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To whom it may concern,

Please find enclosed a hard copy of the final report for Contract with SWIFT # 99533 with the consultant, Wested. The purpose of this contract was for process and outcome evaluation of activities awarded by the Second Chance Act for the MN Statewide Implementation or Recidivism Reduction (MNSIRR) plan.

Please let me know if you need anything else related to this contract.

Best Regards,

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WestEd Justice & Prevention RESEARCH CENTER

MNSIRR Evaluation Final Report

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Submitted to:
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The WestEd Justice & Prevention Research Center highlights the rigorous research and evaluation work that WestEd researchers are conducting in the areas of school safety, violence and crime prevention, juvenile and criminal justice, and public health. In addition to conducting research and evaluation studies, A primary goal of the Center is to become a trusted source of evidence on the effects of policies and programs in these areas. For more information, visit http://jprc.wested.org

WestEd Justice & Prevention RESEARCH CENTER

Acknowledgements

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Introduction

Since 2015 the WestEd Justice & Prevention Research Center (JPRC) has been working with the Minnesota Department of Corrections (MN DOC) as the external evaluator for the Minnesota Statewide Initiative to Reduce Recidivism (MNSIRR) grant, funded through the U.S. Bureau of Justice Assistance (BJA) Second Chance Grants for Planning and Implementing Statewide Recidivism Reduction. The MN DOC used this funding to implement a systems change model to attempt to reduce recidivism across the state by using the research based correctional practices throughout systems and programs, offer opportunities to change programming for men and women in the system, and target the people and places where recidivism rates are the highest.

The vision for this initiative, according to the MNSIRR Fact Sheet (MN DOC, 2016), is that "every offender will have access to the services, supports and resources he or she needs to succeed in the community upon release, thereby reducing recidivism and increasing public safety." For the purpose of this grant and this report, recidivism is measured as returns to prison for both new felony sentences and technical violation revocations for felony-level offenses.

The remainder of this report is organized into the following sections:

I. MNSIRR Description
II. Evaluation Design
III. Process Evaluation Findings
IV. Outcome Evaluation Findings
V. Limitations
VI. Recommendations

The following is a list of acronyms that are used throughout the report:

BJA	Bureau of Justice Assistance
CAF	Combined Application Form
CCP	Core Correctional Practices
CPC	Correctional Program Checklist
EBP	Evidence-Based Practices
ICM	Integrated Case Management
ISR	Intensive Supervised Release
JPRC	WestEd Justice & Prevention Research Center
MN DHS	Minnesota Department of Human Services
MN DOC	Minnesota Department of Corrections
MNSIRR	Minnesota Statewide Initiative to Reduce Recidivism
MnSTARR	Minnesota Screening Tool Assessing Recidivism Risk

I. MNSIRR Description

Prior to the MNSIRR grant, the MN DOC launched multiple efforts to reduce recidivism, yet the statewide recidivism rate held steady at 35-37% from year to year. The recidivism rate for high-risk offenders at the time the MN DOC applied for this grant in 2012 was 61%. As MN DOC described in its Second Chance grant application, previous recidivism initiatives often focused on a specific population or geographic area with limited results. Specifically, MNSIRR was led by the MN DOC in collaboration with other state agencies, community organizations, and other

key stakeholders to implement a multi-agency recidivism reduction strategy to improve reentry success for high-risk offenders.

MN DOC uses a validated risk assessment instrument called the Minnesota Screening Tool Assessing Recidivism Risk (MnSTARR) to estimate the risk of recidivism for all male and female offenders. According to scores from the MnSTARR, approximately 40% of the offender population is at high or very high-risk for return to incarceration for a new offense. For the BJA grant, MN DOC targeted male and female adult offenders whose MnSTARR scores suggested them to be at high or very high risk of reoffense and who were being released to the following 11 counties: Beltrami, St. Louis, Carlton, Stearns, Wright, Hennepin, Anoka, Washington, Ramsey, Dakota, and Olmsted. Hennepin and Ramsey counties include Minneapolis and St. Paul and therefore comprise nearly 40% of all releases. Anoka, Washington, and Dakota counties surround Hennepin and Ramsey. Beltrami County is rural and home to the largest number of American Indian releases.

MN DOC received a one-year planning grant from BJA in 2013 before beginning work under an implementation grant in 2014. The evaluation team at WestEd engaged with the MN DOC team at the start of implementation. The MNSIRR grant was overseen by an Executive Team comprised of Commissioners and Directors from across state and county agencies and key stakeholders. The group met once or twice a year to be updated on accomplishments, challenges, and plans for the upcoming months.

During the first few months of the project implementation, the evaluation team and the MN DOC MNSIRR team participated in several planning meetings to develop and refine the logic model, which consists of key goals and activities under the MNSIRR grant and the expected short- and long-term outcomes. The logic model is organized by goal area, including supervision strategies and policies, case planning, cognitive interventions, and access to treatment. Each goal area has outputs specific to activities and participation, followed by short-, medium-, and long-term goals. The major focus areas of the MNSIRR grant are described below and details on the activities and expected outcomes are described in the logic model (Appendix A).

<u>Focus Areas of the MNSIRR Grant</u>

- **Supervision practices and policy.** The primary activities and accomplishments in this area included an independent review of intensive supervised release practices to align these with level of risk rather than offense type, the adoption of new policies around conditions of release, and the implementation of practice models.
- **Case management practices.** Case management practices were expanded through this grant. Specifically, integrated case management services for high-risk offenders have been implemented pre-release, training and quality assurance to improve case management practices have been embedded in job description and promotion practices.
- **Staff skills.** A large part of the MNSIRR grant was focused on this area. The activities implemented include training correctional staff and community-based providers on evidence-based practices such as core correctional practices. Evidence-Based Practice Academies were held to train providers on core correctional practices, and three statewide summits were held to increase staff capacity and knowledge around evidence-based skills and practices.

- **Promoting quality programs.** Related to increasing staff skills, this area's primary focus was the implementation of the Correctional Program Checklist assessment process with MN DOC community-based providers to improve their use of evidence-based practices for high-risk offenders. MNSIRR Regional Coordinators were trained to conduct these assessments, reports, and report-out meetings to improve providers' services and practices.
- **Direct services/Access to services**. This area of focus included various attempts to change policy or practices to improve access to services for offenders reentering the community. One example of such an attempt was offering an enhanced rate to chemical dependency providers who treat high-risk offenders. Most recently, the MN DOC and Minnesota Department of Human Services collaborated on a pilot program of the Combined Application Form (CAF) that allows offenders to apply for benefits and assistance before leaving prison so that those services and benefits are available immediately upon the offenders' release (the full report on the pilot program can be found in Appendix C).

The logic model has served as a living document as the grant and activities have evolved. Not all of the activities included in the current logic model were successful or will be sustained. However, each area of focus includes components that have been implemented successfully, and many of these components will remain in place after MNSIRR grant funding ends. The remaining sections of this report describe the evaluation design, the implementation of MNSIRR activities, the components that are being sustained, and the successes, challenges, and lessons learned experienced by the grant leadership team comprised of the MN DOC staff managing the grant activities. The report concludes with a summary of recommendations for the MN DOC and BJA based on the evaluation findings.

II. Evaluation Design

The evaluation design for MNSIRR had two components: a process evaluation and an outcome evaluation. The focus during the majority of the three years of the MNSIRR grant was on evaluating the process and implementation of policies and practices implemented through MNSIRR. MN DOC's highest priority of this grant were contracted community-based organizations that treat high-risk offenders in community settings, such as halfway houses and other agencies. Therefore, the evaluation focused on gathering feedback and data from those implementing new practices, attending trainings, or serving offenders in a community setting. The evaluation design and data collection tools were informed by the logic model and MNSIRR leadership working to implement new policies and practices.

An outcome evaluation was also conducted at the end of the evaluation period. The purpose of the outcome evaluation was to see if the recidivism rate changed for offenders impacted by MNSIRR. The evaluation study, however, has a major limitation in that offenders receiving services related to MNSIRR were not released until June 2016, resulting in only a short time period of exposure to the changes in practice before the end of the evaluation period. This brief exposure time means that it would be challenging to demonstrate impact given the lack of time available for offenders to be reconvicted of a felony offense.

For this reason, the bulk of the evaluation was designed to help provide continuous and final feedback to the MN DOC staff regarding the implementation of MNSIRR rather than its outcomes. These evaluation findings have been used to help MN DOC staff make changes throughout the grant period and to inform program and training practices. This section summarizes the evaluation questions, methods, and limitations to conducting the evaluation.

Evaluation Questions

Three questions guided the process evaluation and two questions guided the outcome evaluation.

Process Evaluation

1. What changes in policy and practices have been implemented as a result of MNSIRR?
2. To what extent and in what ways did MNSIRR facilitate the implementation of evidence-based practices (EBP), promote quality programs, and impact changes in policies and practices?
    a. What have been the successes of MNSIRR?
    b. What have been the challenges to implementation?
    c. What are lessons for the future?
3. What programs and services did offenders receive as a result of MNSIRR?

Outcome Evaluation

1. To what extent did MNSIRR reduce recidivism compared to a similar group of offenders released before MNSIRR? Recidivism is defined by these three outcomes:
    a. Reconviction for a new felony
    b. Technical violations.
2. To what extent did MNSIRR increase the length of time offenders remained in the community compared to a similar group of offenders before MNSIRR?

Data Collection Methods

Data was collected through a variety of methods throughout the evaluation period. The primary methods of data collection were surveys and interviews (Table 1). Each of these methods is described below.

Surveys

Evidence-Based Practice (EBP) Academy Pre- and Post-Academy Surveys

The MN DOC and MNSIRR grant sponsored four EBP Academies in July and November 2016, and March and November 2017. These academies were attended by community-based providers serving offenders. The purpose of the academies was to increase providers' understanding of EBP, including Core Correctional Practices and cognitive-based interventions, that can be used by their organization. As part of the evaluation, JPRC created and implemented a pre- and post-academy online survey to gauge participants' experience, understanding, and interest in evidence-based practices. The pre-academy surveys were sent out to registered participants approximately two weeks prior to the start of the academy. In the pre-academy survey, registrants were asked about their organization, their experience working with clients involved in the criminal justice system, and their history with EBPs. The post-academy surveys were sent out

to all academy attendees the day after the close of the academy. In the post-academy survey, participants were asked about their understanding of the principles of EBPs and 8 Core Correctional Practices (CCPs), as well as their opinion of the academy.

MNSIRR Collaborative Re-Entry and Core Correctional Practices Summits Feedback Survey

Included in this evaluation are two re-entry summits. The MNSIRR Fall 2017 Collaborative Re-Entry Summit was held in October 2017. The purpose of the Summit was "a day of learning, collaborating and capacity building focused on supporting the use of Core Correctional Practices throughout our criminal justice system." The summit featured local and national experts in criminal thinking, behavior modification, and the science of recidivism reduction. The evaluation team developed an online feedback survey that was emailed to all participants after the summit. In the spring of 2018 a second summit was held on Core Correctional Practices. An online feedback form was again sent to all summit participants and data was analyzed by the evaluation team.

Combined Application Form (CAF) Feedback Form

The evaluation team conducted a survey with financial workers from Minnesota's Department of Human Services (MN DHS) and MN DOC case workers who participated in the CAF Pilot Initiative. This initiative allows offenders to apply for benefits and assistance prior to being released so that those benefits and any needed services can be accessed more quickly following release.

Interviews

Correctional Program Checklist (CPC) Assessment Interviews

The evaluation team conducted several rounds of interviews with the service providers that had completed both a Correctional Program Checklist (CPC) assessment and a report-out meeting. CPC is a tool developed by the University of Cincinnati Corrections Institute to assess how correctional programs are using effective interventions to meet the needs of offenders. The MNSIRR grant used CPC with community-based providers in the eleven MNSIRR counties serving high-risk offenders. Eight total interviews were conducted during two rounds in 2016. The third round of interviews, conducted in the following year, consisted of five interviews. The purpose of the interviews was to gather feedback for MN DOC on their MNSIRR grant goal of improving the use of evidence-based practices in agencies serving offenders. The interviews covered the background of the organization and the interview participant's role, as well as the organization's experience working with offenders, use of evidence-based programs, and experience with the CPC process.

Site Visit & Leadership Feedback

The evaluation team conducted a site visit in Minnesota with the MNSIRR team in March 2016 comprised of interviews with MNSIRR leadership and meetings about a potential outcome study. Approximately one year later, MNSIRR leadership team met with the evaluation team in Boston to discuss formative findings to date and planning for evaluation activities in the upcoming year. Throughout the grant period, the evaluation team and MNSIRR leadership participated in bi-monthly calls to discuss the grant, evaluation activities, successes and challenges. Notes from these meetings were reviewed and revisited to inform the evaluation. Interviews were also

conducted with the MNSIRR team at the end of the grant period, during August and September 2018.

Table 1. Process Evaluation Data Collection Activities

	Interviews	Survey or Feedback Form
EBP Academy Cohort 1		✓
EBP Academy Cohort 2		✓
EBP Academy Cohort 3		✓
EBP Academy Cohort 4		✓
CPC Assessment Cohort 1	✓	
CPC Assessment Cohort 1	✓	
CPC Assessment Cohort 1	✓	
Summit 2017		✓
Summit 2018		✓
Core Correctional Practices Feedback Survey		✓
CAF Feedback		✓
Comparative Analysis Recommendations		
Site Visit/Leadership Feedback	✓	

III. Process Evaluation Findings

Question 1: What changes in policy and practices have been implemented as a result of MNSIRR?

The MNSIRR grant has facilitated changes in policy and new practices for agencies working with high-risk offenders in Minnesota. Many of these changes were described in the previous section about the success of MNSIRR, and some are also highlighted again below. Table 2 indicates the practices or policies that have been implemented and whether plans are currently in place to sustain these activities. These changes have been identified based on interviews, surveys, and a review of documents collected by the evaluation team.

- **Integrated Case Management (ICM):** it is now a policy that all high-risk offenders who are returning to targeted counties will receive ICM services. Although ICM was not funded by the MNSIRR grant, the work of the grant helped to launch this new practice,

build capacity to deliver it, and plan for sustaining it. There is more work to do, and more case managers are needed to bring this to scale for the entire state.

- **Changes in Supervision Practices**: MNSIRR funded an independent analysis of current Intensive Supervised Release (ISR) practices and their alignment to the research on what works for reducing recidivism and changing behavior. A committee was established to make recommendations based on this analysis and in 2018 new criteria for ISR were released. These new criteria use a validated risk assessment tool (MnSTARR) instead of offense type to determine ISR status, those with the highest-risk, particularly with person-offenses, are now receiving the most supervision. Additionally, this sparked further commitment to change the conditions of release for offenders, decreasing conditions and adding conditions only when directly related.
- **Changes in promotional practice**: New case worker job descriptions have been changed to include the responsibility for completing specific "skills-based work." This change brings case worker job descriptions into alignment with other MN DOC job descriptions in probation and supervision. Case workers are now required to perform duties such as implementing evidence-based practices to qualify for the position and to advance in the position. Program Directors in MN DOC facilities will also be trained in case management so that they are prepared to do quality assurance checks on case managers' "skills-based work" and to become more experienced in case management.
- **Corrections Program Checklist Assessments:** MN DOC and MN Department of Public Safety Office of Justice Programs, provides various funding throughout the state for pre and post-release services. As a result of MNSIRR, professional-technical contracts now include language to establish initial and ongoing program assessments.
- **EBP Academies for Community Service Providers:** EBP Academies were conducted for community services providers, mainly those who the MN DOC contracted with, to learn more and be trained in specific evidence-based practices for working with high-risk offenders. This was a new way of connecting with community providers. Although there is promise in this approach, more work is needed to build on these relationships with community providers and to follow them over time to see how they implemented these practices in their day to day work.

MN DOC plans for a number of new policies and practices instituted during MNSIRR to remain in place following the conclusion of the grant (Table 2). Policies and practices that will be sustained include: ICM, conditions of release new policy for ISR, changes in promotional practices for case managers, CPC Assessments and EBP academies. Other policies and practices piloted under MNSIRR will not continue. These include paying for transportation for family visits to offenders, as this proved to be too costly and difficult to coordinate. Other practices or policies started through MNSIRR may continue but planning for sustainability is either in progress or will take place in the future. One of these policies is the enhanced payment rate to chemical dependency treatment providers so they can better address needs of high-risk offenders. With the new and strong partnership between MN DOC and MN DHS through the CAF pilot program, the MN DOC staff hope to continue working with MN DHS staff to encourage an increase in access and completion of chemical dependency treatment for offenders. Lastly, MN DOC staff hope to continue to plan for sustainability and scale up for the following: wider implementation of Thinking for Change in MN DOC facilities, expanding Peer Recovery

services for offenders, and building off the promising findings of the Combined Application Form pilot to improve access to benefits for offenders before they are released.

Table 2. Sustainability Plans for New Policies and Practices Initiated under MNSIRR

New Policy or Practice	MNSIRR Initiated	Sustainability Plans in Place
Integrated Case Management (ICM)	Partially[1]	✓
Conditions of release	✓	✓
Changes in promotional practice	✓	✓
EBP Academies for Community Service Providers and CPC Assessments	✓	✓
Transportation Contract	✓	Not continuing
Enhanced Rate for Chemical Dependency Treatment	✓	MN DOC staff hope to revisit with MN DHS in the future
Thinking for Change in facilities	✓	Contract renewed for another year
Peer Recovery	✓	New contract in place and expanded services (2 people doing peer recovery for high-risk offenders)
Combined Application Form	✓	Pilot is continuing for a second year

Question 2: To what extent and in what ways did MNSIRR facilitate the implementation of Evidence-Based Programs, promoting quality programs, impact changes in policies and practices?

The MNSIRR grant activities resulted in a number of successes, challenges, and lessons learned throughout the evaluation period. This section discusses these topics, drawing on the perspectives of the MNSIRR leadership and information gathered from formative evaluation activities conducted throughout the grant.

Successes

The leaders of the MNSIRR grant were interviewed at the beginning and at the end of the evaluation period. In the first set of interviews, completed in March 2016, the leadership team discussed their desired outcomes for the MNSIRR grant, which included reducing recidivism. However, there was a recognition that a reduction in the recidivism rate is a long-term outcome that may take years to achieve and that there are incremental steps and short-term outcomes that the leadership team wanted to see achieved first. These incremental outcomes included creating a

[1] Case Managers were in place prior to the MNSIRR grant. However, the grant helped to identify offenders eligible for case management services and assigned them to a case manager.

set of services that offenders received in prison and in the community upon release. This was the focus of MNSIRR, to provide services in the community for high-risk offenders. MNSIRR leadership team planned to work with community service providers to align their work with best practice for this population. One way the grant accomplished working with community service providers to implement EBPs was through use of grant-funded Regional Coordinators. MN DOC staff assigned to work with community providers in their region.

At the time of the initial set of interviews, there were three regional coordinators whose role was to work directly with community service providers in their respective regions to educate and train providers on EBPs that are specifically designed for treating high-risk offenders.

The same leadership team was interviewed again at the close of the grant in August/September 2018. Each person was asked what they were most proud of and what the greatest successes were of the grant. In addition, the evaluation collected formative data throughout the grant from community service providers working with the regional coordinators, attending trainings, and participating in an assessment of their programs. Together, these data sources identified the following successes of the MNSIRR grant, according to stakeholders. Each of these is described in more detail below and are summarized in Table 4.

- Partnerships with community providers and other state departments to improve use of evidence-based practices
- Intensive supervised release (ISR) analysis and policy change
- Practice model work
- Role of regional coordinator
- Training, programs, policy to increase access to treatment

a. Partnerships with Community Providers and Other State Agencies to Improve Use of Evidence-Based Practices

Leaders agreed that one of the biggest surprises and successes of this grant was the partnerships that were developed, both with community providers and with other state agencies. Although this was an intended goal of the grant, the ease, positive reception, and high level of participation exceeded leaders' expectations. As one leader described the participation and reception of community providers working with the MN DOC, "Everyone was excited to participate, [they] wanted to get better and be a better program." The interest in partnering with the MN DOC was evident in the participation of community organizations in the trainings, assessments, and events, such as the Collaborative Summit, offered throughout the grant. The purpose of these efforts was to increase use of evidence-based practices, to learn about research-based approaches to treating high-risk offenders, and to reflect on ways to integrate core correctional practices into a community-based setting.

Throughout the evaluation, formative data were collected from participants of the Evidence-Based Practice (EBP) Academies through pre- and post-academy surveys. Feedback data were also collected from the two Summits. Table 3 below describes the number of EBP academy participants who took a pre- or post-academy survey. It should be noted that individual data were not linked across pre- and post-academy surveys, so we cannot be sure that the same sample of individuals took both the pre- and post-academy surveys. Figures 1 and 2 outline the learning

from before and after the EBP Academies, across all 4 cohorts, on understanding of Core Correctional Practices (CCP) and Cognitive-Based Interventions. There was a notable increase in understanding across all 8 CCPs (Figure 1) and interventions (Figure 2). The average increase was sizable, moving approximately 1.0-1.5 points on the scale.

Table 3. Evidence-Based Practices Academies: Participation in Pre- and Post-Academy Surveys

Survey Type	Participants	Cohort 1 (July 2016)	Cohort 2 (November 2016)	Cohort 3 (March 2017)	Cohort 4 (November 2017)
Pre-Academy Survey	Number emailed survey	22	21	19	25
	Number responded	18	19	13	8
Post-Academy Survey	Number emailed survey	22	19	44*	29
	Number responded	17	16	25	9

* A number of participants signed up for the Academy after the window to complete the pre-academy survey, thus leaving more participants eligible for the post-academy survey.

Figure 1. Understanding of CCP Following Participation in the EBP Academy, Pre- and Post-Academy Survey Results, 2016-2017

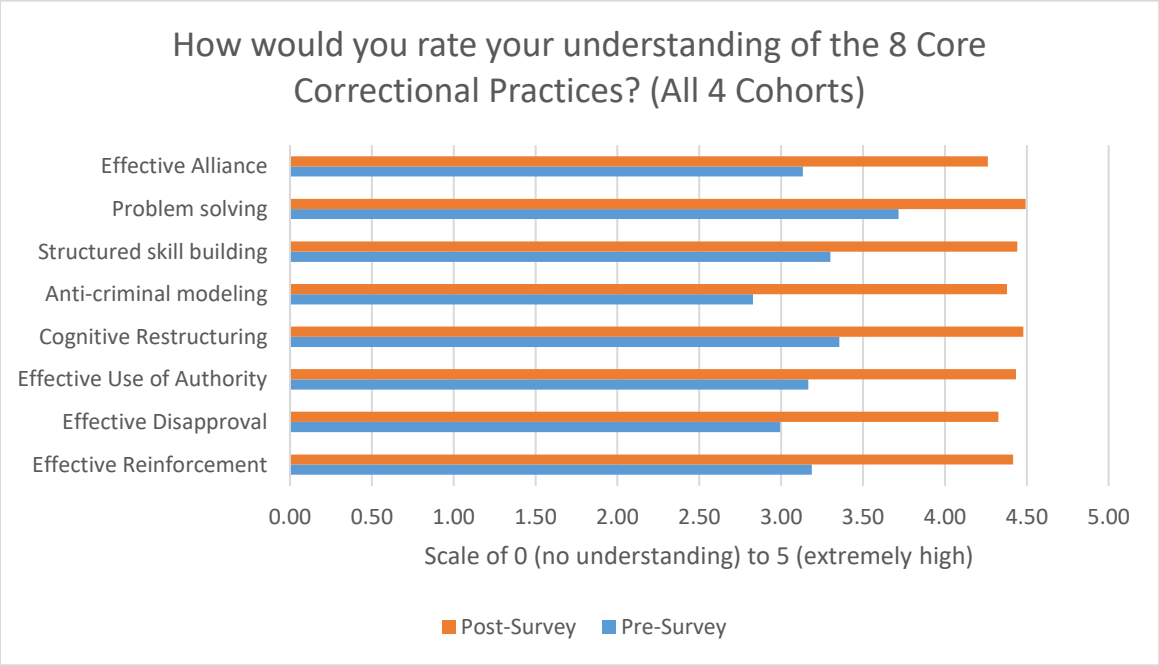
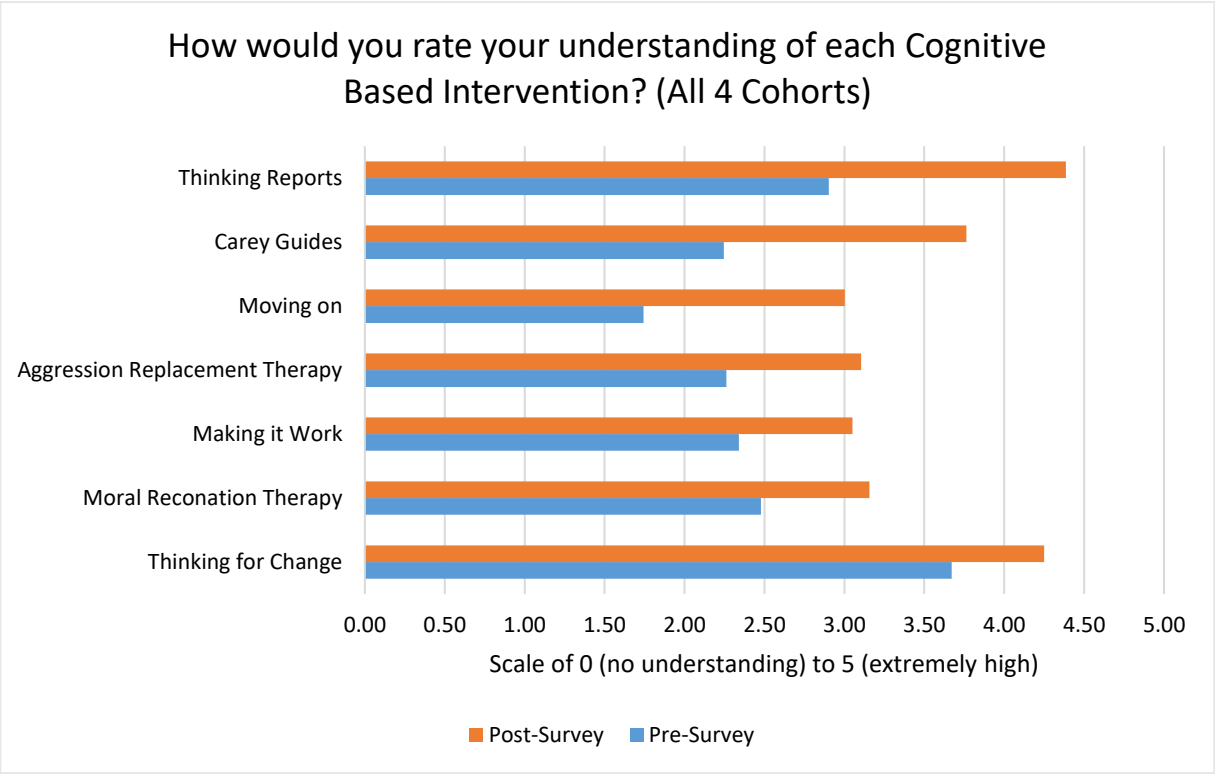


Figure 2. EBP Academy Pre- and Post-Academy Understanding of Cognitive-Based Interventions



Collaboration with other state agencies and across departments was another area of success mentioned by leaders and evident in the implementation of a new pilot program called "The Joint Departmental Pilot Initiative." The MN DOC and MN DHS collaborated on a program to both share data on high-risk offenders and create the Combined Application Form (CAF)" with the aim of improving offenders' access to services and benefits when released. Since September 2017 MN DOC and MN DHS have collaborated to process CAF for healthcare and food or case assistance before a person is released into the community. DHS conducted an evaluation of the pilot program that included analysis of data on offenders who participated in the CAF process compared to data on a similar group of offenders selected from a historical comparison group with similar characteristics. The evaluation (the full report can be found in Appendix C) found that (DHS, 2018):

- Those serviced by this collaboration had a history of homelessness, mental health issues, chemical dependency, and have been previously enrolled in public assistance.
- Public assistance enrollment was greater for the CAF pilot group compared to a similar group of high-risk offenders in the past.
- People who used the CAF process were more likely to have immediate access to their benefits upon release.

The MN DOC and MN DHS also wanted to examine feedback from the case managers and financial workers in each agency about the CAF process. To gather this feedback, WestEd designed an online feedback form asking about the process, what worked well, what was most beneficial for clients, and how the CAF process could be improved. MNSIRR leadership staff

and MN DHS staff sent the online form to approximately 120 case managers and 8 financial workers. A total of 26 people responded, the majority identifying as case managers (77%). Of the 23 respondents who identified as case managers or a different role (the "other" category), only 9 (39%) said they provided support to offenders using the CAF.

Although the small sample size limits how the data can be interpreted, 90% of respondents (including both financial workers and case managers) agreed or strongly agreed that the CAF process should be sustained. In response to the statement, "The rollout of the CAF was clearly understood", 67% of respondents agreed or strongly agreed and 80% agreed or strongly agreed with the statement "My role in the CAF process was clearly understood".

One respondent wrote of the CAF's impact:

"Offenders felt more prepared to enter into the community. Many even indicated that they wouldn't have went to the county to apply for these services. They truly felt assisted when completing this process. It was a relief for many of them to know that the services they were eligible for were ready for them to use the day they walked out the door. This has truly been a project that has been valuable. I've seen many programs come and go - it would be a huge disservice to see this one go."

Recommendations for improving the CAF process were offered by respondents in an open-ended question. Only six responses were offered, and they involved improving communication, having more time to meet with offenders to review benefits, needing tools to help determine eligibility and having paperwork and other materials available on site at the DOC facilities.

b. Intensive Supervised Release (ISR) Analysis and Policy Change

In interviews, the leaders of the MNSIRR grant indicated that there had historically been a sentiment within the MN DOC and the community that there could never be changes to the ISR criteria because the criteria were codified in the law. However, the MNSIRR grant enabled MN DOC to fund an independent analysis of the ISR data by the Ericson Group (Ericson, Stricker, Doom, & Sagvold, 2016) to see what changes could be made. A committee was then established to make recommendations based on these analyses. New criteria for the ISR was then released in July 2018.

MNSIRR leadership described the changes to ISR criteria as an important success under the grant. In short, the old criteria for ISR was based on offense, not risk; to determine ISR status, the new criteria rely instead on a validated risk took (MnSTARR) which incorporates several factors besides the offense (Hill, 2018). Other changes to supervision strategies that will take effect in 2019 include amended conditions of release, amended responses to technical violations, and a shared case plan developed for facility-to-field use (Executive Team Meeting Presentation, 2018). Table 4 outlines these accomplishments.

c. Practice Model for Community Supervision of Offenders

In July 2016, six counties began to pilot a new practice model for community supervision. The goal for the practice model was to change how offenders are supervised in the community. Specifically, the MNSIRR newsletter (January 2017) described it in the following way:

> *"A practice model is an integrated set of evidence-based practices and principles that an agency engages in which result in better public safety outcomes when done with fidelity by its officers. A practice model describes the practices that line staff should follow to reduce crime, promote the social and human capital of the people under supervision, and provide structure to continuous quality improvement activities."*

There was some disagreement among MNSIRR leadership about whether or not the practice model work was a success. One leader felt strongly that it was a success given the increased ability of community providers to deliver cognitive behavioral interventions, like *Thinking for Change* (discussed later) and *Decision Points*. Although one leader reported that the effort to change post-release supervision has been a success, others described it as a disappointment. Specifically, some leaders indicated that the work did not scale up to all counties as intended.

Unlike the other changes implemented under MNSIRR, the implementation of the practice model focused on internal work with the MN DOC supervision agents. Although the MNSIRR leadership team recognized that this was not the initial focus of the grant, ultimately it has been implemented in four counties. The practice model work involved shifting a focus from training front-line staff in MN DOC facilities to working with field supervisors and facility directors to build coaching skills like those of Core Correctional Practices (CCP) into their supervision work. The critical components of this work, according to MNSIRR leadership, included slowing down, looking at the drivers of implementation, providing the opportunity for staff to practice their coaching skills, and using continuous assessments to improve practice. Table 4 outlines the current rollout of practice models across the counties.

d. Presence of Regional Coordinator

Community-based service providers in all three cohorts of interviews highlighted the role of the Regional Coordinators as a success under MNSIRR. Interviewees held up the Regional Coordinator as a valued connection and a helpful support for local organizations, especially their role in helping organizations with the Correctional Program Checklist (CPC) process. This role was often discussed as helpful when talking about the period after the CPC assessment, called the "report-out." During the report-out, the Regional Coordinator met with the organization to discuss the results of the assessment and how the organization may be able to improve on any challenges that emerged from the assessment. The Regional Coordinator then served as ongoing support for the organization moving forward. As one person said when reflecting on the role of the Regional Coordinator:

> *"We would like [the Regional Coordinator] to aggressively tell us what's available and follow up with us. We've sent folks to the training. We would like him to problem solve how to get us the risk assessment tools. Would like to train the other half of our staff on motivational interviews."*

> *"[It is helpful] having someone there to run by what we are implementing. [We] see him as a great resource. He's the expert on this. So we are interpreting the recommendations correctly. As a liaison between the correctional facilities and community – being able to speak two different languages [is important]."*

e. Correctional Program Checklist (CPC) Assessment

Although all the leaders highlighted the creation of the Regional Coordinator position as a success, one leader cited the implementation of the CPC assessment itself as a positive change. MNSIRR leaders, upon reflection, recognize that working externally, with community-based service partners, has in some ways been more successful than working internally on changing the practice culture to implement evidence-based practices within DOC facilities. The providers have been open to the assessments and grateful for the positive approach to assessment, objective feedback, and help in understanding and implementing EBPs, such as risk and need planning, motivational interviewing, and Carey Guides. As the grant has wound down, MN DOC staff are less available to conduct these assessments, but community-based service providers are still requesting new and repeat assessments.

> *"Maybe the one-on-one work [led by the Regional Coordinators] might end, but the training and assessment process [CPC] will still be available. In my mind, those were the things that were most successful."*

f. Training, programs, policy to increase access to treatment

Increasing access to treatment and improved outcomes for high-risk offenders was a priority for the MNSIRR grant. Although some of the practice changes under the grant period were less impactful than originally predicted, some offenders did benefit from these changes and the team remains committed to building off these early successes moving forward. Examples, also outlined in Table 4, of new processes or practices to increase access to treatment included:

- Payment of an enhanced rate to contracted chemical dependency providers for treating high-risk offenders;
- Establishment of a peer recovery support contract;
- Institution of a healthcare navigation services contract; and
- Provision of transportation services for released men and women.

Table 4. MNSIRR Activities and Successes

Activities	Successes
Partnerships with community-based organizations and other departments to improve use of evidence-based practices	• 6 EBP Academies with approximately 140 participants • 3 Summits; dozens of exhibits • Training on EBPs in cognitive behavioral interventions: • 28 DOC Counties, 9 Community Corrections Act Counties, and 11 facilities trained in Carey Guides • 211 County, 180 State Agents and 120 Case Managers trained in Core Correctional Practices • Added as mandatory training at Agent Academy • Partnership with Department of Human Services to develop the Combined Application Form (CAF) and share data on high-risk offenders
Policy analysis of Intensive Supervised Release (ISR) and early release programs	• ISR Analysis completed 2016 • Pilot testing of new criteria, 2017 • Supervision policy changes, 2019 • Amending conditions of release for technical violations, 2019

	• Shared case plan developed for facility to field use
Practice models for supervision agencies	• Practice Model implemented in 4 correctional jurisdictions; 7 correctional jurisdictions in planning
Regional Coordinator Role	• Perceived as extremely helpful from 5 cohorts of interviews with 10 community-based organizations completing CPC assessment
Training, programs, policy to increase access to treatment	• Enhanced services for 17 offenders • 28 people provided peer recovery supports in Beltrami County • 260 accessed support through Portico for healthcare navigation • 52 people attended community-based services through transportation support

Challenges

The goals and the accompanying wide range of policy and practice changes supported by the MNSIRR grant were aimed at changing the culture and system supporting high-risk offenders. During the first set of evaluation interviews and the site visit in March 2016, a MNSIRR leader described the goals of the grant as "changing the culture." Another leader reported hoping to "see a culture changing – people that work in this business, officers, case managers, agents – will change ways [that]…they affect offenders." As noted in the logic model (Appendix A), the MNSIRR grant proposal outlined a wide range of large-scale goals, activities, and intended outcomes. Efforts under this grant were not comparable to a single isolated program in which outcomes in a set of offenders could be easily tracked from the beginning of engagement with the program to departure from the program. In addition to the successes described by the MNSIRR leadership team the team also reflected on the challenges implementing MNSIRR. These challenges cluster around three main themes: internal challenges (staffing, buy-in, champions), communication, and implementation.

a. Internal Challenges

Although much of the grant was focused on changing practice in the community, especially with the community service providers working with high-risk offenders, the MNSIRR leadership team quickly realized that it made sense to also change practice and policy internally to mirror what they were asking community providers to take on. This meant working with MN DOC facilities and central office administration on implementing best practices around evidence-based programing for offenders. Implementation of the Integrated Case Management (ICM) strategy was already being implemented in facilities independent of MNSIRR. However, the MNSIRR team saw an opportunity to build off that work and train facility staff on similar programming and curricula such as Core Correctional Practices and "Thinking for a Change" for MN DOC facility staff. It proved particularly challenging to generate buy-in from facility staff. The MNSIRR leaders reflected that resistance from facility staff was a "big surprise". As one leader said, quoting from a recent presentation that was given in the state, "culture eats strategy for breakfast," meaning that even though the strategy was there, each facility had its own culture. The time that it would take to create change and introduce new practices in each MN DOC facility was largely underestimated.

The essence of the internal challenge was changing the culture inside of MN DOC. One MNSIRR leader explained that many case managers are former corrections officers and have a foundational safety and security mindset and background. Many have not been in positions or had experience in social services. MNSIRR leaders were particularly surprised by the lack of buy-in by some case managers for the new services implemented under MNSIRR. They assumed that case managers would refer offenders to the services made available through the grant. As one interviewee explained:

> *"But we have dual priorities: safety and security, but also promoting offender change and effective intervention, and [there is] the idea that those two things are mutually exclusive. That's a mindset that is hard to change, maybe with time it will get better."*

Another internal challenge that the leadership team identified was about the staffing for MNSIRR. At the MN DOC central office, there were two main leadership staff along with one of the Regional Coordinators. Two additional Regional Coordinators resided in other areas of the state so that they could cover each region with MNSIRR activities. However, this left a small group at headquarters focused on this large undertaking, coordinating activities, providing on-site trainings, and all of the other grant management activities. Leaders reflected on how it was difficult to implement initiatives under MNSIRR with so few people and to keep remote staff engaged in the day-to-day work. In addition, leaders noted that it was challenging to communicate the MNSIRR grant goals and activities to staff and leaders throughout the MN DOC.

b. Communication

Communication was a challenge throughout the MNSIRR grant. The types of communication discussed by the leadership team included the lack of clear and consistent messaging about MNSIRR. Although the team established a newsletter and an internal website, it remained a challenge to get the word out about what the goals of the grant were and how these goals were being carried out in both the community and MN DOC facilities. Late in the grant there was a tragedy in one of the MN DOC facilities in which a guard was killed by an offender. Although this event occurred recently (July 2018), it did shift the conversation and messaging to specifically emphasize safety and security within facilities. However, the MNSIRR team perceives that the policy and culture changes that are goals of the MNSIRR initiative hold people accountable for their actions, and they believe that it is this kind of change that will improve security. MNSIRR leadership also believes that messaging and communication about this aspect of MNSIRR will need to evolve as shifting events and priorities emerge.

Finally, a challenge for communication (but also a unique aspect of the grant) was the inter-departmental and cross-jurisdiction stakeholder-driven implementation of the grant. This collaboration and engagement was prescribed in the guidance document for grant implementation, and the guidance specifically required that implementation of this grant be a statewide effort across stakeholders, even though it would be led by the MN DOC. MNSIRR leadership reported that it was difficult at times to respond to so many different stakeholders across multiple agencies and departments—as well as keep them updated about MNSIRR. The Executive Team was comprised of Commissioners from across these agencies, which might have

helped to facilitate communication. However, the group met only once or twice a year and was not actively engaged in the day-to-day activities of the grant. As one leader reflected, the communication pattern was to inform supervisors and hope the information would "trickle down" to facility staff, but that did not always happen. Relying on high-level staff may have been a missed opportunity to engage with the counties and facility staff who would be implementing some of the practice and policy changes under the grant.

c. Implementation

Implementation of the grant itself also represented a challenge. MNSIRR leadership agreed that there was a lack of time, understanding, and tools to assess capacity for implementation and to understand the drivers of implementation before the grant activities were defined.

> *"If we would have known that, would have written the grant different. [We] would not have tried to jam so much in – would have picked a few opportunities and slow it down and do it like the science says – do we have the right people, assess how we are doing, are we set up to get those outcomes we want?"*

There were also challenges in that some of the different activities did not work as well as the team had hoped. An example is the implementation of an enhanced rate for chemical dependency treatment providers to increase access to treatment for high-risk offenders. The idea behind this strategy remains a value and goal for the MN DOC and the MNSIRR team. Due to the funding structure, one barrier was that the MN DOC was limited in offering this enhanced rate to treatment providers who do not get federal funding for other treatment services, thus limiting the pool to only lengthy residential treatment programs that are not as appealing to offenders. The other challenge with implementation was creating buy-in at the MN DOC facilities to implement specific programs. For example, *Thinking for Change*, a cognitive behavioral treatment program designed for justice-involved youth and adults, was implemented in two facilities but overall it was a challenge to get it implemented to scale in the other facilities.

Lessons for the future

The feedback from the MNSIRR leadership team as well as data gathered throughout the grant from community providers suggest lessons for the future. Several such lessons emerged from the interviews, on topics including the time required to implement CCP, communication, ensuring buy-in, and keeping the grant small and focused.

a. Core Correctional Practices: Time is Needed for Implementation

In the spring of 2018, evaluators conducted a survey of all participants who attended the MN DOC summit on Core Correctional Practices (CCP). The survey was sent to 655 participants and 279 (42.6%) responded. Most who responded identified as a case manager or community supervision agent. Participants were asked about their use of CCP and barriers to their use. They identified the two practices that are most often used as effective reinforcement (54%) and problem solving (50%). Effective disapproval and structured skill building are among the practices that are used less frequently (44% and 35%, respectively). (Figure 3). When asked about the barriers to using CCP, Table 5 shows that most participants (35%) believe that they need to build in more time for CCPs. Moreover, 38 additional reasons for not using CCPs were write in responses listed under "other."

Figure 3. Core Correctional Practices – Frequency of Use by Summit Participants

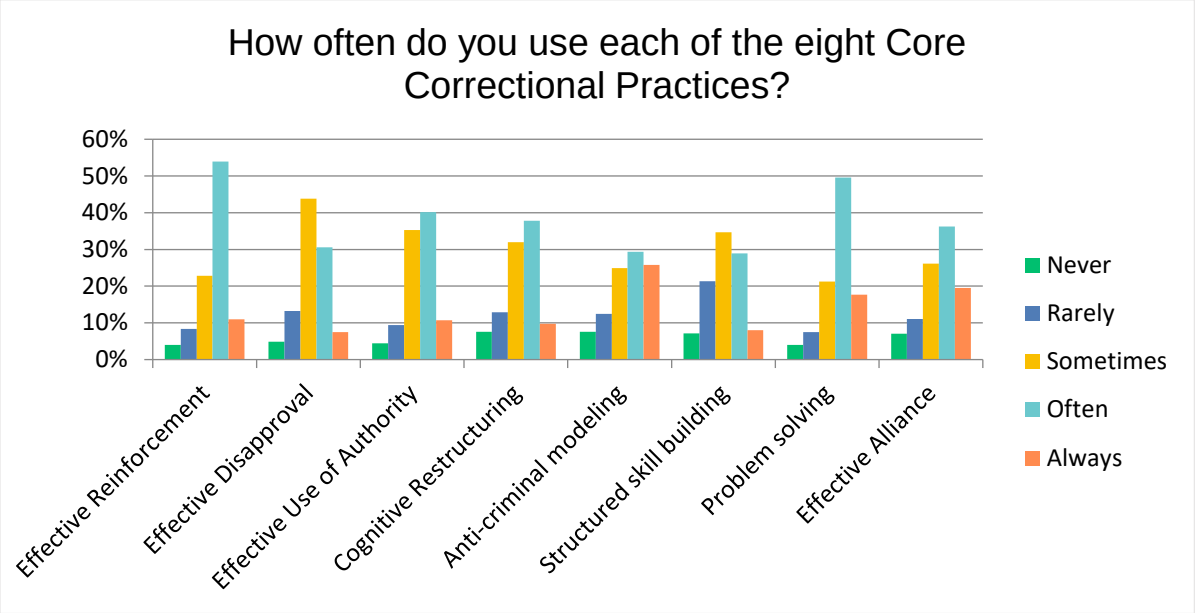


Table 5. Summit Participants' Reasons for Not Using Core Correctional Practices

If you are not using Core Correctional Practices, please select reasons why you are not using CCPs? (Check all that apply)		
Reason	*Percent*	*N*
I need to build in more time for CCP	34.95%	36
I need more training to learn the skills of CCP	23.30%	24
The CCPs are not relevant to my role	20.39%	21
I don't think CCP works for the offenders I work with	11.65%	12
I need coaching in using CCP	8.74%	9
I don't think CCP works, in general	8.74%	9
My workplace does not support the use of CCP	7.77%	8
My direct supervisor does not encourage use of CCP	5.83%	6
Other	36.89%	38

b. Communication Is Key

The MNSIRR leaders all reflected on the challenge of communicating with a large and diverse group of stakeholders about the goals of the grant and the activities being implemented across the counties and internally at the MN DOC. Reflecting on this challenge, one leader said, "You think you can communicate one way, but you really need to do that times 10." Leadership also

reported difficulties engaging stakeholders in ongoing implementation of MNSIRR. As one leader commented, "No one directly reported to anyone at MNSIRR, they had people they answered to…you need people engaged in the work, more planning would've been helpful, even if it was bringing in people in on the design end of things." Overall, a lesson learned from the MNSIRR team was that even though they made a number of efforts to spread the word about MNSIRR and its goals, they also realize that getting in front of more audiences is important, especially concentrating on communicating with line staff to ensure buy in to the practices changes and understand the benefits that could be reached from these changes.

c. High-Level Support and Buy-In Are Essential

Another lesson learned was the importance of high-level agency support and buy-in for the grant activities and goals. MNSIRR leaders identified a disconnect between the grant's strong emphasis on encouraging community providers' adoption of evidence-based programs and the low level of support for changing practices within MN DOC. As one leader said, "we went to community services organizations and ask them to change how they do their work and meanwhile we can't do it internally." The MNSIRR leadership felt they needed more support and action from high-level leaders within MN DOC and perceived that there were often questions about the purpose of MNSIRR activities, such as the implementation of the Correctional Program Checklist (CPC). An internal and high-level champion could have helped to facilitate internal changes at the MN DOC, educate staff on the purpose of these changes, and also promote the implementation of new and improved practices by community organizations working with high-risk offenders.

d. Keep It Small

The MNSIRR grant goals, activities, and outcomes (see the logic model, Appendix A), were ambitious and broad. The activities aimed to build capacity through trainings and change the culture of best practices when working with high-risk offenders. The team has seen success in some of these areas, including training close to 1,000 people in Core Correctional Practices (CCP). However, the team noted that implementing the grant and all of the associated activities and goals with so few staff was challenging. Keeping the grant focused and small could have benefited the team by enabling them to dive deeper into some of the key practice changes. For example, focusing on one "content area" in the logic model, such as promoting quality programs, would allow MN DOC to learn from small-scale implementation, and then plan for scale-up based on the findings and lessons learned. Overall, the MNSIRR team felt that the scale of implementation was large and across many different content areas which made it difficult to manage all the components given their small staff.

Question 3: What programs and services did offenders receive as a result of MNSIRR?

MNSIRR was largely focused on training community providers and building capacity throughout the eleven target counties to serve high-risk offenders, as described in the previous sections. The purpose of this section is to describe the pre- and post-release services that high-risk offenders have received as part of MNSIRR as well as to describe offenders who received integrated case management services under the grant. We drew from two data sets, maintained by MN DOC

staff, that have been used to track MNSIRR service delivery. The first data set was maintained by the MNSIRR staff from the beginning of the grant implementation through August 2018. The second data set provided by the MN DOC had offender data on admission dates, release dates, and recidivism and was mainly used to answer the outcome evaluation questions in the section below. This data set also provided data on offenders who received ICM.

Pre-Release Services

The following services were offered to offenders prior to their release.

Portico Healthcare Navigation

The Portico Healthcare Navigation service helps to connect offenders to healthcare. This service works with offenders being released to help them find healthcare insurance coverage, to support them as they navigate the enrollment process, and to answer any questions that may come up during this process.

Thinking for a Change (T4C)

T4C is an evidence-based, cognitive-behavioral intervention which has been shown to help reduce recidivism in corrections-based populations, including women, men and juvenile offenders. This intervention includes 25 lessons delivered to groups of eight to twelve people and can be administered in an institution or community-based setting. T4C has three main components. First, T4C helps participants identify and address irrational or faulty thinking through Cognitive Self-Change. Second, T4C teaches social skills. Lastly, T4C teaches problem-solving skills.

Combined Application Form

Beginning in September 2017, MN DOC and MN DHS processed applications for healthcare and food or cash assistance before individuals were released from Minnesota Correctional Facilities. After release, MN DHS helped transfer individuals' cases to one of the eleven participating counties and provide ongoing support.

JPay

MN DOC partners with JPay, a computer- or phone-based application, to allow offenders to contact friends and family members in the community through electronic messages or video visitation. This type of communication can strengthen or re-establish family ties, which can improve an offender's likelihood of successful reentry and reduce recidivism.

Moving On

This is a curriculum-based, gender-responsive intervention created to address the different cognitive–behavioral needs of incarcerated women. Moving On is delivered in 26 sessions over 12 weeks, with each session lasting one and a half to two hours. Each class includes five to ten participants.

Peace of Hope, Inc.

Peace of Hope, Inc., provides fee-based transportation for approved visitors to MN DOC correctional facilities. Family members could email Peace of Hope and receive a quick resource info sheet, workshops with essential information helpful for families of someone incarcerated at a MN DOC Facility, transportation provisions for qualified family members of high-risk offenders who want to visit loved ones in prison, and $9.99 JPAY Video Credit Application for eligible visitors.

Post-Release Services

The following services were offered to offenders after their release.

Bus Pass & Taxi Service

These services were part of an effort to provide transportation funds to assist the target population with transportation to behavioral health treatment programs to improve access and encourage completion. These services were available to specific participants in Olmstead County and the Twin Cities Metro Area.

Enhanced Rate Treatment Services

Grant funds were used to incentivize behavioral health providers to deliver a recognized cognitive-behavioral treatment curriculum to the high-risk offender population. According to the MNSIRR proposal from the MN DOC, "the goal was to demonstrate that by providing an enhanced per diem through grant funds, qualified providers will target interventions more appropriately and ultimately reduce recidivism (Minnesota, 2014)."

Peer Support (Face it Together Contract)

Face It TOGETHER is a nonprofit organization that provides science-based coaching for people living with addiction and their loved ones.

Table 6 summarizes the number of offenders who received each service, both pre- and post-release. Offenders could receive multiple services, which is why the percent of offenders who received the services adds up to more than 100%. The MNSIRR pre-release activities accessed by the largest number of offenders was Portico Healthcare Navigation (253, 38%) followed by Thinking for a Change (152, 23%) and the Combined Application Form (139, 21%). The MNSIRR post-release activities accessed by the largest number of offenders were Olmstead bus pass (31, 5%), taxi services (23, 3%) and enhanced rate treatment services (16, 2%).

Table 6. MNSIRR Services Received by Offenders (services received through June 20, 2018)

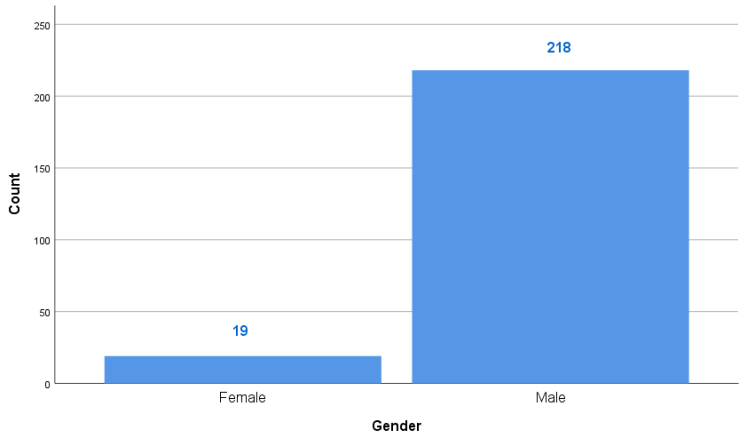
Pre or Post Release Service	MNSIRR Activity	Number of Offenders	Percent of Offenders
Pre-Release	Portico Healthcare Navigation	253	38%
Pre-Release	Thinking for a Change (T4C)	152	23%
Pre-Release	Combined Application Form (CAF)	139	21%
Pre-Release	JPay Video Visiting	60	9%
Pre-Release	Moving On	58	9%

Pre-Release	Peace of Hope	6	1%
Post-Release	Bus Pass	31	5%
Post-Release	Taxi Service	23	3%
Post-Release	Enhanced Rate Treatment Services	16	2%
Post-Release	Peer Support (Face It Together Contract)	4	1%

Integrated Case Management

The MNSIRR grant played a role in the implementation and scale up of Integrated Case Management (ICM) as a pre-release service for high-risk offenders. The data for ICM is kept in the MN DOC data management system and was provided to the evaluation team in June 2018. The data consisted of records for 2221 offenders (high-risk offenders released into MNSIRR counties between November 2016 and December 2017), of which 237 received ICM. The demographics for this subgroup of offenders are shown below. Most offenders who received ICM (92%) were male. This finding was expected given the distribution of gender in the original sample.

Figure 4. Integrated Case Management by Gender



IV. Outcome Evaluation Findings

The outcome evaluation was guided by the following three evaluation questions.

1. To what extent did MNSIRR reduce recidivism compared to a similar group of offenders released before MNSIRR? Recidivism is defined by these two outcomes:

    a. Return to prison as part of a new felony sentence
    b. Technical violations
2. To what extent did MNSIRR increase the length of time offenders remained in the community compared to a similar group of offenders before MNSIRR?
3. To what extent did MNSIRR decrease the length of stay for offenders readmitted to prison compared to a similar group of offenders before MNSIRR?

Sample

In this section we provide results from analyses comparing a group of offenders exposed to MNSIRR to a similar group of offenders from before MNSIRR was in place.

- The treatment group was drawn from a group of high or very high-risk offenders released to the eleven MNSIRR counties between November 2016 and December 2017.
- The comparison group was drawn from historical data and consists of high-risk offenders released between January 2014 and June 2016. The data was then restricted to just those high and very high-risk offenders released to the eleven MNSIRR counties (with the exception of one county[2]).

The following steps were taken to create two comparable groups with similar periods of exposure to community services and length of follow-up periods after release. Both the treatment and comparison files were restricted to offenders who were first released within a similar length of time; members of the treatment group were first released no later than July 2017 and members of the comparison group were first released by January 2016. Restricting the sample in this way ensured that the evaluation was able to measure the recidivism rate for each group over a six-month follow-up period. Specifically, the evaluation used data for the treatment group for the period of July 2017 through December 2017 and for the comparison group for a similar length of time (182 days).

The final analytic sample consists of a total of 3307 high-risk offenders, of which 1730 (52.3%) are in the comparison group and 1577 (47.7%) are in the treatment group (Table 7). First, we provide results from descriptive analyses to characterize the sample (e.g., demographic and reimprisonment-related variables). Then, we present outcomes from both descriptive and logistic regression analyses.

Table 7. Sample Size and Percentage, by Study Group Status

	N	Percent
Comparison	1730	52.3%
Treatment	1577	47.7%
Total	3307	100%

Demographics

The demographics in the comparison and treatment group are very similar (Table 9). The gender distribution is largely male with 90.3% in the comparison group and 90.6% in the treatment group (Table 8). The race and ethnicity breakdown of offenders in both groups is also similar with slightly more American Indian or Alaskan Native in the treatment group (10.8% versus 8.7%) and slightly more identified as Hispanic in the treatment group (3.7% versus 0.7%). There was a slightly higher percentage of offenders identified as White in the comparison group (39.5% versus 34.4%).

[2] The comparison file included offenders released to Benton county instead of Beltrami County (MNSIRR county), however this made up less than 2% of the overall comparison group.

Table 8. Sample population by gender, for each study group

	Comparison	Treatment
Female	9.7% (167)	9.4% (149)
Male	90.3% (1563)	90.6% (1428)

Table 9. Sample population, by Race and Ethnicity

	Comparison	Treatment
American Indian or Alaskan Native	151 (8.7%)	171 (10.8%)
Asian or Pacific Islander	31 (1.8%)	39 (2.5)
Black	851 (49.2%)	765 (48.5%)
Hispanic	12 (.7%)	58 (3.7%)
White	684 (39.5%)	543 (34.4%)
Unknown	1 (.1%)	1 (.1%)

Risk and Offense Types

Both groups only consist of offenders classified as being at high or very high-risk for recidivism, as measured by the Minnesota Screening Tool Assessing Recidivism Risk (MnSTARR) (Table 10). Person, property, and drug offenses are the top three types of offenses resulting in the first admission for members of both treatment and control groups (Table 11). The type of admission for offense varies slightly by group (Table 12). Although offenders in both groups were mainly admitted for a new offense, the treatment group has higher admissions for a technical violation than the comparison group (39.4% versus 9.9%).

Table 10. Risk Level as Measured by MnSTARR, by Study Group

	Comparison	Treatment
High Risk	853 (49.3%)	709 (45.0%)
Very High Risk	877 (50.7%)	868 (55.0%)

Table 11. Offense Type at First Admission, by Study Group

	Comparison	Treatment
Drug	266 (15.4%)	223 (14.1%)
DWI/Traffic/Vehicle Regulation	38 (2.2%)	40 (2.5%)
Person	880 (50.9%)	743 (47.1%)

Property	323 (18.7%)	351 (22.3%)
Weapons	21 (1.2%)	12 (.8%)
Other	202 (11.7%)	200 (12.7%)
Missing Data	-	8 (.5%)
Total	1730 (100%)	1577 (100%)

Table 12. Admission Type for First Admission, by Study Group

	Comparison	Treatment
Admit New Obligation	1497 (86.5%)	895 (56.8%)
Admit Release Return*	171 (9.9%)	621 (39.4%)
Admit Release Return with New Sentence	62 (3.6%)	61 (3.9%)
Total	1730 (100%)	1577 (100%)

* The MnSTARR became an automated process in November 2016 and is now used for all offenders. The historical comparison group received MnSTARR scores by paper/pencil and these were not obtained for offenders admitted with a technical violation (Admit Release Return), therefore the treatment group has a higher percent of offenders that fall into this category.

Outcomes

Two variables were used to examine the recidivism rate for both groups, new felony re-imprisonment and return to prison for technical violations. Tables 13 and 14 show the results from a descriptive analysis. The treatment group experienced a slightly lower rate of re-imprisonment than the control group (1.8% versus 3.2%) and higher returns to prison for technical violations (8.9% versus 4.0%). The mean number of days in the community between release and first return to prison was similar for the two groups (Table 15 and 16). Finally, Table 17 summarizes the length of stay in prison for each group following the first admission and the second admission. The treatment group experienced a decrease in length of stay in months from the first admission to the second admission. The comparison group's length of stay in prison decreased from 18.8 months in prison following the first admission to 4.33 months after the second admission. In comparison, the treatment group's length of stay in prison decreased from 11.85 months following first admission to 2.82 months following the second admission.

Table 13. Re-imprisonment outcomes, by study group

	Comparison	Treatment
No new felony re-imprisonment	1675 (96.8%)	1548 (98.2%)
Re-imprisoned	55 (3.2%)	29 (1.8%)

Table 14. Technical violations, by study group

	Comparison	Treatment
No	1661 (96.0%)	1437 (91.1%)
Yes	69 (4.0%)	140 (8.9%)

Table 15. Days elapsed from first release to second admission for technical violation revocation, by study group

	Mean Days	N
Comparison	75.22	69
Treatment	71.81	140

Table 16. Days elapsed from first release to second admission for reimprisonment, by study group

	Mean Days	N
Comparison	81.09	55
Treatment	80.52	29

Table 17. Months in prison following first and second admissions, by study group

	Length of Stay for First Admission		Length of Stay for Second Admission	
	Mean Months	N	Mean Months	N
Comparison	18.81	1730	4.33	165
Treatment	11.85	1577	2.82	428

Regression Summary

To control for any observed pre-existing differences between the groups, we used multivariate regression analyses to explore the relationship between MNSIRR implementation and offender outcomes. This allowed us to control for variables that might influence each outcome and for which we have data, such as gender, race, marital status, age at release, and felony convictions, (see Appendix B for regression tables). Controlling for these pre-existing differences between the groups, the evaluation found that the MNSIRR treatment group experienced less re-imprisonment for a new felony, experienced more returns to prison for technical violations, experienced a similar length of time in the community before readmissions, and experienced fewer months in prison following the first and second admissions to prison. The findings are summarized in Table 18. Thus, the findings for the more sophisticated regression analyses support the findings from the descriptive tables presented earlier.

Table 19. Overall findings on outcome evaluation questions

	MNSIRR Findings	
To what extent did MNSIRR reduce recidivism compared to a similar group of offenders released before MNSIRR on re-imprisonment?	The odds of the MNSIRR treatment group experiencing reimprisonment for a new felony conviction is 26 percent lower relative to the comparison group	The treatment group had **less** re-imprisonments compared to the comparison group (*not a statistically significant*

	during the six-month exposure period.	*difference*, but in the right direction).
To what extent did MNSIRR reduce recidivism compared to a similar group of offenders released before MNSIRR on technical violations?	The odds of the MNSIRR treatment group experiencing a technical violation as 2.84 time higher relative to the comparison group during the six-month exposure period.	The treatment group had significantly **more** technical violations compared to the comparison group (*this difference is statistically significant).*
To what extent did MNSIRR increase the length of time offenders remained in the community compared to a similar group of offenders before MNSIRR?	Among those returned for a technical violation, the treatment group spent an average of 15.6 fewer days in the community relative to the comparison group. Among those returned for a new felony conviction, the treatment group spent an average of 4.6 fewer days in the community relative to the comparison group.	The treatment group and comparison group experienced **similar** length of time in the community before returning to prison *(not a statistically significant difference).*
To what extent did MNSIRR decrease the length of stay for offenders readmitted to prison compared to a similar group of offenders before MNSIRR?	Among those returned to prison, the treatment group had an average length of stay that was 2 months shorter relative to the comparison group.	The treatment group experienced significantly **fewer months** in prison on average compared to the comparison group (*this difference is statistically significant*).

V. Limitations

The evaluation approach allowed for an in-depth look at some of the new policies and practices implemented through the MNSIRR grant. However, like any evaluation, there were limitations. We used comprehensive methods to conduct interviews and surveys to ensure stakeholders were represented throughout the evaluation. Since MNSIRR was largely focused on building capacity for evidence-based practices in the community and to some extent within the MN DOC facilities, we did not interview offenders or family members as we did not anticipate these stakeholders to be able to speak to the training, new policies, or other changes that came as a result of MNSIRR. There were also human subjects restrictions on gathering data from offenders that would have required institutional review board review.

Data from the surveys collected before and after the Evidence-Based Academies should be interpreted with caution. The surveys did not link participant responses from their pre-academy survey to their post-academy survey. Therefore, individual changes could not be analyzed. However, the surveys did confirm that most participants who filled out a pre-academy survey also filled out a post-academy survey and therefore the sample for each pre-academy and post-academy survey should be similar. The results of the pre- and post-academy surveys do indicate an overall increase in understanding and learning about evidence-based practices for each of the academies.

Finally, it is important to recognize the limitations with the outcome evaluation. As documented in the logic model for MNSIRR (Appendix A), the main goals of the grant were focused on high-level policy and practice changes in the community where high-risk offenders are often served post-release. These activities included changes in release policy, trainings around the delivery of evidence-based practices, such as core correctional practices, and assessing programs and service delivery models to better serve offenders. The short time period of this grant (one planning year and three implementation years) presents a challenge in measuring outcomes such as changes in recidivism at the offender level. The majority of changes measured in this evaluation focused on increasing capacity of community providers and MN DOC staff with the hope that, over a longer term, implementation of interventions would lead to reductions in recidivism. The evaluation includes analysis of MN DOC data on changes in recidivism for those offenders released to a MNSIRR county compared to a historical comparison group released to the same counties prior to MNSIRR. However, given the lack of exposure time to the policies and practices implemented under the grant, the likelihood of detecting meaningful changes between the MNSIRR and pre-MNSIRR cohorts on recidivism is low. There could have also been unrelated policy or practice changes that could have influenced how offenders in both the treatment and comparison groups experienced pre and post release services that were not captured by the evaluation. The outcome analysis was also restricted to a smaller sample of offenders exposed to MNSIRR who were released between November 2016 and June 2017 to allow for at least a six-month period for offenders to be in the community and experience MNSIRR. This reduces the sample size, and even with this adjustment, measuring changes in recidivism usually requires at least a twelve-month or greater follow-up period. Finally, the outcome data was limited to conviction data and therefore outcomes on arrests could not be included in this analysis.

VI. Recommendations

The MNSIRR grant's main focus was on capacity building and training related to evidence-based practices, increasing skills of community providers to serve high-risk offenders and implementing new policies and practices that can better serve offenders both in the MN DOC facilities and in the community. As summarized in the report, there have been several new policies and practices that have been implemented in the eleven counties that MNSIRR served, and some concurrent successes with those changes. There have also been documented challenges faced by the MNSIRR team such as policies that were not brought to scale or continued. Based on the process evaluation findings described above, and mainly from the interviews with the MNSIRR leadership, we offer the following recommendations to the MNSIRR team and MN DOC as they continue their momentum to implement the MNSIRR activities and improve policies and practices for high risk offenders.

Measuring capacity before implementation

MNSIRR was focused on improving practices, changing cultures, and implementing new policies. As the leadership team has reflected, there were varying levels of capacity both internally at the MN DOC and among community service providers to implement changes. One way to ensure greater implementation fidelity is by measuring the organizational readiness of MN DOC, community providers and others to implement components of MNSIRR. This could be done in a number of ways, including making sure that trainings are targeted to staff need, that the roll out of new practices is staged according to capacity, and the findings from the Correctional Program Checklist are utilized and applied.

Embedding implementation science training early

The MNSIRR leadership team attended training on implementation science about halfway through the grant. In our final interviews with the team, they stressed how important and helpful this information and training was to their work trying to implement policy and practice changes in the MN DOC and in the community. One recommendation is to hold this training earlier for grantees or whenever MN DOC is starting a new complex initiative (MNSIRR leadership interviews).

Managing scope and scale of MNSIRR

The scope of the MNSIRR grant activities was large and there were numerous components (as seen in the logic model). The team responsible for implementing, overseeing, and managing these activities consisted of two staff at the central administrative office and three Regional Coordinators. MNSIRR leaders indicated that this was insufficient staffing to implement such a complex initiative.

However, a success of MNSIRR has been the ability of the leadership team to leverage other stakeholders and partners to help them implement new ideas, such as the Combined Application Form. Another useful strategy when implementing such a complex initiative is finding additional partners and champions both internally at the state and in the community to help scale up what has worked well (EBP Academies, CPC process, trainings, practices around case management) or to implement new innovations (e.g., CAF). One outcome of this practice, at least for MNSIRR, is that community organizations and state agencies outside of MN DOC may help sustain these practices and share them with more people in the future.

Improve communication and buy-in

Our interviews with leadership also reflected that communication by the MNSIRR team and buy-in from the broader MN DOC staff were important to MNSIRR implementation. Frequent communication through different channels, such as the MNSIRR newsletter, the Regional Coordinators presentations, and EBP Academies and regional summits, did keep many in the MN DOC and community informed about MNSIRR. However, the team still found they often had to re-educate MN DOC staff and others about the purpose and plan of MNSIRR. Utilizing the Executive Team to improve education with frequent meetings and updates is one way communication could be improved. In addition, asking community providers and those who have attended the EBP academies or CPC assessments to tell their stories about how these experiences have changed the practice of their organizations or the lives of the offenders and families they are treating could also help inform both the public and the MN DOC about the positive role of MNSIRR and could continue to expand on these activities moving forward.

Allow more time for measuring recidivism

The 3-year implementation grant funding under MNSIRR does not allow enough time to measure the effects of new policy and practice changes on recidivism rates. A longer period is needed to allow for the MNSIRR activities to scale up in the eleven counties and to expose more offenders post-release to these new services, practices, and policies. Otherwise, as documented here, there is not enough time given the time frame for enough offenders to be released and be exposed to a post-release period.

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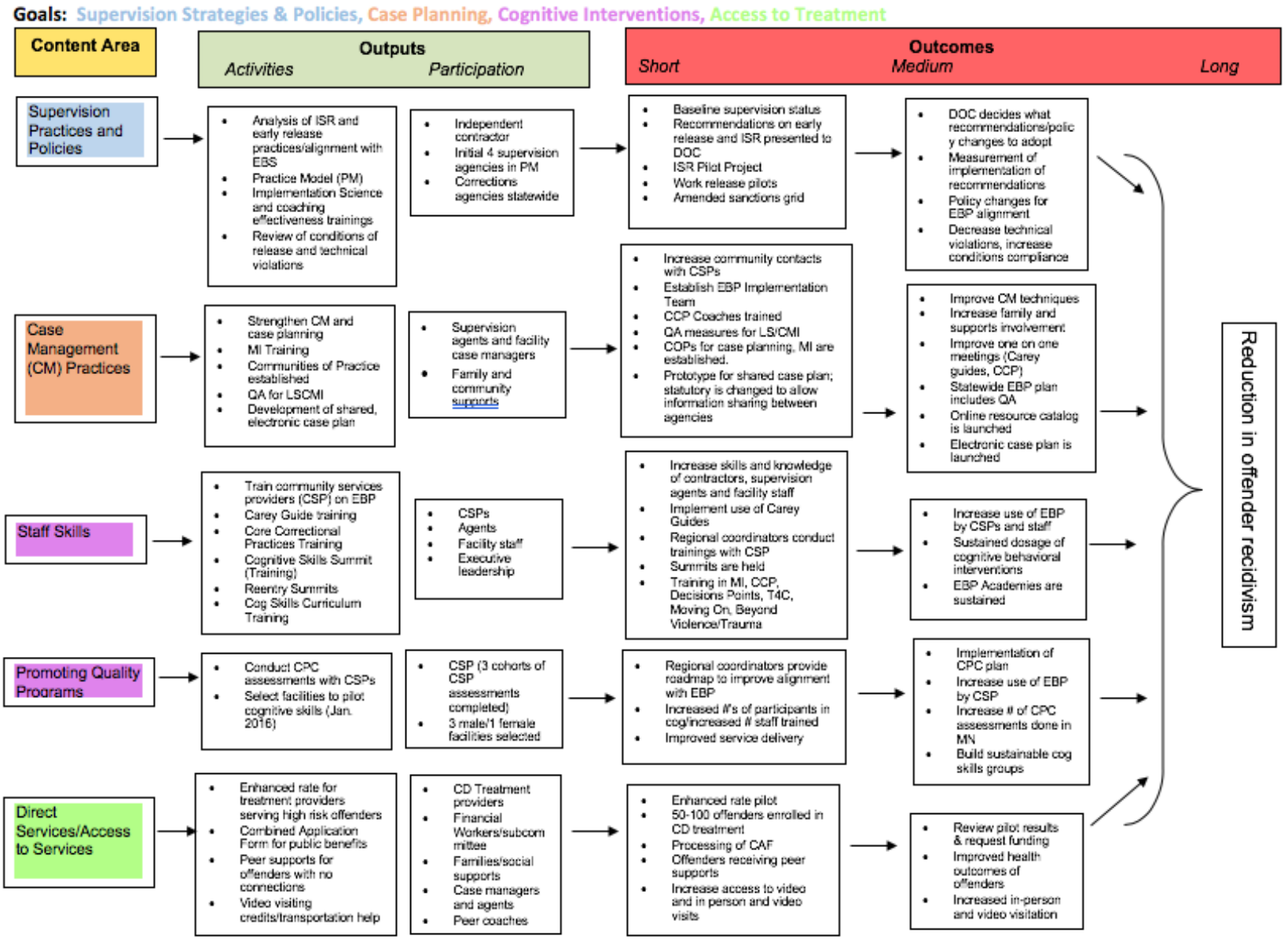
Appendix A. MN Statewide Recidivism Reduction Logic Model (Updated February 2018)



Appendix B. Regression Tables

Table 20. Logistic Regression for Technical Violation

Technical Violation	Odds Ratio	Standard Error	z	P>|z|
Group	2.84	0.49	5.94	0.000
Male	1.05	0.33	0.16	0.874
Race				
Black	1.34	0.23	1.66	0.097
Other	1.86	0.41	2.83	0.005
Age at release	1.00	0.008	0.58	0.56
Married	0.61	0.20	-1.46	0.14
Felony convictions	1.02	0.02	1.32	0.18
Baseline odds	0.02	0.00	-8.70	0.00

- Number of observations = 3,140
- LR Chi-squared (7) = 53.42
- Prob > Chi-squared = 0.000
- Pseudo R-squared = 0.0367

Table 21. Logistic Regression for Reimprisonment

Reimprisonment	Odds Ratio	Standard Error	z	P>|z|
Group	0.74	0.19	-1.17	0.241
Male	1.31	0.97	0.37	0.714
Race				
Black	0.88	0.22	-0.50	0.54
Other	0.85	0.32	-0.43	0.39
Age at release	0.96	0.01	-2.65	0.008
Married	1.25	0.51	0.55	0.58
Felony convictions	1.08	0.02	3.17	0.002
Baseline odds	0.05	0.04	-3.38	0.001

- Number of observations = 3,140
- LR Chi-squared (7) = 17.04
- Prob > Chi-squared = 0.017
- Pseudo R-squared = 0.023

Table 22. Regression for Days Elapsed - Technical Violations

Source	Sums of Squares	df	MS
Model	11386.53	7	1626.64
Residual	349717.62	186	1880.20
Total	361104.16	193	1871.00

- Number of observations = 194
- F (8, 539) = 0.87
- Prob > F = 0.53
- R-squared = 0.03
- Adjusted R-squared = -0.004
- Root MSE = 43.36

Days Elapsed Technical Violations	Coefficient	Standard Error	t	P>|t|
Group	-15.63	8.06	-1.94	0.054
Male	-0.80	12.72	-0.06	0.95
Race				
Black	5.13	7.57	0.68	0.49
Other	-0.22	9.33	-0.02	0.98
Age at release	0.34	0.35	0.98	0.33
Married	7.23	14.19	0.51	0.61
Felony convictions	-1.63	0.90	-1.81	0.07
Baseline odds	81.86	19.14	4.28	0.000

Table 23. Regression for Days Elapsed - Reimprisonment

Source	Sums of Squares	df	MS
Model	17082.26	7	2440.32
Residual	139366.09	68	2049.50
Total	156448.355	75	2085.97

- Number of observations = 76
- F (8, 539) = 1.19
- Prob > F = 0.32
- R-squared = 0.10
- Adjusted R-squared = 0.01
- Root MSE = 45.27

Days Elapsed Reimprisonment	Coefficient	Standard Error	t	P>|t|
Group	-4.62	11.98	-0.39	0.7
Male	40.00	34.75	1.15	0.25

Race				
Black	22.16	11.42	1.94	0.05
Other	-7.12	17.69	-0.40	0.68
Age at release	0.08	0.68	0.12	0.90
Married	-0.71	18.88	-0.04	0.97
Felony convictions	-2.16	1.27	-1.70	0.094
Baseline odds	49.21	40.39	1.22	0.22

Table 24. Regression for Length of Stay in Months

Source	**Sums of Squares**	**df**	**MS**
Model	399.92	8	49.99
Residual	3030.79	539	5.62
Total	3430.72	547	6.27

- Number of observations = 548
- F (8, 539) = 8.89
- Prob > F = 0.000
- R-squared = 0.116
- Adjusted R-squared = 0.103
- Root MSE = 2.371

Length of Stay in Months	**Coefficient**	**Standard Error**	**t**	**P>|t|**
Group	-1.95	0.26	-7.22	0.000
Length of Stay in months	0.004	0.006	0.76	0.445
Male	0.62	0.39	1.60	0.110
Race				
Black	0.34	0.23	1.48	0.14
Other	0.24	0.29	0.83	0.40
Age at release	-0.009	0.01	-0.78	0.44
Married	-0.22	0.41	-0.54	0.59
Felony convictions	-0.01	0.03	-0.37	0.72
Baseline odds	4.31	0.63	6.85	0.000

Appendix C. MNSIRR Combined Application Form Joint Departmental Pilot Initiative

Minnesota Statewide Initiative to Reduce Recidivism

Combined Application Form Joint Departmental Pilot Initiative

Published September 2018

Minnesota Department of Human Services
Housing and Support Services Division
P.O. Box 64951
St. Paul, MN 55164-095

This information is available in accessible formats for individuals with disabilities by calling 651-431-3936, toll-free 800-366-7895, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's Americans with Disabilities Act coordinator.

Direct questions about data or suggestions for future reports to:

Paul Waldhart
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Housing and Support Services Unit
Community Living Supports Division
651-431-3852
Paul.waldhart@state.mn.us

Table of Contents

Abbreviations

Programs

DWP	Diversionary Work Program
EA	Emergency Assistance
GA	General Assistance
MA	Medical Assistance (Medicaid)
MFIP	Minnesota Family Investment Program
MSA	Minnesota Supplemental Aid
RSDI	Retirement, Survivors, and Disability Insurance
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income

Other

EBT	Electronic Benefits Transfer
CAF	Combined Application Form
DOC	Minnesota Department of Corrections
DHS	Minnesota Department of Human Services
MNSIRR	Minnesota Statewide Initiative to Reduce Recidivism
MNSTARR	Minnesota Screening Tool Assessing Recidivism Risk
SOAR	SSI/SSDI Outreach, Access and Recovery

Executive Summary

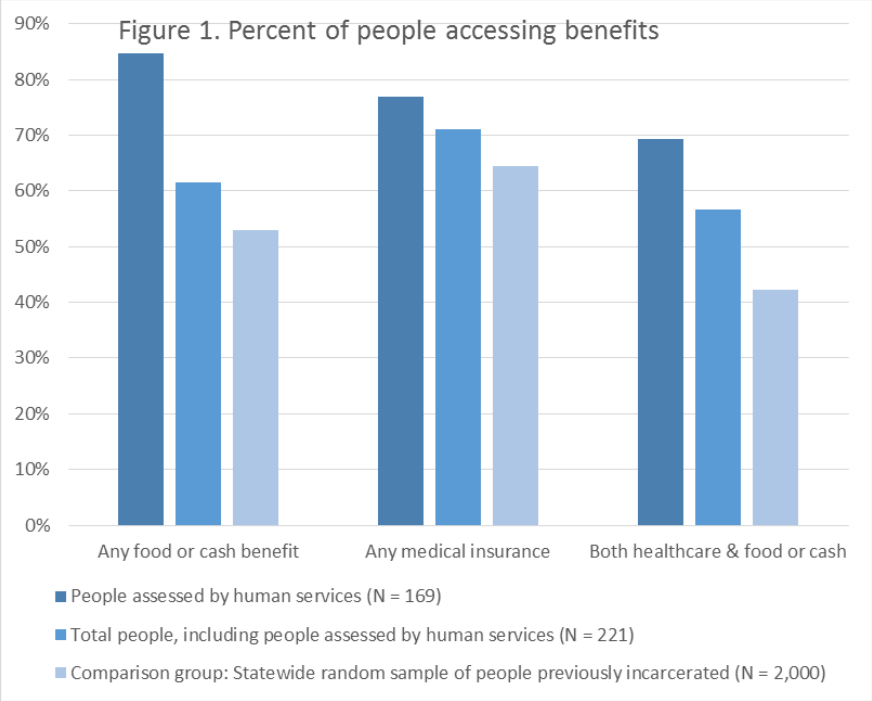
The Joint Departmental Pilot Initiative is a new collaboration between Minnesota's Departments of Corrections (DOC) and Human Services (DHS) to better assist people re-entering the community after release from a Minnesota Correctional Facility. The Pilot was initiated as a part of the Minnesota Statewide Initiative to Reduce Recidivism (MNSIRR) and focused on gaps in the pre-release planning processes that act as barriers to essential services and benefits. By providing the supports needed to have a stable and successful community re-entry, the Joint Departmental Pilot Initiative aims to reduce recidivism.

Beginning in September 2017, DOC and DHS processed applications for healthcare and food or cash assistance for people released from a Minnesota Correctional Facility. After release, DHS helped transfer people's cases to one of the 11 participating counties and provide ongoing support.

Using administrative data for Pilot Initiative participants released September 2017 through May 2018, DHS staff evaluated the benefits accessed by the total 221 people who received DOC services. Additional focus was given to the 169 people assessed by DHS for human services as part of the Pilot Initiative. These early results were compared with results from a statewide random sample of people released from a correctional facility in previous years who would otherwise have been eligible.

Key evaluation findings

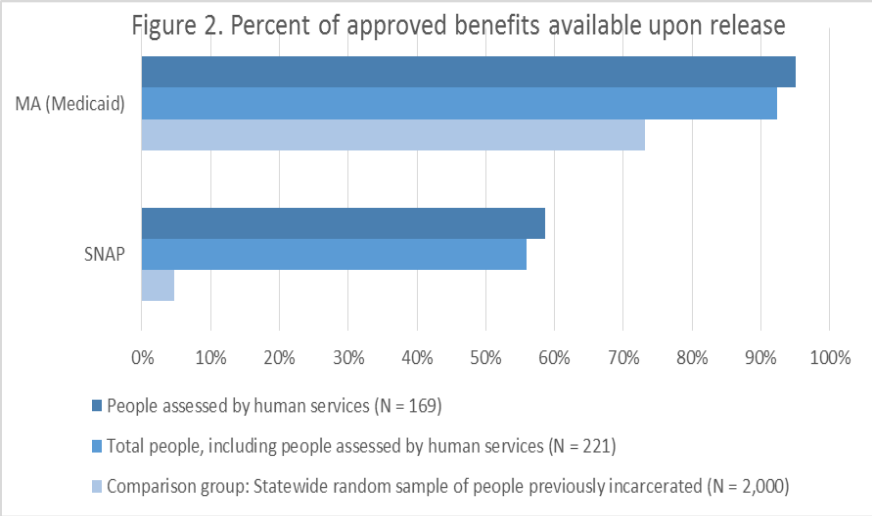
- Most people in the Pilot Initiative have experienced homelessness, been on some type of public assistance in the past, and have been diagnosed with a chemical dependency and/or mental health disorder.
- People in the Pilot Initiative were more likely to receive benefits, and more likely to receive them sooner, than those in the comparison group.
- Over half the people accessed food assistance, with the majority having the benefit ready for use upon release.



- Nearly three-fourths of the people accessed healthcare benefits, and over 90 percent of these benefits were available upon release.

- Over one-fifth of the people were released into homelessness and one-fourth were homeless within one month of release.

- DOC and DHS identified barriers to accessing assistance as well as ways to improve collaboration, case management, and service delivery.



Introduction

The Joint Departmental Pilot Initiative (Pilot Initiative, herein) is a collaboration between Minnesota's Departments of Corrections (DOC) and Human Services (DHS) that was created to identify gaps in the pre-release planning processes that may hurt an individual's best chance for successful re-entry into the community. As part of this Pilot Initiative, DOC and DHS process applications for healthcare and food or cash assistance for people being released from Minnesota Correctional Facilities thirty days or less before release. DOC is responsible for identifying the eligible target population of adults considered to be at a high risk of recidivism per the Minnesota Screening Tool Assessing Recidivism Risk (MNSTARR), and who will be released to one of the 11 participating MNSIRR counties: Anoka, Beltrami, Carlton, Dakota, Hennepin, Olmsted, Ramsey, St. Louis, Stearns, Washington, and Wright.

As part of the collaboration, DOC funded and DHS hired two staff for the Pilot Initiative. These hired staff ensure that processed forms are transferred to the appropriate county upon a person's release. They also meet with correctional facility staff, offenders, and/or county workers to exchange information and to identify and improve any gaps in the process. Over the course of their work, DHS staff track data on the release and enrollment process and its outcomes. With assistance from DOC staff, DHS evaluators examined early results from the work performed as part of the Pilot Initiative. The findings to date and recommendations form the body of this report. Figure 3 highlights DOC and DHS roles and responsibilities as part of the Pilot Initiative.

Figure 3: DOC and DHS collaboration and Pilot Initiative responsibilities

Department of Corrections Responsibilities

- Identify eligible offenders who are at a high or very high risk of recidivism
- Provide intensive case management to eligible participants
- Fund staff at DHS for the Pilot Initiative
- Complete medical opinion forms for eligibility as needed
- Refer participants to DHS within 30 days of participants' release

Department of Human Services Responsibilities

- Interview participants in person or over the phone to assess eligibility for healthcare and food or cash assistance
- Approve and process applications
- Provide ongoing case management assistance
    - Help coordinate care
    - Address barriers to access or administrative errors
    - Refer participants to additional service
- Transfer participants' cases to county financial and eligibility workers for ongoing services

The Bureau of Justice Assistance awarded a Second Chance Act Grant to Minnesota to fund the MNSIRR collaboration bringing together state and county systems, community service providers and other stakeholders to reduce recidivism. MNSIRR's vision is that upon release, every offender will have access to the services,

support and resources they need to succeed in the community. The Pilot Initiative was a part of the MNSIRR implementation.

The Combined Application Form (CAF) workgroup was also instrumental in supporting the Pilot Initiative. The workgroup theorizes, based on available data, experience and observation, that the CAF process for pre-release offenders is crucial to how well criminally vulnerable offenders re-enter the community.

This project is supported by Grant No. 2014-CZ-BX-0023 awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the Department of Justice's Office of Justice Programs, which includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for the Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Background literature

Recidivism, defined here as being re-arrested after release from a correctional institution, reflects the inability for some offenders to successfully integrate back into society. While recidivism statistics are not widely collected, the available evidence suggests relatively low success rates for offenders released into the community. The Bureau of Justice Statistics (Carson & Golinelli, 2013) reported in 2007 that 68 percent of released offenders were rearrested within 3 years. The social cost of new crimes and the economic costs of policing and imprisonment make reducing recidivism an important goal. As a consequence, recent years have seen a growing effort to study what causes recidivism and what can be done to reduce it. A reference list for the literature cited in this section is included as Appendix A.

Predictors of recidivism: Demographics and personal history

A review of the available research literature found several commonly cited predictors of recidivism. Some of these predictors are based on demographics. These predictors include age, sex, education, and marital status. On average, research has found that people who are younger, male, less educated, and/or single are more likely to re-offend than other individuals. Having a diagnosis of anti-social personality disorder or having used a weapon in a past crime also signal a greater likelihood of reoffending (Gendreau, Little, & Goggin, 1996; Hanson & Bussiere, 1998; Makarios, Steiner, &Travis III, 2010; Olver, Stockdale, & Wormith, 2011).

Predictors of recidivism: Housing stability and healthcare systems use

Additional research has shown how one's post-release housing stability and access to services affects recidivism. Multiple meta-analyses of studies on recidivism highlight housing stability as crucial to successful re-entry into society and decreases the risk of re-offense (Makarios, Steiner, &Travis III, 2010; Lutze, Rosky, & Hamilton, 2014). A groundbreaking 1999 study of recidivism in New York City found those living in temporary shelters upon release faced greater challenges in resisting drugs and finding jobs. People who were expecting to rely on shelters for housing upon release were also over seven times more likely to flee from parole supervision than people who said they were not going to be living in a shelter after release (Nelson, Deess, & Allen 1999).

An earlier study on recidivism in Georgia found that the odds of a new arrest increased 25 percent for every address move experienced by parolees (Meredith, Speir, & Johnson, 2007; Makarios, Steiner, &Travis III, 2010). A more recent example comes from Washington State, which offers up to 12 months of housing support to qualified offenders willing to engage in treatment and work toward self-sustainability. An evaluation of this program found that the housing support provided reduced recidivism for new crimes, and that periods of homelessness contributed to revocations and new convictions (Lutze, Rosky, & Hamilton, 2014).

Supportive housing, and housing stability more generally, has been shown to reduce emergency department use, hospital admissions, and follow-through with psychological and/or chemical dependency treatment (Culhane, Metraux, & Hadley, 2002; Makarios, Steiner, &Travis III, 2010). Such healthcare system utilization has also been shown to help predict recidivism (Gendreau, Little, & Goggin, 1996; Olver, Stockdale, & Wormith, 2011). Therefore, the effects of housing and healthcare on recidivism are very closely linked. However, most public housing policies forbid people with a criminal record for either drug convictions or sex offenses from accessing public housing (Hall, Wooten & Lundgren, 2016).

Predictors of recidivism: Employment and income supports

Economic security, including both work and other income supports, improves the odds for successful reentry into the community after release from prison (Lutze, Rosky, & Hamilton, 2014). A prior intensive case management program in Minnesota highlighted that employment reduced recidivism among its high risk participants (Duwe, 2012). Other research on programs meant to reduce recidivism has found that offenders who kept stable employment were significantly less likely to be rearrested than those without a job, but people who had other sources of income (including Social Security, VA pension, disability, or other public assistance) were less likely to reoffend (Makarios, Steiner, &Travis III, 2010).

Past efforts in Minnesota

In 2008 Minnesota's DOC implemented a pilot project for offenders called the Minnesota Comprehensive Offender Reentry Plan (MCORP). As described in the final evaluation of the project, "The MCORP pilot project attempted to increase offender access to community services and programming by producing greater case management collaboration between caseworkers in prison and supervision agents in the community" (Duwe, 2013, p. 2). Participants worked with their prison caseworkers and community supervision agents to develop strategies to prevent recidivism through motivational interviewing and goal planning strategies to address gaps between incarceration and release. The findings suggest that the pilot project reduced both recidivism and costs. The MCORP pilot project shares similarities with the Joint Departmental Pilot Initiative evaluated in this report, such as intensive case management and a focus on improving the release process.

Structure of the report

The remainder of this report first describes the characteristics of people served in the Pilot Initiative. Next the report discusses the process and structure of release and the Pilot Initiative intervention efforts to assess and provide services to individuals. The evaluation then analyzes the extent to which people accessed various public assistance programs and services. To the extent possible, these findings will be compared against similar groups

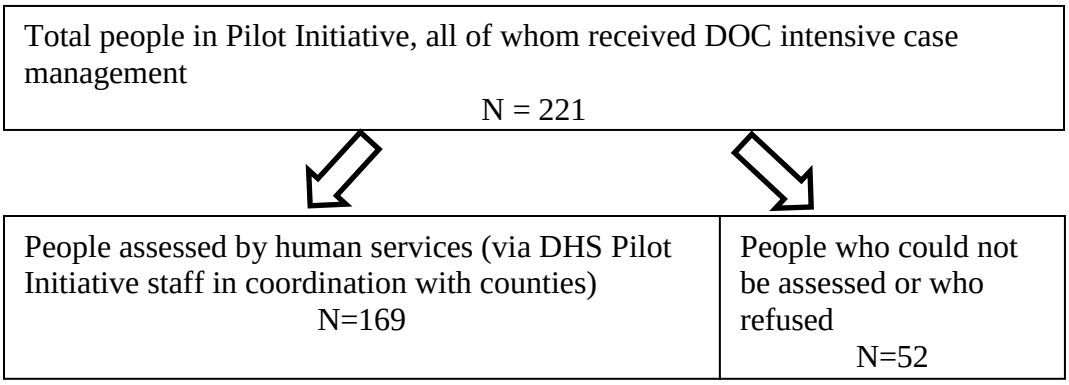
of high risk released offenders who did not have the opportunity to participate in the project. After discussing the results, the report concludes with lessons learned to date, and recommendations for future efforts.

Data Evaluation of People Served and Benefits Accessed

Participant characteristics

In total, DOC identified more than 700 people to participate in the collaborative Pilot Initiative. Of those 700 people, 221 were released between September 2017, the start of the Pilot Initiative, and May 2018 and are included in this evaluation. These people all received DOC intensive case management services as part of the Pilot Initiative and were referred to DHS for additional services. After examining the characteristics and history of all people in the Pilot Initiative, the data evaluation focuses on the 169 people assessed by DHS Pilot Initiative staff for benefit eligibility and for whom DHS helped coordinate benefits. This group of 169 people will be referred as "people assessed by human services" for the remainder of this section, compared to the overall group of 221 people. Figure 4 illustrates how people in the Pilot Initiative were categorized for this report.

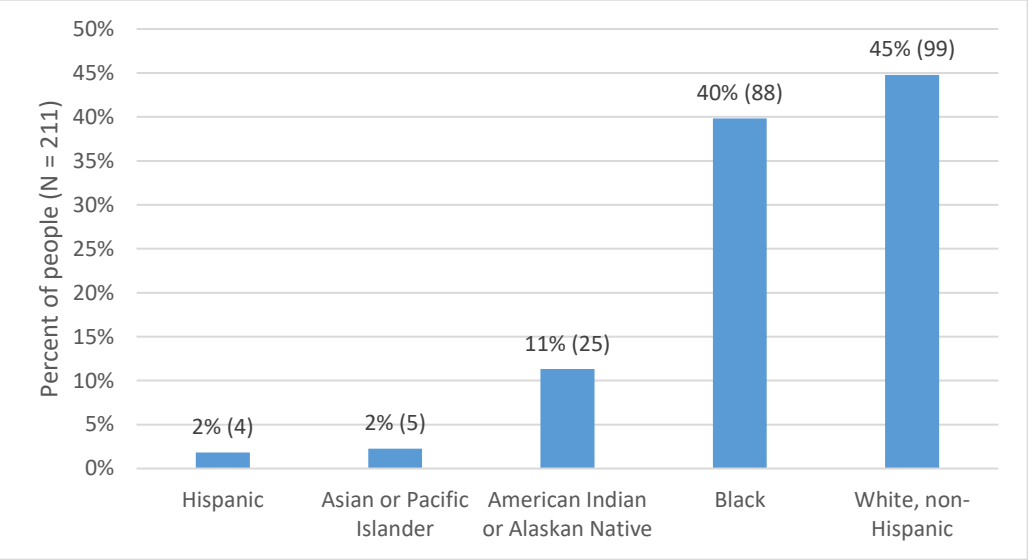
Figure 4. Breakout of Pilot Initiative participants by whether they were assessed by human services.



Demographics

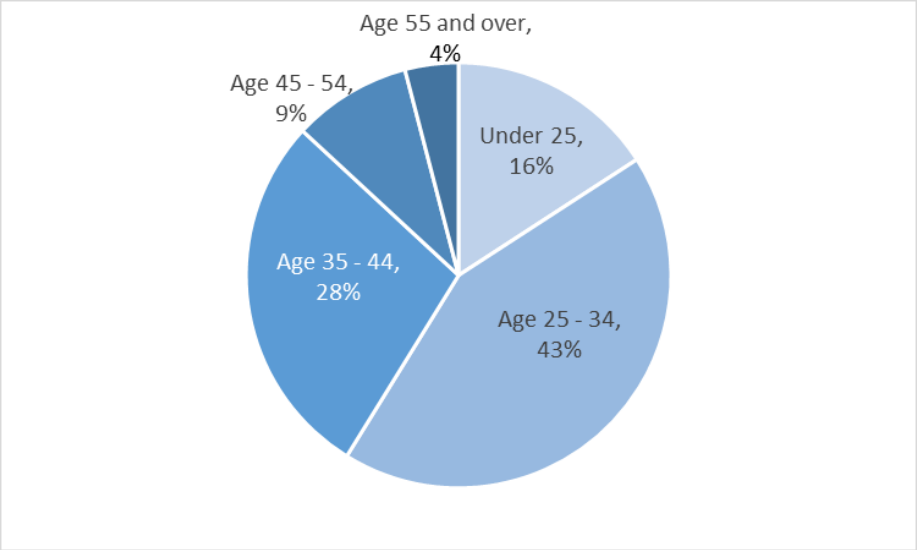
Nine out of ten people in the Pilot Initiative were male. Most participants were either white non-Hispanic (45 percent), or black (40 percent). Female participants were more likely to be American Indian than male participants, with 47 percent of female participants being American Indian compared to 8 percent of male participants. Figure 5 shows the percentage of people in the Pilot Initiative by their race and ethnicity (person counts for each category are included in parentheses).

Figure 5. Race and ethnicity of people released September 2017 through May 2018



The largest number of people in the Pilot Initiative were aged 25 to 34 (43 percent), followed by those aged 35 to 44 (28 percent), and those under 25 (16 percent). Figure 6 illustrates the distribution of participants by their age upon release from prison.

Figure 6. Age of people in Pilot Initiative upon release

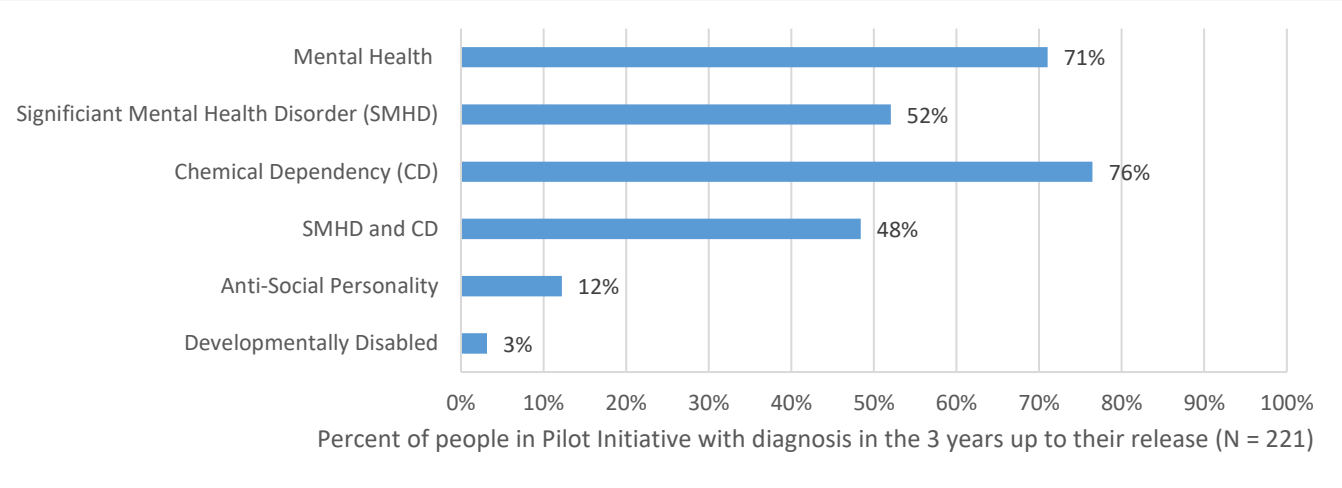


Public medical insurance history

Ninety-six percent of people in the Pilot Initiative had at some point received public health insurance before incarceration; 93 percent had enrolled in Medical Assistance. Public medical insurance claims data show that prior to their release, many participants had documented mental and/or chemical health issues. Chemical dependency issues were the most common health conditions examined, with 76 percent having had a diagnosis related to drug and/or alcohol dependency in the three years prior to release. Seventy percent of participants have a history of mental health diagnoses, including 59 percent diagnosed with a significant mental health disorder. The following diagnoses were included in this category: bipolar disorder, schizophrenia and schizoaffective disorder, PTSD, and other serious psychotic or delusional disorders. Nearly half of those in the Pilot Initiative had diagnoses for *both* significant mental health disorder and chemical dependency within the last three years. Figure 7 provides a breakout of these public health insurance diagnosis groupings.

In addition, 30 people (14 percent) were diagnosed as having anti-social personality disorder, which was cited in the background literature as having been shown to be associated with criminal behavior and recidivism. Seven people were diagnosed with a developmental disability, which can be a barrier to navigating the application and eligibility process for benefits, not to mention re-entry into the community.

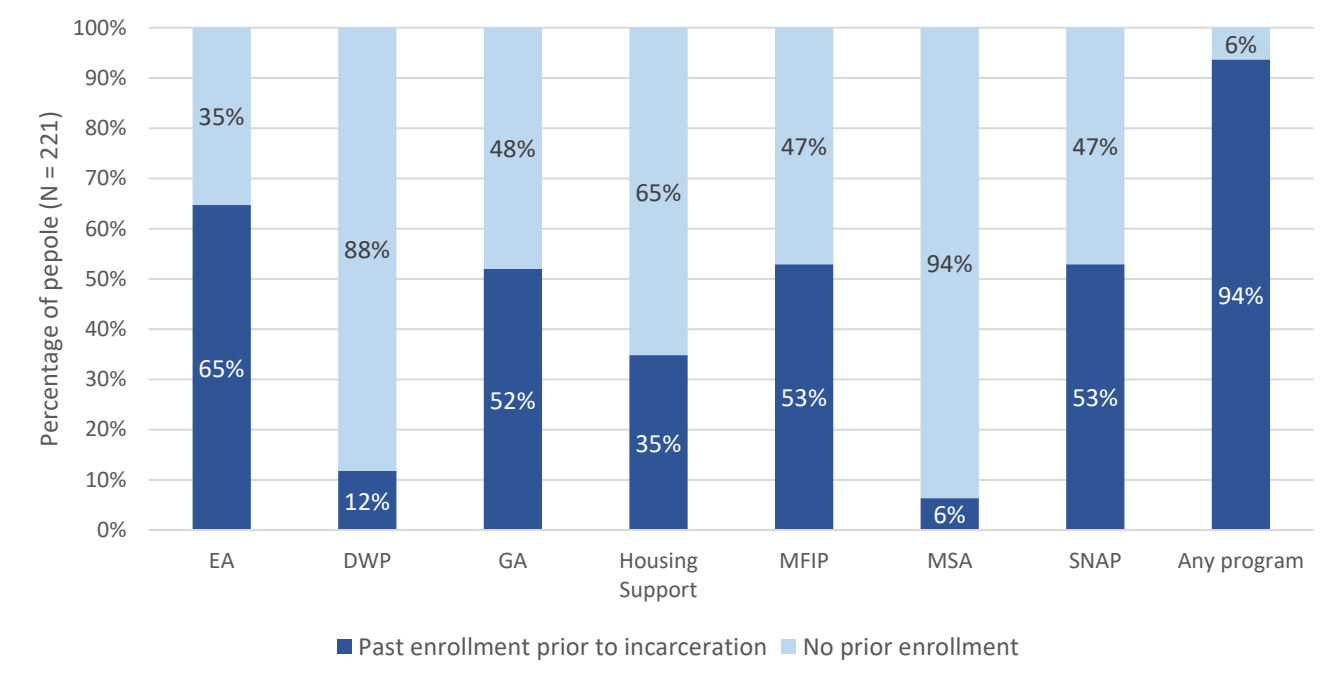
Figure 7. Public health insurance diagnoses in the three years prior to release



Public food and cash assistance history

Similar to the high rates of prior public medical health insurance, nearly everyone in the Pilot Initiative had been enrolled in one of several food or cash assistance programs at some prior to incarceration.[3] The most commonly used food and cash assistance programs were temporary Emergency Assistance (EA), with 65 percent of participants; Minnesota Family Investment Program (MFIP) and Supplemental Nutritional Assistance Program (SNAP), each with 53 percent; and General Assistance (GA), with 52 percent. Other food and cash assistance programs previously used by participants included Housing Support (formerly known as Group Residential Housing), Diversionary Work Program (DWP), and Minnesota Supplemental Aid (MSA). Figure 8 shows the proportions of participants who had enrolled in food or cash assistance programs prior to prison. Appendix B provides a brief description of these food and cash programs.

Figure 8. Percent of people previously enrolled in public food or cash assistance programs



Earned income and SSI/RSDI income history

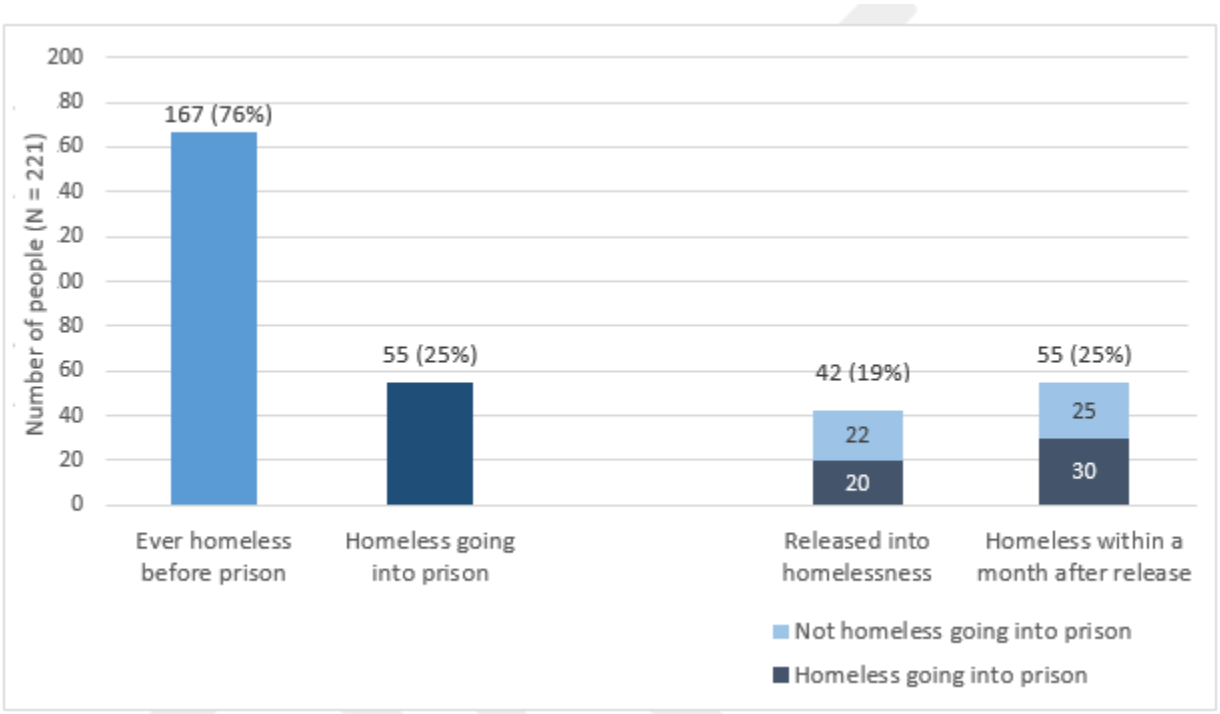
People enrolled in public cash or food assistance must also report any earned or unearned income during their period of enrollment. A majority of people in the Pilot Initiative (62 percent) had reported earned income prior to incarceration. For unearned income, 15 percent of participants had reported either Supplemental Security Income (SSI) or Retirement, Survivors, Disability Insurance (RSDI) income. In addition, five percent had a disability verified by a State Medical Review Team before being incarcerated.

[3] While medical diagnoses can be given while someone is incarcerated, one would not be eligible for the food and cash programs while incarcerated. This is why prior medical claims were analyzed up to a person's release while food and cash assistance use was analyzed up to a person's incarceration.

Homelessness

Using data on those enrolled in public cash or food assistance programs, 167 of the 221 total people in the Pilot Initiative (76 percent) were identified as having experienced homelessness prior to incarceration. One-fourth of all participants were homeless at the time of their incarceration. Similarly, one out of every four participants experienced homelessness within a month of release, and nearly one-fifth of participants were released directly into homeless living situations. Close to half of those homeless after release had been homeless at the time of their incarceration. Figure 9 shows how many people in the Pilot Initiative have experienced homelessness.

Figure 9. Homelessness before and after incarceration



Release from corrections and Pilot Initiative staff efforts

While incarcerated, DOC staff provided additional case management services and identified people eligible to participate in the Pilot Initiative. DOC also helped ensure that people obtained signed medical opinion forms needed to be eligible for certain types of public assistance. Throughout the Pilot Initiative effort, DOC will regularly provide updated lists of participants with upcoming release dates so that these people could be assessed by human services in a timely way.

As part of their work, DHS Pilot Initiative staff compiled DOC lists of participants with upcoming release dates and attempted to contact and assess these people for benefits in the month prior to their release. This assessment process was completed either by phone or in-person interview. This involved DHS Pilot Initiative staff contacting and coordinating with Correctional Facility staff to identify periods when an incarcerated participant might be free for the required interview to assess eligibility for benefits. Some programs, such as

MFIP, require an in-person interview so DHS Pilot Initiative staff travelled to Correctional Facilities for interviewing participants as needed. Upon release, DHS Pilot Initiative staff provided case management, assisted in coordinating benefits, and aimed to meet people where they are at when possible. When participants' benefit cases were transferred to their county of service, DHS Pilot Initiative staff persistently followed up with financial workers, supervision agents, and participants to ensure that required application materials were submitted.

DHS Pilot Initiative staff took on the added task of correcting any administrative barriers or errors that adversely affect a participant's eligibility. Otherwise, people typically must navigate layers of government bureaucracy themselves when gathering documents, applying for benefits, and correcting errors that affect their benefits—all of which is done by the Pilot Initiative. Some of the many examples of the added benefits participants experienced include having Pilot Initiative staff:

- Correct when participants are incorrectly assigned another person's Electronic Benefits Transfer (EBT) card;
- Resolve barriers to accessing pharmacy prescriptions by providing needed authorization on behalf of participants when formal paperwork has not yet arrived;
- Refer people with disabling conditions and/or prior SSI or RSDI disability history to SSI/SSDI Outreach, Access and Recovery (SOAR) providers for help applying for these benefits; and
- Expedite food assistance benefits for those experiencing homelessness and assist these people in applying for Housing Support.
- Coordinate with county offices and state agencies to provide valid photo ID and birth certificate copies needed for participants to verify their work authorization with new employers.

Highlighted Success Stories

- *Pilot Initiative staff helped a participant access chemical dependency treatment after release, traveled to the facility to assess benefit eligibility, and worked with child protection in re-uniting the participant with her children.*
- *Pilot Initiative staff coordinated with agency and local pharmacy staff when a participant was denied needed prescriptions during a mental health crisis—ensuring the participant accessed the needed medication the same day.*
- *After participants' release, Pilot Initiative staff navigated health care barriers and worked with primary care physicians to obtain the medial opinion forms needed to verify eligibility for cash assistance programs*

Eleven counties agreed to assist with the Pilot Initiative. Table 1 provides a breakout by county for the 221 participants released from Minnesota Correctional Facilities from September 2017 through May 2018.

Table 1: Pilot Initiative participants by county

County	Number of Participants	Percentage
Anoka	21	10%
Beltrami	8	4%
Carlton	4	2%
Dakota	34	15%
Hennepin	10	5%
Olmsted	15	7%
Ramsey	73	33%
St. Louis	24	11%
Stearns	20	9%
Washington	7	3%
Wright	5	2%
All	221	100%

In their collaboration efforts with DOC and county staff, DHS Pilot Initiative staff were able to successfully assess 169 of the 221 people for public assistance. As listed in Table 2, the most common barriers to assessing and engaging participants were county staff not responding to phone calls and emails, inability to interview participants before their release, and participant refusal of services.

Table 2: Ability to contact and assess people for benefits

Result of DHS Outreach Efforts	Number of People	Percentage
DHS successfully contacted and assessed for public assistance	169	76.5%
County would not respond to attempts to gain needed participant information for assistance	28	12.7%

Result of DHS Outreach Efforts	Number of People	Percentage
Participant refused all assistance	9	4.1%
Participant refused cash and food assistance	3	1.4%
DHS could not contact participants before release	12	5.4%
List of identified people was not received until after their release	8	3.6%
Lino Lakes correctional facility unexpectedly ceased participating in the Pilot Initiative	2	0.9%
"Privileged" case with information withheld	1	0.5%
Participant held in restrictive housing until release	1	0.5%
Total	221	100.0%

Methodology for analyzing and comparing benefits accessed

At the time of this evaluation, complete data for healthcare and food or cash assistance eligibility were available through May 2018. The primary treatment group for the Pilot Initiative includes the 169 people who were assessed by human services in addition to having received DOC pre-release services. To provide a similar analysis for those are considered failed attempts at contacting participants as part of the treatment effort, public assistance benefits were also analyzed for the full group of the 221 total people in the Pilot Initiative. Examining assistance use for all 221 people also helps address potential self-selection bias (i.e., account for those who were offered assistance by DHS but who refused).

While no randomized control group was assigned over the course of Pilot Initiative activities, comparison groups can be constructed based on combined DOC and DHS data. To help form a comparison group, DOC provided statewide data for persons considered high or very high risk of recidivism who were released from a Minnesota Correctional Facility between 2014 and 2016. A random sample of 2,000 people from this dataset served as one method of comparison.

A second method narrowed the DOC dataset to a comparison group of 500 people whose most recent public food or cash assistance was handled by one of the 11 counties participating in the Pilot Initiatives. This method assumes that once released, if this population were to seek assistance it would likely be in the participating county they were most recently affiliated with. The method has the advantage of helping control for differences between how the participating counties administer eligibility and operate compared to the other 76 counties in Minnesota. However, limiting the comparison group to those with prior public assistance may bias rates for post release benefit use slightly upward.

For members in each of the two comparison groups of people released 2014 through 2016, nine months of post release public assistance data were examined. Nine months was chosen because this is the maximum number of post release months of data available for Pilot Initiative participants released in September 2017 (the start of the Pilot Initiative's efforts). However, participants in this treatment group released in each subsequent month through May 2018 have comparatively fewer months' of data available. In this sense, the across-the-board look at nine months' data is generous in counting benefits accessed by the two comparison groups.

Comparing across groups as follows assumes similar populations and assumes that there were no external factors specific to the time period included for each group that would differently affect how benefits are applied for and approved.

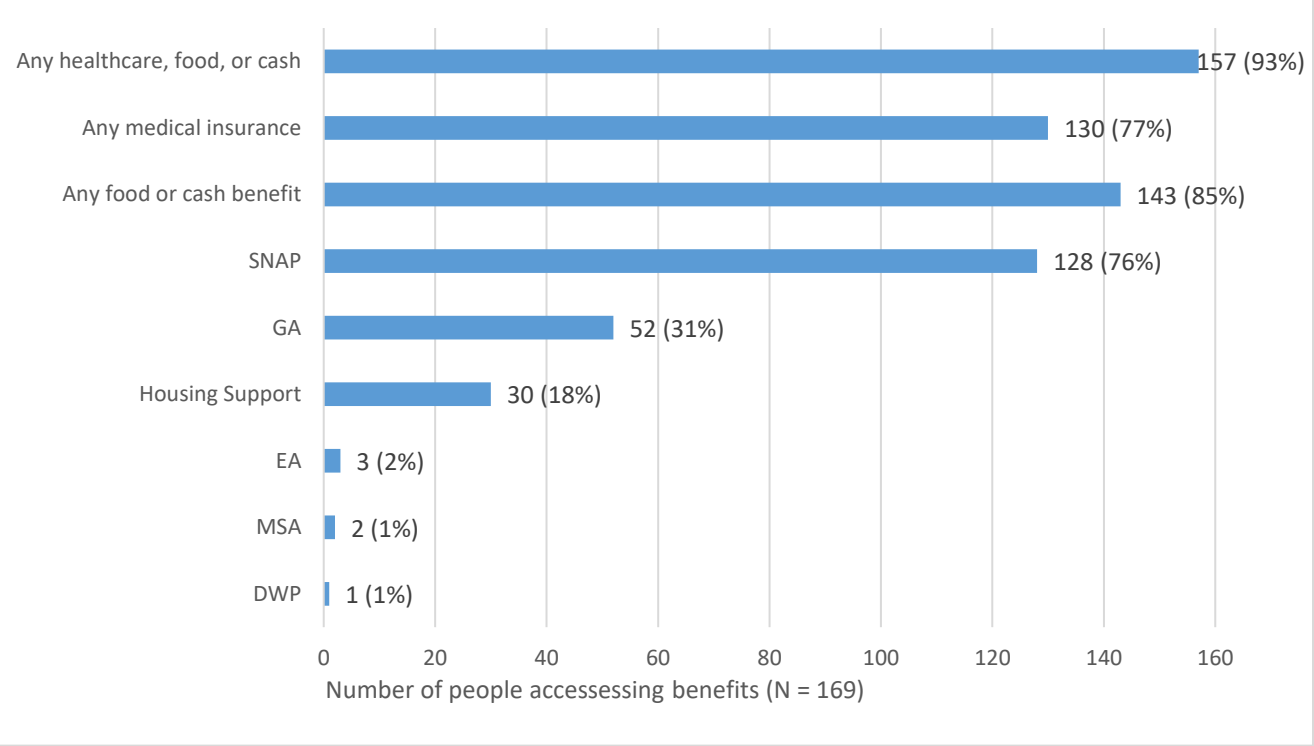
Initial results

The following results section begins by focusing on the 169 people assessed for services by DHS Pilot Initiative staff. The results for these 169 people, who will be referred as "people assessed by human services", will then be compared with the 221 total people in the Pilot Initiative, as well as by the two comparison groups formed from high and very high risk persons released between 2014 and 2016.

Benefits accessed by people assessed by human services

Of the 169 people assessed by human services, 157 (93 percent) were approved for either healthcare or food or cash benefits. Medical insurance, which primarily included Medical Assistance, was approved for 130 people (77 percent). Food or cash benefits were accessed by 143 people (85 percent). Over three-fourths of people assessed by human services enrolled in SNAP, while 52 people (31 percent) enrolled in GA, and 30 people (18 percent) enrolled in Housing Support. Figure 10 charts the range of benefits approved for the 169 people assessed by human services.

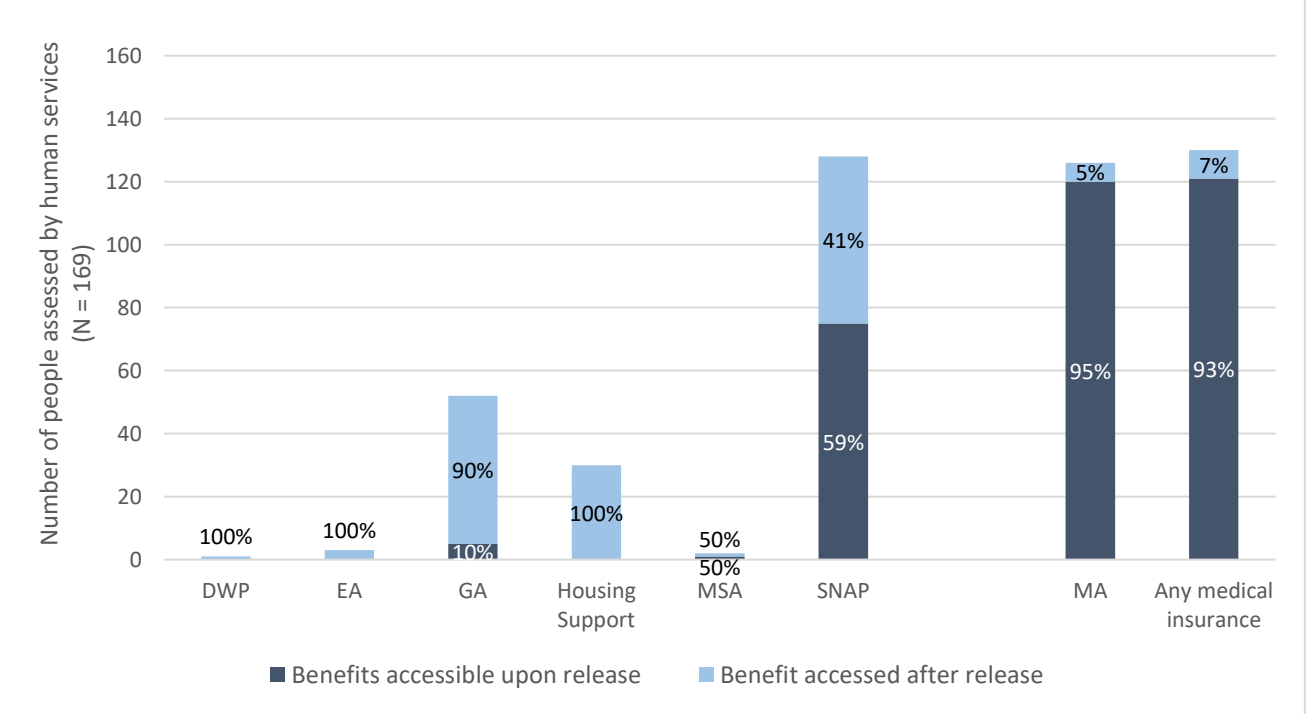
Figure 10. Benefits approved for people assessed by human services



One goal of the Pilot Initiative was to approve and enroll people in benefits as early as possible to reduce barriers for re-entering the community. Through coordination between DOC, DHS, and participating counties, nearly all of the participants who received public health insurance had their healthcare benefits available upon release from prison. Six out of every ten participants approved for SNAP were also able to access their benefit as soon as they were released. Among those who did not have SNAP available immediately upon release, over half were approved for SNAP within two weeks of release.

For other programs, it is more difficult to become eligible while still incarcerated. For example, parents who have lost custody of their children as a result of being incarcerated may not be eligible for DWP or MFIP until they are released and able to regain custody. For EA, people need income beyond the benefit amount sought, which is a barrier for those incarcerated with low amounts of income. Figure 11 provides a breakout of the number of people assessed by human services who were approved for benefits, by whether their benefits were available upon release.

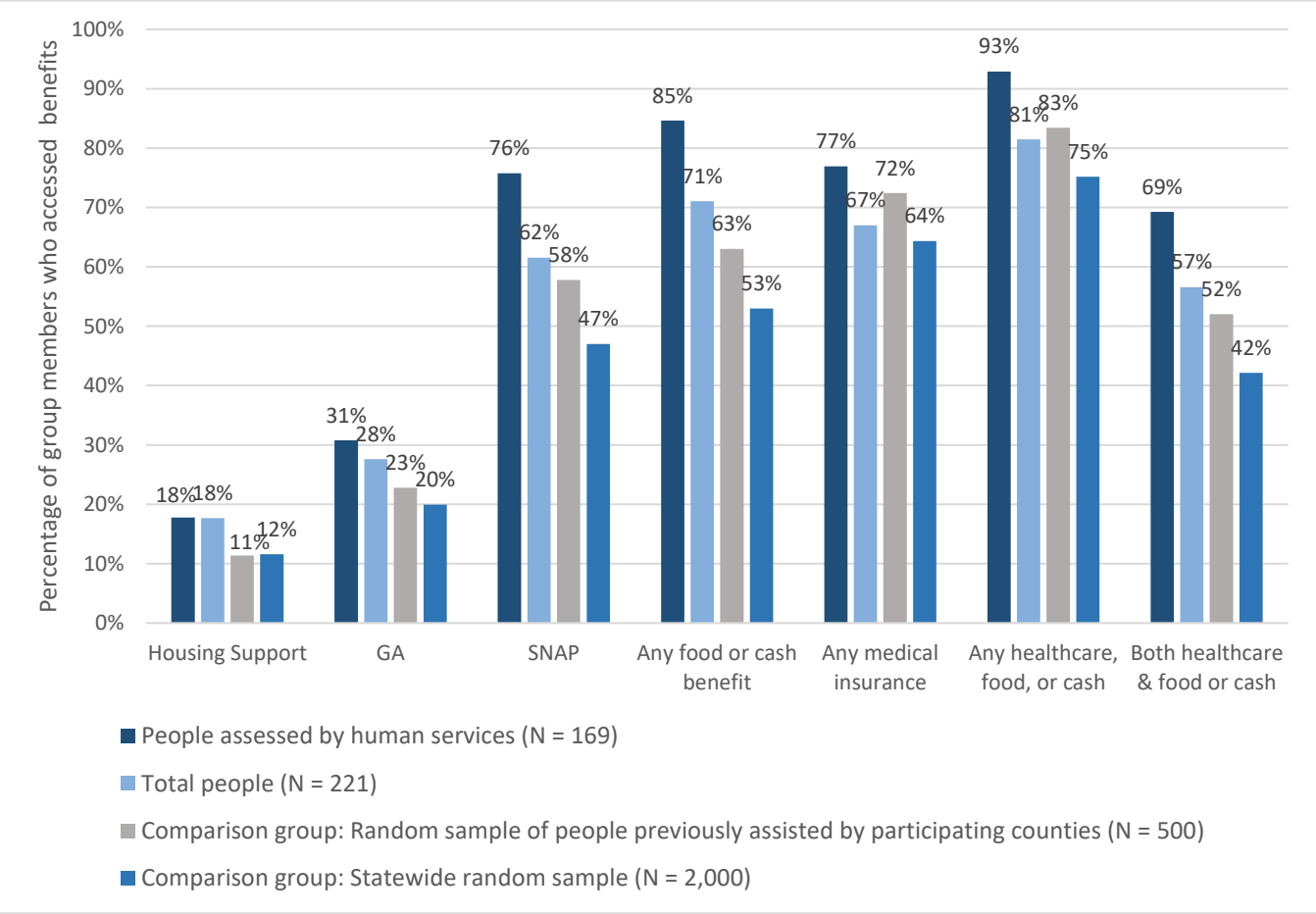
Figure 11. Percentage of people assessed by human services who had benefits available upon release versus available after release



Comparison of benefits

People in the Pilot Initiative who were assessed by human services were more likely to access each healthcare and food or cash assistance benefit than members of either comparison group; they were also more likely to access benefits than when looking at all 221 people in the Pilot Initiative. The overall Pilot Initiative population of 221 was still more likely to access Housing Support, GA, SNAP, and to be enrolled in both healthcare and food or cash assistance programs over the nine months analyzed than members of either comparison group. Figure 12 visualizes this comparison in benefits, while not depicting the public assistance programs with very low post release enrollments across all groups.

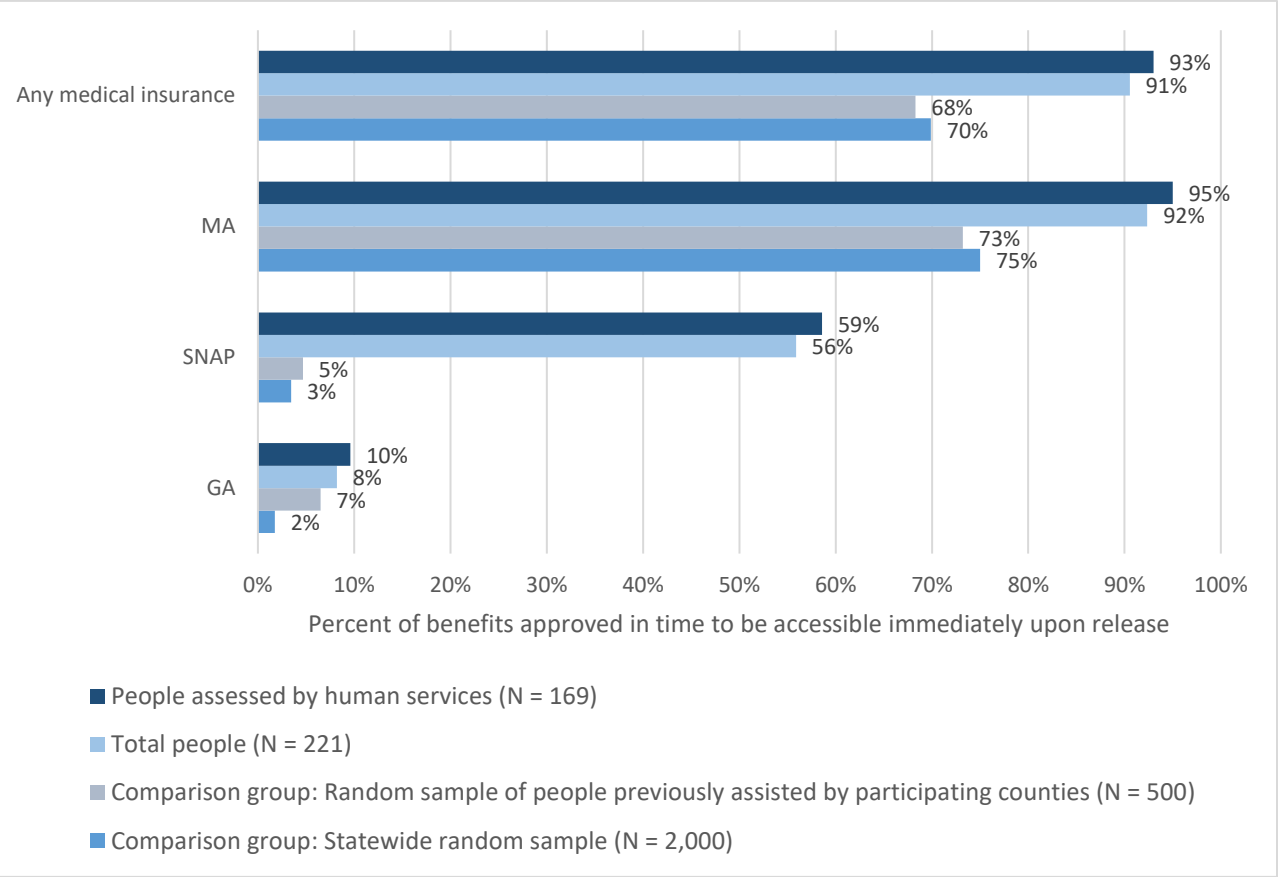
Figure 12. Comparison of public assistance benefits accessed



People in the Pilot Initiative were more likely to have healthcare and food or cash assistance benefits available immediately upon their release than either comparison group. This difference was starkest for SNAP. Over half the people in the Pilot Initiative who were approved for SNAP had their food assistance available upon their release, compared to five percent of the comparison group of those previously served by participating counties and three percent of the statewide comparison group.

Regarding healthcare benefits, people in the Pilot Initiative were more likely to have their health insurance ready upon re-entering the community than were members of either comparison group. Figure 13 compares what proportions of those approved for benefits had their benefits ready upon release.

Figure 13. Comparison of approved benefits accessible immediately upon release



Discussion of initial findings

Even with the acknowledged limitations, early results from the Pilot Initiative are quite promising. When compared to similar groups, people in the Pilot Initiative were more likely to access important healthcare, food, and certain cash benefits. With over 90 percent of people accessing health insurance—and 90 percent of these having healthcare available upon release—people in the Pilot Initiative re-entered the community with the ability to better take care of their physical and mental wellbeing. Over half of people assessed by human services also achieved greater food security by enrolling in SNAP and were more likely to have GA and Housing Support cash assistance. Taken together, these results suggest that the initial goals of the Pilot Initiative are largely being met to date. It is too soon to judge access to other cash assistance programs, as these were seldom used among

comparable groups, and people released September 2017 through May 2018 may not yet have had sufficient time to establish eligibility criteria post release.

Suggestions for future evaluation efforts

At the time of this evaluation, too few months have passed to have any substantive data on re-offenses and recidivism. Future evaluations should include data on recidivism for people served by the Pilot Initiative, and then compare recidivism rates with a similar population. It is also too early to gauge how well people are accessing certain cash assistance programs, so follow-up evaluations should examine if assistance has improved over time. If resources allow, future evaluations may apply more rigorous statistical methods when defining a comparison group, such as attempting to statistically control for age, gender, race, education, and other relevant factors that may influence the likelihood one applies for and/or receives benefits (for example, through propensity score matching and/or regression analysis).

Implementation Lessons Learned

Over the course of the Pilot Initiative, DOC and DHS's collaboration has identified several gaps in the pre-and post-release process. Both agencies have worked to correct these gaps to improve ongoing and future operations so that people are released with the best chance of success. This section summarizes areas where staff have identified gaps around the release process and their proposed solutions.

Medical opinion forms

In the early months of the Pilot Initiative, fewer people were released with a signed a medical opinion form than expected. Medical opinion forms are typically administered and signed by medical providers working in the correctional facility. These forms are required to help determine eligibility for most food and cash assistance programs. To ensure that participants have these medical opinion forms signed and ready upon release, DOC has added new language to its contracts with medical providers requiring that these forms be completed prior to release. DHS plans to give additional trainings to staff on how to best complete medical opinion forms, and to emphasize why they are important for participants re-entering the community.

Communication between agencies

Part of the mission shared by DOC, DHS, and participating counties is to improve collaboration and communication between bureaucratic "silos." People in the Pilot Initiative have encountered barriers related to these information silos in a variety of ways. However, there are practical ways to address these barriers and improve the release and enrollment process for future participants.

Participants held in restrictive housing prior to release

While incarcerated, participants who violate correctional facility rules may be held in restrictive housing away from others and given very little time outside of confinement. DHS staff typically require one hour to interview

participants and assess their eligibility, but those held in restrictive housing are generally not provided this much time outside of confinement. As a result, a participant can be released without having first been assessed for public assistance eligibility. To address this gap in the release process, DHS and DOC will work to coordinate logistics to better allow an individual held in restrictive housing to be interviewed and assessed by DHS Pilot Initiative staff in person or over the phone.

Updating participants' information

Participants in the Pilot Initiative have personal data maintained across multiple data systems and multiple government entities. When information on a person that affects their participation or program eligibility changes, it is important for agencies, where possible, to share and update this information to make service delivery as seamless as possible. Potential areas where outdated or unshared data may be an issue include:

- Ensuring that information on DOC's online *Offender Locator* webpage remains up to date. While this webpage is meant to provide accurate information about a person's supervision agent and release date, DHS staff identified times when such changes were not reflected on the webpage. Having accurate information on participants increases efficiencies in service delivery and case management.

- Ensuring timely updates for when an individual's release is extended or when an individual is re-incarcerated. These situations affect when public assistance benefits should be approved and when they should be closed—more frequent sharing of information between DOC and DHS can reduce the risk of fraud and benefit overpayments.

- Participants incorrectly being referred to county-level case workers for fulfilling work requirements after having already been exempted from these requirements. For example, someone in MFIP who has been assessed as eligible for the program's Family Stabilization Services should be temporarily exempt from work requirements while receiving needed services. County and state staff should double check whether an individual is required to meet work requirements before referring the individual for services.

Increasing Pilot Initiative awareness and buy-in

While DOC and DHS provided informational presentations, trainings, and announcements about the Pilot Initiative prior to its start in September 2017, some supervision agents, and county financial workers were unaware of the project when contacted by DHS Pilot Initiative staff. Having to explain the Pilot Initiative at later stages of service delivery can cause confusion and frustration among workers learning about this new collaboration for the first time. One correctional facility (Lino Lakes) opted-out of the Pilot Initiative toward the end of the period evaluated for this report; this resulted in participants from that correctional facility not being served by DOC and DHS staff as part of the Pilot Initiative. This facility explained that it has its own intensive case management services and suggested that Pilot Initiative services may therefore be duplicative.

To ensure greater awareness of their new collaboration, DHS will send a reminder announcement to all county financial and eligibility workers. DOC and DHS will continue to introduce and present on the Pilot Initiative at statewide gatherings of public assistance workers, and will provide additional training sessions to county and correctional facility workers. Additional efforts should also better engage supervision agents. Supervision agents are vital to the success of many participants, and are often the main point of contact for participants with no

permanent address. Finally, to ensure everyone identified for Pilot Initiative participation receive the services they are eligible for, DOC and DHS will need to re-engage with current, former, and potential participating correctional facilities.

Addressing homelessness

As mentioned, one out of every four of the total 221 people in the Pilot Initiative were released into a homeless living situation. Experiencing homelessness can hurt the odds of successful re-entry into society and makes it difficult for DOC and DHS staff to locate participants and provide them with services. Going forward, DOC and DHS will work to identify new ways to improve housing stability for those released. Potential solutions may involve partnering with Minnesota's Heading Home Alliance and other groups to coordinate and target housing resources to participants, as well as suggesting changes in statutory language that would allow participants expecting to be released into homelessness to become eligible for Housing Support prior to release.

Conclusion

The Joint Departmental Pilot Initiative is a new and promising collaboration between Minnesota's Departments of Corrections and Human Services, working with 11 participating counties to better assist people released from incarceration. The population served by this collaboration is considered at a high risk for recidivism and face many barriers to stability and success after incarceration. Nearly all participants have enrolled in public assistance in the past, and most participants have a history of homelessness, as well as a history of chemical dependency or mental health barriers. In addition, participants are disproportionately from under-served populations in Minnesota.

While it is too early to tell long-term results regarding reduced recidivism, initial findings are promising. The large majority of those in the Pilot Initiative have accessed healthcare, and most have also accessed food or cash assistance. These rates of public assistance enrollment are impressive compared with other groups of people at a high risk for re-offense. Further, people in the Pilot Initiative were more likely to have their benefits available immediately upon release. As part of their work, Pilot Initiative staff provided more intensive and person-focused case management than what people typically receive. This added effort has helped participants in crisis address problems that might otherwise go unsolved.

Staff at both collaborating agencies have identified administrative barriers and information silos that can impact service delivery. Some of these barriers have already been removed, while other more structural barriers continue to be addressed. As the Pilot Initiative enters its second year of operation, the Departments of Corrections and Human Services remain committed to increasing awareness and improving service delivery. Future evaluations will build on the analyses discussed in this report, and will incorporate new data to provide a fuller picture of how participants have been impacted over time.

Appendix A: Reference List for Background Literature

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Appendix B: Public Food and Cash Assistance Programs

Diversionary Work Program

The Diversionary Work Program (DWP) is a four-month program that helps Minnesota parents find jobs. The goal is to help parents quickly find work so that they do not need to go on the Minnesota Family Investment Program (MFIP). When families first apply for cash assistance, most will be enrolled in this program. For more information, please visit: https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/income/programs-and-services/diversionary-work-program.jsp

Emergency Assistance

Emergency Assistance (EA) gives aid to families with an emergency such as an eviction or loss from a fire. EA can also be used to assist with utility bills or first month's rent on a new lease. For more information, please visit a local county human services office.

General Assistance

The General Assistance (GA) program helps adults without children pay for basic needs. It provides money to people who cannot work enough to support themselves, and whose income and resources are very low. People who get GA are also eligible for help with medical and food costs through Medical Assistance (MA) and the Supplemental Nutrition Assistance Program (SNAP). For more information, please visit: https://mn.gov/dhs/people-we-serve/adults/economic-assistance/income/programs-and-services/ga.jsp

Housing Support (formerly known as Group Residential Housing)

The Housing Support program pays for room and board for seniors and adults with disabilities who have low incomes. The program aims to reduce and prevent people from living in institutions or becoming homeless. Over 20,000 Minnesotans receive Housing Support assistance each month to help pay for rent and food. About 27 percent of program recipients also receive Housing Support supplemental service funding to provide other services, including but not limited to: medication reminders, assistance with transportation, arranging for meetings and appointments, and arranging for medical and social services. For more information, please visit: https://mn.gov/dhs/people-we-serve/adults/economic-assistance/housing/programs-and-services/housing-support.jsp

Minnesota Family Investment Program

The Minnesota Family Investment Program (MFIP) is the state's welfare reform program for low-income families with children. MFIP helps families with children meet their basic needs, while helping parents move to financial stability through work. Parents are expected to work, and are supported in working with both cash and food assistance. Most families have a lifetime limit of 60 months on MFIP.

When families first apply for cash assistance, they usually start in the Diversionary Work Program. For more information, please visit: https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/income/programs-and-services/mfip.jsp

Minnesota Supplemental Aid

Minnesota Supplemental Aid (MSA) provides cash assistance to help adults who get Supplemental Security Income (SSI) pay for their basic needs. Some people who are blind, have a disability or are older than 65 but do not get SSI because their other income is too high may also be eligible for MSA if they meet the income limit. For more information, please visit: https://mn.gov/dhs/people-we-serve/adults/economic-assistance/income/programs-and-services/msa.jsp

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, helps Minnesotans with low incomes get the food they need for nutritious and well-balanced meals. The program provides support to help stretch a household food budget. It is not intended to meet all of a household's food needs. It is a supplement. If approved for SNAP, benefits can be used at many stores, farmers markets and senior dining sites. For more information, please visit: https://mn.gov/dhs/people-we-serve/adults/economic-assistance/food-nutrition/programs-and-services/supplemental-nutrition-assistance-program.jsp