Planning & Implementation Guide

FY2020 Justice and Mental Health Collaboration Program   
Purpose Area 3: Mitigating Threats of Targeted Violence

Description

Grantees will complete this guide in partnership with the technical assistance provider from The Council of State Governments Justice Center. This 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.

**About the Implementation Guide**

The Council of State Governments (CSG) Justice Center has prepared this Planning & Implementation Guide to support grantees in developing and refining their justice and mental health initiatives to mitigate threats of targeted violence. 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 this guide 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 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**

Although your TA coach has read the project narrative that you submitted in response to the Justice and Mental Health Collaboration Program (JMHCP) solicitation, there may have been a number of updates or developments since the submission of your original application~~.~~ This exercise is intended to give your TA coach a sense of your current project goals and your initial technical assistance needs. 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 manuals

Current strategic plan

Training materials

Program flow chart

System/program inventory/gap/needs/capacity analysis

Data/performance measurement tools

Program evaluation plan

**EXERCISE 1: Basic information**

**A. 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.*

1. Project Name:
2. Mental Health Partner(s):
3. Criminal Justice Partner(s):
4. Federal Partner(s):
5. Point(s) of Contact for Criminal Justice, Mental Health, and Federal Partners:

Name:

Email:

Agency:

Name:

Email:

Agency:

Name:

Email:

Agency:

**B. Grant Initiative Updates and Information**

Your TA coach would find it helpful to know about any major developments that have occurred between the time you wrote your grant application/narrative and your first TA call. When completing the questions below, be sure to reference any major changes in grant initiative goals, stakeholders, etc.

1. Have there been any changes to the initiative or its goals as outlined in your grant proposal?

*Your answer may include changes in evidence-based practices used, screening and assessment tools selected, program partner changes, staffing changes, new budget constraints, etc. If any programmatic, administrative, or financial changes have been made since you submitted your grant proposal, you are required to submit a Grant Adjustment Modification (GAM) through the GAM 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 pre-existing state- or local-level initiatives or programs focusing on people who are at high risk for committing acts of targeted violence? If so, what is the relationship between those initiatives and this grant project?

1. Are any of these initiatives or programs funded through JMHCP?

Yes *(Please specify.)*

No

1. What other funding is being utilized to support the grant activities?

**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 that has 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 requires participation from the JMHCP grant-funded justice and mental health partners, as well as other criminal justice agencies and social service agencies that also serve your target population. The implementation team and interagency workgroup should be inclusive of perspectives from various community members, including elected officials, leaders of faith communities, victims of crime, participants and their family members, front-line staff, and people who have been incarcerated and their family members.

**EXERCISE 2: Interagency Workgroup and Implementation Team**

1. **Interagency Workgroup**
2. Is an interagency workgroup in place to provide feedback and guidance for the program?

Yes

No *(Please briefly describe your plan to establish a workgroup with stakeholders outside of the implementation team.)*

1. List the members of your interagency workgroup. If the composition of your interagency workgroup has not yet been finalized, please list the people whom you intend to engage to participate, even if you haven’t yet done so. In your list please make sure to include each person’s name, title, organization, and formal role in the workgroup.

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

1. How often will/does the interagency workgroup meet?
2. Does the interagency workgroup include working groups or subcommittees?

Yes *(Please attach an organizational chart for the workgroup, if applicable, and describe the purpose of each of these groups.)*

No

1. How often will/do the subcommittees meet?
2. How will any working groups or subcommittees keep the larger interagency workgroup informed and engaged in their work and planning processes?
3. What is the interagency workgroup’s mission statement? How is the mission statement communicated consistently by all workgroup members to internal and external constituencies?

1. What are the long-term and intermediate goals of the interagency work group and program?
   1. Workgroup long-term goals:
   2. Workgroup intermediate goals:
   3. Program long-term goals:
   4. Program intermediate goals:
   5. Other:
2. How will the interagency workgroup inform the grant program’s operations and development?
3. Does the interagency workgroup have a relationship with other local- or state-level task forces, councils, or advisory committees?

Yes *(Please describe.)*

No

1. Does the interagency workgroup have a relationship with the Federal Bureau of Investigation (FBI)?

Yes *(Please describe the extent of the working relationship.)*

No *(Please describe the plan to build a relationship with the FBI.)*

1. Does the interagency workgroup have a relationship with the U.S. Attorney’s Office (USAO)?

Yes *(Please describe the extent of the working relationship.)*

No *(Please describe the plan to build a relationship with the USAO.)*

1. Are there interagency agreements, MOUs, policies and procedures, or similar documents that define responsibilities for interagency workgroup members?  
    Yes *(Please describe and attach.)*

No *(Why not?)*

1. **Implementation Team**
2. Please list members of your implementation team below. If the composition of your implementation team has not yet been finalized, please list the people whom you intend to engage to participate, even if you haven’t yet done so.
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. How will the implementation team work the perspectives of participants and their families into its processes?
2. **Information-Sharing Procedures**

It will be important for the project team to address the complexities of information sharing through an agreement, such as an MOU, partnership agreement, information-sharing agreement, or another type of interagency agreement. The project team should consult with the appropriate legal authorities to develop an information-sharing agreement that is fully in compliance with applicable federal, state, and local laws and protects confidentiality. Collaborating partners must have a clear understanding of what information can and cannot be shared. Agreed-upon protocols for information sharing should be documented within the information-sharing agreement.

1. Are there agreements in place to facilitate and formalize the sharing of information among all necessary partners/referral sources?

Yes ***(****Select all that apply.)*

Policies and/or protocols

MOUs

DUAs

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

No *(How are you planning to develop information-sharing procedures? Please elaborate.)­­*

1. Was your information-sharing policy and procedure reviewed by legal counsel?

Yes

No *(Are there plans for it to be?)*

1. What types of information do you currently or plan to share? *(Consider information regarding topics such as participants’ legal status, behavioral health information, observed behaviors, watch-list status, duty to warn, etc.)*
2. What agreements and/or protocols are in place to ensure target population confidentiality (e.g., informed consent waivers, non-disclosure agreements, etc.)?
3. Is there opportunity to create a centralized database system among necessary parties?
4. Are there any barriers to information sharing that might impact the success of your program?

Yes *(Please describe.)*

No *(Please describe the mechanisms you will use to help facilitate information sharing.)*

**SECTION 3: TARGET POPULATION**

The grant award is a limited resource, so it is important to define criteria for your target population; your grant project should serve those who are most likely to benefit from it. 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/program, which will increase the likelihood that referrals will be good matches for the program.

**EXERCISE 3: Target Population and Eligibility Criteria[[1]](#footnote-1)**

1. Please describe your target population (e.g., age, gender, community of focus, correctional facility type, charge or offense, history, level of risk of recidivism, probation and/or parole status, etc.).
2. Does your target population include people with varying criminogenic risk and needs levels (e.g., low, medium, high)?
3. Does the program prioritize people with medium to high criminogenic risk and needs levels for program slots?

Yes *(Please describe how.)*

No

N/A

1. 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

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

Yes *(Please elaborate.)*

No

N/A

1. Select the answer option(s) that best describe the nature of participation in the program:

Voluntary

Involuntary

Both (voluntary and involuntary)

Other (*Please specify.)*

1. If participation is voluntary, what do you anticipate will be the incentive for participating? *(If not applicable, please indicate.)*
2. Why was this particular target population chosen?
3. What methods do you plan to use to identify potential participants who meet your eligibility criteria?
4. If your program is serving people under 18, who must consent to their participation?

Youth

Parent/guardian

Both

N/A

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

Yes *(Please explain what the illness or impairment is and why you are unable to accommodate it.)*

No

N/A

1. Are any mental illness diagnoses excluded from the grant initiative’s eligibility criteria?

Yes (*Please elaborate.)*

No

N/A

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

Yes *(Please elaborate.)*

No

N/A

1. Do you plan to provide services and/or trainings for program participants?

Yes

No

1. Do you plan to train staff as part of this grant program?

Yes *(Please list the trainings)*

No

1. Use the chart below to indicate the processes that take place at each phase from identification/referral to enrollment and identify the decision-making for each phase.

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase** | **What are the relevant criteria?** | **What is the process?** | **Who is the decision-maker?** (*E.g., prosecutor, judge, case manager, parent, lieutenant in the jail, FBI, USAO)* |
| **Identification/Referral** |  |  |  |
| **Engagement** |  |  |  |
| **Eligibility** |  |  |  |
| **Enrollment** |  |  |  |

1. What outreach methods will be used to ensure that referrals are received?

1. Are the referral sources being tracked?
2. What communication plan has been set with referral sources?
3. What methods will be developed to ensure that referrals begin upon the start of the project’s implementation?

**EXERCISE 4: Screening and Assessment Processes**

You will need to identify appropriate candidates for your mental illness or co-occurring mental illness and substance use disorder 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 and assessment process for people before their release from the correctional facility. The information gleaned through the screening and assessment processes will determine whether potential participants are eligible for pre- and post-release services.

| **Type of Tool** | **Name of Validated Tool** | **Is this tool currently in use or will it be implemented in the future to meet grant requirements?** | **Who administers the tool? When, where, and how often is it administered? Note whether the screening or assessment is being administered remotely.** | **How are results recorded and stored?** | **Which individuals or agencies have access to results? Automatically or upon request?** | **What are the known limitations of the tool?** | **How will the results be used to inform decision-making and quality assurance?** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mental Health Screening[[2]](#footnote-2) |  | Currently in use  To be implemented |  |  |  |  |  |
| Substance Use Disorder Screening |  | Currently in use  To be implemented |  |  |  |  |  |
| Violence Risk Screening |  | Currently in use  To be implemented |  |  |  |  |  |
| Criminogenic Risk and Needs Assessment |  | Currently in use  To be implemented |  |  |  |  |  |
| Mental Health Assessment |  | Currently in use  To be implemented |  |  |  |  |  |
| Substance Use Disorder Assessment |  | Currently in use  To be implemented |  |  |  |  |  |
| Threat Assessment |  | Currently in use  To be implemented |  |  |  |  |  |
| Violence Risk Assessment |  | Currently in use  To be implemented |  |  |  |  |  |
| Trauma Screening/ Assessment |  | Currently in use  To be implemented |  |  |  |  |  |
| Other |  | Currently in use  To be implemented |  |  |  |  |  |

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

Responses to the complex needs of people in the criminal justice system who have mental illnesses or co-occurring mental illnesses and substance use disorders are not effective without the necessary services and supports. Understanding what services and resources are available and where there are gaps can help you develop a strategy for making connections to existing services to address the gaps. Conducting an inventory of services, supports, and trainings will also help ensure that the referral process for various resources is as seamless as possible by facilitating a conversation about quality, capacity, and connections.

**EXERCISE 5: Programs and Services**

1. **Programs and Services**
2. Provide an inventory of the programming and services that either are currently or will be available to your grant program participants, regardless of whether they are explicitly funded by the grant or otherwise offered by your organization. Services can include, but are not limited to, evidence-based or promising curricula—such as cognitive behavioral therapy, Seeking Safety, Motivational Interviewing, prolonged exposure therapy, Functional Family Therapy, Dialectical Behavioral Therapy—and other support and concept services, such as prosocial activities, critical thinking skill building, peer supports, and credible messengers.

If this section does not apply to your grant-funded program, please describe why it is not applicable:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Services Provided | Curriculum  Name and % of Curriculum Used  (If applicable) | Service-Delivery Method[[3]](#footnote-3) | Service Provider[[4]](#footnote-4) | Service Capacity[[5]](#footnote-5) | Available for all program participants? | Length of Service[[6]](#footnote-6) | Open or Closed Cycle[[7]](#footnote-7) | Funded by this grant? | Funded in any part by Medicaid? |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No |  | Open  Closed | Yes  No | Yes  No |

1. Are there any needs described in the target population narrative that are not met by these services listed above?

Yes *(Please describe how you intend to address those needs.)*

No

**B. Program Participation**

1. How long, on average, are participants expected to be enrolled in the program and receive services? *(If not applicable, please indicate.)*
2. If your grant program is referring participants to services at another agency, do you track participants’ progress? If so, for how long? How is the progress of participants tracked ?
3. Do you track program enrollment, services provided, and program completion by:
   1. Race

Yes *(When/where is this information collected and by whom?)*

No *(Why not?)*

* 1. Ethnicity

Yes *(When/where is this information collected and by whom?)*

No *(Why not?)*

* 1. Gender

Yes *(When/where is this information collected and by whom?)*

No *(Why not?)*

* 1. Age

Yes *(When/where is this information collected and by whom?)*

No *(Why not?)*

1. Is there a point in the program when a participant is engaging with multiple service providers?

Yes *(Who is responsible for the participant’s care coordination or case management?)*

No

1. What strategies will be used to enhance program enrollment, engagement, completion, and outcomes for people of color?
   1. What policies and practices are in place that intentionally address access for all peple within the target population?
2. How will information from the assessments mentioned in Section 3 (on criminogenic risk and needs, mental illness, co-occurring substance use disorders, and violence risk) inform the development of [Collaborative Comprehensive Case Plans](https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/)?
3. Does your program refer to or provide integrated treatment for co-occurring mental illnesses and substance use disorders?

Yes *(How so?)*

No

1. Do you refer to or provide any services that are tailored to specific needs such as those relating to gender, culture, and developmental or cognitive abilities?

Yes (*What are they?)*

No

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

Inpatient

Outpatient

Residential treatment

Crisis centers

Other (*Please describe.)*

1. Is your program trauma informed or do you offer trauma-informed interventions?   
    Yes *(How so?)*

No

1. Does your program currently connect participants to peer specialists or recovery coaches?

Yes

No

**C. Training Breakdown**

1. Please complete the table below on trainings offered as part of the grant program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Training** | **Intended Audience** | **Who delivers the training? (E.g., law enforcement, mental health personnel, advocates, etc.)** | **What instruction methods are used? (E.g., lecture, virtual, role play, site visits, etc.)** | **Do trainees evaluate the training?** | **Are you administering pre-/post-tests to evaluate knowledge and skills acquired from the training?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Is there a plan for ongoing cross-training to bridge any knowledge gaps and educate grant partners on other service systems and coordination efforts at key decision points?

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

You will need to collect data for various purposes: to monitor participants and program activities, to measure the grant program’s performance on an ongoing basis, and to determine whether the grant program 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 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).[[8]](#footnote-8)

[Process Measures at the Interface Between the Justice System and Behavioral Health: 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.

**EXERCISE 6: Data-Collection and Performance-Measurement Strategy**

1. **Baseline Data**
   1. What are the key baseline data metrics you will focus on as you implement this grant program (e.g. current recidivism, *threat and risk management, disengagement*, service referral, engagement, retention, or service utilization rates)?
   2. Are you able to access these baseline data metrics[[9]](#footnote-9)? If so, through what means (e.g., public record, [FOIA](https://www.foia.gov/)[[10]](#footnote-10) MOU)?

* 1. Has there been any analysis of the baseline data metrics?

1. **Data Collection**
2. Do you currently collect the data you need for any relevant grant requirements? (*E.g., the PMT from BJA)*

Yes *(Please describe.)*

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

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. Are there written policies and procedures that delineate the key agencies and individual(s) responsible for collecting outcome data?

1. Please identify how all key data points are collected and stored.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Point | Electronically | Paper Files | Shared Drives | Network Databases | Other  *(Please describe.)* |
| Race |  |  |  |  |  |
| Ethnicity |  |  |  |  |  |
| Gender |  |  |  |  |  |
| Engagement in services |  |  |  |  |  |
| Service plans |  |  |  |  |  |
| Referrals to other services |  |  |  |  |  |
| Participation |  |  |  |  |  |
| Threat management |  |  |  |  |  |
| Successful and unsuccessful completions |  |  |  |  |  |
| Participant recidivism rates |  |  |  |  |  |
| Participant outcomes beyond recidivism (protective factors, education, stability, prosocial involvement, family reunification, etc.) |  |  |  |  |  |

1. How is information about the intended victim of the threat of violence tracked in the program? (Who is the threat targeted toward? This may include harm toward self, peers, family, groups of people [specify whom], how information is maintained, etc.)

1. How do you intend to share data with relevant agencies and partners?
2. How is access (racial, ethnic, and gender) to enrollment, engagement, completion, and outcomes assessed?
   1. When the data reveal that access is not available to all people in need, how will the workgroup and relevant agencies work to understand the policies and practices that are promoting this outcome to work toward a solution?
3. How will the data collected reflect the participants’ voices? This may include focus groups, surveys, and other mechanisms that capture the participants’ experience, perspective, feedback, and proposed solutions.
4. **Performance Measures**
5. How do you define “successful engagement” in the program?

1. How do you define the “successful completion” of the program?[[11]](#footnote-11)

1. List the key criminal justice data that will be used to track your program’s performance. Who is responsible for tracking these metrics?
2. List the key mental illness and/or co-occurring mental illness and substance use disorder data that will be used to track your program’s performance. Who is responsible for tracking these metrics?

1. What information are you tracking about the people who decline to participate in the program?

Reason for declining

Behaviors *(Please describe which behaviors stakeholders are interested in tracking.)*

Contact with law enforcement *(Please describe what types of contact will be tracked and for how long.)*

Other *(Please specify.)*

1. How does your jurisdiction assess and define threat and risk management?
2. How will you track risk management?
3. What is the threshold for risk being successfully managed in consideration of the target population’s legal status?
4. What is the relationship between risk management and recidivism?

1. What is your definition of recidivism?[[12]](#footnote-12)

Arrest/rearrest

New offense

Conviction

Technical violation

Reincarceration

Other (*Please specify.)*

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.)*

1. How will the workgroup and relevant agencies regularly evaluate whether the interventions provided match participants’ criminogenic needs, strengths, and treatment responsivity based on assessment results?
2. Describe formal structures and processes that exist to regularly share and review recidivism, risk management, and other outcome indicators with initiative partners.

**EXERCISE 7: Program Evaluation**

1. Are you conducting an evaluation of your grant program?

Yes, a process evaluation

Yes, an outcome evaluation

No

1. Have you found an evaluator/research partner yet?[[13]](#footnote-13)

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

No *(What are you looking for in an evaluator/research partner?)*

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

1. With whom do you intend to share evaluation data?
2. How will program evaluation data be used to inform program operations?
3. What are the start and end dates for collecting data to evaluate program participation?[[14]](#footnote-14)

**SECTION 6: SUSTAINABILITY**

**EXERCISE 8:** **Program 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.

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 Needs and Plan**

The TA coach and grantee will work together to develop a TA plan with goals and action steps to help the grant project move forward and meet its milestones. TA plans will be updated every six months (or more often, if needed or requested by BJA).

Now that you have completed the first six sections of the guide, we would like you to reflect as a team on any areas of program development that you would be interested in focusing on for continued training and technical assistance. Your ideas in this section will help your TA coach develop your team’s TA plan.

**EXERCISE 9: Technical Assistance Goals**

1.What are two topic areas that you would like to work on with your TA coach in the next six months (e.g., implementing screening tools, refining an evaluation plan, training and supervising staff, developing a process and template to use for case planning, addressing racial equity, sustainability)?

a.

b.

2. What challenges do you anticipate encountering that you would like us to assist with?

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

1. 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-1)
2. A screening tool is a standardized instrument that is designed to identify the potential presence of a mental illness or substance use 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-2)
3. E.g., individual counseling, group counseling, two-day training, etc. [↑](#footnote-ref-3)
4. Include the name of the provider and whether the provider is in house, contractual, or engaged via referral. [↑](#footnote-ref-4)
5. Indicate the number of people you can serve with the intervention or training. For instance, a Thinking for a Change group might have a capacity of 16 participants or CIT might serve 50 corrections professionals. [↑](#footnote-ref-5)
6. Indicate the number of hours per week for the intervention/training and the duration of the intervention/training in weeks/months (e.g., 3 hours per week for 12 weeks). [↑](#footnote-ref-6)
7. “Open cycle” means that the intervention/training is available on an ongoing basis, i.e., anyone can enter at any time. “Closed cycle” means that people must participate in the intervention/training from the beginning and cannot enter in the middle of the intervention/training. [↑](#footnote-ref-7)
8. 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-8)
9. 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-9)
10. Note: FOIA is a formal request for documents from government agencies. [↑](#footnote-ref-10)
11. “Successful completion” refers to when a participant discontinues participation in the program after completing all program requirements. See the [performance measures offered by BJA](file:///C:\Users\csinclair\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XWM396PV\.%20https:\www.bjaperformancetools.org\help\JMHCPMeasuresPlanningandImplementation.pdf) here. [↑](#footnote-ref-11)
12. Recidivism is 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-12)
13. [Here](https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf) you can find information about the most common types of evaluations and how they can be used. [↑](#footnote-ref-13)
14. With respect to recidivism outcomes, the tracking period must allow for uniform “time at risk to recidivate” for all participants. 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-14)