COMMUNITY SUPPORT EVALUATION: BHTCC
BIANNUAL PROGRAM INVENTORY—BHTCC VERSION

Description of Participation: This biannual survey is a cumulative inventory designed to catalogue grant supported infrastructure development and direct services offered as part of the BHTCC program. Each administration of the inventory asks you to think back over the previous two quarters of your grant funding. The BPI is designed to catalogue on a bi-annual basis: (1) the planning, infrastructure development, and collaborations, (2) coordination and management of services, and (3) direct services.

To complete all of the sections you may need to get input from services providers and/or other BHTCC program partners.

Privacy: The information that you provide via this online inventory will be kept private except as otherwise required by law. No identifying information is requested as part of the inventory. The information that we report to SAMHSA will not contain any identifying information and your name will not be used in any reports about this evaluation.

Benefits: The research involves no prospect of direct benefit to individual respondents, but is likely to yield generalizable knowledge that could be relevant to the consumers of the BHTCC program and in the field.

Risks: Completion of this inventory poses few, if any, risks to you or your agency. You may choose to cease input of information at any time or not answer a question, for whatever reason.

Contact information:
If you have any questions about this study, please contact:
Robin Davis, Project Director
ICF International
Telephone: (404)-592-2188
3 Corporate Square, NE, Suite 370, Atlanta, GA 30329

Instructions:
Select the type of infrastructure development, planning activing, collaboration, coordination of services, or direct service provision you wish to add to the inventory. For each item you add, you will be asked a series of follow up questions. If you have multiple entries under a category, you will need to respond to the follow up questions separately for each entry. For example if you have five partnerships complete the follow up questions separately for each of these five partnerships.

Part 1: Planning, Infrastructure Development, and Collaboration

Please select all planning, infrastructure development, and collaboration strategies and activities conducted during the reporting period. For each strategy, enter/update the activities conducted during the reporting period. For each primary strategy selected, you will be asked to report on the subsequent items. Information will remain prefilled for future administrations; respondents will need to update existing entries to reflect strategy progress during the reporting period.

- **BHTCC Workgroup - Select this strategy/activity if it was used during the reporting period**

The group responsible for developing the BHTCC project goals, objectives and strategies. The BHTCC Workgroup meets regularly to develop evaluation plans, MOUs, and coordinate service coordination and delivery. This may include interagency boards or workgroup or other structures.

The BHTCC must assure relevant interagency collaboration, oversee the project's evaluations and develop and implement plans for long term sustainment of integrated and collaborative processes. The BHTCC may be a new entity or may be an offshoot of existing inter-agency partnerships as long as it consists of the indicated governmental departments, provider organizations, and evaluator.

1. What do you call this workgroup/ collaborative?

2. Who are the members of this workgroup? *[Item will be expanded in web-based format to include multiple members]*

Name	Organization	Title	Role

3. What are the goals of this workgroup?

4. Was this program component implemented or utilized during the past two-quarter reporting period? *[This item will remain pre-filled "Yes" after the first time this strategy is entered; a grantee may select "No" to reflect a change in activities in subsequent reporting windows]*

    - Yes [item 4b will open for data entry if Yes is selected]

    - No

    4b. What activities were conducted by the BHTCC Workgroup during the reporting period? *[This item will appear]* (Select all that apply.)

    - BHTCC Workgroup meeting

    - Evaluation planning

    - Development of memoranda of understanding

    - Service delivery coordination

    - BHTCC evaluation reviews

    - Development of recommendations to improve or enhance systems and program effectiveness

    - Policy development

    - Sustainability plan development

    - Sustainability plan implementation (funding approaches for sustainability)

- Other activities (please describe)

- **Other Program Stakeholders Engagement – Select this strategy if other program stakeholders are actively involved during the reporting period**

Program stakeholders and affiliations include key personnel with vested interest in the program (i.e., judges, probation officers, etc. not involved through the BHTCC Workgroup). Direct service providers should be included in the next section "Partnerships with Service Providers".

1. What is the name of this stakeholder or affiliation?

2. Please list your stakeholders and their affiliations, titles, and roles within BHTCC. *[Item will be expanded in web-based format to include multiple members]*

Stakeholder Name	Affiliation	Title	Role

3. Was this program partner involved during the reporting period (previous two quarters)? *[This item will remain pre-filled "Yes" after the first time this strategy is entered; a grantee may select "No" to reflect a change in activities in subsequent reporting windows]*

   - Yes

   - No

   3b. What activities were conducted by the BHTCC Workgroup during the reporting period? *[This item will appear]* (Select all that apply.)

   - Evaluation planning

   - Development of memoranda of understanding

   - Service delivery coordination

   - Program collaboration

   - BHTCC evaluation reviews

   - Development of recommendations to improve or enhance systems and program effectiveness

   - Policy development

   - Sustainability plan development

   - Sustainability plan implementation (funding approaches for sustainability)

   - Other activities (please describe)

- **Partnerships with Service Providers - Select this strategy for service providers actively involved during the reporting period**

Partnerships with service providers for the coordination and delivery of direct services to BHTCC program participants. Items will be prefilled for subsequent administrations.

1. Name of the partner agency or organization?

2. What services does this agency or organization provide to BHTCC consumers? (select all that apply)

    - Services to improve family functioning

    - Employment support services

    - Training to address criminogenic factors (e.g., reduce criminal thinking and life style)

    - Wrap around or case management services

    - Drug testing

    - Educational or vocational support services

    - Relapse prevention and long-term management

    - Medication-assisted Treatment (MAT)

    - HIV testing (including rapid testing)

    - Housing services

    - Peer support services

    - Recovery-oriented systems of care support services (e.g., transportation, life skills, employment services, job trainings, mentoring, relapse prevention, coaching services)

    - Other services (please describe)

3. Was this program component implemented or utilized during the past two-quarter reporting period? *[This item will remain pre-filled "Yes" after the first time this strategy is entered; a grantee may select "No" to reflect a change in activities in subsequent reporting windows]*

    - Yes

    - No

- **Case Management System – Select if case management process, systems, or tools were used during the reporting period.**

Use of case management system, management information system (MIS), or other electronic based systems to document and/or manage client needs, care process, integration with related support services, and criminal justice processing of BHTCC program participants, and/or outcomes.

1. What is the name of the system?

2. Was this case management system:

    - Adoption of a new system

    - Enhancement to an existing system

    - Existing system

3. Is this a locally developed system or a purchased system?

    - Locally developed

    - Purchased system

    - Unknown

4. Please describe the system (e.g., How often is the system updated? Who has ownership of the system? Does the system use a unique client ID?).

5. What does this system document and/or manage? [select all that apply]

- Criminal justice case record management

- Client needs

- Treatment plan

- Treatment or service delivery

- Service coordination/case management

- Criminal justice outcomes (please describe)

- Treatment outcomes (please describe)

- Other, please describe:

6. Was this program component implemented or utilized during the past two-quarter reporting period? *[This item will remain pre-filled "Yes" after the first time this strategy is entered; a grantee may select "No" to reflect a change in activities in subsequent reporting windows]*

- Yes

- No

Part 2: Training

Report on the trainings provided to BHTCC program staff, including mentors. Please report on the trainings that have been conducted during this two-quarter reporting period. You may enter multiple trainings in the following section. Information will remain prefilled for later reporting windows; respondents will need to update existing entries to reflect changes in activities.

- **Training**

    1. What is the name of the training?

    2. Please describe this training.

    3. Who is being trained?

        - Probation Agents/Officers

        - Social/Case/Care Worker/Coordinator

        - Detention Facility Guard/ Correctional Officer

        - Local Law Enforcement

        - Other Court Employees

        - Community Service Providers

        - Volunteer Mentors

        - Behavioral Health Staff

        - Other, please describe:

    4. How many people have been trained through this training program during the reporting period?

    5. What type of training was this? [select all that apply]

        - Trauma Informed Care and Recovery Support Services

- Mental Health and Substance Abuse Identification Training

- Cross-disciplinary Training

- Cultural Competency Training

- Risk/Need Assessment Training

- Case Management Training

- Resource navigation

- Other, please describe:

6. Was this program component implemented or utilized during the past two quarter reporting period?
   [This item will remain pre-filled "Yes" after the first time this strategy is entered; a grantee may select "No" to reflect a change in activities in subsequent reporting windows]

   - Yes

   - No

Part 3: Coordination and Delivery of Services—Screening/Assessment

Please enter/update the number of clients screened/assessed during the past two quarter reporting period. This includes all assessments and trainings, including those conducted by the court as well as treatment agencies/service providers. During your first inventory you will enter the number screened/assessed-to-date; during each subsequent inventory you will be asked to update these numbers to the include persons screened/ assessed in the most recent two quarters. If you are using multiple screening tools, complete an entry for *each* screening tool.

- **Screening and Assessment – Please select for each screening and assessment used (can select and enter multiple screening and assessment tools/protocols)**

  1. What tool are you using for screening and assessment?

     - Universal Trauma Screening

     - Life events checklist

     - Risk and Need assessment Tool (RANT)

     - TCU Criminal Thinking scales

     - Mental Health Screening Form III

     - Simple Screening for Substance Abuse

     - University of Rhode Island Change assessment scale (URICA)

     - Ohio Risk Assessment System (ORAS)

     - Life Styles Inventory (LSI)

     - Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)

     - Other, please describe:

  2. What is the type of screening/assessment?

     - Criminogenic risk assessment

     - Mental health assessment

- Other, please describe:

3. Number of clients screened/ assessed to-date?

   a. Unduplicated?

   b. Total?

Part 4: Coordination and Delivery of Services—Screening/Assessment

Enter/update the direct services provided to enrolled BHTCC program participants. You may enter multiple services within each primary strategy. Information will remain prefilled for later reporting windows; respondents will need to update existing entries to reflect changes in activities.

- **Treatment**

Clinical in-patient or out-patient services aimed at addressing mental health or substance abuse disorders.

1. What is the name of the treatment?

2. What format is the treatment?

   - Group

   - Individual

   - Self-help

   - Family

   - Other, please describe:

3. What is the treatment type?

   - Cognitive-Behavioral Therapy

   - MATRIX Model

   - Seeking Safety

   - Moral Recognition Therapy

   - Helping men/women recover

   - Rational Emotive Behavior Therapy

   - Eye Movement Desensitization and Reprocessing

   - Other, please describe:

4. Was this service used during the past two-quarter reporting period?

   - Yes

   - No

5. How many clients have received this service? (To-date)

   a. Unduplicated?

   b. Total?

- **Services to improve family functioning**

Services aimed at establishing or maintaining a family support system.

1. What is the name of the service?

2. Describe the services offered.

3. Was this service used during the past two-quarter reporting period?

   - Yes

   - No

4. How many clients have received this service? (To-date)

   a. Unduplicated?

   b. Total?

- **Employment services**

Services aimed at obtaining or securing employment opportunities (e.g., resume development, job coaching, etc.)

1. What is the name of the service?

2. Describe the services offered.

3. Was this service used during the past two-quarter reporting period?

   - Yes

   - No

4. How many clients have received this service? (To-date)

   a. Unduplicated?

   b. Total?

- **Case management or wrap around services**

Wrap-around services, team approaches including adult criminal court supervising authorities, and existing treatment alternatives organizations (TASC) or similar treatment referral and case management models.

1. What is the name of the service?

2. Describe the services offered.

3. Was this service used during the past two-quarter reporting period?

   - Yes

   - No

4. How many clients have received this service? (To-date)

   a. Unduplicated?

   b. Total?

- **Drug testing**

Testing for illicit substances required for supervision, treatment compliance, and therapeutic intervention.

1. What is the name of the service?

2. Was this service used during the past two-quarter reporting period?

    • Yes

    • No

3. How many clients have received this service? (To-date)

    a. Unduplicated?

    b. Total?

4. How many individuals tested positive? (To-date)

    a. Unduplicated?

    b. Total?

Education Support

Services available to enhance educational opportunities (e.g., tutoring, GED prep classes, community college course enrollment). This should no include vocational job training/workforce development opportunities.

1. What is the name of the service?

2. Describe the services offered

3. Was this service used during the past two-quarter reporting period?

    • Yes

    • No

4. How many clients have received this service? (To-date)

    a. Unduplicated?

    b. Total?

• **Relapse prevention and long term management**

Services aimed at ensuring long-term recovery from mental health and substance use disorders.

1. What is the name of the service?

2. Describe the services offered

3. Was this service used during the past two-quarter reporting period?

    • Yes

    • No

4. How many clients have received this service? (To-date)

    a. Unduplicated?

    b. Total?

• **Housing Supports**

Housing support services provide a range of different tasks to help someone manage their home, such as assistance to claim welfare benefits, fill-in forms, manage a household budget, keeping safe and secure, getting help from other specialist services, obtain furniture and furnishings, and help with shopping and housework.

1. What is the name of the service?

2. Describe the services offered.

3. Was this service used during the past two-quarter reporting period?

   - Yes

   - No

4. How many clients have received this service? (To-date)

   c. Unduplicated?

   d. Total?

- **Peer support services**

Peer services include mutual support groups, peer-run programs and services in traditional mental health agencies provided by peer support specialists/ individuals with lived experience.

1. What is the name of the service?

2. Describe the services offered.

3. Was this service used during the past two-quarter reporting period?

   - Yes

   - No

4. How many clients have received this service? (To-date)

   a. Unduplicated?

   b. Total?

- **Recovery oriented system of care support services**

Support services such as transportation, life skills, employment services, job training, peer-to-peer services, mentoring, relapse prevention, and coaching services.

1. What is the name of the service?

2. Describe the services offered.

3. Was this service used during the past two-quarter reporting period?

   - Yes

   - No

4. How many clients have received this service? (To-date)

   a. Unduplicated?

   b. Total?