

CALIFORNIA DEPARTMENT OF STATE HOSPITALS

Pre-Trial Felony Mental Health Diversion Programs

County Planning and Implementation Guide

About the County Planning and Implementation Guide

The County Planning and Implementation Guide was designed to support counties in developing and refining diversion programs funded by the Department of State Hospitals (DSH). This guide is not intended to serve as a step-by-step blueprint, but rather to identify considerations for your collaborative effort, foster discussion on best practices, and help you work through key decisions and implementation considerations.

This guide is divided into six sections that include a variety of exercises aimed at helping guide your county's planning process. We recommend tasking a project leader to coordinate the incorporation of this guide into your planning efforts and completing as much of this guide as possible with your interagency planning team.

You will be prompted to write short responses, review relevant documents, and answer yes or no questions. 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 supporting resources in the appendices. These sections and exercises draw heavily from *The Project Coordinator's Handbook* developed as part of the *Stepping Up Initiative* (available online at <https://stepuptogether.org/wp-content/uploads/Project-Coordinator-Handbook-8.6.18-FINAL.pdf>). If you have already completed this Handbook, you may wish to skim this Guide and focus your efforts on Sections I, III and IV, which speak most specifically to diversion program design.

This guide was developed by The Council of State Governments Justice Center in partnership with DSH. If you have any questions about this guide, please contact DSH.

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Section I: Diversion Program Overview

Setting a clear mandate on what your county wants to achieve through the diversion program, as well as how the county will go about that mandate, will help serve as a guiding light throughout the planning and implementation process and will help formalize the expectations of those involved. The following exercise will help your county determine the county's mission, vision, and goals for the diversion program.

*For additional resources to assist in completing the following exercise, refer to the Appendix A: Criminal Justice and Behavioral Health Resources sections on **General Diversion** and **Pretrial Diversion**.*

Exercise 1: Foundational Information

1) Describe the vision of the diversion program (i.e., what does your county want to accomplish through the diversion program?):
--

2) Describe the mission of the diversion program (i.e., how will your county achieve the diversion program vision?):
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3) Describe the goals of the diversion program (i.e., what needs to be done to achieve the diversion program mission?)
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A logic model can be a helpful way to delineate how different activities will lead to results that accomplish the project's goals. Logic models are a useful tool to visualize the purpose and scope of proposed activities, including the resources needed and expected outcomes. More information about logic models, including an example of a completed model, is provided in Appendix B.

Section II: Developing Collaborative Partnerships

Counties receiving Pre-Trial Felony Mental Health Diversion Programs funds (Diversion funds) must demonstrate a collaborative planning and implementation process among local criminal justice, behavioral health and other local partners with a vested interest in the diversion program's outcomes.

A key component of successful collaborative processes is establishing a larger planning team to provide strategic oversight over the diversion program, as well as an implementation team that works directly on the day-to-day operations of the diversion program.

*For additional resources to assist in completing the following exercises, refer to the Appendix A: Criminal Justice and Behavioral Health Resources section on **Systems Collaboration**.*

Exercise 2: Identifying Collaborative Team Members

The planning team is the group of people that helps to guide the direction of the diversion program and, often, continue to provide strategic oversight to the implementation team. The planning team may be part of an existing group in your county, such as the Community Corrections Partnership, *Stepping Up* initiative task force, or other cross-system collaboratives with leadership commitment

A. Planning Team Questions

1) Is a planning team in place?

Yes

No (*Briefly describe your plan to establish a planning team*)

2) The planning team lead entity is the county entity contracting with DSH to receive Diversion funds, and the point of contact is the person responsible for communicating with DSH about the county's funded efforts.

Name of Entity:

Point of Contact Name:

Email Address:

3) Planning Team Collaborative Partners

Identify the county organizations and other entities that will be involved in developing and/or implementing the diversion plan (check all that apply and list any other partners not referenced below):

a. Behavioral Health

County behavioral health

Hospitals

Community-based substance use disorder treatment providers

Community-based mental health treatment providers

Correctional health provider

Others (please list):

b. Criminal Justice

Courts

Public Defender

Sheriff/Jail administrator

Others (please list):

District Attorney

Probation

c. Other

Housing providers

Others (please list):

County Administrator

4) How often will the planning team meet?

5) Who will coordinate the planning team's meeting schedules, agendas, and logistics?

6) How will agendas be developed and shared with planning team members?

7) How will the planning team inform the diversion program's operations and development?

8) How will the planning team communicate with the implementation team?

B. Identifying Implementation Team Members

The implementation team oversees the day-to-day operation of the diversion program and may include members of the larger planning team. Using the chart below, please identify implementation team members and provide a short summary of each team member's intended role.

Point of Contact Name	Entity Name	Point of Contact Email Address	Intended Role

C. Implementation Team Questions

- 1) How often will the implementation team meet?
- 2) Who will coordinate the implementation team's meeting schedules, agendas, and logistics?
- 3) How will agendas be developed and shared with implementation team members?
- 4) How will the implementation team inform the diversion program's operations and development?
- 5) How will the implementation team keep the planning team engaged and informed about its work?

Exercise 3: Developing a Collaborative Strategy

- 1) Does your county have an existing cross-systems strategy for responding to people who have a mental illness and are in the criminal justice system (e.g., a strategic response to this population that spans from the first contact with law enforcement to community supervision, with a focus on the behavioral health continuum of care)? This may be a *Stepping Up* plan or a plan developed through another justice/mental health task force.
 - Yes (*Describe how the diversion program fits into this strategy*)
 - No (*Why not? Describe challenges and barriers to establishing such a strategy*)
 - In Progress (*Please describe*)
- 2) What is the relationship, if any, between this diversion program and any pre-existing initiatives or programs focusing on people with mental illnesses involved with the criminal justice system, either locally or at the state level? How do the referral pathways, eligibility criteria, and community-based treatment and supports overlap or differ?

3) Has your county ever conducted a system-mapping exercise, gap analysis, or other assessment about the services available in your community?

Yes (*Please elaborate*)

No

4) Describe any existing interagency agreements, MOUs, policies and procedures, or similar documents that define the responsibility of each participating entity. If these documents are not yet in place, describe your county's plan for formalizing the specific responsibilities of each collaborative partner.

Section III: Defining and Identifying Your Target Population

*For additional resources to assist in completing the following exercise, refer to the Appendix A: Criminal Justice and Behavioral Health Resources sections on **Research-Based Approaches for the Criminal Justice/Behavioral Health Population** and on **Data Collection and Evaluation**.*

Exercise 4: Defining and Identifying Your Target Population

1) Briefly describe the target population of your diversion program. Please include the specific criteria that will determine program eligibility, such as applicable mental illness diagnosis, substance use disorder diagnosis, criminal charges or offense history, criminogenic risks or needs, housing need, and/or other relevant criteria.

2) Has your county created a process flow that illustrates how people are identified for the diversion program and enrolled therein?

Yes (*Please elaborate*)

No

3) Describe the mental health screening process, including the screening instruments to be administered.

- 4) Will this diversion program establish or build upon existing universal mental health screening processes in the jail and courts?
- Yes (*Please elaborate*)
- No
- 5) Are you using a pretrial risk or other risk assessment tool?
- Yes (*Please provide the name of the tool used for this diversion program and describe when, over the course of participation in the program, the tool is administered.*)
- No
- 6) Are you using an assessment tool to determine risk of homelessness/housing need?
- Yes (*Please provide the name of the tool used for this diversion program and describe when, over the course of participation in the program, the tool is administered.*)
- No
- 7) Describe the substance use screening process, including the screening instruments to be administered.
- 8) How many people do you anticipate being served through the diversion program and over what period? How did you estimate this number?
- 9) Describe how information about the diversion program participants will be shared among collaborative partners as part of referral, program placement, and program participation (e.g., health information, criminal justice information, etc.)?

Section IV: Identifying and Coordinating Treatment and Supports

Pre-Trial Felony Mental Health Diversion Programs must offer clinically appropriate or evidence-based community mental health treatment and wraparound services across a continuum of care, when appropriate, to meet the individual needs of each program participant. For the purposes of this funding opportunity, wraparound services are defined as services provided in addition to the mental health treatment necessary to meet the individual’s needs for successfully managing their mental health symptoms and to successfully live in the community. Services provided by the diversion programs may include but not be limited to: forensic assertive community treatment teams, crisis residential services, intensive case management, criminal justice coordination, peer support, supportive housing, substance use disorder treatment, and vocational support.

*For additional resources to assist in completing the following exercises, refer to the Appendix A: Criminal Justice and Behavioral Health Resources sections on **Research-Based Approaches for the Criminal Justice/Behavioral Health Population** and on **Data Collection and Evaluation**.*

Exercise 5: Identifying Programs and Services

A. Inventory of Mental Health Treatment

- Using the table below, provide an inventory of mental health treatment services provided through your diversion program. A separate table will follow that will allow you to inventory wraparound services provided through your diversion program.

Service	Service Delivery Method <i>(e.g., individual counseling, group counseling, etc.)</i>	Service Provider	Service Capacity	Available to all participants Yes/No <i>(If no, please indicate service eligibility criteria)</i>	Length of Service <i>(i.e., number of hours per week, service duration)</i>

B. Inventory of Wraparound Services

1) Using the table below, provide an inventory of wraparound services provided through your diversion program: This may include housing, case management, peer supports, transportation, assistance with child services, education/workforce development, etc.

Service	Service Delivery Method <i>(e.g., individual or group counseling, etc.)</i>	Service Provider	Service Capacity	Available to all participants Yes/No <i>(If no, please indicate service eligibility criteria)</i>	Length of Service <i>(i.e., number of hours per week, service duration)</i>

C. Treatment and Service Coordination

- 1) How will information collected on the target population (e.g., mental health information, criminogenic risk and needs, etc.) be used to match participants to appropriate types of treatment and other services?

- 2) Describe the step-by-step process that your county will follow to connect the target population to appropriate mental health treatment in the community. You will want to think through similar considerations for wraparound services and other supports.

- 3) Has your county created a process flow that illustrates this process?
 Yes (*Please elaborate*)

 No

- 4) DSH encourages counties to coordinate ongoing services in the community to diversion program participants following their completion of the diversion program. Describe the types of ongoing services that will be provided following completion of the diversion program.

Exercise 6: Connections to Health Care and Other Benefits

- 1) How will you enroll people participating in the diversion program in health coverage, including Medi-Cal?

- 2) How will you enroll people in Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)?
 Yes (*Please describe*)

 No

- 3) How will you identify program participants who are veterans and connect them to Veterans Affairs (VA) health care and other resources (e.g., *Veterans Justice Outreach, Health Care for Reentry Veterans, and Veterans Reentry Search Service*)?

Yes (*Please describe*)

No

Section VI: Data Collection

Collecting data is an important component to program development and implementation and can be used for various purposes: to keep track of participants and program activities and to determine whether the diversion program is operating as intended and having the intended results. It is important to understand the different uses of data early on during your planning process to help you determine the best way to collect, manage, and analyze them.

Counties are required to comply with DSH's quarterly reporting requirements, and DSH will work with each county to understand what data is collected, how is collected and how each county will report data to DSH. If you would like more information as you complete the following exercise, reporting requirements are outlined in Welfare and Institutions Code Section 4361.

Exercise 7: Developing a Data Collection and Performance Measurement Strategy

A. Required Data Collection and Reporting

- 1) Describe the processes and agreements that your county has in place or will establish to facilitate data collection for this program. If you will develop a process or agreement, when do you anticipate having them in place?

- 2) Are you currently able to collect the required data elements?

Yes (*Please describe*)

No (*Please indicate which metrics will be difficult for your county to collect. Also describe how you can improve your data collection to get the data you need*)

- 3) This exercise is meant to help counties facilitate conversations with DSH about the minimum reporting requirements. Using the table below, please indicate how the diversion program will store the following data points:

	Electronically	Paper Files	Shared Devices	Network Database	Other (Describe)
Demographic information on diverted individuals (name, SSN, CII, DOB, gender, race) ¹					
Criminal justice information on diverted individuals (arresting offense, date of offense, felony vs. misdemeanor)					
Diversion evaluation information (date ordered into diversion, amount of time ordered to diversion, diagnoses listed in diversion, secondary substance abuse diagnosis)					
If applicable, IST information (date judge previously ordered IST) ²					
Diversion services received (type of diversion service, amount/dosage of contact)					
Outcome of diversion (was diversion successfully completed? If not, why diversion was terminated)					

B. Performance Measures

For additional resources to assist in completing the following section, refer to the Appendix A: Criminal Justice and Behavioral Health Resources section on **Data Collection and Evaluation**.

- 1) How does your county define successful completion of the diversion program?

- 2) Do you plan to track additional data elements, outcome measures or other metrics?
 - Yes (Please elaborate)

 - No

- 3) If you will track additional metrics, please indicate how the diversion program will store those data points on the table below:

	Electronically	Paper Files	Shared Devices	Network Database	Other (Please describe)

¹ SSN = Social Security Number; CII = Criminal Identification and Investigation number; DOB = Date of Birth

² IST = Incompetent to Stand Trial

Section V: Diversion Program Budget Information and Sustainability

Exercise 8: Diversion Program Budget

Counties receiving Diversion funds from DSH must demonstrate a 20% match of county funds towards the total DSH Diversion funds allocated. Small counties, defined as a county with a population of 200,000 or less based on the most recent available estimates of population data determined by the Population Research Unit of the Department of Finance, must demonstrate a 10% match of county funds. The following exercise will cover questions related to the overall county budget as well as funds to be used as your county's match.

A. Diversion Program Budget

- 1) What is the estimated cost for your diversion program? What are the different components of the program that contribute to this overall cost?

- 2) Will the Diversion funds be used to fill an existing gap in funding?
 - Yes (*Please describe how that gap in funding was identified*)

 - No

B. Matching and Leveraged Funds

- 1) What funding or resources will be used as contribution toward the 20% match requirement? Do you have any questions for DSH about eligible matches?

- 2) What other funding or resources will be leveraged to support the diversion program?

Exercise 9: Planning for Program Sustainability

DSH encourages counties to develop diversion programs that will be sustained after the life of the Diversion funds. This exercise focuses on strategies for achieving long-term sustainability of your diversion program. Developing a sustainability plan at the onset of program is key to creating a strong program that can continue after the life of Diversion funds.

*For additional resources to assist in completing the following exercise, refer to the Appendix A: Criminal Justice and Behavioral Health Resources section on **Sustainability**.*

1) List any funding sources potentially available to sustain the diversion program after the life of the Diversion funds (e.g., foundation, federal, state and/or local funding, private donations, etc.). Think about how each of these sources can sustain the different components of the project budget outlined above.

2) Using the table below, list the collaborative partners or other stakeholders who will be involved in conversations about sustaining your diversion program after the life of the Diversion funds:

Point of Contact Name	Entity Name	Point of Contact Email Address

3) What measures are being taken to maintain interest among collaborative partners and other key stakeholders:

- Program emails or newsletters
- Program “elevator pitch”
- Individual meetings with collaborative partners or other key stakeholders
- Advisory group meetings
- Program fact sheets or brochures
- Media
- Hosting program tours
- Other (*Please describe*):

Criminal Justice and Behavioral Health Resources
for California Counties

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General Resources

Evidence-Based Practices Resource Center: <https://www.samhsa.gov/ebp-resource-center>.

National Reentry Resource Center: <http://nationalreentryresourcecenter.org>.

Stepping Up Initiative Toolkit: <https://stepuptogether.org/>.

Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/>.

The Council of State Governments Justice Center: <https://csgjusticecenter.org/>.

Kim, KiDeuk, Miriam Becker-Cohen, Maria Serakos. *The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System*. Washington, DC: Urban Institute, 2015. <http://webarchive.urban.org/UploadedPDF/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf>.

A number of state and state-wide partners in California are working to support counties in protecting public safety while reducing the criminal justice involvement of people with behavioral health needs:

- Associations:
 - ◆ California Forensic Mental Health Association
 - ◆ California State Association of Counties
 - ◆ California State Sheriffs' Association
 - ◆ Chief Probation Officers of California
 - ◆ County Behavioral Health Directors Association of California
- Board of State and Community Corrections
- Council on Criminal Justice and Behavioral Health
 - ▶ Website includes numerous relevant resources
- Department of Health Care Services
- Department of State Hospitals
- Judicial Council of California
- Mental Health Services Oversight and Accountability Commission
 - ▶ *TOGETHER WE CAN: Reducing Criminal Justice Involvement for People with Mental Illness*. Sacramento, CA: Mental Health Services Oversight and Accountability Commission, 2017.
<http://mhsoac.ca.gov/file/2389/download?token=TZoOBW-O>

Systems Collaboration

Numerous resources have been developed on cross-system collaboration for *Stepping Up*, criminal justice coordinating councils (CJCCs), and other similar efforts:

Stepping Up Initiative

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask. New York: The Council of State Governments Justice Center, 2017. <https://csgjusticecenter.org/mental-health/publications/reducing-the-number-of-people-with-mental-illnesses-in-jail-six-questions-county-leaders-need-to-ask/>.

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask The Project Coordinator's Handbook. The Stepping Up Initiative, 2018. <https://stepuptogether.org/wp-content/uploads/Project-Coordinator-Handbook-8.6.18-FINAL.pdf>.

"Stepping Up County Self-Assessment." The Stepping Up Initiative. <https://tool.stepuptogether.org/>.

The Stepping Up Initiative and National Alliance on Mental Illness. *10 Ways to Engage People Affected by Mental Illness in Your Community.* New York: The Council of State Governments Justice Center, 2015. <https://stepuptogether.org/wp-content/uploads/2015/07/Ten-Ways-to-Engage-People-Affected-by-Mental-Illness-in-Your-Community.pdf>.

Criminal Justice Coordinating Councils

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>.

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>.

Keeping Your Criminal Justice Coordinating Committee Going Strong. Washington, DC: National Institute of Corrections, 2013. https://community.nicic.gov/blogs/national_jail_exchange/archive/2013/02/12/keeping-your-criminal-justice-coordinating-committee-going-strong.aspx.

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>

Other

Carter, Madeline M. *Engaging in Collaborative Partnerships to Support Reentry.* Silver Spring, MD: Center for Effective Public Policy, 2010. <http://www.cepp.com/documents/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.

“Developing Collaborative Comprehensive Case Plans.” Webinar held by The Council of State Governments Justice Center, October 10, 2017.

<https://csgjusticecenter.org/nrrc/webinars/developing-collaborative-comprehensive-case-plans/>.

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>

Transition from Jail to Community Initiative. Urban Institute.

<https://www.urban.org/policy-centers/justice-policy-center/projects/transition-jail-community-tjc-initiative>.

General Diversion

Criminal Justice Mental Health Learning Sites. New York: The Council of State Governments Justice Center, 2018. <https://csgjusticecenter.org/mental-health/learning-sites/>

Steadman, Henry J., Suzanne M. Morris, and Deborah L. Dennis. *The Diversion of Mentally Ill Persons from Jails to Community-Based Services: A Profile of Programs*. American Journal of Public Health, Vol. 85 No. 12, (1995): 1630-1635. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1615738/pdf/amjph00450-0032.pdf>

Data-Driven Justice Playbook: How to Develop a System of Diversion. Developed by Data-Driven Justice Initiative, 2016.

https://www.naco.org/sites/default/files/documents/DDJ%20Playbook%20Discussion%20Draft%2012.8.16_1.pdf

No Entry: A National Survey of Criminal Justice Diversion Programs and Initiatives. Chicago: The Center for Health and Justice at TASC, 2013.

http://www2.centerforhealthandjustice.org/sites/www2.centerforhealthandjustice.org/files/publications/CHJ%20Diversion%20Report_web.pdf

Practical Advice on Jail Diversion: Ten Years of Learnings on Jail Diversion from the CMHS National GAINS Center. Delmar, NY: CMHS National GAINS Center, 2007.

<http://www.pacenterofexcellence.pitt.edu/documents/PracticalAdviceOnJailDiversion.pdf>

Pretrial Diversion

Camilletti, Catherine. *Pretrial Diversion Programs: Research Summary*. Arlington, VA: CSR, 2010. <https://www.bja.gov/Publications/PretrialDiversionResearchSummary.pdf>

Fader-Towe, Hallie & Fred C. Osher, *Improving Responses to People with Mental Illnesses at the Pretrial Stage: Essential Elements*. New York: Council of State Governments Justice Center, 2015.

<https://csgjusticecenter.org/courts/publications/improving-responses-to-people-with-mental-illnesses-at-the-pretrial-stage-essential-elements/>

Labriola, Melissa, Warren A. Reich, Robert C. Davis, Priscillia Hunt, Michael Rempel, and Samantha Cherney. *Prosecutor-Led Pretrial Diversion: Case Studies in Eleven Jurisdictions*. New York: Center for Court Innovation, 2017.
<https://www.ncjrs.gov/pdffiles1/nij/grants/251664.pdf>

Measuring for Results: Outcome and Performance Measures for Pretrial Diversion Field. Washington DC: The National Association of Pretrial Services Agencies, 2015.
<https://s3.amazonaws.com/static.nicic.gov/Library/029722.pdf>

Measuring What Matters: Outcome and Performance Measures for the Pretrial Services Field. Washington DC: National Institute of Corrections, 2011.
<https://info.nicic.gov/nicrp/system/files/025172.pdf>

No Entry: A Survey of Prosecutorial Diversion in Illinois. Chicago: The Center for Health and Justice at TASC, 2017.
<http://www2.centerforhealthandjustice.org/sites/www2.centerforhealthandjustice.org/files/publications/IL-ProsecutorialDiversionSurvey-2017.pdf>

Performance Standards and Goals for Pretrial Diversion/Intervention. Washington DC: The National Association of Pretrial Services Agencies, 2008.
<https://netforumpro.com/public/temp/ClientImages/NAPSA/2bf61b50-6b7d-4292-8837-e6b48a1b2a7a.pdf>

Pretrial Diversion in the 21st Century: A National Survey of Pretrial Diversion Programs and Practices. Washington DC: The National Association of Pretrial Services Agencies, 2009. <https://netforumpro.com/public/temp/ClientImages/NAPSA/18262ec2-a77b-410c-ad9b-c6e8f74ddd5b.pdf>

Promising Practices in Pretrial Diversion. The National Association of Pretrial Services Agencies, 2009.
<http://www.ajc.state.ak.us/ajc/pretrial%20diversion/pretrialdiv2006.pdf>

Rempel, Michael, Melissa Labriola, Priscillia Hunt, Robert C. Davis, Warren A. Reich, and Samantha Cherney. *NIJ's Multisite Evaluation of Prosecutor-Led Diversion Programs: Strategies, Impacts, and Cost-Effectiveness*. New York: Center for Court Innovation, 2017.
https://www.courtinnovation.org/sites/default/files/media/document/2017/Pretrial_Diversion_Overview_ProvRel.pdf

Research-Based Approaches for the Criminal Justice/Behavioral Health Population

Risk, Needs, and 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/rsrscs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf>.

D'Amora, David. "Risk Need Responsivity 101: A Primer for SCA and JMHCP Grant Recipients." Webinar held by The Council of State Governments Justice Center, New

York, NY, March 31, 2015. <http://csgjusticecenter.org/reentry/webinars/risk-need-responsivity-101-a-primer-for-sca-and-jmhcp-grant-recipients/>.

Hanson, Karl R., Guy Bourgon, Robert J. McGrath, Daryl Kroner, David D'Amora, Shenique S. Thomas, and Lahiz Tavares. *A Five-Level Risk and Needs System: Maximizing Assessment Results in Corrections through the Development of a Common Language*. New York: The Council of State Governments Justice Center, 2017. https://csgjusticecenter.org/wp-content/uploads/2017/01/A-Five-Level-Risk-and-Needs-System_Report.pdf.

Urban Institute. Public Safety Risk Assessment Clearinghouse. <https://psrac.bja.ojp.gov>

Screening and Assessment for Criminogenic Risk

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/>.

On the Over-Valuation of Risk for People with Mental Illnesses. New York: Center for State Governments Justice Center, 2015. https://csgjusticecenter.org/wp-content/uploads/2016/03/JC_MH-Consensus-Statements.pdf.

Desmarais, Sarah L., and Jay P. Singh. *Risk Assessment Instruments Validated and Implemented in Correctional Settings in the United States*. New York: The Council of State Governments Justice Center, 2013. <http://csgjusticecenter.org/reentry/publications/risk-assessment-instruments-validated-and-implemented-in-correctional-settings-in-the-united-states/>.

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Appendix B: Logic Model Examples

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. Logic models can help you track and measure the goals you identified in Exercise 1. In completing a logic model for your diversion program, please refer to Section I: Diversion Program Overview.

An example of a logic model is on the following page. For additional examples, templates, and information on developing a logic model please visit <http://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>.

COASTAL HORIZONS RESET LOGIC MODEL

Resources	Activities	Outputs	Outcomes		
			Individual	Program	Long-Term Impact
<ul style="list-style-type: none"> ● STAFF <ul style="list-style-type: none"> ○ Coastal Horizons staff ○ LINC staff ○ NHC Jail staff ○ NH Correctional Unit staff ○ NC DOC probation & parole agent ● FACILITIES <ul style="list-style-type: none"> ○ Coastal Horizons ○ LINC ○ NHC Jail ○ NH Correctional Unit ● EVALUATION <ul style="list-style-type: none"> ○ Drs. A & B, University Department of Sociology & Criminology ● STEERING COMMITTEE <ul style="list-style-type: none"> ○ Members of CJ system and Community ● MEDICAL SERVICES <ul style="list-style-type: none"> ○ Community Health Center staff ○ CHC Health Center ● PARTICIPANTS <ul style="list-style-type: none"> ○ Female offenders located within NHC Jail and Male offenders located within NHC Correctional Unit with Co-Occurring Disorder 	<p>Pre-release screening</p> <ul style="list-style-type: none"> ● TCUDS V ● CMHS-W ● PCL-C ● RANT <p>Co-Occurring Assessment</p> <ul style="list-style-type: none"> ● M.I.N.I 6.0 Plus <p>MH Treatment</p> <ul style="list-style-type: none"> ● DBT ● MRT ● CBT ● ACT ● Seeking Safety <p>SA Treatment</p> <ul style="list-style-type: none"> ● Outpatient ● IOP ● Residential <p>Urine Screens</p> <p>Life Skills classes</p> <ul style="list-style-type: none"> ● Education ● Employment <p>Housing</p> <p>Individualized treatment plan</p> <p>Affordable Care Act enrollment</p>	<p>Pre-release screening -1 x 30 days prior to release if previous screening > 6 months</p> <p>Assessment -1 x prior to release OR immediately after release</p> <p>Pre-release treatment -indiv. counseling 1 x per week lasting 1 hour until release</p> <p>Post-release treatment -indiv. counseling minimum of once per month or as needed</p> <p>-group counseling a minimum of 1 x per week lasting 1.5-2 hours for 6 months</p> <p>UAs → random, min. of 2x week</p> <p>Life Skills classes → on an as needed basis</p> <p>Housing → on an as needed basis</p> <p>Treatment Plan → 1 x within 30 days prior to release</p> <p>Affordable Care Act enrollment → 1x within 30 days of release</p>	<p>Decrease use of drugs/alcohol (substance abuse) among RESET participants through substance abuse treatment programming & urine screens</p> <p>Increase mental health stability among RESET participants through mental health treatment programming</p> <p>Increase quality of life among RESET participants through education and employment (life skills) programming as well as housing resources</p>	<p>Increase pre-release substance abuse and mental health screening</p> <p>Increase the development of individualized treatment plans based upon screening information</p> <p>Increase enrollment rates in the Affordable Care Act</p>	<p>Decrease 12-month post-program recidivism* among RESET participants</p> <p>48% baseline currently</p> <p>GOAL → 35% or less</p>

***definition of recidivism** → arrest AND conviction; distinctions will be made between misdemeanors & felonies, as well as types of crime (e.g., drug, property, violent, and 'other').