Planning and Implementation Guide

FY2020 Justice and Mental Health Collaboration Program Purpose Area 1: Embedding Clinicians in Law Enforcement Agencies

Description

Grantees will complete this guide in partnership with the technical assistance coach from The Council of State Governments Justice Center. This Planning and Implementation Guide is intended for recipients of Justice and Mental Health Collaboration Program grants administered by the U.S. Department of Justice’s Bureau of Justice Assistance.

The Council of State Governments Justice Center prepared this guide with support from the U.S. Department of Justice’s Bureau of Justice Assistance. The contents of this document do not necessarily reflect the official position or policies of the U.S. Department of Justice or the members of The Council of State Governments.

**About the Planning and Implementation Guide**

The Council of State Governments (CSG) Justice Center has prepared this Planning and Implementation Guide to support grantees in developing and refining their justice and mental health initiatives to improve outcomes for people in the criminal justice system who have mental illnesses and/or co-occurring mental illnesses and substance use disorders. 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 mechanism for your CSG Justice Center technical assistance coach (TA coach) to understand the status and progress of your project, the types of challenges you are encountering, and the ways your TA coach might be helpful to you in making your project successful.

You and your TA coach will use your responses to collaboratively develop priorities for technical assistance.

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

**Contents of the Guide**

The guide is divided into seven 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 initiative’s strengths and identify areas for improvement. Your TA coach 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 coach.

|  |  |
| --- | --- |
| TA Coach Contact Information | |
| Name: |  |
| Phone: |  |
| Email: |  |

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| --- |
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**SECTION 1: GOALS**

Please provide the following documents, if available, to your TA coach:

Memoranda of Understanding (MOUs), Data Use Agreements (DUAs), and any other agreements

Program policy and procedure manual(s)

Current strategic plan

Program flow chart

Training Course Materials

System/Program inventory/gap/needs/capacity analysis

Data/Performance measurement tools

Program evaluation plan

* 1. **Basic Information**

***1.1.1 Grantee Information***

1. Grantee Name and Award Number:
2. Geographic Location: *Indicate the specific city, county, or state where your program operations primarily occur. Additionally, please indicate if your jurisdiction is primarily rural, suburban, urban, or a mixture of these.*

3. Project Name:

4. Mental Health Partner(s):

5. Substance Use Disorder Partner(s):

6. Criminal Justice Partner(s):

7. Point(s) of Contact for Mental Health, Substance Use Disorder, and Criminal Justice Partners:

Name:

Email:

Agency:

Name:

Email:

Agency:

Name:

Email:

Agency:

***1.1.2 Grant Initiative Updates and Information***

1. Have there been any changes to the initiative or its goals as outlined in your grant proposal between the time you wrote the grant application/narrative and your first TA call?

*Your answer should include any changes in partnerships/collaborations, programming, screening and assessment tools, or staffing (e.g., due to COVID-19). 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 JustGrants System. Please note that GANs are subject to approval by the Bureau of Justice Assistance (BJA).*

Yes (Please specify.)

No

1. Do you know if there are any other initiatives in your jurisdiction funded through either JMHCP, BJA’s Second Chance Act, or the Comprehensive Opioid, Stimulant, and Substance Abuse (COSSAP) grant program? If so, what is the relationship between those initiatives and this grant program?
2. How is your agency addressing challenges related to COVID-19 (e.g., providing telehealth, reducing center capacity, providing temperature screens, reducing shared vehicles/workspaces)?

***1.1.3 Grant Initiative Focus***

*JMHCP grantees are encouraged to think about a systems-level approach to improving outcomes for people who have mental illnesses and/or co-occurring substance use disorders, which should include input from criminal justice and mental health and substance use disorder treatment system leaders. The following questions and activities will help you establish a baseline about what is happening in your system and define how this grant program fits into a cross-systems response strategy.*

1. Has your jurisdiction ever conducted a system-mapping exercise, gap analysis, or other assessment about the services available in your community?

Yes (Please elaborate, and attach the assessment to this guide.)

No

2. In the table below[[1]](#footnote-1), indicate in which intercepts your grant program funded. (Note: Programs may fall under multiple intercepts).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Intercept 0**  Community Services | **Intercept 1**  Law Enforcement | **Intercept 2**  Initial Detention/Initial Court Hearings | **Intercept 3**  Jails/Courts | **Intercept 4**  Reentry | **Intercept 5**  Community Corrections |
| Check all that apply |  |  |  |  |  |  |

3. Are you aware of any plans to implement additional diversion programming in your agency and/or criminal justice system for people with mental illnesses and/or co-occurring mental illnesses and substance use disorders?

Yes (Please describe.)

No (Why not?)

4. What levels of care do the mental health partner(s) associated with your grant project provide?

1. What levels of care do the substance use disorder partner(s) associated with your grant project provide?

6. What are some service gaps in your jurisdiction that could limit people’s access to care?

7. Are you planning to implement any strategies to increase access to services for people of color? If so, please describe.

8. What criminal justice agency(s) will the clinician(s) be embedded in?

9. What groups or organizations are involved in the hiring of the embedded clinician(s)[[2]](#footnote-2)?

10. Who is responsible for supervising the embedded clinician(s)?

**SECTION 2: COLLABORATIVE PARTNERSHIPS**

Having a successful implementation team (i.e., the group that works directly on grant program implementation) and interagency workgroup (i.e., the larger group of people who have a vested interest in the program, such as a criminal justice and behavioral health council or advisory council) are critical to program success. The interagency workgroup inclusive of the JMHCP grant-funded justice and mental health partners, should also have perspectives from various community members, including elected officials, leaders of faith-based communities, victims of crime, consumers of mental health services and their family members, and people who have been incarcerated and their family members.

**2.1 Implementation Team and Interagency Workgroup**

***2.1.1 Implementation Team***

1. Which agencies and individuals are included in your implementation team?
2. How often does your implementation team meet?
3. Are there interagency agreements, MOUs, policies and procedures, or similar documents that define responsibilities for implementation team members?

Yes(Please describe and attach.)

No (Why not?)

1. What other types of agreements do you anticipate needing to have in place to make this implementation team collaboration a success?

5. Does the implementation team have a relationship to other local- or state-level task forces, councils, or advisory committees?

Yes (Please describe.)

No

***2.1.2 Interagency Workgroup***

1. Provide a list of the members, their titles, organizations, and roles of your interagency workgroup. If the composition of your interagency workgroup has not yet been finalized, please list the people you intend to engage to participate, even if you haven’t yet done so.

*Consider including representatives of the following institutions/groups on your interagency workgroup: mental health treatment providers; substance use disorder treatment providers; law enforcement; courts; correctional agencies; probation and parole officials; workforce development, housing, and education providers; faith-based organizations; consumers of behavioral health services and their family members; victim services’ representatives; other community-based services; and researchers/evaluators.*

1. Are there additional stakeholders that you would like to engage to join the interagency workgroup?

Yes (Please describe.)

No

1. What agreements are needed to clearly define roles and responsibilities (i.e., MOUs, policies and procedures, or similar documents)?
2. How often will/does the interagency workgroup meet?
3. How does/will the interagency workgroup inform the grant program’s operations and development?
4. Does the interagency workgroup have a relationship with other local- or state-level task forces, councils, or advisory committees?

Yes(Please describe.)

No

***2.1.3 Information-Sharing Procedures***

It is important to address the complexities of information sharing through an agreement, such as a DUA, MOU, and/or other policies.[[3]](#footnote-3)

1. Do you have any agreements in place to share information among all necessary parties?

Yes (Select all that apply, and please supply a copy of the agreement(s) to your TA coach if available to share.)

Intra-agency policy and/or protocol

MOU(s)

DUA(s)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

No (If no, are you planning to develop information-sharing procedures? Please elaborate.) ­­

1. What types of information do you plan to share or are currently sharing?

1. What information will the embedded clinician have access to?
2. Are there any barriers to information sharing that might impact the success of your program?

Yes (Please describe.)

No

1. If applicable, does your jurisdiction use Health Information Exchange (HIE)? If so, which entities have access?*(Select all that apply, if applicable.)*

No

Yes, one HIE

Yes, a number of separate HIEs

Yes, but law enforcement does not have access

Yes, and the law enforcement partner has access

Yes, and the behavioral health partner has access

1. What agreements or protocols are in place to ensure program participant confidentiality (e.g., informed consent waivers, non-disclosure agreements)?
2. Is there opportunity to create a centralized database system among necessary parties?

**SECTION 3: TARGET POPULATION**

Having a clearly defined target population helps highlight what information you will need to obtain through screening and assessment or other processes to determine program eligibility. Clearly defined target population criteria will also be helpful for partner agencies that are seeking to refer people to your initiative or program, which will increase the likelihood that referrals will be good matches for the program.

**3.1 Target Population and Eligibility Criteria[[4]](#footnote-4)**

1. Please describe your target population. (Include all applicable information, such as age, gender, community of focus, race, ethnicity, charge or offense history, level of risk of recidivism, probation and parole status, etc.)
2. Does your grant program prioritize people with medium to high criminogenic risk and needs levels for program slots (if applicable)?   
    Yes (Please elaborate.) No  
    N/A
3. What is the legal status of the target population? (Select all that apply.) Pre-arrest  
    Post-arrest/pre-adjudication/pretrial  
    Post-trial/post-adjudication  
    Sentenced to probation or parole  
    Released without supervision  
    Other (Please describe.)
4. How many people do you plan to serve? Describe how you selected the target number of people to serve.
5. Is your program:  
    Voluntary  
    Involuntary  
    Both Voluntary and Involuntary   
    Other (Please specify.)

1. Is there a type of mental illness that you are not able to serve?

Yes (Explain what the illness is, and why you are unable to accommodate it.)

No

1. Is there a type of intellectual or developmental disability that you are not able to serve?  
    Yes (Explain what the intellectual or developmental disability is, and why you are unable

to accommodate it.) No

N/A

1. Is there a level of co-occurring substance use disorder that you are not able to serve?

Yes (Please elaborate.)

No

N/A

1. Are there any criminal charges, offenses, or arrest histories that will be excluded from the grant initiative’s eligibility criteria?

Yes (Please elaborate.)

No

N/A

1. Who is involved in deciding if a person is accepted into the program? (e.g., patrol officer, law enforcement supervisor, prosecutor, judge, case manager, lieutenant in the jail.) If not applicable, please indicate.
2. What outreach methods will you use to ensure utilization of your program?
3. Who are your intended referral sources for this program? (e.g., law enforcement officers, client, judge, defense attorney, district attorney, court, case manager, jail classifications officers, dispatch etc.)If not applicable, please indicate.
4. What processes were put in place to ensure that referrals begin upon the start of the program’s implementation?

**3.2 Screening and Assessment Processes**

For your grant program, you will need to identify appropriate candidates, define the terms of participation, and explain these terms to prospective participants. Filling out the following table will help you develop your screening and assessment processes. For this chart, include tools that are currently in use or that will be implemented in the future to meet grant requirements.

| **Type of tool** | **Name of tool** | **Is this tool currently in use or will it be implemented in the future?** | **Who administers the tool?** | **When and where is it administered, including is the screening or assessment being administered remotely?** | **How are results recorded and stored?** | **Which individuals or agencies have access to results? Automatically or upon request?** |
| --- | --- | --- | --- | --- | --- | --- |
| Criminogenic Risk & Needs Assessment |  |  |  |  |  |  |
| Mental Illness Screening[[5]](#footnote-5) |  |  |  |  |  |  |
| Substance Use Disorder Screening |  |  |  |  |  |  |
| Mental Illness Assessment[[6]](#footnote-6) |  |  |  |  |  |  |
| Substance Use Disorder Assessment |  |  |  |  |  |  |
| Pretrial Risk Assessment |  |  |  |  |  |  |
| Any additional screenings and assessments performed? |  |  |  |  |  |  |

**SECTION 4: EVIDENCE-BASED SERVICES AND SUPPORTS**

Responses to the complex needs of people in the criminal justice system who have mental illnesses and/or co-occurring mental illnesses and substance use disorders are more effective with evidence-based services and supports—programs that the Substance Abuse and Mental Health Service Administration says “have been shown to have positive outcomes through high quality research.”[[7]](#footnote-7) Conducting an inventory of services, supports, and trainings can help jurisdictions understand what services and resources are available in their community for their participants and what service gaps remain. While learning more about the range of available service offerings it can be helpful to gather specifics about the service in terms of use of evidence-based practices, capacity, service quality, and referral pathways.

**4.1 Programs and Services**

***4.1.1 Programs, Services, and Grant-Funded Trainings***

1. In the chart below, provide an inventory of the programs and servicesin your community that are important to your program participants, whether they are funded by the JMHCP grant award or not. These services can be offered by your organization or through the embedded clinician. Services can include, but are not limited to, evidence-based or promising curricula—such as Seeking Safety, Thinking for a Change, Motivational Interviewing, or cognitive behavioral therapy—and other support services, such as case management, referrals, transportation, housing, GED classes, or telemedicine or telepsychiatry.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service | Curriculum  Name  (If applicable) | Service Delivery Method[[8]](#footnote-8) | Service Provider[[9]](#footnote-9) | Available for all program participants? | Length of Service | Funded by this grant? | Funded in any part by Medicaid? |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |

2. In the chart below, provide an inventory of grant-funded trainings that you plan to hold during the grant cycle. Note: if this question does not apply to your grant program, please skip it.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grant-Funded Training Type Curriculum  Name  (If applicable) | Number of People Who Will be Trained | What Agency Do the People Being Trained Represent? | Training-Delivery Method[[10]](#footnote-10) | Training Provider[[11]](#footnote-11) | Length of Training[[12]](#footnote-12) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

3. How many staff do you plan to train through your program (if applicable)? Describe how you selected the target number of people to train.

***4.1.2 Program Questions***

1. Briefly describe a typical participant’s pathway from the time they enter the program until the time they complete the program. (If your jurisdiction has completed a program flow chart, attach it to this document and you may skip this question.)
2. Does your grant program explore strategies to increase engagement and improve outcomes for people of color?
3. Do you refer to or provide services that are tailored to specific needs related to gender, race, culture, or developmental or cognitive abilities?

1. Will your embedded clinician(s) provide integrated treatment for co-occurring mental illnesses and substance use disorders?

Yes (How so?)

No

1. Will your embedded clinician(s) provide referral(s) for integrated treatment for co-occurring mental illnesses and substance use disorders?
2. Will your embedded clinician(s) receive trauma training or refer to trauma-informed or offer trauma specific interventions?
3. Will the embedded clinician(s) offer or plan to connect participants to peer specialists or recovery coaches?  
    Yes (How so?) No (Do you plant to do this in the future?)
4. People in contact with the criminal justice system are often engaged with multiple

service providers at the same time. How will the information gleaned from the screenings and assessments mentioned in Section 3 (on criminogenic risk and needs, mental health, and substance use disorders) assist the development of [Collaborative Comprehensive Case Plans](https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/)?

***4.1.3 Health Care Coverage and Other Benefits***

1. Do you, or a grant partner, enroll people in health care coverage?

Yes (Please describe the enrollment process, including specifically when the participant is enrolled.)

No

2. Do you, or a grant partner, enroll people in other public benefits, such as veterans affairs services, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Social Security Insurance/Social Security Disability Insurance (SSI/SSDI), or Children’s Health Insurance Program (CHIP)?

Yes (Please indicate which public benefit(s) and describe the enrollment process for   
 each, including specifically when the participant is enrolled.)

No

3. Do you assess people for housing insecurity or homelessness, either through a formal screening, assessment, or through conversation when they come into contact with your agency?

Formal screening or assessment (Please describe the process and attach the form used if applicable.)

Through conversation (Please describe the process.)

Other (Please elaborate.)

No assessment for homelessness takes place (Why not?)

4. Does your correctional agency provide bridge medications to participants upon release from custody? [[13]](#footnote-13)

Yes

No

N/A

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

You will need to collect data for various purposes: to measure the current environment, keep track of participants and program activities, measure the grant program’s performance on an ongoing basis, and determine whether the grant program is operating as intended and achieving the intended results (through process and outcome evaluations, respectively). It is important to understand the different uses of data early on during your planning process to help you determine the best way to collect, manage, and analyze them.

During the grant period, recipients will be required to submit quarterly performance metrics through [BJA’s online Performance Measurement Tool (PMT)](https://ojpsso.ojp.gov/). Grantees should review the complete list of performance measures for JMHCP [here](https://bjapmt.ojp.gov/help/JMHCPMeasuresPlanning2016.pdf).[[14]](#footnote-14)

[*Process Measures at the Interface Between Justice and Behavioral Health Systems: Advancing Practice and Outcomes*](https://csgjusticecenter.org/substance-abuse/publications/process-measures/) provides additional system- and individual-level measures that can be collected for participant identification and referral, program engagement and completion, recovery management, and access measures and systemic responsivity. You may find it helpful to consult this resource when thinking through data collection and measurement with your research partner.

**5.1 Data-Collection and Performance-Measurement Strategy**

***5.1.1 Baseline Data***

1. What are the key baseline data metrics[[15]](#footnote-15) you will focus on as you implement this grant program (e.g., current recidivism, service referral, engagement, retention, or service utilization rates)?

1. Are program managers able to access these baseline data metrics? If so through what means (e.g., public record, Freedom of Information Act [FOIA][[16]](#footnote-16) request)?
2. Has there been any previous analysis of these baseline data metrics?

***5.1.2 Program Data Collection***

1. Do you currently collect the data you need to measure the outcomes of interest to your interagency workgroup or other stakeholders?

Yes (Please describe.)

No (How can you improve your data collection to get the data you need?)

1. What data do your program collect to measure your program’s performance?
2. What data collection instruments are used to track your program’s measures? (e.g., questionnaires, pre/post-tests, etc.)?
3. Who completes the above data collection instruments? (Check all that apply):  
    Client  
    Staff  
    Both (explain)
4. How are the data collected? (Check all that apply):  
    Electronically

Manually

In-person

Remote

1. Indicate how all key data points (e.g., race, ethnicity, gender, engagement services, service plans, referral to other services, participation, program completion, participant recidivism) are stored (e.g., electronically, paper files, shared drives, network databases, or other).

1. If your embedded clinician makes referrals, do you track referrals?

Yes (for how long)?

No

1. Do you track connections to care?

Yes (for how long)?

No

9. Do you track program referrals by the following: (Select all that apply and indicate when/where this information is collected and by whom.)

Race

Ethnicity

Gender

Age

If there are categories above that you do no track,describe why.

10. Do you track services provided by: (Select all that apply and indicate when/where this information is collected and by whom.)

Race

Ethnicity

Gender

Age

If there are categories above that you do no track,describe why.

11. Are you tracking information on people who decline to participate in the program, if applicable? If so, what information are you collecting?

12. How will the collected data be shared among relevant agencies and partners?

***5.1.3 Performance Measures***

1. Is your grant program (and/or jurisdiction) focused on identifying frequent or repeated users of multiple systems?[[17]](#footnote-17) How do you define this concept for your grant program? What specific outcomes do you hope to achieve regarding people who repeatedly encounter law enforcement and other systems? (If not applicable, please indicate.)
2. What is your definition of recidivism?[[18]](#footnote-18) (Select all that apply.)

Rearrest

New offense

Conviction

Technical violation

Reincarceration

Other *(Please specify.)*

3. How do you plan to track participants’ recidivism rates? Note: if this question does not apply to your grant program, please skip it*.*

4. For what period of time will you track recidivism among program participants? Note: if this question does not apply to your grant program, please skip it*.*

Six months

One year

Two years

Three years

Five years

Other (Please specify.)

5. Indicate below any of the measures that you plan to track for your program participants. (Select all that apply.)Note: if this question does not apply to your grant program, please skip it*.*

Number of parole revocations for new offenses

Number of parole revocations for technical violation

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

6. What are the start and end dates for when data will be collected to evaluate participant and program outcomes?[[19]](#footnote-19)12

**5.2 Program Evaluation**

1. Are you conducting an evaluation of your grant program? (Select all that apply.)

Yes, a process evaluation

Yes, an outcome evaluation

No (Skip to Section 6: Sustainability.)

1. When will you begin evaluating the program?
2. Have you partnered with an evaluator/researcher yet?

Yes (Who are they? Are they internal or external?)

No (Please explain.)

1. How often and by what method(s) do you plan to communicate with your evaluator/research partner?
2. What data collection tools will be used to facilitate program evaluation? (e.g., questionnaires, client and/or staff surveys, etc.).
3. How will the performance information be shared with the program? (Check all that apply):  
    Electronically  
    Manually

1. With whom do you intend to share evaluation data?
2. How will you use program evaluation data to inform your operations?
3. How frequently will you use the evaluation data to inform program operations?

**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 becomes even more challenging if neglected until the 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 JMHCP funding concludes.

**6.1 Program Sustainability**

1. What goals does your program seek to achieve after the life of the grant?
2. List the activities that will lead to meeting those goals after the life of the grant.
3. List the key stakeholders and partners who will be involved in sustaining your program after the life of the grant, and by what means they plan to support this effort (e.g., financially, building collaborations, politically).
4. What key data metrics do you need to track for stakeholders to support sustainability of the program (i.e., tracking cost savings)?
5. List any funding sources available to sustain the program after the life of the grant (e.g., foundation, federal/state [such as Medicaid] or local funding, private donation, etc.).
6. Do you have a “champion” of your project work that can support your sustainability efforts?

**SECTION 7: TECHNICAL ASSISTANCE PLAN**

Now that you have completed all the other sections of the guide, we would like you and your team to reflect on any areas of program development where you would be interested in receiving technical assistance (e.g., refining evaluation plan, training and supervising staff, developing a process and template to be used for case planning, identifying sustainability).

You and your team will work with your TA coach to develop a TA plan to include goals and action steps to help the grant program move forward and meet deliverables on time. Your comments in this section will help your TA coach develop your team’s TA plan.

**7.1 Technical Assistance Goals**

1. Please identify program development and/or implementation areas where you may want assistance:

a.

b.

2. What challenges do you anticipate encountering for each of the areas identified?

3. Are there any unique aspects/achievements to your project that you would like share?

1. This table was adapted from Policy Research Associates, *The Sequential Intercept Model* (Delmar, NY: Policy Research Associates, 2017), 2. [↑](#footnote-ref-1)
2. For more information on what stakeholders are important to involve in strategies like embedding clinicians, see, “Stepping Up Strategy Lab,” The Council of State Governments Justice Center, accessed September 3, 2020, <https://lab.stepuptogether.org/database/results/>. [↑](#footnote-ref-2)
3. Note: The implementation team should consult with the appropriate legal authorities when drafting all information-sharing agreements to ensure full compliance with applicable federal, state, and local laws and to protect confidentiality. Collaborating partners must have a clear understanding of what information can and cannot be shared. [↑](#footnote-ref-3)
4. If you are struggling with how to respond to any of these questions, ask your TA coach for additional resources to help you define your target population. [↑](#footnote-ref-4)
5. A screening tool is a standardized instrument that is designed to identify the potential presence of a mental illness or substance se disorder. These tools do not provide diagnostic information, nor do they provide guidance on the severity of any mental illness or substance use disorder. They are typically used as a preliminary step in determining if further, more comprehensive assessment is necessary. Mental illness/substance use disorder screening tools do not need to be administered by a licensed mental health professional. [↑](#footnote-ref-5)
6. A mental illness assessment tool gathers information about a person with the purpose of making a diagnosis, providing appropriate treatment referrals, and using this information as part of case planning. A licensed mental health professional *must* administer the mental illness/substance use disorder assessment tools. [↑](#footnote-ref-6)
7. “Behavioral Health Treatments and Services,” Substance Abuse and Mental Health Services Administration, accessed September 24, 2020, <https://www.samhsa.gov/find-help/treatment>. [↑](#footnote-ref-7)
8. Service delivery can come in many forms. Examples include individual counseling, group counseling, or telehealth. [↑](#footnote-ref-8)
9. This should Include the name of the provider and whether the provider is in house, contracted, or engaged via referral. [↑](#footnote-ref-9)
10. Examples may include in-person, two-day training, etc. [↑](#footnote-ref-10)
11. Be sure to Include the name of the trainer and whether the trainer is in house, contracted, or other. [↑](#footnote-ref-11)
12. [↑](#footnote-ref-12)
13. Bridge medications are a short-term supply of psychotropic medications for use until medications can be prescribed in the community. [↑](#footnote-ref-13)
14. Also [see the JMHCP grant solicitation](https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/bja-2020-17114.pdf) for more information. [↑](#footnote-ref-14)
15. Note: Baseline data metrics provide you the current figures and trends against which you will measure all subsequent changes implemented by your program. [↑](#footnote-ref-15)
16. Note: FOIA is a formal request for documents from government agencies. [↑](#footnote-ref-16)
17. This population often includes people with severe mental health needs who are frequent users of costly behavioral health services (i.e., emergency room visits, inpatient substance detoxification, or inpatient psychiatric hospitalization) and who cycle repeatedly through the justice system. [↑](#footnote-ref-17)
18. Recidivism is often defined in many different ways, and states and localities calculate recidivism rates using varying methodologies. For example, some measurements of recidivism account only for reincarceration for new offenses, while others include reconvictions that do not result in a prison or jail sentence, or probation/parole revocations for technical violations or new offenses. Please consider what definition you will use and what it will encompass (e.g., does your definition of recidivism include rearrest, reconviction, reincarceration, parole/probation violation, etc.?). [↑](#footnote-ref-18)
19. 12 The tracking period must allow for uniform “time at risk to recidivate” for all participants tracked. For example, all participants in a group have at least one year of exposure to street time after completing the program or upon release from prison (for prison-based programs) when determining the one-year recidivism rate. [↑](#footnote-ref-19)