

Planning & Implementation Guide

Second Chance Act

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

DESCRIPTION

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

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 National Reentry Resource Center (NRRC) has prepared this Planning & Implementation Guide (P&I Guide) to support grantees in developing and refining a reentry program for adults with co-occurring substance use and mental disorders (COD program) that will reduce recidivism and support successful reentry and recovery. The guide is not intended to serve as a step-by-step blueprint, but rather to foster discussion on best practices, identify considerations for your collaborative effort, and help you work through key decisions and implementation challenges.

The guide was developed as a tool for grantees but it also serves as an important tool for your NRRC technical assistance provider (“TA provider”) to understand the status and progress of your project, the types of challenges you are encountering, and the ways your TA provider might be helpful to you in making your project successful.

You and your TA provider will use your responses to the self-assessment to collaboratively develop priorities for technical assistance.

Any questions about this guide should be directed to your TA provider.

Contents of the Guide

The guide is divided into six sections, each with assessment questions, exercises, and discussion prompts. The self-assessment questions and exercises are built on evidence-based principles and emerging practices. You will be prompted to write short responses, attach relevant documents, and/or complete exercises for each section. Your answers will provide insight into your program’s strengths and identify areas for improvement. As you work through the sections, take note of the corresponding supporting resources in the appendix, which contain suggestions for further reading and provide access to important resources and tools. Your TA provider may also send you additional information on specific topics to complement certain sections. If you need additional information or resources on a topic, please reach out to your TA provider.

TA Provider Contact Information

Name:	
Phone:	
Email:	

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SECTION 1: GETTING STARTED AND IDENTIFYING GOALS

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

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

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

EXERCISE 1: BASIC INFORMATION

A. Grantee Information

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

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B. Task Force and Implementation Team

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

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

¹ Your vision should be the end result of what you want to accomplish as a result of this grant program.

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

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

C. Development of a Logic Model

A logic model demonstrates the causal relationships between goals, activities, and results. It is a useful tool to visualize the purpose and scope of proposed activities, including the resources needed and expected outcomes. If you have already completed a logic model for your program, please attach it to this guide. If not, please use the sample logic model below, which can be filled out with information from Exercise 1. Later sections of the P&I Guide will further inform pieces of the logic model as the COD program planning process continues. Please note that you will expand upon program activities in Section 3: Identifying Evidence-Based Services and Support, Exercise 4: Service Provision and Evidence-Based Curricula; process measures will be refined in Section 5: Data Collection, Performance Measurement, and Program Evaluation; and planning for sustainability is addressed in Section 6: Sustainability.

Sample Logic Model

Project Goals	Resources (Existing and Grant-Funded)	Activities	Process Measures	Short-Term Outcomes	Long-Term Outcomes	Sustainability
<p>Increase pre-release screening for co-occurring substance use and mental disorders in jail</p>	<p>Grant funds for training classification officers in screening for co-occurring substance use and mental disorders</p>	<p>Implement pre-release screening for co-occurring substance use and mental disorders</p>	<p>Number of people screened in jail; number of people who screened positive for mental illnesses, substance use disorders, co-occurring substance use and mental disorders; number of people referred to the COD program; number of people enrolled in the COD program</p>	<p>Hire a case manager for the COD program</p>	<p>Every person booked into the jail is screened for co-occurring substance use and mental disorders</p>	<p>Ensure that classification officers continue to screen for co-occurring substance use and mental disorders in jail</p> <p>Incorporate quality assurance measures related to screening into performance reviews, position descriptions, and hiring procedures</p>
<p><i>Add and complete rows as needed for each project goal.</i></p>						

SECTION 2: DEFINING OR REFINING YOUR TARGET POPULATION

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

EXERCISE 2: DESCRIBING YOUR TARGET POPULATION AND PROGRAM ELIGIBILITY

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

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

EXERCISE 3: EVALUATING YOUR SCREENING AND ASSESSMENT PROCESS

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

A. Screening and Assessment Process

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

B. Screening and Assessment Tools

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

Mental Health Screening Tool

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

Mental Health Assessment

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

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

Substance Use Screening Tool

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

Substance Use Assessment

1. Name of tool (specify year/generation):	
2. Who administers the tool?	
3. When and where is the tool administered?	
4. How are the assessment results recorded and stored (e.g., electronically, paper files, electronic health record, etc.)?	

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

SECTION 3: IDENTIFYING EVIDENCE-BASED SERVICES AND SUPPORTS

EXERCISE 4: SERVICE PROVISION AND EVIDENCE-BASED CURRICULA

A. Inventory of Programs and Services

Provide an inventory of your program’s services, including interventions and methods. Services include but are not limited to evidence-based curricula, such as Thinking for a Change or cognitive behavioral therapy, or other support services, such as transportation, housing, or a GED class. Please note that health care and other benefits enrollment and housing are addressed in Section 4: Effective Transition Planning and Post-Release Supports, Exercise 7: Connections to Health Care Coverage and Other Benefits, and Exercise 8: Housing.

Service Provided to Program Participants	Curriculum Name and % of Curriculum Used (if applicable)	Before Release, After Release, or Both?	Service-Delivery Method ³	Name of Service Provider	Service Capacity ⁴	Length of Service	Funded by this grant program? (y/n)	Funded in any part by Medicaid? (y/n)

B. Program and Services Questions

Questions	Responses
1. On average, how long are participants enrolled in the program and receiving services?	
2. Do you track program enrollment, services provided, and program	

³ E.g., one-on-one, group setting, etc.

⁴ I.e., the number of people who can be served at a time

completion by race, ethnicity, gender, and age? If so, when/where is this information collected and by whom?	
3. What are your ideas for strategies that might enhance program enrollment, engagement, completion, and outcomes for racial and ethnic minorities?	
4. Is there a point in the program when a participant is engaging with multiple service providers? If there is a point when participants engage with multiple service providers, who is responsible for the participant's care coordination or case management?	
5. How is information from the assessments mentioned in Exercise 3 used to develop case plans that match participants to the appropriate treatment and services, both before and after release?	
6. How does your program combine or integrate treatment for co-occurring substance use and mental disorders?	
7. What services do you provide that tailor to specific needs such as gender, culture, developmental or cognitive abilities, etc.?	
8. Have any parts of the program, or any of your practices outside of the grant-funded program, been assessed for fidelity to evidence-based practices?	
9. What are the levels of care for treatment available to program participants for substance use and mental disorder treatment?	

SECTION 4: TRANSITION PLANNING AND POST-RELEASE SUPPORTS

EXERCISE 5: ASSESSING THE TRANSITION PROCESS

Questions	Responses
1. Does the program provide case management? If so, who provides the case management and who oversees the case management function (e.g., project staff, contractors, criminal justice or behavioral health agency, etc.)?	

2. Does the grant have a lead case manager who is responsible for coordinating transition/reentry planning for participants?	
3. Who provides input on the case plan (e.g., corrections staff, community supervision officers, the participants, participants' families, and community-based providers)? Is there case conferencing with service providers, participants, and their family members to discuss the coordination of the reentry and case plans?	
4. Do case plans prioritize the criminogenic, substance use disorder, and mental health needs of each participant, as identified through assessments?	
5. Do you provide more intensive resources for higher-risk and higher-need participants?	
6. Is there a standard for how many times the participant meets with community-based treatment providers before release?	
7. Do high-risk and high-need participants have structured activities and access to intensive resources during the period immediately following release?	
8. Do policies governing how information is shared among criminal justice and social service agencies follow privacy and confidentiality guidelines (e.g., 42 CFR, HIPAA)?	
9. Do written policies and procedures identify who is responsible for creating and monitoring the aftercare plan in the community? (The aftercare plan is the document that identifies the tasks and activities a person will complete following discharge from correctional control.)	

EXERCISE 6: COMMUNITY SUPERVISION STRATEGIES

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

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

EXERCISE 7: CONNECTIONS TO HEALTH CARE COVERAGE AND OTHER BENEFITS

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

EXERCISE 8: HOUSING

A. Housing Assessment

Questions	Responses
1. Do you assess clients for homelessness? If yes, please describe.	
2. Do you ask clients for their post-release housing plan? If yes, please describe.	

B. Housing Partners

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

Name	Signed MOU?	Type of Housing Service (check all that apply)				
		Housing referral	Housing subsidy	Direct housing services	Housing supportive services/homelessness prevention	Other
Name of partner	Yes/No		X			X

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

You will need to collect data for different purposes: to meet the requirements of your grant, to track participants' progress through the program and other grant-related activities (e.g., program operations), to measure the grant project's performance on an ongoing basis (performance measurement), and to determine whether the grant project is operating as intended and having the intended results (process and outcome evaluations, respectively). It is important to understand the different uses of data early on during your planning to help you determine the best way to collect, manage, and analyze them.

This section will also help define key performance measures including recidivism and successful program completion. It is important to clearly define successful completion of the program in a way that is distinct from your measures of success (the outcomes you hope to achieve).

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

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

EXERCISE 9: DEVELOPING A DATA-COLLECTION AND PERFORMANCE-MEASUREMENT STRATEGY

A. General Data-Collection Questions

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

6. Have you identified benchmarks (such as current recidivism rate, service referral, or utilization rates) against which you will compare your outcome data?	
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B. Collection of Performance Measures

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

EXERCISE 10: PROGRAM EVALUATION

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

SECTION 6: SUSTAINABILITY

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

EXERCISE 11: PLANNING FOR PROGRAM SUSTAINABILITY

1. What goals does your program seek to achieve after the life of the grant?
Answer:
2. List the activities that will lead to meeting those goals after the life of the grant.
Answer:
3. List any funding sources available to sustain the program after the life of the grant, e.g., foundation, federal/state (such as Medicaid), or local funding, private donation, etc.
Answer:

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

Answer:

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

- Program e-mails or newsletter
- Individual meeting with key stakeholders
- Program fact sheet or brochure
- Special events and convening
- Media
- Promotion targeting professional groups and key constituents
- Establishing and maintain relevancy and leadership in local, state, or national levels
- Hosting program tours
- Other: _____

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

Answer:

APPENDIX A: SUPPORTING RESOURCES

Key Resources

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

Supporting Resources: Systems Collaboration

- Carter, Madeline M. *Engaging in Collaborative Partnerships to Support Reentry*. Silver Spring, MD: Center for Effective Public Policy, 2010. <http://www.cdcr.ca.gov/Reports/docs/External-Reports/Engaging-Offenders-Families-in-Reentry.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. *The Criminal Justice Mental Health Consensus Project*. New York: The Council of State Governments Justice Center, 2002. <http://csgjusticecenter.org/mental-health-projects/report-of-the-consensus-project/>.
- 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>.
- The Council of State Governments Justice Center. “Strengthening Collaboration between the Behavioral Health and Juvenile Justice Systems to Improve Reentry Outcomes.” Webinar held by The Council of State Governments Justice Center, New York, NY, July 29, 2016. <https://csgjusticecenter.org/youth/webinars/strengthening-collaboration-between-the-behavioral-health-and-juvenile-justice-systems-to-improve-reentry-outcomes/>.
- 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>.

Supporting Resources: Risk, Needs, Responsivity and Recidivism Reduction

- 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. *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.
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