Planning and Implementation Guide

FY2023 Justice and Mental Health Collaboration Program

Description

Grantees are required to 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: |  |

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

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

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

Program policy and procedure manual(s)

Current strategic plan

Program flow chart

Training course materials

System/Program inventory/gap/needs/capacity analysis

Data Collection or Evaluation Plan

Program evaluation plan

* 1. **Basic Information**

***1.1.1 Grantee Information***

1. Grantee Name and Award Number:
2. Geographic Location: *Indicate the specific town, city, county, region, state, or Tribal nation where your program operations primarily occur. Additionally, please indicate if your jurisdiction is primarily rural, suburban, urban, or a mixture of these.*
3. Project Name:
4. Mental Health Partner(s) for this project:
5. Substance Use Disorder Partner(s) for this project:

6. Criminal Justice Partner(s) for this project:

7. Point(s) of Contact for Mental Health 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-2)

Yes *(Please specify.)*

No

1. What is the overarching goal(s) of your grant initiative?
2. Are there any other initiatives in your jurisdiction funded through the U.S. Department of Justice’s Office of Justice Programs’ Bureau of Justice Assistance (BJA) Justice and Mental Health Collaboration Program (JMHCP), the Second Chance Act (SCA), or the Comprehensive Opioid, Stimulant, and Substance Use (COSSUP) grant program? If so, what is the relationship between those initiatives and this grant project?

Yes *(Please specify.)*

No

***1.1.3 A Systems-Level Focus***

*JMHCP 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 people who have MHDs or MHSUDs, which should include input from criminal justice, mental health, and substance use disorder 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 implement additional crisis response and diversion programming in your agency and/or criminal justice system for people with MHDs or MHSUDs? Examples of diversion opportunities 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,[[2]](#footnote-3) indicate in which intercepts your grant program primarily targets. (Note: programs may fall under multiple intercepts.)

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

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 court and jail population demographics to your community demographics?

Yes *(Please describe.)*

No *(Why not?)*

1. How familiar is your implementation team with the implementation/utilization of 988 in your jurisdiction? (E.g., is the team working with the local agency providing 988 services? Have you attended an in-service training? Are you completely unfamiliar with 988?)
2. What does 988 offer in your community? (Check all that apply.)

Telephone intervention only

Telephone referrals to services

Dispatch of mobile crisis teams

Other *(Please describe.)*

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

**2.1 Implementation Team and Interagency Advisory Group**

***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 the 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.)*

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 Advisory Group***

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

*Consider including representatives of the following institutions/groups in your interagency advisory group: mental health or substance use disorder treatment providers; law enforcement; courts; school superintendents, 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.*

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

1. Does the interagency advisory group include people who identify as 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 advisory group include people who have lived experience in the criminal justice system 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 any agencies that are part of your interagency advisory group 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 advisory group 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 7.

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 advisory group 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 additional stakeholders that you would like to engage to join the interagency advisory group?

Yes *(Please describe.)*

No *(Why not?)*

1. Are there interagency agreements, MOUs, policies and procedures, or similar documents in place that define responsibilities for interagency advisory group members?

Yes *(Please describe.)*

No *(Why not?)*

1. How often will/does the interagency advisory group meet?
2. How does/will the interagency advisory group inform the grant program’s operations and development?
3. Do any of the interagency advisory group members have a relationship to 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, or other policies.[[3]](#footnote-4)

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 or protocol

MOU

DUA

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

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

1. What types of information do you plan to share or are you currently sharing?
2. Are there any barriers to information sharing that might impact the success of your program?

Yes *(Please describe.)*

No

1. If applicable, does your jurisdiction use Health Information Exchange (HIE)[[4]](#footnote-5)? If so, select all that apply.

No

Yes, one HIE

Yes, a number of separate HIEs

Yes, and criminal justice partners have 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. Do you currently have a centralized database system for collecting behavioral health and criminal justice-related data?

Yes *(Please describe.)*

No, but we plan to create one among necessary parties

No, and we don’t have the ability to create one *(Please explain why.)*

**SECTION 3: TARGET POPULATION**

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

**3.1 Target Population and Eligibility Criteria[[5]](#footnote-6)**

1. Describe your target population. Include all applicable information, such as age, gender, community of focus, correctional facility type, race, ethnicity, charge or offense history, level of risk of recidivism, probation and parole status, etc. Please refer back to your grant narrative so that your answer to this question matches what you originally intended. If you have desired changes to your program as stated in your initial narrative, please be sure to discuss them with your TA coach before proceeding.
2. Will your program prioritize people with medium to high criminogenic risk and need levels?

Yes *(Please elaborate.)*

No *(Please elaborate.)*

N/A

1. What is the legal status of the target population? (Select all that apply.)

Pre-arrest

Post-arrest/pre-adjudication/pretrial

Post-trial/post-adjudication

Sentenced to probation or parole

Released without supervision

Other \_\_\_\_\_\_ *(Please describe.)*

1. How many people do you plan to serve over the course of the grant program? Describe how you selected the target number of people to serve.
2. Is your program:

Voluntary

Involuntary

Both voluntary & involuntary *(Briefly explain.)*

1. Are there types of MHDs and levels of care that the behavioral health partner(s) are unable to serve?[[6]](#footnote-7)
2. Are there types of MHSUDs or levels of care that the behavioral health partner(s) are unable to serve?[[7]](#footnote-8)
3. Is there a type of intellectual or developmental disability or traumatic brain injury that you are not able to serve?

Yes *(Please elaborate.)*

No

N/A

1. Are there any types of calls for service, criminal charges, or offenses that will be excluded from the grant initiative’s eligibility criteria?

Yes *(Please elaborate.)*

No

N/A

1. Who will be providing referrals to your program (e.g., client, judge, defense attorney, district attorney, court, case manager, jail classifications officers, 911 dispatch, etc.)?
2. How does the program receive referrals from each referral source (e.g., electronic form, weekly email list)?
3. What outreach methods will you use to ensure that referral sources understand your program’s eligibility requirements and know how to submit a program referral (e.g., bench card, in-service training)?
4. Who is involved in deciding if a person is accepted into the program (e.g., prosecutor, judge, case manager, lieutenant in the jail)?

**3.2 Screening and Assessment Processes**

For your grant program, you will need to identify appropriate candidates, define the terms of participation, and explain these terms to prospective participants. Filling out the following table will help you develop your screening and assessment processes. For this chart, please include 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 validated tool** | **Who administers the tool?** | **When is it administered (e.g., at booking, upon first appointment with behavioral health provider)?** | **How is it being administered (remotely, in-person, or both)?** | **How are results recorded and stored securely per** [**HIPAA**](https://www.hhs.gov/hipaa/index.html) **and** [**42 CFR Part 2**](https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs)**?** | **Which individuals or agencies have access to the results?** |
| --- | --- | --- | --- | --- | --- | --- |
| Criminogenic Risk & Needs Assessment[[8]](#footnote-9) |  |  |  |  |  |  |
| Mental Health Screening[[9]](#footnote-10) |  |  |  |  |  |  |
| Substance Use Disorder Screening |  |  |  |  |  |  |
| Mental Health Assessment[[10]](#footnote-11) |  |  |  |  |  |  |
| Substance Use Disorder Assessment |  |  |  |  |  |  |
| Any additional screenings and assessments performed?[[11]](#footnote-12) |  |  |  |  |  |  |

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

Responses to the complex needs of people in the criminal justice system who have MHDs 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.”[[12]](#footnote-13) 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, Services, and Trainings***

1. In the chart below, provide an inventory of the programs and services in your community that are important to your program participants, whether they are funded by the JMHCP grant award or not. These services can be offered by your organization or other entities. Services can include, but are not limited to, evidence-based or promising curricula—such as Crisis Intervention Training (CIT), medication-assisted treatment (MAT), Seeking Safety, Thinking for a Change, Motivational Interviewing, or cognitive behavioral therapy—and other support services, such as transportation, housing, GED classes, or telemedicine or telepsychiatry. Please ensure the listed programs, services, and trainings are aligned with your grant narrative. If you have desired changes to your program as stated in your initial narrative, please be sure to discuss them with your TA coach before proceeding.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service | Curriculum  Name  (If applicable) | Service Delivery Method[[13]](#footnote-14) | Service Provider[[14]](#footnote-15) | Available for all program participants? | Length of Service | Funded by this grant? | Funded in any part by Medicaid? |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No |  | Yes  No | Yes  No |

2. In the chart below, provide an inventory of trainings that you plan to hold during the grant cycle relevant to staff working as part of this grant. **Skip this question, if not applicable.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Training Type Curriculum  Name  (If applicable) | Number of People Who Will be Trained | What Agency Do the People Being Trained Represent? | Training-Delivery Method[[15]](#footnote-16) | Training Provider[[16]](#footnote-17) | Length of  Training | Funded by this grant? |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |

3. Are there any trainings you plan to provide to participants who are enrolled in your program (e.g., in naloxone administration, workforce development)?

Yes *(Please list the trainings if not already included in the chart above.)*

No

***4.1.2 Program Questions***

1. Please develop a program flow chart as a visual representation of how participants will move through the program. This chart should be provided to your TA coach and can be an attachment provided to BJA along with this P&I Guide. If you aren’t serving participants directly through this project, please skip to question 2.
2. How long, on average, are participants expected to be enrolled in the program? (If not applicable, please indicate.)
3. How does your grant program increase access to and engagement in treatment to improve outcomes for people disproportionately impacted by the criminal justice system (e.g., BIPOC, people who are unhoused)?
4. What services will you provide, or refer participants to, that are tailored to specific needs such as gender, culture, developmental or cognitive abilities, etc.?
5. Will program participants have access to integrated treatment for MHSUDs?

Yes *(How so?)*

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

1. Will program participants have access to trauma-informed care and/or trauma treatment interventions?

Yes *(How so?)*

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

1. Will program participants have access to peer specialists or recovery coaches?

Yes *(How so?)*

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

1. Will program participants have access to MAT?

Yes *(What forms of MAT will be available?)*

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

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

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

No

N/A

1. How will the information from the assessments mentioned in Section 3 (on criminogenic risk and needs, mental health, and co-occurring substance use disorders) be used to develop [collaborative comprehensive case plans](https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/) that match participants to the appropriate type and dosage of treatment and other services?
2. If your program will make referrals for program participants, please describe how referrals are made (e.g., warm handoff, name/number provided).
3. Will you, or another agency, reassess participants’ needs throughout their time in the program?
4. Will your correctional agency provide bridge medications to participants upon release from custody?[[17]](#footnote-18)

Yes

No

N/A

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

1. Will you, or another agency, enroll program participants in health care coverage, including Medicaid?

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

No

1. Will you, or another agency, enroll program participants 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. Does your state have an approved Medicaid Section 1115 Reentry Demonstration (“waiver”)?[[18]](#footnote-19)

Yes

No

***4.1.4 Housing***

This section contains questions for assessing housing risks and needs. The [Coordinated Entry](https://www.usich.gov/solutions/crisis-response/coordinated-entry/)[[19]](#footnote-20) 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),[[20]](#footnote-21) 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 plan to screen participants for homelessness, either through a formal screening of housing needs or through conversation?

Through formal screening (Describe the process.)

Through conversation (Describe the process.)

Other (Please elaborate.)

No screening for homelessness takes place (Why not?)

1. When do you plan to screen participants for homelessness?

Entrance into the program (Describe the process.)

Exit from the program (Describe the process.)

Other (Please elaborate.)

1. Do you plan to create post-release housing plans for participants?

Yes (Please explain.)

No (Why not?)

4. If yes, will these plans need to be approved?

Yes (Please share who needs to provide approval)

No

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

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

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

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

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

Other (Please elaborate.)

No (Why not?)

***4.1.5 Housing Partners***

In order to address housing needs, use the tables below to 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 people with disabilities under age 62. 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.hud.gov/sites/dfiles/CPD/documents/FY-2021_CoC-Names-Numbers_Final.pdf)

[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/)

6. Use the table below to keep track of any current or potential housing partners and the types of services they offer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of housing agency** | **Organization name(s)** | **Type of service, including rental assistance, referrals, supportive services and rental management. (Please describe.)** | **Is this agency a current partner?** |
| Continuum of Care |  |  | Yes  No |
| Public Housing Authority |  |  | Yes  No |
| State Housing Agency |  |  | Yes  No |
| Recovery Housing Provider(s) |  |  | Yes  No |
| Supportive Services Provider(s) |  |  | Yes  No |
| Transitional Housing Provider(s) |  |  | Yes  No |
| Other (Please describe.) |  |  | Yes  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 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 Office of Justice Programs’ 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. [*Choosing the Right Data Strategy for Behavioral Health and Criminal Justice Initiatives*](https://csgjusticecenter.org/publications/choosing-the-right-data-strategy/) gives insights into how to identify, collect, and prioritize the appropriate data, and recommends metrics for behavioral health and criminal justice-related programs. You may find it helpful to consult these resources when thinking through data collection and measurement with your research partner.

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

***5.1.1 Baseline Data***

1. What are the key baseline data metrics[[21]](#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-level 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 implementation team members have the ability to access these baseline data metrics? If so, through what means (e.g., public record, Freedom of Information Act[[22]](#footnote-23))?
3. Has there been any previous analysis of these baseline data metrics?

Yes *(Please describe.)* No

N/A

***5.1.2 Data Collection***

1. Do you currently collect the data you need for any relevant grant requirements (e.g., the [performance measurement reporting](https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/JMHCP-Measures.pdf) 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 advisory group 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 will be or are used to track your program’s performance (e.g., questionnaires, pre/post-tests, etc.), and who is responsible for completing them?
2. Indicate how the program plans to store behavioral health and criminal justice data for (e.g., Excel, behavioral health provider electronic health record, Jail Management System, Jail Medical Data System).
3. If your program plans to make referrals for participants, will you track them? (If “no” or “n/a,” skip to Question 10.)

Yes   
 No (Please explain).

N/A

1. If yes, will you track program referrals by the following: (Select all that apply.)

Race

Ethnicity

Gender

Age

If there are categories above that you do not track, describe why.

1. If you answered yes to question 5, will you track engagement in treatment and other services that were made through referrals?

Yes (How long will you track and how do you define engagement?)

No (Please explain.)

1. Will you track service engagement for participants by: (Select all that apply.)

Race

Ethnicity

Gender

Age

If there are categories above that you do not track, describe why.

1. How will the referral information in Questions 5-8 be collected and by whom?

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

***5.1.3 Performance Measures***

1. What data points will your program need to collect to demonstrate that you’ve met your program’s goals (see your response for question 2, Section 1.1.2)?
2. How do you define the “successful completion”[[23]](#footnote-24) of the program?
3. What is your definition of recidivism?[[24]](#footnote-25) (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?
2. For what period of time will you track recidivism among program participants?

Six months

One year

Two years

Three years

Five years

Other *(Please specify.)*

1. Is your grant program (and/or jurisdiction) focused on identifying people who frequently or repeatedly use multiple systems?[[25]](#footnote-26) 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?[[26]](#footnote-27)12

**5.2 Program Evaluation**

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

Yes, a process evaluation

Yes, an outcome evaluation

Yes, other kind of evaluation (What kind?)

No (Skip to Section 6: Sustainability)

You can find information [here](https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf) 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](https://csgjusticecenter.org/publications/financially-sustaining-behavioral-health-criminal-justice-programs/) 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](https://csgjusticecenter.org/resources/funding/) at the onset is essential to building a strong program that can continue after the JMHCP funding concludes.

**6.1 Program Sustainability**

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

2. List the activities that will help you meet these goals even after the grant funding has ended (e.g., sharing success stories, data points, standing agenda item for interagency advisory group meetings).

3. What key data metrics do you need to track for stakeholders to support sustainability

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

4. List any funding sources available to sustain the program even after grant funding has ended (e.g.,

foundation, federal/state [such as Medicaid] or local funding, private donation, city/state budget, 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/decision-making 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., screening and assessment, program referrals, refining evaluation plan, training and supervising staff, developing a process and template to be used for case planning, 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.

**7.1 Technical Assistance Goals**

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

a.

b.

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

3. Are there any unique aspects/achievements 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-2)
2. This table was adapted from Policy Research Associates, *The Sequential Intercept Model* (Delmar, NY: Policy Research Associates, 2017), 2. [↑](#footnote-ref-3)
3. Note: The implementation team should consult with the appropriate legal authorities when drafting all information-sharing agreements to ensure full compliance with applicable federal, state, and local laws and to protect confidentiality. Collaborating partners must have a clear understanding of what information can and cannot be shared. [↑](#footnote-ref-4)
4. 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-5)
5. 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-6)
6. Work with your treatment partners, in consultation with the Level of Care Utilization System for Psychiatric and Addiction Services ([LOCUS](https://www.communitypsychiatry.org/keystone-programs/locus)), to respond to this question. [↑](#footnote-ref-7)
7. 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-8)
8. Criminogenic risk and needs assessments use an actuarial evaluation to guide decision-making at various points across the criminal justice continuum by approximating a person’s likelihood of reoffending and determining what individual criminogenic needs must be addressed to reduce that likelihood. CSG Justice Center Staff, *In Brief: Understanding Risk and Needs Assessment* (New York: The Council of State Governments Justice Center, 2017). [↑](#footnote-ref-9)
9. A screening tool is a standardized instrument that is designed to identify the potential presence of a mental health disorder or substance use disorder. These tools do not provide diagnostic information nor do they provide guidance on the severity of any mental health disorder or substance use disorder. They are typically used as a preliminary step in determining if further, more comprehensive assessment is necessary. Mental health disorder/substance use disorder screening tools do not need to be administered by a licensed mental health professional. [↑](#footnote-ref-10)
10. A mental health assessment tool gathers information about a person with the purpose of making a diagnosis, providing appropriate treatment referrals, and using this information as part of case planning. A licensed mental health professional *must* administer the mental health disorder/substance use disorder assessment tools. [↑](#footnote-ref-11)
11. Include any additional tools/ screenings/ assessments in this row, whether validated or not, that your program intends to use. [↑](#footnote-ref-12)
12. “Behavioral Health Treatments and Services,” Substance Abuse and Mental Health Services Administration, accessed December 20, 2022, <https://www.samhsa.gov/find-help/treatment>. [↑](#footnote-ref-13)
13. Service delivery can come in many forms. Examples include individual counseling, group counseling, or telehealth. [↑](#footnote-ref-14)
14. This should Include the name of the provider and whether the provider is in house, contracted, or engaged via referral. [↑](#footnote-ref-15)
15. Examples may include in-person, two-day training, etc. [↑](#footnote-ref-16)
16. Be sure to Include the name of the trainer and whether the trainer is in house, contracted, or other. [↑](#footnote-ref-17)
17. Bridge medications are a short-term supply of psychotropic medications for use until medications can be prescribed in the community. [↑](#footnote-ref-18)
18. “About Section 1115 Demonstrations,” Centers for Medicare & Medicaid Services, accessed August 17, 2023, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html>; “From Corrections to Community: Navigating the New Medicaid Section 1115 Demonstration Opportunity, Part 1,” CSG Justice Center, accessed August 30, 2023, <https://csgjusticecenter.org/events/from-corrections-to-community-navigating-the-new-medicaid-section-1115-demonstration-opportunity-part-1/>. [↑](#footnote-ref-19)
19. 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-20)
20. A Continuum of Care is a regional or local planning body that coordinates and funds housing and services for individuals and families experiencing homelessness. Each jurisdiction has a local Continuum of Care. [↑](#footnote-ref-21)
21. 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)
22. “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)
23. “Successful completion” refers to when a participant discontinues participation in the program after completing all program requirements. [↑](#footnote-ref-24)
24. 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-25)
25. This population often includes people with severe mental health needs who frequently utilize costly behavioral health services (e.g., emergency room visits, inpatient substance detoxification, or inpatient psychiatric hospitalization) and who cycle repeatedly through the justice system. [↑](#footnote-ref-26)
26. 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-27)