Planning Guide

Second Chance Act
Statewide Adult Recidivism Reduction Strategic Planning Program

DESCRIPTION

This Planning Guide is intended for state agencies that have received Second Chance Act Statewide Adult Recidivism Reduction Strategic Planning Program grants. The completion of this Planning Guide, in partnership with the technical assistance provider assigned by the National Reentry Resource Center, is an eligibility requirement set by the U.S. Department of Justice's Bureau of Justice Assistance for states to competitively apply for the implementation phase of the Second Chance Act Statewide Adult Recidivism Reduction Program.[1] Any questions about this guide should be directed to your technical assistance provider.

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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[1] Funding for implementation is contingent upon the availability of future appropriations.

About the Planning Guide

The National Reentry Resource Center (NRRC) has prepared this Planning Guide to help ensure that Statewide Adult Recidivism Reduction (SRR) grantees develop a strategic plan that will provide people returning to their communities from incarceration with appropriate evidence-based services.

Completion of this guide is an eligibility requirement set by the Bureau of Justice Assistance (BJA).

Although the guide was developed as a tool for grantees, it also serves as an important mechanism 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.

A Planning Guide Supplement has been prepared to accompany this document, providing further instructions and resources to aid in the completion of this guide. Any questions about the Planning Guide or the Planning Guide Supplement should be directed to your TA provider.

Contents of the Guide

The guide is divided into four sections, each with important content and required exercises. The exercises are built on evidence-based principles and emerging practices. You will be prompted to write short responses, attach relevant documents, and complete exercises. Your answers will provide insight into your program's strengths and identify areas for improvement. 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: ESTABLISHING A COLLABORATIVE DECISION-MAKING BODY AND PLANNING PROCESS

Part A: Grantee Information

Your TA provider has read the project narrative that you submitted in response to the SRR grant solicitation, but there may have been updates or developments since you submitted 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 at your earliest convenience:

- ☐ Reentry Task Force organizational chart
- ☐ Memoranda of understanding (MOUs) and information-sharing agreements
- ☐ Current strategic plan
- ☐ Department of Corrections organizational chart
- ☐ Staffing and budget information
- ☐ Additional planning material

Please complete the chart below.

Grantee Information	
Grantee Name:	
Award Number:	
Grantee Main Address:	
Project Name:	

Part B: Grant Initiative Updates and Information

Your TA provider would find it helpful to know about any major developments that have occurred between the time you wrote your grant application/narrative and the next TA call. When completing the exercise below, be sure to reference any major changes in goals, stakeholders, etc., that may have occurred.

If any programmatic, administrative, or financial changes have been made since you submitted your grant proposal, you are required to submit a Grant Adjustment Notice (GAN) through the GAN module in the Grants Management System (GMS). Please note that GANs are subject to approval by BJA.

Grant Initiative Updates and Information
1. What do you want to accomplish with this grant initiative?
Answer:
2. Has your state participated in a Justice Reinvestment Initiative? Are there any other programs funded through the Second Chance Act in your state? Please describe.
Answer:
3. Please provide a flow chart or intercept model of the screening and assessment process that occurs as a person moves through the system—from initial intake to pre-release services, discharge, and post-release services. The flow chart should detail which screening and assessment tools are used, when and where the screening/assessment occurs, and who conducts the screening/assessment. Your TA provider is available for additional instructions as needed.
(Insert below or attach.)

EXERCISE 1: DOCUMENTING THE SRR GRANT TEAM'S STRUCTURE AND EXPECTATIONS

In this section, we would like to capture the composition of your Reentry Task Force, determine whether you have a designated planning team for this grant, and conceptualize any work groups that have been or will be developed to support the efforts of this grant initiative.

Instructions: Please refer to your program narrative to answer the following questions about the composition of your Reentry Task Force.*

1. List the members of the Reentry Task Force and related details.			
Name	**Title**	**Organization**	**Specific Role on Task Force** (e.g., chair, vice chair, secretary, member, etc.)

(Insert additional rows as needed.)

* For the purposes of this exercise, please only list the members of the Reentry Task Force entity that was identified in your program narrative.

2. How often will the task force meet?
Answer:
3. Who coordinates the task force's meeting schedule, agenda, and logistics?
Answer:
4. Has the Reentry Task Force developed a vision statement? If so, what is it?
Answer:
5. Has the Reentry Task Force developed a mission statement? If so, what is it?
Answer:

6. List the names and contact information for members of the SRR Planning Team. This list will be utilized as the primary communication network with the NRRC TA provider.

Name	Title/Organization	Email	Phone Number	Role on the Planning Team

7. How will this planning team's work be coordinated with the task force?

Answer:

8. Will you be forming issue-specific work groups?

Answer:

If so, please list the work group names and their purposes below:

Name of Work Group	Purpose

9. Will a third-party research partner be involved in the planning phase? If so, will the same research partner be used if implementation funds are awarded in FY2018?

Answer:

SECTION 2: USING A DATA-DRIVEN APPROACH FOR RECIDIVISM-REDUCTION GOAL SETTING AND PLANNING

The purpose of the SRR program is to help states reduce recidivism through targeted, evidence-based policies, programs, and practices. As such, it is important for grantees to begin the planning process by assessing their statewide recidivism rate, identifying the factors that may contribute to that rate, and setting ambitious, yet attainable, reduction goals. BJA expects applicants for SRR implementation funding to be capable of measuring these key data points.

This section of the Planning Guide is designed to help grantees use data to:
1. Define and measure the statewide recidivism rate;
2. Understand some of the key drivers of the recidivism rate;
3. Identify a target population for interventions and policy changes based upon those key drivers; and
4. Set recidivism-reduction goals for the target population and the statewide recidivism rate.

EXERCISE 2: MEASURING RECIDIVISM, IDENTIFYING A TARGET POPULATION, AND SETTING RECIDIVISM-REDUCTION GOALS

SRR grantees are required by BJA to provide a clear definition of statewide recidivism and provide a baseline recidivism rate for the state corrections population. There is no national standard for defining recidivism, and BJA allows SRR grantees to use their own existing definitions. Planning teams and the agencies they represent will need to agree upon a primary definition of recidivism.

Please collect and analyze the necessary data to answer the questions below. These data are critical for focusing the planning team's efforts on a target population that is a significant driver of the statewide recidivism rate. If you are unable to access or analyze the data requested, please reach out to your TA provider for guidance on how to move forward.

1. What is your statewide definition of recidivism?
Answer:

2. Based on your statewide definition of recidivism, what is the most recent rate of recidivism available? Please specify the year of release for the cohort *(e.g., 35 percent of people released from prison in 2010 returned to prison within three years of release).*

Answer:	

3. For the cohort specified in Question 2 above, please provide the following breakdown:

% New Offenses (For Those Not under Supervision)	% Parole Revocations (For New Offenses)	% Parole Revocations (For Technical Violations)	% Probation Revocations (For New Offenses)	% Probation Revocations (For Technical Violations)	% with Mental Illnesses	% with Substance Use Disorders

4. For the cohort specified in Question 2 above, please provide the following breakdowns:

Criminogenic Risk Level		
% High Risk	% Medium Risk	% Low Risk

Sex	
% Male	% Female

Age				
% 18–24 years	% 25–35 years	% 36–45 years	% 46–55 years	% 55+ years

Race/Ethnicity						
% White	% Black or African American	% American Indian or Alaska Native	% Asian	% Native Hawaiian or Other Pacific Islander	% Hispanic or Latino	% Other

5. If you do not have the data for any of the above variables, describe what is needed to be able to track the missing information.

Answer:	

6. **Describe the target population for your SRR initiative and your reasons for choosing this target population. As applicable, indicate age, race/ethnicity, sex/gender, risk level, and other identifiers.** *(E.g., our target population is high-risk men ages 18–24 who are released from prison to parole. These men only represent 25 percent of people released from prison, but they represent 70 percent of people who recidivate.)*

| **Answer:** | |

7. **What is the size of the target population and how do you know that it has the potential to yield a measurable impact on recidivism?** *(E.g., the number of h**igh-risk men ages 18–24 who are released from prison to parole averag**es 200 annually. Since this targeted g**roup represents 70 percent **of the people released from prison to parole who recidivate, implementing our proposed** Thinking for a Change [T4C] and reentry transition planning **should have a significant impact on recidivism** overall.)*

| **Answer:** | |

8. **Does the racial/ethnic and sex/gender composition of the target population reflect the racial/ethnic and sex/gender composition of the supervised population in your state?**

| **Answer:** | |

9. **Is your agency's staff representative of the racial/ethnic and gender composition of your target population?**

| **Answer:** | |

10. **Please provide the overall racial/ethnic composition of the supervised population in your state, if available** *(including the probation, parole, and prison populations)*.

% White	% Black or African American	% American Indian or Alaska Native	% Asian	% Native Hawaiian or Other Pacific Islander	% Hispanic or Latino	% Other

11. **What is the state's short-term (two-year) recidivism-reduction goal for the target population?** *(E.g., the short-term goal is to reduce the recidivism rate of the target population by 20% over a two-year period.)*

| **Answer:** | |

12. **What is the state's long-term (five-year) recidivism-reduction goal for the target population?** *(E.g., the long-term goal is to reduce the recidivism rate of the target population by 50% over a five-year period.)*

| **Answer:** | |

SECTION 3: ASSESSING CURRENT RECIDIVISM-REDUCTION POLICIES AND IMPLEMENTATION BARRIERS AND GAPS

This section provides background on three areas evidence-based principles of recidivism reduction. These principles are the foundation of the policy areas BJA expects grantees to focus on when they are planning their recidivism-reduction initiative.

EXERCISE 3: POLICY AND PRACTICE REVIEW

The following checklist will help you assess your organization's current policies and practices to ensure that they align with the following evidence-based principles:

A. Use risk and needs assessments to inform resource-allocation decisions and individual case responses during a person's period of incarceration.

B. Establish programs and practices that reduce recidivism and ensure that they are implemented with fidelity.

C. Implement community supervision policies and practices that promote successful reentry.

Your organization should ultimately seek to achieve full implementation of each of the checklist items with a quality assurance plan in place.

Instructions: Check the box reflecting the current status of your organization for each item, indicating whether a certain program component (1) has not been implemented and there are no plans to implement it (or if inapplicable, please indicate N/A here); (2) is in the planning stages; (3) is partially implemented; (4) is fully implemented; or (5) is being sustained with continuous accountability through specific quality assurance (QA) measures that are in place.

A. Use risk and needs assessments to inform resource-allocation decisions and individual case responses during a person's period of incarceration.

1. There is a validated criminogenic risk and needs assessment tool, normed to reflect the jurisdiction's population of incarcerated people, used by corrections facility staff. *(If so, specify the name of the tool used in the comments section.)*	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place
Comments, barriers, and gaps:					

2. The assessment tool is validated every three years to address any racial or gender bias identified.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

3. All incarcerated people are screened with a validated tool for mental health and substance use needs at intake. *(If so, specify the name of the tool in the comments section.)*	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

4. Information from the risk and needs assessment is used to develop individualized case plans that coordinate the delivery of appropriate programming and services in both the corrections facility and the community.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

5. A centralized record-keeping system records assessment results and tracks progress on individualized programming plans.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

6. Information-sharing procedures are in place to avoid redundancies and to ensure that all agencies and community-based service providers can access the necessary risk and needs assessment information.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

7. Risk and needs assessments are re-administered every six months or at least twice a year and after the case plan goals have been met.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

8. Risk and needs assessment results are used to inform parole release decisions and the appropriate intensity of programming and supervision.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

9. Prior to release, previously identified mental health needs are reassessed to determine the appropriate services the participant will require before returning to the community.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

10. Prior to release, previously identified substance use needs are reassessed to determine the appropriate services the participant will require before returning to the community.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

11. Ninety days prior to release, prison staff, community supervision officers, and treatment providers develop an individualized transition plan that integrates supervision conditions and treatment recommendations based on updated risk and needs assessment results.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*
Comments, barriers, and gaps:					

12. After release, clients are enrolled with appropriate community-based service providers that have been vetted for the quality of their services based on their fidelity to evidence-based practices.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*
Comments, barriers, and gaps:					

13. Programming resources in the corrections facility and referrals to community agencies are prioritized for people with a moderate or high risk of reoffending.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*
Comments, barriers, and gaps:					

14. Prison staff, community supervision officers, and community-based service providers receive training on conducting, interpreting, and using risk and needs assessments.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

15. Quality assurance measures are performed annually to ensure that all assessments are conducted and used with fidelity.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

B. Establish programs and practices that have been shown to reduce recidivism and ensure that they are implemented with fidelity.

In recent years, criminal justice and social science researchers have identified specific principles that have been proven effective in reducing recidivism. When implemented correctly and consistently, the "Risk-Need-Responsivity" (RNR) principles help decrease the likelihood that a person will reoffend,[2] and can help administrators and practitioners focus resources where they will have the greatest impact on reducing recidivism and meeting the people's needs. This section helps identify if there are gaps in evidence-based programs and practices, and whether there are quality assurance practices in place to ensure fidelity.

1. Prison- and community-based programs use evidence-based cognitive behavioral interventions that are proven to reduce recidivism.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place
Comments, barriers, and gaps:					

2. The overall time and intensity of treatment is tailored to individual risk levels and needs.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place
Comments, barriers, and gaps:					

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[2] James Bonta and Don A. Andrews, *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation* (Ottawa, Ontario: Public Safety Canada, 2007).

3. Program staff are hired based on skills and personal characteristics that research links to quality treatment delivery.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

4. Staff providing substance use treatment are properly licensed.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

5. Treatment staff providing mental health services are properly licensed.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

6. Program staff receive training on how to implement program or treatment models with fidelity and use methods that promote responsivity.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

7. Supervisors monitor and observe programs to ensure that program staff and corrections officers are cross-trained in adherence to the program model, and observations are reflected in staff performance evaluations.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

8. Approved incentives and rewards are used to encourage program participation and compliance.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

9. Community-based services are most intensive in the first few months following release. Efforts are made to limit the time between release and program enrollment.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

10. For programs serving people with varying levels of risk, treatment groups are separated by risk level.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

11. Program capacity is assessed to identify gaps between treatment programs needed and what is currently available in the corrections facility and with contracted providers in the community.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

12. Program evaluations are conducted on a regular basis and used to modify, augment, or eliminate rehabilitation and treatment programs.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*
Comments, barriers, and gaps:					

C. Implement community supervision policies and practices that promote successful reentry.

This section is a self-assessment of your agency's reentry policies and practices, which will help guide the development and implementation of evidence-based policies and procedures.

1. Prior to a person's release from incarceration, community supervision officers develop a community-based case plan based upon risk and needs assessment results.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*
Comments, barriers, and gaps:					

2. Supervision strategies and level of supervision intensity correspond to individual risk level and needs.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

3. Sanctions and incentives consider the risk and needs profiles of people under community supervision, and people under community supervision are informed on how those sanctions and incentives will be used.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

4. Written policy allows for a continuum of discretionary sanctioning for people under community supervision, which is proportionate to the seriousness of violations and the person's assessed risk of recidivism.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

5. Community supervision officers have the discretionary authority to modify conditions of supervision in response to behavioral changes of the person being supervised.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

6. Core correctional practices (CCPs) are incorporated into supervision and used appropriately to encourage positive behavior changes.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

7. Supervisors review recommendations for revocation after a technical violation to ensure that they are warranted based on the severity of the violation and the type of behavior, as well as are in accordance with the risk level of the person.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

8. Community supervision officers receive training in CCPs and communication techniques that promote intrinsic motivation for positive change and enhance responsivity.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*
Comments, barriers, and gaps:					

9. Community supervision officers are trained in evidence-based interventions that promote cognitive behavioral skill development to address a person's criminogenic needs.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*
Comments, barriers, and gaps:					

10. Community supervision officers are trained to understand and respond effectively to special needs related to mental illnesses, substance use disorders, and co-occurring disorders.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*
Comments, barriers, and gaps:					

11. Place-based supervision is promoted by using satellite offices in neighborhoods with high concentrations of people who are returning from incarceration, and site visits occur in the communities where the clients reside.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

12. Supervisors engage family and community members on an as-needed basis to facilitate community reintegration.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

13. Supervisors review the number and quality of site visits conducted by community supervision officers in person or via audio or video recordings, and findings are reflected in performance reviews.	☐ Not implemented	☐ Planning	☐ Partially implemented	☐ Fully implemented	☐ QA plan in place

Comments, barriers, and gaps:

14. Community supervision officers coordinate activities with community-based treatment and service providers.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

15. Aftercare plans are developed with input from community service providers and family members prior to a person's discharge from supervision.	☐ *Not implemented*	☐ *Planning*	☐ *Partially implemented*	☐ *Fully implemented*	☐ *QA plan in place*

Comments, barriers, and gaps:

EXERCISE 4, PART 1: DEFINING AN EVALUATION PLAN

Data collection, research, and analysis are critical to improving performance and effectiveness as well as understanding and addressing the drivers of recidivism. A key part of this strategic approach is development of an evaluation plan. BJA requires that implementation grantees complete process and impact evaluations. The following exercises will aid in the development of your evaluation plan as you move toward implementation. If you have already established a research partnership, please answer these questions in collaboration with your partner.

Questions	Responses
1. **What questions do you plan to answer with your evaluation?**	
2. **In addition to recidivism, what else would you like to measure or track during the implementation phase** *(e.g., staff trainings, participant completion of programming, program assessments)***?**	
3. **How will you define successful completion of programming?** (*Completion definitions can be either process based [e.g., program participant has completed 70 percent of program requirements or case plan within one year] or outcome based [e.g., program participant has achieved core benchmark goals of the program, such as changes in risk and needs level, attaining stable housing, attaining employment, earning a GED, etc.]).*	
4. **For what period of time will you track recidivism? When will the tracking period begin?** *(You may want to track recidivism at multiple intervals [one-, two-, and three-year rates after release], but the period[s] tracked must be consistent for everyone in the cohort.)*	

The following table may be helpful in planning for your data collection process—that is, identifying the indicators and outcomes you may wish to track, as well as thinking about the process of gathering the information and the resources needed for accomplishment during implementation.

Identifying Data Indicators, Outcomes, and Resources				
Indicator	Data Sources/Tools	Collection Process		
		Who?	When?	How?
Example: *Change in attitudes*	*COMPAS*	*DOC intake officer*	*Upon entering program and after program completion*	*COMPAS pre- and post-test*

(Insert additional rows as needed.)

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. When noting outcomes, consider how you plan to measure those outcomes. Please note that goals and inputs/resources may correspond to multiple activities, outputs, and outcomes. For additional examples, templates, and information on developing a logic model, visit http://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide.

Instructions

Using your policy and practice review from Section 3, the planning team should identify recommendations for building systemic capacity and investing in evidence-based practices and interventions to reduce recidivism. The Reentry Task Force should approve the recommended goals and objectives presented in this exercise, as they will serve as an outline for an implementation proposal. Implementation proposals should be based on a grant-funding cap of $3 million (plus any available matching funds).

BJA requires SRR implementation grantees to commit funding to train staff on the implementation of risk and needs assessment tools and the importance of using evidence-based practices, as well as to hire an experienced, full-time coordinator to facilitate the state's implementation project. These requirements should be reflected in the exercise below.

SRR Logic Model

The logic model below is separated into three parts, which reflect the three evidence-based recidivism-reduction strategies covered in Section 3. This logic model is intended to help you track and measure the goals that you identified in your project timeline (per the SRR grant solicitation) and the self-assessment completed in Section 3. Please refer to your program narrative and Section 3 while completing this activity. If you would like to add or modify a goal in your logic model that was not listed in your project timeline or proposal narrative, please discuss this with your TA provider.

Content Area A: Use risk and needs assessments to inform resource-allocation decisions and individual case responses.

Goal: Enter a broad statement about what the project intends to accomplish with respect to the content area specified above *(e.g., ensure that all probation officers use criminogenic risk and needs assessment results for case planning).*

Inputs: What resources will be necessary to support this goal *(e.g., staff, materials, funds)?*

Current Gaps: What gaps in policies, procedures, or programming have been identified and need to be addressed in order to achieve this goal? *(E.g., agency policies do not currently require the use of risk and needs assessments.)*

Objectives	Activities and Responsible Party	Participants	Process Measures	Long-Term Outcomes	Timeline
What are the intended results? (*Objectives should be well defined, specific, measurable, and derived from the goal.*)	What activities will be conducted to achieve the objective? What is the title of the person and/or entity responsible for implementing each activity?	Who will participate in or be targeted by the objective? How many participants will be served?	Identify short-term outcomes.	What change(s) is expected in the participants as a result of these activities?	When will each activity be implemented?
Example: To incorporate risk and needs assessments in all case planning	1. Research and select a risk and needs assessment tool. (Director of Programs) 2. Coordinate purchase of the tool and develop a training schedule. (Deputy Director) 3. Implement training. (Director of Programs)	Initial training will include 30 probation/parole officers; entire workforce to be trained = 150 officers	Number of staff trained Number of training courses completed by staff Number of new case plans that target interventions based on risk and	All probation/parole officers will be trained in using and scoring risk and needs assessments. All officers will use risk and needs assessment results to develop case plans.	1. Selection to be completed by Feb. 2018 2. Purchase/training schedule to be completed in March 2018 3. Begin assessment training July 2018; complete all trainings by July 2019

			needs assessment results		
1.	1. 2. 3.				
2.	1. 2. 3.				
3.	1. 2. 3.				

(Insert additional rows as needed.)

Content Area B: Evaluate recidivism-reduction programs, practices, and trainings and ensure that they are implemented with fidelity.

Goal: Enter a broad statement about what the project intends to accomplish with respect to the content area specified above.

Inputs: What resources will be necessary to support this goal (e.g., staff, materials, funds)?

Current Gaps: What gaps in policies, procedures, or programming have been identified and need to be addressed in order to achieve this goal?

Objectives What are the intended results? (*Objectives should be well defined, specific, measurable, and derived from the goal.*)	Activities and Responsible Party What activities will be conducted to achieve the objective? What is the title of the person and/or entity responsible for implementing each activity?	Participants Who will participate in or be targeted by the objective? How many participants will be served?	Process Measures Identify short-term outcomes.	Long-Term Outcomes What change(s) is expected in the participants as a result of these activities?	Timeline When will each activity be implemented?
1.	1. 2. 3.				
2.	1. 2. 3.				
3.	1. 2.				

Content Area C: Implement community supervision policies and practices that promote successful reentry.

Goal: Enter a broad statement about what the project intends to accomplish with respect to the content area specified above.

Inputs: What resources will be necessary to support this goal (e.g., staff, materials, funds)?

Current Gaps: What gaps in policies, procedures or programming have been identified and need to be addressed in order to achieve this goal?

Objectives What are the intended results? (*Objectives should be well defined, specific, measurable, and derived from the goal.*)	Activities and Responsible Party What activities will be conducted to achieve the objectives? What is the title of the person and/or entity responsible for implementing each activity?	Participants Who will participate in or be targeted by the objective? How many participants will be served?	Process Measures Identify short-term outcomes.	Long-Term Outcomes What change(s) is expected in the participants as a result of activities?	Timeline When will each activity be implemented?
1.	1. 2. 3.				
2.	1. 2. 3.				
3.	1. 2.				

(Insert additional rows as needed.)
(Insert additional rows as needed.)

EXERCISE 4, PART 3: SUSTAINABILITY PLANNING

Strategies should be considered to sustain the implementation process and planning team structure beyond the life of the grant. Answer the following questions that consider how the planning process can promote long-term sustainability of the above implementation goals and objectives.

1. Have external stakeholders *(i.e., stakeholders who are not on the Reentry Task Force)* **been included in the planning process? If so, please list their names and affiliations.**	
Answer:	
2. Have you developed a strategy to engage state and local policymakers on an ongoing basis? If so, please describe.	
Answer:	
3. Have you developed a strategy to engage the office of the governor and other executive departments on an ongoing basis? If so, please describe.	
Answer:	
4. Have you developed a strategy to engage the judiciary and state bar associations on an ongoing basis? If so, please describe.	
Answer:	
5. What communication strategies will you use to share accomplishments and information about the program?	
Answer:	

Addendum to FY2017 SCA Statewide Adult Recidivism Reduction Planning Guide

This questionnaire is intended to help state corrections agencies assess their current policies and practices to ensure that people who are returning to their communities after incarceration have access to needed behavioral health services. For more information about health care coverage for this population, read *Critical Connections: Getting People Leaving Prison and Jail the Mental Health Care and Substance Use Treatment They Need*.

A. Partnership with Medicaid Office and Behavioral Health Agency in Your State

1. Does the department of corrections have an existing partnership with the state Medicaid office and the state behavioral health agency? *(In some states, the Medicaid office and state behavioral health agency may be subsumed under the same agency.)*	☐ *Yes*	☐ *No*
Comments, barriers, and gaps:		

2. If so, has this partnership been formalized (e.g., through a memorandum of understanding or through participation on a state-level task force or advisory group)?	☐ *Yes*	☐ *No*
Comments, barriers, and gaps:		

B. Identifying Enrollment and Eligibility Status

1. Are there policies and processes in place to identify people who are enrolled in Medicaid, Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI) upon admission to prison and jail?	☐ Yes	☐ No
Comments, barriers, and gaps:		

2. Are there policies and processes in place to identify people who are eligible to receive SSI and SSDI upon release?	☐ Yes	☐ No
Comments, barriers, and gaps:		

C. <u>Maintaining Enrollment and Reactivating or Reenrolling in Benefits upon Release</u>

1. For people who were already enrolled in Medicaid when admitted to prison or jail, are there policies or processes in place to continue or reinstate enrollment so that they can access their benefits for allowable inpatient care while incarcerated and fully upon release?	☐ Yes	☐ No
Comments, barriers, and gaps:		

2. Are there policies or processes in place to facilitate the reinstatement of SSI or SSDI when people are released from prison or jail?	☐ Yes	☐ No
Comments, barriers, and gaps:		

D. **Assisting with Applications**

1. Does your state have policies and processes in place to help ensure that applications are appropriately filed so that people who are eligible will leave facilities with access to Medicaid and SSI/SSDI benefits?	☐ Yes	☐ No
Comments, barriers, and gaps:		

2. Does your state have policies in place to link SSI determinations to Medicaid enrollment (and Medicare enrollment in the case of SSDI)?	☐ Yes	☐ No
Comments, barriers, and gaps:		

E. Tracking Progress

1. Does your state track how many people in prison or jail who are eligible for Medicaid and SSI/SSDI are successfully enrolled in benefits that they can access upon release?	☐ Yes	☐ No
Comments, barriers, and gaps:		

2. Does your state track how veterans are referred to Veterans Affairs (VA) health care and benefits, when applicable?	☐ Yes	☐ No
Comments, barriers, and gaps:		