Planning & Implementation Guide

Second Chance Act

Two-Phase Adult Reentry Demonstration Program: Planning and Implementation

DESCRIPTION

This Planning & Implementation Guide is intended for recipients of the Second Chance Act Two-Phase Adult Reentry Demonstration Program: Planning and Implementation 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 Council of State Governments Justice Center over the course of their grant.

The Council of State Governments Justice Center prepared this guide with support from the U.S. Department of Justice's Bureau of Justice Assistance. The contents of this document do not necessarily reflect the official position or policies of the U.S. Department of Justice.

About the Planning & Implementation Guide

The Council of State Governments (CSG) Justice Center has prepared this Planning & Implementation Guide (P&I Guide) in partnership with the U.S. Department of Justice's Bureau of Justice Assistance (BJA). The guide is intended for the state, local, or tribal government agencies that have received Second Chance Act (SCA) grants to plan initiatives and programs serving adult populations. Recipients of SCA Two-Phase Adult Reentry Demonstration Program: Planning & Implementation grants ("Adult Demonstration Program grantees") must complete the guide as a condition of the grant award.

This P&I Guide enables grantees to identify the degree to which practices are in place to advance recovery and reduce recidivism in their jurisdiction. The guide is not intended to serve as a step-by-step blueprint, but rather to cultivate discussion on best practices, identify considerations for your collaborative effort, and help you work through key decisions and implementation considerations.

Although the guide was developed as a tool for grantees, it also serves as an important tool for your CSG Justice Center 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 at the CSG Justice Center.

Contents of the Guide

The guide is divided into seven sections. Each section includes background discussion, supporting resources, and assessment questions and exercises based on evidence-based principles. You will be prompted to write short responses, attach existing documents, and complete exercises. Your answers will provide insight into your initiative's strengths and identify areas for improvement. As you work through the sections, please pay close attention to the 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 relevant topics to complement certain sections. If you need additional information or resources on a topic, please reach out to your TA provider.

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SECTION 1: IDENTIFYING GOALS AND ASSESSING INITIAL TECHNICAL ASSISTANCE NEEDS

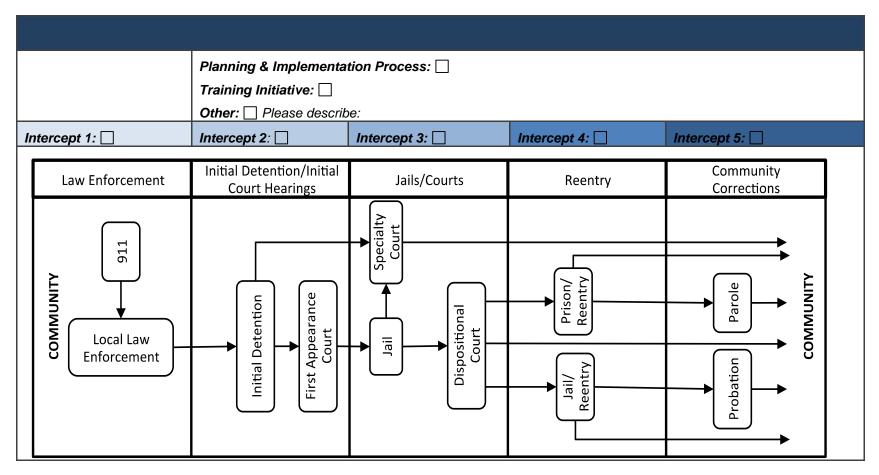
These questions provide an opportunity to reach out to key stakeholders and project team members in order to "get on the same page" now that you have received your award and started to work on grant activities. This conversation with stakeholders and team members allows you to learn whether there have been any changes in program scope or partnership. Although your TA provider has read the project narrative that you submitted in response to the SCA solicitation, there may have been a number of updates or developments since the original application was submitted. This exercise is intended to give your TA provider a sense of your current project goals and your initial technical assistance needs.

EXERCISE 1: BASIC INFORMATION

A. Grantee Information						
Grantee Name and Award Number						
Geographic Location	Please specify the city, county, or state where your program operations are primarily occurring. Additionally, please indicate whether your jurisdiction is primarily rural, suburban, or urban (or a mixture of the three).					
Project Name						
Behavioral Health			Criminal			
Partner(s)	Justice Partner(s)					
Point(s) of Contact	Name:	Email:			Agency and Title:	
	Name:	Email:			Agency and Title:	
	Name:	Email:			Agency and Title:	
Target Population	Description and Number of People Served/Targeted:					
	Exclusionary Criteria:					
Collaborating Partners	Project partners, subcontractors, and their intended roles:					
Initiative	Please briefly describe your initiative (in 300 words or fewer).					

B. Grant Initiative Intercept Point(s)

Using the Sequential Intercept Model¹ below, indicate where your grant project is focused on the criminal justice continuum (you may be working on multiple intercepts within the grant), and indicate if you are focusing on activities that don't necessarily correspond directly to individual intercepts at this point.



C. Grant Initiative Updates

¹ The Sequential Intercept Model was developed by Mark Munetz, MD, and Patricia Griffin, PhD, and is described in this article and was subsequently adapted into a <u>user-friendly handout</u> in partnership with the Substance Abuse and Mental Health Services Administration's GAINS Center for Behavioral Health and Justice Transformation.

Your TA provider would like to know about any major developments that have occurred between the time you wrote your grant application/narrative and now. In your responses below, be sure to reference any major goal changes, stakeholder changes, etc., that may have occurred.

٦	Do you envision any changes to the goals and/or initiative as they were outlined in your grant proposal? This might include changes in evidence-based practices, screening and assessment tools selected, program partner changes, staffing changes, new budget constraints, etc.
A	Answer:
c	What is the relationship between this grant and any pre-existing initiatives or programs focusing on individuals with mental disorders or co-occurring disorders involved with the criminal justice system, either locally or at the state level? Please indicate if any of these initiatives or programs are funded through BJA's Second Chance Act grant program.
F	Answer:
	Has your jurisdiction ever conducted a strategic mapping session, gap analysis, mapping, or other needs assessment about the services available in your community? If so, what year was this completed?
F	Answer:

SECTION 2: DEVELOPING COLLABORATIVE STRATEGIES AND ESTABLISHING YOUR TASK FORCE

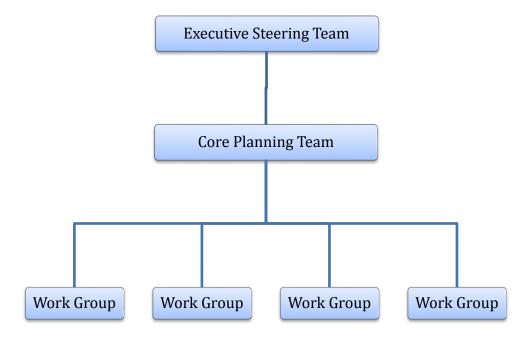
This section helps you determine whether you have the right people at the table to plan and oversee your initiative. Since a focus of the SCA grant is to create innovative cross-systems collaboration between justice and mental health agencies, the questions and activities in this section are intended to provide guidance for achieving this objective, and will help you explore various aspects of collaborative decision making essential to the success of your initiative. This section underscores the importance of including representatives (including leaders) of the various systems, agencies, and community members affected by the initiative in the planning process; establishing defined roles for each party and clarifying those roles with interagency agreements; measuring outcomes; and documenting the initiative's mission and goals.

Establishing an effective reentry strategy requires coordination across multiple agencies, state and local justice systems, and service providers. In addition to serving as a strategic planning and implementation oversight body, a leadership team can also help unite all system stakeholders around what research has shown to be effective in reducing recidivism rates and improving other outcomes, and promote a coordinated approach across systems for data sharing, assessment, case planning, and service delivery. Finally, the leadership team is an important way to ensure that agency leaders work together to advance and support jurisdiction_wide reentry policy and practice changes.

To maximize the potential of this team to help systems achieve better reentry outcomes, states and counties should focus on the key elements of an effective reentry task force:

- 1. Comprehensive Membership: Your reentry task force should reflect the broad range of state and local justice agencies, other service systems, and organizations critical to planning, implementing, and championing your reentry strategy.
- Leadership and Decision-Making Authority: It is common to run into resource and policy barriers
 that affect your reentry strategy. In order to address these challenges as they arise, it is critical
 that the task force include members who possess decision-making authority on behalf of their
 agencies so that they can effectively address those barriers.
- 3. Clear Goals, Roles, and Responsibilities: It is important for members to establish a vision/mission, agree upon concrete goals, and clarify members' roles and responsibilities in advancing these goals. Consider using formal agreements, such as memoranda of understanding (MOUs), to ensure that all members agree upon these goal and expectations.
- 4. Staff and Other Resources: An effective task force identifies individuals who can help schedule and prepare for task force meetings, document key takeaways and next steps from the meetings, and support task force members within and outside meetings to help advance the completion of grant deliverables. Task force members may also provide additional resources such as space, food, technology, and other in-kind resources to boost task force efforts.
- 5. *Defined Structure*: To keep the reentry initiative on track, there should be a clear leadership structure, with a chair or co-chairs responsible for facilitating meetings and holding members

accountable for progress; subcommittees with associated chairs as needed to address specific areas of reentry policy and practice; a regular schedule of meetings; and action-oriented, written agendas to guide these meetings. The following organizational chart is an example of how to define leadership roles and responsibilities within a reentry task force.



Sample Executive Steering Team Functions:

- 1. Collects reports on successes and barriers to reentry from a core planning team
- 2. Analyzes, prioritizes, and collaboratively addresses barriers to reentry
- 3. Presents formal policy recommendations to agency administrators or policymakers

Sample Core Planning Team Functions:

- 1. Collects reports on successes and barriers to reentry from work groups or subcommittees
- 2. Makes recommendations and updates to the strategic plan
- 3. Identifies barriers to reentry priorities
- 4. Develops and executes communications, marketing, and outreach strategies
- 5. Tracks progress on all task force goals and objectives
- 6. Develops new work groups as necessary

Sample Work Group Functions:

- 1. Executes the goals and objectives set forth by the reentry task force
- 2. Reports on successes and barriers to reentry as they relate to a specific subject area (e.g., client needs, reentry task force goals and objectives, stakeholder needs, etc.)

EXERCISE 2: DEVELOPING YOUR TASK FORCE

A. General Task Force Questions

1. Is an advisory or decision-making entity in place to oversee and guide the direction of the project?
☐ Yes (Proceed to question 1b.) ☐ No (Proceed to question 1a.)
1a. If you responded "No" to question 1, please briefly describe your plan to establish a task force. What community members might you include, how often would you anticipate meeting, who would direct the agenda and communication around this group (i.e., who will the group project leader be)? Please review questions 2–11 below for additional guidance on how to assemble a group. Answer:
1b. If you responded "Yes" to question 1, will this existing decision-making entity be used as the task force for the SCA planning and implementation process? If not, how will the task force be formed, and how will it communicate with existing reentry workers in your area? Answer:
2. Who chairs the task force? (Note: you will be asked to list all of the members of the task force below.) Answer:
 a. Are there interagency agreements, memoranda of understanding, policies and procedures, or similar documents that define responsibilities among team members? If yes, please list which agencies have these agreements and give a synopsis of what is included in each document (e.g., staffing hours, space usage, programming).
Answer:
b. What other agreements are necessary to have in place to make this initiative a success? Answer:
4. Does the task force include work groups or subcommittees? If so, what is the purpose of each of these subgroups? Please attach an organizational chart for the task force (like the example above) if applicable. Answer:
5. How often will/does the task force meet? Answer:
6. How are agendas for meetings developed and shared with task force members? Who coordinates agendas, scheduling, and other logistics? Answer:
7. How will any subgroups keep the larger task force informed and engaged in their work and planning process? Answer:
8. What is the task force's mission statement? Answer:

- 9. What are the short-term goals for the grant initiative (in the first six months)? Answer:
- 10. What are the long-term goals for the grant initiative (from six months onward)?

 Answer:
- 11. Are there additional stakeholders whom you would like to invite to join the task force?

 Answer:

B. Identifying Task Force Members

List the members of your task force below. If the composition of your task force has not yet been determined or finalized, please list whom you intend to invite, even if you haven't yet done so. When considering who should be a part of your task force, consider members who represent victim advocacy groups, substance use treatment, law enforcement, courts, community corrections/supervision, workforce development, housing, education, faith-based organizations, peer groups, consumers, family, victim services/representatives, other community-based services, and research/evaluation.

Task Force Name:							
Name	Title	Organization	Formal Role on Task Force (E.g., chair, vice chair, committee chair, etc.)				
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

SECTION 3: TARGET POPULATION

It is important have defined criteria to describe your target population, as your grant award is a limited resource. Your community will likely have more individuals who could benefit than you are able to serve; your grant project should serve those who are most likely to benefit from it. Having clearly defined criteria helps you determine what information you will need to obtain through screening and assessment or other processes to determine whether individuals are eligible. It will also help you develop an efficient and effective referral process to share with those who may be referring individuals to your initiative/program.

EXERCISE 3: DESCRIBING YOUR TARGET POPULATION

- Briefly describe the target population for your program. (Please include: age, gender, facility type, charge or offense history, criminogenic risk level criteria, probation/parole status, and other relevant information.)
- 2. How many people do you plan to serve per year and in total?
- 3. Will the program serve clients with cooccurring substance use disorders or serious mental disorders?
- 4. What, if any, criminal charges/offenses will be excluded from the grant initiative's eligibility criteria?
- 5. Is client participation voluntary?
- 6. What methods do you use for participant recruitment? Please indicate which staff or partners are involved in recruitment, as well as when and where this process occurs (e.g., correctional case managers survey the population every six months).
- 7. Does the program prioritize individuals with medium to high criminogenic risk for participation?
- 8. What correctional facility or facilities will be involved in this work?
- 9. Are halfway houses or residential facilities a mandatory component of reentry for this project?

EXERCISE 4: EVALUATING YOUR SCREENING AND ASSESSMENT PROCESSES

You will need to identify appropriate candidates for your grant project, define the terms of participation, and explain these terms to prospective participants. This activity will help you consider how to develop screening and assessment processes to gather the information necessary to determine participant eligibility.

Answer the questions below about your screening and assessment tools for criminogenic risk, substance use disorders, and mental disorders. If you are planning to implement any of these tools, outline your plans as requested below.

Criminogenic I	Risk Assessment Tool
Do you currently utilize a risk assessment tool	
that will be implemented in this project? If yes,	
name it here.	
Has the tool been validated for your	
population? If so, when did this take place?	
If you do not currently use a tool, do you plan	
to implement one in the future?	
If you currently use a tool, who administers it?	
If you are planning to implement one, who	
would administer it?	
When is the tool administered? If you are	
planning to implement one, when would it be	
administered?	
How is the information recorded and stored	
(electronically, paper files, electronic health	
record, etc.)? If you are planning to implement a tool, state your plans for record storage	
here.	
Which partners have access to the results?	
Do they receive this information automatically	
or is it available upon request? If you are	
planning to implement a tool, state your plans	
for information sharing here.	
Is the tool re-administered? If so, when and	
by whom? If you are planning to implement	
one, state your plans for re-administering it	
here.	
Do staff receive training on the tool? (y/n) If	
you are planning to implement one, write	
"N/A" here.	
Do staff receive booster training sessions on	
the tool? (y/n) If you are planning to	
implement one, write "N/A" here.	

Mental Diso	rder Screening Tool
Do you currently utilize a tool that will be	
implemented in this project? If yes, name it	
here.	
Has the tool been validated for your	
population? If so, when did this take place?	
If you are not currently using a tool, do you	
plan to implement one in the future?	
•	
If you currently use a tool, who administers it?	
If you are planning to implement one, who would administer it?	
When is the tool administered? If you are	
planning to implement one, when would it be	
administered?	
How is the information recorded and stored	
(electronically, paper files, electronic health	
record, etc.)? If you are planning to implement	
a tool, state your plans for record storage	
here.	
Which partners have access to the results?	
Do they receive this information automatically	
or is it available upon request? If you are	
planning to implement a tool, state your plans	
for information sharing here.	
Is the tool re-administered? If so, when and	
by whom? If you are planning to implement a	
tool, state your plans for re-administering it	
here.	
Do staff receive training on the tool? (y/n) If	
you are planning to use a tool, write "N/A"	
here.	
Do staff receive booster training sessions on	
the tool? (y/n) If you are planning to	
implement one, write "N/A" here.	
Mental Disord	der Assessment Tool
Do you currently utilize a tool that will be	
implemented in this project? If yes, name it	
here.	
Has the tool been validated for your	
population? If so, when did this take place?	
, , , , , , , , , , , , , , , , , , , ,	

If you do not currently using a tool, do you plan to implement one in the future?	
If you currently use a tool, who administers it?	
If you are planning to implement one, who	
would administer it?	
When is the tool administered? If you are	
planning to implement one, when would it be	
administered?	
How is the information recorded and stored	
(electronically, paper files, electronic health	
record, etc.)? If you are planning to implement	
a tool, state your plans for record storage	
here.	
Which partners have access to the results?	
Do they receive this information automatically	
or is it available upon request? If you are	
planning to implement a tool, state your plans	
for information sharing here.	
Is the tool re-administered? If so, when and	
by whom? If you are planning to implement	
one, state your plans for re-administering it	
here.	
Do staff receive training on the tool? (y/n) If	
you are planning to use a tool, mark "N/A"	
here.	
Do staff receive booster training sessions on	
the tool? (y/n) If you are planning to	
implement one, write "N/A" here.	
Substance	Use Screening Tool
Do you currently utilize a tool that will be	
implemented in this project? If yes, name it	
here.	
Has the tool been validated for your	
population? If so, when did this take place?	
If you are not currently using a tool, do you	
plan to implement one in the future?	
If you currently use a tool, who administers it?	
If you are planning to implement one, who	
would administer it?	
When is the tool administered? If you are	
planning to implement one, when would it be	
administered?	
	1

How is the information recorded and stored (electronically, paper files, electronic health record, etc.)? If you are planning to implement a tool, state your plans for record storage here.	
Which partners have access to the results? Do they receive this information automatically or is it available upon request? If you are planning to implement a tool, state your plans for information sharing here.	
Is the tool re-administered? If so, when and by whom? If you are planning to implement one, state your plans for re-administering here.	
Do staff receive training on the tool? (y/n) If you are planning to use a tool, write "N/A" here.	
Do staff receive booster training sessions on the tool? (y/n) If you are planning to implement one, write "N/A" here.	
Substance U	se Assessment Tool
Do you currently utilize a tool that will be implemented in this project? If yes, name it here.	
Has the tool been validated for your population? If so, when did this take place?	
If you are not currently using a tool, do you plan to implement one in the future?	
If you currently use a tool, who administers it? If you are planning to implement one, who would administer it?	
When is the tool administered? If you are planning to implement one, when would it be administered?	
How is the information recorded and stored (electronically, paper files, electronic health record, etc.)? If you are planning to implement a tool, state your plans for record storage here.	

Which partners have access to the results? Do they receive this information automatically or is it available upon request? If you are planning to implement a tool, state your plans for information sharing here.	
Is the tool re-administered? If so, when and by whom? If you are planning to implement one, state your goals for re-administering it here.	
Do staff receive training on the tool? (y/n) If you are planning to use a tool, write "N/A" here.	
Do staff receive booster training sessions on the tool? (y/n) If you are planning to implement one, write "N/A" here.	

SECTION 4: IDENTIFYING EVIDENCE-BASED COMMUNITY SERVICES AND SUPPORTS FOR YOUR TARGET POPULATION

An important goal of the SCA is to facilitate a seamless transition from corrections to the community. Best practices show that strong collaboration among social services and the criminal justice, mental health, and substance use treatment systems increases positive outcomes for the individual and the community. Understanding what services and resources are available and where there are gaps can help you not only assess what resources and capacity you currently have, but also develop a strategy for addressing those gaps. Conducting an inventory of services and supports can also help you anticipate challenges that may arise while addressing a wide range of individual needs. The inventory will help ensure that the referral process for various resources is as seamless as possible by facilitating a conversation about quality, capacity, and connections. This section will assist you in mapping what services and resources will be utilized both inside and outside of correctional facilities, and give you an idea of what information-sharing practices are needed in order to provide a seamless transition. There are four program inventory tables provided below for entry. Add additional tables as needed.

EXERCISE 5: IDENTIFICATION OF PROGRAMS AND SERVICES

Please provide the information requested for each program you provide to participants as a part of this initiative. For the purpose of this exercise, a program is defined as a coordinated group of activities for a specific goal (e.g., housing, employment, mental health), and a service is a specific activity (e.g., legal aid for housing, interview skill building, targeted treatment) that participants are engaged in to meet programming goals. The tables below provide space for information on four different programs. If one program provides several services, please list each service separately. Please add additional tables as needed. Write "N/A" in the spaces provided where appropriate.

Program 1 Information						
Program name:						
Agency:						
Program eligibility criteria:						
Program exclusionary criteria:						
Service(s) offered before release:		Domains targeted by this service (check all that apply):				
		Criminal risk	Substance	Mental	Stabilization	Other
		Chillinai iisk	use	disorder	needs	Other
1.						
2.						

3.							
Please add additional rows as needed.					-		
Service(s) offered after release:		Domains targeted by this service (check all that apply):					
		Criminal risk	Substance	Mental	Stabilization	Other	
		Chiminal risk	use	disorder	needs	Otrici	
1.							
2.							
3.							
Please add additional rows a	s needed.						
Program 2 Information							
Program name:							
Agency:							
Program eligibility criteria:							
Program exclusionary criteria:							
		Domains targeted by this service (check all that apply):					
Service(s) offered before	ore release:	Criminal risk	Substance	Mental 	Stabilization	Other	
			use	disorder	needs		
1.							
2.		Ш			Ш		
3.	<u> </u>						
Please add additional rows a	s needed.						
0 : () " "		Domains targeted by this service (check all that apply):				oly):	
Service(s) offered aft	er release:	Criminal risk	Substance	Mental	Stabilization	Other	
		П	use	disorder	needs		
1.		_			_		
2. 3.							
Please add additional rows as needed.							
Program 3 Information							
Program name:							

Agency:							
Program eligibility criteria:							
Program exclusionary criteria:							
Service(s) offered before release:		Domains targeted by this service (check all that apply):					
		Criminal risk	Substance	Mental	Stabilization	Other	
			use	disorder	needs		
1.							
2.							
3.							
Please add additional rows a	s needed.						
		Dor	mains targeted b	y this service (c	heck all that app	ly):	
Service(s) offered aft	er release:	Criminal risk	Substance	Mental	Stabilization	Other	
			use	disorder	needs		
1.							
2.							
3.							
Please add additional rows a	s needed.						
Program 4 Information							
Program name:							
Agency:							
Program eligibility criteria:							
Program exclusionary criteria:							
		Domains targeted by this service (check all that apply):					
Service(s) offered before	ore release:	Criminal risk	Substance	Mental	Stabilization	Other	
			use	disorder	needs		
1.							
2.							
3.							
Please add additional rows a	s needed.						
Service(s) offered aft	er release.	Domains targeted by this service (check all that apply):					
Service(s) offered after release:		Criminal risk	Substance	Mental	Stabilization	Other	

		use	disorder	needs					
1.									
2.									
3.									
Please add additional rows as needed.	Please add additional rows as needed.								

SECTION 5: DEVELOPING YOUR PROGRAM WITHIN YOUR SYSTEM AND THE COMMUNITY

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. By completing the logic model below, you will develop a system map of programs, partners, and strategies. Here are brief descriptions of the column and row headings in the logic model:

- Content Area: This column is prepopulated so that each row reflects broad categories of
 recidivism reduction strategies. Content areas are intentionally broad in order to capture the
 wide range of goals and activities that an Adult Demonstration Program grant project might
 include. If a goal spans multiple content areas, please list that goal in the row that best
 corresponds to the purpose of the activity. The content areas are:
 - Supervision Practices: Changes to the ways that supervision staff do their jobs
 - o Case Management: Any activity directly related to case planning or case management
 - Promoting Quality Programs: Activities related to implementation of any quality assurance measures, whether for assessing training effectiveness, adherence to best practices of programming, or program fidelity
 - Operations: Any changes that affect the operations of the agency or department, such as revisions to hiring practices, job descriptions, or current practices (e.g., use of sanctions and incentives or use of risk/need data)
 - Direct Services: Use of grant funds to support any direct services to supervision clients, including subgrants to community service providers.
 - Risk and/or Needs Assessment: Development, revision, or implementation of a new risk and/or needs assessment
- **Project Goals:** Each row should reflect a specific goal the team intends to pursue through the implementation project. Refer back to Exercise 1.
- Activities: Enter one or more discrete activities the agency will undertake to achieve each goal.
 Activities should be concise and specific.
- Activity Type (Training, QA, Policy, Procedure, Service Provision, Technology): Place an
 "X" in the relevant subcolumn(s) to indicate the nature of each activity as training, quality
 assurance (QA), policy, procedure, direct service provision, or implementation of new
 technology. Activities can span multiple types.
- **Resources:** List existing resources (e.g., staff, contracts, technology) that will be used to accomplish each activity, as well as resources that will be supported by grant funds. The latter items should be reflected in the grant budget.
- Process Measures: Note how you will measure the progress of each activity, including completion.
- **Short-Term Outcomes:** Indicate short-term (i.e., 3–12 months) and quantifiable measures that each activity is expected to yield, such as changes in knowledge, attitudes, or behaviors of the population targeted by each activity (e.g., inmates, parolees, staff, and stakeholders).

- Long-Term Outcomes: Indicate long-term (i.e., a year to several years) and quantifiable measures that each activity is expected to yield, such as changes in recidivism and organizational structure and procedure. Long-term outcomes should build on short-term outcomes.
- **Sustainability:** Describe how the agency will maintain these investments after the implementation project period.

EXERCISE 6: DEVELOP A LOGIC MODEL

	EXAMPLE Logic Model												
Content Area	Project Goals	Activities	Training	QA	Policy	Procedure	Service Provision	Technology	Resources (Existing and Grant- Funded)	Process Measures	Short-Term Outcomes	Long-Term Outcomes	Sustainability
		Review reentry policies and practices and assess adherence to accepted best practices.			X	X			Policy analyst on staff; new hire for additional policy analyst using grant funds	Number of staff allocated; number of policies reviewed; percentage of total reentry policies and practices reviewed	Hire policy analyst Fifty percent of necessary policies and practices reviewed	All necessary policies and practices reviewed	
Supervision Practices	Ensure that probation officers' actions, strategies, and training align with accepted best practices.	Alter reentry practices and training, where necessary, to align with best practices.	x	X					Internal DOC staff to make policy changes; training contract (using grant funds)	Number of staff/partners trained; percentage of total staff trained	Submit RFP for training contract Sign contract with trainer Fifty percent of total probation officers trained	All staff/partners trained in best practices QA demonstrates consistent application in the field Reduction in recidivism	Incorporate QA measures into performance reviews, position descriptions, and hiring procedures.

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Content Area	Project Goals Insert goals from Exercise 1	Activities	Training	αA	Policy	Procedure	Service Provision	Technology	Resources (Existing and Grant- Funded)	Process Measures	Short-Term Outcomes	Long-Term Outcomes	Sustainability
Supervision Practices													
Case Management													
Promoting Quality Programs													
Operations													
Direct Services													
Risk and/or Needs Assessment													

SECTION 6: DATA COLLECTION, PERFORMANCE MEASUREMENT, AND PROGRAM EVALUATION

BJA expects that Adult Demonstration Program grantees will document a baseline recidivism rate based on historical data and incorporate a research partner to assist with (a) data collection and analysis, (b) problem assessment, (c) strategy development, and/or (d) monitoring and evaluation of performance. This section will help your team identify the most appropriate evaluation partner and activities.

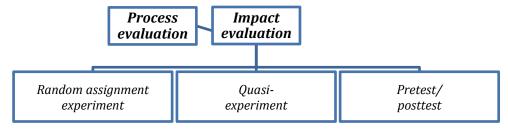
Program evaluations can inform current and future implementation and provide information to stakeholders and funders about the effects, potential limitations, and strengths of the program. Grantees should consider their own needs and goals, as well as their ability to move the field forward, as they plan evaluations.

Program evaluations are a meaningful way for agencies to document activities, accomplishments, and needs. Results are useful to

- Document program accomplishments, including positive and negative effects of program participation;
- Document program development activities to inform replication;
- Improve implementation and effectiveness;
- · Better manage limited resources;
- · Achieve and increase buy-in;
- Promote sustainability; and
- Justify current and future funding, including the need for increased levels of funding.

EVALUATION DESIGN

Not all investments made through your program can necessarily be evaluated in the same way. The evaluation design for a specific program will likely look different from the evaluation design for a new policy with agencywide implications. To develop a successful evaluation design, it is critical to understand what is being evaluated. This requires program staff to document their processes, the changes that are occurring, and whether those processes are functioning consistently, through a process evaluation. Ensuring that policies and programming are being implemented with consistency is critical before a full evaluation is completed. Once the process evaluation is complete, it is then appropriate to evaluate the impact of the program or policy changes on key outcomes measures such as recidivism. Consider the types of impact evaluations shown in the chart and described below to identify the one best suited to your activities, needs, and budget.



Process Evaluation

Process evaluations are often qualitative in nature, and results are useful for assessing the quality of implementation and making adjustments to strengthen the program's effectiveness for future participants. In justice settings, common data sources include implementation plans and interviews with stakeholders, and common measures include the number of participants served and duration of engagement. Process evaluations are particularly useful to:

- Examine whether programs are implemented with fidelity and in accordance with evidencebased principles. Documents that guide implementation, such as program plans, should reflect evidence-based principles and outline how to implement your initiative with fidelity. Then, as the process evaluation examines implementation, results will reveal whether and to what extent the initiative adhered to those plans.
- Track intermediate outcomes and alter implementation, if necessary. For example, tracking
 program enrollment allows grantees to assess whether you are on pace to meet your goals and,
 if not, to adjust recruitment practices. Similarly, if enrollment numbers are on pace but
 completion numbers are down, grantees may assess and refine retention and engagement
 strategies.

Which Intermediate Outcomes Should You Track?

- Number and percentage of new participants enrolled (based on enrollment target)
- Number and percentage of participants who successfully completed the program
- Number and percentage of participants who unsuccessfully completed the program
- Number and percentage of program incompletes
- Recidivism rate for participants who successfully complete the program
- Recidivism rate for participants who do not successfully complete the program

Impact Evaluation

Impact evaluations assess effectiveness by measuring change that has occurred as a result of the program, including goal attainment, as well as positive, negative, intended, and unintended consequences. They are usually quantitative in nature and consider short-term (3–6 months), medium-term (6–12 months), or long-term (12 months or longer) outcomes. In justice settings, criminal history records are common data sources and recidivism is a common outcome measure. There are three common impact evaluation designs:

- Random assignment experiment designs are the most rigorous. Evaluators assign individuals with similar attributes and characteristics to treatment or control groups at random. Individuals assigned to the treatment group participate in the program; those assigned to the control group do not. Then, both groups are assessed on the same outcome measures. By controlling for any pre-existing bias, outcomes are attributable to the program. One difficulty with this design is sample size; evaluators must obtain a sample size large enough in both groups to draw conclusions in accordance with statistical rules of power and significance.
- Quasi-experimental designs are similar to, but less rigorous than, experimental designs. Similarly, evaluators identify treatment and control groups, and only the treatment group participates in the program. However, the control group may be contemporaneous or historical. A contemporaneous control group is used when the outcomes of the treatment and control groups are compared over the same time period. A historical control group is used when the outcomes of the treatment group are compared with the outcomes of a control group observed at some previous time. For example, if a gender-specific program targets all female probationers in a given jurisdiction, there is no contemporaneous comparison group available.

- Therefore, evaluators may compare participants' outcomes to those of female probationers in preceding years. Evaluators should collect and analyze data to control for potential differences between the treatment and control groups.
- Pretest/posttest designs are best when it is difficult to identify a comparison group. Evaluators collect information on program participants at two points in time: once before program participation (baseline information) and again after participation. This design is the least rigorous in establishing a causal link between program activities and outcomes. However, it is a practical and sufficient way to determine whether a program is making a difference as long as appropriate outcome measures are collected. For example, pretest/posttest designs can be effective for evaluating changes in participants' knowledge but should not be used to evaluate recidivism outcomes where it would be difficult to determine whether changes in recidivism are the result of program participation or simply the passage of time.

EXERCISE 7: DEVELOPING AN EVALUATION PLAN

BJA requires that implementation grantees complete process and impact evaluations. Complete the table below to indicate the type of evaluations you propose to conduct.

The process measures, short-term outcomes, and long-term outcomes in the logic model above should provide an outline to develop a comprehensive plan. Respond to the questions below; these will help round out the plan. Please provide multiple answers to the questions below, as necessary, to reflect components of the implementation proposal that will be evaluated individually.

1. What type of evaluation will you use to assess the outcomes and impact of the proposed grant activities?							
		Evaluation type					
Activities	Process	Random assignment	Quasi- experiment	Pretest/ posttest			
Activity 1: <copy from="" logic="" model=""></copy>	√						
Activity 2: <copy from="" logic="" model=""></copy>	✓						
Activity 3: <copy from="" logic="" model=""></copy>	✓						
Activity 4: <copy from="" logic="" model=""></copy>	✓						
Activity 5: <copy from="" logic="" model=""></copy>	1						
Add additional rows as needed.		•		•			

2. What is the targe	2. What is the target group being studied in the evaluation?					
Answer:						
Considerations &	Clearly define the group you will study in the evaluation and ensure that the target population is appropriate for the					
Examples:	intervention provided. This will likely be the target population you identified in Section 1.					

3. How w	3. How will you define successful completion of the program?				
	Answer:				
Conside	erations &	Completion definitions can be either process-based (e.g., program participant has completed 70 percent of program			
E	Examples:	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, achieving a GED, etc. within one year).			

4. What is the defin	4. What is the definition of recidivism that will be evaluated?				
Answer:					
Considerations &	This should be the same as the definition of recidivism used by the jurisdiction in which the grantee operates.				
Examples:					

5. What will be the t	5. What will be the tracking period for recidivism, and when will it begin?							
Answer:								
Considerations &	The tracking period must allow for uniform "time at risk to recidivate" for all offenders tracked (e.g., all in group have at							
Examples:	least one year of exposure to street time after completing the program or upon release from prison when determining							
	the one-year recidivism rate). You may want to track recidivism at multiple intervals (1-, 2-, and 3-year rates), but the							
	period(s) tracked must be consistent for all individuals.							

6. What is the comp	6. What is the comparison group for the evaluation?					
Answer:						
Considerations &	The comparison group must have similar characteristics to the treatment group for the evaluation to be valid. Random					
Examples:	assignment to a "program" and "control" group is the preferable methodology for the evaluation. If that isn't possible, it is					
	important for the selected control group to be statistically matched to the program group. Pre- and posttest designs are					
	acceptable only if there is no way to identify a statistically matched control group.					

7. How many individual	7. How many individuals will be in the target and comparison groups for analysis after 6 months? After 12 months?				
Answer:					
Considerations &	After 12 months there will ideally be more than 100 individuals in the treatment and comparison groups.				
Examples:					

	8. Who will collect data records on program participation and services received, as well as recidivism outcomes, for analysis? Where and how will these data be captured?					
Answer:						
Considerations &	Clearly identify available electronic record data that can be used for the research. Electronic records are essential to					
Examples:	conduct matching of databases, reduce cost, and complete the research in a timely fashion.					

9. V	9. Who will conduct the process and impact evaluations?				
	Answer:				
Co	onsiderations &	BJA encourages grantees to contract with an outside provider to assist with the design and completion of the evaluation.			
	Examples:				

SECTION 7: SUSTAINABILITY

This section focuses on strategies for achieving long-term sustainability for your initiative through focused efforts initiated at the beginning of the grant. Sustainability is difficult to achieve and made even more challenging if left for "the last minute" as grant dollars are coming to an end. Developing a sustainability plan at the onset is essential to build a strong program that can continue after the SCA funding concludes.

Although the SCA grants are intended to create programs that improve results in a particular jurisdiction, the larger value is that these programs can pave the way for more systemic change by modeling success or innovation. This may seem like a lot for one program to take on, but the program itself will be more sustainable if it is part of a broader effort to improve outcomes.

EXERCISE 8: CONNECTIONS TO HEALTH CARE COVERAGE AND OTHER BENEFITS

An important piece of sustainability, particularly for behavioral health initiatives, is connecting participants to health care coverage and other benefits. This exercise will help your initiative assess its progress in health care enrollment and consider ways in which publicly funded benefits and insurance can be used to sustain components of the initiative.

Questions	Responses
1. Do you or a partner agency track the percentage of the people in the grant target population who come in with public health care coverage?	☐ Yes ☐ No ☐ Don't know
Do you or a collaborator track the type of coverage (e.g Qualified Health Plan [QHP]; Medicaid; Medicare)?	.,
At what point is the health care coverage application submitted?	☐ Before release, using corrections staff, patient navigators, inreach, or another partner ☐ After release, via referral ☐ Other (please specify): ☐ Don't know
4. How are public health care coverage applications submitted (e.g., online through the Marketplace; faxed to Medicaid agency; by phone with an assister, etc.)?	ю

5. Do you or a partner agency track the number of people you assist in applying for health care coverage?	☐ Yes ☐ No ☐ Don't know
Please describe any challenges you or your collaborators have had in helping participants apply for public health care coverage.	
7. Do you or a partner agency track the percentage of people in the grant target population who come in with Supplemental Security Income (SSI) and/or Social Security Disability Income (SSDI) benefits?	☐ Yes ☐ No ☐ Don't know
8. At what point is the SSI and/or SSDI application submitted?	☐ Before release, using corrections staff, in-reach, or other partner ☐ After release, via referral ☐ Other (please describe): ☐ Don't know
9. Have staff in your agency or partners received training in SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance?	☐ Yes ☐ No ☐ Don't know
Are you or a collaborator tracking the number of people you assist in applying for SSI and/or SSDI?	☐ Yes ☐ No ☐ Don't know
11. Please describe any challenges you or your collaborators have had in helping participants apply for SSI and/or SSDI.	
12. How do you plan to finance the services covered by your BJA grant once the grant has ended?	

EXERCISE 9: ASSESSING YOUR SUSTAINABILITY

Read the following statements and consider the degree to which your jurisdiction has implemented the given policy or practice. The options are as follows: N = 1 not implemented or planned, PL = 1 planning stage, P = 1 partially implemented, and P = 1 fully implemented.

N	PL	Р	F	Sustainability Expectations	
				Stakeholders are meaningfully engaged in the project on a regular basis.	
				Stakeholders express long-term commitment to and involvement in the program.	
	A champion publicly advocates for the continuation of the program.				
				Initiative leaders can articulately discuss the value of the program.	

	Initiative leaders are able to tailor their message about the initiative to different audiences, considering the goals of the audience (e.g., community supervision, mental health treatment, jail administrators).
	There is a working group of diverse stakeholders focused on developing a sustainability plan.
Project staff have identified funding streams from federal, state, and local governments, foundations, and private organizations that can sustain the project after current federal funding expires.	
	The evaluation assesses areas of interest to each of the stakeholders.
	Data collected or the evaluation results are shared with each stakeholder, tailored to their specific interests.

EXERCISE 10: CREATING A SUSTAINABILITY ACTION PLAN

It is likely that your TA provider will revisit your responses to these exercises and use them as a basis for periodically discussing your progress.

A. Reviewing Potential Resources

Sustainability Components	Responses	
Has the group identified components of the program (such as staffing, policy, or practice changes) that could continue in the absence of dedicated funding?		
List the two most important program components to sustain and the partners who can potentially provide resources for those components.	Sustainable Components	Stakeholder Resources
List the policy changes, training programs, etc., that do not need refunding each year.	1. 2. 3.	
List the potential federal, state, and local government, foundation, and private funding opportunities.	1. 2. 3.	
List program support items that can be donated (e.g., clothing, goods and services) and the organizations to approach for relevant donations.	Needed Items	Donating Organizations

B. Engaging Additional Partners

Responses		
Stakeholder	Outcome of Interest	
E.g., Local halfway house	E.g., Increase housing options	
1.		
2.		
3.		
	E.g., Local halfway house 1. 2.	

C. Next Steps for Sustainability

Please use the answers to the self-assessment and the information above to identify action items, responsible people, and timelines for completion in order to promote long-term sustainability.

Sustainability Action Item	Person Responsible	Due Date or Timeframe

APPENDIX A: SUPPORTING RESOURCES

Supporting Resources: Data Collection and Evaluation

- Aos, Steve, Polly Phipps, Robert Barnoski, and Roxanne Lieb. The Comparative Costs and Benefits of Programs to Reduce Crime. Olympia, WA: Washington State Institute for Public Policy, 2001. http://www.wsipp.wa.gov/ReportFile/756.
- Bersamira, Cliff, Sarah Wurzburg, and Kelly Kentgraf. State Substance Abuse Agencies, Program Management and Data Utilization: Case Studies of Eleven States. Washington, DC: National Association of State Alcohol and Drug Abuse Directors, 2013. http://nasadad.wpengine.com/2015/03/state-substance-abuse-agencies-program-management-and-data-utilization-case-studies-of-eleven-states/.
- Carter, Madeline M. The Importance of Data and Information in Achieving Successful Criminal Justice Outcomes. Silver Spring, MD: Center for Effective Public Policy, 2006. http://collaborativejustice.org/docs/Collaboration%20Data%20Monograph.pdf.
- Elias, Gail. How to Collect and Analyze Data: A Manual for Sheriffs and Jail Administrators. Washington, DC: National Institute of Corrections, 2007. https://s3.amazonaws.com/static.nicic.gov/Library/021826.pdf.
- Kim, KiDeuk, Miriam Becker-Cohen, Maria Serakos. *The Processing and Treatment of Mentally III Persons in the Criminal Justice System.* Washington, DC: Urban Institute, 2015. http://webarchive.urban.org/UploadedPDF/2000173-The-Processing-and-Treatment-of-Mentally-III-Persons-in-the-Criminal-Justice-System.pdf.
- Kimmelman-DeVries, Cynthea, and Andrew Barbree. "Working with Data for Mental Health Court Practitioners: Part One:
 Data Collection and Manipulation." Webinar held by the Council of State Governments Justice Center, New York, NY, May 6,
 2010. http://csgjusticecenter.org/cp/webinars/webinar-archive-working-with-data-for-mental-health-court-practitioners-part-one-data-collection-and-manipulation/.
- Kimmelman-DeVries, Cynthea, and Andrew Barbree. "Working with Data for Mental Health Court Practitioners: Part Two: Data Analysis and Communication." Webinar held by the Council of State Governments Justice Center, New York, NY, June 21, 2010. http://csgjusticecenter.org/cp/webinars/webinar-archive-working-with-data-for-mental-health-court-practitioners-part-two-data-analysis-and-communication/.
- Lampkin, Linda M., and Harry P. Hatry. *Key Steps in Outcome Management*. Washington, DC: The Urban Institute, 2003. http://www.urban.org/sites/default/files/alfresco/publication-pdfs/310776-Key-Steps-in-Outcome-Management.PDF.
- Morley, Elain, and Linda M. Lampkin. Using Outcome Information: Making Data Pay Off. Washington, DC: The Urban Institute, 2004. http://www.urban.org/sites/default/files/alfresco/publication-pdfs/311040-Using-Outcome-Information.PDF.
- Parsons, Jim, and Talia Sandwick. Closing the Gap: Using Criminal Justice and Public Health Data to Improve the Identification of Mental Illness. New York: Vera Institute of Justice, 2012. http://www.vera.org/sites/default/files/resources/downloads/closing-the-gap-report.pdf.
- 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.issuelab.org/click/download1/using data in multi agency collaborations guiding performance to ensure accountability and improve programs? ga=1.122235533.762624363.1428424672.

Recidivism Reduction

- The Council of State Governments Justice Center. Lessons from the States: Reducing Recidivism and Curbing Corrections Costs Through Justice Reinvestment. New York: The Council of State Governments Justice Center, 2013. http://csgjusticecenter.org/wp-content/uploads/2013/04/FINAL_State_Lessons_mbedit.pdf.
- 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.
- Pew Center on the States. *State of Recidivism: The Revolving Door of America's Prisons*. Washington, DC: The Pew Charitable Trusts, 2011. http://www.pewstates.org/research/reports/state-of-recidivism-85899377338.

Supporting Resources: Evidence-Based Behavioral Health and Community Supervision Practices

Evidence-Based Behavioral Health Practices

- Aos, Steve, Marna Miller, and Elizabeth Drake. *Evidence-Based Adult Corrections Programs: What Works and What Does Not.* Olympia, WA: Washington State Institute for Public Policy, 2006. http://www.wsipp.wa.gov/ReportFile/924.
- Blandford, Alex, and Fred 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, and Fred Osher. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*. New York: Council of State Governments Justice Center, 2013. http://csgjusticecenter.org/wp-content/uploads/2013/12/Guidelines-for-Successful-Transition.pdf.
- Bogue, Bradford, and Anjali Nandi. *Motivational Interviewing in Corrections: A Comprehensive Guide to Implementing MI in Corrections*. Washington, DC: National Institute of Corrections, 2012. http://static.nicic.gov/Library/025556.pdf.
- Center for Substance Abuse Treatment. Overarching Principles to Address the Needs of Persons with Co-Occurring Disorders. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006. https://store.samhsa.gov/shin/content/PHD1132/PHD1132.pdf.
- Center for Substance Abuse Treatment. Substance Abuse Treatment for Adults in the Criminal Justice System: Treatment Improvement Protocol (TIP) Series 44. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005. http://store.samhsa.gov/shin/content//SMA13-4056/SMA13-4056.pdf.
- The Council of State Governments Justice Center. Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community. New York: The Council of State Governments Justice Center, 2005. http://csgjusticecenter.org/wp-content/uploads/2013/04/1694-11.pdf.
- Covington, Stephanie S., and Barbara Bloom. "Gender-Responsive Treatment and Services in Correctional Settings." *Women and Therapy* 29, no. 3/4 (2006): 9–33. http://stephaniecovington.com/assets/files/FINALC.pdf.
- The National Judicial College. *Principles of an Effective Criminal Justice Response to the Challenges and Needs of Drug-Involved Individuals*. Reno, NV: The National Judicial College, 2012. http://www.judges.org/wp-content/uploads/DIO-monograph0113.pdf.

- Peters, Roger. "Addressing Co-occurring Disorders in Adult Court-Based Programs." Webinar held by the Council of State
 Governments Justice Center, New York, NY, August 24, 2012. http://csgjusticecenter.org/courts/webinars/webinar-archive-addressing-co-occurring-disorders-in-adult-court-based-programs/.
- Reuland, Melissa, Laura Draper, and Blake Norton. Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions. New York: Council of State Governments Justice Center, 2010. https://www.bja.gov/Publications/CSG_LE_Tailoring.pdf.
- Schwarfeld, Matt, Melissa Reuland, and Martha Plotkin. *Improving Responses to People with Mental Illness: The Essential Elements of a Specialized Law Enforcement-Based Program.* New York: Council of State Governments Justice Center, 2008. http://csgjusticecenter.org/wp-content/uploads/2012/12/le-essentialelements.pdf.
- Substance Abuse and Mental Health Services Administration. *Integrated Treatment for Co-Occurring Disorders: The Evidence*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009. https://store.samhsa.gov/shin/content/SMA08-4367/TheEvidence-ITC.pdf.
- Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment for Persons with Co-Occurring Disorders: Treatment Improvement Protocol (TIP) Series No. 42. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005. http://store.samhsa.gov/shin/content//SMA13-3992/SMA13-3992.pdf.
- Thompson, Michael, Fred Osher, Denise Tomasini-Joshi. Improving Responses to People with Mental Illness: The Essential Elements of a Mental Health Court. New York: Council of State Governments Justice Center, 2008.
 http://csgjusticecenter.org/courts/publications/improving-responses-to-people-with-mental-illnesses-the-essential-elements-of-a-mental-health-court/.

Evidence-Based Community Supervision Practices

- 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://s3.amazonaws.com/static.nicic.gov/Library/027940.pdf.
- 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.
- Prendergast, Michael L. "Interventions to Promote Successful Re-Entry Among Drug-Abusing Parolees." *Addiction Science and Clinical Practice* 5, no. 1 (2009): 4–13. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797118/.
- Solomon, Amy L., Jesse Jannetta, Brian Elderbroom, Laura Winterfield, Jenny Osborne, Peggy Burke, Richard P. Stroker, Edward E. Rhine, and William D. Burrell. *Putting Public Safety First: 13 Strategies for Successful Supervision and Reentry*. Washington, DC: The Urban Institute, 2008. http://www.urban.org/research/publication/putting-public-safety-first-13-strategies-successful-supervision-and-reentry-policy-brief.

Supporting Resources: Health Care 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.

- 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: 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.

Supporting Resources: Risk, Needs, Responsivity

- Bonta, James, and Don A. Andrews. *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa, Canada: Public Safety Canada, 2007. http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf.
- 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/.
- D'Amora, David. "Risk Need Responsivity 101: A Primer for SCA and SCA Grant Recipients." Webinar held by the Council of State Governments Justice Center, New York, NY, March 31, 2015. https://csgjusticecenter.org/reentry/webinars/risk-need-responsivity-101-a-primer-for-sca-and-jmhcp-grant-recipients/.
- Latessa, Edward J., Lori Brusman Lovins, and Paula Smith. Follow-Up Evaluation of Ohio's Community Based Correctional Facility and Halfway House Programs—Outcome Study. Cincinnati, OH: University of Cincinnati, 2010. http://www.uc.edu/content/dam/uc/ccjr/docs/reports/project_reports/2010%20ODRC%20HWH%20FINAL%20REPORT2.pdf.
- 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://www.pewtrusts.org/~/media/legacy/uploadedfiles/pcs_assets/2011/PewRiskAssessmentbriefpdf.pdf.

Supporting Resources: Screening and Assessment

Screening and Assessment for Criminogenic Risk

 Desmarais, Sarah L., and Jay P. Singh. Risk Assessment Instruments Validated and Implemented in Correctional Settings in the United States. New York: 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/.

Screening and Assessment for Substance Use, Mental Disorders and Co-Occurring Substance Use and Mental Disorders

- Ford, Julian, Robert L. Trestman, Fred Osher, Jack E. Scott, Henry J. Steadman, and Pamela Clark Robbins. *Mental Health Screens for Corrections*. Washington, DC: National Institute of Justice, 2007. https://www.ncjrs.gov/pdffiles1/nij/216152.pdf.
- Peters, Roger, Marla G. Bartoi, and Pattie B. Sherman. Screening and Assessment of Co-Occurring Disorders in the Justice System. Delmar, NY: CMHS National GAINS Center, 2008. http://csgjusticecenter.org/wp-content/uploads/2014/12/ScreeningAndAssessment.pdf.

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.csgjusticecenter.org/?page_id=179.
- Goss, Stephen, and Leonard Bailey. Establishing and Managing a Competency Docket in a Rural or Resource Challenged Jurisdiction, 2010. http://www.mentalcompetency.org/resources/articles/files/Goss%20--
 %20Establishing%20and%20Managing%20a%20Competency%20Docket.pdf?collection=journals&handle=hein.journals/jusj30&div=24&id=&page.
- 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. http://www.hrsa.gov/ruralhealth/pdf/ruralbehavioralmanual05312011.pdf.
- Osher, Fred, David D'Amora, Martha Plotkin, Nicole Jarrett, and Alexa Eggleston. Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery. New York: Council of State Governments Justice Center, 2012. http://csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12 Behavioral-Health-Framework-final.pdf.
- Reuland, Melissa, Laura Draper, and Blake Norton. Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives. New York: Council of State Governments Justice Center, 2012. https://www.bja.gov/Publications/CSG_StatewideLEMH.pdf.

Supporting Resources: Systems Collaboration

- Beeman, Marea, and Aimee Wickman. *Measuring Performance of CJCCs.* Arlington, VA: The Justice Management Institute, 2013. http://69.195.124.207/~jmijust1/wp-content/uploads/2014/04/CJCCMiniGuide-Performance-Measures.pdf.
- Carter, Madeline M. Engaging in Collaborative Partnerships to Support Reentry. Silver Spring, MD: Center for Effective Public Policy, 2010.
 - http://www.reentrycoalition.ohio.gov/docs/initiative/coaching/Engaging%20in%20Collaborative%20Partnerships.pdf.
- 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. Franklin County, Ohio: A County Justice and Behavioral Health Systems Improvement Project. New York: Council of State Governments Justice Center, 2015. http://csgjusticecenter.org/wp-content/uploads/2015/05/FranklinCountyFullReport.pdf.
- Cushman, Robert C. *Guidelines for Developing a Criminal Justice Coordinating Committee*. Washington, DC: National Institute of Corrections, 2002. https://s3.amazonaws.com/static.nicic.gov/Library/017232.pdf.
- Jones, Michel R. *Guidelines for Staffing a Local Criminal Justice Coordinating Committee*. Washington, DC: National Institute of Corrections, 2012. https://s3.amazonaws.com/static.nicic.gov/Library/026308.pdf.

- Jones, Michael R. Keeping Your Criminal Justice Coordinating Committee Going Strong. Washington, DC: National Institute of Corrections, 2013. http://www.pretrial.org/download/pji-reports/Keeping%20Your%20CJCC%20Going%20Strong%20-%20Jones%202013.pdf.
- McGarry, Peggy, and Becki Ney. *Getting it Right: Collaborative Problem Solving for Criminal Justice*. Silver Spring, MD: Center for Effective Public Policy, 2006. https://s3.amazonaws.com/static.nicic.gov/Library/019834.pdf.
- National Alliance on Mental Illness. Engage Your Community. Arlington, VA: National Alliance on Mental Illness, 2015. https://www.nami.org/Get-Involved/Awareness-Events/Mental-Illness-Awareness-Week/Resource-Toolkit
- National Alliance on Mental Illness Massachusetts. 10 Essential Elements for Effective Community Partnerships between Law Enforcement and Mental Health. Boston, MA: National Alliance on Mental Illness Massachusetts, 2014. http://www.namimass.org/wp-content/uploads/CJDPbuildingbridges_booklet_7-1.pdf.
- National Association of Mental Health Planning and Advisory Councils. Jail Diversion: Strategies for Persons with Serious Mental Illness. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006. http://www.namhpac.org/PDFs/01/jaildiversion.pdf.
- Reuland, Melissa, Laura Draper, and Blake Norton. Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives. New York: Council of State Governments Justice Center, 2012. https://www.bja.gov/Publications/CSG StatewideLEMH.pdf.
- Substance Abuse and Mental Health Services Administration. *Community Conversations About Mental Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. http://www.mentalhealth.gov/talk/community-conversation/discussion_guide_07-22-13.pdf.
- Wickman, Aimee. The Criminal Justice Coordinating Council Network Mini-Guide Series: Managing a CJCC in a Small Jurisdiction. Arlington, VA: The Justice Management Institute, 2013. http://69.195.124.207/~jmijust1/wp-content/uploads/2014/04/CJCCMiniGuide-Small-Jurisdictions.pdf.