

FY17 Planning & Implementation Guide

FY17 Second Chance Act

Reentry Program for Adults with Co-Occurring Substance Use and Mental Disorders

DESCRIPTION

This Planning & Implementation Guide is intended for recipients of the Second Chance Act Reentry Program for Adults with Co-Occurring Substance Use and Mental Disorders grants administered by the U.S. Department of Justice's Bureau of Justice Assistance. Grantees will complete this guide in partnership with a technical assistance provider from the National Reentry Resource Center over the course of their grant.

Please note that this guide is aimed at FY2017 grantees and addresses the grant requirements of that year; changes may be made to grant requirements in subsequent years.



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About the Planning & Implementation Guide

The National Reentry Resource Center (NRRC) has prepared this Planning & Implementation Guide (P&I Guide) to support grantees in developing and refining a reentry program for adults with co-occurring substance abuse and mental illnesses (COD program) 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 you 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 your NRRC technical assistance provider (“TA provider”) to understand the status and progress of your 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 technical assistance.

Any questions about this guide should be directed to 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, take note of the corresponding supporting resources in the appendix, which contain suggestions for further reading and provide access to important resources and tools. 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.

TA Provider Contact Information

Name:	
Phone:	
Email:	

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SECTION 1: GETTING STARTED AND IDENTIFYING GOALS

Although your TA provider has read the project narrative that you submitted in response to the Second Chance Act (SCA) solicitation, there may have been updates or developments since the submission of your original application. This exercise is intended to give your TA provider a sense of your current project goals and your initial technical assistance needs.

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

- | | |
|--|---|
| <input type="checkbox"/> Memoranda of understanding (MOUs), interagency agreements, and information-sharing agreements | <input type="checkbox"/> Graduated response decision matrix (if applicable) |
| <input type="checkbox"/> Program policy and procedure manual | <input type="checkbox"/> Current strategic plan |
| <input type="checkbox"/> Program logic model or flow chart | <input type="checkbox"/> Gap/needs/capacity analysis |
| <input type="checkbox"/> Program evaluation plan | |

EXERCISE 1: BASIC INFORMATION

A. Grantee Information

Lead Agency <i>(Who applied for the grant?)</i>			
Primary Criminal Justice Partner <i>(e.g., sheriff's office, probation department, etc.)</i>			
Primary Substance Abuse Partner			
Primary Mental Health Partner			
Project Name			
Primary Point(s) of Contact	Name:		Name:
	Title/Role:		Title/Role:
	Agency:		Agency:
	Email:		Email:
	Phone:		Phone:
Correctional Partner(s)	Correctional Agency <i>(E.g., Louisiana Department of Public Safety & Corrections)</i>		Facility Name <i>(E.g., Hunt Correctional Center)</i>
		Facility Type <i>(E.g., State men's prison)</i>	

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B. Task Force and Implementation Team

The following exercise outlines the members and roles of the implementation team, which oversees the daily operations of the COD program. The implementation team will include substance abuse disorder treatment and mental health service providers, corrections partners, and other stakeholders. Please provide answers in the responses column and add rows as needed.

Questions	Responses			
1. Is there a reentry council or larger task force overseeing the grant program?				
2. Please list all members of the implementation team and what systems, agencies, or constituencies they represent. (Alternatively, attach a list of members.)	1. 2. 3. 4.			
3. What is the vision for this program? ¹				
4. What is its mission? ²				
5. What are the key goals that the team would like to accomplish with the grant?				
6. Please describe the level of support (buy-in) for the program you have received from leadership within the criminal justice system.				
7. Do you have the endorsement of your governor, mayor, county commissioner, or another legislative champion?				
8. How will you inform system leaders, champions, and community stakeholders about the progress of the grant?				
9. How often will you have implementation team meetings? How often will you have task force meetings (if applicable)?				
10. List the implementation team meetings you currently have planned.	Date of Meeting	Via Phone or in Person?	Location	Name of Meeting Organizer

¹ The vision should be the end result of what you want to accomplish through this grant program.

² The mission should clearly articulate your purpose as an organization or grant program.

11. Name 2–3 organizations that you would like to participate in your initiative and are not currently involved.		
12. Who is tasked with reaching out to those organizations that are not yet involved?		
13. What are the outcomes of interest for each current and potential stakeholder?	Stakeholder	Outcome of Interest
	<i>E.g., Local halfway house or residential reentry center</i>	<i>E.g., Increase housing options</i>
14. How are you currently engaging with stakeholders?	1.	
	2.	
	3.	
15. What are your opportunities for sharing program successes (e.g., work group meetings, judicial meetings, community meetings, school board meetings, faith-based organizations, newsletters, etc.)?		

C. Risk-Needs-Responsivity (RNR) Simulation Tool Portals

[The RNR Simulation Tool](#), developed by the Center for Advancing Correctional Excellence! (ACE!) at George Mason University, is a web-based decision-support tool that can help agencies identify what forms of programming will be most effective in achieving recidivism-reduction goals and other priorities among their target population. The tool is also designed to assist with resource allocation and identify service gaps in programs within jurisdictions. It has three portals that work in tandem to provide assistance at the individual, program, and systems levels: (1) Assess an Individual; (2) the RNR Program Tool for Adults; and (3) Assess Jurisdiction's Capacity. Grantees are [required](#) to use at least one portal of the RNR Simulation Tool in their grant programs.

Based on what you specified in your grant program narrative, please indicate the portals of the RNR Simulation Tool that you plan to use in your grant program:

Assess an Individual	The RNR Program Tool for Adults	Assess Jurisdiction's Capacity
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: DEFINING OR REFINING YOUR TARGET POPULATION

The grant award is a limited resource, so it is important to define criteria for your target population; your grant project should serve those who are most likely to benefit from it. Having a clearly defined target population helps highlight what information you will need to obtain through screening, assessment, referral, or other processes to determine COD program eligibility. Clearly defined target population criteria will also increase the likelihood that the referrals will be good matches for the COD program.

EXERCISE 2: DESCRIBING YOUR TARGET POPULATION AND PROGRAM ELIGIBILITY

Questions	Responses
1. Briefly describe the target population for your program. <i>(Please include age, gender, community of focus, facility type, charge or offense history, level of risk of recidivism, probation/parole status, etc.)</i>	
2. Do you know the racial/ethnic composition of the population from which your program's target population is drawn <i>(e.g., probation, jail, or prison population)</i> ? If so, please describe.	
3. Do you know if the racial/ethnic composition of your target population reflects the racial/ethnic composition of the probation/jail/prison population? If so, please elaborate.	
4. How did you choose this particular target population?	
5. Please describe how you selected the target number of people to serve in the three-year grant period.	
6. What are the eligibility criteria for the COD program?	
7. Are there any exclusionary criteria <i>(e.g., criminal charges/offenses, amount of time from release, diagnoses, etc.)</i> ? Please explain the rationale for any exclusionary criteria.	
8. What severity of substance abuse disorders and mental illnesses will you serve?	
9. Will the program prioritize people with medium to high criminogenic risk for program slots? If so, how?	
10. What methods will you use for participant recruitment?	
11. Who is involved in deciding if a person is accepted to the COD program <i>(e.g., prosecutor, judge, case manager, lieutenant in the jail)</i> ?	

12. Have all decision-makers agreed to follow validated risk and needs assessment results in making decisions about program eligibility?	
13. What agencies or professionals do you plan to have as your primary and secondary referral sources for program participants (e.g., client, judge, defense attorney, district attorney, court, case manager, jail classification officers, etc.)?	
14. What agreements will be signed by the end of the planning process to ensure that the referral sources in question 13 commit to providing the target number of referrals?	
15. What processes will be developed by the end of the planning process to ensure that referrals will begin upon the start of the implementation phase of the project?	

EXERCISE 3: EVALUATING YOUR SCREENING AND ASSESSMENT PROCESS

You will need to identify appropriate candidates for your COD program, define the terms of participation, and explain these terms to prospective participants. This activity will help you consider how to develop a screening and assessment process that gathers the information necessary to determine whether potential participants meet your target population eligibility criteria.

A. Screening and Assessment Process

In the box below, please briefly describe (in one paragraph) your screening and assessment process or attach a program flow chart or logic model that outlines the process.

B. How Your Screening and Assessment Tools Are Used

Criminogenic Risk and Needs Assessment Tool

1. What is the name of the validated risk and needs assessment that will be used for this program? Is that assessment currently in use or will it be implemented in the future to meet grant requirements?	
2. Has the risk and needs assessment been validated on your population or just by the assessment developer? If it has been validated on your population, when did this validation take place?	
3. Who will administer the risk and needs assessment for this grant program?	
4. When is the risk and needs assessment administered? If you are planning to implement one, when would it be administered?	
5. How is the information recorded and stored (<i>electronically, paper files, electronic health record, etc.</i>)?	
6. Which partners have access to the results? Do they receive this information automatically or is it available upon request?	
7. Are participants periodically reassessed? If so, when and by whom?	
8. What staff receive training on the administration and scoring of the risk and needs assessment? What staff receive training on implementing the results of the risk and needs assessment?	
9. Do staff receive booster training sessions and, if so, how often?	
10. Are case plans developed from the results of the risk and needs assessment?	

Mental Health Screening Tool

1. What is the name of the tool?	
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2. Who administers the screening?	
3. When and where is the screening administered?	
4. How are the screening results recorded and stored (e.g., electronically, paper files, electronic health record, etc.)?	
5. Which partners have access to the results? Do they receive this information automatically or is it available upon request?	
6. What staff receive training on the administration and scoring of the mental health screening tool? What staff receive training on implementing the results or referrals based upon the results of the screening tool?	
7. Do staff receive booster training sessions and, if so, how often?	
8. Is there a quality assurance process to ensure that the screening is being administered correctly? (y/n)	
9. How are the results of the screening used and shared?	

Mental Health Assessment	
1. What is the name of the tool?	
2. Who administers the tool?	
3. When and where does the initial assessment occur?	
4. How are the assessment results recorded and stored (e.g., electronically, paper files, electronic health record, etc.)?	
5. Which partners have access to the results? Do they receive this information automatically or is it available upon request?	
6. Are participants periodically reassessed? If so, when and by whom?	
7. What staff receive training on the administration and scoring of the mental health assessment tool? What staff receive training on implementing the results of the screening tool?	
8. Do staff receive booster training sessions and, if so, how often?	

9. Is there a quality assurance process to ensure that the screen is being administered correctly? (y/n)	
10. How are the results of the assessment used and shared?	

Substance Abuse Screening Tool	
1. What is the name of the tool?	
2. Who administers the screening?	
3. When and where is the screening administered?	
4. How are the screening results recorded and stored (e.g., electronically, paper files, electronic health record, etc.)?	
5. Which partners have access to the results? Do they receive this information automatically or is it available upon request?	
6. How are the screening results used and shared?	
7. What staff receive training on the administration and scoring of the substance abuse screening tool? What staff receive training on implementing the results or referrals based upon the results of the screening tool?	
8. Do staff receive booster training sessions and, if so, how often?	
9. Is there a quality assurance process to ensure that the screening is being administered correctly? (y/n)	
10. How are the results of the screening used and shared?	

Substance Abuse Assessment	
1. What is the name of the tool?	
2. Who administers the tool?	

3. When and where is the tool administered?	
4. How are the assessment results recorded and stored (e.g., electronically, paper files, electronic health record, etc.)?	
5. Which partners have access to the results? Do they receive this information automatically or is it available upon request?	
6. Are participants periodically reassessed? If so, when and by whom?	
7. What staff receive training on the administration and scoring of the mental health assessment tool? What staff receive training on implementing the results of the screening tool?	
8. Do staff receive booster training sessions and, if so, how often?	
9. Is there a quality assurance process to ensure that the tool is being administered correctly? (y/n)	
10. How are the results of the assessment used and shared?	

C. Matching Questions in the Assess an Individual Portal with Screening and Assessment Data

The Assess an Individual portal of the RNR Simulation Tool offers programming recommendations for participants and gives an estimated percentage of recidivism reduction or the success rate that can be achieved if the participant is matched to the appropriate programming. It also identifies participants' priority needs to target through programming, such as substance abuse disorders or antisocial peers. The table below matches questions on the Assess an Individual portal to key sources of participant information to aid program staff in knowing where to find the information that must be entered into the portal to complete an individual assessment. In the table below, please indicate the information source for each question in the Assess an Individual portal in the second column, and indicate who provides this information in the third column. The purpose of this table is to clearly document for the team what information you need to complete an entry in the Assess an Individual portal, and who can provide you with this information.

[Detailed instructions](#) for using the Assess an Individual portal, creating an account, and starting an assessment are available on the ACE! website. After you enter participant information into the Assess an Individual portal, the portal creates an output showing the individual's estimated recidivism or success rate, top needs, and programming recommendations. If you choose to use this portal, you will attach at least three outputs to the P&I Guide. Exercise 6 contains additional questions about how the Assess an Individual Portal can help with case planning after you have completed entries into the portal.

Indicate who on the implementation team will do entries into the Assess an Individual portal (e.g. case manager, program coordinator, probation officer):

Answer:

ASSESS AN INDIVIDUAL PORTAL³

Initial Questions	Information Source (E.g., correctional facility data, assessment instruments, self-report)	Who provides this information to the staff member who will enter data into the Assess an Individual Portal? (E.g., probation and parole officer, substance abuse disorder counselor, or the program participant, etc.)
Data you plan to use (national data or jurisdiction data) “National data” refers to the portal’s existing database, which includes 20,000 individual risk-need profiles that are representative of national averages. The database can be expanded by adding data from your own jurisdiction, if it is available. For most programs, the response to this item will be “national data,” and it will remain the same for each entry into Assess an Individual the portal.		
How do you define recidivism for this individual? There are six answer options for this question: (1) one-year rearrest; (2) three-year rearrest; (3) one-year reconviction; (4) three-year reconviction; (5)		

³ The boldface questions in this section of the guide are drawn directly from the RNR Simulation Tool. Some questions are followed by brief explanatory text as appropriate.

<p>one-year reincarceration; and (6) three-year reincarceration.</p> <p>The response you select will depend on how your jurisdiction (city, county, state, or tribal community) defines recidivism, and the response to this question will remain the same for each entry into the Assess an Individual Portal.</p>		
<p>Please specify the supervision setting for this individual</p> <p>There are six answer options for this question: (1) pretrial/diversion; (2) prison; (3) jail; (4) community corrections (probation/parole); (5) treatment only; (6) other.</p>		
<p>Demographics (of Program Participant)</p>	<p>Information Source <i>(E.g., correctional facility data, probation or parole agency information, assessment instruments, self-report)</i></p> <p><i>Please specify how your jurisdiction will get this information.</i></p>	<p>Who provides this information to the staff member who will enter data into the Assess an Individual Portal? <i>(E.g., probation and parole officer, substance abuse disorder counselor, or the program participant, etc.)</i></p>
<p>1. First and Last Initials</p>		
<p>2. Date of Birth</p>		
<p>3. Gender</p>		
<p>4. Race/Ethnicity</p>		

<p>5. Based on your jurisdiction's classification standards, does the individual fall into a special population? (Please select only one.)</p> <p>The portal lists nine categories of special populations, based on the type of offense or the age of the person who committed the offense: (1) general offender/no special population; (2) violent offender; (3) sex offender; (4) youthful offender; (5) drug offender (non-trafficker); (6) habitual offender; (7) domestic violence offender; (8) DUI offender; (9) other (please specify). Please select the appropriate category for each participant.</p>		
<p>6. Please provide the criminal justice risk level of the justice-involved individual based on the risk assessment tool used in your jurisdiction.</p> <p>The portal has seven answer options for risk level: (1) administrative level; (2) very low; (3) low; (4) moderate; (5) high; (6) very high; (7) jurisdiction does not use a risk tool.</p>		
<p>7. Does the individual have a substance abuse disorder?</p> <p>If you select "yes" to answer this question, the portal asks this follow-up, yes-or-no question: "Would you characterize the disorder as severe?" The portal also asks about the person's primary and secondary drugs of choice.</p> <p>If you do not know whether the person has a substance abuse disorder, the portal links to the Global Appraisal of Individual Needs Short Screener (GAIN-SS) to screen the participant for substance abuse disorders.</p>		

<p>8. Individual displays a pattern of antisocial cognitions/criminal thinking or scores high on this subscale of your Risk-Needs Assessment.</p> <p>If your criminogenic risk and needs assessment does not identify criminal thinking, the portal can link you to the Criminal Cognitions Scale, which measures criminal thinking. Your answer to this question will either come from the criminal thinking subscale of your criminogenic risk and needs assessment or the Criminal Cognitions Scale.</p>		
<p>9. Individual has been diagnosed with or treated (counseling, medication, hospitalization) for a mental health condition within the last 12 months.</p> <p>If you select “yes,” you will be asked to indicate the type of mental health condition and whether the person took medication for the condition.</p>		
<p>10. Individual PERCEIVES having someone (family, spouse, sponsor, clergy, etc.) to count on for emotional or social support.</p> <p>The answer to this question will always be self-reported by the participant.</p>		
<p>11. What is the highest level of education individual has completed?</p>		
<p>12. What is the individual’s current employment status? If the individual is incarcerated, then use their last employment phase prior to incarceration.</p>		

Prior to incarceration, what was the individual's employment status?		
13. Individual depended on public shelters or supportive living within the last 12 months (or the 12 months prior to incarceration). If the person is still incarcerated, an additional question will ask whether that person has a housing plan. If you select yes to that question, categories of housing plans will appear (e.g., halfway house, renting an apartment). Please select the most appropriate option.		
14. Individual has difficulties paying child support, restitution, court fees, or other financial obligations or had difficulties prior to incarceration.		
15. Individual has family or friends who engage in criminal activity.		
16. Individual's current family environment promotes a drug-free and crime-free lifestyle.		
Questions 17–19 apply only to people who are still incarcerated.		
17. How long was individual incarcerated?		
18. Has the individual received institutional programming? If you select "yes," an additional question will ask what type of programming the person received		

and whether the person completed that programming.		
19. While incarcerated, did the individual have visits from supportive family members? If you select "yes," additional questions will appear asking how frequently the visits occurred and when the last visit occurred.		
20. Is the individual enrolled in health insurance/Medicaid/Medicare?		
21. Is the individual currently prescribed psychiatric medication?		
22. Does the individual have children with whom they need/want to reconnect?		

SECTION 3: IDENTIFYING EVIDENCE-BASED SERVICES AND SUPPORTS

EXERCISE 4: SERVICE PROVISION AND EVIDENCE-BASED CURRICULA

A. Inventory of Programs and Services

Provide an inventory of the programming and services provided through your grant-funded program, including interventions and methods. Services include, but are not limited to, evidence-based curricula, such as Thinking for a Change or cognitive behavioral intervention, or other support services, such as transportation, housing, or a GED class. Please note that health care and other benefits enrollment and housing are addressed in Section 4: Collaborative Comprehensive Case Plans and Post-Release Supports, Exercise 8: Connections to Health Care Coverage and Other Benefits, and Exercise 9: Housing.

Service Provided to Program Participants	Curriculum Name and % of Curriculum Used (if applicable)	Before Release, After Release, or Both?	Service-Delivery Method ⁴	Name of Service Provider	Service Capacity ⁵	Length of Service	Funded by this grant program? (y/n)	Funded in any part by Medicaid? (y/n)

⁴ E.g., one-on-one, group setting, etc.

⁵ I.e., the number of people who can be served at a time

B. How Participants Engage in Programming and Services

Questions	Responses
1. On average, how long are participants enrolled in the program and receiving services?	
2. Do you track program enrollment, services provided, and program completion by race, ethnicity, gender, and age? If so, when/where is this information collected and by whom?	
3. What are your ideas for strategies that might enhance program enrollment, engagement, completion, and outcomes for racial and ethnic minorities?	
4. How does your program combine or integrate treatment for co-occurring substance abuse and mental disorders?	
5. What services do you provide that tailor to specific needs such as gender, culture, developmental or cognitive abilities, etc.?	
6. Have any parts of the program, or any of your practices outside of the grant-funded program, been assessed for fidelity to evidence-based practices?	
7. What are the levels of care available to program participants for substance abuse and mental disorder treatment?	

C. Using the RNR Program Tool for Adults

[The RNR Program Tool for Adults](#) has three main functions: (1) categorizing programs based on the primary behaviors or skills they target (e.g., criminal thinking or life skills); (2) identifying how programs target criminogenic risk and needs; and (3) assessing or rating programs based on their implementation of evidence-based practices, as well as providing feedback about the strengths of programs and where the programs can improve. In the Program Tool for Adults, there are six categories of programs: Group A: severe substance abuse disorders; Group B: criminal thinking/cognitive restructuring; Group C: self-improvement and management; Group D: interpersonal skills; Group E: life skills; Group F: supervision only. The Program Tool for Adults also rates programs on their implementation of six essential features of effective programs, including: risk, need, responsivity, implementation, dosage, and restrictiveness.

After you have completed a program entry in the RNR Program Tool for Adults, you will receive an output that categorizes the program, provides scores on the program's implementation of evidence-based practices, and provides recommendations for improvement. Please note that the RNR Program Tool for Adults rates programs based on ideal implementation of evidence-based practices, rather than rating them comparatively to similar, existing programs.

For this exercise, please add a screenshot or attach all of your outputs from the RNR Program Tool for Adults to this P&I Guide.

[Detailed instructions](#) for using the RNR Program Tool for Adults and a link for logging in and starting an entry are available on the ACE! website.

Questions	Responses
1. Please indicate who in the program team will make entries into the RNR Program Tool for Adults (e.g., program director, case manager, program coordinator, probation officer).	
2. What did you choose as the target of the program when you filled out the tool?	
3. Based on the output from the Program Tool for Adults, what did you learn about the program or programs you entered?	
4. Which essential features of the program received the highest scores? How can you continue to cultivate these strengths in your program?	
5. Which essential features received the lowest scores? Why do you think these features received lower scores?	
6. For technical assistance purposes, identify two essential features you would like to target for program quality improvement and briefly explain why you've chosen those essential features. You can use the feedback from the Program Tool as a basis for a quality improvement plan.	1. Essential feature: 2. Essential feature:
7. When do you plan to reassess your program?	

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

The solicitation for the FY17 Second Chance Act Reentry Program for Adults with Co-Occurring Substance Use and Mental Disorders requires grantees to demonstrate their ability to utilize a collaborative case management model. 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 behavioral health assessments, trauma screens, 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 collaborative comprehensive case plans (CC Case Plans), the CSG Justice Center created a [web-based tool](#) with 10 key priorities for implementing CC Case Plans, informational resources, and profiles of grantee programs that use CC Case Plans as part of their case management processes.⁶

Exercise 5 contains questions that relate to each of the 10 key priorities for the CC Case Plans. The table in Exercise 6 below is designed to help your program outline a process for developing and implementing CC Case Plans.

EXERCISE 5: COLLABORATIVE COMPREHENSIVE CASE PLANS

Questions	Responses
Interagency Collaboration and Information Sharing	
1. Who is the lead case planner in the program (i.e., the staff person who takes primary responsibility for coordinating case management)? Please also indicate which agency this person represents.	
2. What partner agencies are currently involved or will be involved in the case planning process?	
3. Are there other agencies that should be involved as part of the case management team but are not yet involved? If so, please describe your desired role for these agencies and your plan to engage them.	

⁶ For more information on the CC Case Plans, see [this webinar](#).

4. What are the information-sharing protocols between agencies you plan to partner with or have already partnered with? Please briefly describe.	
5. How do policies governing how information is shared among criminal justice and social service agencies follow privacy and confidentiality guidelines (e.g., 42 CFR, HIPAA)? Please briefly describe.	
Staff Training	
6. How do you plan to train staff to develop case plans that incorporate both criminal justice and behavioral health information?	
Screening and Assessment	
7. How is the information from screening and assessment tools described in Exercise 3 incorporated into case plans?	
Case Conference Procedures	
8. What is the planned frequency and purpose of your program's case conferences?	
9. Which partner agencies participate in the case conferences?	
Participant Engagement	
10. How are participants involved in the case planning process?	
11. How is the participant's support system involved in the case planning process?	
12. Does the program use recovery support specialists, peer support specialists, or peer mentors to promote participant engagement? If so, how are these people involved in a participant's reentry and recovery?	
13. 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 contacts (e.g., offering classes or conducting case management)?	
14. What additional strategies do you plan to use for engaging participants, especially during the post-release part of your program?	
Prioritized Needs and Goals	
15. How will the case management team work with the participant to prioritize needs and goals in the case plan?	

16. How are criminogenic and behavioral health needs balanced in the plan?	
17. How do you provide more intensive resources for higher-risk and higher-need participants?	
Responsivity	
18. How does the case plan address responsivity factors? ⁷	
Legal Information	
19. What legal information is documented in the case plan?	
20. What, if any, are the legal barriers that could prevent program participants' goal attainment?	
Participant Strengths	
21. How are a participant's strengths or protective factors identified and reflected in the case plan?	
Gender Considerations	
22. How does the program tailor its case management approaches to be gender-responsive for women or lesbian, gay, bisexual, or transgender (LGBTQ) people (if applicable)?	

EXERCISE 6: USING THE ASSESS AN INDIVIDUAL PORTAL OUTPUTS FOR CASE PLANNING

The Assess the Individual portal of the RNR Simulation Tool generates an output that identifies a participant's greatest needs, estimated recidivism or success rates, recommendations for the most appropriate (best fit) program, and top three needs to target in programming. This output can guide case planning and case management, and facilitates monitoring participants' recovery and reentry through reassessments. **After you have completed several entries into the Assess an Individual portal, please attach at least three separate outputs to this P&I Guide.**

⁷ Responsivity is part of the Risk-Need-Responsivity Framework. The responsivity principle requires a person's abilities and learning styles to be considered when determining services. The two types of responsivity—general and specific—have implications at the program and individual level. General responsivity refers to the need for interventions that address criminogenic risk factors, such as antisocial thinking. The specific responsivity principle requires that distinct individual characteristics be addressed to prepare someone to receive the interventions used to reduce criminal behavior. Specific responsivity relates to the “fine-tuning” of services or interventions.

Questions	Responses
1. Based on the outputs from the Assess an Individual portal that you are attaching to this guide, why do you think the tool recommended the participants for these particular program groups?	
2. Are there other programs that you think would be helpful for these participants?	
3. Do you plan to share the outputs from the Assess an Individual portal in the case planning process with participants? If so, how would you explain to participants their outputs from the portal in a way that will help engage them in programming?	
4. How do you plan to integrate information from these outputs (and additional portal outputs, if used by your program) into case plans? Please briefly describe.	
5. What is your time frame for conducting assessments and reassessments using the Assess an Individual portal? (<i>E.g., initial assessment conducted 30 days before release and reassessment conducted three months after release</i>)	

EXERCISE 7: COMMUNITY SUPERVISION STRATEGIES (PAROLE AND PROBATION)

Questions	Responses
1. If participants are on parole or probation after release, are there any program components or program completion conditions of supervision?	

2. If participants receive parole or probation, does progress in or completion of the program reduce participants' length or terms of supervision?	
3. Are parole or probation staff trained in motivational interviewing or other communication techniques designed to improve responsivity to treatment?	
4. Do parole or probation officers (<i>i.e., community supervision officers</i>) receive training about substance abuse, mental illnesses, or co-occurring disorders?	
5. Do parole or probation officers working with program participants have specialized caseloads? If yes, please describe the specialized caseload.	
6. Does the parole or probation 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?	
7. Does the parole or probation agency have an operating procedure or policy statement that guides how sanctions and incentives are imposed?	
8. Do parole or probation officers have the flexibility to impose graduated incentives and sanctions based on the behavior of people under supervision?	
9. Are there meaningful positive reinforcements and rewards in place to encourage people to comply with the terms and conditions of release?	
10. Are community-based partners (<i>such as behavioral health care providers or housing providers</i>) notified when a revocation has occurred? If so, are they involved in the response to the revocation?	
11. Are parole or probation resources focused on higher-risk people?	
12. Do supervision plans balance supervision and treatment needs?	
13. Do program participants take part in planning the supervision process?	
14. Are participants supervised in their own communities?	

EXERCISE 8: CONNECTIONS TO HEALTH CARE COVERAGE AND OTHER BENEFITS

Questions	Responses
1. Do you enroll people in health care coverage, including Medicaid? If yes, please describe the enrollment process.	
2. Do you enroll people in Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)? If yes, please describe the enrollment process.	
3. Do you identify program participants who are veterans and connect them to Veterans Affairs (VA) health care and other benefits and resources (e.g., <i>Veterans Justice Outreach</i> , <i>Health Care for Reentry Veterans</i> , and <i>Veterans Reentry Search Service</i>)? If yes, please describe how.	

EXERCISE 9: HOUSING

A. Housing Assessment

Questions	Responses
1. Do you assess participants for homelessness, either through a formal assessment or through conversation? If yes, please describe.	
2. Do you ask participants for their post-release housing plan? If yes, please describe.	

B. Housing Partners

Using the table below, list any housing partners you may have and briefly describe the services they provide.

		Type of Housing Service (check all that apply)				
Name of Partner	Signed MOU? (y/n)	Housing referral	Housing subsidy	Direct housing services	Housing supportive services/homelessness prevention	Other

SECTION 5: DATA COLLECTION, PERFORMANCE MEASUREMENT, AND PROGRAM EVALUATION

You will need to collect data for different purposes: to meet the requirements of your grant, to track participants' progress through the program and other grant-related activities, to measure the grant project's performance on an ongoing basis, and to determine whether the grant project is operating as intended and having the intended results (through process and outcome evaluations, respectively). 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.

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 (i.e., the outcomes you hope the program achieves).

The [Performance Measurement Tool](#) (PMT) asks grantees to define what successful completion looks like for the program. Successful completion definitions can be either process based (e.g., the program participant has completed 70 percent of program requirements or an individual case plan within one year) or outcome based (e.g., the program participant has achieved core benchmark goals of the program that are not necessarily related to behaviors [e.g., attaining stable housing, attaining employment, earning a GED, etc.] within one year).

[Process Measures at the Interface Between Justice and Behavioral Health Systems: Advancing Practice and Outcomes](#) provides additional system- and individual-level measures that can be collected for identification and referral, engagement and completion, recovery management, and access measures and systematic responsiveness.

EXERCISE 10: DEVELOPING A DATA-COLLECTION AND PERFORMANCE-MEASUREMENT STRATEGY

A. General Data-Collection Questions

Questions	Responses
1. Do you currently collect the data you need for any relevant grant requirements (e.g., the PMT from BJA and Booz Allen Hamilton)? If not, how can you improve your data collection to get the data you need?	
2. What outcomes do the members of the implementation team hope to track (e.g., successful program completion, health recovery, recidivism)? If you have a data-collection plan, please attach it.	
3. Do you currently collect the data you need to track the outcomes of interest to your implementation team or other stakeholders? If not, how can you improve your data collection?	
4. How does the program currently store the following key data points (e.g., electronically, in paper files, shared drives, or in network databases): criminogenic risk and needs assessment results, engagement in services, case plans, referrals to other services, participation, successful and unsuccessful completions, and participant recidivism rates?	
5. How are the collected data shared among relevant agencies and partners?	
6. Have you identified benchmarks (such as current recidivism rate, service referral, or utilization rates) against which you will compare your outcome data?	

B. Collection of Performance Measures

Questions	Responses
1. How do you define “successful completion” of the program?	
2. How are you tracking participants’ recidivism rates?	
3. What is your definition of recidivism (e.g., rearrest, conviction, technical violation, reincarceration, etc.)? This should be the same as the definition of recidivism used by the jurisdiction in which the grantee operates.	
4. For what period of time will you track recidivism among program participants? When will the tracking period begin?	
5. Describe the steps taken to ensure that the tracking system captures an accurate recidivism rate. 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?	
6. What is the baseline recidivism rate?	
7. Is the baseline recidivism rate for a state or county population, or is it for this program’s target population?	
8. How many years are included in your recidivism analysis?	
9. Please check the box or highlight if you plan to track any of the following measures for your program participants:	<input type="checkbox"/> Number of new offenses (not on community supervision) <input type="checkbox"/> Number of parole revocations for new offenses <input type="checkbox"/> Number of parole revocations for technical violations <input type="checkbox"/> Number of probation revocations for new offenses <input type="checkbox"/> Number of probation revocations for technical violations <input type="checkbox"/> Individual criminogenic risk levels

EXERCISE 11: PROGRAM EVALUATION

A. Planning for Program Evaluation

Questions	Responses
1. Are you planning to conduct a process and/or outcome evaluation of your COD program?	

2. If so, who will conduct the evaluation? What are you looking for in an evaluator? Do you plan to use an internal or external evaluator?	
3. How often and by what method(s) do you plan to communicate with your evaluator?	
4. With whom do you intend to share evaluation data?	
5. How will program evaluation data be used to inform program operations?	

B. 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, please use the sample logic model below.

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 co-occurring substance abuse and mental disorders in jail	Grant funds for training classification officers in screening for co-occurring substance abuse and mental disorders	Implement pre-release screening for co-occurring substance abuse and mental disorders	Number of people screened in jail; number of people who screened positive for mental illnesses, substance abuse disorders, co-occurring substance abuse and mental disorders; number of people referred to the COD program; number of people enrolled in the COD program	Hire a case manager for the COD program	Every person booked into the jail is screened for co-occurring substance abuse and mental disorders	Ensure that classification officers continue to screen for co-occurring substance abuse and mental 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: 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 12: PLANNING FOR PROGRAM SUSTAINABILITY

A. Program Sustainability Plan

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

Answer:

2. List the activities that will lead to meeting those goals after the life of the grant.

Answer:

3. List any funding sources available to sustain the program after the life of the grant, e.g., foundation, federal/state (such as Medicaid), or local funding, private donation, etc.

Answer:

4. List the key stakeholders and partners who will be involved in sustaining your program after the life of the grant.

Answer:

5. What measures are being taken to sustain interest from key stakeholders?

☐ Program e-mails or newsletter

- ☐ Individual meetings with key stakeholders
- ☐ Program fact sheets or brochures
- ☐ Special events and meetings
- ☐ Media
- ☐ Promotions targeting professional groups and key constituents
- ☐ Hosting program tours
- ☐ Other: _____

6. How is your program tracking and sharing performance measures and program data with key stakeholders?

Answer:

B. Using the Assess Jurisdiction's Capacity Portal

The Assess Jurisdiction's Capacity portal uses systems-level data to determine the distribution of existing programs and identify gaps in available programming. The portal makes jurisdiction-specific recommendations for programming based on the risk and needs profile of the target population of the programs in your jurisdiction. The jurisdiction capacity portal may support program sustainability because the outputs from the tool can help guide decision making on resource allocation for programming directed at the target population.

If you plan to use this portal, please answer the questions below.

[Detailed instructions](#) for using the Assess Jurisdiction's Capacity portal and a link for logging in and starting an entry are available on the ACE! website.

Questions	Responses
1. What are your goals for using the tool?	
2. Please indicate the number and type of programs you will have entered into the RNR Program Tool for Adults prior to completing the Assess Jurisdiction's Capacity tool. The number and type of programs entered into the Program Tool will be reflected in the Assess Jurisdiction's Capacity portal.	
3. When will you enter data into the Assess Jurisdiction's Capacity portal?	
4. How do you plan to use the results of the Assess Jurisdiction's Capacity portal?	

APPENDIX: SUPPORTING RESOURCES

Key Resources

- National Reentry Resource Center (<http://nationalreentryresourcecenter.org>)
- Substance Abuse and Mental Health Services Administration (<http://www.samhsa.gov/>)
- National Registry of Evidence-Based Programs and Practices (<http://www.nrepp.samhsa.gov/>)

Supporting Resources: Systems Collaboration

- Center for Court Innovation. *Engaging Stakeholders in Your Project*. New York: Center for Court Innovation. http://www.courtinnovation.org/sites/default/files/Engaging_Stakeholders_in_Your_Project%5B1%5D.pdf.
- The Council of State Governments Justice Center. “Strengthening Collaboration between the Behavioral Health and Juvenile Justice Systems to Improve Reentry Outcomes.” Webinar held by The Council of State Governments Justice Center, New York, NY, July 29, 2016. <https://csgjusticecenter.org/youth/webinars/strengthening-collaboration-between-the-behavioral-health-and-juvenile-justice-systems-to-improve-reentry-outcomes/>.

Supporting Resources: Risk, Needs, Responsivity and Recidivism Reduction

- The Council of State Governments Justice Center. *Reducing Recidivism: States Deliver Results*. New York: The Council of State Governments Justice Center, 2014. http://csgjusticecenter.org/wp-content/uploads/2014/06/ReducingRecidivism_StatesDeliverResults.pdf.
- D’Amora, David. “Risk Need Responsivity 101: A Primer for SCA and JMHCP Grant Recipients.” Webinar held by The Council of State Governments Justice Center, New York, NY, March 31, 2015. <http://csgjusticecenter.org/reentry/webinars/risk-need-responsivity-101-a-primer-for-sca-and-jmhcp-grant-recipients/>.
- Hanson, Karl R., Guy Bourgon, Robert J. McGrath, Daryl Kroner, David D’Amora, Shenique S. Thomas, and Lahiz Tavarez. *A Five-Level Risk and Needs System: Maximizing Assessment Results in Corrections through the Development of a Common Language*. New York: The Council of State Governments Justice Center, 2017. https://csgjusticecenter.org/wp-content/uploads/2017/01/A-Five-Level-Risk-and-Needs-System_Report.pdf.

Supporting Resources: Screening and Assessment

Screening and Assessment for Criminogenic Risk

- The Council of State Governments Justice Center. *Risk Assessment: What You Need to Know*. New York: The Council of State Governments Justice Center, 2015. <http://csgjusticecenter.org/reentry/posts/risk-assessment-what-you-need-to-know/>.
- The Council of State Governments Justice Center. *On the Over-Valuation of Risk for People with Mental Illnesses*. New York: Center for State Governments Justice Center, 2015. https://csgjusticecenter.org/wp-content/uploads/2016/03/JC_MH-Consensus-Statements.pdf.
- Desmarais, Sarah L., and Jay P. Singh. *Risk Assessment Instruments Validated and Implemented in Correctional Settings in the United States*. New York: The Council of State Governments Justice Center, 2013. <http://csgjusticecenter.org/reentry/publications/risk-assessment-instruments-validated-and-implemented-in-correctional-settings-in-the-united-states/>.

- The Pew Center on the States. *Risk Needs Assessment 101: Science Reveals New Tools to Manage Offenders*. Washington, DC: The Pew Charitable Trusts, 2011. <http://csgjusticecenter.org/reentry/publications/risk-needs-assessment-101-science-reveals-new-tools-to-manage-offenders/>.
 - “Three Things You Can Do to Prevent Bias in Risk Assessment.” The Council of State Governments Justice Center. Last modified July 20, 2016. <https://csgjusticecenter.org/jr/posts/three-things-you-can-do-to-prevent-bias-in-risk-assessment/>.
- Screening and Assessment for Substance Abuse, Mental Disorders, or Co-Occurring Substance Abuse and Mental Disorders**
- Substance Abuse and Mental Health Services Administration. *Screening and Assessment of Co-occurring Disorders in the Justice System*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. <http://store.samhsa.gov/shin/content/SMA15-4930/SMA15-4930.pdf>.

Supporting Resources: Evidence-Based Practices

- Blandford, Alex M., and Fred C. Osher. *A Checklist for Implementing Evidence-Based Practices and Programs (EBPs) for Justice-Involved Adults with Behavioral Health Disorders*. Delmar, NY: SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation, 2012. <http://csgjusticecenter.org/wp-content/uploads/2013/04/SAMHSA-GAINS.pdf>.
- Blandford, Alex M., and Fred Osher. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*. New York: The Council of State Governments Justice Center, 2013. <http://csgjusticecenter.org/wp-content/uploads/2013/12/Guidelines-for-Successful-Transition.pdf>.

Supporting Resources: Effective Transition Planning and Post-Release Case Management

Case Management

- “Collaborative Comprehensive Case Plans,” <https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>.

Client Engagement

- National Reentry Resource Center, Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC) and Addiction Technology Transfer Center Network. “Using a Systems Approach to Increase Client Engagement and Retention in the Community.” Webinar held by the National Reentry Resource Center, New York, NY, January 24, 2014. <http://csgjusticecenter.org/substance-abuse/webinars/using-a-systems-approach-to-increase-client-engagement-and-retention-in-the-communit/>.

Reentry Planning

- National Reentry Resource Center, Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC) and Addiction Technology Transfer Center Network. “Reentry Planning to Support Post-Release Engagement and Retention in Community Treatment.” Webinar held by the National Reentry Resource Center, New York, NY, August 22, 2013. <http://csgjusticecenter.org/substance-abuse/webinars/reentry-planning-to-support-post-release-engagement-and-retention-in-community-treatment/>.

Supporting Resources: Healthcare and Other Benefits

- Community Services Division. *County Jails and the Affordable Care Act: Enrolling Eligible Individuals in Health Coverage*. Washington, DC: National Association of Counties, 2012. http://www.naco.org/sites/default/files/documents/WebVersion_PWFIssueBrief.pdf.
- The Council of State Governments Justice Center and Legal Action Center. *Medicaid and Financing Health Care for Individuals Involved With the Criminal Justice System*. New York: The Council of State Governments Justice Center, 2013. <http://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy.pdf>.
- Joplin, Lore. *Mapping the Criminal Justice System to Connect Justice-Involved Individuals with Treatment and Health Care under the Affordable Care Act*. Washington, DC: National Institute of Corrections, 2014. <https://s3.amazonaws.com/static.nicic.gov/Library/028222.pdf>.

- Plotkin, Martha and Alex Blandford. *Critical Connections: Getting People Leaving Prison and Jail the Mental Health Care and Substance Use Treatment They Need*. New York: The Council of State Governments Justice Center, 2017. <https://files.csjusticecenter.org/critical-connections/Critical-Connections-Full-Report.pdf>.

Supporting Resources: Effective Community Supervision Strategies and Partnerships

- Carter, Madeline M., and Richard J. Sankowvitz. *Dosage Probation: Rethinking the Structure of Probation Sentences*. Silver Spring, MD: Center for Effective Public Policy, 2014. <https://csjusticecenter.org/reentry/publications/dosage-probation-rethinking-the-structure-of-probation-sentences/>.
- Crime and Justice Institute at Community Resources for Justice. *Implementing Evidence-Based Policy and Practice in Community Corrections*, 2nd ed. Washington, DC: National Institute of Corrections, 2009. <http://static.nicic.gov/Library/024107.pdf>.

Supporting Resources: Data Collection and Evaluation

- Walker, Karen E., Chelsea Farley, and Meredith Polin. *Using Data in Multi-Agency Collaborations: Guiding Performance to Ensure Accountability and Improve Programs*. New York: Public/Private Ventures, 2012. http://www.childtrends.org/wp-content/uploads/2011/02/Child_Trends-2012_02_23_FR_UsingData.pdf.
- Taxman, Faye S., Sarah Wurzburg, and Kati Habert. *Process Measures at the Interface Between the Justice System and Behavioral Health: Advancing Practice and Outcomes*. New York: The Council of State Governments Justice Center, 2016. <https://csjusticecenter.org/substance-abuse/publications/process-measures/>.

Supporting Resources: Sustainability

- The Council of State Governments Justice Center. *Developing a Mental Health Court: An Interdisciplinary Curriculum. Module 2: Your Community, Your Mental Health Court*. New York: The Council of State Governments Justice Center, 2012. http://learning.csjusticecenter.org/?page_id=179.
- The Council of State Governments Justice Center. “Developing Sustainability, Success Stories from the Field” Webinar held by The Council of State Governments Justice Center, New York, NY, August 30, 2016. <https://csjusticecenter.org/mental-health/webinars/developing-sustainability-success-stories-from-the-field/>.
- Office of Rural Health Policy, Health Resources and Services Administration. *Rural Behavioral Health Programs and Promising Practices*. Washington, DC: U.S. Department of Health and Human Services, 2011. <https://innovations.ahrq.gov/qualitytools/rural-behavioral-health-programs-and-promising-practices>.