Planning and Implementation Guide

FY2022 Justice and Mental Health Collaboration Program Connect and Protect

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 Office of Justice Programs’ Bureau of Justice Assistance.

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**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 individuals with mental health disorders (MHDs) or co-occurring mental health and substance use disorders (MHSUDs) who come into contact with the justice system.

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: |  |

|  |
| --- |
| TABLE OF CONTENTS |
| **Section 1: Goals**  1.1 Basic Information  1.1.1 Grantee Information  1.1.2 Grant Initiative Updates and Information  1.1.3 Diversion Continuum: A Systems-Level Focus |
| **Section 2: Collaborative Partnerships**  2.1 Implementation Team and Interagency Workgroup  2.1.1 Implementation Team  2.1.2 Interagency Workgroup  2.1.3 Information-Sharing Procedures |
| **Section 3: Target Population**  3.1 Target Population and Eligibility Criteria  3.1.1 Call Response Programs  3.1.2 Training Initiatives  3.2 Screening and Assessment Processes |
| **Section 4: Evidence-Based Services and Supports**  4.1 Programs and Services  4.1.1 Programs and Services  4.1.2 Program Design  4.1.3 Health Care Coverage and Other Benefits |
| **Section 5: Data Collection, Performance Measurement, and Program Evaluation**  5.1 Performance-Measurement Strategy and Data Collection  5.1.1 Performance Measures  5.1.2 Baseline Data  5.1.3 Data Collection  5.2 Program Evaluation |
| **Section 6: Sustainability**  6.1 Program Sustainability |
| **Section 7: Technical Assistance Needs**  7.1 Technical Assistance Goals |

**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 reports

Program evaluation plan

* 1. **Basic Information**

***1.1.1 Grantee Information***

1. Grantee Name and Award Number:
2. Law Enforcement Agency Size (i.e., number of sworn officers)
3. 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.*
4. Project Name:
5. Mental Health Partner(s) for this project:
6. Substance Use Disorder Partner(s) for this project:
7. Criminal Justice Partner(s) for this project:
8. 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, its goals, partners, and/or budget as outlined in your grant proposal between the time you submitted the grant application and now?[[1]](#footnote-1)

Yes *(Please specify.)*

No

1. What is the overarching goal of your grant initiative?
2. Are there are any other initiatives in your jurisdiction funded through either the U.S. Department of Justice’s Office of Justice Programs’ Bureau of Justice Assistance (BJA) Justice and Mental Health Collaboration Program (JMHCP), Second Chance Act (SCA), or the Comprehensive Opioid, Stimulant, and Substance Abuse (COSSAP) grant program?

Yes *(Please specify. What is the relationship between those initiatives and this grant program?)*

No

1. Are there any programmatic changes that you and your partner agencies made related to COVID-19 (e.g., holding virtual court, using telehealth for outpatient therapy) that you plan to continue using for this project?

***1.1.3 Diversion Continuum: A Systems-Level Focus***

*Connect and Protect grantees are encouraged to think about a* [*systems-level approach*](https://csgjusticecenter.org/publications/behavioral-health-diversion-interventions-moving-from-individual-programs-to-a-systems-wide-strategy/) *to improving outcomes for individuals with MHDs or MHSUDs who come into contact with the justice system, which should include input from criminal justice, 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 jurisdiction (specifically for people with MHDs or MHSUDs or for people who come into contact with and move through the criminal justice system)?

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

No

1. Is the grant initiative part of a larger plan to increase diversion[[2]](#footnote-2) opportunities for people with MHDs or MHSUDs? Examples may include pretrial diversion, mental health courts, mobile crisis teams, drop-in centers, etc.

Yes *(Please describe.)*

No *(Why not?)*

1. In the table below,[[3]](#footnote-3) indicate which intercepts your grant program primarily targets. (Note: programs may fall under multiple intercepts.)

|  |  |  |
| --- | --- | --- |
|  | **Intercept 0**  Community Services | **Intercept 1**  Law Enforcement |
| Check all that apply. |  |  |

1. Are you aware of any plans to implement additional diversion programming in your agency and/or criminal justice system for people with MHDs or MHSUDs?

Yes *(Please describe.)*

No *(Why not?)*

1. What are some service gaps in your jurisdiction that could limit people’s access to behavioral health care?
2. Has your jurisdiction started examining and addressing disparities in access to behavioral health care and disproportionate rates of involvement in the criminal justice system for people of color? For example, have you compared your jail population demographics or arrest rates to your community demographics?

Yes *(Please describe.)*

No *(Why not?)*

**SECTION 2: COLLABORATIVE PARTNERSHIPS**

Having a successful implementation team (i.e., the group that works directly on day-to-day 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) is critical to program success. The interagency workgroup, inclusive of the Connect and Protect 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 (i.e., the group that works directly on day-to-day grant program implementation)?
2. How often will/does your implementation team meet?
3. Do any implementation team members have a relationship with other relevant local- or state-level task forces, councils, or advisory committees?

Yes *(Please describe.)*

No

1. 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. Do you anticipate needing any other types of agreements to make the implementation team collaboration a success?

Yes *(Please describe.)*

No

***2.1.2 Interagency Workgroup***

1. Provide a list of the members, titles, contact information, organizations, areas of focus, and, if designated, their roles on the interagency workgroup (e.g., chair, subcommittee leader). If the composition of your interagency workgroup has not yet been finalized,[[4]](#footnote-4) please list the people you intend to engage to participate, even if you haven’t yet done so.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Member Name Title/Contact Information*** | ***Organization*** | ***Area of Focus (e.g., Hospital System, Housing, Criminal Justice)*** | ***Workgroup Role (If Designated)*** |
|  |  |  |  |

1. Does the interagency workgroup include people who are Black, Indigenous, or People of Color (BIPOC)?

Yes, represented and in a role with decision-making authority

Yes, represented

Not yet, but planning to engage

No *(Why not?)*

1. Does the interagency workgroup include people who have lived experience in the criminal justice and/or behavioral health systems?

Yes, represented and in a role with decision-making authority

Yes, represented

Not yet, but planning to engage

No *(Why not?)*

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

Yes *(Please describe.)*

No

1. Are any agencies that are part of your interagency workgroup currently collaborating with local school district(s) and local colleges/universities around school safety and student behavioral health?

Yes *(Please describe.)*

No *(Why not?)*

1. Does the interagency workgroup include people who are points of contact for school safety and behavioral health? If this isn’t relevant to your project, please proceed to Question 8.

Yes *(Please list their names.)*

Not yet, but planning to engage *(Please list their names.)*

No *(Why not?)*

1. How might this grant assist your interagency workgroup to collaborate with the schools in your jurisdiction to build a more robust system of care (e.g., sharing resources identified through BJA/technical assistance, accepting referrals from the schools)?
2. Are there interagency agreements in place that clearly define roles and responsibilities (e.g., MOUs, policies and procedures, or similar documents)?

Yes *(Please describe.)*

No *(Why not?)*

1. How often does/will the interagency workgroup meet?
2. How does/will the interagency workgroup inform the grant program’s operations and development?
3. Does the interagency workgroup have a relationship with other relevant 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.[[5]](#footnote-5)

1. Do you have any agreements in place to share information among all necessary partners and referral sources?

Yes *(Select all that apply, and 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 *(Are you planning to develop information-sharing procedures? Please elaborate.) ­­*

1. What information can be shared between behavioral health care providers and law enforcement officers assuming there is no signed authorization or verbal consent from the person who has come into contact with law enforcement? For each scenario below, please use the drop-down menu to indicate the amount of information that behavioral health care providers can share with law enforcement officers or vice versa. The options are:
   1. No information *(i.e., no information about the person’s behavioral health care or criminal justice involvement can be shared);*
   2. Minimal information *(e.g., acknowledgement that the person has had contact with the behavioral health care or criminal justice system);* or
   3. Maximal information *(i.e., all information that can be shared, as allowed by law, to stabilize a crisis and determine final disposition or to improve access to behavioral health care in a non-crisis-situation).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | To stabilize a crisis and determine final disposition when: | | To improve access to behavioral health care in a non-crisis situation by: | |
| **The person presents as a threat/danger to themselves or others** | **The person does *not* present as a threat/danger to themselves or others** | **Identifying people with complex care needs[[6]](#footnote-6) for case management purposes** | **Collaborating on treatment and recovery needs** |
| What do behavioral health care providers share with law enforcement officers? | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| What do law enforcement officers share with behavioral health care providers? | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

1. What are the potential barriers to information sharing that might impact the success of your program?
2. If applicable, does your jurisdiction use Health Information Exchange[[7]](#footnote-7) (HIE)? If so, select all that apply.

No

Yes, one HIE

Yes, a number of separate HIEs

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 the confidentiality of program participants (e.g., informed consent waivers, non-disclosure agreements)?
2. If you don’t currently have a centralized database system for collecting behavioral health and criminal justice related data, is there an opportunity to create one among necessary parties?

Yes *(Please describe.)*

No *(Please explain why not.)*

**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.

* 1. **Target Population and Eligibility Criteria**[[8]](#footnote-8)

***3.1.1 Call Response Programs***

Respond to the questions in this section if your program design involves responding to crisis calls for service. This may include a co-responder team, Crisis Intervention Team (CIT), law enforcement case management, etc. If your program is exclusively a training initiave, please skip to the questions under 3.1.2, and please complete both sections if you plan to implement both crisis call response and training.

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 program prioritize people with medium to high criminogenic risk and need levels?

Yes *(Please elaborate.)*

No

N/A

1. How many people do you plan to serve? Describe how you selected the target number of people to serve.
2. Is your program:  
     
    Voluntary  
    Involuntary  
    Both voluntary and involuntary
3. What types of MHDs or related levels of care[[9]](#footnote-9) will behavioral health partners be unable to serve?
4. What types of intellectual or developmental disabilities or related levels of care will behavioral health partners be unable to serve?
5. Is there a level of MHSUD[[10]](#footnote-10) that you are not able to serve?

Yes *(Please elaborate.)*

No

N/A

1. Are there any types of calls for service, potential 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. Who are your intended referral sources for this program (e.g., law enforcement officers, client, judge, defense attorney, district attorney, court, case manager, jail classification officers, dispatch, etc.)?If not applicable, please indicate.
3. How does the program receive referrals from each referral source?
4. What outreach methods will you use to ensure referrals are received for the program?
5. What processes are in place to ensure that referrals begin at the start of the program’s implementation?
   * 1. ***Training Initiatives***

Complete the following questions if you plan to train staff as part of your grant initiative. This may include CIT training, Mental Health First Aid (MHFA), de-escalation, virtual reality training, Pathways to Justice, officer wellness, etc.

1. Please describe your training protocol. Include all applicable information, such as number of people trained, selection criteria for training, number of training classes offered, if the team will be visiting a [Law Enforcement Mental Health Learning Site](https://csgjusticecenter.org/projects/law-enforcement-mental-health-learning-sites/), etc.
2. Is your training program:  
     
    Voluntary  
    Mandatory  
    Both voluntary and mandatory

1. Who are your intended training participants for this program (e.g., law enforcement officers, clinicians, case managers, dispatch, etc.)?If not applicable, please indicate.
2. How many people do you plan to train? Describe how you selected the target number of people to train.
3. What outreach methods will you use to ensure trainees want to participate in the training?
4. In the chart below, provide an inventory of grant-funded trainings that you plan to hold during the grant cycle. Include trainings such as Crisis Intervention Team (CIT) training, Mental Health First Aid (MHFA), trauma-informed policing, gender-responsive care, or other select topics program staff may be trained in.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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[[11]](#footnote-11) | Training Provider[[12]](#footnote-12) | Length of Training |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3.2 Screening and Assessment Processes**

1. For programs that involve referring people to treatment as part of the response to law enforcement calls for service, you will need to identify appropriate treatment providers and community services. Filling out the following chart will help you develop your screening and assessment processes. For this exercise, work with your behavioral health partners to complete the chart, including tools that are currently in use or that will be implemented in the future to meet grant requirements. If more room is needed, attach a separate document with this information in the same table format.

| **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 being administered remotely?** | **How are results recorded and stored?** | **Which individuals or agencies have access to results? Automatically or upon request?** |
| --- | --- | --- | --- | --- | --- | --- |
| Mental Health Screening[[13]](#footnote-13) |  |  |  |  |  |  |
| Substance Use Disorder Screening |  |  |  |  |  |  |
| Any additional screenings or assessments performed (including threat assessments)? |  |  |  |  |  |  |

1. Are policies and procedures in place to guide call-taker and dispatcher activity with regard to mental health calls for service?

Yes  
 No   
 Yes, but the policies and procedures have to be adapted or modified  No, but we will be working on this as part of the grant

1. Do 911 staff use specific screening questions to determine whether a call appears to involve a person who has a mental illness?

Yes   
 No   
 Yes, but the questions have to be adapted or modified   
 No, but we will be working on this as part of the grant

1. Are call-takers and dispatchers informed of law enforcement and mental health agency staffing patterns so that they can properly route mental health calls for service?

Yes   
 No   
 Yes, but they have to be adapted or modified   
 No, but we will be working on this as part of the grant

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

Responses to the complex needs of people in the criminal justice system who have MHDs and/or MHSUDs 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.”[[14]](#footnote-14) Conducting an inventory of services, supports, and trainings can help jurisdictions understand which services and resources are available in their community for their participants and which service gaps remain. Learning more about the range of available service offerings can be helpful to understand which evidence-based practices are included, current capacity to serve participants, service quality, and referral pathways.

**4.1 Programs and Services**

***4.1.1 Programs and Services***

1. In the chart below, work with behavioral health partners to provide an inventory of the programs and servicesin your community that are important to your program participants, whether they are funded by the Connect and Protect grant award or not. These services can be offered by your organization or other entities. 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[[15]](#footnote-15) | Service Provider[[16]](#footnote-16) | 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 |

***4.1.2 Program Design***

Answer the questions below to help your TA coach understand the structure and purpose of your program.

1. Does your program receive calls from the dispatch center(s)?

Yes *(Please describe* dispatchers can activate the response team?*.)* No

N/A

1. Who oversees your dispatch center(s)? If not applicable, please indicate.
2. What agencies operate your dispatch center(s) (e.g., law enforcement, mental health/behavioral health, etc.)? If not applicable, please indicate.
3. What personnel answer your dispatch calls (e.g., law enforcement personnel, mental health/behavioral health personnel, social workers, nurses, and etc.)? If not applicable, please indicate.
4. Do dispatchers have the ability to screen and triage calls to different responders depending on call type and assign a specific code to calls depending on call type (e.g., mental health, behavioral health, and/or immediate danger)?

Yes *(Please describe.)* No

N/A

1. Does the dispatch center(s) have the ability to provide crisis counseling, referrals, and/or any other services during the call?

Yes *(Please describe.)* No

N/A

1. Do your 911 and 988 call centers have interoperability?

Yes *(Please describe how calls can be transferred between centers.)* No

N/A

1. Briefly describe a typical participant’s pathway from the time they enter the program until they complete it. Please attach a program flow chart as a visual representation of how participants will move through the program.
2. How long, on average, are participants expected to be enrolled in the program? If not applicable, please indicate why.
3. What agencies and/or entities comprise your response team?

Licensed clinicians Unlicensed clinicians

Patrol officers

Certified peer specialists

Uncertified peer specialists

N/A

1. Does the response team travel together?

Yes, in a marked car Yes, in an unmarked car

No, partners arrive separately

1. Does your jurisdiction have multiple crisis call options (e.g., co-responder team, mobile crisis team, homeless outreach team, etc.)?

Yes *(Please describe.)* No

N/A

1. Does your grant program plan to explore strategies to increase engagement in treatment to improve outcomes for people in over-policed[[17]](#footnote-17) communities?
2. Are you planning to implement any strategies to increase access to diversion in over-policed communities? If so, please describe.
3. Do you refer people to or provide services that are tailored to specific needs such as gender, culture, developmental or cognitive abilities, etc.?

Yes *(How so?)*

No *(Do you plan to do this in the future? If so, please explain.)*

1. Do your behavioral health partners provide integrated treatment for MHSUDs?

Yes *(How so?)*

No *(Do you plan to do this in the future? If so, please explain.)*

1. Does your program provide referral(s) for integrated treatment for MHSUDs?

Yes *(How so?)*

No *(Do you plan to do this in the future? If so, please explain.)*

1. Does your program use trauma-informed approaches to care or does it offer trauma-specific interventions?

Yes *(How so?)*

No *(Do you plan to do this in the future? If so, please explain.)*

1. Does your program connect participants to peer support specialists or recovery coaches?  
     
    Yes *(How so?)*

No *(Do you plan to do this in the future? If yes, please explain.)*

1. People in contact with the criminal justice system are often engaged with multiple service providers at the same time. Work with your behavioral health partners to describe how the information gleaned from the screenings and assessments mentioned in Section 3 (on mental health and substance use disorders) will be used in the development of [case plans](https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/).

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

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), Children’s Health Insurance Program (CHIP), or Temporary Assistance for Needy Families (TANF)?

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

No

1. Do you screen people for housing insecurity or homelessness?

Yes

No

1. If yes, how do you determine whether someone is experiencing housing insecurity or homelessness?

Through a formal screening or assessment *(Please describe the process and attach the form used if applicable.)*

Through conversation *(Please describe the process.)*

Other *(Please elaborate.)*

We do not screen or assess for housing insecurity or homelessness *(Why not?)*

1. Are you able to provide referrals for housing services to those who are experiencing housing insecurity or homelessness?

Yes *(Please describe.)*

No

**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 performance metrics semiannually in JustGrants at <https://justicegrants.usdoj.gov/>. For more information on the reporting schedule and list of performance measure, please visit the OJP Grant Performance Measurement and Progress Reporting Information Portal at [ojp.gov/performance](http://ojp.gov/performance)and BJA Performance Measures site at <https://bja.ojp.gov/funding/performance-measures>. ​

​[*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 Performance Measurement Strategy and Data Collection**

***5.1.1 Performance Measures***

1. What data points will your program need to collect to demonstrate that you’ve met your program’s goal (see your response for question 2 section 1.1.2)?
2. How do you define the “successful completion”[[18]](#footnote-18) of the program?
3. What is your definition of recidivism?[[19]](#footnote-19) (Select all that apply.)

Re-arrest

New offense

Conviction

Technical violation

Reincarceration

Other *(Please specify.)*

1. How do you plan to track participants’ recidivism rates? Note: if this question does not apply to your program, please skip it.
2. For what period of time will you track recidivism among program participants? Note: if this question does not apply to your program, please skip it.

Six months

One year

Two years

Three years

Five years

Other *(Please specify.)*

1. Is your grant program (and/or jurisdiction) focused on identifying people who frequently or repeatedly use multiple systems?[[20]](#footnote-20) If so, how do you define this population 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 are the start and end dates for when data will be collected to evaluate participant and program outcomes?[[21]](#footnote-21)12

***5.1.2 Baseline Data***

1. What are the key baseline data metrics[[22]](#footnote-22) that you will focus on as you implement this grant program (e.g., current recidivism, service referral, engagement, retention, or service utilization rates)? Please note if the metrics of focus are system- or participant-level data points. TIP: It may be helpful to review your program narrative to see if/what baseline data metrics were included.
2. Do team members have the ability to access these baseline data metrics? If so, through what means (e.g., public record, Freedom of Information Act[[23]](#footnote-23))?
3. Has there been any previous analysis of these baseline data metrics?

Yes *(Please describe.)* No

N/A

***5.1.3 Data Collection***

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

Client

Client’s family members

Staff

Both *(Explain.)*

1. Indicate how the program plans to store behavioral health and criminal justice data for this program (for example: Excel, behavioral health provider electronic health record, Jail Management System, Jail Medical Data System)?
2. If your program makes referrals, do you track them?

Yes  No

N/A

1. Referrals made should mirror the demographics of the population in your jurisdiction. Are you able to track referrals made by the following demographic identities? Select all that apply.

Race

Ethnicity

Gender

Age

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

1. If you answered yes to question 6, do you track engagement in treatment and other services that were made through referrals?

Yes *(For how long do you track and how do you define engagement?)*

No

1. Do you track service engagement for participants 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 not track, describe why.

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

**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)*

[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.

1. Are you partnered with an evaluator/researcher to complete this project?

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. Please describe how and when your evaluator will access program data.
3. With whom do you intend to share evaluation data?
4. How will you use program 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 can be 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 Connect and Protect 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 (e.g., sharing success stories, data points, standing agenda item for interagency workgroup meetings).
3. What key data metrics do you need to track for stakeholders to support sustainability of the program (e.g., call response time, reduction of repeat calls for service, engagement in treatment, cost savings)?
4. 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.).

5a. 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).

5b. Is there someone who is taking the lead role in sustainability efforts?

5c. Do you have a “champion” of your project work (i.e., an advocate for the project with political/financial influence) that can support your sustainability efforts?

**SECTION 7: TECHNICAL ASSISTANCE NEEDS**

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 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 who will develop a TA plan to include goals and action steps to help the grant program move forward and meet deliverables on time. We encourage you to use the [Police-Mental Health Collaboration (PMHC) Self-Assessment Tool](https://pmhc.csgjusticecenter.org/assessment/login) when working with your TA Coach to develop your TA plan. Your PMHC Self-Assessment Tool responses will generate a unique action plan that can be incorporated into your TA plan.

Your comments in this section will help your TA coach develop your team’s TA plan.

* 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 of your project that you would like to share?

1. Your answer should include any changes in budget, evidence-based practices, partnerships/collaborations, programming, screening and assessment tools, or staffing (e.g., due to COVID-19, change in official point of contact for the grant). 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) request through the GAM module in the JustGrants System after the change has been discussed with the TA coach. Please note that GAM requests are subject to approval by BJA. Check out the [DOJ Grants Financial Guide](https://www.ojp.gov/funding/financialguidedoj/overview) for more information. [↑](#footnote-ref-1)
2. For the purposes of this guide, “diversion” can be from the criminal justice or crisis care systems. [↑](#footnote-ref-2)
3. This table was adapted from Policy Research Associates, *The Sequential Intercept Model* (Delmar, NY: Policy Research Associates, 2017), 2. [↑](#footnote-ref-3)
4. 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. [↑](#footnote-ref-4)
5. 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-5)
6. I.e., those who have frequent contact with the criminal justice and/or behavioral health care system. [↑](#footnote-ref-6)
7. HIE is the mobilization of health care information electronically across organizations within a region, community or hospital system. HIE provides the capability to electronically move clinical information among different health care information systems. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer and more timely, efficient, effective, and patient-centered care. [↑](#footnote-ref-7)
8. 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-8)
9. Work with your mental health partners, in consultation with the [LOCUS](https://www.communitypsychiatry.org/keystone-programs/locus), to respond to this question. [↑](#footnote-ref-9)
10. Work with your treatment partners, in consultation with [ASAM Criteria](https://www.asam.org/asam-criteria/about-the-asam-criteria), to respond to this question. [↑](#footnote-ref-10)
11. Examples may include in-person, two-day training, etc. [↑](#footnote-ref-11)
12. Be sure to Include the name of the trainer and whether the trainer is in house, contracted, or other. [↑](#footnote-ref-12)
13. A screening tool is a standardized instrument that is designed to identify the potential presence of a mental health condition or substance use disorder. These tools do not provide diagnostic information, nor do they provide guidance on the severity of any mental health condition or substance use disorder. They are typically used as a preliminary step in determining if further, more comprehensive assessment is necessary. Mental health condition/substance use disorder screening tools do not need to be administered by a licensed mental health professional. [↑](#footnote-ref-13)
14. “Behavioral Health Treatments and Services,” Substance Abuse and Mental Health Services Administration, accessed November 24, 2021, <https://www.samhsa.gov/find-help/treatment>. [↑](#footnote-ref-14)
15. Service delivery can come in many forms. Examples include individual counseling, group counseling, or telehealth. [↑](#footnote-ref-15)
16. This should Include the name of the provider and whether the provider is in house, contracted, or engaged via referral. [↑](#footnote-ref-16)
17. This may include a large police presence or making arrests for minor charges, and is more likely to happen in under-resourced and/or BIPOC neighborhoods. [↑](#footnote-ref-17)
18. “Successful completion” refers to when a participant discontinues participation in the program after completing all program requirements. [↑](#footnote-ref-18)
19. 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 re-arrest, reconviction, reincarceration, parole/probation violation, etc.?). [↑](#footnote-ref-19)
20. This population often includes people with severe mental health needs who frequently utilize 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-20)
21. 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-21)
22. 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-22)
23. “The basic function of the Freedom of Information Act is to ensure informed citizens, vital to the functioning of a democratic society.” See “FOIA.gov,” Office of Information Policy U.S. Department of Justice, accessed on November 23, 2021, <https://www.foia.gov>. [↑](#footnote-ref-23)