**Planning & Implementation Guide**

Second Chance Act

FY2020 Improving Reentry for Adults with Substance Use Disorders

**DESCRIPTION**

This planning & implementation guide is intended for state, local, or tribal jurisdictions that have received an FY2020 Second Chance Act (SCA) grant for the Improving Reentry for Adults with Substance Use Disorders Program. Grantees will complete this planning & implementation guide in partnership with the technical assistance provider, The Council of State Governments (CSG) Justice Center. The U.S. Department of Justice’s Bureau of Justice Assistance (BJA) will review the guide upon its completion. Any questions about this guide should be directed to your technical assistance provider.

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**About the Planning & Implementation Guide**

The Council of State Governments (CSG) Justice Center has prepared this planning & implementation guide (P&I guide) to support grantees in developing and refining a reentry program for adults with substance use disorders 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 grantees 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 the CSG Justice Center as the technical assistance provider (“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 the self-assessment to collaboratively develop priorities for assistance. The guide must be completed in coordination with your TA coach and then receive final approval by BJA. Grantees will have six months to complete the P&I guide.

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

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

**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 program’s strengths and identify the areas that need improvement. As you work through the sections. 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.

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**SECTION 1: GETTING STARTED AND IDENTIFYING IMPLEMENTATION GOALS**   
Although your TA coach has read the project narrative that you submitted in response to the SCA solicitation, there may have been updates or developments since the submission of your original application. The following exercise is intended to give your TA coach a snapshot of your current project goals and your initial assistance needs.

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

1. Grant Award Number:
2. Lead Agency (i.e., *Who applied for the grant? Examples include states, units of local governments, federally recognized Indian tribal governments, nonprofit organizations):*
3. Primary Criminal Justice Partner (*e.g., sheriff's office, probation department, etc.):*
4. Primary Substance Use Disorder Partner:
5. Primary Mental Health Partner (if applicable):
6. Project Name:
7. Point(s) of Contact

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| --- | --- | --- | --- |
| **Name** | **Email** | **Title** | **Agency** |
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1. Please list the correctional facility or facilities you will be working with, including the agency name (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).

**Advisory Group and Implementation Team**

The following questions are about the vision, mission, and goals for your program, as well as the members and roles of the advisory group and the implementation team. The advisory group should consist of high-level leaders from your jurisdiction’s criminal justice and behavioral health systems, nonprofit organizations, and other systems as appropriate. This group provides guidance for the program on a periodic basis. The implementation team—which should include substance use disorder treatment and service providers, corrections partners, probation and parole agencies, nonprofit agencies, and other stakeholders—oversees the daily operations of the substance use disorder program.

1. What is the mission of your program? (*The mission should clearly articulate your purpose for the grant program.)*
2. Is there an advisory group or reentry council providing input for or overseeing the grant program?

Yes *(Briefly describe the composition and role of the advisory group or reentry council for the grant program. Also attach a list of members to this document.)*

No *(Why not? Briefly describe your plans for creating an advisory group or reentry council for the grant program.)*

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

1. How do you plan to engage leadership from different systems in your jurisdiction or, if applicable, different areas of return for the people reentering the community during the grant period?
2. Do you have the endorsement of your governor, mayor, county commissioner, another legislative champion, or nonprofit leadership in the community?

Yes *(Please specify whom.)*

No *(Why not?)*

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

System leaders:

Champions:

Community Stakeholders:

1. Please list all members of the **advisory group or reentry council** (i.e., the staff who will be directly involved in program operations) in the table below or attach a list detailing this information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **System, agency, nonprofit organization, or constituency they represent** | **Formal role in the advisory group  *(e.g., chair, vice chair, committee chair, etc.)*** | **Contact information** |
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1. How often will you have advisory group or reentry council meetings?
2. What outcomes would each current or potential member of the advisory group or reentry council like to see realized? *(Please list the stakeholder and their outcome of interest, e.g., local halfway house/ensure access to safe and stable housing; Department of Corrections/recidivism reduction, access to treatment.)*

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| --- | --- |
| **Current/potential member** | **Outcome(s) of interest** |
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1. Name two to three organizations that you would like to participate in your advisory group who are not currently involved.
2. Who is tasked with reaching out to these organizations that are not currently involved?
3. What are your opportunities for sharing program successes? *(e.g., work group meetings, judicial meetings, community meetings, city council meetings, local health system meetings, nonprofit board meetings, school board meetings, faith-based organization gatherings, newsletters, etc.)*
4. How are you currently engaging with implementation team members?
5. How often will you have meetings with the implementation team during the planning phase?
6. How often will you have meetings with the implementation team during the implementation phase?

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

This grant is focused on improving the provision of drug treatment to people in prisons and jails, including provision of prison-based family treatment programs to incarcerated parents of minor children or pregnant women. [The solicitation](https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/bja-2020-17106.pdf) outlines the mandated project components, which include standardized substance use disorder screening and assessment processes using a validated tool for people entering a correctional facility, evidence-based pre- and post-release substance use and cognitive behavioral interventions, medication-assisted treatment as part of any drug treatment program in jail or prison, and collecting and using data to determine the effectiveness of the treatment programs. 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 substance use disorder program eligibility. Clearly defined target population criteria will also increase the likelihood that the referrals will be good matches for the program.

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

1. ­­­­­­­Briefly describe the target population for your program. *(Please include age, gender, communities that people are returning to, facility type, charge or offense history, severity of substance use disorder, and mental illness (if applicable), level of risk of recidivism, probation and parole status, etc.)*
2. How did you choose this particular target population?
3. How many people will you be serving? Briefly describe how you selected the number of people to serve in the four-year grant period.
4. What genders will you serve in the grant program? (Check all that apply.)

Men

Women

Non-binary

1. How are you working to make the programming gender-responsive to the needs of the program participants?
2. Do you know the racial and ethnic composition of the population from which your program’s target population is drawn? (*e.g., probation, jail, or prison population*)

Yes *(Please describe.)*

No *(Why not?)*

1. What are your ideas or strategies to enhance program enrollment and engagement for Black, Indigenous, and people of color?
2. If your program was funded directly to a nonprofit agency (category 2), do you have the correctional partner memorandum of agreement or understanding (MOA/MOU) in place? Please note this is a grant requirement for category 2 grantees.

Yes *(Please describe and attach the MOA or MOU to your materials.)*

No *(Why not?)*

N/A

1. What type of access will the program have to the correctional institution? (e.g., in-person, virtual through telecommunications or telehealth, correspondence, intake, exit interview)
2. What are the eligibility criteria for the substance use disorder services?
3. Are there any exclusionary criteria for participation in the program? (*e.g., criminal charges/offenses, amount of time from release, diagnoses, co-morbid health conditions, etc.)*

Yes (*Please explain the rationale for any exclusionary criteria.*)

No

1. What severity of substance use disorders will you serve? If you are serving people with co-occurring mental illnesses, what severity of mental illnesses will you serve?
2. Who or what organizations do you anticipate being the referral sources for the program?
3. How will you raise awareness about the program with potential referral sources?
4. Who is involved in deciding whether a person is accepted to the substance use disorder services? *(e.g., prosecutor, judge, case manager, lieutenant in the jail, probation supervisor, etc.)*
5. Have all decisionmakers agreed to use the validated risk and needs assessment results when making decisions about program eligibility?

Yes

No *(Why not?)*

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

**Exercise 3: Evaluation of Your Screening and Assessment Process**

For your grant program, you will need to identify appropriate candidates for your substance use disorder program, define the terms of participation, and explain these terms to prospective participants. This exercise will help you consider how to develop a standardized screening process and substance use disorder 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. People who are entering the correctional facility (e.g., at booking, intake, or in classifications) are required to undergo a standardized substance use disorder screening and assessment using a validated tool. These processes will be able to help determine who in the facility should receive services. The following table asks about your processes for criminogenic risk and needs assessment, substance use disorder screening and assessment, and mental illness screening and assessment (if applicable).

| **Type of tool** | **Name of validated tool** | **Who administers the tool?** | **When is it administered (e.g., at booking, intake, classifications, upon first appointment with substance use disorder treatment provider)?** | **How is it being administered (e.g., remotely, virtually, in-person, or both)?** | **How are results recorded and stored?** | **Which individuals or agencies have access to the results?** |
| --- | --- | --- | --- | --- | --- | --- |
| Criminogenic Risk & Needs Assessment |  |  |  |  |  |  |
| Substance Use Disorder Screening[[1]](#footnote-1) |  |  |  |  |  |  |
| Mental Illness Screening (if applicable) |  |  |  |  |  |  |
| Substance Use Disorder Assessment[[2]](#footnote-2) |  |  |  |  |  |  |
| Mental Illness Assessment (if applicable) |  |  |  |  |  |  |
| Any additional screenings and assessments performed? |  |  |  |  |  |  |

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

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

Provide an inventory of the programming and services that will be available to your participants through your grant program, including interventions and methods. Services include, but are not limited to, evidence-based curricula such as Thinking for a Change, cognitive behavioral interventions parenting programs or family-based treatment such as Nurturing Parents Program, telepsychiatry, or other support services, such as transportation, housing, or a GED class. Use the chart below to describe the services your program offers.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service | Curriculum  Name  (If applicable) | Service Delivery Method[[3]](#footnote-3) | Service Provider[[4]](#footnote-4) | 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. Please fill out the table about medication-assisted treatment (MAT).

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| 1. Are there withdrawal management protocols in place in the correctional facility that include addiction medications? If so, please briefly describe. | Yes  No |
| 1. What forms of MAT will be available to program participants? |  |
| 1. Who will administer the medication? |  |
| 1. Are there additional policies and procedures that have been written about the MAT? If so, please briefly describe. | Yes  No |
| 1. What partnerships are in place to ensure continuity of MAT as the person reenters the community? |  |
| 1. Which partners will have access to information about the program participants’ MAT? |  |

3. If the program is prison-based or provides family-based treatment, please fill out the following table. **Skip this question, if not applicable.**

|  |  |
| --- | --- |
| 1. How will program participants be selected for the family-based substance use treatment program? |  |
| 1. What will the outreach process look like for minor children and their current caregivers? |  |
| 1. Will the minor children meet with their incarcerated parents in person or through telecommunications? |  |
| 1. What protocols will be set up to support the incarcerated parents’ engagement with their children? |  |
| 1. Will your program include or be focused on pregnant women? If so, please briefly describe. | Yes  No |

4. What education and employment programming are available to program participants either through referrals or as part of the program?

5. In the chart below, provide an inventory of grant-funded trainings for staff (e.g., in gender-responsive services, trauma-informed care, crisis de-escalation, substance use disorders, working with people in the justice system) or participants (e.g., in Narcan administration, workforce development) that you plan to hold during the grant cycle. **Skip this question, if not applicable.**

|  |  |  |  |  |
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| Grant-Funded Training Type Curriculum  Name  (If applicable) | Number of People Who Will be Trained | Training-Delivery Method[[5]](#footnote-5) | Training Provider[[6]](#footnote-6) | Length of Training[[7]](#footnote-7) |
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**Exercise 5: Participant Engagement in Programming and Services**

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

* Before release?:
* After release?:

1. If your program includes family-based treatment, what strategies will you use to support ongoing engagement of family members including minor children in the programming?
2. What services do you provide that are tailored to specific needs such as gender, culture, developmental or cognitive abilities, etc.?
3. What are the levels of care available to program participants for substance use disorder treatment? If applicable, what are the levels of care available to program participants for mental illness treatment?

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

The solicitation for the FY2020 Second Chance Act Improving Reentry for Adults with Substance Use Disorders requires grantees to receive case management services pre- and post-release. The collaborative comprehensive case plan (CC Case Plan) management model was developed to support Second Chance Act grantees. 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 substance use disorder assessments, 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 CC Case Plans, [the CSG Justice Center created a web-based tool with 10 key priorities for implementing CC Case Plans](https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/) that also offers informational resources. The tool profiles previous co-occurring substance use disorder and mental illness grantee programs whose case management processes address criminogenic risk and co-occurring substance use disorders and mental illnesses.

**Exercise 6: Collaborative Comprehensive Case Plans**  
Exercise 6 contains questions that relate to each of the 10 key priorities for the CC Case Plans. Below are questions 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/)
* [The Behavioral Health Needs Framework and Collaborative Comprehensive Case Plans](https://csgjusticecenter.org/nrrc/webinars/the-behavioral-health-needs-framework-and-collaborative-comprehensive-case-plans/)

Relapse prevention plans are a critical part of CC Case Plans given that reentry is a high-risk time for relapse and overdose. While relapse is a normal part of substance use disorder recovery, it is preventable with the right planning structure in place as someone is nearing their release from jail or prison. A [relapse prevention plan](https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/relapse-prevention-plans/) is a therapeutic tool that identifies each person’s triggers for using substances again and has information about how to manage these triggers throughout the recovery process.

**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.
2. What partner agencies are currently involved or will be involved in the reentry case planning process?
3. Are there other agencies that should be involved as part of the case management team but are not yet involved?
4. What information-sharing protocols between agencies do you have in place or plan to implement? Please briefly describe.
5. Do the policies that govern how information is shared among your criminal justice and social service agencies follow privacy and confidentiality guidelines (e.g., 42 CFR, HIPAA)? Please briefly describe.

**Staff Training**

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

**Screening and Assessment**

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

**Case Conferences and Procedures**

1. What is the planned frequency and purpose of your program’s case conferences? Do they happen pre- and post-release or as a part of reentry planning?
2. Which partner agencies participate in the case conferences?

**Participant Engagement**

1. How are participants involved in the case planning process?
2. How is the participant’s support system (e.g., spouse, friend, parents, or siblings) involved in the case planning process?
3. If your program has a family-based treatment component, how are the needs of the family (including minor children) incorporated into the case plan? Are family members (including minor children) referred to other support services?
4. Does the program use recovery support specialists, peer support specialists, or peer mentors to promote participant engagement?

Yes (*Which of these do you use and* *how are they involved in a participant’s reentry and recovery?)*

No (*Why not?)*

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, telehealth, or telecommunications contacts? *(e.g., offering classes or conducting case management.)*

**Prioritized Needs and Goals**

1. How will the case management team work with the participant to prioritize needs and goals in the case plan?
2. How are criminogenic risk and needs balanced in the plan?
3. Describe the types of intensive resources and coordination that will be provided for higher-risk and higher-need participants.

**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 use disorders. 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?

**Legal Information**

1. What legal information is documented in the case plan?
2. Are there legal barriers that could prevent program participants’ goal attainment?

Yes *(Please describe.)*

No

**Participant Strengths**

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

**Gender Considerations**

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

**Relapse Prevention**

1. Do you develop relapse prevention plans for your participants? If so, please describe how they are developed and implemented.

**Exercise 7: Probation and Parole Strategies**

It is recommended that grantees work with probation and parole agencies to complete this section. If your program does not *require* participants to be on community supervision, it is important to use this section to highlight opportunities where coordination could be enhanced for people in your program who might be on supervision.

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

Yes *(Please describe.)*

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

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

Yes (*What are they?*)

No (*Why not?*)

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

Yes (*Please elaborate.*)

No (*Why not?*)

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?*)

No (*Why not?*)

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

Yes (*Please elaborate.*)

No (*Why not?*)

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

Yes (*Please describe the specialized caseload.*)

No (*Why not?*)

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.*)

No (*Why not?*)

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.*)

No (*Why not?*)

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.*)

No (*Why not?*)

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?*)

No (*Why not?*)

1. How are probation or parole resources focused on people who are assessed as high risk?
2. Do supervision plans balance supervision and treatment needs?

Yes (*Please elaborate.*)

No (*Why not?*)

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

Yes (*Please elaborate.*)

No (*Why not?*)

**Exercise 8: Benefits and Insurance Enrollment Strategies**

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

Yes *(Please describe the enrollment process.)*

No *(Why not?)*

1. 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 describe the enrollment process.)*

No *(Why not?)*

**Exercise 9: Housing**

The following questions are meant to help you adequately assess a person’s risk of homelessness upon arrest or return to the community from jail or prison, as well as identify partner organizations with which to coordinate service delivery. Doing so can close service gaps, improve continuity of care, and allow you to identify clients at an earlier stage of the intake process in order to divert them to the appropriate housing supports.

1. **Housing Assessment**

This section contains questions for assessing housing risks and needs. The [Coordinated Entry](https://www.usich.gov/solutions/crisis-response/coordinated-entry/)[[8]](#footnote-8) system, available through your [local Continuum of Care](https://www.hudexchange.info/grantees/contacts/?params=%7B%22limit%22%3A20%2C%22sort%22%3A%22%22%2C%22order%22%3A%22%22%2C%22years%22%3A%5B%5D%2C%22searchTerm%22%3A%22%22%2C%22grantees%22%3A%5B%5D%2C%22state%22%3A%22%22%2C%22programs%22%3A%5B3%5D%2C%22coc%22%3Atrue%7D),[[9]](#footnote-9) provides a unified entry point to your local homeless provider system and should be considered for partnership when developing the housing assessment and referral process. You may also use the National Reentry Resource Center’s [Assessing Housing Needs and Risks Screening Questionnaire](https://csgjusticecenter.org/publications/assessing-housing-needs-and-risksa-screening-questionnaire/) to help you better assess an individual’s unique housing needs and risk of homelessness.

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

Through formal assessment (*Describe the process.)*

Through conversation (D*escribe the process.*)

Other (*Please elaborate.*)

No assessment for homelessness takes place (*Why not?*)

1. When do you assess participants for homelessness?

Entrance to the program (*Describe the process.)*

Exit from the program (*Describe the process.*)

Other (*Please elaborate.*)

1. Do you have a post-release housing plan, and does the plan need approval?

Yes (*Please explain.*)

No (*Why not?*)

1. Once a person’s risk of homelessness is identified, do you connect them to housing services? Select all that apply.

Yes, we coordinate and assess prior to release or within our agency (*Describe the process.)*

Yes, we connect participants to another agency that provides Coordinated Entry to the homeless provider system (Describe the process.)

Yes, we provide referrals (*Describe the process.)*

Yes, we provide a number to call (*Describe the process.*)

Other (*Please elaborate.*)

No (*Why not?*)

**B. Housing Partners**

In order to address reentry housing needs, use the tables below to help think through specific housing partnerships. Each housing organization brings different resources and skills to the partnership. The 3,300 public housing authorities across the country manage affordable housing for 1.2 million households, including Section 8 housing choice vouchers and public housing, as well as vouchers for targeted populations such as mainstream vouchers for non-elderly people with disabilities. State housing agencies—including state public housing authorities, housing finance agencies, and departments of community affairs—administer additional rental assistance programs, such as Section 8 project-based rental assistance, often through a network of private and nonprofit housing providers. They may also administer or provide connections with permanent supportive housing programs that can target a reentry population. Individual providers in your community may have additional housing and/or supportive services available.

In addition to the housing resources mentioned above, some providers may offer transitional housing, designed to provide people experiencing homelessness and their families with the interim stability and support to successfully move to and maintain permanent housing. Recovery housing may also be available in your community for people who wish to choose it as a treatment modality. Finally, supportive service providers, such as behavioral health providers, can be essential to keeping participants in stable housing based on their risks and needs, particularly in housing that does not already offer such services.

For contact information on Continuums of Care, Public Housing Authorities, and State Housing Agencies, please see:

* [Continuum of Care Contact Information](https://www.hudexchange.info/resource/5966/fy-2020-continuums-of-care-names-and-numbers/)
* [Public Housing Authority Contact Information](https://www.hud.gov/program_offices/public_indian_housing/pha/contacts)
* [State Housing Agency Contact Information](https://www.ncsha.org/membership/hfa-members/)

**Use the tables below to keep track of any current or potential housing partners and the types of services they offer:**

|  |  |  |
| --- | --- | --- |
| **Type of housing service** | **Organization name** | **Type of service, including rental assistance, referrals, supportive services *(Please describe.)*** |
| Continuum of Care |  |  |
| Public Housing Authority |  |  |
| State Housing Agency |  |  |
| Recovery Housing Provider |  |  |
| Supportive Services Provider |  |  |
| Transitional Housing Provider |  |  |
| Other (*Please describe.*) |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Partner** | **Type of housing service (check all that apply)** | | | | |
| Housing referral | Housing subsidy | Direct housing services | Housing supportive services/ homelessness prevention | Other  *(Please specify.)* |
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**SECTION 5: COLLECTING DATA, MEASURING PERFORMANCE, AND PROGRAM EVALUATION**

You will need to collect data for different purposes: to meet the requirements of your grant, to determine the effectiveness of the BJA-funded drug treatment program, to track participants’ progress through the program and other grant-related activities, to measure the grant program’s performance on an ongoing basis, and to determine whether the grant program is operating as intended and producing 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 to determine the effectiveness of BJA-funded drug treatment programs and support sustainability of your grant-funded program.  
    
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 their 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—such as 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 factors associated with programming and systematic responsivity. If applicable, please attach the data collection plan for this program.

**Exercise 10: 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.*)

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

1. What are the key baseline data metrics[[10]](#footnote-10) that you will focus on as you implement this grant program (e.g., current recidivism, service referral, engagement, retention, or service utilization rates)?
2. Are program managers able to access these baseline data metrics? Has there been any previous analysis of these baseline data metrics?
3. Is your baseline recidivism rate based off the national, state, or county population, or is it specifically for this program’s target population?

National

State

County

Program’s target population

Other (*Please specify.*)

1. What year are you using for your baseline recidivism rate?
2. 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.)*
3. Do you currently collect the data you need to measure the outcomes of interest of your implementation team or other stakeholders?

Yes (*Please describe.*)

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

1. What data collection instruments are used to track your program’s performance? (e.g., questionnaires, pre/post-tests, etc.)?
2. Who completes the above data collection instruments? (Check all that apply)

Participant

Participant’s family members

Staff

Both (Explain.)

1. How are the data collected? (Check all that apply.)

Electronically

Manually

In-person

Remote

1. Do you plan on collecting data that demonstrates your program’s ability to generate cost savings? *(e.g., through decreased utilization rates jail stays, community supervision, homelessness services, child welfare services, etc.)*
2. How are the collected data shared among relevant agencies and partners?
3. 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?*)

No (*Why not?*)

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

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. (Check all that apply.)

Rearrest

Reconviction

Reincarceration

Other *(Please specify.)*

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.
2. For what period of time will you track recidivism among program participants? (Note: when deciding this, consider your program’s capacity to track participants after grant funding comes to an end.)

Six months

One year

Two years

Three years

Five years

Other *(Please specify.)*

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?)*
2. 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

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 substance use disorder treatment and recovery data that will be used to track your program’s performance? Who is responsible for tracking these metrics?

**Exercise 11: Program Evaluation**

1. Have you partnered with an evaluator/researcher yet?

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

No (Please explain.)

1. Are there currently any specific training and technical assistance you would request related to program evaluation?

Yes (Please describe.)

No

**Exercise 12: 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, use the sample logic model below, which can be filled out with information from the P&I guide sections above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 substance use disorders in jail* | *Grant funds for training classification officers in screening for substance use disorders* | *Implement pre-release screening for substance use disorders* | *Number of people screened in jail; number of people who screened positive for mental illnesses and/or substance use disorders; number of people referred to the substance use disorder program; number of people enrolled in the substance use disorder program* | *Hire a case manager for the substance use disorder program* | *Every person booked into the jail is screened for substance use disorders* | *Ensure that classification officers continue to screen for substance use disorders 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.* | | | | | | |

**SECTION 6: PLANNING FOR 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 13: Plans for Program Sustainability**

1. What are the most important areas to sustain after the grant award, and what next steps do you plan to take to meet these sustainability goals?
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. 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.)*
5. What key data metrics do you need to track for stakeholders to support sustainability

of the program (e.g., tracking cost savings)?

1. What measures are being taken to sustain interest from key stakeholders? Check all that apply.
   1. Program emails or newsletter
   2. Individual meetings with key stakeholders
   3. Advisory group meetings
   4. Program fact sheets or brochures
   5. Special events and meetings
   6. Media
   7. Promotions targeting professional groups and key constituents
   8. Hosting program tours
   9. Other *(Please specify.)*
2. How is your program tracking and sharing performance measures and program data with primary stakeholders?
3. Do you have a “champion” of your project work that can support your sustainability efforts?

**SECTION 7: IDENTIFYING TECHNICAL ASSISTANCE GOALS**

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., screening and assessment processes, refining evaluation plan, training and supervising staff, developing a process and template to be used for case planning, family engagement, addressing racial equity, 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 project move forward and meet deliverables on time. Your comments in this section will help your TA coach develop your team’s TA plan.

**Exercise 14: Technical Assistance Goals and Working Toward a TA Plan**

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. A screening tool is a standardized instrument that is designed to identify the potential presence of a substance use disorder. These tools do not provide diagnostic information, nor do they provide guidance on the severity of any substance use disorder. They are typically used as a preliminary step in determining if further, more comprehensive assessment is necessary. Substance use disorder screening tools do not need to be administered by a licensed substance use disorder treatment counselor. [↑](#footnote-ref-1)
2. A substance use disorder 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 certified substance use disorder professional *must* administer the substance use disorder assessment tools that typically lead to a diagnosis. [↑](#footnote-ref-2)
3. Service delivery can come in many forms. Examples include individual counseling, group counseling, or telehealth. [↑](#footnote-ref-3)
4. This should Include the name of the provider and whether the provider is in house, contracted, or engaged via referral. [↑](#footnote-ref-4)
5. Examples may include in-person, two-day training, etc. [↑](#footnote-ref-5)
6. Be sure to Include the name of the trainer and whether the provider is in house, contracted, or other. [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. Coordinated Entry is a centralized and streamlined system for accessing housing and support services. It is required by the U.S. Department of Housing and Urban Development for all Continuums of Care. [↑](#footnote-ref-8)
9. A Continuum of Care is a regional or local planning body that coordinates and funds housing and services for homeless families and individuals. Each jurisdiction has a local Continuum of Care. [↑](#footnote-ref-9)
10. Note: Baseline data metrics provide you with the current figures and trends against which you will measure all subsequent changes implemented by your program. [↑](#footnote-ref-10)