<input type="checkbox"/> Vocational Education
<input type="checkbox"/> Other

EMPLOYMENT & INCOME

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Assessment & Application for Food Stamps
<input type="checkbox"/> Assessment & Application for General Assistance
<input type="checkbox"/> Assessment & Application for SSI
<input type="checkbox"/> Credit Repair
<input type="checkbox"/> Employment Training
<input type="checkbox"/> Employment Placement
<input type="checkbox"/> Employment Retention
<input type="checkbox"/> Job Readiness/Life Skills
<input type="checkbox"/> Money Management/Personal Financial Education
<input type="checkbox"/> Representative Payee Services
<input type="checkbox"/> Other

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LEGAL SERVICES & ADVOCACY

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Clean Slate/ Conviction Expungement Services
<input type="checkbox"/> Inmate & Parolee Legal Issues
<input type="checkbox"/> Employment Law
<input type="checkbox"/> Family Law
<input type="checkbox"/> Housing & Eviction Defense
<input type="checkbox"/> Restraining/Stay Away Orders
<input type="checkbox"/> Voting Outreach & Education
<input type="checkbox"/> Other

FAMILY & CHILDREN

Please describe the current program capacity at any point in time. Provide as much detail as necessary to fully explain.

<input type="checkbox"/> Childcare
<input type="checkbox"/> Couples/Family Counseling
<input type="checkbox"/> Family Reunification
<input type="checkbox"/> Parenting Support/Education
<input type="checkbox"/> Services for Children
<input type="checkbox"/> Visits of Family Members in Jails & Prisons
<input type="checkbox"/> Other

5. ACCESS TO SERVICES & HOUSING

Address(es) of Service Sites: <i>If multiple sites, please list each service site.</i>	Days and Hours That Each Site Is Open:
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Are clients *required* to have a referral from another entity? If so, from whom?

May clients drop in, or do they need an appointment?

Language(s) spoken by staff:

How does this program serve individuals whose primary language is not English?

Is your facility(ies) accessible to people with mobility impairments? (e.g. wheelchair accessible)

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Is your program accessible to people who have vision, hearing, or other impairments? *Please describe:*

Client fees, if any. *Please explain rates in detail, including any sliding scale used to set fees, and any public assistance that is collected as part of client fees:*

What do clients need before getting into this program (*check all that apply*):

State-issued ID Social Security card Proof of SF Residency TB clearance

Other: _____

Will you assist entering clients in getting these? _____

6. INTAKE PERSON (WHOM POTENTIAL CLIENTS SHOULD CONTACT):

Name:	Phone Number:
Position/Title:	Fax Number:
Specific intake days and times:	Email:

7. POPULATIONS SERVED

Please check the genders, family compositions, and ages of people served by this program.

Men Women Transgender People People of Specific Ages: _____

Pregnant Women Women with Children All Families (Any Adult/s with Children)

Please check the populations/communities that are primarily served by this program.

African American

American Indian/Alaskan Native

Asian/Pacific Islander

Hispanic/Latino(a)

Immigrant

Language other than English: _____

Lesbian, Gay, Bisexual, Transgender

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Please check as many populations as apply to describe the people who are served by this program. Please indicate if being part of each “population served” group is an **eligibility requirement** for participation in program, and/or if “population served” group is a primary population of the program.

POPULATIONS SERVED by this program	Describe criteria that apply to people served by this program.	ELIGIBILITY REQUIREMENT (Program is limited to serving this population)	PRIMARY POPULATION (Program primarily serves this population)
Families or Children of People involved in Criminal Justice System	<i>Note specific population(s):</i>	<input type="checkbox"/>	<input type="checkbox"/>
Defendants with a case in SF Superior Court	<i>Note specific collaborative court(s)/diversion program(s):</i>	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated in, or recently released from, SF County Jail	<i>Note specific program(s)/ facility(ies):</i>	<input type="checkbox"/>	<input type="checkbox"/>
SF County Jail Alternative Custody (Community Programs) Participants	<i>Note specific program(s):</i>	<input type="checkbox"/>	<input type="checkbox"/>
On SF Adult Probation	<i>Note specific program(s)/ specialized probation caseloads:</i>	<input type="checkbox"/>	<input type="checkbox"/>
On SF Juvenile Probation	<i>Note specific program(s)/ specialized probation caseloads:</i>	<input type="checkbox"/>	<input type="checkbox"/>
On Post-Release Community Supervision or 1170(h) Mandatory Supervision	<i>Note specific program(s):</i>	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated in or recently released from State Prison	<i>Note specific program(s)/ facility(ies):</i>	<input type="checkbox"/>	<input type="checkbox"/>
On State Parole	<i>Note specific program(s)/parole caseloads:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated in or recently released from Federal Prison	<i>Note specific program(s)/ facility(ies):</i>	<input type="checkbox"/>	<input type="checkbox"/>
On Federal Probation	<i>Note specific program(s)/probation caseloads:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have Served in the U.S. Military	<i>Note if discharge must be honorable:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Currently be homeless	<i>What definition of homeless is used?</i>	<input type="checkbox"/>	<input type="checkbox"/>

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Have a specific medical or mental health diagnosis or condition	<i>Note diagnosis or condition:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<i>Please describe:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Please check and describe all eligibility **restrictions** that apply to people served by this program.

ELIGIBILITY RESTRICTIONS	Describe all criteria that exclude people from participation in this program.	ELIGIBILITY RESTRICTION (Program does not serve these people.)
May not have criminal conviction for violent offense.	<i>Please describe:</i>	<input type="checkbox"/>
May not have criminal conviction for sex offense.	<i>Please describe:</i>	<input type="checkbox"/>
May not have criminal conviction for gang-related offense.	<i>Please describe:</i>	<input type="checkbox"/>
May not have criminal conviction for arson.	<i>Please describe:</i>	<input type="checkbox"/>
May not be a registered sex offender (PC 290).	<i>Please describe:</i>	<input type="checkbox"/>
May not have a drug-related conviction.	<i>Please describe:</i>	<input type="checkbox"/>
Other Eligibility Restrictions:	<i>Please describe:</i>	<input type="checkbox"/>

Thank you for completing the survey!