**Planning & Implementation Guide**

Second Chance Act (SCA)

FY 2024 Smart Reentry: Housing Demonstration Program

**DESCRIPTION**

This Planning & Implementation Guide is intended for community-based organizations and state, local, or Tribal jurisdictions that have received an FY 2024 Second Chance Act (SCA) grant for the Smart Reentry: Housing Demonstration Program. Grantees will complete this Planning & Implementation Guide in partnership with the technical assistance provider, The Council of State Governments (CSG) Justice Center. The U.S. Department of Justice’s Office of Justice Programs’ Bureau of Justice Assistance (BJA) will review the guide upon its completion. Any questions about this guide should be directed to your technical assistance provider.

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**About the Planning & Implementation Guide**

The Council of State Governments (CSG) Justice Center has prepared this Planning & Implementation Guide (P&I Guide) to support SCA Smart Reentry Housing grantees in enhancing or implementing evidence-based activities or services to improve reentry and reduce recidivism by expanding and/or increasing access to housing for people who are currently or formerly involved in the criminal justice system. Additionally, this guide aims to support grantees in assessing their reentry systems, identifying strengths and gaps, and then building capacity for improving housing options for adults released from prison or jail. The guide is not intended to serve as a step-by-step blueprint, but rather to foster discussion on best practices, identify considerations for your collaborative effort, and help grantees work through key decisions and implementation challenges.

The guide was developed as a tool for grantees, but it also serves as an important tool for the CSG Justice Center as the technical assistance (TA) provider to understand the status and progress of your planning project, the types of challenges you are encountering, and the ways your TA provider might be helpful to you in making your project successful.

You and your TA provider will use your responses to the P&I Guide to collaboratively develop priorities for working together. The guide must be completed in coordination with your TA provider and then receive final approval by BJA.

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

If any programmatic, administrative, or financial changes have been made since you submitted your grant proposal, you are required to submit a Grant Adjustment Management (GAM). Please note that GAMs are subject to approval by BJA. If you are considering a GAM, please discuss the content and procedure with your TA provider.

**Contents of the Guide**

The guide is divided into four sections, each with assessment questions, exercises, and discussion prompts. The questions and exercises are built on evidence-based principles and emerging practices. You will be prompted to write short responses, attach relevant documents, and/or complete exercises for each section. Your answers will provide insight into your program’s strengths and identify the areas that need improvement. As you work through the sections, your TA provider 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 provider.

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**SECTION 1: REENTRY TASK FORCE, SYSTEM MAPPING, AND IDENTIFYING GAPS AND IMPLEMENTATION GOALS**
Although your TA provider has read the project narrative that you submitted in response to the SCA solicitation, there may have been updates or developments since then. The following exercise is intended to give your TA provider a snapshot of your current project goals and your initial assistance needs.

The reentry task force can consist of members from groups and councils that may already be in existence, such as criminal justice coordinating committees, criminal justice and behavioral health councils, or reentry councils**.** These groups may have a subcommittee focused on housing, or housing might be a topic addressed by the entire group. **The reentry task force** should consist of high-level leaders from your jurisdiction’s criminal justice and behavioral health systems, nonprofit organizations, and other systems as appropriate. This group provides periodic guidance for the program and can be instrumental in identifying program champions and funding streams to help with program sustainability.

The goal of the reentry task force is to ensure the program has input from stakeholders in the community that can support programs in thinking through referrals and help think about sustainability. **The implementation team**—which should include housing providers, substance use disorder treatment and service providers, behavioral health providers, corrections partners, probation and parole agencies, nonprofit agencies, and other stakeholders—oversees the daily operations of the substance use disorder program.

**EXERCISE 1: Grantee Snapshot, Reentry Task Force, and Implementation Team**

Grantee Snapshot

1. Grant Award Number:
2. Lead agency *(i.e.,* *Who applied for the grant? Examples include states, city or township governments; county governments; other units of local government, such as towns, boroughs, parishes, villages, or other general purpose political subdivisions of a state; federally recognized Tribal governments; public housing authorities; Indian housing authorities):*
3. Please provide documentation of the agency leader’s or leadership’s support of the program and commitment to remaining engaged with the program.
4. Primary criminal justice partner (*e.g., sheriff's office, probation department, etc.):*
5. Primary housing partner:
6. Primary service partner *(e.g., mental health, crisis system, substance use, homeless services, etc.):*
7. Project name:
8. Point(s) of Contact:

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| --- | --- | --- | --- |
| **Name** | **Email** | **Title**  | **Agency**  |
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1. Please attach memorandums of understanding for all project partners confirming their agreement to support the project.
2. Please list the correctional facility or facilities you will be working with, including the agency name *(e.g., Louisiana Department of Public Safety & Corrections),* the facility name *(e.g., Hunt Correctional Center),* and the facility type *(e.g., state men’s prison).*
3. Please attach letters of support from corrections officials at the corrections facility or facilities that will be partnered with the program.

Reentry Task Force and Implementation Team

The following questions are about the mission and goals for your program, as well as the members of both the reentry task force and implementation team. The reentry task force should consist of high-level leaders from your jurisdiction’s criminal justice, housing, and behavioral health systems; nonprofit organizations; and other systems as appropriate. This group provides periodic guidance for the program. The implementation team—which should include housing and service providers, corrections partners, probation and parole agencies, nonprofit agencies, and other stakeholders—oversees the daily operations of the program.

1. What is the mission of your program? *(The mission should clearly articulate your purpose for the grant program, ensuring that it advances the overall mission of the grant program to improve reentry and reduce recidivism by expanding and/or increasing access to housing for people who are currently or formerly involved in the criminal justice system.)*
2. Is there a reentry task force providing oversight and/or guidance for the grant program?

[ ]  Yes *(Briefly describe the composition and role of the reentry task force for the grant program.)*

[ ]  No *(Why not? Briefly describe your plans for creating a reentry task force for the grant program.)*

1. Please list all current/potential members of the **reentry task force** in the table below or attach a list detailing this information.

|  |  |  |
| --- | --- | --- |
| **Name** | **System, Agency, Nonprofit Organization, or Constituency They Represent** | **Contact Information** |
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1. What are/will be the key goals that the reentry task force would like to accomplish through the grant program? *(This should include goals for both the planning and implementation phases.)*
2. How often will the reentry task force meet?
3. Do you have the endorsement of your governor, mayor, county commissioner, another legislative champion, or nonprofit leadership in the community?

[ ]  Yes *(Please specify whose endorsement.)*

[ ]  No *(Why not?)*

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

System leaders *(executive-level leaders from your jurisdiction’s criminal justice, crisis, housing, and behavioral health systems):*

Champions *(legislative officials or advocates within the community):*

Community stakeholders *(entities or individuals in the community that have an interest in or are affected by the grant program):*

1. What are your opportunities for sharing program successes *(e.g., advisory group meetings, judicial meetings, Continuum of Care board meetings, community meetings, city council meetings, local health system meetings, nonprofit board meetings, school board meetings, faith-based organization gatherings, newsletters, etc.)*?
2. Please list all members of the **implementation team** in the table below or attach a list detailing this information.

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| --- | --- | --- |
| **Name** | **System, Agency, Nonprofit Organization They Represent** | **Contact Information** |
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1. How are you currently engaging with implementation team members?
2. How often will you have meetings with the implementation team during the planning phase?
3. How often will you have meetings with the implementation team during the implementation phase?

**EXERCISE 2: Identification of Housing Gaps and Essential Partnerships**

To address reentry housing needs, use the tables below to help think through potential housing partners. 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.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)
* [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/)
1. Use the tables below to keep track of any current or potential housing partners and the types of services they offer.

|  |  |  |
| --- | --- | --- |
| **Type of Housing Service** | **Organization Name** | **Type of Housing, Including Rental Assistance, Access to Existing Units, Supportive Services *(Please describe.)*** |
| Continuum of Care  |  |  |
| Public Housing Authority |  |  |
| State Housing Agency  |  |  |
| Recovery Housing Provider |  |  |
| Supportive Services Provider  |  |  |
| Transitional Housing Provider |  |  |
| Other (*Please describe.)* |  |  |

|  |  |
| --- | --- |
| **Name of Partner** | **Type of Housing Resource *(Check all that apply.)*** |
|  | Housing Units | Rental Subsidy | Housing Stabilization, Search, Case Management | Landlord Engagement, Recruitment | Other*(Please specify.)* |
|  |[ ] [ ] [ ] [ ]   |
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Based on the assessment of your jurisdiction’s housing partners and resources above, please note the housing providers that have access to existing units or other housing resources and the estimated number or dollar value of each:

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| --- | --- |
| **Housing Partner** | **What housing resources do they have access to, and what is the estimated number or amount/capacity of each?**  |
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1. Please outline any missing housing partnerships (*e.g. Public Housing Authority, Continuum of Care, landlords, service providers*) and a plan for partner engagement here:

**EXERCISE 3: Analysis of Reentry Barriers**

This grant program calls for jurisdictions to note all the regulatory, rules-based, practice-based, and other reentry housing barriers in the community. Having a clear understanding of the key reentry housing barriers in your community may also help inform your partner engagement and program design efforts, as this program may present opportunities to address some of these barriers. Please list your top five barriers below:

|  |  |  |
| --- | --- | --- |
| **What are the greatest local housing barriers for people with justice involvement?**  | **Type of Barrier** | **How can we start to address them?**  |
| Ex: Public housing authority restrictions based on criminal records | [ ]  Regulatory [ ]  Rule-Based[ ]  Practice-Based[ ]  Other |  |
| Ex: CoC prohibits all people who are currently incarcerated from accessing Coordinated Entry | [ ]  Regulatory [ ]  Rule-Based[ ]  Practice-Based[ ]  Other |  |
| Ex: Lack of connections between the corrections system and permanent housing | [ ]  Regulatory [ ]  Rule-Based[ ]  Practice-Based[ ]  Other |  |
| Ex: Stigma among local landlords | [ ]  Regulatory [ ]  Rule-Based[ ]  Practice-Based[ ]  Other |  |
| Ex: Tax credit for landlords to complete criminal background checks | [ ]  Regulatory [ ]  Rule-Based[ ]  Practice-Based[ ]  Other |  |

**EXERCISE 4: Taking Stock of Existing Housing Need Data**

To help inform both the focus of your program and selection of your target population, please note any existing risk of experiencing homelessness and housing need data sources among program partners in addition to existing recidivism risk data. In Exercise 5, you will analyze these data related to the target population and service needs. Please also note whether the data is currently accessible:

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| --- | --- | --- |
| **Housing and Recidivism Data Sources** | **Are these data accessible?**  | **Describe the available data, who can access, *or* describe the plan to access these data.** |
| Public Housing Authority or Continuum of Care (CoC) Homeless Management Information System (HMIS) |  |  |
| State or local corrections agency/facility |  |  |
| Community supervision agency (parole, probation, etc.) |  |  |
| Cross-system data source (e.g., state or local data warehouse, health information exchange, other data integration system) |  |  |
| Behavioral health agency (individual organization or government umbrella agency) |  |  |
| Other partner agency |  |  |

**SECTION 2: DEFINING OR REFINING YOUR TARGET POPULATION** **AND SYSTEM MAPPING**

This grant is focused on improving reentry and reducing recidivism by expanding and/or increasing access to housing for people who are currently or formerly involved in the criminal justice system. The [solicitation](https://bja.ojp.gov/funding/opportunities/o-bja-2024-172144) outlines the mandated project components, which include using pre- and post-release services to connect individuals to housing interventions and may include use of a screening or assessment tool to determine program eligibility. Having a clearly defined target population helps highlight what information you will need to obtain through the screening, assessment, case management, referral, or other processes to determine program eligibility. Clearly defined target population criteria will also increase the likelihood that the referrals will be good matches for the program and will help with tracking and reporting outcomes, such as recidivism, among program participants.

**EXERCISE 5: Target Population and Program Eligibility**

1. ­­­­­­­Briefly describe the target population for your program. *(Please include age, gender, communities to which people are returning, facility type, charge or offense history, severity of substance use disorder, severity of mental illness [if applicable], individuals with co-occurring mental illness and substance use disorders, level of risk of recidivism, probation and parole status, etc.)*
2. Why did you choose this target population *(e.g., to reduce recidivism, decrease homelessness, etc.)* and what data sources from Exercise 5 support the selection of the target population?
3. How many people will you be serving? Briefly describe how you selected the number of people to serve during the grant period.
4. Will this be a gender-specific program? If so, how are you making the programming gender-responsive to the needs of the program participants?
5. Do you know the composition of the overall population from which your program’s target population is drawn?

[ ]  Yes *(Please describe.)*

[ ]  No *(Why not?)*

1. Does your program serve individuals from specific criminal justice settings *(e.g., treatment court, Tribal courts, community supervision, jail/prison-based program)*?
2. Are there any exclusionary criteria for participation in the program *(e.g., criminal charges/offenses, amount of time from release, diagnoses, co-morbid health conditions, etc.)*?

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

[ ]  No

1. Will you serve people meeting particular definitions of homelessness? If so, what is the rationale for this choice *(e.g., at-risk, doubled up, experienced homelessness prior to incarceration, experienced chronic homelessness)*?
2. Will you focus on or prioritize people with mental health and/or substance use needs? If so, what level of needs will you prioritize and why *(e.g., mild, moderate, severe)*?
3. Is your agency/program already using a criminogenic risk/needs assessment tool? If yes, please indicate which tool and if no, please indicate your plans to incorporate a validated risk/needs tool or partner with a corrections or community corrections agency to get this information.
4. What criminogenic risk levels will you prioritize for this program, if applicable, and how does that choice most effectively meet the needs of your target population?
5. What household size will you serve *(e.g., single person, families)*?
6. What organizations/partners/stakeholders do you anticipate being the referral sources for the program?
7. How will you raise awareness about the program with potential referral sources?

1. What tools/assessments is your program going to use to determine housing need and homelessness risk? If you do not have an identified assessment process outlined, please indicate that here.
2. Who is involved in deciding whether a person is accepted to the housing and supportive services funded by this grant *(e.g., judge, attorney, case manager, program management, clinical staff, etc.)*?
3. Please describe your current assessment and screening process for your existing housing and/or reentry programs. Does this process need to be amended to accommodate the assessment needs of your SMART Reentry housing program?
4. Please describe the ideal process flow from assessment/screening, to program referral, to housing placement, for your program. Are there elements of this process that are missing or need to be amended?

**EXERCISE 6: Evaluation of Your Screening and Assessment Process**

You will need to identify appropriate candidates for your reentry housing program, define the terms of participation, and explain these terms to prospective participants. This exercise will help you consider how to develop standardized screening and assessment processes. For this grant program, all people who are entering the program are required to undergo a standardized screening and assessment for both housing need and homelessness risk assessment as well as criminogenic risk and needs assessment. The following table asks about your processes for housing assessments, criminogenic risk and needs assessment, substance use disorder screening and assessment, and mental illness screening and assessment (if applicable).

| **Type of Tool** | **Name of Tool** | **Who administers the tool?** | **When is it administered *(e.g., at booking, intake, classifications, upon first appointment with the treatment provider)*?**  | **How is it being administered *(e.g., remotely, virtually, in person, or both)*?** | **How are results recorded and stored?** | **Which individuals or agencies have access to the results?**  |
| --- | --- | --- | --- | --- | --- | --- |
| Housing needs/ homeless-ness risk assessment (pre-release) |  |  |  |  |  |  |
| Criminogenic risk and needs assessment  |  |  |  |  |  |  |
| Other screenings and assessments, if applicable *(i.e., substance use disorder or withdrawal, mental illness, health-related social needs)[[1]](#footnote-2)* |  |  |  |  |  |  |

Housing Assessment Considerations

This section contains additional questions to help begin the process of assessing housing risks and needs. The [Coordinated Entry](https://www.usich.gov/solutions/crisis-response/coordinated-entry/)[[2]](#footnote-3) 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),[[3]](#footnote-4) 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/) as a tool to assess an individual’s unique housing needs and risk of homelessness. Other health-related social needs assessments, such as the [Accountable Health Communities Health-Related Social Needs Screening Tool](https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf) or those compared by the [University of California San Francisco’s Social Interventions Research and Evaluation Network](https://sirenetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison), can capture housing information in addition to other service needs.

1. Do you assess participants for risk of homelessness and housing needs, either through a formal assessment or through conversation?

[ ]  Through formal assessment *(Describe the process.)*

[ ]  Through conversation *(Describe the process.)*

[ ]  Other *(Please elaborate.)*

1. When do you conduct this assessment?

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

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

[ ]  Other *(Please elaborate.)*

1. Do you coordinate in-reach services and housing assessments pre-release (either virtually or in-person) to reduce the amount of participant assessments and streamline workflows? If yes, please describe that in-reach process. If not, please describe your plans to develop an in-reach/pre-release housing assessment process.

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

[ ]  We coordinate and assess prior to release or within our agency. *(Describe the process.)*

[ ]  We connect participants to another agency that provides assessment and connection to housing (*e.g., Coordinated Entry, connection to vouchers). (Describe the process.)*

[ ]  We provide referrals. *(Describe the process.)*

[ ]  We provide a number to call or other information source. *(Describe the process.*)

[ ]  Other *(Please elaborate.)*

1. Once an individual is referred and connected to a housing program, how is continuity of care ensured for individuals receiving physical and behavioral health services?

**SECTION 3: IDENTIFYING HOUSING AND SERVICE INTERVENTIONS**

**EXERCISE 7: Selection of the Appropriate Housing Intervention for the Target Population**

The housing intervention and model your program elects to provide should be based on the needs profile of the target population your program plans to serve. Teams are encouraged to leverage best practice housing interventions such as Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) and best practice housing philosophies such as Housing First, when designing or expanding their reentry housing programs. Teams must also include the use of wraparound services designed to stabilize program participants in housing and in the community that are also culturally competent and accessible. Based on the descriptions of the following housing models and your understanding of the needs of the target population, please indicate below all the housing models that will be offered and whether the program already exists in some capacity or needs to be developed:

* Permanent Supportive Housing (PSH): Long-term rental assistance coupled with more intensive case management. This housing model is often for individuals with chronic physical and behavioral health conditions, extensive history of homelessness, and limited capacity for regular employment.
* Rapid Re-Housing (RRH): Time-limited rental assistance with case management focused on equipping program participants with the tools and skills required to be self-sufficient. This housing model is often for individuals with episodic history of homelessness who can engage in gainful employment.
* Bridge Housing: Temporary housing, either in single-room occupancy or group settings, designed to rapidly move individuals from unsheltered locations into a temporary setting. The goal of bridge housing is to move individuals into permanent housing as quickly as possible while providing respite from unsheltered homelessness.
* Housing Vouchers: Disbursed by public housing authorities and other housing partners, vouchers provide housing subsidies to facilitate access to quality, affordable housing for low-income and vulnerable individuals and families.
* Transitional Housing (TH): Housing support often offered in group or bunk-style settings. TH programs are often time-limited and are meant to act as temporary housing support until program participants can attain more permanent housing. TH can act as a bridge to permanent housing programs.
* Recovery Housing: Housing support often offered in group or bunk-style settings and designed to connect individuals dealing with substance use disorders to medication and treatment.
* Other: Such as kinship models, general affordable housing, or other models/program designs.

**Questions**

1. Which housing model(s) will your program offer (selected from above, or others)?Why do these models best meet the needs of the target population?
2. How many units do you hope to access or what level of rental assistance do you propose to provide? Given the partnerships and community resources described in earlier exercises, why is this a reasonable level of assistance?
3. Are you leveraging new construction or existing housing using outside funding sources?[[4]](#footnote-5) Single- or scattered-site? Why is this the best choice?
4. If new construction—using outside funding sources—is involved, please provide detail on current timeline, funding, and how this grant program complements an existing, larger community-wide effort.
5. If your focus is securing rental assistance or otherwise prioritizing existing housing for your target population, please describe how your existing partnerships and community resources discussed in earlier exercises will leverage support from key agency leadership to secure and sustain these resources and efforts.
6. What are the main types of supportive services you would provide? Why do these best meet the needs of the target population?
7. How would services be provided (on/off-site) and by whom?
8. If you are selecting a *time-limited* housing model, please describe your plan to connect participants with permanent housing resources.

**EXERCISE 8: Creation of a Case Management and Service Package**

While specific case management models are not required, they can make up the evidence-based methods used to achieve outcome measures. Given the housing interventions you selected above, please fill out the following table to provide more detail on the case management model and types of supportive services to be provided. Examples for the “resource type” for each of the categories are listed below.

* Case management model: Examples include Targeted Case Management (TCM), Intensive Case Management (ICM), Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), case management focused on self-sufficiency (such as Critical Time Intervention), etc.[[5]](#footnote-6)
* Other supportive services: Examples include other substance use disorder and mental health treatment models, as well as a range of other services such as supported employment, vocational rehabilitation, life skills training, transportation, child care, parenting support, and more. *Add additional rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Service Type and Funding Source | Resource Amount  | General Notes | Funded by this grant?  |
| Case Management Model |  |  |  | [ ]  Yes[ ]  No |
| Substance Use Treatment |  |  |  | [ ]  Yes[ ]  No |
| Mental Health Treatment |  |  |  | [ ]  Yes[ ]  No |
| Other Services |  |  |  | [ ]  Yes[ ]  No |

Based on the table above, are there any gaps in case management or supportive services that will not be covered by the grant or that require new partnerships or funding sources? Please detail those needs and gaps here:

Please describe your plan to ensure that all services provided under this grant are culturally competent and accessible to residents of your proposed project:

**EXERCISE 9: Development of Collaborative Comprehensive Case Plans**

The solicitation for the SCA Smart Reentry: Housing Demonstration Program asks grantees to promote discharge planning and wraparound services based on the results of their screening and assessment that support continuity of care and long-term stability in housing and in the community following release from incarceration or pretrial detention. The Collaborative Comprehensive Case Plan (CC Case Plan) model was developed to support SCA grantees in this type of work. A case plan is collaborative when all agencies involved in a participant’s reentry and recovery work together with the participant and their support system throughout the case planning process. The case planning process is comprehensive when information from mental health and/or substance use disorder assessments, criminogenic risk and needs assessments, housing assessments, and other important tools are appropriately combined into the participant’s case plan. To support grantees in developing and implementing CC Case Plans, [the CSG Justice Center created a web-based tool with 10 key priorities for implementing CC Case Plans](https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/) that also offers informational resources. The tool profiles previous co-occurring substance use disorder and mental illness grantee programs whose case management processes address criminogenic risk and co-occurring substance use disorders and mental illnesses.

**Defining and Planning for Housing Stability**

The following questions are designed to help your team develop the program definition for housing stability—namely, what success and stability in housing should look like for the program participants. Additionally, coming up with the program definition of housing stability provides an opportunity to take the needs of the target population into account while offering service support to help stabilize them in their homes and in the community.

* Please describe what your team’s definition of housing stability is for this program and its participants:
* Please describe your team’s goals for the program when it comes to promoting housing stability with the program participants:
* Does your team have the necessary case management staff, partnerships, and plan in place to promote long-term housing stability among program participants?
	+ Please work through the following “Collaborative Comprehensive Case Plans” exercise to determine whether this approach may be applicable to promoting long-term stability in housing and in the community for the participants.

**Collaborative Comprehensive Case Plan Question Prompts**
The following question prompts relate to some of the key priorities for the CC Case Plans and will help your program outline a process for developing and implementing CC Case Plans.

Interagency Collaboration and Information Sharing:

1. Who is the lead case planner in the program *(i.e., the staff person who takes primary responsibility for coordinating case management)*? Please also indicate which agency this person represents.
2. What partner agencies are currently involved or will be involved in the reentry case planning process?
3. Are there other agencies that should be involved as part of the case management team but are not yet involved? If so, what are those agencies?
4. What information-sharing protocols between agencies do you have in place or plan to implement? Please briefly describe.
5. Do the policies that govern how information is shared among your criminal justice and social service agencies follow privacy and confidentiality guidelines *(e.g., 42 CFR, HIPAA)*? Please briefly describe.

Screening and Assessment

1. How is the information from all the screening and assessment tools covered in Exercise 7 incorporated into case plans?

Case Conferences and Procedures

1. What is the planned frequency and purpose of your program’s case conferences? Do they happen before and after release or as a part of reentry planning?

Participant Engagement

1. How are participants involved in the case planning process?

Prioritized Needs and Goals

1. How will the case management team work with participants to prioritize needs *(e.g., substance use, mental health needs)* and goals in the case plan?
2. How are criminogenic risk *(e.g., antisocial attitudes, substance use)* and needs *(e.g., mental health)* balanced in the plan?
3. Describe the types of intensive resources and coordination that will be provided for participants assessed as higher risk or higher need.

Benefits and Insurance Enrollment Strategies

Recent federal policy changes, including the new Medicaid Section 1115 Reentry Demonstration Opportunity and provisions in the Consolidated Appropriations Acts of 2023 and 2024, create new opportunities for state and local corrections agencies to partner with state Medicaid and Children’s Health Insurance Program (CHIP) agencies, other criminal justice system stakeholders, physical and behavioral health agencies, and community partners to design and implement coordinated reentry best practices, connecting people with health coverage and physical and behavioral health care services prior to release from correctional facilities.

In April 2023, the Centers for Medicare & Medicaid Services (CMS) developed [guidance on a Medicaid Section 1115 Reentry Demonstration Opportunity](https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf) for states to apply to provide coverage for certain Medicaid services for up to 90 days before release for people who are incarcerated. The Medicaid Section 1115 Reentry Demonstration Opportunity focuses on improving care transitions and reentry outcomes for eligible individuals leaving correctional facilities and gives states flexibility to pilot new approaches to improve their state’s Medicaid program and better serve Medicaid-eligible individuals.

The [Consolidated Appropriations Act of 2023](https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf) makes significant changes to Medicaid and CHIP for youth and young adults involved in the justice system. The changes went into effect January 1, 2025.

* An eligible youth (or young adult) is defined to include youth in the juvenile and adult corrections systems:
	+ A Medicaid-eligible individual under 21 years of age or CHIP-eligible individual under 19 years of age; and
	+ An individual between the ages of 18 and 26 who is eligible for Medicaid under the mandatory former foster care children group.
* State Medicaid and CHIP programs are required to have a plan in place and, in accordance with the plan, provide the following for an eligible youth who is within 30 days of their scheduled date of release following adjudication after incarceration:
	+ In the 30 days before release or as soon as practicable after release, screening and diagnostic services, including but not limited to behavioral health
	+ In the 30 days before release and for at least 30 days after release, targeted case management services, including referrals
	+ For CHIP, these requirements also apply to eligible low-income youth in states where those services are covered under the CHIP state plan.
* States may suspend CHIP coverage during incarceration for eligible youth or continue to provide coverage for youth while they are incarcerated through CHIP. In addition, states must conduct redeterminations before release, reinstate CHIP enrollment for eligible youth upon release, process applications, and determine eligibility upon release from the public institution, similar to existing Medicaid requirements.

The [Consolidated Appropriations Act of 2024](https://docs.house.gov/billsthisweek/20240304/HMS31169.PDF) extends the requirement to suspend Medicaid coverage to both adults and youth by requiring that states suspend, not terminate, Medicaid eligibility for people who are incarcerated and ensure coverage is reactivated on release. Similarly, states may suspend rather than terminate CHIP coverage for pregnant people. These changes will begin in January 2026.

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

[ ]  Yes *(Please describe the enrollment process.)*

[ ]  No *(Why not?)*

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

[ ]  Yes *(Please describe the enrollment process.)*

[ ]  No *(Why not?)*

1. Does your state have a proposed or approved Medicaid Section 1115 Reentry Demonstration (“waiver”)? 8

☐​ Yes

☐​ No

1. Are housing-related benefits (short-term rental assistance, housing navigation, etc.) included in your state’s proposed or approved Medicaid Section 1115 Reentry Demonstration (“waiver”) or Medicaid Section 1115 Health-Related Social Needs Demonstration (“waiver”)?

☐​ Yes  (*Please describe.*)

☐​ No

1. Do the intended service providers have the ability or capacity to bill Medicaid?

☐​ Yes (*Please describe.*)

☐​ No

**SECTION 4: COLLECTING DATA, MEASURING PERFORMANCE, AND PLANNING FOR SUSTAINABILITY AND GROWTH**

You will need to collect data for different purposes: to meet the requirements of your grant, determine the effectiveness of the BJA-funded Smart Reentry: Housing Demonstration Program, track participants’ progress through the program and other grant-related activities, measure the grant program’s performance on an ongoing basis, and determine whether the grant program is operating as intended and producing the intended results. Grantees funded under the SCA Smart Reentry: Housing Demonstration Program award are required to complete a project evaluation as part of this award. It is important to understand the different uses of data early on in your planning to help you identify the best way to collect, manage, and analyze your findings to determine program effectiveness and support the sustainability of your grant-funded program.

This section will also help define key performance measures including recidivism, increased housing placements and housing stability, and successful program completion. It is important to clearly define a person’s successful completion of the program in a way that is distinct from your overall measures of program success (i.e., the outcomes you hope the program achieves).

In addition, this section focuses on strategies for achieving long-term sustainability for your program through focused efforts initiated at the beginning of the grant. Sustainability is difficult to achieve and even more challenging if neglected until grant funding is coming to an end; developing a sustainability plan at the onset is essential to building a strong program that can continue after the SCA funding concludes.

**EXERCISE 10: Data Collection and Performance Measurement Strategy**

Using the earlier data analysis section of the guide, consider how currently available data sources and collection and evaluation processes may factor into this grant program’s performance measurement strategy. Keep in mind that an objective should be to increase public safety and reduce recidivism over a three-year period for individuals impacted by Smart Reentry. Please fill out the following section with those considerations in mind.

1. Are program managers able to access the required baseline data metrics for this program (improved housing outcomes and recidivism)? Has there been any previous analysis of these baseline data metrics?
2. How will you define improved housing outcomes for this grant program *(e.g., increased number of individuals obtaining and maintaining housing; increased self-reports of successful community living, including stability of living situation and positive family relationships; time to initial housing placement; housing stability after a specified timeframe)*?
3. What is your definition of recidivism for this grant program? This should be the same as the definition of recidivism used by the jurisdiction in which the grant program operates. *(Check all that apply.)*

[ ]  Rearrest

[ ]  Reconviction

[ ]  Reincarceration

[ ]  Other *(Please specify.)*

1. For what period will you track improved housing metrics among program participants? *(Note: When deciding this, consider your program’s capacity to track participants after grant funding comes to an end as well as required measurable annual and three-year performance outcomes.)*

[ ]  Six months

[ ]  One year

[ ]  Two years

[ ]  Three years

[ ]  Five years

[ ]  Other *(Please specify.)*

1. For what period will you track recidivism among program participants? *(Note: When deciding this, consider your program’s capacity to track participants after grant funding comes to an end as well as required measurable annual and three-year performance outcomes.)*

[ ]  Six months

[ ]  One year

[ ]  Two years

[ ]  Three years

[ ]  Five years

[ ]  Other *(Please specify.)*

1. Are your baseline recidivism rate and improved housing outcomes *(e.g., time to initial housing placement, housing stability after a specified timeframe, number of people in housing)* based on the national, state, or county population, or are they specifically for this program’s target population?

[ ]  National

[ ]  State

[ ]  County

[ ]  Program’s target population

[ ]  Other *(Please specify.)*

1. In what year was your baseline recidivism rate measured?
2. Are there other performance outcomes that the team will track *(e.g.,* *employment and education opportunities, number of staff trained to administer reentry services, proportion of individuals served by the program among those eligible to receive services, increased screening or connection to services, enrollment or completion of education programs, obtaining and retaining employment, reduction in drug and alcohol use*)?
3. What are the key goals that the implementation team would like to accomplish through the grant program? These goals should include a recidivism-reduction goal and an improved housing outcomes goal, per the grant solicitation. *(This should include goals for both the planning and implementation phases.)*
4. What outcomes do the members of the implementation team hope to closely track *(e.g., recidivism, housing outcomes, connection to post-release supports, etc.)*?
5. What outcomes are of interest to each member of the reentry task force?

|  |  |
| --- | --- |
| **Current/Potential Member** | **Outcome(s) of Interest** |
| *Example: Jane Doe, Department of Corrections representative* | *Recidivism reduction, access to treatment* |
| *Example: John Doe, local Continuum of Care lead* | *Access to safe and stable housing* |
|  |  |
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1. Do you plan to collect data that demonstrates your program’s ability to generate cost savings *(e.g., through decreased utilization rates, jail stays, community supervision, homelessness services, child welfare services, etc.)*?
2. Have you identified benchmarks against which you will compare your outcome data *(e.g., current recidivism rate, service referrals, or housing placements/outcomes)*?

[ ]  Yes (*What are they?*)

[ ]  No (*Why not?*)

**EXERCISE 11: Program Evaluation**

1. For the required evaluation of grant activities, are you considering random assignment and controlled studies to determine the effectiveness?

[ ]  Yes

[ ]  No

1. Have you partnered with an evaluator/researcher?

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

[ ]  No *(Please explain.)*

1. What are the measures you will use in the evaluation to track recidivism (arrest, conviction, and incarceration), housing outcomes, and other outcomes?
2. How will you or the evaluator track participants and monitor performance?
3. How can the program or strategy be scaled up or broadly replicated if demonstrated to be effective?

**EXERCISE 12: Plans for Program Sustainability and Scalability**

1. 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, by building collaborations, politically)*.
2. List any funding sources you anticipate being available to sustain the program after the life of the grant *(e.g., foundation funding; federal, state, or local funding; private donation; Medicaid reimbursement; etc.).*
3. What key data metrics do you need to track for stakeholders to support sustainability

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

1. What level of case study would best position champions of the program to make the case for scaling or sustainability *(e.g.,* *an individual case study, case study of the program, the full scale of housing and service need)*?
2. What measures will be taken to sustain interest from key stakeholders? *(Check all that apply.)*

[ ]  Program emails or newsletter

[ ]  Individual meetings with key stakeholders

[ ]  Advisory group meetings

[ ]  Program fact sheets or brochures

[ ]  Special events and meetings

[ ]  Media

[ ]  Promotions targeting professional groups and key constituents

[ ]  Hosting program tours

[ ]  Other *(Please specify.)*

1. How will your program track and share performance measures and program data with stakeholders?
2. Do you have a “champion” of your program work that can support your sustainability efforts?
3. What non-traditional partners are in your community that can be approached to inquire about funding *(e.g., banks, credit unions, philanthropy, faith-based groups, professional organizations, hospitals, health plans)*?
4. Please describe how this work can provide “proof of concept” that could support future efforts to scale this work elsewhere.
1. A validated screening tool is a standardized instrument that is designed to identify the potential presence of a mental health, substance use, or co-occurring disorder. These tools do not provide diagnostic information, nor do they provide guidance on the severity of any disorder. They are typically used as a preliminary step in determining if more comprehensive assessment is necessary. Screening tools do not need to be administered by a licensed treatment counselor.

2 An assessment tool gathers information about a person for the purpose of making a diagnosis, providing appropriate treatment referrals, and using this information as part of case planning. A certified mental health or substance use disorder professional must administer the assessment tools that can lead to a diagnosis. [↑](#footnote-ref-2)
2. 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-3)
3. 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-4)
4. Please note that grant funds may not be used for new construction or purchasing housing. Please consult: “DOJ Financial Guide 2024” US Department of Justice Office of Justice Programs, accessed December 2024, <https://www.ojp.gov/funding/financialguidedoj/overview>. [↑](#footnote-ref-5)
5. Intensive Case Management (ICM) features case management with low client-to-provider ratios, while Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) are team-based approaches with 24/7 coverage and very low client-to-provider ratios. Critical Time Intervention are intensive, focused, and time-limited services to quickly stabilize and connect people to longer-term supports. Other evidence-based case management styles exist, such as Integrated

Treatment for Co-occurring Disorders. [↑](#footnote-ref-6)