FY 2017 Second Chance Act
Orientation Webinar for
Reentry Program for Adults with
Co-occurring Substance Use and Mental Disorders
Speakers

• **Andre Bethea, Policy Advisor for Corrections**  
  BUREAU OF JUSTICE ASSISTANCE, U.S. DEPARTMENT OF JUSTICE

• **Lt. Dennis Pass, Reentry Coordinator**  
  ROCKDALE COUNTY SHERIFF’S OFFICE, CONYERS, GEORGIA

• **Mark Stovell, Policy Analyst, Behavioral Health**  
  THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER

• **Allison Upton, Senior Policy Analyst, Behavioral Health**  
  THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER

• **Sarah Wurzburg, Deputy Program Director, Behavioral Health**  
  THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER
Overview

• Introductions
• Overview of the SCA Co-occurring Disorders Grant Program
• Technical Assistance & COD Planning and Implementation Guide
• RNR Simulation Tool
• Grantee Experience
• Questions and Answers
• Introductions
• Overview of the SCA Co-occurring Disorders (COD) Grant Program
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Bureau of Justice Assistance

Mission: to provide leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities.

The Second Chance Act has supported over $300 million in reentry investments across the country.

https://www.bja.gov/
National nonprofit, nonpartisan membership association of state government officials

Represents all three branches of state government

Provides practical advice informed by the best available evidence
National Reentry Resource Center (NRRC)

- Authorized by the passage of the Second Chance Act in April 2008
- Launched by the Council of State Governments in October 2009
- Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice
- The NRRC has provided technical assistance to over 600 juvenile and adult reentry grantees since inception
• Introductions
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SCA Co-occurring Disorders Grant Program: $55 Million Awarded

Number of Grant Awards

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SCA COD Grant Program
97 Awards Across the Nation

67 County Grantees
22 State Grantees
5 Juvenile Grantees
3 Tribal Grantees
FY17 Co-occurring Disorders Grantees

Local
• Cumberland County, Maine
• City of Huntington, West Virginia
• LaCrosse County Human Services, Wisconsin
• MHMR of Tarrant County, Texas
• Shelby County, Tennessee

State
• Tennessee Department of Correction
• Rhode Island and Providence Plantations Department of Corrections

Tribal
• Cook Inlet Tribal Council, Inc., Alaska
Grantee Orientation Process

• Bureau of Justice Assistance (BJA) Second Chance Act (SCA) Orientation Webinar
  — Tuesday, November 21st
• FY17 SCA Reentry Program for Adult Offenders with Co-occurring Substance Use and Mental Disorders Grantee Webinar
  — Today (Wednesday, November 29th)
• Orientation/Introductory Call
  — Scheduled with your CSG Justice Center TA providers
    • Mark Stovell, Policy Analyst
    • Allison Upton, Senior Policy Analyst
Grantee Contacts

• Bureau of Justice Assistance
  – Funder, State Policy Advisor
  – Budget and Grant Adjustment Notices

• National Reentry Resource Center
  – Training and Technical Assistance
    • Monthly Calls
    • Site Visits

• Booz Allen
  – Performance Measurement Tool
Purpose of the SCA COD Grant Program

• Goal: Reduce recidivism by improving functional outcomes for individuals with co-occurring substance use and mental disorders, both pre- and post-release

• Objectives
  1) Increase the screening and assessment that takes place during incarceration.
  2) Improve the provision of integrated treatment to adults with co-occurring substance use and mental disorders pre- and post-release from incarceration.
  3) Develop reentry plans that are informed by risk and needs assessment.
SCA COD Program Expectations

• During the Planning Phase, grantees will receive intensive technical assistance and will be allowed to access up to $100,000 of the total grant award in order to complete and submit a required Planning and Implementation Guide (P&I Guide).

• The P&I Guide will guide each grantee in developing a strategic plan that incorporates evidence-based programs, policies, and practices.

• Once P&I Guides are submitted and approved by BJA, grantees will move into the Implementation Phase of their project and gain access to the remainder of their grant funds.
Planning Phase: Basic Information

• The Planning Phase is designed to:
  – Build capacity for implementing the grant program
  – Identify strengths and areas that need improvement
  – Target TA and identify themes across grantees
  – Increase the exchange of ideas
Use of Funds for Planning Phase

• Staff time to work with partners and collect data related to the RNR Simulation Tool
• Establish a program design, including the integration of an Integrated Care Model
• Continuing or commencing a strategic plan for the implementation of health care services into the program design
• Continuing development of a Continuum of Care model
  – Screening and assessment
  – Pre-release treatment services
  – Post-release programming
  – Gaps within the remaining system are filled by strategically targeting grant funds
Use of Planning Funds Continued

- Improving and enhancing the use of screening and assessment
- Engaging in strategic planning to ensure long-term systems change and sustainability
- Formalizing program partnerships, including memorandums of understanding (MOUs)
- Formalizing partnership (if necessary) with a research/evaluation partner
- Working with a research/evaluation partner to set performance outcome measures
- Developing and enhancing strategies to increase access to health care for people in the justice system, including enrollment in benefits
Uses of Funds for Implementation

- Address criminogenic risk and needs, and recidivism reduction
- Use integrated and evidence-based substance use and mental disorders treatment
- Support a comprehensive range of recovery support services
- Provide community supervision services which follow evidence-based practices
- Demonstrate ability to utilize a collaborative case management model
- Plan for data collection, performance measurement, and quality assurance to meet grant’s performance measurement reporting requirements and plan for conducting process/outcome evaluation
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NRRC Technical Assistance Overview

- Your designated NRRC technical assistance lead will provide and coordinate support in several areas, including:
  - Completion of the P&I Guide
  - Identifying measures and strategies to track progress
  - Content and facilitation support
  - Sharing successes with stakeholders, the field, and the press
TA Provider: Targeted TA

- Monthly Calls
- P&I Guides
- Site Visits
- Webinars
- Resources
Examples of Technical Assistance

- Assisting with data collection and analysis
- Facilitating strategic planning sessions or meetings of reentry task forces
- Training on what works to reduce recidivism, promote recovery, and improve other outcomes
- Helping translate research into proposed policy and practice improvements
- Supporting the development of Implementation and/or Sustainability Plans
Planning Phase: The Process

• Work with team of stakeholders to complete the COD P&I Guide in phases
  – Be honest and accurate
  – Brief answers

• Fill out exercises prior to NRRC monthly calls with your TA provider
  – Send to TA provider exercises prior to calls
  – Discuss exercises on calls
  – Update the exercises as changes occur
How is the P&I Guide Used?

- To assist grantees in ensuring a plan is in place for implementing a great program
- Identification of things grantee is doing well
- Challenges or areas the grantee is working on
- Helps the TA provider target assistance
- Aids the grantee in focusing on areas of need
- Creates opportunities for discussion with other COD grantees
  - Peer to peer learning
- Enables ideas and best practices to be exchanged
- BJA utilizes this to understand the grant programs
P&I Guide Sections

• Section One: Getting Started and Identifying Goals
• Section Two: Defining or Refining Your Target Population
• Section Three: Identifying Evidence-Based Services and Support
• Section Four: Collaborative Comprehensive Case Plans
• Section Five: Data Collection, Performance Measurement, and Program Evaluation
• Section Six: Sustainability
• Appendix A: Supporting Resources
Section One

Getting started and identifying goals
• Grantee information
• Task force and implementation team
• RNR Simulation Tool portals
Section Two

Defining or refining your target population

• Describing your target population and program eligibility

• Evaluating your screening and assessment process
  – How your screening and assessment tools are used
  – Matching questions in the Assess an Individual Portal with screening and assessment data
Section Three

Identifying evidence-based services and supports

• Service provision and evidence-based curricula
  – Inventory of programs and services
  – How program participants engage in programming and services
  – Using the RNR Program Tool for Adults
Section Four

Collaborative Comprehensive Case Plans and Post-Release Supports

• Collaborative Comprehensive Case Plans
• Using the Assess an Individual Portal outputs for case planning
• Community supervision strategies
• Connections to health care coverage and other benefits
• Housing
Section Five

Data collection, performance measurement, and program evaluation

• Developing a data collection and performance-measurement strategy
  – General data collection questions
  – Collection of performance measures

• Program evaluation
  – Planning for program evaluation
  – Development of a logic model
Section Six

• Planning for Program Sustainability
• Using the Assess Jurisdiction Capacity tool

After the P&I Guide is complete (within one year after the grant award date)

• The guides will be revisited even after they are turned into BJA in order to aid conversations about implementation
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RNR Simulation Tool

- **Assess an Individual**
  - Builds on risk assessment
  - Links to RNR Program Tool
  - Allows users to build a case plan based on risk, needs, strengths, and obligations

- **RNR Program Tool for Adults**
  - Classifies programs
  - Rates key program features
  - Links to meta analyses/systematic reviews

- **Jurisdiction Capacity**
  - Evaluates population needs
  - Identifies programming gaps
  - Can inform resource allocation and planning at the system level
Responding to Risk and Needs: Assess an Individual

22 Questions to Answer
5 Minutes to Complete
3 Program Recommendations
2nd Best Program Group: Self-Improvement and Management (C)

Group C programs primarily target self-improvement and management. These programs use an evidence-based curriculum and cognitive restructuring techniques to develop social functioning and self-management skills and reduce criminal activity.

Example Programs:
- Manualized drug treatment
- Individual or group counseling to manage triggers
- Outpatient treatment

3rd Best Program Group: Social and Interpersonal Skill Development (D)

Group D programs target interpersonal skills, dealing with family problems, alcohol abuse, and lack of prosocial peers. These programs build such as communication, problem solving, and conflict resolution. Staff who implement these programs have generic certifications (e.g., PO, CZ).

Example Programs:
- Group, individual, and/or family counseling
- Anger management

Client Target Needs

Client Target Need #1: Select Client Target Need #1

Identify what target behavior the client will perform toward addressing the need, e.g., attend Thinking for a Change class:
Individual Progress Reports

Assess an Individual Reassessment Comparison - OP21083

Estimated Recidivism Rate: 51%

% Change: 30%

This client has shown progress in the following areas and should be affirmed for doing so: Housing stability, Substance Abuse, Criminal Thinking, Criminal peers, Family environment

This client has continued to show strengths in the following areas and should be affirmed for doing so: Emotional and/or social support

This client has shown no change in the following areas and should problem-solve ways to address these areas: Ability to meet financial obligations
RNR Program Tool for Adults

• 6 program levels to guide responsivity
  – Individuals matched to levels based on risk and primary needs

• Essential features distinguish programs
  – Target behaviors, clinical hours, risk level, use of manual, screening, staff credentials

• Quality assessment score points to program strengths and areas for improvement
Program Classification Groups

- **GROUP A**: Severe Substance Use Disorders
- **GROUP B**: Criminal Thinking/Cognitive Restructuring
- **GROUP C**: Self Improvement & Management
- **GROUP D**: Interpersonal Skills
- **GROUP E**: Life Skills
- **GROUP F**: Punishment Only
RNR Program Tool for Adults

46 Questions to Answer
1 Hour to Complete
6 Feedback Domains

PROGRAM GROUP = A

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<td>Need</td>
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<td>Overall Score</td>
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Grantee Experience

- FY14 SCA COD grantee: Rockdale County Sheriff’s Office, Conyers, Georgia
- Lt. Dennis Pass, Rockdale County Sheriff’s Office, Conyers, Georgia
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