**Planning & Implementation Guide**

Second Chance Act

FY 2024 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry 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 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Program. Grantees will complete this planning & implementation guide in partnership with the technical assistance provider, The Council of State Governments (CSG) Justice Center. The U.S. Department of Justice’s Bureau of Justice Assistance (BJA) will review the guide upon its completion. Any questions about this guide should be directed to your technical assistance provider.

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**About the Planning & Implementation Guide**

The Council of State Governments (CSG) Justice Center has prepared this planning & implementation guide (P&I guide) to support grantees in developing and refining a reentry program for adults with substance use disorders that will reduce recidivism and support successful reentry and recovery. The guide is not intended to serve as a step-by-step blueprint, but rather to foster discussion on best practices, identify considerations for your collaborative effort, and help grantees work through key decisions and implementation challenges.

The guide was developed as a tool for grantees, but it also serves as an important tool for the CSG Justice Center as the technical assistance (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 self-assessment to collaboratively develop priorities for assistance. 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) through the GAM module in JustGrants. Please note that GAMs are subject to approval by BJA. If you are considering a GAM, please discuss it with your TA provider.

**Contents of the Guide**

The guide is divided into six sections, each with assessment questions, exercises, and discussion prompts. The self-assessment questions and exercises are built on evidence-based principles and emerging practices. You will be prompted to write short responses, attach relevant documents, and/or complete exercises for each section. Your answers will provide insight into your program’s strengths and identify the areas that need improvement. As you work through the sections, your TA 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: GETTING STARTED AND IDENTIFYING 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 the submission of your original application. The following exercise is intended to give your TA provider a snapshot of your current project goals and your initial assistance needs.

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

1. **Grant Award Number:**
2. **Lead Agency (that is, *Who applied for the grant? Examples include states, units of local government, federally recognized Tribal governments, nonprofit organizations):***
3. **Primary criminal justice partner (*for example, the sheriff's office, probation department, etc.):***
4. **Primary substance use disorder partner:**
5. **Primary mental health partner (if applicable):**
6. **Project name:**
7. **Point(s) of contact for the project:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email** | **Title** | **Agency** |
|  |  |  |  |
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1. **Please list the correctional facility or facilities you will be working with, including the agency name (such as Louisiana Department of Public Safety & Corrections), the facility name (such as Hunt Correctional Center), and the facility type (such as state men's prison).**

**Advisory Group and Implementation Team**

The following questions are about the mission and goals for your program, as well as the members and roles of the advisory group and the implementation team. The advisory group 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**.** While it is not required that grantees work with these groups, it is encouraged.Grantees often work with these existing groups because they are present in many communities. **The advisory group** should consist of high-level leaders from your jurisdiction’s criminal justice and behavioral health systems, nonprofit organizations, and other systems as appropriate. This group provides guidance for the program on a periodic basis and can be instrumental in identifying program champions and funding streams to help with program sustainability. The goal of the advisory group is to ensure the program has input from stakeholders in the community that can support programs in thinking through referrals and sustainability. **The implementation team**—which should include substance use disorder treatment and service providers, corrections partners, probation and parole agencies, nonprofit agencies, and other stakeholders—oversees the daily operations of the substance use disorder program.

1. **What is the mission of your program? (*The mission should clearly articulate your purpose for the grant program.)***

1. **Is there an advisory group providing oversight and/or guidance for the grant program?**

**Yes *(Briefly describe the composition and role of the advisory group for the grant program.)***

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ***Member Name and***  ***Title/Contact Information*** | ***Organization*** | ***Area of Focus (such as Hospital System, Housing, Criminal Justice)*** | ***Advisory Group Role***   ***(if designated)*** |
|  |  |  |  |
|  |  |  |  | |

1. **What key goals will the advisory group accomplish through the grant program, and how will the advisory group help the grant program accomplish these goals? *(This should include goals for both the planning and implementation phases.)***
2. **How often will advisory group meetings take place?**
3. **What role will the advisory group serve in discussing or addressing challenges and barriers in programming?**

1. **How will the group include and incorporate the perspectives of people impacted by the justice system and their families?**

1. **Do you have the endorsement of your governor, mayor, county commissioner, another legislative champion, or nonprofit leadership in the community?**

**Yes *(Please specify whom.)***

**No *(Why not?)***

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

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

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

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

1. **What are your opportunities for sharing program successes? *(for example, advisory group meetings, judicial meetings, community meetings, city council meetings, local health system meetings, nonprofit board meetings, school board meetings, faith-based organization gatherings, newsletters, etc.)***

1. **Please list all members of the implementation team in the table below or attach a list detailing this information.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **System, agency, nonprofit organization they represent** | **Area of Focus** | **Contact information** |
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1. **How are you currently engaging with implementation team members?**

1. **How often will you have meetings with the implementation team during the planning phase?**

1. **How often will you have meetings with the implementation team during the implementation phase?**

1. **What role will the implementation team serve in discussing or addressing challenges and barriers in programming?**

**SECTION 2: DEFINING OR REFINING YOUR POPULATION** **OF FOCUS**

This grant is focused on improving the provision of substance use treatment to people in prisons and jails, including provision of prison-based family treatment programs to incarcerated parents of minor children or pregnant women. The solicitation outlines the allowable project components, which include standardized substance use disorder screening and assessment processes using a validated tool for people entering a correctional facility; evidence-based pre- and post-release substance use and cognitive behavioral interventions, including medication-assisted treatment as part of any substance use treatment program in jail or prison; and collecting and using data to determine the effectiveness of the treatment programs. Having a clearly defined population of focus helps highlight what information you will need to obtain through the screening, assessment, case management, referral, or other processes to determine substance use disorder program eligibility. Clearly defined population of focus criteria will also increase the likelihood that the referrals will be good matches for the program and will help in tracking and reporting on outcomes, such as recidivism, among program participants.

**EXERCISE 2: Population of Focus and Program Eligibility**

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

**Men**

**Women**

**Nonbinary**

1. **How are you working to make the programming gender-responsive to the needs of the program participants?**
2. **[For non-correctional grantees only] If your program was funded directly to a nonprofit agency, do you have a memorandum of agreement or understanding (MOA/MOU) in place for the correctional partner(s)? Please note that this is a grant requirement for non-correctional grantees.**

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

**No *(Why not? And when will it be in place?)***

**N/A**

1. **[For non-correctional grantees only] Please describe what type of access the program will have to the correctional institution and specify if this is the permanent or temporary plan. (*For example, in-person, virtual through telecommunications or telehealth, correspondence, intake, exit interview)***
2. **Are there any exclusionary criteria for participation in the program? (*For example, criminal charges/offenses, amount of time from release, diagnoses, co-morbid health conditions, etc.)***

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

**No**

1. **What severity of substance use disorders will you serve** ***(such as mild, moderate, severe)*? If you are serving people with co-occurring mental illnesses, what severity of mental illnesses will you serve?**
2. **Who or what organizations do you anticipate being the referral sources for the program?**
3. **Describe the process for identifying and referring candidates to the program for each referral source. Please include the name of the entity, the type of communication method, and estimated timeframes.**
4. **How will you raise awareness about the program with potential referral sources?**
5. **Who is involved in deciding whether a person is accepted to the substance use disorder services? *(Such as counselor, case manager, social worker, psychologist, etc.)***
6. **What processes will you develop by the end of the planning period to ensure that the standardized screening, assessment, and services begin at the start of the implementation phase of the project?**

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

You will need to identify appropriate candidates for your substance use disorder program, define the terms of participation, and explain these terms to prospective participants. This exercise will help you consider how to develop standardized screening and assessment processes. The information gleaned from the screening and assessment processes will determine whether potential participants are eligible for pre- and post-release services. For this grant program, all people who are entering the correctional facility (such as at booking, intake, or in classifications) are required to undergo a standardized substance use disorder screening and assessment using a validated tool. To support grantees in identifying gender-responsive screening and assessment tools, the CSG Justice Center developed a resource guide, [Adopting a Gender-Responsive Approach for Women in the Justice System.](https://csgjusticecenter.org/publications/adopting-a-gender-responsive-approach-for-women-in-the-justice-system-a-resource-guide/) The following table asks about your processes for criminogenic risk and needs assessment, substance use disorder screening and assessment, and mental illness screening and assessment (if applicable).

| **Type of tool** | **Name of validated tool** | **Who administers the tool?** | **When is it administered *(such as at booking, intake, classifications, upon first appointment with substance use disorder treatment provider)*?** | **How is it being administered *(such as remotely, virtually, in person, or both)*?** | **How are results recorded and stored?** | **Which individuals or agencies have access to the results?** |
| --- | --- | --- | --- | --- | --- | --- |
| **Criminogenic risk and needs assessment** |  |  |  |  |  |  |
| **Substance use disorder screening[[1]](#footnote-2)** |  |  |  |  |  |  |
| **Substance withdrawal screening (if applicable)** |  |  |  |  |  |  |
| **Mental illness screening (if applicable)** |  |  |  |  |  |  |
| **Substance use disorder assessment[[2]](#footnote-3)** |  |  |  |  |  |  |
| **Mental illness assessment (if applicable)** |  |  |  |  |  |  |
| **Any additional screenings and assessments performed[[3]](#footnote-4) (add more rows as needed)** |  |  |  |  |  |  |

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

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

Provide an inventory of the programming and services, both grant-funded and non-grant-funded, that will be available to your participants through your grant program, including interventions and methods. Services include, but are not limited to, evidence-based curricula (such as Thinking for a Change), cognitive behavioral interventions, contingency management, Motivational Interviewing, parenting programs or family-based treatment (such as Nurturing Parents Program), telehealth, mobile narcotic treatment programs, or other support services (such as transportation, housing, employment, or an education/GED class).

1. Use the chart below to describe the services your program offers.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service | Curriculum  name  (if applicable) | Service delivery method[[4]](#footnote-5) | Virtual or in person? | Service provider[[5]](#footnote-6) | Available for all program participants? | Length of service (indicate if before or after release) | 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. **Complete the following chart about medication-assisted treatment (MAT). If MAT services are not being offered directly by the grantee, it is recommended that grantees work with MAT provider(s) to complete this section.**

|  |  |
| --- | --- |
| 1. **Does your program implement medically managed withdrawal procedures?** | **Yes (*Briefly describe.)***  **No** |
| 1. **Are there withdrawal management protocols in place that include addiction medications?** | **Yes (*Briefly describe.)***  **No** |
| 1. **Does your program currently provide MAT in the correctional facility? If not, does it plan to provide as part of the grant?** | **Yes (*Briefly describe.)***  **No** |
| 1. **What forms of MAT will be or currently are available to program participants (that is, methadone, naltrexone, buprenorphine)?** |  |
| 1. **Does the correctional facility support induction for MAT, continuation, or both?** | **Induction Only**  **Continuation Only**  **Both** |
| 1. **Which MAT medications will be provided as continuation?** | **Methadone**  **Naltrexone**  **Buprenorphine**  **Other (describe)** |
| 1. **Which MAT medications will be offered for induction? Is this at intake, release, or both?** | **Methadone (Intake, release, or both? Please explain)**  **Naltrexone (Intake, release, or both? Please explain)**  **Buprenorphine  (Intake, release, or both? Please explain)**  **☐ Sublingual**  **☐ Injectable** |
| 1. **Who will administer the medication?** |  |
| 1. **Are there additional written policies and procedures about the MAT?** | **Yes (*Briefly describe.)***  **No** |
| 1. **Does the person receiving MAT medications also need to participate in other forms of treatment (such as group or individual therapy)?** | **Yes (*Briefly describe.)***  **No** |
| 1. **What partnerships are in place in the community to ensure continuity of MAT medications as participants reenter the community?** |  |
| 1. **What partnerships are in place in the community to ensure continuity of MAT counseling/other therapies as participants reenter the community?** |  |
| 1. **Does your program use mobile narcotic treatment programs to support MAT?** | **Yes (*Briefly describe.)***  **No** |
| 1. **Are there information-sharing agreements in place for MAT providers and other partners?** | **Yes (*Briefly describe.)***  **No**  **N/A** |

3. If the program provides prison-based family treatment, complete the following chart. **Skip this question if not applicable.**

|  |  |
| --- | --- |
| 1. **How will program participants be selected for the family-based substance use treatment program?** |  |
| 1. **How will the program assess strengths and needs of the incarcerated parents’ immediate and extended family to support the treatment plan of the incarcerated parent?** |  |
| 1. **What part of the prison will the program be located in? (Note that the program must be located in an area separate from the general population of the prison.)** |  |
| 1. **What will the outreach process look like for minor children and their current caregivers?** |  |
| 1. **Will the minor children meet with their incarcerated parents in person or through telecommunications?** |  |
| 1. **What protocols will be set up to support the incarcerated parents’ engagement with their children?** |  |
| 1. **Will your program include or be focused on pregnant women?** | **Yes (*Briefly describe.)***  **No** |
| 1. **What partnerships are in place to ensure consistent and uninterrupted care if a participant is transferred from the correctional/behavioral health facility?** |  |

4. **If your program includes family-based treatment, what strategies will you use to support ongoing engagement of family members, including minor children, in the programming? Skip this question if not applicable.**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Training Type Curriculum**  **Name**  **(If applicable)** | **What skills and/or knowledge will participants gain from taking this training?** | **How does this training support the activities of this grant?** | **Number of People Who Will Be Trained** | **What agency do the people being trained represent?** | **Training Delivery Method[[6]](#footnote-7)** | **Training Provider[[7]](#footnote-8)** | **Length of**  **Training** | **Funded by this grant?** |
|  |  |  |  |  |  |  |  | **​​  ​ Yes**  **​​  No** |
|  |  |  |  |  |  |  |  | **​​  Yes**  **​​  ​ No** |
|  |  |  |  |  |  |  |  | **​​  ​ Yes**  **​​  ​ No** |
|  |  |  |  |  |  |  |  | **​​  ​ Yes**  **​​  No** |
|  |  |  |  |  |  |  |  | **​​  Yes**  **​​  No** |
|  |  |  |  |  |  |  |  | **​​  Yes**  **​​  No** |
|  |  |  |  |  |  |  |  | **​​  Yes**  **​​  ​ No** |

**6. What education and employment programming is available to program participants either through referrals or as part of the program?**

**Exercise 5: Participant Engagement in Programming and Services**

1. **On average, for how long will participants enrolled in the program receive services at the following points?**

* **Before release:**
* **After release:**

1. **What services do you provide that are tailored to specific needs such as gender, culture, developmental or cognitive abilities, etc.?**
2. **What are the levels of care available to program participants for substance use treatment? If applicable, what are the levels of care available to program participants for mental health treatment (*such as outpatient, intensive outpatient, residential, etc.)*?**

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

The solicitation for the FY 2024 SCA Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Program requires grantees to receive case management services before and after release. The Collaborative Comprehensive Case Plan (CC Case Plan) model was developed to support SCA grantees. A case plan is collaborative when all agencies involved in a participant’s reentry and recovery work together with the participant and their support system throughout the case planning process. The case planning process is comprehensive when information from substance use disorder assessments, criminogenic risk and needs assessments, and other important tools are appropriately combined into the participant’s case plan. To support grantees in developing and implementing CC Case Plans, [the CSG Justice Center created a web-based tool with 10 key priorities for implementing CC Case Plans](https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/) that also offers informational resources. The tool profiles previous co-occurring substance use disorder and mental illness grantee programs whose case management processes address criminogenic risk and co-occurring substance use disorders and mental illnesses.

**Exercise 6: Collaborative Comprehensive Case Plans**  
Exercise 6 contains questions that relate to each of the 10 key priorities for the CC Case Plans. Below are questions designed to help your program outline a process for developing and implementing CC Case Plans. For more information on the CC Case Plans and how various lead case planners can develop them, see the following webinars:

* [Developing Collaborative Comprehensive Case Plans](https://nationalreentryresourcecenter.org/events/developing-collaborative-comprehensive-case-plans)
* [How Correctional Agencies Can Develop and Implement Collaborative Comprehensive Case Plans](https://nationalreentryresourcecenter.org/events/how-correctional-agencies-can-develop-and-implement-collaborative-comprehensive-case-plans)
* [How Community-Based Behavioral Health Treatment Providers Can Develop and Implement Collaborative Comprehensive Case Plans](https://nationalreentryresourcecenter.org/events/how-community-based-behavioral-health-treatment-providers-can-develop-and-implement)
* [How Community Supervision Agencies Can Develop and Implement Collaborative Comprehensive Case Plans](https://nationalreentryresourcecenter.org/events/how-community-supervision-agencies-can-develop-and-implement-collaborative-comprehensive)
* [The Behavioral Health Needs Framework and Collaborative Comprehensive Case Plans](https://nationalreentryresourcecenter.org/events/behavioral-health-needs-framework-and-collaborative-comprehensive-case-plans)

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

**Interagency Collaboration and Information Sharing**

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

**Staff Training**

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

**Screening and Assessment**

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

**Case Conferences and Procedures**

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

**Participant Engagement**

1. **How are participants involved in the case planning process? What will be the process for resolving client disputes in treatment planning and care?**
2. **How is the participant’s support system *(such as spouse, friends, parents, or siblings)* involved in the case planning process?**
3. **If your program has a prison-based family treatment component, how are the needs of the family, including minor children, incorporated into the case plan? Are family members, including minor children, referred to other support services?**
4. **Does the program use recovery support specialists, peer support specialists, or peer mentors to promote participant engagement?**

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

**No (*Why not?)***

1. **What is the standard for how many times the participant meets with community-based treatment providers before release from a correctional facility? What is the purpose of these in-reach, telehealth, or telecommunications contacts? *(For example, offering classes or conducting case management)***

**Prioritized Needs and Goals**

1. **How will the case management team work with the participant to prioritize needs *(such as substance use)* and goals in the case plan?**
2. **How are criminogenic risk *(such as antisocial beliefs)* and needs *(such as substance use)* 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.**

**Responsivity**

Responsivity is part of the [Risk-Need-Responsivity Framework](https://csgjusticecenter.org/events/risk-need-responsivity-101-a-primer-for-sca-and-jmhcp-grant-recipients/). The responsivity principle requires a person’s abilities, motivation, culture, demographics, learning styles, and mental illnesses to be considered when determining services. The two types of responsivity—general and specific—have implications at the program and individual levels. General responsivity refers to the need for interventions that address criminogenic risk factors, such as antisocial thinking and substance use disorders. The specific responsivity principle requires that distinct individual characteristics be addressed to prepare someone to receive the interventions used to reduce criminal behavior. In other words, specific responsivity relates to the “fine-tuning” of services or interventions.

1. **How does the case plan address and fine-tune needed services and interventions?**
2. **How does the program tailor its case management approaches to be gender-responsive for women?**
3. **How does the program tailor its case management approaches to participants who identify as LGBTQ+?**

**Legal Information**

1. **What legal information is documented in the case plan?**
2. **Are there legal barriers that could prevent program participants’ goal attainment (*such as sex offense convictions)*?**

**Yes *(Please describe.)***

**No**

**Participant Strengths**

1. **How are a participant’s strengths *(such as prosocial supports)* or protective factors *(such as motivation)* identified and reflected in the case plan?**

**Recovery Planning**

1. **Do you develop relapse prevention plans for your participants? If so, please describe how they are developed and implemented.**
2. **Do you develop aftercare plans for your participants as part of program discharge planning? If so, please describe how they are developed and implemented.**

**Exercise 7: Probation and Parole Strategies**

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

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

**Yes *(Please describe.)***

**No *(Skip to Exercise 8.)***

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

**Yes (*What are they?*)**

**No (*Why not?*)**

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

**Yes (*Please elaborate.*)**

**No (*Why not?*)**

1. **Are probation or parole staff trained in motivational interviewing or other communication techniques designed to improve responsivity to treatment?**

**Yes (*Which techniques and how?*)**

**No (*Why not?*)**

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

**Yes (*Please elaborate.*)**

**No (*Why not?*)**

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

**Yes (*Please describe the specialized caseloads.*)**

**No (*Why not?*)**

1. **Does the probation or parole agency use the results generated by a validated risk and needs assessment tool, in addition to other information, to inform the intensity, duration, and terms of supervision?**

**Yes (*Please elaborate.*)**

**No (*Why not?*)**

1. **Do probation or parole officers have the flexibility to impose graduated incentives and sanctions based on the behavior of people under supervision?**

**Yes (*Please elaborate.*)**

**No (*Why not?*)**

1. **Are there meaningful positive reinforcements and rewards in place to encourage people to comply with the terms and conditions of supervision?**

**Yes (*Please elaborate.*)**

**No (*Why not?*)**

1. **Are community-based partners, such as behavioral health treatment providers or housing providers, notified when a revocation has occurred?**

**Yes (*Are they involved in the response to the revocation?*)**

**No (*Why not?*)**

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

**Yes (*Please elaborate.*)**

**No (*Why not?*)**

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

**Yes (*Please elaborate.*)**

**No (*Why not?*)**

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

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

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

**No *(Why not?)***

1. **Do you, or a grant partner, enroll people in other public benefits, such as veterans’ affairs services, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), 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?)***

**Medicaid Coverage**

1. **Does your state have an approved Medicaid Section 1115 Reentry Demonstration (“waiver”)?[[8]](#footnote-9)**

**​​  Yes**

**​​  No**

1. **Do you suspend or terminate Medicaid coverage when someone enters a correctional facility?**

***Note: The Consolidated Appropriations Act requires that beginning in 2026, all states suspend rather than terminate Medicaid coverage.***

**Yes *(Please describe the process.)***

**No *(Please explain why not.)***

1. **Do you enroll people in health care coverage, including Medicaid, while incarcerated? If so, who is involved in assisting with or completing applications? When is this done?**

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

**No *(Please explain why not.)***

1. **Do you have a process in place to confirm that people are enrolled in Medicaid prior to release?**

**Yes *(Please describe the process.)***

**No *(Please explain why not.)***

**Exercise 9: Housing**

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

**Housing Assessment**

This section contains questions for assessing housing risks and needs. The [Coordinated Entry](https://www.hudexchange.info/homelessness-assistance/coordinated-entry/#coordinated-entry-notice)[[9]](#footnote-10) 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),[[10]](#footnote-11) provides a unified entry point to your local homeless provider system and should be considered for partnership when developing the housing assessment and referral process. You may also use the National Reentry Resource Center’s [Assessing Housing Needs and Risks Screening Questionnaire](https://csgjusticecenter.org/publications/assessing-housing-needs-and-risksa-screening-questionnaire/) to help you better assess an individual’s unique housing needs and risk of homelessness.

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

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

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

**Other (*Please elaborate.*)**

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

1. **When do you assess participants for homelessness?**

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

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

**Other (*Please elaborate.*)**

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

**Yes (*Please explain.*)**

**No (*Why not?*)**

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

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

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

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

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

**Other (*Please elaborate.*)**

**No (*Why not?*)**

**Housing Partners**

In order to address reentry housing needs, use the table below to help think through specific housing partnerships. Each housing organization brings different resources and skills to the partnership. The 3,300 public housing authorities across the country manage affordable housing for 1.2 million households, including Section 8 housing choice vouchers and public housing, as well as vouchers for populations of focus 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 focus on 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:

* [Continuums of Care Contact Information](https://www.hud.gov/program_offices/comm_planning/coc)
* [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 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: COLLECTING DATA, MEASURING PERFORMANCE, AND EVALUATING THE PROGRAM**

You will need to collect data for different purposes: to meet the requirements of your grant, determine the effectiveness of the BJA-funded substance use treatment 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 (through process and outcome evaluations, respectively). Grantees funded under the FY 2024 SCA Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Program award are mandated to complete a project evaluation as a part of this award. It is important to understand the different uses of data early on during your planning to help you determine the best way to collect, manage, and analyze your findings to determine program effectiveness and support the sustainability of your grant-funded program.  
    
This section will also help define key performance measures including recidivism and successful program completion. It is important to clearly define a person’s successful completion of the program in a way that is distinct from your overall measures of program success (that is, the outcomes you hope the program achieves).  
   
[[The Performance Measurement Tool (PMT)](http://www.ojp.gov/performance)](https://ojpsso.ojp.gov/) asks grantees to define what successful completion looks like for their program. Successful completion definitions can be either process-based (for example, the program participant has completed 70 percent of program requirements or an individual case plan within one year) or outcome-based (for example, the program participant has achieved core benchmark goals of the program that are not necessarily related to behaviors—such as completing supervision, attaining stable housing, attaining employment, earning a GED, etc.—within one year).  
   
[*Choosing the Right Data Strategy for Behavioral Health and Criminal Justice Initiatives*](https://csgjusticecenter.org/publications/choosing-the-right-data-strategy/)and [*Process Measures at the Interface between the Justice and Behavioral Health Systems: Advancing Practice and Outcomes*](http://csgjusticecenter.org/substance-abuse/publications/process-measures/) provides additional system- and individual-level measures that can be collected for identification and referral, engagement and completion, recovery management, and factors associated with programming and systemic responsivity. If applicable, please attach the data collection plan for this program.

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

1. **Do you currently collect the data you need for any relevant grant requirements? *(For example, the PMT from BJA)***

**Yes (*Please describe.*)**

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

1. **What are the key baseline data metrics[[11]](#footnote-12) that you will focus on as you implement this grant program (such as current recidivism, service referral, engagement, retention, or service utilization rates)?**
2. **Are program managers able to access these baseline data metrics? Has there been any previous analysis of these baseline data metrics?**

1. **Is your baseline recidivism rate based on the national, state, or county population, or is it specifically for this program’s population of focus?**

**National**

**State**

**County**

**Program’s population of focus**

**Other (*Please specify.*)**

1. **In what year was your baseline recidivism rate measured?**
2. **What outcomes do the members of the implementation team hope to closely track? *(For example, successful program completion, completion of an evidence-based curriculum, moving from one level of care to another, recovery, recidivism)***
3. **What outcomes are of interest to each member of the advisory group?**

|  |  |
| --- | --- |
| **Current/potential member** | **Outcome(s) of interest** |
| ***Example: Jane Doe, Department of Corrections representative*** | ***Recidivism reduction, access to treatment*** |
| ***Example: John Doe, local halfway house representative*** | ***Access to safe and stable housing*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Do you currently collect the data you need to measure the outcomes of interest to your implementation team, advisory group, or other stakeholders?**

**Yes (*Please describe.*)**

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

1. **Are you tracking outcomes by subpopulation?**
2. **What data collection instruments are used to track your program’s performance? *(Such as questionnaires, pre/post-tests, etc.)***
3. **Who completes the above data collection instruments? (*Check all that apply*.)**

**Participant**

**Participant’s family members**

**Staff**

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

**Electronically**

**Manually**

**In person**

**Remotely**

1. **Do you plan on collecting data that demonstrates your program’s ability to generate cost savings? *(Such as through decreased utilization rates, jail stays, community supervision, homelessness services, child welfare services, etc.)***
2. **How are the collected data shared among relevant agencies and partners?**
3. **Have you identified benchmarks against which you will compare your outcome data? *(Such as current recidivism rate, service referrals, or utilization rates)***

**Yes (*What are they? Cite source(s).*)**

**No (*Why not?*)**

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

1. **What is your definition of recidivism for this grant program? This should be the same as the definition of recidivism used by the jurisdiction in which the grant program operates. *(Check all that apply.)***

**Rearrest**

**Reconviction**

**Reincarceration**

**Other *(Please specify.)***

1. **If the program's definition differs from the definition of recidivism used by the jurisdiction in which the grant program operates, please explain the difference.**
2. **For what period of time will you track recidivism among program participants? *(Note: when deciding this, consider your program’s capacity to track participants after grant funding comes to an end.)***

**Six months**

**One year**

**Two years**

**Three years**

**Five years**

**Other *(Please specify.)***

1. **Describe the steps taken to ensure that the tracking system captures an accurate recidivism rate. *(For example, are state identification numbers or a comparable system used to track reincarceration? Is there a way to access recidivism data from a state repository or other source?)***
2. **What is the plan for collecting unique identifiers for program participants to support tracking and reporting on recidivism as required by the grant program?**
3. **Please select any measure you plan to track for your program participants in addition to your definition of recidivism:**

**Number of new offenses (not on probation or parole)**

**Number of parole revocations for new offenses**

**Number of parole revocations for technical violations**

**Number of probation revocations for new offenses**

**Number of probation revocations for technical violations**

**Individual criminogenic risk levels based on reassessment with the criminogenic risk and needs assessment**

1. **List the key criminal justice data that will be used to track your program’s performance. Who is responsible for tracking these metrics?**
2. **List the substance use disorder treatment and recovery data that will be used to track your program’s performance? Who is responsible for tracking these metrics?**

**Exercise 11: Program Evaluation**

1. **Who is your research partner for the program evaluation? *(A final evaluation report produced by the evaluation partner that includes findings of both process and outcome evaluation are required prior to the close of the grant period.)***
2. **How often and by what method(s) do you plan to communicate with your evaluator?**
3. **How often will you share data?**
4. **How will program evaluation data be used to inform program operations? Discuss if and how you plan to include the advisory group, implementation team, and all other various stakeholders.**
5. **Is there currently any specific training and technical assistance you would request related to program evaluation?**

**Yes *(Please describe.)***

**No**

**Exercise 12: Development of a Logic Model**

A logic model demonstrates the causal relationships between goals, activities, and results. It is a useful tool to visualize the purpose and scope of proposed activities, including the resources needed and expected outcomes. If you have already completed a logic model for your program, please attach it to this guide. If not, use the sample logic model below, which can be filled out with information from the P&I guide sections above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sample Logic Model** | | | | | | |
| **Project goals** | **Resources**  **(existing and grant-funded)** | **Activities** | **Process measures** | **Short-term outcomes** | **Long-term outcomes** | **Sustainability** |
| ***EXAMPLE:***  *Increase pre-release screening for substance use disorders in jail* | *Grant funds for training classification officers in screening for substance use disorders* | *Implement pre-release screening for substance use disorders* | *Number of people screened in jail; number of people who screened positive for mental illnesses and/or substance use disorders; number of people referred to the substance use disorder program; number of people enrolled in the substance use disorder program* | *Hire a case manager for the substance use disorder program* | *Every person booked into the jail is screened for substance use disorders* | *Ensure that classification officers continue to screen for substance use disorders in jail*  *Incorporate quality assurance measures related to screening into performance reviews, position descriptions, and hiring procedures* |
|  |  |  |  |  |  |  |
| *Add and complete rows as needed for each project goal.* | | | | | | |

**SECTION 6: PLANNING FOR SUSTAINABILITY**

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

**Exercise 13: Plans for Program Sustainability**

1. **What are the most important areas to sustain after the grant award, and what next steps do you plan to take to meet these sustainability goals?**
2. **List the activities that will lead to meeting those goals after the life of the grant.**
3. **List the key stakeholders and partners who will be involved in sustaining your program after the life of the grant, and by what means they plan to support this effort *(such as financially, by building collaborations, politically)*.**
4. **List any funding sources you anticipate being available to sustain the program after the life of the grant. *(Such as foundation funding; federal, state, or local funding; private donation; Medicaid reimbursement; etc.)***

1. **What key data metrics do you need to track for stakeholders to support sustainability of the program *(such as cost savings)*?**

1. **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 primary stakeholders?**
2. **Do you have a “champion”[[12]](#footnote-13) of your program work who can support your sustainability efforts?**

1. A substance use disorder screening tool is a standardized instrument that is designed to identify the potential presence of a substance use disorder. These tools do not provide diagnostic information, nor do they provide guidance on the severity of any substance use disorder. They are typically used as a preliminary step in determining whether further, more comprehensive assessment is necessary. Substance use disorder screening tools do not need to be administered by a licensed substance use treatment counselor. [↑](#footnote-ref-2)
2. A substance use disorder assessment tool gathers information about a person with the purpose of making a diagnosis, providing appropriate treatment referrals, and using this information as part of case planning. A certified substance use disorder professional must administer the assessment tools that can lead to a diagnosis. [↑](#footnote-ref-3)
3. Applicants for Prison-Based Family Treatment Programs: The program shall integrate techniques to assess the strengths and needs of the incarcerated parents’ immediate and extended family to support a treatment plan for the incarcerated parent. [↑](#footnote-ref-4)
4. Service delivery can come in many forms. Examples include individual counseling, group counseling, or telehealth. [↑](#footnote-ref-5)
5. This should Include the name of the provider and whether the provider is in house, contracted, or engaged via referral. [↑](#footnote-ref-6)
6. Examples may include in-person, two-day training, etc. [↑](#footnote-ref-7)
7. Be sure to include the name of the trainer and whether the trainer is in house, contracted, or other. [↑](#footnote-ref-8)
8. “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,” The 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-9)
9. 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-10)
10. 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-11)
11. 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-12)
12. A program champion is a person who helps promote and support the program. A suitable program champion can provide consistent leadership, visibility and accountability. They may have demonstrated interest in the areas that your project is addressing. They can be a legislative official or community advocate. [↑](#footnote-ref-13)