**Planning & Implementation Guide**

Second Chance Act (SCA)

FY 2024 Improving Adult and Youth Crisis Stabilization and Community Reentry Program (CSCR)

**DESCRIPTION**

This planning & implementation guide is intended for state and local jurisdictions, community-based organizations, or Tribal nations that have received an FY 2024 Second Chance Act (SCA) grant for the Improving Adult and Youth Crisis Stabilization and Community Reentry Program (CSCR). 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 (TA) provider.

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**About the Planning & Implementation Guide**

The CSG Justice Center has prepared this planning & implementation guide (P&I Guide) to support CSCR grantees in developing and refining clinical and recovery support services that establish treatment, suicide prevention, and continuity of recovery in the community for people with mental illnesses, substance use disorders, or co-occurring disorders who are or were previously involved in the justice system (such as jail, prison, or juvenile detention). 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 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 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 the JustGrants system. 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**

This guide is divided into six 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. GETTING STARTED AND IDENTIFYING IMPLEMENTATION GOALS**
Although your TA provider has read the project narrative that you submitted in response to the SCA CSCR 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 or Reentry Council, 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 or juvenile justice partner (*such as the sheriff’s office, probation department, jail, court, juvenile detention center, etc.):*
4. Primary substance use disorder partner:
5. Primary mental health provider partner:
6. Primary crisis stabilization partner:
7. Primary community-based organization partner:
8. Project name:
9. Point(s) of Contact for the Project:

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

**Advisory Group or Reentry Council and Implementation Team**

The following questions are intended to help us better understand your program’s mission and goals and the organizations helping to implement them. Note: an **advisory group or reentry council** should consist of high-level leaders from your jurisdiction’s criminal or juvenile justice system, behavioral health systems, crisis systems, nonprofit organizations, and other systems or agencies as appropriate. This group provides guidance for the program on a periodic basis. The **implementation team**—which should include service providers, corrections partners, probation and parole agencies, nonprofit agencies, and other stakeholders—oversees the daily operations of your program.

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

[ ]  Yes *(Briefly describe the composition and role of the advisory group or reentry council for the grant program.)*

[ ]  No *(Why not? If you plan on creating an advisory group or reentry council for the grant program, briefly describe your plans.)*

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

|  |  |  |  |
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| **Name and Role** | **Organization**  | **Area of Focus (such as crisis response, housing, mental health)** | **Contact Information** |
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1. What are the advisory group or reentry council’s key goals for the grant program? If these are not already in place, what are key future goals for this group? *(This response should include goals for both the planning and implementation phases.)*
2. How often will advisory group or reentry council meetings take place?
3. 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 representatives about the progress of the grant?
Note: **System leaders** are executive-level leaders from your jurisdiction’s criminal justice, crisis, housing, and behavioral health systems. **Champions** are legislative officials or advocates within the community. **Community representatives** include entities or people in the community who have an interest in or are affected by the grant program.
2. What opportunities are available for you to share 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.)*
3. Please list all members of the **implementation team** in the table below or attach a list detailing this information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Role** | **Organization**  | **Area of Focus (such as crisis response, housing, mental health)** | **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: Plan for Addressing Priority Consideration(s)**

1. Did the project application include priority consideration for ensuring participants receive continuous care without interruptions through a Community Care Program and for adopting policies that focus on programming, strategies, and educational components aimed at reducing recidivism and probation violations?

 [ ]  Yes *(Please specify how)*

[ ]  No

1. How does the lead agency for the grant award plan to implement and track data on the priority consideration(s) indicated in Question 23 above?

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

The goal of the CSCR grant program is to ensure that crisis stabilization is available to people reentering the community and that the crisis, behavioral health, and reentry systems are coordinating to better service this population. The solicitation outlines the core project components, which include standardized screening and assessment processes with validated tools; collaborative case planning; evidence-based cognitive behavioral interventions (including medication-assisted treatment as part of any programming pre- or post-release); wraparound services that support continuity of care, crisis stabilization, peer support, and long-term recovery; crisis response services; and benefit enrollment.

Having a clearly defined population of focus helps highlight the information you will need to obtain through the screening, assessment, case management, referral, or other processes to determine program eligibility. Clearly defined criteria for your population of focus will also increase the likelihood that referrals will be good matches for the program and will help in tracking and reporting on outcomes, such as recidivism, among program participants.

**Exercise 3: 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, facility type, charge or offense history, severity of mental illness, severity of substance use disorder if applicable, level of risk of recidivism, nature of their contact or involvement with the justice system, probation and parole status, etc.)*
2. Why did you choose this population of focus *(for example, to reduce recidivism, improve care coordination, decrease overdoses, etc.)*?
3. How many people will the program serve? Briefly describe how you selected the number of people to serve during the grant period.
4. What organizations, partners, or stakeholders do you anticipate being the referral sources for the program?
5. How will you raise awareness about the program with potential referral sources?
6. In which setting(s) will your program provide participants with services (such as case management, delivery of services, or facilitation of connection to services)? Check all that apply.

[ ]  Community-based

[ ]  Pre-release (before release from correctional facility, other detention, halfway house, etc.)

[ ]  Post-release

1. Will your program focus on people who are currently involved in the justice system, have previously been involved in the justice system, or both?
2. Will your program serve youth, adults, or both?

[ ]  Youth

[ ]  Adults

[ ]  Both

1. What genders will you serve in the grant program? *(Check all that apply.)*

[ ]  Men

[ ]  Women

[ ]  Nonbinary

[ ]  Boys

[ ]  Girls

1. How are you working to make the programming gender-responsive to the needs of the program participants?
2. For grantees with nonprofit agencies as the lead applicant only: 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 grantees where a correctional agency is not the lead applicant.*

[ ]  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 grantees with nonprofit agencies as the lead applicant 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 access, virtual access through telecommunications or telehealth, written correspondence, intakes, exit interviews)*
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 mental illnesses will you serve *(such as mild, moderate, severe)*?

1. What severity of substance use disorders will you serve *(such as mild, moderate, severe)*?
2. Who is involved in deciding whether a person is accepted to the programming/services funded by this grant? *(For example, the judge, attorney, case manager, social worker, psychologist, etc.)*
3. 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 4: Review of Your Screening and Assessment Process**

All people who are eligible for the program should have undergone a screening and assessment process using standardized and validated tools. This process will assist the program with identifying appropriate candidates for the CSCR program, define the terms of participation, and explain these terms to prospective participants. This exercise will help you consider how to develop a structured screening and assessment process. The following table asks about your processes for screening and assessing people referred to the program for criminogenic risk and needs, mental illness, substance use disorder(s), and additional crisis stabilization needs.

| **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 the 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[[1]](#footnote-1) |  |  |  |  |  |  |
| Substance use disorder screening[[2]](#footnote-2) |  |  |  |  |  |  |
| Mental illness screening |  |  |  |  |  |  |
| Suicide risk screening |  |  |  |  |  |  |
| Alcohol and other drug use screening and withdrawal tools |  |  |  |  |  |  |
| Substance use disorder assessment[[3]](#footnote-3) |  |  |  |  |  |  |
| Mental illness assessment |  |  |  |  |  |  |
| Any additional screenings and assessments performed (add more rows as needed) |  |  |  |  |  |  |

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

**Exercise 5: Service Provision and Evidence-Based Curricula**

Per the CSCR solicitation, programming and services should include crisis stabilization and recovery support services, access to clinically indicated medication while in an incarcerated setting, and continuity of care during reentry into the community based on the results of the screening and assessment. These services may also include benefit coordination, case management, evidence-based programming, crisis response, peer support, enrollment in healthcare coverage, overdose and relapse prevention, suicide prevention, homelessness prevention, clinically indicated medications, parenting programs, transportation support, and enrollment in education.

1. Use the chart below to provide an inventory of the treatment, crisis response, and reentry and recovery support 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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program or Service  | Curriculumname (if applicable) | Service delivery method[[4]](#footnote-4)  | Virtual or in person? | Service provider[[5]](#footnote-5) | Available for all program participants? | Length of service (indicate if before or after release) | Funded by this grant?  | Funded in any part by Medicaid?  |
| Example: Cognitive Behavioral Therapy  | Seeking Safety | Groups and Individual  | In person | Behavioral Health Partner Agency | *[x]  Yes**[ ]  No* | *6 months, pre-release* | *[x]  Yes**[ ]  No* | *[x]  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. Are there withdrawal management protocols in place that include addiction medications?
 | [ ]  Yes (*Briefly describe.)*[ ]  No |
| 1. Does the grantee have an agreement with the correctional partner to administer MAT in the correctional facility?
 | [ ]  Yes (*Briefly describe.)*[ ]  No |
| 1. Which medications will be available to program participants in MAT?
 |  |
| 1. Does the correctional facility support induction for MAT, continuation, or both?
 | [ ]  Yes (*Briefly describe.)*[ ]  No |
| 1. Which MAT medications will be provided as continuation?
 |  |
| 1. Which MAT medications will be offered for induction? Is this at intake, release, or both?
 |  |
| 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 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. Are there information-sharing agreements in place for MAT providers and other partners?
 | [ ]  Yes (*Briefly describe.)*[ ]  No[ ]  N/A |

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, serious mental illness, substance use disorders, relapse and overdose prevention, or working with people in the justice system)* or for participants *(such as in Narcan administration, financial literacy, or workforce development)* that you plan to hold during the grant cycle. **Skip this question if not applicable.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant-funded training type curriculumname (if applicable) | Number of people who will be trained | Training-delivery method[[6]](#footnote-6)  | Training provider[[7]](#footnote-7) | Length of training  |
|  |  |  |  |  |
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6. What education and employment programming is available to program participants either through referrals or as part of the program?

**Exercise 6: Participant Engagement in Programming and Services**

1. On average, how long will participants enrolled in the program receive services?
2. What services do you provide that are tailored to specific needs such as age, gender, culture, developmental or cognitive abilities, etc.?
3. What are the levels of care available to program participants for mental health and/or substance use treatment (*such as outpatient, intensive outpatient, residential, etc.)*?

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

**Exercise 7: Collaborative Comprehensive Case Plan Key Priorities**

The solicitation for the SCA CSCR program encourages grantees to provide reentry discharge planning and wraparound services based on the results of the participants’ screening and assessment that support continuity of care and long-term recovery 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 with this activity.

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, 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/). This tool offers informational resources and profiles examples from prior grantees whose case management processes address criminogenic risk and co-occurring substance use disorders and mental illnesses.

Below are questions, focused on the 10 key priorities, that are 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)

**Key Priority #1: Interagency Collaboration and Information Sharing**

1. Who is the lead case planner in the program *(in other words, 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 or HIPAA)*? Please briefly describe.

**Key Priority #2: Staff Training**

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

**Key Priority #3: Screening and Assessment**

1. How is the information from all the screening and assessment tools covered in Exercise 4 incorporated into case plans?

**Key Priority #4: 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?

**Key Priority #5: Participant Engagement**

1. How are participants involved in the case planning process?
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 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, to offer classes or conduct case management)*?

**Key Priority #6: Prioritized Needs and Goals**

1. How will the case management team work with the participant to prioritize needs *(such as substance use or mental health needs)* 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.

**Key Priority #7: 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. Specific responsivity 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?

1. How does the program tailor its case management approaches to be gender-responsive for women, men, and/or people who are nonbinary?
2. How does the program tailor its case management approaches to participants based on sexual orientation?[[8]](#footnote-8)

**Key Priority #8: 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

**Key Priority #9: 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?

**Key Priority #10: Recovery Planning**

Relapse prevention plans are a critical part of CC Case Plans since 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.

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 8: 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 9.)*

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 disorders?

[ ]  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 9: 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 go 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. Describe the Medicaid enrollment process at the correctional facility:
	1. How soon prior to release are people typically enrolled in Medicaid?
	2. Who is involved in assisting with and completing Medicaid applications?
	3. Does the Medicaid agency have an established process that identifies and prioritizes applications for a person leaving a correctional setting?
	4. Do you have a process in place to confirm that people are enrolled in Medicaid prior to release?
2. 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 CHIP?

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

[ ]  No *(Why not?)*

**Exercise 10: Housing**

The following questions are meant to help you adequately assess a person’s risk of homelessness upon arrest or return to their 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.usich.gov/solutions/crisis-response/coordinated-entry/)[[9]](#footnote-9) 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-10) 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 tables below to help think through specific housing partnerships. Each housing organization brings different resources and skills to the partnership. The 3,300 public housing authorities across the country manage affordable housing for 1.2 million households, including Section 8 housing choice vouchers and public housing, as well as vouchers for 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 supportive services available.

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

For contact information on Continuums of Care, public housing authorities, and state housing agencies, please see:

* [Continuum of Care Contact Information](https://www.hudexchange.info/resource/5966/fy-2020-continuums-of-care-names-and-numbers/)
* [Public Housing Authority Contact Information](https://www.hud.gov/program_offices/public_indian_housing/pha/contacts)
* [State Housing Agency Contact Information](https://www.ncsha.org/membership/hfa-members/)
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 service, including rental assistance, referrals, supportive services (Please describe)** | **Are they a project partner?** |
| Continuum of Care  |  |  | ​​☐​ Yes ​​☐​ No  |
| Public Housing Authority |  |  | ​​☐​ Yes ​​☐​ No  |
| State Housing Agency  |  |  | ​​☐​ Yes ​​☐​ No  |
| Recovery Housing Provider |  |  | ​​☐​ Yes ​​☐​ No  |
| Supportive Services Provider  |  |  | ​​☐​ Yes ​​☐​ No  |
| Transitional Housing Provider |  |  | ​​☐​ Yes ​​☐​ No  |
| Other (*Please describe.*) |  |  | ​​☐​ Yes ​​☐​ No  |

|  |  |
| --- | --- |
| **Name of Partner** | **Type of housing service (check all that apply)** |
|  | Housing referral | Housing subsidy | Direct housing services | Housing supportive services/ homelessness prevention | Other(Please specify) |
|  |[ ] [ ] [ ] [ ]   |
|  |[ ] [ ] [ ] [ ]   |
|  |[ ] [ ] [ ] [ ]   |
|  |[ ] [ ] [ ] [ ]   |
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**SECTION 5. COLLECTING DATA, MEASURING PERFORMANCE, AND 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 CSCR 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). While grantees funded under the SCA CSCR award are not 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 measure 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) 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 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 11: Data Collection and Performance Measurement Strategy**

1. Do you currently collect the data you need for any relevant grant requirements *(such as 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-11) 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?
3. 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 are the key goals that the implementation team would like to accomplish through the grant program? (*This should include goals for both the planning and implementation phases.)*
3. What outcomes do the members of the implementation team hope to closely track *(such as successful program completion, completion of an evidence-based curriculum, moving from one level of care to another, recovery, recidivism)*?
4. What outcomes are of interest to each member of the advisory group/reentry council?

|  |  |
| --- | --- |
| **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/reentry council, or other stakeholders?

[ ]  Yes (*Please describe.*)

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

1. What data collection instruments are used to track your program’s performance *(such as questionnaires, pre/post-tests, etc.)*?
2. 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? *(E.g., current recidivism rate, service referrals, or utilization rates)*

[ ]  Yes (*What are they?*)

[ ]  No (*Why not?*)

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

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

[ ]  Rearrest

[ ]  Reconviction

[ ]  Reincarceration

[ ]  Other *(Please specify.)*

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

[ ]  Six months

[ ]  One year

[ ]  Two years

[ ]  Three years

[ ]  Five years

[ ]  Other *(Please specify.)*

1. Describe the steps taken to ensure that the tracking system captures an accurate recidivism rate. *(E.g., 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 treatment and recovery data that will be used to track your program’s performance. Who is responsible for tracking these metrics?

**Exercise 12: Program Evaluation**

1. Are you completing a program evaluation?

[ ]  Yes

[ ]  No (skip to exercise 13)

1. If so, indicate which type of evaluation you plan to complete:

[ ]  Process

[ ]  Outcome

[ ]  Both

1. Have you partnered with an evaluator/researcher?

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

[ ]  No *(Please explain.)*

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

[ ]  Yes *(Please describe.)*

[ ]  No

**Exercise 13: 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 14: 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, or 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.).*
5. 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 share tracking and sharing performance measures and program data with primary stakeholders?
2. Do you have a “champion”[[12]](#footnote-12) of your program work who can support your sustainability efforts?
1. These tools provide comprehensive examination and evaluation of both static (historical and/or demographic) and dynamic (changeable) factors that predict individuals’ level of risk of reoffending that can provide guidance on services and supervision. For more information, please refer to [*Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*](https://csgjusticecenter.org/publications/behavioral-health-framework/). [↑](#footnote-ref-1)
2. A validated screening tool is a standardized instrument that is designed to identify the potential presence of a mental health substance use, or co-occuring 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 further, more comprehensive assessment is necessary. Screening tools do not need to be administered by a licensed treatment counselor. [↑](#footnote-ref-2)
3. An 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 mental health or substance use disorder professional must administer the assessment tools that can lead to a diagnosis. [↑](#footnote-ref-3)
4. Service delivery can come in many forms. Examples include individual counseling, group counseling, or telehealth. [↑](#footnote-ref-4)
5. This should Include the name of the provider and whether the provider is in house, contracted, or engaged via referral. [↑](#footnote-ref-5)
6. Examples may include in person, two-day training, etc. [↑](#footnote-ref-6)
7. Be sure to include the name of the trainer and whether the provider is in house, contracted, or other. [↑](#footnote-ref-7)
8. Refer to the [GLAAD glossary of terms](https://glaad.org/reference/terms/) for definitions of sexual orientation and sexual identities. [↑](#footnote-ref-8)
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-9)
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-10)
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-11)
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-12)