Look Up and Hope: Process Evaluation

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Introduction

Over the past four years, Volunteers of America, with support from the Annie E. Casey Foundation, has implemented a strategic initiative to improve the lives of families impacted by maternal incarceration. This multi-site initiative, called Look Up and Hope, takes a comprehensive, “wraparound” services approach to working with families in which the mother is involved with the criminal justice system. Unlike many other programs that target incarcerated women and their children, the Look Up and Hope model works with the whole family simultaneously – mother, caregiver, and child – in an effort to enhance family functioning, improve lives, ease the crisis of re-entry, and reduce out-of-home placements. This approach builds on existing social science research suggesting that incarcerated women and their children achieve better outcomes when their family relationships and community support systems are strengthened.

Three pilot sites—Volunteers of America, Dakotas; Volunteers of America of Indiana; and Volunteers of America Texas—are currently involved in the initiative. Some of the services currently being offered to participants at these sites include substance abuse and mental health counseling, vocational training and employment services, rapid re-housing assistance, parenting classes, individual and family therapy, case management services (including home visits from trained clinical social workers), family group conferencing, after school and summer programming for youth, and concrete supports (such as assistance with food, clothing, and transportation). Since the program began in 2009, Look Up and Hope has served 525 people including 159 mothers, their 238 children, and 128 caregivers.

I think that there are a lot of agencies that are doing some great things in the community, but I think what we do at Look Up and Hope is so unique. It’s especially geared to the needs of not only the woman who is transitioning back to the community and her kids, but also the caregiver. – Indiana staff member

Every year, Volunteers of America contracts with Wilder Research, an independent nonprofit research group in St. Paul, Minnesota, to evaluate the impact that Look Up and Hope has on participating families. In 2014, in addition to examining the 2013 outcomes of families involved in the program, Wilder Research conducted a process evaluation to examine how Look Up and Hope is implemented at each of the three sites, and to better understand the successes and challenges of the program overall.

As part of our process evaluation, Wilder Research conducted eight individual telephone interviews, as well as one follow-up telephone focus group, with program staff. Interviews were completed mainly with affiliates that are currently involved in Look Up and Hope; although, Wilder Research also spoke with staff members from former
participants in the program—Volunteers of America of Illinois and Volunteers of America Northern New England.

This report outlines findings from the telephone conversations with program staff, 2012 and 2013 data from the annual evaluations, and information from a study of program fidelity in 2012. Also, in December 2014, Volunteers of America held a two-day strategic planning meeting in Indiana with all Look Up and Hope program staff. At that meeting, Wilder Research staff listened via conference call to some of the sessions, particularly those describing the history and process of Look Up and Hope. Therefore, some of the information heard at those sessions is included in this report.

How Look Up and Hope works

When Look Up and Hope began in 2009, five pilot sites with a strong history of service to incarcerated women or service to fragile, low-income families were selected to help design, implement, and carry out the mission of the program. These sites were: Volunteers of America, Dakotas; Volunteers of America of Illinois; Volunteers of America of Indiana; Volunteers of America Northern New England; and Volunteers of America Texas. Unfortunately, the Illinois affiliate had to withdraw in the first year of the program and the Northern New England affiliate withdrew at the end of the third year; in both cases the decision to end the Look Up and Hope program was due largely to funding challenges.

In general, all of the sites that have participated in Look Up and Hope offer a common set of services; and the process for identifying potential clients and entering them into the program is similar across affiliates. However, each site also has its own unique client population and changing sets of circumstances; therefore, project implementation has varied somewhat from site to site.

Identifying potential clients

The process for identifying and enrolling Look Up and Hope participants remains much the same as when the program began four years ago. Currently, Volunteers of America staff from the three active sites report that referrals from outside agencies are a common way to identify potential clients for participation in the program. Referrals most often come from corrections officers, case managers, and, particularly in the case of Indiana, halfway houses. Volunteers of America of Indiana operates its own facility, called Theodora House, which uses a strength-based, client-centered, and family-focused intervention strategy for each woman and her family. Theodora House has a weekly orientation in which staff explain all of the services available at the facility; therefore,
many of Indiana’s Look Up and Hope clients are referred through this orientation. Women also enter Look Up and Hope through self-referral.

We have a man up in Pierre Prison that will identify some of the ladies that he thinks would use our services, and then also we have a lady down at our jail...that identifies some of the clients; and then word of mouth. – South Dakota staff member

Since we are a work-release facility, we either get the referrals through self-referral or through the case managers here that do the initial assessments...If somebody is engaged in substance abuse services or individual counseling or anything like that where we identify, “Oh, there is some family stuff going on,” then we will tell them that we have these family coach services that can potentially help them out. We also do an orientation when new people get here so that once a new person arrives at this facility, someone from our treatment team meets with them and talks with them about all the different services that we have available. They can sign up at that point too. – Indiana staff member

We identify women with minor children...that will be our pool, and then the clinical coordinator will screen and...let them know about [Look Up and Hope]. And then that’s where we envision [the family coach] taking over the parenting slot, which is just a class once a week at the jail; so she can be building that relationship and talking to the mothers about the program itself. – Texas staff member

Intake process

Once women are referred to the Look Up and Hope program, each site has an intake process, typically involving a family assessment. The basic intake forms that are used by each site were developed by Wilder Research when the program began. There are baseline assessments for all three types of clients – parents, children, and caregivers. These forms ask for information such as: basic demographics; family history and the relationships that various family members have with each other; the needs of each type of client; educational history; emotional, behavioral, and physical health history; criminal history (for parents); employment and financial history (for parents and caregivers); and clients’ goals at program entry. After these intake forms are completed, and if clients enter the Look Up and Hope program, follow-up assessments (which ask similar questions for comparison purposes) are completed every six months after program entry. Copies of both the baseline and follow-up forms can be found in the appendix of this report.

In addition to the Wilder Research baseline and follow-up forms, some sites have additional assessments that they complete with clients before program entry, such as family mapping, mental health assessments, and service plans. A few interviewees commented that intake can become a long process given the back and forth communication between staff, mothers, and caregivers. They emphasized that it is important to ensure that caregivers are willing to participate, since they play such a crucial role in the family.
We do a brief, informal talk about what’s going on and we have several forms that we have to fill out. We have the initial intake – the Look Up and Hope intake form – and then we have another form that we typically use that addresses needs. It assesses their healthcare, food, shelter, and things like that…Once we sit down [with the mom], have that meeting, fill out the basic forms, and get a well-rounded idea of what’s occurring, then we will typically…go out to the home and meet with the caretaker and the children if we are able to. Before that, we may contact the caretaker to make sure that they are interested, so that we don’t do all the paperwork for nothing…A lot of the information on that paperwork is half mom and half caretaker, so if mom is still incarcerated, we will start it with her and finish it up with the caretaker. – Indiana staff member

The next step, which seems to take the longest, is identifying the caregivers and talking to them and connecting with them, because we have to get permission from the moms to get the caregivers’ numbers and that sometimes takes a while. – South Dakota staff member

Program services

In 2012, Wilder Research conducted telephone conversations with the four affiliates participating at that time (Volunteers of America of Illinois had left the program by that point) to get a sense of exactly how the program is implemented and to understand how much programming varies.

These “fidelity interviews” found that programs provided several common services, most notably home-based case management services for caregivers and children (or “family coaching”), which was funded by the National Office of Volunteers of America. Most programs also offered the following services, to varying degrees:

- Concrete supports (e.g., assistance with rent payments, transportation costs)
- Educational and employment training
- Home visitation and regular case management
- Mental health and substance abuse counseling
- Mentoring support
- Parenting classes
- Pre-release planning, including custody planning
- Referrals to community-based services
- Support groups
- Youth development programming
Clients receive services for a year after this program: financial planning, budgeting, credit restoration, transitional housing, and business development if they want to go that route.
– Indiana staff member

We connect families with Head Start…We also do youth development programming through drumming circles, Native American cultural activities, and story time after school. It’s mostly with younger kids; only recently have high-school-aged kids enrolled.
– South Dakota staff member

We start the conversation [about re-entry planning] as we work with the individual. It’s an on-going process, and it takes place about a month and a half before they get out…It’s hard to plan some of the benchmarks because their “out” dates are ever-changing.
– Indiana staff member

I meet with families before the parent is discharged and talk about expectations for the caregiver, etc. The plan outlines goals over 90 days; it also talks about the responsibilities to the child; each adult gets a copy.
– Texas staff member

According to conversations from the December 2014 meeting, most of the program services offered in 2012 remain the same today. Indiana staff discussed their emphasis on Barrier Buster funds, employment training and job search assistance, and connecting clients to support groups and mental health counseling. Staff from South Dakota and Texas said they had similar program services, but, unlike Indiana, do not have their clients housed in one location (i.e., Theodora House). Staff from South Dakota also mentioned that they had fewer Barrier Buster funds available than Indiana.

**Client outcomes**

Look Up and Hope clients experience a variety of positive outcomes as a result of the services they receive:

- **Program status:** 57 percent of mothers were currently receiving services from Look Up and Hope (an increase from 43% in 2012), while 21 percent had completed the program. Only 12 percent had dropped out of the program, which is a decrease from 20 percent in 2012. (Program status was categorized as “other” for 7% of mothers.)

- **Parent education:** 88 percent of mothers received formal parenting education or training (an increase from 76% in 2012). For those who had received this training, 95 percent improved their parenting knowledge (as reported by family coaches), and 41 percent demonstrated increased knowledge on a post-training survey (an increase from 32% in 2012).

- **Criminal activity:** Three-quarters of mothers had not engaged in a new criminal activity, and, of those who did (24%), none were arrested or convicted.
School attendance: 70 percent of school-aged children were reported to have “good” attendance; 24 percent had “fair” attendance and only 6 percent had “poor” attendance.

School performance: 48 percent of school-aged children were reported to have improved their grades since the last assessment; 45 percent maintained their grades, and only 7 percent were reported to have worse grades.

In addition to the outcomes listed above, there are a few areas that saw slightly less positive outcomes or decreases from last year’s report. While many clients are doing well in these areas, it is important for both Wilder Research and Volunteers of America staff to take note that some of these decreases may be due to incomplete or inaccurate data.

Relationships: 67% of children were reported to have an improved relationship with their mother; however this is down from 83% in 2012. 76% of mothers reported changes in contact with their children; for those who have experienced a change, 50% increased contact with their children and 25% are now living with or have been reunified with their children. (However, reunification is down from 32% in 2012.) One in five (21%) reported a less or no contact with their children.

Employment: Of the mothers who experienced a change to their employment status (69%), 35% reported being employed, but then losing their job (compared to only 6% in 2012). On the other hand, of those who experienced a change in status, 41% were unemployed but secured a job and 21% secured an additional job or changed their job, but remained employed.

Extracurricular activities: 33 percent of children were reported to have increased their level of involvement in structured or extracurricular activities (a decrease from 45% in 2012).

For additional information on client outcomes, see the infographic appended to this report.

Program discharge

Once families have completed Look Up and Hope, they are discharged from the program. However, the definition of “program completion” and the process for discharging clients remains unclear and inconsistent across affiliates. Staff from Indiana said that they will work with a mother and her family until it seems that she “has been stable for a few months and has a positive trajectory.” At that point, a family coach will let the family know it is time to close out of the program. For Indiana, “closing” involves a gradual process, in which the family coach meets with the mother once every two weeks, then once per month, then every other month. Even when a case has been “closed,” family coaches emphasize that the family can call any time for any reason.
The 2012 fidelity checklist attempted to create a consistent definition of “program completion.” According to that checklist, program participants have successfully completed the program when:

- They have been in the program for at least six months
- They have achieved their stated goals/enhanced their overall family stability and have no unmet service needs

Prior to being discharged, it is also a requirement of the program that each family participate in preparing a family-centered reentry plan that addresses the family’s long-term living situation and custody arrangements. However, the way in which these formal reentry plans occur, again, varies by site. The 2013 annual evaluation found that despite the fact that beginning formal, family-based reentry programming as early as possible is a core tenet of the Look Up and Hope program, only 71 percent of incarcerated mothers reported that they had a formal plan at follow-up. Another 18 percent had been involved in informal reentry planning.

While there are fewer reentry plans than desired, they do tend to be fairly comprehensive, including employment, housing, addressing family relationships, connecting women with community supports, and substance abuse treatment and resources. When compared to the second annual report, more women in year four included these items in their plans, particularly addressing family relationships and substance abuse treatment and resources.

Of the 62 mothers who worked with family coaches on formal reentry planning, 33 percent also involved family or friends in the process. Most clients who have participated in reentry planning have already exited the program.

**Reentry plans of incarcerated mothers (N=63)**

<table>
<thead>
<tr>
<th>Total clients with formal, written reentry plans</th>
<th>71%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family or friends involved in formal planning</td>
<td>33%</td>
</tr>
</tbody>
</table>
Reentry plans of incarcerated mothers (N=63) continued

Plan addressed...

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>76%</td>
</tr>
<tr>
<td>Housing</td>
<td>76%</td>
</tr>
<tr>
<td>Family relationships</td>
<td>74%</td>
</tr>
<tr>
<td>Substance abuse treatment or mental health care</td>
<td>68%</td>
</tr>
<tr>
<td>Community supports</td>
<td>68%</td>
</tr>
<tr>
<td>Transportation</td>
<td>31%</td>
</tr>
<tr>
<td>Other health needs</td>
<td>13%</td>
</tr>
<tr>
<td>Faith/spiritual needs</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
</tbody>
</table>

Note: The percentage of reentry plans, after analyzing the initial data, was 50 percent; however, Wilder Research staff spoke with family coaches across sites and found that some reentry plans had gone unreported, so the percentage was adjusted accordingly. The increase was applied only to the total number of formal, reentry plans, not to specific components of the plans.

An important finding to come out of the December 2014 meeting was that the low number of reported formal reentry plans may be due to some confusion around question wording on the follow-up assessment – this has likely been exacerbated by staff turnover. (The 2014 annual evaluation showed that only 38% of women released, or about to be released, had a formal reentry plan; although data were missing for 17%).

Currently, the question asks, “If the participant is about to be released into the community, or has already been released, do they have a written reentry (or discharge) plan?” Some staff members have been answering “no” to this question because they have been working on a re-entry-focused service plan with the client during her entire time in Look Up and Hope, not just at exit. Wilder Research will work with Volunteers of America on this issue and develop new question wording or clearer instructions for Look Up and Hope staff.

Programmatic differences

While there is quite a bit of commonality in the intake and assessment procedures used by the three active Look Up and Hope sites, the resources and program funding, as well as the scope, intensity, and focus of the services provided to clients varies considerably. The 2012 fidelity interviews illustrated that each site has its own set of circumstances, including an array of funding sources for the program, which makes consistent program implementation difficult. For example:
In 2012, the **Volunteers of America, Dakotas** site reported that their staff took a team approach to Look Up and Hope, where staff members met frequently to discuss their progress. They also placed a greater emphasis on finding mentors for the incarcerated women they serve because they had a federal Second Chance Mentoring Grant.

> **At the start of the program until about six months ago, we met twice weekly for two hours.**
> **Now we are doing staff meetings once per week, or shorter meetings more frequently.**
> **Cohesiveness between overlapping programs was important, and communication.**
> – South Dakota staff member

> **A strong clinical base makes a big difference; a strong team with a case management component.** – South Dakota staff member

**Volunteers of America of Indiana**, which operates its own women’s halfway house and has operated a program for incarcerated mothers for many years, offers extensive opportunities for enhanced visitation and case management, which other pilot sites are not in a position to emulate. They have a variety of experts at their disposal, including recovery coaches who have themselves been through recovery and vocational specialists who help women with employment issues. They are also able to devote a great deal of time to reentry planning, since the site is a reentry house.

> **We have a coordinator that works for the city, plus [the family coaches], plus someone from Edna Center, plus recovery coaches who are in recovery themselves (so basically they are mentors), plus a chaplain to deal with spiritual issues; they get all of these services.** – Indiana staff member

Generally speaking, Indiana’s diversity of services and expertise can be attributed to two factors: their long term commitment to being a leader in the field of gender-specific reentry programming and their success in blending a variety of funding streams to support their Look Up and Hope work. Prior to participating in the Look Up and Hope program, Volunteers of America Indiana already had in place an enhanced visitation and parenting program for incarcerated mothers and their children, called Healing Families; in recent years, several local and state funding sources have paid for their recovery programming, while a federal grant from the U.S. Department of Labor has strengthened their employment services.

**Until they discontinued their pilot work in 2013, Volunteers of America Northern New England** chose to focus on building the family mediation and family group conferencing components of the Look Up and Hope program. Their site also focused on assisting with basic needs, such as shelter and heating, since their clients are faced with colder climates.
Like the Dakotas site, **Volunteers of America Texas** had a Second Chance Mentoring Grant during their first two years of Look Up and Hope implementation and they initially placed a strong emphasis on finding mentors for the women they serve. However, funding and staffing shortages have persistently made it difficult for the site to develop a consistent and sustainable service delivery model. For example, at the end of their first year of operations, the Texas site was forced to disrupt services to an entire cohort of clients when they lost a critical state contract. Following this—for most of 2012 and 2013—the program was supported almost entirely by the efforts of a single family coach, who struggled to meet the many needs of her clients. Recently, as a result of these issues, it was decided that the Texas Look Up and Hope program would be moved and incorporated into the Resolana program in Dallas.

**Resolana** is a gender-specific, trauma-informed program trying to address the core issues that incarcerated women commonly deal with. It began as a grassroots program in the jail and consists of three parts: 1) psychosocial educational classes, 2) case management, and 3) community meetings...We also started mentoring and post-release case management for that limited time where women are getting out of jail and there's that critical period where they need to get linked to existing social services...Measurement wise, on the inside, we look at some key mental health indicators: anxiety, depression, PTSD, and somatoform, as well as readiness for change and personal progress.

– Texas staff member

What works well

Despite the many challenges individual sites have had to overcome in implementation, the Look Up and Hope program has also experienced many successes over the past five years, from the hiring of highly-qualified, dedicated staff, and the relationships that staff members have formed with their clients, to improved client outcomes. These successes are outlined below and should be taken into account by other affiliates or programs that want to replicate the Look Up and Hope model.

**Highly-qualified, dedicated staff**

It is clear from speaking to interviewees that Look Up and Hope staff members have a great deal of education and expertise to offer the program, as well as a great deal of
compassion for the families they serve. When asked what type of training they thought was necessary for a family coach, respondents (including family coaches) said that the position needs to be filled by someone who has experience in areas such as licensed clinical therapy, crisis intervention, trauma informed care, home visitation, and case management. They also felt it was important for a family coach to have worked at the community level. Personality-wise, they spoke about the need for flexibility, adaptability, creativity, being a “people person,” and quick thinking.

This sentiment was echoed during the December 2014 meeting, in which staff members described the need for family coaches to have “persistence,” “flexibility,” and “the ability to develop trust.” They also talked about the need for family coaches to “know their way around addiction” and to understand that substance abuse and criminal justice issues are often intergenerational problems.

The majority of staff hired for Look Up and Hope have some family experience already; they are also skilled at being out in the community and being involved in home visits. One of the other big things we do is trauma informed care. That involves a thorough assessment of the amount of trauma that the offender has, and also the children, because it’s important for us to understand the amount of trauma that’s involved in the family...Also, since the majority of the people that we work with are women, we want to be as gender responsive as possible. – Indiana staff member

I’ve been doing home visits for a really long time; so being able to truly be comfortable going to homes in the rough neighborhoods and the posh neighborhoods [is important]. I definitely wouldn’t hire someone who hadn’t done the home visits before...A lot of times you enter these homes and you don’t know exactly what to expect and you have to be ready for anything. For example, you might think you’re going to a home with four family members and there are seven; you think you’re going to a home and you’re only dealing with your two kids, but there may be another child in the home and you have to be able to be creative and integrate that child into the Look Up and Hope experience, because you can’t leave them out...The family coach position is so independent, you have to be comfortable trying different things, being creative and trying to make things work for your families. – Texas staff member

Developing trust with families

Wilder Research also asked about the importance of developing trust with families, which all interviewees said was a crucial part of working with those affected by incarceration. When asked how family coaches develop this trust with their clients, interviewees talked about listening carefully and not necessarily jumping immediately into the formal issues that they are there to discuss. They also spoke about the need to be open and honest with families, particularly regarding what families should expect from the program and the roles and responsibilities of each person involved.
A couple of interviewees talked about the need for family coaches to be relatable to the populations they are serving; this could include hiring coaches who have themselves experienced incarceration, substance abuse, or mental health issues, or hiring coaches who know the community well and have an already-established rapport. It also means hiring staff who mirror the population being served – namely women of color.

I really identify that our role, rather than to separate the family, is to keep the family intact and keep the family out of the system. So, within my first couple of lines in talking to the person I say, “This is who I am. This is what I do. Unlike many programs that you might already know about, this is what our role is, because we don’t want to have the kids in the system. It’s a different approach than what you might already be familiar with.” I talk to them very early on about confidentiality and say, “Here are the things that I would have to break confidentiality for.”...I make it clear that if there’s any suspicion of neglect or abuse obviously we would have to report that. By being transparent and upfront with people, they seem to be pretty open to it, because that’s kind of what’s in the back of their mind: “How long until this lady comes in here and tries to get us into the system?” Getting that elephant out of the room at the beginning is really helpful. – Indiana staff member

The hiring of the staff – that’s really important on the front-end to makes sure we have people that have experience actually going out and building rapport with families and the community. It’s also about being transparent, saying what we can and cannot do, and about being consistent; doing what we say we are going to do...Also, making sure that service planning is based on the needs of the family...Some families just want to come in and have us be a sounding board. Some of the others are in crisis. It’s a way to make sure that the services that we are providing are indeed the services that the family needs at that time. – Indiana staff member

I think that working with families affected by incarceration requires a lot of relatability; truly being able to empathize with their situation and having a more supportive stance than, “I’m here to do this job”...You really have to go in letting them know you are there to support them. It’s not about wanting to know all of the details of the incarceration; it’s not about wanting to know all of the things they didn’t do because of the incarceration, but truly just acting as a support to them...Sometimes I didn’t immediately go into Look Up and Hope stuff with [families]. I asked them how they were doing. You have to be personable and honest. – Texas staff member

I tell moms] that I will be there to help them in adjusting back into society, as well as building relationships with their children and trust with the caregivers. That’s huge...I also tell them about resources in the community, supports, parenting skills, budgeting, anything that will help them be able to adjust back to life. And the big thing I emphasize with all of them is that it’s pretty overwhelming for the parent coming out [of jail]; how can we help the parent not feel overwhelmed. – South Dakota staff member

Respecting families

Throughout the course of the interviews with Look Up and Hope staff, it became clear that respondents have a deep respect and dedication for the families they serve. Not only do they personally provide services to families – such as helping with job searches, taking clients to doctor appointments, and running errands – they also speak about families in a respectful and caring manner. When interviewees were asked to describe the families with whom they work, most often they described the mothers as “willing” and “determined,”
and used the same adjectives to describe caregivers, with the addition of “overwhelmed” and “loving.” In terms of the children, staff described them as “open-minded,” “funny,” “loving,” “forgiving,” and “resilient,” yet also very “fragile” and “vulnerable.”

The moms are very tenacious. They’re gritty and I don’t mean that in a bad way. They just get it done...trying to find caregivers when one caregiver falls through and find a job despite having a felony charge. They are really resourceful. – Indiana staff member

Kids are just so resilient; they’ve been through a lot. Honestly, most of my kids were functioning better than the adults in my families. It’s not that [the situation] didn’t bother them, but kids are sometimes so innocent and if you have good stuff around them they can continue on...they have a sense of humor and they are open to meeting new people and trying new things. – Texas staff member

Every caregiver I had was overwhelmed, even if they were financially set...They were open too, because they were the ones who had to deal with the family coach while mom was away. They were open to having someone come into the house. They wanted someone to talk to; they wanted someone to vent to; they wanted answers; they wanted clarity; or they just wanted to know that their loved one was OK, because they weren’t always in a position to visit the jail...They were also brave. They were taking on an obligation that isn’t theirs; they didn’t know for how long; and there were no guarantees that if their kid got out [of jail] that she would step up and get back into parent mode. [The caregiver] could have been committing to this for a lifetime and they were willing to do that; they are very brave. – Texas staff member

The respect that staff members have for their clients is reciprocated, and apparent in interviews that Wilder Research conducted in 2013 with participants of Look Up and Hope.

Many interviewees spoke about the impact that their family coach has had in, not only providing them with services, but also giving them the emotional support they needed.

I appreciate [our family coach]. She’s helped me through a lot emotionally. We talk a lot. She communicates well. She is a good mentor. – Mother
One of the things that I like about [our family coach] is that I get to tell her how I feel, without her making fun of me. – Child

I think that if I was talking to one of my friends, if they were having problems at home or personal problems about their selves, I would direct them or let them know about [our family coach], because that is what she helps with. If you have any insecurities about yourself or something like that, you can just talk to her. – Child

Cultural competency

Results of the 2013 annual evaluation of the Look Up and Hope program showed that, while parents generally have benefited from participation in the program, women of color have had especially good outcomes:

- Over half of the incarcerated mothers of color (52%) reported a positive gain in their employment status (e.g., finding a new job or moving to a better job with higher wages).

- Over three-quarters of women of color demonstrated improved parenting knowledge or skills (e.g., according to staff observations or performing well on standardized tests of parenting knowledge).

- 72% of women of color enrolled in the program reported that they were successfully addressing addiction issues and/or remaining drug free upon their return to their community.

- 65% of women of color reported that they were increasing contact with their children’s caregivers (implying improved levels of co-parenting and communication).

- Over one-third of women of color were successfully reunified with their children and families post release.

In every one of these outcome areas, participating women of color and their families outperformed their white counterparts by several percentage points—suggesting that the program may be especially well-suited to address the needs of African American, Latino, and American Indian system-involved families. Therefore, this year, Wilder Research spoke with Look Up and Hope staff members about the ways in which they work with women of color to uncover what they might be doing to influence these positive outcomes.

Interviewees described several ways in which they try to work in a culturally competent manner, namely having consistent staff meetings and trainings about cultural competency (which could include race, ethnicity, religion, and sexual orientation), connecting clients to groups and programs that will be most beneficial for them (e.g., support groups specifically tailored for young African American men), and, again, making sure that
Volunteers of America staff members and volunteers mirror the population that they are serving, particularly in terms of race and gender.

We have weekly staff meetings where we talk about cultural competency. We have ongoing discussions about how to better serve our clients or the cultural issues that are occurring here...We make an effort to reach out to anybody in need...We also take great strides to have a culturally diverse staff, which is really helpful. And then we are also just mindful. For example, I had a young man who was in need of some mentoring services—father wasn’t present, grandmother was working a lot, didn’t really have any positive outlets. He was African American and one of the referrals that we sent him was a primarily African American church that had this fantastic mentoring program that was geared toward helping young, African American males become successful...Culture also means race, ethnicity, religion, and sexual orientation, because we have some families who are raised by the caretakers and female partners.  – Indiana staff member

I’m really working to recruit more minority volunteers. The Resolana program incorporates a great deal of community volunteers and I think that we need to do a better job of mirroring our volunteer base with the general jail population. I apply the same thinking to the family coach position; I would like our staff to balance that, so I would honestly lean towards a woman of color for this position; and bilingual for sure.  – Texas staff member

I think here in South Dakota our agency does a really good job of having a lot of training in cultural diversity, especially with the Native American population. Seventy-five percent of women in our prison system are Native American. I think most of my caseload is...I think it’s about respecting their culture and knowing that that’s important to them and really it’s important they reach out to it too. Because some actually lose [their culture] because of what they’ve been through in their lives, and saying that it’s good to go back and have pride in your background and making it available and letting them know that we have a lot of opportunities in town, like sweats and the different women’s groups; really encouraging them to do that is important.  – South Dakota staff member

Because of the positive outcomes that families of color have experienced under Look Up and Hope, the Annie. E. Casey Foundation cited it as a “promising program” in 2013.

Training opportunities

Several interviewees, particularly in Indiana, also mentioned that they enjoyed the trainings they have gone to, both through Volunteers of America and through outside organizations. They appreciate the opportunity to attend trainings and the flexibility to choose the types of trainings that are most interesting to them.

We have 40 hours, annually, of outside training that we have to do; that’s built into our job description and we can choose what the training is, that’s something I think is important. I’m always a big supporter of ongoing training.  – Indiana staff member
Areas requiring improvement

In addition to the successes of Look Up and Hope, there have also been some challenges that have persistently beset the program, namely staff turnover, a lack of funding and resources, and a lack of established, consistent community partners. These challenges, like the successes, should be considered carefully as Look Up and Hope moves forward.

Inconsistent leadership and staffing

Over the past five years, several of the affiliates involved in the Look Up and Hope program have experienced a high rate of staff turnover, especially in the family coach position. This poses some difficulty because, as stated earlier, one of the great successes of this program is the rapport that family coaches have developed with families – Look Up and Hope staff members respect the families that they serve and, in turn, families trust the program.

In addition, there has been some leadership turnover and, consequently, misunderstanding about specific roles and responsibilities. One family coach said that she did not have clear supervision and that she was doing all of the work for the program herself. It is important for Volunteers of America, and any organization wishing to replicate this program model, to know that a stable, committed staff is crucial to the success of this program.

[One family coach who is no longer there] was full-time and I was full time. When I started I was a full time family coach, but I pretty quickly shifted to about half time...Now I am stepping away from the family coach position. We hired a part time family coach this year and she’s doing the majority of our family coach work. [Note: That person has since left].
– Indiana staff member

[Look Up and Hope] works really well when there’s a family coach and then someone specifically over the family coach who is responsible for the family coach, even if they have other obligations… I didn’t have a supervisor that actually knew anything about the program, or who was willing to be hands-on with Look Up and Hope.
– Texas staff member
Inadequate funding and resources

Several interviewees pointed to the need for more resources for family coaches. Many of the family coaches serve a broad geographic area, particularly in states such as Maine or South Dakota. In order to meet with caregivers, they often have to drive several hours away from their main office location. Also, many prisons are located in rural areas, so visiting the mothers also becomes an issue. Family coaches need to have a better way to reach the families they serve, such as: having a satellite office (near the prison); having access to convenient, free or low-cost transportation; or having the ability to conduct meetings and check-ins via telephone or web conference.

Respondents also mentioned a need for more staff, or a better division of labor, since the amount of time spent trying to reach and meet the needs of families leaves little time for doing paperwork and setting up referrals.

Part of our challenge was that we are a very rural state and the women were from all over. Sometimes it took almost a whole day to do an interview with the caregiver who may have been four or five hours away. It becomes problematic in terms of doing face-to-face meetings. – Maine staff member

One of the things that we struggled with is that it’s tough for one person to do three days in the prison and then chase families around all over Chicago. In an ideal world, the person who is connecting with the parents is also the family coach, but in reality those people are spread apart by hundreds of miles, so the most efficient model is probably two different people. – Illinois staff member

I was doing everything myself. I think it would be helpful to have three staff – someone who oversees Look Up and Hope, the family coach, and a part-time referral person, so the family coach can focus on the therapy piece. – Texas staff member

Interviewees also reported a variety of needs for the families they serve in Look Up and Hope, ranging from basic needs, such as food, clothing, diapers, housing, and health care, to needs such as employment, transportation, legal services, child care, school uniforms and supplies, and mentoring or after school programs and activities for children. Housing, employment, and transportation, in particular, were listed as strong needs for families, yet also areas in which mothers have a great deal of difficulty meeting those needs.

Once released, program participants have difficulty finding work, given their felony record, and cannot find jobs that pay well enough to provide for all of their needs, such as those listed above. One family coach pointed out that program participants have to pay parole fees and restitution as soon as they are released, so money immediately becomes an issue.
One of the biggest things clients need is housing. They need funds to obtain housing or some funding to be able to stay where they are. As far as the children are concerned, I think clothing is a big deal, as well as activities and child care in the summertime when school is closed. – Indiana staff member

What they need is housing and child care. What they need are job skills and a healthy support network...That’s a pretty tall order for a family coach ...It’s not even a matter of just linking people; there are things that don’t exist. There’s not enough money in the system. – Indiana staff member

It is hard for them to get jobs with the felony and then no job experience...They can sometimes get a fast food job, but then the hours – they never get full time; it’s like 25 hours. Then to juggle that with daycare and paying the bills, it’s tough. There aren’t a lot of really good paying jobs...And it’s near impossible to get out of child support. I get a lot of moms who will say, “What am I working for? I work hard and this is all I get?” So it is a real struggle...They’re coming out of prison, so they not only have to pay past child support, but they also have to pay parole fees, which are like $20 a month, and then any kind of restitutions, so that’s another $40 a month, which is a lot of money for them. I mean the whole money thing...they are just up against the wall. And then we have housing...We have some people doing really well with all this, but then...they have to pay for housing and the kind of housing they can afford is in unbelievable places...We have affordable living; it’s about $500 for a really nice 2 bedroom apartment – clean, well-kept. The problem is that it’s in the worst part of town...my participants will come to me and say, “I walk out of the door and right away there are people tempting me to use and I can’t deal with that.” But there aren’t a whole lot of other places in town to live with what they can afford. – South Dakota staff member

Limited partnerships and scarce community resources

All three current Look Up and Hope sites turn to local organizations to help meet the needs of their families. These organizations offer a variety of assistance, from tangible help, such as basic housewares (e.g., dishes, pans, toasters, cleaning supplies, towels, and bedding) to organizations that provide rental assistance or work readiness training. South Dakota often partners with local parole officers to meet the needs of families served, and a few family coaches mentioned the use of 211 – a hotline that connects callers to a variety of resources in their state.

We work with Family Compass, which is a group that does parenting things and helps high-risk families. – Texas staff member

The Department of Corrections used to be demeaning, but now it’s really focused on helping participants stay in the community...The impact that Look Up and Hope has had on POs has been effective; they have resources for drug treatment, and they get more aware of our clients’ needs. – South Dakota staff member

The most reliable partnership we have is Safe Families, which offers safe families for kids...They are just families who volunteer to take kids as needed, no legal implications, in case there is no caregiver stepping up for children. They are volunteers and they take on all of the costs for a child. – Indiana staff member
I spend a lot of time on 211 – an Indiana help-line. You can dial 211 from any phone and they have the most up-to-date resources in the state. I check in to see if any have been added that I don’t know about; I’m assuming other states have something similar. I just pick the ones that are most useful for our clients. – Indiana staff member

However, when asked about formal partnerships, most of the interviewees said that “partnership” may be too strong a word. More often, family coaches contact organizations without having a specific contact with whom they correspond on a frequent basis. This is due to several reasons, including the need to maintain the confidentiality of Look Up and Hope clients, the large size of some organizations and staff turnover, as well as a lack of time for family coaches to make those personal connections.

One family coach suggested that the Look Up and Hope program would benefit from a community outreach person who specifically does the footwork in trying to network with various providers, so that relationships become established. She said, “Families need so many random things; as a family coach, you think, ‘How do I get that?’ [Each site] needs to get someone who is familiar with marketing and networking relationships.”

[Contacting outside partners] might be tough because, for the sake of confidentiality, we don’t tell them much about what we are actually doing…It’s usually a paper form or we talk to them on the phone occasionally and say, “This one person is in need of this thing that we don’t have.” I don’t talk to them specifically about, “This is what’s going on with the family and here’s all the work we are doing.” That is for the sake of confidentiality.

– Indiana staff member

“Partner” might be a slight overstatement at this time. I can say we refer people to a couple of organizations, but not a ton. – Indiana staff member

I don’t know if I would say “partner.” I definitely tried to talk to different people; sent out letters for Christmas; talked to different stores for school supplies…I think that’s why a community outreach person is so essential. One, you have to find the time to do that; and two, that wasn’t my specialty: marketing. – Texas staff member

Rather than having formal, one-on-one connections with organizations, family coaches tend to provide a great deal of assistance to families themselves. Interviewees explained that part of the reason they do a lot of the work themselves, and do not necessarily seek out partnerships, is that there can be a lack of resources in the communities they serve.

We’ve orchestrated Craigslist pick-ups, transported people to doctor’s appointments…taken people to food pantries, and picked up a humidifier for a baby when the mom was really sick. It changes day-to-day depending on the needs of the family.

– Indiana staff member

We also help with job hunting and job skills training to get a decent wage job; help with budgeting – that seems to be a biggie too. – South Dakota staff member
We are pretty well aware of the resources that exist in the community and we have decent enough connections; it’s not like there is this great resource in the community that we just can’t get access to it. I think the bigger problem that I keep running into is that the very specific resources that we need for a pretty specific population just don’t seem to exist, or they don’t exist at a scale that is helpful enough for our women. These are really specific situations that their families are in and that they’re in with a felony conviction and you put all of these things together and there seems to be, if anything, a lack of available resources rather than great resources out there that we just can’t connect to somehow.

– Indiana staff member

Lack of clear implementation standards and guidelines

Another weakness of the Look Up and Hope program is that—other than documentation provided as part of the Wilder Research evaluation—there is not much written program guidance defining how the Look Up and Hope program should work; for example, there are no standardized protocols for new staff to reference in their onboarding process. This, along with variations in funding and high rates of staff turnover, has made it difficult to ensure that the program is delivering services in a consistent manner across sites; a lack of clear implementation standards has forced new staff members at many sites to continually reinvent the wheel.

In 2012, the National Office and Wilder Research, using the fidelity interviews, attempted to create some basic guidelines for sites to use (see appendix); however, these guidelines have not been actively enforced by the National Office or local program staff, partly because of staffing changes, but also because of resource constraints.

Knowing that this is an area of needed improvement for the program, Volunteers of America of Indiana has started working on a Look Up and Hope Program Implementation Toolkit, which will include:

- A Look Up and Hope program flowchart
- Definitions of the target population
- A program model and descriptions of each stage of the program – recruitment, engagement, incarceration, reentry, and discharge. The program model would include dosage guidelines (i.e., specifications for the minimum amount of programming required to implement the Look Up and Hope model – both frequency and intensity)
- Copies of all forms used by the program, such as intake and exit forms
- A staffing model, including job descriptions, interview questions, and a clear description of the supervisor’s role
■ Common scenarios that can occur in working with Look Up and Hope families, as well as ideas for problem solving

■ An advocacy tool, including talking points for staff to use in conducting outreach and communication regarding the needs of the target populations

■ A plan to engage community partners and a directory of community resources

■ Information about fundraising strategies, including templates and examples of successful grant proposals

■ Training modules, including train-the-trainer and online versions of trainings

■ Research findings and a data collection guide

■ A fidelity checklist and self-assessment

Committees (some yet to be selected) will work on various aspects of the toolkit, such as the training section and data collection guide. Questionnaires will be administered via SurveyMonkey to gather feedback from Look Up and Hope staff members on section drafts. First drafts of each section will be made available beginning April 1, 2015 and a finished product will be released mid-year 2015. Eventually, the Implementation Toolkit will be housed in a three-ring binder at each site, and will also be available online for electronic access to affiliates.

Moving forward, it will be important for the program to continue establishing and revisiting basic guidelines and to be more consistent with implementation; this, along with other recommendations, are highlighted below.
Conclusion and recommendations

Look Up and Hope does a fantastic job of serving families in a respectful way that has a deep impact on the outcomes of parents, children, and caregivers. As this Volunteers of America program moves forward, Wilder Research recommends the following improvements and enhancements:

- Ensure strong, consistent leadership at the top-most levels of the organization. For several of the staff members who work directly with families, one frustration is having a lack of guidance or support, either from the National Office or from the leaders at that particular site. Having a strong group of leaders, who are committed to the Look Up and Hope program and its goals, will help support the people who do the day-to-day work with families.

- Hire support staff who can take some of the burden off of family coaches. In addition to having more support from the top, several interviewees mentioned that it would be helpful to have some extra support for activities that are not directly related to serving their families; such as help with data entry or engaging with community partners. For example, hiring someone who knows the community well and can take the extra time to form partnerships and get referral information for families would be a tremendous support for family coaches.

- Leverage community partnerships. Regardless of whether or not an affiliate is able to hire additional support staff, another important enhancement for the Look Up and Hope program will be finding ways to reach out to community partners. Having go-to people or organizations that program staff can contact for client referrals will not only help the families served, but also ease the burden on family coaches.

- Continue work on the Look Up and Hope Implementation Toolkit. Given that the Look Up and Hope program has reached the end of the pilot phase, it is important to introduce and maintain a solid program structure, complete with documentation, especially for new staff. This may help to decrease some of the frustration that new staff members feel and ultimately decrease turnover.

- Streamline data collection procedures. Currently, the National Office is in the process of implementing an online data collection system, through the database ServicePoint. Due to a variety of factors, the system has not been implemented in South Dakota or Texas, and its use has been cumbersome for the staff who do have access to it. Ensure that each site uses the same data collection methods based on a clear set of guidelines (that are enforced) for collecting, entering, and sharing the data. This will save staff...
time and ensure that the most complete and accurate data possible are given to Wilder Research for analysis.

- Provide more training opportunities for staff. Interviewees who had participated in trainings enjoyed them and found them helpful to their work. Indiana does a particularly good job of providing trainings (both in and outside of its organization).

- Continue hiring highly trained, experienced family coaches who are committed to the goals of the program, but also find ways to keep those family coaches in their positions. Supporting staff with strong leadership and the resources necessary to do the work is integral to the future existence of Look Up and Hope. One idea for helping family coaches is to create a cross-affiliate support group or network, in which family coaches can share their stories and address work-related issues they might face.
Appendix

Program flow chart

Referrals
Referral sources include: case managers, corrections officers, halfway houses, self-referral

Intake
Includes filling out a baseline assessment form for parents, caregivers, and children

Program entry
TBD

Services
Referral sources include:
- Family coaching
- Concrete supports (e.g., assistance with rent payments, transportation costs)
- Educational and employment training
- Home visitation and regular case management
- Mental health and substance abuse counseling
- Mentoring support
- Parenting classes
- Pre-release planning, including custody planning
- Referrals to community-based services
- Support groups
- Youth development programming

Program discharge
TBD
Fidelity checklist

Client eligibility requirements

All client families must include:

☐ A mother of minor children who is incarcerated at the time of her program enrollment and is expected to be released within 1 year
☐ One or more of her minor children (ages 0-18)
☐ The children’s primary caregiver

Program service requirements

Every participating family must be assigned a family coach. At a minimum, the family coach must:

☐ Conduct a formal assessment of all participating family members’ needs
☐ Develop written service plans for each family (including goals and recommended services)
☐ Follow-up (by phone or in person) with all participating family members at least once a month while the family is enrolled in the program

The service plans for children and caregivers should include appropriate provisions and referrals for:

☐ Addressing the family’s basic, concrete needs (e.g., assistance with food, clothing, utility bills)
☐ Providing interested children with positive youth development activities
☐ Providing children who are experiencing poor school performance with academic support
☐ Providing caregivers who report they are under physical or mental stress with appropriate child care, mental health counseling, and respite opportunities
☐ Enhancing the family’s overall stability and systems of support

The service plans for participating mothers should include appropriate provisions and referrals for:

☐ Parenting education (while incarcerated)
☐ Gender responsive, trauma focused group therapy (while incarcerated)
☐ Substance use and mental health treatment (while incarcerated)
☐ Vocational and educational training (while incarcerated)
☐ Job and housing placement (upon release)
☐ Community based recovery and mental health treatment services (post-release)
☐ Other appropriate community services and supports (post-release)

In addition to the individualized services listed above, every participating family should:

☐ Be given opportunities for enhanced visitation, or, when visitation is not possible, they should at least be encouraged to communicate via letter or phone
☐ Participate in preparing a family-centered reentry plan that addresses the family’s long-term living situation and custody arrangements
☐ Be offered the option of participating in any Family Finding and Family Team Conferencing activities that are being offered by the site
Requirements for frequency and duration of services

Family coaches should be in contact with participating family members at least once a month while the family is enrolled in the program.

- Ideally, families should be served more frequently when they first enroll and have multiple unmet needs.
- All participating families should be served/followed up with on a monthly basis for at least six months following their enrollment.
- As resources permit, they may receive ongoing services for up to 5 years following the mother’s release.

Criteria for successful program completion

Program participants can be considered graduates, who have successfully completed the program’s requirements when:

- They have been in the program for at least six months and
- They have achieved their stated goals/enhanced their overall family stability and have no unmet service needs

Required program staffing at all sites

At a minimum, each pilot site must employ:

- 1 part- or full-time project director, who is responsible for project management and administration
- 1 full-time family coach, who will be responsible for providing home-based case management services to participating families. Ideally, the family coach should be a trained clinical social worker or licensed counselor with experience working with high-risk women and families

It is recommended that each site has:

- 1 part-time community connections worker, who can help to connect client families with community-based resources and services
- Recovery coaches

The recommended client to staff ratio is 1 clinician/family coach per every 15 families. Pilot sites that are actively serving more than this number of families at any given time, should consider adding additional family coaches or part-time clinical support staff.

Data collection & reporting requirements for all sites

- A completed intake assessment form and initial service plan (to be completed at time of the client’s enrollment)
- At least one complete follow-up assessment form including an updated service plan (to be completed at least every six months while the client remains enrolled in the program)
- A complete final assessment form (to be completed whenever a participant graduates from the program, drops out/disappears, or is formally dropped from the program for noncompliance)
Look Up and Hope Data Collection Form
Baseline: Parent

LUH Site: □ 2 Indianapolis □ 3 Houston □ 4 South Dakota □ 5 Maine

Program staff completing this form: ________________________________________________

Participant's personal/identifying information

Participant Name: _____________________________________________________________________

Date of program enrollment___/___/___

Please assign this participant a family I.D. number (used for all members of the family) and an individual I.D. number that is unique to only them. Do not use decimals or letters, and write this number down in your case files.

Family I.D. Number:______________________   Individual I.D. Number: ___________________

Demographics

Participant’s gender (Check one)

☐ 1 Male   ☐ 2 Female   ☐ 3 Transgender

Participant’s age (Check one)

☐ 1 Under 18   ☐ 4 41-60
☐ 2 18-25   ☐ 5 Over 60
☐ 3 26-40

Participant’s race/ethnicity? (Check one)

☐ 1 African American/Black
☐ 2 American Indian
☐ 3 Asian
☐ 4 Pacific Islander
☐ 5 White
☐ 6 Latino or Hispanic
☐ 7 Two or more races
☐ 8 Other (Describe: _____________________________________________________________)

Has this participant ever served in the US Military?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don’t know
### Participant’s family history

**Participant’s marital status:** *(Check one)*

- ☐ 1 Married
- ☐ 2 Partnered/in a relationship
- ☐ 3 Single
- ☐ 4 Divorced
- ☐ 5 Widowed
- ☐ 6 Separated

Does the participant have any history of domestic violence in their relationships?

- ☐ 1 Yes  
- ☐ 2 No  
- ☐ 6 Don’t know

Please list the names, ages, and custody status of **all of the participant’s living children** below:

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Age of child</th>
<th>(For children under 18 only)</th>
<th>Who is this child’s primary caregiver?</th>
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<td>☐ 5 Other (Describe: _________________________________)</td>
<td>☐ 5 Other (Describe: _________________________________)</td>
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</table>
Have any of these children been removed from the participant’s custody because of abuse or neglect?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

**If yes, please list the names of affected children: _________________________________________________

Will any of the participant’s children (under the age of 18) be participating in the Look Up and Hope program?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

## Participant’s educational, employment, and financial history

**Participant’s level of educational attainment:** *(Check one)*

- [ ] 1 8th grade or less
- [ ] 2 Some high school
- [ ] 3 Completed high school or GED
- [ ] 4 Some college
- [ ] 5 Some vocational training
- [ ] 6 Two-year college degree
- [ ] 7 Four-year college degree
- [ ] 8 Graduate degree (MA, MBA, PhD)

Please address all of the following statements about the participant’s employment status and history:

This participant is currently employed.

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

**Describe the position:** ________________________________________________________________

**Current hourly wage:** ________________________________________________________________

This participant was legally employed prior to incarceration.

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

**Describe past position:** _________________________________________________________________

**Previous hourly wage:** _________________________________________________________________

This participant has never been legally employed.

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

**Participant’s annual income (prior to incarceration):**

- [ ] 1 Under $15,000
- [ ] 2 Between $15,000 and $24,999
- [ ] 3 Between $25,000 and $49,999
- [ ] 4 Between $50,000 and $74,999
- [ ] 5 $75,000 or more
- [ ] 8 Don’t know
**Participant’s health history**

Does the participant have a history of substance abuse?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

Has the participant ever been a victim of sexual assault or exploitation?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

Is the participant suffering from any of the following mental health conditions? *(Check all that apply)*
- [ ] 1 Depression
- [ ] 2 Bipolar disorder
- [ ] 3 Anxiety disorders
- [ ] 4 Post-traumatic stress disorder
- [ ] 5 Personality disorder (e.g., Borderline personality disorder)
- [ ] 6 Schizophrenia/hallucinations
- [ ] 7 Eating disorder (e.g., anorexia or bulimia)
- [ ] 8 Other (Describe __________________________________________)

Does the participant suffer from any chronic medical conditions (e.g., HIV/AIDS, diabetes, etc.)
- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

Describe chronic medical conditions: __________________________________________

**If yes, is the participant receiving treatment for this chronic condition?**
- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

Describe medical treatment: __________________________________________
Participant's criminal history

Type of crime that led to the participant’s current incarceration? *(Check all that apply)*

- [ ] 1 Drug related crime
- [ ] 2 Prostitution
- [ ] 3 Theft/property crime
- [ ] 4 Counterfeiting/forgery
- [ ] 5 Embezzlement/fraud
- [ ] 6 Violent crime (Describe: ____________________________)
- [ ] 7 Parole or probation violation
- [ ] 8 Other (Describe: ____________________________)

Number of times the participant has been previously incarcerated:

- [ ] 1 Zero
- [ ] 2 One or two times (not including this one)
- [ ] 3 Three or more times (not including this one)

If one or more times, please indicate prior known offenses: *(Check all that apply)*

- [ ] 1 Drug related crime
- [ ] 2 Prostitution
- [ ] 3 Theft/property crime
- [ ] 4 Counterfeiting/forgery
- [ ] 5 Embezzlement/fraud
- [ ] 6 Violent crime (Describe: ____________________________)
- [ ] 7 Parole or probation violation
- [ ] 8 Other (Describe: ____________________________)

Type of correctional facility participant is currently being held in:

- [ ] 1 Federal prison (Anticipated release date: ___/___/___)
- [ ] 2 State prison (Anticipated release date: ___/___/___)
- [ ] 3 County/local jail (Anticipated release date: ___/___/___)
- [ ] 4 Halfway house
  
  Describe this facility: ____________________________
  
  Anticipated release date: ___/___/___

- [ ] 5 Rehabilitation or treatment center
  
  Describe this facility: ____________________________
  
  Anticipated release date: ___/___/___

- [ ] 6 Other facility
  
  Describe this facility: ____________________________
  
  Anticipated release date: ___/___/___

- [ ] 6 This client has been released and is now living in the community.
  
  Describe client’s current living arrangements: ____________________________
  
  Date of release: ___/___/___
Participant’s stated goals at program entry

Participant’s main goals in the area of **family relationships**:  
☐ 1 To improve relations with the children’s caregiver  
☐ 2 To improve relations with her minor children  
☐ 3 To improve relations with significant other (if this is not caregiver)  
☐ 4 To increase the frequency of her contact with her minor children  
☐ 5 To regain legal custody of her minor children if custody has been transferred to someone else  
☐ 6 To successfully reunify with her children after release

Participant’s main goal in the areas of **education, employment, and housing**:  
☐ 1 To complete a GED or other educational degree  
☐ 2 To obtain a part-time or full-time job prior to or upon release  
☐ 3 To maintain employment upon entering the community  
☐ 4 To obtain stable housing upon release

Participant’s main goal in the area of **emotional and mental health**:  
☐ 1 To learn to control anger / receive help with anger management  
☐ 2 To receive appropriate treatment for depression or another major mental illness  
☐ 3 To receive appropriate treatment for post-traumatic stress disorder (or other forms of trauma or bereavement)  
☐ 4 To receive appropriate treatment for drug or alcohol addiction  
☐ 5 To remain drug free upon release to the community

Other key goals stated by the participant upon program entry (include up to 3 additional goals):

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________
____________________________________________________________________________________________
Recommended service plan for participant

Please use the checkboxes below to indicate which of the following services the participant is being referred to as part of the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:
- The frequency of the service (weekly, monthly, etc.);
- The duration of the service duration (1 month, 6 months, 1 time service, etc.); and
- The program, agency or internal program staff member that will be responsible for carrying out the service

Use the “other” category to describe a service not listed here, and complete the same information described above.

<table>
<thead>
<tr>
<th>Type of service the participant will be receiving (Please check all that apply)</th>
<th>Frequency of service</th>
<th>Duration of service</th>
<th>Staff (or partner agency) responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 GED/educational programming</td>
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<td>☐ 2 Employment/vocational training</td>
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<td>☐ 3 Job placement services</td>
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<td>☐ 4 Lifeskills training</td>
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<td>☐ 5 Mental health treatment</td>
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<td>☐ 6 Substance abuse treatment</td>
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<td>☐ 7 Anger management classes</td>
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<td>☐ 8 Parenting classes</td>
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<td>☐ 9 Couples therapy</td>
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<td>☐ 14 Enhanced visitation opportunities</td>
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<td>☐ 15 Mentoring of prisoners program</td>
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<td>☐ 16 Family Coaching</td>
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<td>☐ 17 Rapid re-housing grant</td>
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<td>☐ 18 Other housing assistance (Describe: ________________________________ )</td>
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<td>☐ 19 Barrier busters fund (Describe: ________________________________ )</td>
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<td>☐ 20 Other (Describe: ________________________________ )</td>
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<tr>
<td>☐ 21 Words Travel</td>
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</table>

Look Up and Hope: Process Evaluation 33 Wilder Research, January 2015
Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and children’s caregiver, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.
Look Up and Hope Data Collection Form
Baseline: Child

LUH Site: □ 2 Indianapolis □ 3 Houston □ 4 South Dakota □ 5 Maine

Program staff completing this form: ___________________________________________

Participant's personal/identifying information

Participant Name: _____________________________________________________________________

Date of program enrollment ___/___/____

Please assign this participant a family I.D. number (used for all members of the family) and an individual I.D. number that is unique to only them. Do not use decimals or letters, and write this number down in your case files.

Family I.D. Number:______________________   Individual I.D. Number: ___________________

Demographics

Caregiver's gender (Check one)

☐ 1 Male        ☐ 2 Female        ☐ 3 Transgender

Child's age __________

Child's race/ethnicity? (Check one)

☐ 1 African American/Black
☐ 2 American Indian
☐ 3 Asian
☐ 4 Pacific Islander
☐ 5 White
☐ 6 Latino or Hispanic
☐ 7 Two or more races
☐ 8 Other (Describe: _____________________________________________________________)

Child's family history and relationship

Which of the following best describes the child's current caregiver? (Check only one)

☐ 1 Parent or step-parent
☐ 2 Grandmother
☐ 3 Grandfather
☐ 4 Other family member
☐ 5 Family friend(s)/fictive kin
☐ 6 Foster parent(s)
☐ 7 Adoptive parent(s)
☐ 8 Institutional placement

Please describe how the caregiver is related to the child: __________________________________________________________
How long has the child been in the care of this person? __________________________

Does the child have any siblings or other close family members who are also living in the same household with the caregiver?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, do any of these other family members assist with the caregiving?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe the assistance: ___________________________________________________________________

Based on the information available to you, how would you characterize the child’s emotional relationship with his/her current caregiver(s)?

☐ 1 Poor (i.e., there seems to be a lot of conflict in the relationship)
☐ 2 Fair (i.e., there is sometimes tension in the relationship(s), but the child and caregiver generally get along)
☐ 3 Good (i.e., the child and caregiver(s) get along well and have a nurturing and supportive relationship)
☐ 4 Other (Describe: __________________________________________________________________________)

Did the child live with his/her mother prior to her incarceration?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, was the child ever subject to abuse or neglect in the incarcerated parent’s care?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

How frequently does the child have contact with their incarcerated parent now?

☐ 1 Weekly
☐ 2 Monthly
☐ 3 Every 2-3 months
☐ 4 Every 3 to 6 months
☐ 5 Once or twice per year
☐ 6 Less than once a year

Based on the information available to you now, how would you characterize the emotional quality of the child’s relationship with their incarcerated parent?

☐ 1 None (i.e., child and parent have no contact)
☐ 2 Poor (i.e., there seems to be a lot of conflict in the relationship/child prefers not to have contact with parent)
☐ 3 Fair (i.e., there is some tension in the relationship, but the child and parent have some contact and generally get along)
☐ 4 Good (i.e., child and caregiver have regular contact, get along well, and do the best they can to maintain a positive relationship)
☐ 5 Other (Describe: __________________________________________________________________________)
In your opinion, what is the likelihood that this child and his / her incarcerated parent will be reunified post incarceration?

- 1 None (parent has lost formal custody of the child and is unlikely to have it restored; or parent is uninterested in reunification)
- 2 Poor (parent, child, or caregiver is resistant to reunification and/or parent is unlikely to be able to provide a stable environment for child)
- 3 Fair (i.e., family members are interested in reunification, but incarcerated parent may not be able to provide housing and other necessities for child)
- 4 Good (i.e., all family members are committed to reunification and it seems likely that parent will have access to housing, and resources necessary to meet the child’s basic needs)
- 5 Other (describe: ______________________________________________________________________)

**Child’s basic needs**

**Is the child provided with adequate adult supervision when not in school?**

- 1 Yes
- 2 No
- 8 Don’t know

Describe why or why not: ______________________________________________________________________

**Is there safe and stable housing for the child?**

- 1 Yes
- 2 No
- 8 Don’t know

Describe unmet housing needs: ______________________________________________________________________

**Does the child appear to be getting enough to eat?**

- 1 Yes
- 2 No
- 8 Don’t know

Describe why or why not: ______________________________________________________________________

**Does the child appear to be well-clothed?**

- 1 Yes
- 2 No
- 8 Don’t know

Describe why or why not: ______________________________________________________________________

**Does the child have access to regular transportation?**

- 1 Yes
- 2 No
- 8 Don’t know

Describe why or why not: ______________________________________________________________________
Are there any other basic needs of the child’s that are not being met?

☐ 1 Yes
☐ 2 No
☐ 8 Don’t know

Describe unmet needs of child: ________________________________

**Child’s educational history – skip to the next section if child is not school-aged**

What grade is the child in? _________

What is the child’s current grade point average (if available)? _________

- Numeric on a 4-point scale or;
- Describe performance

How would you describe the child’s school attendance record?

☐ 1 Good (child rarely misses school)
☐ 2 Fair (child sometimes misses school, but is not regularly truant)
☐ 3 Poor (child often misses school, but absences are generally “excused”)
☐ 4 Extremely poor (child regularly misses school without an excuse and has an ongoing problem with truancy)
☐ 5 Child no longer attends school/has dropped out

Has the child ever been diagnosed with attention deficit disorder or a different learning disability?

☐ 1 Yes
☐ 2 No
☐ 8 Don’t know

If yes, please describe child’s learning disability: ________________________________

Are they receiving treatment for this disability?

☐ 1 Yes
☐ 2 No
☐ 8 Don’t know

Describe treatment: ________________________________________________

Would academic tutoring or other support benefit the child/help them achieve school success?

☐ 1 Yes
☐ 2 No
☐ 8 Don’t know

Why or why not: ________________________________________________
Child’s emotional, behavioral, and physical health history

Has the child ever been a victim of child abuse or neglect?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe abuse/neglect: ____________________________________________________________

Has the child ever been diagnosed with any of the following mental or emotional health disorders? *(Check all that apply.)*

☐ 1 Anxiety disorder  ☐ 6 Conduct disorder
☐ 2 Depression  ☐ 7 Eating disorder
☐ 3 Bipolar disorder  ☐ 8 Autism
☐ 4 Post-traumatic stress disorder  ☐ 9 Schizophrenia/hallucinations
☐ 5 Attention-deficit/hyperactivity disorders  ☐ 10 Other (Describe: ______________________)

If so, is the child receiving treatment for this condition?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Does the child appear to have any problems with substance use or addiction?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, please describe substance abuse issues: __________________________________________

Does the child suffer from any chronic or life-threatening health conditions, such as asthma, diabetes, or obesity?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, please describe child’s chronic health conditions: __________________________________

Is the child receiving treatment for this condition?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Is the child currently covered by any medical insurance policy?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, describe the type of insurance: ________________________________________________

Is the policy sufficient to cover all the child’s medical needs?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know
Does the child have any history of behavioral problems in school or at home (e.g. regularly acting out, running away, fighting in school, problems with truancy, etc.)?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

If yes, describe child’s behavioral problems:

Has the child ever been arrested or tried for a juvenile offense?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

If yes, describe offense:

Overall, how would you describe this child’s emotional and physical health?

- [ ] 1 Poor (i.e., child appears to have chronic emotional or physical health problems that are not being treated)
- [ ] 2 Fair (i.e., child appears to have chronic emotional or physical health problems, which are being treated or managed with some success)
- [ ] 3 Good (i.e., child has no obvious emotional or physical health problems requiring treatment at this time)
- [ ] 4 Very good (i.e., child appears healthy, well-adjusted and happy in current environment)
- [ ] 5 Other (Describe: __________________________________________________________________________)

Child’s social competencies, interests, and indicators of general well-being

Does the child appear to be unusually shy or withdrawn, or to have trouble making friends?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

Describe child’s shyness: _______________________________________________________________________

Does the child appear to have friends/healthy peer relationships outside the family?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

Describe peer relationships: ___________________________________________________________________

Does the child appear to have healthy adult role models / sources of support?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

Describe adult support: _______________________________________________________________________

Is the child active in any sports, afterschool clubs, or other regularly scheduled extracurricular activities?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

Describe extracurricular activities: ___________________________________________________________________
Are there any other special clubs, activities, or opportunities that the child would like to pursue, but is currently unable to because of lack of transportation, funds, or other family resources?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, describe these activities: _______________________________________________________________

Are there any other, previously unspecified special services or programs that the child might benefit from?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, describe other services that would benefit child: _______________________________________________

**Participant’s stated goals at program entry**

What, if any, specific goals for the future has the child expressed? Please include any stated goals related to family, school, careers, or any other area that might be addressed through the Look Up and Hope program.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
**Recommended service plan for child**

Please use the checkboxes below to indicate which of the following services the participant is being referred to as part of the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:
- The frequency of the service (weekly, monthly, etc.);
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Use the “other” category to describe a service not listed here, and complete the same information described above.

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<td>☐ 2 Academic tutoring or enrichment services</td>
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<td>☐ 3 Transportation assistance</td>
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<td>☐ 4 One-on-one mental health support/therapy</td>
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<td>☐ 10 Family group conferencing</td>
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<td>☐ 11 Positive youth development programming (e.g., arts, sports, extracurriculars, etc.)</td>
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<td>☐ 12 Words Travel</td>
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<td>☐ 13 Assistance with basic needs (e.g., food, clothing, shelter)</td>
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<td>☐ 14 Assistance accessing healthcare</td>
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<td>☐ 15 Barrier busters fund (Describe: ____________________________ )</td>
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Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and children’s caregiver, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
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Look Up and Hope Data Collection Form
Baseline: Caregiver

LUH Site: ☐ 2 Indianapolis  ☐ 3 Houston  ☐ 4 South Dakota  ☐ 5 Maine

Program staff completing this form: _____________________________________________

Participant's personal/identifying information

Participant Name: _____________________________________________________________________

Date of program enrollment ___/___/___

Please assign this participant a family I.D. number (used for all members of the family) and an individual I.D. number that is unique to only them. Do not use decimals or letters, and write this number down in your case files.

Family I.D. Number: ______________________  Individual I.D. Number: ______________________

Demographics

Caregiver’s gender (Check one)
☐ 1 Male  ☐ 2 Female  ☐ 3 Transgender

Caregiver’s age (Check one)
☐ 1 Under 18  ☐ 2 18-25  ☐ 3 26-40  ☐ 4 41-60  ☐ 5 Over 60

Caregiver’s race/ethnicity? (Check one)
☐ 1 African American/Black  ☐ 2 American Indian  ☐ 3 Asian  ☐ 4 Pacific Islander  ☐ 5 White  ☐ 6 Latino or Hispanic  ☐ 7 Two or more races  ☐ 8 Other (Describe: _________________________________.)
### Caregiver’s family history

**Caregiver’s marital status: (Check one)**
- [ ] 1 Married
- [ ] 2 Partnered/in a relationship
- [ ] 3 Single
- [ ] 4 Divorced
- [ ] 5 Widowed
- [ ] 6 Separated

If the caregiver is married or partnered, is there any history of domestic violence in this relationship?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don't know

Please list the names, ages, and custody status of all children currently residing with the caregiver.

<table>
<thead>
<tr>
<th>Name of household member</th>
<th>Age</th>
<th>Relationship to caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 Adult child</td>
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<td>2 Minor child</td>
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<td>3 Grandchild</td>
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<td>4 Foster child</td>
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<td></td>
<td></td>
<td>5 Adoptive child</td>
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<td>6 Other (Describe_________)</td>
</tr>
</tbody>
</table>

Have any of the caregiver’s children or grandchildren ever been removed from the caregiver’s custody because of abuse or neglect?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

If **yes**, please briefly describe familial history of abuse and neglect: _____________________________________________

________________________________________________________________________________________
Will any of the minor children being cared for by the caregiver be participating in the Look Up and Hope program?

- [ ] Yes
- [ ] No
- [ ] Don’t know

Generally speaking, does the caregiver appear to be a mentally and physically competent guardian/caregiver for a minor child?

- [ ] Yes
- [ ] No
- [ ] Don’t know

Does the caregiver receive any assistance or support in caregiving from other family members or friends?

- [ ] Yes
- [ ] No
- [ ] Don’t know

If [Yes], who provides regular support or assistance and how are they related to the caregiver?

__________________________________________________________________________________________

Does the caregiver regularly rely on any local organizations or institutions to assist with caregiving (churches, community drop-in centers, crisis nurseries etc.)?

- [ ] Yes
- [ ] No
- [ ] Don’t know

If [Yes], please describe the agencies and the services they provide:

__________________________________________________________________________________________

Based on the information available to you, how would you characterize the caregiver’s emotional relationship with the minor child(ren) in his/her custody?

- [ ] Poor (i.e., there seems to be a lot of conflict in the relationship(s))
- [ ] Fair (i.e., there is sometimes tension in the relationship(s), but the child and caregiver generally get along)
- [ ] Good (i.e., the child and caregiver(s) get along well and have a nurturing and supportive relationship)
- [ ] Other (Describe: ________________________________)

How frequently does the caregiver have phone or in-person contact with the incarcerated parent who is participating in Look Up and Hope?

- [ ] Weekly
- [ ] Monthly
- [ ] Every 2-3 months
- [ ] Every 3 to 6 months
- [ ] Once or twice per year
- [ ] Less than once a year

Is most contact by phone or in-person?

- [ ] Phone
- [ ] In-person
- [ ] Other (Describe: ________________________________)

__________________________________________________________________________________________
Based on the information available to you now, how would you characterize the emotional quality of the caregiver’s relationship with the incarcerated parent?

- 1 None/no active relationship (caregiver and parent have no contact)
- 2 Poor (i.e., there is a lot of conflict in the relationship/caregiver prefers to have limited contact with parent)
- 3 Fair (i.e., there is tension in the relationship, but the caregiver and parent have regular contact and get along)
- 4 Good (i.e., caregiver and incarcerated parent have regular contact, are generally supportive of one another, and do the best they can to maintain positive relations among family members)
- 5 Other (Describe: ______________________________________________________)

In your opinion, how open is this caregiver to the possibility of family reunification post incarceration? (Please note: for this study’s purposes, family reunification is achieved if the parent and child resume living together—with or without the caregiver)

- 1 Not at all open (caregiver is unwilling to support reunification efforts)
- 2 Somewhat open (caregiver is willing to support parent-child reunification efforts, but has serious concerns)
- 3 Very open (caregiver actively supports parent and child’s reunification and will contribute everything possible to reunification efforts)
- 4 Not applicable (i.e., reunification is not an option for this family, because parent represents threat to child’s well being/parental rights have been terminated)
- 5 Other (Describe: ______________________________________________________)

Does the caregiver have a criminal history of their own, which might limit their ability to visit or live with the incarcerated parent?

- 1 Yes
- 2 No
- 8 Don’t know

Caregiver’s educational, employment, and financial history

Caregiver’s level of educational attainment: (Check one)

- 1 8th grade or less
- 2 Some high school
- 3 Completed high school or GED
- 4 Some college
- 5 Some vocational training
- 6 Two-year college degree
- 7 Four-year college degree
- 8 Graduate degree (MA, MBA, PhD)

Caregiver’s employment history (Check all that apply)

- 1 Unemployed but seeking employment
- 2 Unemployed, not seeking employment (Describe: __________________________________________)
- 3 Employed part-time (less than 20 hours a week)
- 4 Employed full-time without benefits
- 5 Employed full-time with benefits but looking to make a change

If caregiver is employed, what is his/her current wage or salary: ___________________________ Amount

Does the caregiver need assistance with childcare during working hours?

- 1 Yes
- 2 No
- 8 Don’t know
Which, if any, of the following public benefits is the caregiver currently receiving? (Check all benefits received directly by
the caregiver, including any benefits being paid to support the minor children in the caregiver’s custody.)

- ☐ 1 Social security retirement income
- ☐ 2 Social security disability income
- ☐ 3 Social security supplemental income
- ☐ 4 MFIP
- ☐ 5 Food stamps
- ☐ 6 WIC
- ☐ 7 Medicare/Medicaid/State funded health insurance
- ☐ 8 Foster care reimbursement payments
- ☐ 9 Headstart/Early Head Start Services
- ☐ 10 Other (Describe: ________________________________)

Is the caregiver interested in any help applying for additional public benefits he or she may be eligible for?

- ☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, which benefits would they like help pursuing? ________________________________

What is the total annual household income generated by the caregiver and any other adults residing in the house?

- ☐ 1 Under $15,000
- ☐ 2 Between $15,000 and $24,999
- ☐ 3 Between $25,000 and $49,999
- ☐ 4 Between $50,000 and $74,999
- ☐ 5 $75,000 or more
- ☐ 8 Don’t know

Does this amount appear to be adequate to meet all of the basic needs of the caregiver and the children in her/his care?

- ☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe unmet financial needs: ________________________________

**Caregiver’s basic needs**

Does the caregiver have safe and stable housing?

- ☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe unmet housing needs: __________________________________

Does the caregiver appear to be getting enough rest?

- ☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe why or why not: ___________________________________
Does the caregiver appear to be getting enough to eat?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe why or why not: ________________________________________________________________

Does the caregiver appear to be well-clothed?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe why or why not: ________________________________________________________________

Does the caregiver have access to childcare when needed?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe childcare needs: ________________________________________________________________

Does the caregiver have access to regular transportation?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe transportation access: ____________________________________________________________

Does the caregiver have access to any legal services he or she may require?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe legal needs: ________________________________________________________________

Are there any other basic needs of the caregiver that are not being met?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe all other unmet needs: ___________________________________________________________
Caregiver’s physical and emotional health

Does the caregiver have a history of substance abuse?

☐ 1 Yes    ☐ 2 No    ☐ 8 Don’t know

Has the caregiver been a victim of domestic violence, sexual assault, or exploitation?

☐ 1 Yes    ☐ 2 No    ☐ 8 Don’t know

Is the caregiver suffering from any of the following mental health conditions? **(Check all that apply.)**

☐ 1 Depression

☐ 2 Bipolar disorder

☐ 3 Anxiety disorders

☐ 4 Post-traumatic stress disorder

☐ 5 Personality disorder (e.g., Borderline personality disorder)

☐ 6 Schizophrenia/hallucinations

☐ 7 Eating disorder (e.g., anorexia or bulimia)

☐ 8 Other (Describe: __________________________________________)

Does the caregiver suffer from any other chronic medical conditions (e.g., HIV/AIDS, diabetes, high blood pressure, obesity, etc.)?

☐ 1 Yes    ☐ 2 No    ☐ 8 Don’t know

Describe caregiver’s medical conditions: __________________________________________________________

Does the caregiver have regular access to medical care for treatment of these conditions?

☐ 1 Yes    ☐ 2 No    ☐ 8 Don’t know

Does the caregiver have regular access to friends, family, and other sources of emotional support?

☐ 1 Yes    ☐ 2 No    ☐ 8 Don’t know

Does the caregiver have any time to rest and attend to his/her own emotional and physical needs?

☐ 1 Yes    ☐ 2 No    ☐ 8 Don’t know

Overall, how would you characterize the caregiver’s general health and well-being?

☐ 1 Poor (caregiver appears to have chronic emotional or physical health problems that are not being addressed)

☐ 2 Fair (caregiver appears to have chronic emotional or physical health problems, but they are being treated with some success)

☐ 3 Good (caregiver has no obvious emotional or physical health problems requiring treatment at this time)

☐ 4 Very good (caregiver appears to physically fit and emotionally and cognitively stable)

☐ 5 Other (Describe: __________________________________________)
Caregiver’s stated goals at program entry

Caregiver’s main goals in the area of **family relationships:**
- ☐ 1 To improve relations with the incarcerated parent
- ☐ 2 To improve relations with the children in her/his care
- ☐ 3 To increase family’s level of contact with the incarcerated parent
- ☐ 4 To support the successful reentry of the incarcerated parent back into the community
- ☐ 5 To support the reunification of the incarcerated parent and her child(ren)

Caregiver’s main goal(s) in the areas of **employment and finances:**
- ☐ 1 To obtain a part-time or full-time job
- ☐ 2 To obtain a better paying job
- ☐ 3 To receive additional public assistance/establish benefits eligibility for unclaimed benefits
- ☐ 4 To receive assistance in meeting family’s basic needs (e.g., food, clothing, shelter, and transportation)
- ☐ 5 To receive assistance in paying for children’s educational activities and interests

Caregiver’s key goals in the area of **emotional and mental health:**
- ☐ 1 To get along better with incarcerated parent
- ☐ 2 To get along better with minor children in her care
- ☐ 3 To receive appropriate treatment for any physical or mental health problems he or she is facing
- ☐ 4 To find new sources of emotional support

Other key goals stated by the caregiver upon program entry: (You may include up to 3 additional goals.)
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________
____________________________________________________________________________________________
**Recommended service plan for caregiver**

Please use the checkboxes below to indicate which of the following services the participant is being referred to as part of the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:
- The frequency of the service (weekly, monthly, etc.);
- The duration of the service duration (1 month, 6 months, 1 time service, etc.); and
- The program, agency or internal program staff member that will be responsible for carrying out the service

Use the “other” category to describe a service not listed here, and complete the same information described above.

<table>
<thead>
<tr>
<th>Type of service the participant will be receiving (Please check all that apply)</th>
<th>Frequency of service</th>
<th>Duration of service</th>
<th>Staff (or partner agency) responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 Family coaching services</td>
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<tr>
<td>☐ 2 Kinship navigator services</td>
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<tr>
<td>☐ 3 Employment/job placement assistance</td>
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<td>☐ 4 One-on-one mental health support/therapy (e.g., individualized treatment for depression)</td>
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<td>☐ 5 Physical health services</td>
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<tr>
<td>☐ 6 Peer support group (e.g., caregiver or grandparents support group)</td>
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<td>☐ 7 Assistance with transportation</td>
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<td>☐ 8 Assistance with housing</td>
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<td>☐ 9 Assistance determining benefits eligibility</td>
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<td>☐ 10 Legal assistance</td>
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<td>☐ 11 Couples therapy</td>
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<td>☐ 12 Family therapy</td>
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<td>☐ 13 Group therapy</td>
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<tr>
<td>☐ 14 Family group conferencing</td>
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<td>☐ 15 GED/Educational programming</td>
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<tr>
<td>☐ 16 Mentoring services (caregiver or family-based) (Describe:______________________________)</td>
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<td>☐ 16 Barrier busters fund (Describe:______________________________)</td>
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<td>☐ 17 Other (Describe:______________________________)</td>
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</table>
Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and children’s caregiver, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Look Up and Hope Data Collection Form
Follow-up: Parent

LUH Site:  
☐ 2 Indianapolis  ☐ 3 Houston  ☐ 4 South Dakota  ☐ 5 Maine

Program staff completing this form: __________________________________________

Participant’s personal/identifying information

Participant Name: __________________________________________________________

Please use the same numbers assigned on the baseline assessment form!

Family I.D. Number: _______________ Individual I.D. Number: _______________

Assessment information

Select the type of follow-up assessment:

Interim assessments pertain to clients who have received LUH services for about 6 months, and are still in the program at present.

☐ 1 This is an interim assessment. Date completed: ___/___/___

Final assessments are for clients who have exited the program.

☐ 2 This is the client’s final assessment. Date completed: ___/___/___

Participant’s current program status

This participant:

☐ 1 is currently receiving services.
☐ 2 completed the program.
☐ 3 dropped out of the program.
☐ 4 is no longer receiving services for some other reason.

Please describe the client’s participation in the program: __________________________________________

Where is this participant currently living?

☐ 1 Homeless
☐ 2 Transitional, temporary housing
☐ 3 A group residential facility/group home
☐ 4 This client has been released and is now living in the community with family and friends.
  Date of release: ___/___/___
☐ 5 This client has been released and is now living in the community alone.
  Date of release: ___/___/___
☐ 6 The living arrangement has not changed since LUH enrollment.

Please describe the client’s current living arrangement: __________________________________________
If released, is this participant:
- On probation, parole or under DOC supervision
- Living in the community without supervision/no longer on probation or parole

Participant's parenting knowledge and family relationships

Through your program, has the participant received any formal parenting education/parenting training?
- Yes
- No
- Don't know

If yes, has the participant demonstrated an improved knowledge of parenting following this training?
- Yes
- No
- Don't know

Participant has (check all that apply):
- Demonstrated improved knowledge on pre-and post-test of parenting skills
- Demonstrated improved knowledge in discussions with staff
- Demonstrated improved knowledge during visitation sessions and/or observed interactions with children
- Demonstrated improved knowledge during home visits by staff
- Other

Please describe improved parenting: ____________________________________________________________

Since the last assessment, have there been any changes to the participant’s marital status?
- Yes
- No
- Don’t know

If yes, please indicate the change. The participant is now:
- Married
- Partnered/in a relationship
- Single
- Divorced
- Widowed
- Other (Describe: ________________________________ )
Since the last assessment, have there been any changes in the participant’s level of contact with her minor children?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, please indicate the change. The participant:

☐ 1 Has decreased contact with children or stopped having contact with children
☐ 2 Has increased contact with her minor children
☐ 3 Is now living with/reunified her children
☐ 4 Other (Describe: ____________________________)

Since their last assessment, have there been any changes in the participant’s level of contact with her children’s caregiver?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, please indicate the change. The participant:

☐ 1 Has decreased contact with caregiver or stopped having contact with caregiver
☐ 2 Has increased contact with her children’s caregiver
☐ 3 Is now living with her children’s caregiver
☐ 4 Other (Describe: ____________________________)

Since their last assessment, have there been any other significant changes in participant’s relationships with other family members?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Please describe change in relationships with other family members:
________________________________________________________________________________________

Participant’s educational and employment status

Since their last assessment, have there been any changes in the participant’s educational status

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, please indicate the change. The participant has now:

☐ 1 Enrolled in a literacy or basic ed. program  ☐ 2 Enrolled in high school or GED program
☐ 3 Completed high school or their GED  ☐ 4 Enrolled in a vocational education program
☐ 5 Enrolled in a 2 or 4-year college degree program  ☐ 6 Completed a 2- or 4- year college degree
☐ 7 Started work on a graduate degree  ☐ 8 Other (Describe: ____________________________)
Since their last assessment, have there been any changes in the participant's employment status?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don't know

If yes, please indicate the change. The participant:

☐ 1 Was employed, and lost their job.

☐ 2 Was unemployed, and secured a new part-time job.

   How long have they been employed: ____________________________
   What is their current wage: ____________________________

☐ 3 Was unemployed, and secured a new full-time job.

   How long have they been employed: ____________________________
   What is their current wage: ____________________________

☐ 4 Was employed, and got an additional part- or full-time job.

   How long have they been employed (at new job): ____________________________
   What is their current wage (at new job): ____________________________

☐ 5 Was employed, and changed their job.

   How long have they been employed (at new job): ____________________________
   What is their current wage (at new job): ____________________________

☐ 6 Other (Please describe other changes in employment status: ____________________________________________)

If the participant is living in the community, have they been steadily employed for at least 90 days since their release?

☐ 1 Yes  ☐ 2 No  ☐ 7 Does not apply

Participant's healthcare status

Since the last assessment, have there been any changes to participant's healthcare status?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don't know

If yes, please indicate change. This participant has:

☐ 1 Been diagnosed with a new mental or physical health disorder

☐ 2 Begun receiving a new treatment for one or more of their conditions

☐ 3 Recovered from, or successfully completed treatment for, one or more their conditions

☐ 4 Other (Describe: ____________________________________________ )
Participant's legal status

Since their last assessment, has this participant engaged in any new criminal activity?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don't know

If yes, please indicate new criminal activity. This participant has:

☐ 1 Violated the terms of their parole/probation/supervision
   Type of violation: ______________________
   Date of violation: ___/___/___

☐ 2 Been arrested for, or convicted of, a new criminal offense
   Type of re-offense: ______________________
   Date of re-offense: ___/___/___

☐ 3 Other (Describe: __________________________________________________________)


**Participant's progress in attaining personal goals**

*Please review the goals stated at program entry (on baseline assessment) and indicate the extent to which they have made progress since their last assessment. Use the middle column to specify a new goal (i.e. one not selected at program entry but has since become a focus area of the client)*.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 To improve relations with the children’s caregiver</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
<td>☐ No progress ☐ Some progress ☐ Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>2 To improve relations with her minor children</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
<td>☐ No progress ☐ Some progress ☐ Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>3 To improve relations with significant other</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
<td>☐ No progress ☐ Some progress ☐ Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>4 To increase the frequency of her contact with her minor children</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
<td>☐ No progress ☐ Some progress ☐ Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>5 To regain legal custody of her minor children if custody has been transferred to someone else</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
<td>☐ No progress ☐ Some progress ☐ Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>6 To successfully reunify with children after release</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
<td>☐ No progress ☐ Some progress ☐ Goal achieved Comments on progress: __________________</td>
</tr>
</tbody>
</table>
### Education, employment and housing

<table>
<thead>
<tr>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
</table>
| 1 To complete a GED or other educational degree | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |
| 2 To obtain part-time or full-time job prior to/upon release | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |
| 3 To maintain employment upon entering the community | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |
| 4 To obtain stable housing upon release | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |

### Emotional and mental health

<table>
<thead>
<tr>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
</table>
| 1 To learn to control anger / receive help with anger management | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |
| 2 To receive appropriate treatment for depression/chronic mental illness | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |
| 3 To improve relations with significant other | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |
| 4 To receive appropriate treatment for drug or alcohol addiction | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |
| 5 To remain drug free upon release to the community | ☐ Yes ☐ No ☐ Don’t know | ☐ No progress ☐ Some progress ☐ Goal achieved  
Comments on progress: __________________ |
### Other goals

<table>
<thead>
<tr>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ Yes, ☐ No, ☐ Don’t know</td>
<td>☐ No progress, ☐ Some progress, ☐ Goal achieved, Comments on progress: __________________</td>
</tr>
<tr>
<td>2</td>
<td>☐ Yes, ☐ No, ☐ Don’t know</td>
<td>☐ No progress, ☐ Some progress, ☐ Goal achieved, Comments on progress: __________________</td>
</tr>
<tr>
<td>3</td>
<td>☐ Yes, ☐ No, ☐ Don’t know</td>
<td>☐ No progress, ☐ Some progress, ☐ Goal achieved, Comments on progress: __________________</td>
</tr>
</tbody>
</table>

### Follow-up service plan for participant

Have there been any changes to the participant’s service plan since their last assessment?

☐ 1 Yes → Please reflect changes in the table below, in addition to any new services.

☐ 2 No, the client is receiving the services described at intake with no changes.
Please use the checkboxes below to indicate which of the following services the participant has received, or is currently receiving, through the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:
- The frequency of the service (weekly, monthly, etc.);
- The duration of the service duration (1 month, 6 months, 1 time service, etc.);
- The status of the service, i.e. if it was modified, added or dropped from the baseline service plan
- The program, agency or internal program staff member that will be responsible for carrying out the service

Use the “other” category to describe a service not listed here, and complete the same information described above.

<table>
<thead>
<tr>
<th>Type of service the participant will be receiving</th>
<th>Frequency of service</th>
<th>Duration of service</th>
<th>Status</th>
<th>Staff (or partner agency) responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 GED/educational programming</td>
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<tr>
<td>2 Employment/vocational training</td>
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<td>3 Job placement services</td>
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<td>4 Lifeskills training</td>
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<td>5 Mental health treatment</td>
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<td>6 Substance abuse treatment</td>
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<td>7 Anger management classes</td>
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<td>8 Parenting classes</td>
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<td>9 Couples therapy</td>
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<td>12 Peer support group (e.g., AA)</td>
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<td>13 Family group conferencing</td>
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<td>14 Enhanced visitation opportunities</td>
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<td>15 Mentoring of prisoners program</td>
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<td>16 Family Coaching</td>
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<td>17 Rapid re-housing grant</td>
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<td>18 Other housing assistance</td>
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<td>(Describe:______________________________________)</td>
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<td>19 Barrier busters fund</td>
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<td>20 <em>Words Travel</em></td>
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<td>21 Other</td>
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<td>(Describe:______________________________________)</td>
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</table>
Reentry planning

If the participant is about to be released into the community, or has already been released, do they have a written reentry (or discharge) plan?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, which of the following areas are addressed in this plan? (Check all that apply)

☐ 1 Employment
☐ 2 Housing
☐ 3 Transportation
☐ 4 Substance abuse or mental health treatment
☐ 5 Other healthcare needs
☐ 6 Family relations
☐ 7 Community supports
☐ 8 Faith relationships
☐ 9 Other (Describe: ________________________________________________)

Was the participant’s family or friends involved in any way of the preparation of this plan?

☐ 1 Yes
   Please identify who was involved: ________________________________
☐ 2 No
☐ 8 Don’t know

If the participant does not currently have a written reentry plan, have they been involved in any preliminary or informal planning for reentry?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, have their family or friends been involved in this planning?

☐ 1 Yes
   Please identify who was involved: ________________________________
☐ 2 No
☐ 8 Don’t know
Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and children’s caregiver, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Look Up and Hope Data Collection Form
Follow-up: Child

LUH Site: 2 Indianapolis 3 Houston 4 South Dakota 5 Maine

Program staff completing this form: ________________________________

Participant's personal/identifying information

Participant Name: _________________________________________________

Please use the same numbers assigned on the baseline assessment form!

Family I.D. Number: _________________ Individual I.D. Number: _________________

Assessment information

Select the type of follow-up assessment:

Interim assessments pertain to clients who have received LUH services for about 6 months, and are still in the program at present.

☐ 1 This is the client's interim assessment. Date completed: ___/___/___

Final assessments are for clients who have exited the program.

☐ 2 This is the client's final assessment. Date completed: ___/___/___

Child's household information

Since the last assessment, have there been any changes to the child's household/family structure?

☐ 1 Yes ☐ 2 No ☐ 8 Don't know

If yes, describe the changes in the household. (Check all that apply)

☐ 1 Change in primary caregiver
☐ 2 Change in children residing in household.
☐ 3 Change in adults residing in household.
☐ 4 Change in place of residence.
☐ 8 Don't know

Please describe the changes in the household: ____________________________________________
At this point in time, how would you characterize the current state of the child's emotional relationship with his/her caregiver(s)?

- □ 1 Poor (i.e., there seems to be a lot of conflict in the relationship)
- □ 2 Fair (i.e., there is sometimes tension in the relationship(s), but the child and caregiver generally get along)
- □ 3 Good (i.e., the child and caregiver(s) get along well and have a nurturing and supportive relationship)
- □ 4 Other (Describe: )

Child’s relationship with parent participating in Look Up and Hope

Have the child and his/her incarcerated parent been reunited?

- □ 1 Yes
- □ 2 No
- □ 8 Don’t know

If not reunified, what is the likelihood they will be reunified in the future?

- □ 1 None (parent has lost formal custody of the child and is unlikely to have it restored; or parent is uninterested in reunification)
- □ 2 Poor (parent, child, or caregiver is resistant to reunification and/or parent is unlikely to be able to provide a stable environment for child)
- □ 3 Fair (i.e., family members are interested in reunification, but incarcerated parent may not be able to provide housing and other necessities for child)
- □ 4 Good (i.e., all family members are committed to reunification and it seems likely that parent will have access to housing, and resources necessary to meet the child’s basic needs)
- □ 5 Other
- □ 8 Don’t know

Please describe the likelihood of reunification:

How frequently does the child have contact with their incarcerated parent now?

- □ 1 The child is currently living with their released mother.
- □ 2 The child currently resides with their released mother on a part-time basis.
- □ 3 Monthly
- □ 4 Every 2-3 months
- □ 5 Every 3 to 6 months
- □ 6 Once or twice per year
- □ 7 Less than once a year

Since the last assessment, would you say the child’s relationship with his/her incarcerated mother:

- □ 1 Improved
- □ 2 Deteriorated
- □ 3 Stayed the same
- □ 8 Don’t know
At this point in time, how would you characterize the emotional quality of the child's relationship with their incarcerated parent?

- □ 1 None (i.e., child and parent have no contact)
- □ 2 Poor (i.e., there seems to be a lot of conflict in the relationship/child prefers not to have contact with parent)
- □ 3 Fair (i.e., there is some tension in the relationship, but the child and parent have some contact and generally get along)
- □ 4 Good (i.e., child and caregiver have regular contact, get along well, and do the best they can to maintain a positive relationship)
- □ 5 Other (Describe: __________________________________________________________________________)

Child's basic needs

At this point in time, are all the child's basic physical needs being met?

- □ 1 Yes
- □ 2 No
- □ 8 Don’t know

If no, please indicate which of the following basic needs are not being met (Check all that apply):

- □ 1 Housing/shelter
- □ 2 Food
- □ 3 Clothing
- □ 4 Health insurance/access to healthcare
- □ 5 Transportation
- □ 6 Other __________________________________________________________________________

Is the child provided with adequate adult supervision when not in school?

- □ 1 Yes
- □ 2 No
- □ 8 Don’t know

Describe why or why not: _______________________________________________________________________

Child’s progress in school – skip to the next section if child is not school-aged

Since the last assessment, would you say the child’s attendance has:

- □ 1 Improved
- □ 2 Deteriorated
- □ 3 Stayed the same
- □ 8 Don’t know

At this point in time, how would you describe the child’s school attendance record?

- □ 1 Good (child rarely misses school)
- □ 2 Fair (child sometimes misses school, but is not regularly truant)
- □ 3 Poor (child often misses school, but absences are generally “excused”)
- □ 4 Extremely poor (child regularly misses school without an excuse and has an ongoing problem with truancy)
- □ 5 Child no longer attends school/has dropped out
Since the last assessment, has the child’s grade point average:

- [ ] Improved
- [ ] Deteriorated
- [ ] Stayed the same
- [ ] Don’t know

Please list the child’s current grade point average: _______

Since the last assessment, have there been any other changes or new developments related to the child’s school performance?

- [ ] Yes
- [ ] No
- [ ] Don’t know

Please describe school performance: ______________________________________________

Child’s emotional, behavioral, and physical health

Since the last assessment, has the child developed any new behavioral problems in school or at home (e.g. regularly acting out, running away, fighting in school, problems with truancy, etc.)?

- [ ] Yes
- [ ] No
- [ ] Don’t know

If yes, please describe these new behavioral issues: _____________________________________________

Since the last assessment, has the child been arrested for a juvenile offense?

- [ ] Yes
- [ ] No
- [ ] Don’t know

If yes, please describe new criminal activity: _____________________________________________

Overall, since the last assessment, would you say the child’s behavior in school and at home has:

- [ ] Improved
- [ ] Deteriorated
- [ ] Stayed the same
- [ ] Don’t know
Child’s physical and emotional health

Since the last assessment, have there been any changes to child’s physical or emotional health?

☐ 1 Yes ☐ 2 No ☐ 8 Don’t know

If yes, please indicate the change. The participant has:

☐ 1 Been diagnosed with a new mental or physical health disorder or substance abuse issue
☐ 2 Begun receiving a new treatment for one or more of their conditions
☐ 3 Recovered from, or successfully completed treatment for, one or more of their conditions
☐ 4 Other

Please describe changes to the child’s physical or emotional health: ________________________________

Overall, how would you describe this child’s emotional and physical health at this point in time?

☐ 1 Poor (i.e., child appears to have chronic emotional or physical health problems that are not being treated)
☐ 2 Fair (i.e., child appears to have chronic emotional or physical health problems, which are being treated or managed with some success)
☐ 3 Good (i.e., child has no obvious emotional or physical health problems requiring treatment at this time)
☐ 4 Very good (i.e., child appears healthy, well-adjusted and happy in current environment)
☐ 5 Other (Describe: ____________________________________________________________________)

Child’s social competencies, interests, and indicators of general well-being

Since the last assessment, has the child’s overall level of involvement in the following activities stayed the same, increased, or decreased? (Circle one rating for each item, below)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Increased</th>
<th>Decreased</th>
<th>Stayed the same</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured activities / Extracurricular activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Educational activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Positive relationships with adults outside the family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Positive relationships with other youth outside the family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Hobbies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>

Since the last assessment, have there been any other major changes in the child’s social life, personal interests, extracurricular activities, or general well-being?

☐ 1 Yes ☐ 2 No ☐ 8 Don’t know

If yes, please describe changes: _____________________________________________
Are there any other, previously unspecified special services or programs that the child might benefit from?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

**If yes, please describe changes:** ___________________________________________

---

**Child’s Progress on Personal Goals**

Has this child identified any specific goals for the future (e.g., goals relating to school, careers, their home life, etc.)?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

*If yes,* please identify all of the child’s stated goals below and indicate how much progress they have made towards achieving these goals since their last assessment:

<table>
<thead>
<tr>
<th>Other goals</th>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] 1 Yes</td>
<td>[ ] 1 No progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 2 No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 8 Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

Comments on progress: ________________

<table>
<thead>
<tr>
<th>Other goals</th>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] 1 Yes</td>
<td>[ ] 1 No progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 2 No</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>[ ] 8 Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

Comments on progress: ________________

<table>
<thead>
<tr>
<th>Other goals</th>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] 1 Yes</td>
<td>[ ] 1 No progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 2 No</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>[ ] 8 Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

Comments on progress: ________________

---

**Follow-up service plan for participant**

Have there been any changes to the participant’s service plan *since their last assessment*?

- [ ] 1 Yes  → Please reflect changes in the table below, in addition to any new services.
- [ ] 2 No, the client is receiving the services described at intake with no changes.

Please use the checkboxes below to indicate which of the following services the participant has received, or is currently receiving, through the Look Up and Hope program. *(Check all services that apply.)*
Please also indicate:
- The frequency of the service (weekly, monthly, etc.);
- The duration of the service duration (1 month, 6 months, 1 time service, etc.);
- The status of the service, i.e. if it was modified, added or dropped from the baseline service plan
- The program, agency or internal program staff member that will be responsible for carrying out the service

Use the “other” category to describe a service not listed here, and complete the same information described above.

<table>
<thead>
<tr>
<th>Type of service the participant will be receiving (Please check all that apply)</th>
<th>Frequency of service</th>
<th>Duration of service</th>
<th>Status</th>
<th>Staff (or partner agency) responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mentoring children-of-prisoners program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Academic tutoring or enrichment services</td>
<td></td>
<td></td>
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<tr>
<td>3. Transportation assistance</td>
<td></td>
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<tr>
<td>4. One-on-one mental health support/therapy</td>
<td></td>
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<tr>
<td>5. Group therapy</td>
<td></td>
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<td></td>
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<tr>
<td>6. Peer support group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Enhanced visitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Family therapy</td>
<td></td>
<td></td>
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<tr>
<td>9. Family coaching</td>
<td></td>
<td></td>
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<tr>
<td>10. Family group conferencing</td>
<td></td>
<td></td>
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<tr>
<td>11. Positive youth development programming (e.g., arts, sports, extracurricular, etc.)</td>
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<td></td>
<td></td>
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<tr>
<td>12. Words Travel</td>
<td></td>
<td></td>
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<tr>
<td>13. Assistance with basic needs (e.g., food, clothing, shelter)</td>
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<tr>
<td>14. Assistance accessing healthcare</td>
<td></td>
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<tr>
<td>15. Barrier busters fund (Describe: ___________________________ )</td>
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<td></td>
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<tr>
<td>16. Other (Describe: ___________________________ )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the caregiver and incarcerated mother, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Look Up and Hope Data Collection Form
Follow-up: Caregiver

LUH Site:  □ 2 Indianapolis □ 3 Houston □ 4 South Dakota □ 5 Maine

Program staff completing this form: ___________________________________________

Participant's personal/identifying information

Participant Name: ____________________________________________________________

Please use the same numbers assigned on the baseline assessment form!

Family I.D. Number:______________________   Individual I.D. Number: ___________________

Assessment information

Select the type of follow-up assessment:

Interim assessments pertain to clients who have received LUH services for about 6 months, and are still in the program at present.

□ 1 This is the client's interim assessment. Date completed: ___/___/___

Final assessments are for clients who have exited the program.

□ 2 This is the client's final assessment. Date completed: ___/___/___

Participant's current program status

This participant:

□ 1 Is currently receiving services through Look Up and Hope
□ 2 No longer requires services through Look Up and Hope
□ 3 Program dropout/non-completer (Describe:____________________________________)

Participant's caregiving role

Since the last assessment, has there been any significant change in the caregiver's caretaking role?

□ 1 Yes □ 2 No □ 8 Don't know

If yes, how would you describe their current role in this LUH family?

□ 1 Continues to serve as primary caregiver of the LUH participant's minor children
□ 2 Now shares significant caregiving responsibilities with the LUH parent
□ 3 Has transferred primary caregiving responsibilities to the LUH parent
□ 4 Has transferred primary caregiving responsibilities to another family member or friend
□ 5 Has placed LUH participant's child(ren) in institution or out-of-home placement
□ 6 Other (Describe: __________________________________________________________)
Caregiver's household and family relationships

Since the last assessment, has the caregiver moved?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, is their new housing situation safe and stable?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

Describe new housing situation:__________________________________________________________________

Since the last assessment, has anyone moved into or out of the caregiver’s household?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, describe the change in the household. (Check all that apply)

☐ 1 The incarcerated parent has moved in or out of the caregiver’s household.
☐ 2 One or more adult residents have moved in or out.
☐ 3 One or more minor children have moved in or out.
☐ 4 Other

Please describe the changes in the household: ______________________________________________________

Since the last assessment, has there been a change in the caregiver’s level of contact with the incarcerated parent?

☐ 1 Yes  ☐ 2 No  ☐ 8 Don’t know

If yes, please indicate how the level of contact changed. The caregiver:

☐ 1 Has decreased or stopped having contact with incarcerated parent.
☐ 2 Has increased contact with the incarcerated parent
☐ 3 Is now living with the incarcerated parent
☐ 4 Other

Please comment on any changes in contact: _______________________________________________________

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Since their last assessment, has there been any change in the caregiver’s level of support for family reunification (i.e., the parent and child(ren) living together, with or without the caregiver)?

☐ 1 Yes ☐ 2 No ☐ 8 Don’t know

If yes, please indicate how the support for reunification has changed. The caregiver has:

☐ 1 Become more open to the idea
☐ 2 Become less open to the idea
☐ 3 Not sure
☐ 4 Other

Please comment on any changes support: _______________________________________________________

At this point in time, how would you characterize the caregiver’s relationship with the incarcerated parent?

☐ 1 None/no active relationship (caregiver and parent have no contact)
☐ 2 Poor (i.e., there is a lot of conflict in the relationship/caregiver prefers to have limited contact with parent)
☐ 3 Fair (i.e., there is tension in the relationship, but the caregiver and parent have regular contact and get along)
☐ 4 Good (i.e., caregiver and incarcerated parent have regular contact, are generally supportive of one another, and do the best they can to maintain positive relations among family members)
☐ 5 Other (Describe: ________________________)

At this point in time, how would you characterize the caregiver’s current relationship with the minor child(ren) in their care?

☐ 1 Poor (i.e., there seems to be a lot of conflict in the relationship(s)
☐ 2 Fair (i.e., there is sometimes tension in the relationship(s), but the child and caregiver generally get along)
☐ 3 Good (i.e., the child and caregiver(s) get along well and have a nurturing and supportive relationship)
☐ 4 Other (Describe: ________________________)

Since their last assessment, have there been any other significant changes in the caregiver’s family relations?

☐ 1 Yes ☐ 2 No ☐ 8 Don’t know

Please describe change in relationships with other family members:

__________________________________________________________________________________________
Caregiver’s educational, employment, and financial history

Since their last assessment, have there been any changes in the caregiver’s educational status?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

If yes, please describe the change in education status. The caregiver has *(Check all that apply)*:

- [ ] 1 Enrolled in a literacy or basic ed. program
- [ ] 2 Enrolled in high school or GED program
- [ ] 3 Completed high school or their GED program
- [ ] 4 Enrolled in a vocational education program
- [ ] 5 Enrolled in a 2 or 4-year college degree program
- [ ] 6 Completed a 2- or 4-year college degree program
- [ ] 7 Started work on a graduate degree
- [ ] 8 Other _______________________

Since their last assessment, have there been any changes in the caregiver’s employment status?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

If yes, please describe the change in employment status. The caregiver has *(Check all that apply)*:

- [ ] 1 Lost their job
- [ ] 2 Secured a new part-time job
- [ ] 3 Secured a new full-time job
- [ ] 4 Begun actively seeking work
- [ ] 5 Unemployed, but has given up seeking work
- [ ] 6 Other _______________________

If the participant is now employed, how long have they been in their current position? ______________________

What is their hourly wage? ______________________

Since the last assessment, has the caregiver begun receiving any of the following benefits? *(Check all benefits received directly by the caregiver, including any benefits being paid to support the minor children in the caregiver’s custody.)*

- [ ] 1 Social security retirement income
- [ ] 2 Social security disability income
- [ ] 3 Social security supplemental income
- [ ] 4 MFIP
- [ ] 5 Food stamps
- [ ] 6 WIC
- [ ] 7 Medicare/Medicaid/State funded health insurance
- [ ] 8 Foster care reimbursement payments
- [ ] 9 Headstart/Early Head Start Services
- [ ] 10 Other (Describe: _______________________

Since the last assessment, has caregiver started receiving any other new resources or support from family or friends?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Don’t know

If yes, please describe these new resources or support: ________________________
Since the last assessment, has caregiver started receiving any other new resources or support from local churches or other philanthropic organizations?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don’t know

If yes, please describe these new resources or support: _____________________________________________

Since the last assessment, has the caregiver’s total annual household income changed significantly?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don’t know

If yes, what is the caregivers new annual household income?

☐ 1 Under $15,000  
☐ 2 Between $15,000 and $24,999  
☐ 3 Between $25,000 and $49,999  
☐ 4 Between $50,000 and $74,999  
☐ 5 $75,000 or more  
☐ 8 Don’t know

Does this amount appear to be adequate to meet the basic needs of the caregiver and children in her/his care?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don’t know

Please indicate any basic needs that are still unmet (Check all that apply):

☐ 1 Housing/shelter   ☐ 2 Food   ☐ 3 Clothing   ☐ 4 Health insurance/access to healthcare   ☐ 5 Transportation   ☐ 6 Childcare   ☐ 7 Legal needs   ☐ 8 Other (Describe:____________________________________)

Caregiver’s physical and emotional health

Since the last assessment, have there been any changes to caregiver’s physical or emotional health?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don’t know

If yes, please indicate the change. The participant has:

☐ 1 Been diagnosed with a new mental or physical health disorder or substance abuse issue  
☐ 2 Begun receiving a new treatment for one or more of their conditions  
☐ 3 Recovered from, or successfully completed treatment for, one or more of their conditions  
☐ 4 Other

Please describe changes to the caregiver’s physical or emotional health: _____________________________________________
At this point in time, how would you characterize the caregiver’s health and well-being at this time?

- Poor (caregiver appears to have chronic emotional or physical health problems that are not being addressed)
- Fair (caregiver appears to have chronic emotional or physical health problems, but they are being treated with some success)
- Good (caregiver has no obvious emotional or physical health problems requiring treatment at this time)
- Very good (caregiver appears to physically fit and emotionally and cognitively stable)
- Other (Describe: ____________________________)

**Participant's progress in attaining personal goals**

Please review the goals stated at program entry (on baseline assessment) and indicate the extent to which they have made progress since their last assessment. Use the middle column to specify a new goal (i.e. one not selected at program entry but has since become a focus area of the client).

<table>
<thead>
<tr>
<th>Family Relationships</th>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Yes</td>
<td>☐ No progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No</td>
<td>☐ Some progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Don’t know</td>
<td>☐ Goal achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Comments on progress:</td>
</tr>
<tr>
<td>1 To improve relations with the incarcerated parent</td>
<td>☐ Yes</td>
<td>☐ No progress</td>
<td>☐ Some progress</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 To improve relations with the children in her/his care</td>
<td>☐ Yes</td>
<td>☐ No progress</td>
<td>☐ Some progress</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 To increase family’s level of contact with the incarcerated parents</td>
<td>☐ Yes</td>
<td>☐ No progress</td>
<td>☐ Some progress</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 To support the successful reentry of the incarcerated parent back into the community</td>
<td>☐ Yes</td>
<td>☐ No progress</td>
<td>☐ Some progress</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☐ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 To support the reunification of the incarcerated parent and her child(ren)</td>
<td>☐ Yes</td>
<td>☐ No progress</td>
<td>☐ Some progress</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>☐ Don’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Education, employment and housing

<table>
<thead>
<tr>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To obtain a part-time or full-time job</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>2. To obtain a better paying job</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>3. To receive additional public assistance/establish benefits eligibility for unclaimed benefits</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>4. To receive assistance in meeting family’s basic needs (e.g., food, clothing, shelter, and transportation)</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>5. To receive assistance in paying for children’s educational activities and interests</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
</tbody>
</table>

### Emotional and mental health

<table>
<thead>
<tr>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To get along better with incarcerated parent</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>2. To get along better with minor children in her care</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>3. To receive appropriate treatment for any physical or mental health problems he or she is facing</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
<tr>
<td>4. To find new sources of emotional support</td>
<td>[ ] Yes [ ] No [ ] Don’t know</td>
<td>[ ] No progress [ ] Some progress [ ] Goal achieved Comments on progress: __________________</td>
</tr>
</tbody>
</table>
### Other goals

<table>
<thead>
<tr>
<th>Goal</th>
<th>Is this a new goal?</th>
<th>Please indicate the participant’s progress on this goal since the last assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>□ 1 Yes</td>
<td>□ 1 No progress</td>
</tr>
<tr>
<td></td>
<td>□ 2 No</td>
<td>□ 2 Some progress</td>
</tr>
<tr>
<td></td>
<td>□ 3 Don’t know</td>
<td>□ 3 Goal achieved</td>
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<tr>
<td></td>
<td>☐</td>
<td>Comments on progress: ___________________________________________________________</td>
</tr>
<tr>
<td>2</td>
<td>□ 1 Yes</td>
<td>□ 1 No progress</td>
</tr>
<tr>
<td></td>
<td>□ 2 No</td>
<td>□ 2 Some progress</td>
</tr>
<tr>
<td></td>
<td>□ 3 Don’t know</td>
<td>□ 3 Goal achieved</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Comments on progress: ___________________________________________________________</td>
</tr>
<tr>
<td>3</td>
<td>□ 1 Yes</td>
<td>□ 1 No progress</td>
</tr>
<tr>
<td></td>
<td>□ 2 No</td>
<td>□ 2 Some progress</td>
</tr>
<tr>
<td></td>
<td>□ 3 Don’t know</td>
<td>□ 3 Goal achieved</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Comments on progress: ___________________________________________________________</td>
</tr>
</tbody>
</table>

### Follow-up service plan for participant

Have there been any changes to the participant’s service plan since their last assessment?  
□ 1 Yes → Please reflect changes in the table below, in addition to any new services.  
□ 2 No, the client is receiving the services described at intake with no changes.
Please use the checkboxes below to indicate which of the following services the participant has received, or is currently receiving, through the Look Up and Hope program. *Check all services that apply.*

Please also indicate:
- The frequency of the service (weekly, monthly, etc.);
- The duration of the service (1 month, 6 months, 1 time service, etc.);
- The status of the service, i.e. if it was modified, added or dropped from the baseline service plan
- The program, agency or internal program staff member that will be responsible for carrying out the service

Use the “other” category to describe a service not listed here, and complete the same information described above.

<table>
<thead>
<tr>
<th>Type of service the participant will be receiving (Please check all that apply)</th>
<th>Frequency of service</th>
<th>Duration of service</th>
<th>Status</th>
<th>Staff (or partner agency) responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 Family coaching services</td>
<td></td>
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<tr>
<td>☐ 2 Kinship navigator services</td>
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<tr>
<td>☐ 3 Employment/job placement assistance</td>
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<td>☐ 4 One-on-one mental health support/therapy (e.g., individualized treatment for depression)</td>
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<td>☐ 5 Physical health services</td>
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<tr>
<td>☐ 6 Assistance with childcare</td>
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<tr>
<td>☐ 7 Peer support group (e.g., caregiver or grandparents support group)</td>
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<tr>
<td>☐ 8 Assistance with transportation</td>
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<tr>
<td>☐ 9 Assistance with housing</td>
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<tr>
<td>☐ 10 Assistance determining benefits eligibility</td>
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<tr>
<td>☐ 11 Legal assistance</td>
<td></td>
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<tr>
<td>☐ 12 Couples therapy</td>
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<td></td>
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<tr>
<td>☐ 13 Family therapy</td>
<td></td>
<td></td>
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<tr>
<td>☐ 14 Group therapy</td>
<td></td>
<td></td>
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<tr>
<td>☐ 15 Family group conferencing</td>
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<tr>
<td>☐ 16 GED/Educational programming</td>
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<tr>
<td>☐ 17 Mentoring services (caregiver or family-based) (Describe:_________________________)</td>
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<tr>
<td>☐ 18 Barrier busters fund (Describe:_________________________)</td>
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<tr>
<td>☐ 19 Other (Describe:_________________________)</td>
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</tbody>
</table>
Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and incarcerated mother, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Data highlights: Mothers

Look Up and Hope (LUH) is Volunteers of America’s strategic, multi-site initiative to improve the lives of families impacted by maternal incarceration. Since the program began in 2009, LUH has existed in five states and has served 525 people, including 159 mothers, 238 children, and 128 Caregivers.

This document highlights available outcome data for the families who were actively participating in Look Up and Hope in 2013.

Outcomes of mothers who were active in the program in year 4 (N=46)

- **Program status**
  - Currently receiving services: 57%
  - Dropped out of the program: 21%
  - Completed the program: 12%
  - No longer receiving services/Other reason: 7%
  - Missing: 2%

- **New criminal activity**
  - Nearly 3 in 4 did not report engaging in new criminal activity. None of the participants were arrested or convicted on a new crime during the reporting period.

- **Mother’s contact with child/ren**
  - Reported changes in contact with child/ren: 76%
  - Did not report changes: 21%
  - Missing: 2%
  - Increased their contact: 50%
  - Decreased/stopped their contact: 21%
  - Living/reunified with their child/ren: 25%
  - 3% Missing

- **Parent education at follow up**
  - 88% of those who received training have received formal parent education/training.
  - 95% of coaches reported improved knowledge.
  - 41% demonstrated increased knowledge (on post-test).

- **Employment**
  - Reported changes in employment: 69%
  - Did not report change: 35%
  - Missing: 21%
  - 3% Missing
  - Were unemployed, but secured a job: 41%
  - Got an additional job or changed their job: 35%
  - Were employed but lost their job: 21%

Due to rounding, all charts do not equal 100%
Look Up and Hope (LUH) is Volunteers of America’s strategic, multi-site initiative to improve the lives of families impacted by maternal incarceration. Since the program began in 2009, LUH has existed in five states and has served 525 people, including 159 mothers, 238 children, and 128 Caregivers.

This document highlights available outcome data for the families who were actively participating in Look Up and Hope in 2013.

Outcomes of child/ren who were active in the program in year 4 (N=46)

School and behavior

- **Attendance**: Of school-aged child/ren, 70% reported good attendance; 24% fair attendance and only 6% reported poor attendance or that they dropped out.

- **Involvement**: 67% reported their extracurricular activities stayed the same.

Grades

- Of school-aged child/ren, 48% reported improved grades, 45% reported maintained grades and only 7% reported grades were getting worse.

Behavior

- 74% did not report developing a new behavioral problem; 9% reported a new behavioral problem; 7% were missing.

Child/ren’s health

- Just under 7 in 8 reported no changes in child’s physical or emotional health.

- Of those who reported examples, half noted that reunification with mom seemed to have improved emotional health.

Child/ren’s contact and relationship with parent and other adults

- 67% Reported improvement in relationship between child and mother
- 17% Deteriorated
- 13% Reported their relationship stayed the same
- 2% Missing