**Planning & Implementation Guide**

Second Chance Act

Improving Reentry for Adults with Co-occurring Substance Abuse and Mental Illness

**DESCRIPTION**

This Planning & Implementation Guide is intended for state, local, or tribal jurisdictions that have received an FY2018 Second Chance Act (SCA) grant for the Improving Reentry for Adults with Co-occurring Substance Abuse and Mental Illness grant track. Grantees will complete this Planning & Implementation Guide in partnership with the technical assistance provider assigned by the National Reentry Resource Center. The U.S. Department of Justice’s Bureau of Justice Assistance will review the guide upon its completion. Any questions about this guide should be directed to your technical assistance provider. The National Reentry Resource Center prepared this guide with support from the U.S. Department of Justice’s Bureau of Justice Assistance (BJA). The contents of this document do not necessarily reflect the official position or policies of the U.S. Department of Justice.

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**About the Planning & Implementation Guide**

The National Reentry Resource Center (NRRC) has prepared this Planning & Implementation Guide (P&I Guide) to support grantees in developing and refining a reentry program for adults who have co-occurring substance abuse and mental illnesses (CSAMI) that will reduce recidivism and support successful reentry and recovery. The guide is not intended to serve as a step-by-step blueprint, but rather to foster discussion on best practices, identify considerations for your collaborative effort, and help you work through key decisions and implementation challenges.

The guide was developed as a tool for grantees, but it also serves as an important tool for your NRRC technical assistance provider (“TA provider”) to understand the status and progress of your project, the types of challenges you are encountering, and the ways your TA provider might be helpful to you in making your project successful.

You and your TA provider will use your responses to the self-assessment to collaboratively develop priorities for technical assistance.

The guide must be completed in coordination with your TA provider and then receive final approval by BJA. Grantees will have 12 months to complete the Planning and Implementation Guide.

Any questions about this guide should be directed to your TA provider.

If any programmatic, administrative, or financial changes have been made since you submitted your grant proposal, you are required to submit a Grant Adjustment Notice (GAN) through the GAN module in the Grants Management System (GMS). Please note that GANs are subject to approval by BJA.

**Contents of the Guide**

The guide is divided into six sections, each with assessment questions, exercises, and discussion prompts. The self-assessment questions and exercises are built on evidence-based principles and emerging practices. You will be prompted to write short responses, attach relevant documents, and/or complete exercises for each section. Your answers will provide insight into your program’s strengths and identify the areas that need improvement. As you work through the sections, take note of the corresponding supporting resources in the appendix, which contains suggestions for further reading and provides access to important resources and tools. Your TA provider may also send you additional information on specific topics to complement certain sections. If you need additional information or resources on a topic, please reach out to your TA provider.

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| **FY2018 SCA CSAMI Resource Appendix** |
| ***Final Draft to your NRRC TA Provider, June 7, 2019*** |

**SECTION 1: GETTING STARTED AND IDENTIFYING IMPLEMENTATION GOALS   
*Due to your NRRC TA provider January 25th, 2019***   
Although your TA provider has read the project narrative that you submitted in response to the Second Chance Act (SCA) solicitation, there may have been updates or developments since the submission of your original application. This exercise is intended to give your TA provider a sense of your current project goals and your initial technical assistance needs.

**EXERCISE 1: Grantee Snapshot, Advisory Group, and Implementation Team**

1. Lead Agency (*Who applied for the grant?)*

Click or tap here to enter text.

1. Primary Criminal Justice Partner (*e.g., sheriff's office, probation department, etc.)*

Click or tap here to enter text.

1. Primary Mental Health Partner

Click or tap here to enter text.

1. Primary Substance Addiction Partner

Click or tap here to enter text.

1. Project Name

Click or tap here to enter text.

1. Point(s) of Contact

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| --- | --- | --- | --- |
| **Name** | **Email** | **Title** | **Agency** |
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1. Please list your corrections partner(s), including the agency (e.g., Louisiana Department of Public Safety & Corrections), the facility name (e.g., Hunt Correctional Center), and the facility type (e.g., state men's prison).

Click or tap here to enter text.

**Advisory Group and Implementation Team**

The following exercise outlines the vision, mission, and goals for the program as well as the members and roles of the advisory group and the implementation team. The advisory group will consist of high-level leaders from the jurisdiction’s criminal justice and behavioral health systems, and other systems as appropriate. This group provides guidance for the program on a periodic basis. The implementation team—which will include substance addiction and mental illness treatment and service providers, corrections partners, probation and parole agencies, and other stakeholders—oversees the daily operations of the CSAMI program.

1. What is the vision for this program? (*The vision should be the end result of what you want to accomplish through this grant program.)*

Click or tap here to enter text.

1. What is its mission? (*The mission should clearly articulate your purpose for the grant program.)*

Click or tap here to enter text.

1. What are the key goals that the team would like to accomplish with the grant? (*This should include goals for both the planning and implementation phase.)*

Click or tap here to enter text.

1. Is there **an advisory group** **or reentry council** overseeing the grant program?

Yes *(Please briefly describe the composition and role of the advisory group for the grant program. Also attach a list of advisory group members to this document.)* Click or tap here to enter text.

No *(Why not? Please briefly describe your plans for creating an advisory group for the grant program.)* Click or tap here to enter text.

1. How often will you have advisory group meetings?

Click or tap here to enter text.

1. How do you plan to engage leadership from different systems in your jurisdiction during the grant period?

Click or tap here to enter text.

1. Do you have the endorsement of your governor, mayor, county commissioner, or another legislative champion?

Yes *(Please specify whom.)* Click or tap here to enter text.

No *(Why not?)* Click or tap here to enter text.

1. How will you inform system leaders, champions, and community stakeholders about the progress of the grant?

Click or tap here to enter text.

1. Please list all members of the **implementation team** (the staff who will be directly involved in program operations) in the table below or attach a list of members of the implementation team.

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| **Name** | **System, agency, or constituency they represent** | **Contact information** |
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1. How often will you have implementation team meetings?

Click or tap here to enter text.

1. Name two to three organizations that you would like to participate in your initiative and are not currently involved.

Click or tap here to enter text.

1. Who is tasked with reaching out to those organizations that are not currently involved?

Click or tap here to enter text.

1. What are the outcomes of interest for each current and potential stakeholder? *(Please list the stakeholder AND their outcome of interest, e.g. local halfway house, ensure access to safe and stable housing; e.g. Department of Corrections (DOC) recidivism reduction, access to treatment.)*

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| --- | --- |
| **Current/potential stakeholder** | **Outcome(s) of interest** |
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1. How are you currently engaging with stakeholders?

Click or tap here to enter text.

1. What are your opportunities for sharing program successes *(e.g., work group meetings, judicial meetings, community meetings, city council meetings, local health system meetings, school board meetings, faith-based organization gatherings, newsletters, etc.)?*

Click or tap here to enter text.

**GRANTEE ACTION PLAN**  
  
Please list any next steps needed to accomplish the goals in Section 1.

Click or tap here to enter text.

**Section 2: DEFINING OR REFINING YOUR TARGET POPULATION**

This grant is focused on administering services on a systems level and increasing access to CSAMI screening, assessment, treatment, and other services for people in correctional facilities and upon their reentry. [The solicitation](https://www.bja.gov/funding/CSAMI18.pdf) outlines the requirements to develop or refine a standardized screening process for all people incarcerated in the correctional facility; it also requires that assessment for CSAMI is available during incarceration and prior to release to the community. Having a clearly defined target population helps highlight what information you will need to obtain through the screening, assessment, case management, referral, or other processes to determine CSAMI program eligibility. Clearly defined target population criteria will also increase the likelihood that the referrals will be good matches for the CSAMI program.

**EXERCISE 2: Describing Your Target Population and Program Eligibility**

1. Briefly describe the target population for your program. (Please include age, gender, community of focus, facility type, charge or offense history, level of risk of recidivism, probation and parole status, etc.)

Click or tap here to enter text.

1. Do you know the racial/ethnic composition of the population from which your program’s target population is drawn? (*e.g., probation, jail, or prison population*)

Yes *(Please describe.)* Click or tap here to enter text.

No *(Why not?)* Click or tap here to enter text.

1. How did you choose this particular target population?

Click or tap here to enter text.

1. Please describe how you selected the number of people to serve in the three-year grant period.

Click or tap here to enter text.

1. What are the eligibility criteria for the CSAMI services?

Click or tap here to enter text.

1. Are there any exclusionary criteria? (*e.g., criminal charges/offenses, amount of time from release, diagnoses, etc.)*

Yes (*Please explain the rationale for any exclusionary criteria.*) Click or tap here to enter text.

No

1. What severity of substance addiction and mental illness will you serve?

Click or tap here to enter text.

1. How will the program prioritize people who have medium to high criminogenic risk levels for program slots?

Click or tap here to enter text.

1. What methods will you use for program recruitment?

Click or tap here to enter text.

1. Who is involved in deciding if a person is accepted to the CSAMI services (e.g., prosecutor, judge, case manager, lieutenant in the jail, probation supervisor, etc.)?

Click or tap here to enter text.

1. Have all decision-makers agreed to follow validated risk and needs assessment results in making decisions about program eligibility?

Yes

No *(Why not?)* Click or tap here to enter text.

1. What processes will be developed by the end of the planning process to ensure that the standardized screening, assessment, and services will begin upon the start of the implementation phase of the project?

Click or tap here to enter text.

**Exercise 3: Evaluating Your Screening and Assessment Process**

For your grant program, you will need to identify appropriate candidates for your CSAMI program, define the terms of participation, and explain these terms to prospective participants. This activity will help you consider how to develop a standardized screening process and CSAMI assessments that will be available to people before their release from the correctional facility. The information for the screening and assessment processes will determine whether potential participants are eligible for pre- and post-release services. All people who are booked into the correctional facility are required to undergo a mental illness screening and substance addiction screening, so these processes will be able to help determine who in the facility should receive services. The following sets of questions ask about your processes for criminogenic risk and needs assessment, mental illness screening and assessment, and substance addiction screening and assessment.

1. Please briefly describe (in one paragraph) your screening and assessment process or attach a program flow chart or logic model that outlines the process.

Click or tap here to enter text.

**How Your Screening and Assessment Tools Are Used**

**Criminogenic Risk and Needs Assessment**

1. What is the name of the validated criminogenic risk and needs assessment that will be used for this program?

Click or tap here to enter text.

1. Is the criminogenic risk and needs assessment currently in place or will it be implemented in the future to meet grant requirements?

Currently in use

To be implemented in the future

1. Has the criminogenic risk and needs assessment been validated (or normed) on your jurisdiction’s population?

Yes (*When did this validation take place?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. Who will administer the criminogenic risk and needs assessment for this program?

Click or tap here to enter text.

1. When is the criminogenic risk and needs assessment administered? If you are planning to implement one, when would it be administered?

Click or tap here to enter text.

1. How is the criminogenic risk and needs assessment information recorded and stored?

Electronically

Paper files

Electronic health record

Other *(Please specify.)* Click or tap here to enter text.

1. Which partners have access to the criminogenic risk and needs assessment results? Is access automatic or upon request?

Automatic *(Which partners?)* Click or tap here to enter text.

Upon request *(Which partners?)* Click or tap here to enter text.

No access *(Which partners?)* Click or tap here to enter text.

1. Are participants periodically reassessed?

Yes (*When and by whom?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What staff receive training on the *administration and scoring* of the criminogenic risk and needs assessment?

Click or tap here to enter text.

1. What staff receive training on *implementing* the results of the criminogenic risk and needs assessment?

Click or tap here to enter text.

1. Do staff receive booster trainings on the criminogenic risk and needs assessment?

Yes (*How often?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. Are case plans developed from the results of the criminogenic risk and needs assessment?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

**Mental Illness Screening Tool**

1. What is the name of the validated mental illness screening tool?

Click or tap here to enter text.

1. Who administers the mental illness screening tool?

Click or tap here to enter text.

1. When and where does the initial mental illness screening occur?

Click or tap here to enter text.

1. How are the mental illness screening results recorded and stored?

Electronically

Paper files

Electronic health record

Other *(Please specify.)* Click or tap here to enter text.

1. Which partners have access to the mental illness screening results? Is access automatic or upon request?

Automatic *(Which partners?)* Click or tap here to enter text.

Upon request *(Which partners?)* Click or tap here to enter text.

No access *(Which partners?)* Click or tap here to enter text.

1. What staff receive training on the *administration and scoring* of the mental illness screening tool?

Click or tap here to enter text.

1. Do staff receive booster trainings on the mental illness screening tool?

Yes (*How often?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What is the quality assurance process to ensure that the mental illness screening is being administered correctly? How will this process be continued after the grant period has ended?

Click or tap here to enter text.

1. How are the results of the mental illness screening used and shared? *(E.g., someone who screens positive is referred for assessment, someone who screens positive for suicidality is placed under proper monitoring.)*

Click or tap here to enter text.

**Mental Illness Assessment**

1. What is the name of the mental illness assessment?

Click or tap here to enter text.

1. Who conducts the mental illness assessment?

Click or tap here to enter text.

1. When and where does the mental illness assessment occur?

Click or tap here to enter text.

1. How are the mental illness assessment results recorded and stored?

Electronically

Paper files

Electronic health record

Other *(Please specify.)* Click or tap here to enter text.

1. Which partners have access to the mental illness assessment results? Is access automatic or upon request?

Automatic *(Which partners?)* Click or tap here to enter text.

Upon request *(Which partners?)* Click or tap here to enter text.

No access *(Which partners?)* Click or tap here to enter text.

1. How are the results of the mental illness assessment used and shared?

Click or tap here to enter text.

1. Are participants periodically reassessed for mental illness?

Yes (*When and by whom?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What staff receive training on the *administration* of the mental illness assessment?

Click or tap here to enter text.

1. What staff receive training on *implementing* the results of the mental illness assessment?

Click or tap here to enter text.

1. Do staff receive booster trainings on the mental illness assessment?

Yes (*How often?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What is the quality assurance process to ensure that the mental illness assessment is being administered correctly? How will this process be continued after the grant period has ended?

Click or tap here to enter text.

**Substance Addiction Screening Tool**

1. What is the name of the validated substance addiction screening tool?

Click or tap here to enter text.

1. Who administers the substance addiction screening tool?

Click or tap here to enter text.

1. When and where does the initial substance addiction screening occur?

Click or tap here to enter text.

1. How are the substance addiction screening results recorded and stored?

Electronically

Paper files

Electronic health record

Other *(Please specify.)* Click or tap here to enter text.

1. Which partners have access to the substance addiction screening results? Is access automatic or upon request?

Automatic *(Which partners?)* Click or tap here to enter text.

Upon request *(Which partners?)* Click or tap here to enter text.

No access *(Which partners?)* Click or tap here to enter text.

1. How are the results of the substance addiction screening used and shared? *(E.g., someone who screens positive is referred for assessment, someone who screens positive for withdrawal is placed under proper monitoring.)*

Click or tap here to enter text.

1. What staff receive training on the *administration and scoring* of the substance addiction screening tool?

Click or tap here to enter text.

1. Do staff receive booster trainings on the substance addiction screening tool?

Yes (*How often?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What is the quality assurance process to ensure that the substance addiction screening is being administered correctly? How will this process be continued after the grant period has ended?

Click or tap here to enter text.

**Substance Addiction Assessment**

1. What is the name of the substance addiction assessment?

Click or tap here to enter text.

1. Who conducts the substance addiction assessment?

Click or tap here to enter text.

1. When and where does the substance addiction assessment occur?

Click or tap here to enter text.

1. How are the substance addiction assessment results recorded and stored?

Electronically

Paper files

Electronic health record

Other *(Please specify.)* Click or tap here to enter text.

1. Which partners have access to the substance addiction assessment results? Is access automatic or upon request?

Automatic *(Which partners?)* Click or tap here to enter text.

Upon request *(Which partners?)* Click or tap here to enter text.

No access *(Which partners?)* Click or tap here to enter text.

1. How are the results of the substance addiction assessment used and shared?

Click or tap here to enter text.

1. Are participants periodically reassessed for substance addiction?

Yes (*When and by whom?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What staff receive training on the *administration* of the substance addiction assessment?

Click or tap here to enter text.

1. What staff receive training on *implementing* the results of the substance addiction assessment?

Click or tap here to enter text.

1. Do staff receive booster trainings on the substance addiction assessment?

Yes (*How often?*) Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What is the quality assurance process to ensure that the substance addiction assessment is being administered correctly? How will this process be continued after the grant period has ended?

Click or tap here to enter text.

**GRANTEE ACTION PLAN**  
  
Please list any next steps needed to accomplish the goals in Section 2.

Click or tap here to enter text.

**Section 3: IDENTIFYING EVIDENCE-BASED SERVICES AND SUPPORTS**

**Exercise 4: Service Provision and Evidence-Based Curricula**

Provide an inventory of the programming and services provided through your grant-funded program, including interventions and methods. Services include, but are not limited to, evidence-based curricula, such as Thinking for a Change or cognitive behavioral interventions, or other support services, such as transportation, housing, or a GED class. Please note that health care and other benefits enrollment and housing are addressed in Section 4: Collaborative Comprehensive Case Plans and Post-Release Supports, Exercise 7: Health Care Coverage Enrollment Strategies, and Exercise 8: Housing. Use the chart below to describe the services your program offers.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Provided to Program Participants** | **Curriculum**  **Name and % of Curriculum Used**  **(if applicable)** | **Before Release, After Release, or Both?** | **Service-Delivery Method[[1]](#footnote-1)** | **Name of Service Provider** | **Service Capacity[[2]](#footnote-2)** | **Length of Service** | **Funded by this grant program? (y/n)** | **Funded in any part by Medicaid? (y/n)** |
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**How Participants Engage in Programming and Services**

1. On average, how long are participants expected to be enrolled in the program and receiving services?

* Before release: Click or tap here to enter text.
* After release: Click or tap here to enter text.

1. Do you track program enrollment, services provided, and program completion by race, ethnicity, gender, and age?

Yes (*When/where is this information collected and by whom?)* Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What are your ideas for strategies that might enhance program enrollment, engagement, completion, and outcomes for racial and ethnic minorities?

Click or tap here to enter text.

1. How does your program combine or integrate treatment for co-occurring substance addictions and mental illnesses?

Click or tap here to enter text.

1. What services do you provide that tailor to specific needs such as gender, culture, developmental or cognitive abilities, etc.?

Click or tap here to enter text.

1. Have any parts of the program, or any of your practices outside of the grant-funded program, been assessed for fidelity to evidence-based practices?

Yes (*Please elaborate.)* Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What are the levels of care available to program participants for substance addiction and mental illness treatment?

Click or tap here to enter text.

**GRANTEE ACTION PLAN**  
  
Please list any next steps needed to accomplish the goals in Section 3.

Click or tap here to enter text.

**SECTION 4: COLLABORATIVE COMPREHENSIVE CASE PLANS AND POST-RELEASE SUPPORTS**

The solicitation for the FY2018 Second Chance Act Improving Reentry for Adults with Co-occurring Substance Abuse and Mental Illness requires grantees to demonstrate their ability to utilize a [collaborative case management model](https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/). A case plan is collaborative when all agencies involved in a participant’s reentry and recovery work together with the participant and their support system throughout the case planning process. The case planning process is comprehensive when information from behavioral health assessments, trauma screenings, criminogenic risk and needs assessments, and other important tools are appropriately combined into the participant’s case plan. To support grantees in developing and implementing collaborative comprehensive case plans (CC Case Plans), the NRRC created a web-based tool with 10 key priorities for implementing CC Case Plans, informational resources, and profiles of previous CSAMI grantee programs whose case management processes address criminogenic risk and co-occurring substance addiction and mental illnesses.  
   
Exercise 5 contains questions that relate to each of the 10 key priorities for the CC Case Plans. The table in Exercise 6 below is designed to help your program outline a process for developing and implementing CC Case Plans. For more information on the CC Case Plans and how various lead case planners can develop them, see the following webinars:

* [Developing Collaborative Comprehensive Case Plans](https://csgjusticecenter.org/nrrc/webinars/developing-collaborative-comprehensive-case-plans/)
* [How Correctional Agencies Can Develop and Implement Collaborative Comprehensive Case Plans](https://csgjusticecenter.org/nrrc/webinars/how-correctional-agencies-can-develop-and-implement-collaborative-comprehensive-case-plans-correctional-facilities-and-collaborative-comprehensive-case-plans/)
* [How Community-Based Behavioral Health Treatment Providers Can Develop and Implement Collaborative Comprehensive Case Plans](https://csgjusticecenter.org/nrrc/webinars/how-community-based-behavioral-health-treatment-providers-can-develop-and-implement-collaborative-comprehensive-case-plans/)
* [How Community Supervision Agencies Can Develop and Implement Collaborative Comprehensive Case Plans](https://csgjusticecenter.org/nrrc/webinars/how-community-supervision-agencies-can-develop-and-implement-collaborative-comprehensive-case-plans/)

**Exercise 5: Collaborative Comprehensive Case Plans**

**Interagency Collaboration and Information Sharing**

1. Who is the lead case planner in the program (i.e., the staff person who takes primary responsibility for coordinating case management)? Please also indicate which agency this person represents.

Click or tap here to enter text.

1. What partner agencies are currently involved or will be involved in the case planning process?

Click or tap here to enter text.

1. Are there other agencies that should be involved as part of the case management team but are not yet involved?

Click or tap here to enter text.

1. What are the information-sharing protocols between agencies you plan to partner with or have already partnered with? Please briefly describe.

Click or tap here to enter text.

1. How do policies governing how information is shared among criminal justice and social service agencies follow privacy and confidentiality guidelines (e.g., 42 CFR, HIPAA)? Please briefly describe.

Click or tap here to enter text.

**Staff Training**

1. How do you plan to train staff to develop case plans that incorporate both criminal justice and behavioral health information?

Click or tap here to enter text.

**Screening and Assessment**

1. How is the information from all the screening and assessment tools covered in Exercise 3 incorporated into case plans?

Click or tap here to enter text.

**Case Conferences and Procedures**

1. What is the planned frequency and purpose of your program’s case conferences?

Click or tap here to enter text.

1. Which partner agencies participate in the case conferences?

Click or tap here to enter text.

**Participant Engagement**

1. How are participants involved in the case planning process?

Click or tap here to enter text.

1. How is the participant’s support system involved in the case planning process?

Click or tap here to enter text.

1. Does the program use recovery support specialists, peer support specialists, or peer mentors to promote participant engagement?

Yes (*How are these people involved in a participant’s reentry and recovery?)* Click or tap here to enter text.

No (*Why not?)* Click or tap here to enter text.

1. What is the standard for how many times the participant meets with community-based treatment providers before release from a correctional facility? What is the purpose of these in-reach contacts (e.g., offering classes or conducting case management)?

Click or tap here to enter text.

**Prioritized Needs and Goals**

1. How will the case management team work with the participant to prioritize needs and goals in the case plan?

Click or tap here to enter text.

1. How are criminogenic risk and needs balanced in the plan?

Click or tap here to enter text.

1. Describe the types of intensive resources and coordination that will be provided for higher-risk and higher-need participants.

Click or tap here to enter text.

**Responsivity**

Responsivity is part of the Risk-Need-Responsivity Framework. The responsivity principle requires a person’s abilities, motivation, culture, demographics, learning styles, and mental illnesses to be considered when determining services. The two types of responsivity—general and specific—have implications at the program and individual level. General responsivity refers to the need for interventions that address criminogenic risk factors, such as antisocial thinking and substance addiction. The specific responsivity principle requires that distinct individual characteristics be addressed to prepare someone to receive the interventions used to reduce criminal behavior. Specific responsivity relates to the “fine-tuning” of services or interventions.

1. How does the case plan address responsivity factors?

Click or tap here to enter text.

**Legal Information**

1. What legal information is documented in the case plan?

Click or tap here to enter text.

1. Are there legal barriers that could prevent program participants’ goal attainment?

Yes *(Please describe).* Click or tap here to enter text.

No

**Participant Strengths**

1. How are a participant’s strengths or protective factors identified and reflected in the case plan?

Click or tap here to enter text.

**Gender Considerations**

1. How does the program tailor its case management approaches to be gender-responsive for women or participants who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ)?

Click or tap here to enter text.

**Exercise 6: Probation and Parole Strategies**

1. Does your grant program provide services to people who are on probation and parole after release?

Yes

No *(If not, skip to Exercise 7.)*

1. Are there any program components or program completion conditions of supervision?

Yes (*What are they?*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Does progress in or completion of the program reduce participants’ length or terms of supervision?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Are probation or parole staff trained in motivational interviewing or other communication techniques designed to improve responsivity to treatment?

Yes (*Which ones and how?*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Do probation or parole officers receive training about substance addiction, mental illness, or co-occurring substance addiction and mental illness?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Do probation or parole officers working with program participants have specialized caseloads?

Yes (*Please describe the specialized caseload.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Does the probation or parole agency use the results generated by a validated risk and needs assessment tool, in addition to other information, to inform the intensity, duration, and terms of supervision?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Do probation or parole officers have the flexibility to impose graduated incentives and sanctions based on the behavior of people under supervision?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Are there meaningful positive reinforcements and rewards in place to encourage people to comply with the terms and conditions of release?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Are community-based partners (such as behavioral health treatment providers or housing providers) notified when a revocation has occurred?

Yes (*Are they are involved in the response to the revocation?*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. How are probation or parole resources focused on people who are assessed as higher risk?

Click or tap here to enter text.

1. Do supervision plans balance supervision and treatment needs?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Do program participants take part in the development of supervision plans?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. Are participants supervised in their own communities?

Yes (*Please elaborate.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

**Exercise 7: Health Care Coverage Enrollment Strategies**

1. Do you enroll people in health care coverage, including Medicaid?

Yes *(Please describe the enrollment process.)* Click or tap here to enter text.

No *(Why not?)* Click or tap here to enter text.

1. Do you enroll people in Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?

Yes *(Please describe the enrollment process.)* Click or tap here to enter text.

No *(Why not?)* Click or tap here to enter text.

1. Do you identify program participants who are veterans and connect them to Veterans Affairs (VA) health care and other benefits and resources (e.g., Veterans Justice Outreach, Health Care for Reentry Veterans, and Veterans Reentry Search Service)?

Yes *(Please describe how.)* Click or tap here to enter text.

No *(Why not?)* Click or tap here to enter text.

**Exercise 8: Housing**

1. **Housing Assessment**
2. Do you assess participants for homelessness, either through a formal assessment or through conversation?

Formal assessment (*Please describe the process.)* Click or tap here to enter text.

Through conversation (*Please describe the process.*) Click or tap here to enter text.

Other (*Please elaborate.*) Click or tap here to enter text.

No assessment for homelessness takes place (*Why not?*) Click or tap here to enter text.

1. Do you ask participants for their post-release housing plan?

Yes (*Please describe the process.*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

**B. Housing Partners**

1. Using the table provided below, please list any housing partners you will be engaging with during the grant-funded program.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **Type of Housing Service (check all that apply)** | | | | |
| **Name of Partner** | **Signed MOU? (y/n)** | **Housing referral** | **Housing subsidy** | **Direct housing services** | **Housing supportive services/homelessness prevention** | **Other**  ***(Please specify.)*** |
|  |  |  |  |  |  |  |
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**GRANTEE ACTION PLAN**  
  
Please list any next steps needed to accomplish the goals in Section 4.

Click or tap here to enter text.

**SECTION 5: DATA COLLECTION, PERFORMANCE MEASUREMENT, AND PROGRAM EVALUATION**

You will need to collect data for different purposes: to meet the requirements of your grant, to track participants’ progress through the program and other grant-related activities, to measure the grant project’s performance on an ongoing basis, and to determine whether the grant project is operating as intended and having the intended results (through process and outcome evaluations, respectively). It is important to understand the different uses of data early on during your planning to help you determine the best way to collect, manage, and analyze your findings.  
    
This section will also help define key performance measures including recidivism and successful program completion. It is important to clearly define a person’s successful completion of the program in a way that is distinct from your overall measures of program success (i.e., the outcomes you hope the program achieves).  
   
[The Performance Measurement Tool (PMT)](http://www.ojp.gov/performance) asks grantees to define what successful completion looks like for the program. Successful completion definitions can be either process based (e.g., the program participant has completed 70 percent of program requirements or an individual case plan within one year) or outcome based (e.g., the program participant has achieved core benchmark goals of the program that are not necessarily related to behaviors [e.g., completing supervision, attaining stable housing, attaining employment, earning a GED, etc.] within one year).  
   
[Process Measures at the Interface Between Justice and Behavioral Health Systems: Advancing Practice and Outcomes](http://csgjusticecenter.org/substance-abuse/publications/process-measures/) provides additional system- and individual-level measures that can be collected for identification and referral, engagement and completion, recovery management, and access measures and systematic responsivity.  

**Exercise 9: Developing a Data Collection and Performance Measurement Strategy**

1. Do you currently collect the data you need for any relevant grant requirements (e.g., the PMT from BJA and Booz Allen Hamilton)?

Yes (*Please describe.*) Click or tap here to enter text.

No (*How can you improve your data collection to get the data you need?*) Click or tap here to enter text.

1. What outcomes do the members of the implementation team hope to closely track (e.g., successful program completion, completion of an evidence-based program, moving from one level of care to another, recovery, recidivism)?

Click or tap here to enter text.

1. Do you currently collect the data you need to track the outcomes of interest to your implementation team or other stakeholders?

Yes (*Please describe.*) Click or tap here to enter text.

No (*How can you improve your data collection to get the data you need?*) Click or tap here to enter text.

1. How does the program currently store the following key data points (e.g., electronically, in paper files, shared drives, or in network databases):

Referral sources to the program: Click or tap here to enter text.

Criminogenic risk and needs assessment results: Click or tap here to enter text.

Engagement in services: Click or tap here to enter text.

Case plans updates:Click or tap here to enter text.

Referrals to other services: Click or tap here to enter text.

Participation: Click or tap here to enter text.

Successful and unsuccessful completions: Click or tap here to enter text.

Participant recidivism rates: Click or tap here to enter text.

Alternatively, please attach the data collection plan for this program.

1. How are the collected data shared among relevant agencies and partners?

Click or tap here to enter text.

1. Have you identified benchmarks (such as current recidivism rate, service referrals, or utilization rates) against which you will compare your outcome data?

Yes (*What are they?*) Click or tap here to enter text.

No (*Why not?*) Click or tap here to enter text.

1. How do you define “successful completion” of the program?

Click or tap here to enter text.

1. What is the baseline recidivism rate?

Click or tap here to enter text.

1. How was the baseline recidivism rate determined?

Click or tap here to enter text.

1. Is the baseline recidivism rate for the national, state, or county population, or is it for this program’s target population?

National

State

County

Program’s Target Population

Other (*Please specify.*) Click or tap here to enter text.

1. What is your definition of recidivism for this grant program? This should be the same as the definition of recidivism used by the jurisdiction in which the grant program operates.

Rearrest

Reconviction

Reincarceration

Other *(Please specify.)* Click or tap here to enter text.

1. If the program's definition differs from the definition of recidivism used by the jurisdiction in which the grant program operates, please explain the difference.

Click or tap here to enter text.

1. For what period of time will you track recidivism among program participants?

Six months

One year

Two years

Three years

Five years

Other *(Please specify.)* Click or tap here to enter text.

1. Describe the steps taken to ensure that the tracking system captures an accurate recidivism rate. *(I.e., are state identification numbers or a comparable system used to track reincarceration? Is there a way to access recidivism data from a state repository or other source?)*

Click or tap here to enter text.

1. Please select any measure you plan to track for your program participants in addition to your definition of recidivism:

Number of new offenses (not on probation or parole)

Number of parole revocations for new offenses

Number of parole revocations for technical violations

Number of probation revocations for new offenses

Number of probation revocations for technical violations

Individual criminogenic risk levels based on reassessment with the criminogenic risk and needs assessment

**Exercise 10: Program Evaluation**

1. Who is your research partner for the program evaluation?

Click or tap here to enter text.

1. What kind of evaluation of your CSAMI program do you plan to conduct? (*Please select all that apply.*)

Process evaluation

Outcome evaluation

1. How often and by what method(s) do you plan to communicate with your evaluator?

Click or tap here to enter text.

1. With whom do you intend to share evaluation data?

Click or tap here to enter text.

1. How often will you share data?

Click or tap here to enter text.

1. How will program evaluation data be used to inform program operations?

Click or tap here to enter text.

**Development of a Logic Model**

A logic model demonstrates the causal relationships between goals, activities, and results. It is a useful tool to visualize the purpose and scope of proposed activities, including the resources needed and expected outcomes. If you have already completed a logic model for your program, please attach it to this guide. If not, please use the sample logic model below, which can be filled out with information from Exercise 1. Later sections of the P&I Guide further inform pieces of the logic model as the CSAMI program planning process continues. Please note that you will have expanded upon program activities in Section 3: Identifying Evidence-Based Services and Support, Exercise 4: Service Provision and Evidence-Based Curricula; process measures will have been refined earlier in Section 5: Data Collection, Performance Measurement, and Program Evaluation; and planning for sustainability is addressed in Section 6: Sustainability.

If you do not already have a logic model for your program, please complete the logic model provided below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sample Logic Model** | | | | | | |
| **Project Goals** | **Resources**  **(Existing and Grant-Funded)** | **Activities** | **Process Measures** | **Short-Term Outcomes** | **Long-Term Outcomes** | **Sustainability** |
| ***EXAMPLE:***  *Increase pre-release screening for co-occurring substance addictions and mental illnesses in jail* | *Grant funds for training classification officers in screening for co-occurring substance addictions and mental illnesses* | *Implement pre-release screening for co-occurring substance addictions and mental illnesses* | *Number of people screened in jail; number of people who screened positive for mental illnesses, substance addictions, co-occurring substance addictions and mental illnesses; number of people referred to the CSAMI program; number of people enrolled in the CSAMI program* | *Hire a case manager for the CSAMI program* | *Every person booked into the jail is screened for co-occurring substance addictions and mental illnesses* | *Ensure that classification officers continue to screen for co-occurring substance addictions and mental illnesses in jail*  *Incorporate quality assurance measures related to screening into performance reviews, position descriptions, and hiring procedures* |
|  |  |  |  |  |  |  |
| *Add and complete rows as needed for each project goal.* | | | | | | |

**GRANTEE ACTION PLAN**  
  
Please list any next steps needed to accomplish the goals in Section 5

Click or tap here to enter text.

**SECTION 6: SUSTAINABILITY**

This section focuses on strategies for achieving long-term sustainability for your program through focused efforts initiated at the beginning of the grant. Sustainability is difficult to achieve and even more challenging if neglected until grant funding is coming to an end. Developing a sustainability plan at the onset is essential to building a strong program that can continue after the SCA funding concludes.

**Exercise 11: Planning for Program Sustainability**

1. What goals does your program seek to achieve after the life of the grant?

Click or tap here to enter text.

1. List the activities that will lead to meeting those goals after the life of the grant.

Click or tap here to enter text.

1. List any funding sources available to sustain the program after the life of the grant(e.g., foundation; federal, state or local funding; private donation, Medicaid reimbursement, etc.).

Click or tap here to enter text.

1. List the key stakeholders and partners who will be involved in sustaining your program after the life of the grant.

Click or tap here to enter text.

1. What measures are being taken to sustain interest from key stakeholders?

Program e-mails or newsletter

Individual meetings with key stakeholders

Advisory group meetings

Program fact sheets or brochures

Special events and meetings

Media

Promotions targeting professional groups and key constituents

Hosting program tours

Other *(please specify)* Click or tap here to enter text.

1. How is your program tracking and sharing performance measures and program data with key stakeholders?

Click or tap here to enter text.

**FY2018 SCA CSAMI Resource Appendix**

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| **Key Resources** |
| * Evidence-Based Practices Resource Center (https://www.samhsa.gov/ebp-resource-center) * National Reentry Resource Center ([http://nationalreentryresourcecenter.org](https://csgjusticecenter.org/nrrc/)) * Substance Abuse and Mental Health Services Administration (<http://www.samhsa.gov/>) |

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| **Systems Collaboration** |
| * Carter, Madeline M. *Engaging in Collaborative Partnerships to Support Reentry*. Silver Spring, MD: Center for Effective Public Policy, 2010. <http://www.cdcr.ca.gov/Reports/docs/External-Reports/Engaging-Offenders-Families-in-Reentry.pdf>. * Center for Court Innovation. *Engaging Stakeholders in Your Project*. New York: Center for Court Innovation. <http://www.courtinnovation.org/sites/default/files/Engaging_Stakeholders_in_Your_Project%5B1%5D.pdf>. * The Council of State Governments Justice Center. “Strengthening Collaboration between the Behavioral Health and Juvenile Justice Systems to Improve Reentry Outcomes.” Webinar held by The Council of State Governments Justice Center, New York, NY, July 29, 2016. <https://csgjusticecenter.org/youth/webinars/strengthening-collaboration-between-the-behavioral-health-and-juvenile-justice-systems-to-improve-reentry-outcomes/.> |

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| **Risk, Needs, Responsivity and Recidivism Reduction** |
| * Bonta, James, and Don A. Andrews. *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa, Canada: Public Safety Canada, 2007. <http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf>. * The Council of State Governments Justice Center. *Lessons from the States: Reducing Recidivism and Curbing Corrections Costs through Justice Reinvestment*. New York: The Council of State Governments Justice Center, 2013. <http://csgjusticecenter.org/wp-content/uploads/2013/04/FINAL_State_Lessons_mbedit.pdf>. * The Council of State Governments Justice Center. *Reducing Recidivism: States Deliver Results*. New York: The Council of State Governments Justice Center, 2018. https://csgjusticecenter.org/nrrc/publications/reducing-recidivism-states-deliver-results-2018/. * D’Amora, David. “Risk Need Responsivity 101: A Primer for SCA and JMHCP Grant Recipients.” Webinar held by The Council of State Governments Justice Center, New York, NY, March 31, 2015. <http://csgjusticecenter.org/reentry/webinars/risk-need-responsivity-101-a-primer-for-sca-and-jmhcp-grant-recipients/>. * Hanson, Karl R., Guy Bourgon, Robert J. McGrath, Daryl Kroner, David D’Amora, Shenique S. Thomas, and Lahiz Tavarez. *A Five-Level Risk and Needs System: Maximizing Assessment Results in Corrections through the Development of a Common Language*. New York: The Council of State Governments Justice Center, 2017. <https://csgjusticecenter.org/wp-content/uploads/2017/01/A-Five-Level-Risk-and-Needs-System_Report.pdf>. * Pew Center on the States. *State of Recidivism: The Revolving Door of America’s Prisons*. Washington, DC: The Pew Charitable Trusts, 2011. <http://www.pewstates.org/research/reports/state-of-recidivism-85899377338>. * Urban Institute. Public Safety Risk Assessment Clearinghouse. <https://psrac.bja.ojp.gov> |

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| **Screening and Assessment** |
| **Screening and Assessment for Criminogenic Risk**   * The Council of State Governments Justice Center. *Risk Assessment: What You Need to Know*. New York: The Council of State Governments Justice Center, 2015. <http://csgjusticecenter.org/reentry/posts/risk-assessment-what-you-need-to-know/>. * The Council of State Governments Justice Center. *On the Over-Valuation of Risk for People with Mental Illnesses*. New York: The Council of State Governments Justice Center, 2015. <https://csgjusticecenter.org/wp-content/uploads/2016/03/JC_MH-Consensus-Statements.pdf>. * Desmarais, Sarah L., and Jay P. Singh. *Risk Assessment Instruments Validated and Implemented in Correctional Settings in the United States*. New York: The Council of State Governments Justice Center, 2013. <http://csgjusticecenter.org/reentry/publications/risk-assessment-instruments-validated-and-implemented-in-correctional-settings-in-the-united-states/>. * “Three Things You Can Do to Prevent Bias in Risk Assessment.” The Council of State Governments Justice Center. Last modified July 20, 2016. <https://csgjusticecenter.org/jr/posts/three-things-you-can-do-to-prevent-bias-in-risk-assessment/>.   **Screening and Assessment for Substance Use, Mental Disorders, or Co-Occurring Substance Addictions and Mental Illnesses**   * The Council of State Governments Justice Center. *Implementing Mental Health Screening and Assessment*. New York: The Council of State Governments Justice Center, 2018. <https://csgjc.slack.com/messages/GC0B6G42V/>. * Substance Abuse and Mental Health Services Administration. *Screening and Assessment of Co-occurring Disorders in the Justice System.* Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. <http://store.samhsa.gov/shin/content//SMA15-4930/SMA15-4930.pdf>. |

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| **Evidence-Based Practices** |
| * Blandford, Alex M., and Fred C. Osher. *A Checklist for Implementing Evidence-Based Practices and Programs (EBPs) for Justice-Involved Adults with Behavioral Health Disorders*. Delmar, NY: SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation, 2012. <http://csgjusticecenter.org/wp-content/uploads/2013/04/SAMHSA-GAINS.pdf>. * Blandford, Alex M., and Fred Osher. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*. New York: The Council of State Governments Justice Center, 2013. <http://csgjusticecenter.org/wp-content/uploads/2013/12/Guidelines-for-Successful-Transition.pdf>. * National Institute of Corrections. Evidence-based Practices. <https://nicic.gov/evidence-based-practices-ebp> * Substance Abuse and Mental Health Services Administration. Evidence-Based Practices Resource Center. <https://www.samhsa.gov/ebp-resource-center> |

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| **Effective Transition Planning and Post-Release Case Management** |
| **Case Management**   * “Collaborative Comprehensive Case Plans,” <https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>.   **Participant Engagement**   * National Reentry Resource Center, Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC) and Addiction Technology Transfer Center Network. “Using a Systems Approach to Increase Client Engagement and Retention in the Community.” Webinar held by the National Reentry Resource Center, New York, NY, January 24, 2014. <http://csgjusticecenter.org/substance-abuse/webinars/using-a-systems-approach-to-increase-client-engagement-and-retention-in-the-communit/>.   **Reentry Planning**   * National Reentry Resource Center, Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC) and Addiction Technology Transfer Center Network. “Reentry Planning to Support Post-Release Engagement and Retention in Community Treatment.” Webinar held by the National Reentry Resource Center, New York, NY, August 22, 2013. <http://csgjusticecenter.org/substance-abuse/webinars/reentry-planning-to-support-post-release-engagement-and-retention-in-community-treatment/>. |

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| **Health Care and Other Benefits** |
| * Community Services Division. *County Jails and the Affordable Care Act: Enrolling Eligible Individuals in Health Coverage*. Washington, DC: National Association of Counties, 2012. <http://www.naco.org/sites/default/files/documents/WebVersion_PWFIssueBrief.pdf>. * The Council of State Governments Justice Center and Legal Action Center. *Medicaid and Financing Health Care for Individuals Involved With the Criminal Justice System.* New York: The Council of State Governments Justice Center, 2013. <http://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy.pdf>. * Joplin, Lore. *Mapping the Criminal Justice System to Connect Justice-Involved Individuals with Treatment and Health Care under the Affordable Care Act.* Washington, DC: National Institute of Corrections, 2014. <https://s3.amazonaws.com/static.nicic.gov/Library/028222.pdf>. * Plotkin, Martha and Alex Blandford. *Critical Connections: Getting People Leaving Prison and Jail the Mental Health Care and Substance Use Treatment They Need*. New York: The Council of State Governments Justice Center, 2017. <https://files.csgjusticecenter.org/critical-connections/Critical-Connections-Full-Report.pdf>. |

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| **Effective Community Supervision Strategies and Partnerships** |
| * Carter, Madeline M., and Richard J. Sankowvitz. *Dosage Probation: Rethinking the Structure of Probation Sentences*. Silver Spring, MD: Center for Effective Public Policy, 2014. <https://csgjusticecenter.org/reentry/publications/dosage-probation-rethinking-the-structure-of-probation-sentences/>. * Crime and Justice Institute at Community Resources for Justice. *Implementing Evidence-Based Policy and Practice in Community Corrections, 2nd ed.* Washington, DC: National Institute of Corrections, 2009. https://nicic.gov/implementing-evidence-based-policy-and-practice-community-corrections-second-edition. * Prendergast, Michael L. “Interventions to Promote Successful Re-Entry Among Drug-Abusing Parolees.” *Addiction Science and Clinical Practice* 5, no. 1 (2009): 4–13. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797118/>. |

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| **Data Collection and Evaluation** |
| * The Bureau of Justice Assistance*. Guide to Program Evaluation*. Washington, DC: The Bureau of Justice Assistance, 2012. <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiaq_qVg4PRAhUF2IMKHYPpAkIQFggcMAA&url=https%3A%2F%2Fwww.bja.gov%2Fevaluation%2Fguide%2Fbja-guide-program-evaluation.pdf&usg=AFQjCNH3KZMwkz1Bk_6frMxH3ybUaeOdCg>. * Elias, Gail. *How to Collect and Analyze Data: A Manual for Sheriffs and Jail Administrators*. Washington, DC: National Institute of Corrections, 2007. <https://s3.amazonaws.com/static.nicic.gov/Library/021826.pdf>. * Walker, Karen E., Chelsea Farley, and Meredith Polin. *Using Data in Multi-Agency Collaborations: Guiding Performance to Ensure Accountability and Improve Programs*. New York: Public/Private Ventures, 2012. <http://www.childtrends.org/wp-content/uploads/2011/02/Child_Trends-2012_02_23_FR_UsingData.pdf>. * Taxman, Faye S., Sarah Wurzburg, and Kati Habert. *Process Measures at the Interface Between the Justice System and Behavioral Health: Advancing Practice and Outcomes*. New York: The Council of State Governments Justice Center, 2016. <https://csgjusticecenter.org/substance-abuse/publications/process-measures/>. |

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| **Sustainability** |
| * The Council of State Governments Justice Center. *Developing a Mental Health Court: An Interdisciplinary Curriculum. Module 2: Your Community, Your Mental Health Court*. New York: The Council of State Governments Justice Center, 2012. <http://learning.csgjusticecenter.org/?page_id=179>. * The Council of State Governments Justice Center. “Developing Sustainability, Success Stories from the Field.” Webinar held by The Council of State Governments Justice Center, New York, NY, August 30, 2016. <https://csgjusticecenter.org/mental-health/webinars/developing-sustainability-success-stories-from-the-field/>. * Office of Rural Health Policy, Health Resources and Services Administration. *Rural Behavioral Health Programs and Promising Practices*. Washington, DC: U.S. Department of Health and Human Services, 2011. <https://innovations.ahrq.gov/qualitytools/rural-behavioral-health-programs-and-promising-practices>. * Reuland, Melissa, Laura Draper, and Blake Norton. *Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives*. New York: The Council of State Governments Justice Center, 2012. <https://www.bja.gov/Publications/CSG_StatewideLEMH.pdf>. |

1. E.g., one-on-one, group setting, etc. [↑](#footnote-ref-1)
2. I.e., the number of people who can be served at a time [↑](#footnote-ref-2)