

Jail Diversion and Trauma Recovery Priority to Veterans Semi-Annual Progress Report

Grantee Information

State:	
Project Name:	
Project Director:	
PD Contact Information (Phone and Email)	Phone: Email:
Grant Number:	
Semi-Annual Reporting Period:	March 1, 2009—September 30, 2009
Date Completed:	

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The Semi-Annual Progress Report tracks ongoing grantee progress at the state and local pilot levels. It provides a common framework for sites, local and national evaluators, and federal project officers to capture the dynamic process of project implementation over time. It also serves as the progress report for the Jail Diversion and Trauma Recovery Continuation Application.

Instructions for Completing the Report

Thank you for taking the time to complete the Semi-Annual Progress Report (SAPR). The form should be completed on the computer after downloading from your e-mail. Type all answers directly into the designated fields, which will expand as needed. The form allows for easy response entry and automatic extraction into a study data base. **Please do not print the form and hand-write your responses.** If you have any problems completing the form electronically, please contact Amanda Aykanian at Advocates for Human Potential, aaykanian@ahpnet.com or by phone at 978-261-1407.

Steps for completing the Report include the following:

- The Project Director for your Jail Diversion and Trauma Recovery Project has primary responsibility for coordinating and completing this report. If others participate in its completion, please list them on page 2.
- Prior to starting this report, **print out your previous report** to help with questions about change. If you have a problem locating your last report, please contact Amanda (see address/phone above) and she will send it to you).
- The SAPR form can be opened and closed multiple times; please be sure to save your work each time.
- All fields must be completed. If there is no change in your project, please type in “no change.” If a question is not applicable to your project, please type in “NA.”
- “Other” fields are included throughout for you to include items that are not listed. We are as interested in the “other” categories as in the closed fields, so please be sure to address these where applicable.
- Some sections include a check box. Place your cursor over the box and click to respond.
- At the end of the form is a glossary, organized by the sections in which terms appear. You can hold your cursor directly over the **bolded and underlined** text to view a brief definition or refer to the glossary for a full definition.
- If you have questions on content please contact Amy Salomon at Advocates for Human Potential, asalomon@ahpnet.com or by phone 978-261-1409.
- When the report is completed, please be sure to double check that all fields are completed and **print a hard copy** for your records.
- Please return the report via e-mail to David Morrissette at: David.Morrissette@samhsa.hhs.gov.
- Details on due dates are included in the cover memo to this form.

Thank You so Much for Completing the SAPR

Section Authors

Section	Author's Name(s)	Agency Affiliation	Title/Role in Project
I. Brief Project Overview and Project Goals			
II. Project Context			
III. Project Spending			
IV. Progress on State Infrastructure Change			
V. Progress on Pilot Project(s)			
VI. Accomplishments			
VII. Evaluation			

Section I: Brief Project Overview and Project Goals

The purpose of this section is to provide a snapshot of your project and track the evolution of project goals over time. The overview should include the project's state and pilot levels. For goals, we provide separate spaces to report on both.

1. Please briefly describe your overall project (state and pilot levels) at this point in time, highlighting any major changes since your last report.

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2. Please list overall project goals at this point in time.

State Level	Pilot Level

3. If any goals have changed in the past six months (i.e., been dropped, new goals added), please describe the change and the reasons for it.

State Level	Pilot Level

4. If any goals have changed in the past six months, please describe the impact of the changes on the project.

State Level	Pilot Level

Section II: Project Context

The purpose of this section is to document environmental changes which have impacted project implementation over the past six months. These may include state or pilot level changes or events that have helped or hindered implementation.

1. Please describe any changes in state level context over the past six months that have impacted, or are likely to impact, the project. Use the “other change” fields to add changes that are not listed in the table below.

Type of <u>State Level</u> Change	Did this occur?	Describe the Change	Impact on Project
Broad economic or social changes	Y N <input type="checkbox"/> <input type="checkbox"/>		
Changes in state/local budgets	Y N <input type="checkbox"/> <input type="checkbox"/>		
Changes in policies, regulations, initiatives	Y N <input type="checkbox"/> <input type="checkbox"/>		
Changes in state-wide agency structures or operations	Y N <input type="checkbox"/> <input type="checkbox"/>		
Changes in non-governmental organizations (not counting partnering organizations)	Y N <input type="checkbox"/> <input type="checkbox"/>		
Changes in services	Y N <input type="checkbox"/> <input type="checkbox"/>		
Changes in leadership (external to project)	Y N <input type="checkbox"/> <input type="checkbox"/>		
Other change	Y N <input type="checkbox"/> <input type="checkbox"/>		
Other change	Y N <input type="checkbox"/> <input type="checkbox"/>		

Type of <u>State Level</u> Change	Did this occur?	Describe the Change	Impact on Project
Other change	Y N <input type="checkbox"/> <input type="checkbox"/>		

2. Please describe any changes in pilot level context over the past six months that have impacted, or are likely to impact, the project. Use the “other change” fields to add changes that are not listed in the table below.

Type of <u>Pilot Level</u> Change	Did this occur?	Describe the Change	Impact on Project
Broad economic or social changes	Y N <input type="checkbox"/> <input type="checkbox"/>		
Changes in state/local budgets	Y N <input type="checkbox"/> <input type="checkbox"/>		
Changes in policies, regulations, initiatives	Y N <input type="checkbox"/> <input type="checkbox"/>		
Change in local agency structures or operations	Y N <input type="checkbox"/> <input type="checkbox"/>		
Change in services	Y N <input type="checkbox"/> <input type="checkbox"/>		
Change in local leadership (external to the project)	Y N <input type="checkbox"/> <input type="checkbox"/>		
Other change	Y N <input type="checkbox"/> <input type="checkbox"/>		
Other change	Y N <input type="checkbox"/> <input type="checkbox"/>		
Other change	Y N <input type="checkbox"/> <input type="checkbox"/>		

Section III: Estimated Project Spending

The purpose of this section is to estimate project spending in six-month increments, allowing a better understanding of the course of spending and how it relates to the expected timeline for project implementation.

1. Please list the estimated total grant funds expended by the end of this six-month reporting period for the state level project, the pilot project, and the project evaluation (combined cross-site and local). By total funds, we mean estimations of cumulative expenditures in dollars from the beginning of the project through this six-month period. Please enter numbers, not narrative, in these fields.

State Level	Pilot Level	Evaluation
\$ ____ .00	\$ ____ . 00	\$ ____ .00

2. Please indicate whether spending is as planned, under, or over expectations for this reporting period. Check one box only for each level.

State Level	Pilot Level	Evaluation
<input type="checkbox"/> As planned <input type="checkbox"/> Under expectations <input type="checkbox"/> Over expectations	<input type="checkbox"/> As planned <input type="checkbox"/> Under expectations <input type="checkbox"/> Over expectations	<input type="checkbox"/> As planned <input type="checkbox"/> Under expectations <input type="checkbox"/> Over expectations

3. If spending is not as planned for this reporting period, please describe why not.

State Level	Pilot Level	Evaluation

4. If spending is not as planned for this reporting period, please describe the impact this has had, or is likely to have, on the project.

State Level	Pilot Level	Evaluation

5. Please describe any financial resources, in addition to the current grant funds, that your state is using to support this project (e.g., state contributions to Lead Evaluator’s compensation) and the estimated dollar value of each resource.

State Level Resource	Estimated Dollar Amount	Pilot Level Resource	Estimated Dollar Amount	Evaluation Resource	Estimated Dollar Amount
	\$ _____.00		\$ _____.00		\$ _____.00

Section IV: Progress on State Level Infrastructure Change

The purpose of this section is to track changes to state level project plans and progress in implementing key components and activities during the reporting period. The table below includes a list of potential components; it is not meant to be exhaustive nor is it expected that all components will be implemented at the same rate. For brief descriptions of each component, please hold your cursor over the **bolded and underlined** text or see the glossary at the end of the document for a more detailed description. Please check one box only where applicable.

- For each component, complete a row of the grid. Indicate whether the component is part of your project plan, briefly list (bullet) key activities in the component area, and rate the level of implementation. Please use the “other component” fields to highlight additional project components. For implementation ratings, please use the following codes:

- 1 = None (no implementation)
- 2 = Initial (planning underway)
- 3 = Low (initial action taken)
- 4 = Moderate (significant steps taken but not fully achieved)
- 5 = High (component fully implemented)

Component	Part of plan?	Briefly list (bullet) major activities during the past six months.	Rate level of implementation (use scale above).
<u>Leadership development</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Key stakeholder involvement</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Consumer involvement</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Consensus development</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Component	Part of plan?	Briefly list (bullet) major activities during the past six months.	Rate level of implementation (use scale above).
State Action Planning	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Knowledge dissemination and replication	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Removing state level infrastructure barriers	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pilot project oversight	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Expansion of trainings on trauma-informed care	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Expansion of trainings on trauma screening	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Expansion of trauma screening	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Expansion of trauma-specific treatment	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other component:	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other component:	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other component:	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other component:	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

- Please describe any major barriers encountered in implementing state level activities during this reporting period by completing the grid below.

Barrier	Impact on the project	Steps taken to overcome the barrier	Need for technical assistance to address this barrier?

Section V: Progress on Pilot Project

The purpose of this section is to document changes in plans for the pilot project(s) and to record progress in implementing pilot project activities. Section V.1 can remain blank for the initial report but will be included in all subsequent reports after the Strategic Plan has been submitted and approved. Section V.2 should be completed, regardless of the status of your Strategic Plan.

- Please describe any changes from your Strategic Plan during this reporting period in the following areas:

Area of interest	Describe change	Reason for the change	Impact or potential impact of the change
Pilot location(s)			
Client intercept point(s)			
Timeline			

Area of interest	Describe change	Reason for the change	Impact or potential impact of the change
Project leadership			
Participating agencies and partners			
Staffing			
Number of clients to be served annually			
Other:			
Other:			
Other:			

2. The table below includes a list of potential components; it is not meant to be exhaustive nor is it expected that all components will be implemented at the same rate. For each component, complete a row of the grid. Indicate whether the component is part of your pilot plan, briefly list (bullet) key activities in the component area, describe changes since the last report and their impact (if any), and rate the level of implementation. Please use the “other component” fields to highlight additional project components. For implementation ratings, please use the following codes. Check one box only where applicable.

- 1 = None (no implementation)
- 2 = Initial (planning underway)
- 3 = Low (initial action taken)
- 4 = Moderate (significant steps taken but not fully achieved)
- 5 = High (activity fully implemented)

Component	Part of pilot plan?	Briefly list (bullet) major activities during the past six months.	Rate level of implementation (use scale above).
Leadership development	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Consumer involvement	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Service network development	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Client Outreach	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Client Recruitment	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Screening for trauma	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Diversion to treatment services	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Component	Part of pilot plan?	Briefly list (bullet) major activities during the past six months.	Rate level of implementation (use scale above).
<u>Evidence-based treatment</u> [please indicate which trauma specific or other EBP you are using]	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Wrap-around recovery support services</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Adaptation of services</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Training on trauma-informed care</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Training on trauma screening</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Sustainability</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Other component:</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Other component:</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Other component:</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Other component:</u>	Y N <input type="checkbox"/> <input type="checkbox"/>		1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3. Please describe any major barriers encountered in implementing the pilot project during this reporting period by completing the grid below.

Barrier	Impact on the project	Steps taken to overcome the barrier	Is technical assistance needed to address this barrier?

Section VI: Accomplishments

The purpose of this section is to track project accomplishments and quantify them where possible.

1. Please list the number of meetings of your state and pilot advisory committees during this reporting period. Please report the average number of key stakeholders invited and assembled at these meetings, and the systems, agencies, or constituencies they represent.

Level	Number of meetings in past six months	Average number of representatives attending	List of departments, agencies, organizations, constituencies attending
State			
Pilot 1			
Pilot 2 (if any)			

2. Please report the TOTAL number of individual consumers involved in your project during this reporting period.

Total number of consumers	
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3. For this reporting period, please list the number of **consumers** involved and the nature of their involvement in: a) State level planning, advocacy, and oversight; b) Pilot level planning, advocacy, and oversight; c) Pilot level service delivery; and d) Evaluation activities.

Consumer Involvement	<u>State Level:</u> Planning, advocacy, and oversight	<u>Pilot Level:</u> Planning, advocacy, and oversight	<u>Pilot Level:</u> Service delivery	Evaluation
Number involved				
Nature of involvement				

4. Please list the number and types of agencies, and the number and types of staff members, trained in trauma-informed care. Check all boxes that apply.

	Number	Type of agency or staff	
Agencies participating in trainings		<input type="checkbox"/> Jails <input type="checkbox"/> Community Corrections <input type="checkbox"/> Courts	<input type="checkbox"/> Behavioral Health agencies <input type="checkbox"/> Other agencies (specify) <input type="checkbox"/> Other agencies (specify)
Staff participating in trainings		<input type="checkbox"/> Agency administrators <input type="checkbox"/> Direct treatment providers (case managers, counselors, therapists) <input type="checkbox"/> Corrections officers <input type="checkbox"/> Court personnel	<input type="checkbox"/> Facility and support staff <input type="checkbox"/> Consumers <input type="checkbox"/> Other type of staff (specify) <input type="checkbox"/> Other type of staff (specify)

5. Please list the number of jails, community corrections agencies, courts, behavioral health agencies and/or other organizations implementing trauma screening, treatment, or recovery services related to this project.

Type of agency	Number implementing trauma screening	Number implementing trauma treatment	Number implementing recovery services
Jails			
Community corrections agencies			
Courts			
Behavioral health agencies			
Other organization (specify):			
Other organization (specify):			

6. Please describe any expansion in the geographic reach of project services beyond your pilot (including specific names of cities, counties, court jurisdictions, etc.) using the grid below. How many more clients are expected to be served with this expansion?

Geographic area of expansion	Specify name of expansion area	Increased number of clients expected to be served
City		
County		
Court or police jurisdiction		
Other (specify):		

7. Please describe specific individual policy changes occurring at the state and pilot project levels. Note that for these purposes a “policy” is defined broadly to include *any written document, whether legislative or administrative, directing an action or event at the state or local level*. For each accomplishment in this area, please report the following:
- a. **Description of the policy change.**
 - b. **Effective date of the change.**
 - c. **Type of policy change.** Place cursor over **bolded and underlined** text for brief definitions or see the glossary at the end of the document for complete definitions.
 - d. **Mechanism for policy change** (e.g. statutory change, appropriation change, regulatory or administrative rule change, contract language change, memorandum of understanding, executive order, adoption of clinical practice guidelines/EBP, etc.).
 - e. **Scope of the policy change.** Please indicate the geographic coverage (e.g., statewide, county of the pilot project), the population covered by the change (e.g., all persons arrested for misdemeanors, veterans, persons diagnosed with PTSD), and estimated number of individuals affected annually.
 - f. **Cost of the policy change.** Please give the estimated, annual cost of the change (if any).
 - g. **Agencies/groups that developed the change.** Please list the state or local agencies immediately involved in developing the change (e.g., state mental health authority, veterans administration, state judicial authority).
 - h. **Roles of consumers, families, citizen groups, or other advocates in shaping the change.**

9. Please list any other project accomplishments, providing numbers impacted where relevant.

Accomplishment	Quantify (if possible)

Section VII: Evaluation

The purpose of this section is to obtain regular updates on progress in meeting cross-site evaluation requirements.

1. Please describe your plan for data collection in the specific areas outlined below, including organizational arrangements to facilitate access (e.g., access to clients in jail, access to services data), progress made to data, obstacles encountered, and need for technical assistance. In follow-up reports, please describe any additions/changes to the plan.

a. Person tracking data: Basic demographic information collected on all individuals who formally enroll in the diversion program, regardless of whether they participate in the evaluation.

Plan for obtaining client tracking data	
Changes to plan	
Progress made	
Obstacles encountered	
Technical assistance needs	

b. Events tracking data: Basic demographic information collected on all individuals who are screened or assessed for admission into the Jail Diversion program, regardless of whether they enter the program or not. Programs may have multiple layers of assessment and therefore collect information at several points.

Plan for obtaining events tracking data	
Changes to plan	
Progress made	
Obstacles encountered	
Technical assistance needs	

c. Client interview data: Information collected through in-person interviews with program clients.

Plan for obtaining client interview data	
Changes to plan	
Progress made	
Obstacles encountered	
Technical assistance needs	

d. Arrest history data: Information collected on pre- and post-diversion program arrests. This information is collected on individuals who enroll in the evaluation.

Plan for obtaining arrest data	
Changes to plan	
Progress made	
Obstacles encountered	
Technical assistance needs	

e. Service use data: Information collected on the types and number of mental health and substance abuse services received following diversion program entry. This information is collected on individuals who enroll in the evaluation.

Plan for obtaining services data	
Changes to plan	
Progress made	
Obstacles encountered	
Technical assistance needs	

f. Implementation of QDS or alternative approach to electronic data collection and submission

Plan for implementing QDS or alternative	
Changes to plan	
Progress made	
Obstacles encountered	
Technical assistance needs	

g. Assuring high rates of client follow-up

Plan for assuring high rates of client follow-up	
Changes to plan	
Progress made	
Obstacles encountered	
Technical assistance needs	

h. Consumer involvement

Plan for involving consumers in evaluation design, oversight, data collection, or analysis	
Changes to plan	
Progress made	
Obstacles encountered	
Technical assistance needs	

2. Are there other evaluation areas in which you need technical assistance?

Section VIII: Definitions

Definitions are grouped by the report section where they appear.

1. Definitions specific to progress on state level infrastructure change (Section IV)

Leadership development. Activities that identify, convene, and support individuals, teams, and/or structures with sufficient authority to drive and oversee the change process. This might include agency leadership, interagency teams, advisory committee chairs, committee members, and workgroup members.

Key stakeholder involvement. Activities that build linkages by involving representatives of all relevant constituencies. Relevant constituencies may include mental health, veterans affairs, criminal justice, and consumers among others.

Consumer involvement. Activities to ensure significant and meaningful consumer participation, including outreach and facilitation activities, in state level planning, advocacy, and project oversight. Please specify activities by the three designated areas and any other areas of consumer involvement at the state level.

Consumer. For purposes of consumer involvement in this project, a “consumer” is a current or former recipient of mental health services who has one or more of the following: a history of criminal justice involvement; identifies as a trauma survivor; and/or is a military veteran.

Consensus development. Activities related to building agreement among key stakeholders on project goals and proposed strategies. These may include activities such as hiring a facilitator or systems change consultant, inviting expert speakers, securing technical assistance or mentoring, or using process evaluation data to build agreement.

State action planning. Activities in support of developing a formal, written consensus plan document. The plan document should include measurable objectives, timelines, responsibilities, and oversight functions for the project.

Knowledge dissemination and replication. Activities that support systematic communication with key stakeholders about the pilot project, including efforts to raise public awareness. Communication may be about ongoing pilot progress, effective approaches that have been used, and replication strategies to other communities in the state. Please include efforts to increase public awareness about the project (e.g., media releases, public forums) in this section.

Removing state level infrastructure barriers. Activities that identify major systemic barriers to project goals and development of strategies to remove them. Barriers may include factors such as legal barriers to diversion, financial barriers to integrated care, conflicting criminal justice and social services treatment goals, and inadequate or not readily accessible services.

Pilot project oversight. Activities to provide guidance to the pilot(s) about training, diversion, service delivery, and local evaluation.

Expansion of trainings on trauma-informed care. Activities to support expansion of trainings on trauma-informed care beyond pilot sites to other locations or statewide (more likely in the later phase of the project).

Expansion of trainings on trauma screening. Activities to support expansion of trainings on trauma screening beyond pilot sites to other locations or statewide (more likely in the later phase of the project).

Expansion of trauma screening. Activities to support expansion of trauma screening beyond pilot sites to other locations or statewide (more likely in the later phase of the project).

Expansion of trauma-specific treatment. Activities to support expansion of trauma-specific treatment beyond pilot sites to other locations or statewide (more likely in later phase of the project).

Other component. Additional project components not included in other categories.

2. Definitions specific to progress on pilot project (Section V)

Leadership development. Activities that identify, convene, and support individuals, teams, and/or structures with sufficient authority to drive and oversee the change process. This might include agency leadership, interagency teams, advisory committee chairs, committee members, and workgroup members.

Consumer involvement. Activities to ensure significant and meaningful consumer participation, including outreach and facilitation activities, at the pilot level in: a) planning, advocacy, and oversight; b) service delivery; and c) evaluation. Please specify activities in the three designated areas and any other areas of consumer involvement at the pilot level.

Service network development. Activities to identify and enlist partners in providing community-based services to project participants.

Client outreach. Strategies to increase client participation in, and access to, pilot services.

Client recruitment. Activities to facilitate recruitment of clients from one or more intercept-points along the justice continuum.

Screening for trauma. Activities to identify individuals with histories of traumatic experiences. Please specify in which systems/agencies screening is taking place.

Diversion to treatment. Activities include assessment, case management, or treatment services in outpatient, intensive outpatient, or residential programs.

Evidence-based treatment. Activities specific to designing and implementing evidence-based practices adopted for the pilot, including trauma-specific services.

Wrap-around recovery support services. Individually tailored services designed to improve access to, and retention in, trauma treatment. These may include services such as child care, vocational services, educational support, peer support, and transportation services.

Adaptation of services. Changes made to established models, practices, and/or programs to better meet the needs of the target population and/or setting.

Training on trauma-informed care. Training of front-line staff, managers, support staff and others, on the nature of trauma and traumatic experience, trauma sequelae, and approaches to making environments more sensitive and responsive to the needs of trauma survivors.

Training on trauma screening. Training of front-line staff, managers, and others to support the development and implementation of trauma screening.

Sustainability. Activities designed to ensure that the pilot will continue after completion of grant funding.

Other component: Additional project components not included in other categories.

3. Definitions specific to accomplishments (Section VI)

Consumer. For purposes of consumer involvement in this project, a “consumer” is a current or former recipient of mental health services who has one or more of the following: a history of criminal justice involvement; identifies as a trauma survivor; and/or is a military veteran.

Policy. Policy is defined broadly to include any written document, whether legislative or administrative, directing an action or event at the state or local level.

Programmatic policy. A written document directing initiation, expansion, change, or elimination of a program of training or services (e.g., CIT, trauma screening, adoption of a new practice).

Financial policy. A written document directing changes in financial appropriations, processes or procedures for relevant services or activities, or that increase service accessibility, availability, efficiency, or accountability. Changes may include factors such as: substantial increases or decreases in appropriations for specific types of services or activities; changes in billing codes or reimbursement procedures to allow, eliminate or simplify billing for specific types of services or activities; changes to the State Medicaid Plan; innovative pooling or braiding of funding; or other changes regarding financing of specific types of services or activities, or that increase efficiency.

Organizational policy change. Intra-organizational changes to structures, staffing, or responsibilities, and/or inter-organizational changes to linkages between organizations. Organizational changes include the following: formal, written inter- or intra-organizational agreements; creation, expansion, integration, or elimination of offices, divisions, or departments; creation or elimination of one or more position(s); creation of a new reporting structure; permanent changes to major responsibilities for existing offices, divisions, and departments; permanent changes in staff composition (e.g., substantial hiring of consumers/youth/family members, substantial increases in racial/ethnic/cultural diversity of staff); or other changes of similar import.

