

APpendix

Appendix A: Assessment Worksheets

The Priorities Assessment and the Readiness and Capacity Assessment worksheets below are designed to assist applicants in preparing to consult with technical assistance (TA) partners about potential work plans. We encourage you to complete the Priorities Assessment worksheet first, using it to identify your top priorities in terms of outcomes and interventions. After you have identified one to five top priorities, you should move on to corresponding sections of the Readiness and Capacity Assessment worksheet to identify and explore your current needs more deeply. Finally, with this information compiled, we encourage you to reach out to the TA provider(s) who may best meet your needs, sharing the worksheets with them and discussing if and how you might work together using the Impact & Innovation Grant funds.

**Please note:** These worksheets are a tool for you to use internally and then share with potential TA provider partners for your discussion and planning conversations. We respect that to do the critical work of identifying needs and finding solutions, applicants must feel comfortable being fully transparent about strengths, weaknesses, potential for progress, and barriers. In order to avoid any concern about how your honest self-assessments might impact your application, **these worksheets are not part of the grant application and should not be shared with Open Society Foundations.** The Open Society Foundations encourages you to be completely open and honest; again, these worksheets will not be part of your application, will not be shared with the Open Society (by applicants or by TA providers), and will not have any impact on decision-making about the grant awards.

WORKSHEET #1: Priorities Self-Assessment

The Impact & Innovation Grants are designed to support progress towards four target outcomes. The chart below provides a guide for applicants to assess which of these target outcomes are highest priority for them, and to consider which specific interventions they most want to utilize in advancing those outcomes. We encourage applicants to complete this chart in order to consider all of these outcomes and interventions, and also to evaluate your own ideas for customized interventions to explore with TA providers.

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| --- | --- | --- | --- | --- | --- | --- |
| Target Outcomes | Potential Interventions | Scale 1=High Priority to 5=Low Priority | CC | HBI | LEAD | PTH |
| **Programs divert without arresting those who face the greatest risk of incarceration for substantial periods of time, including those who do not qualify for, or have been underrepresented in, existing pre-and post-adjudication diversion programs.** | Advised by directly impacted participants and their families, identify and develop service programs and train providers to provide harm reduction and trauma focused services tailored to people at greatest risk |  |  |  |  |  |
| Strengthen data gathering and measurements to track reduced arrest and incarceration |  |  |  |  |  |
| Strengthen data gathering and measurements to track improved life, health, and housing outcomes |  |  |  |  |  |
| Identify community-specific opportunities to suspend or remove eligibility exclusions and increase diversion of people who face felony and other charges |  |  |  |  |  |
| Customized intervention(s) to meet this goal (Applicants: insert your own ideas for interventions to meet this outcome here) |  |  |  |  |  |
| **Programs energize critical stakeholders to innovate, apply heightened standards and remove institutional barriers to success.** | Redefine diversion eligibility criteria in partnership with probation or policing authorities |  |  |  |  |  |
| Elevate and resource the roles of directly affected populations in intervention design, implementation and/or expansion |  |  |  |  |  |
| Adjust pre-arrest protocols to help law enforcement further integrate well-tested harm reduction models (including Law Enforcement Assisted Diversion standards) |  |  |  |  |  |
| Strengthen working partnerships between diverting justice agencies and community based organizations (including peer educational campaigns to increase institutional partners’ understanding of and support for core harm reduction principles) |  |  |  |  |  |
| Reduce police and parole authority interference with targeted community members’ access to harm reduction and health protections (i.e., ending the use of condoms and syringes as evidence; eliminating extortion of sex workers for sex; ending the punishment of victims or witnesses of aggravated crimes because they occurred during sex or drug transactions) |  |  |  |  |  |
| Work with housing administrators and other governmental agencies to decrease barriers to transitional, permanent or supportive housing and help integrate harm reduction models (including Housing First) |  |  |  |  |  |
| Customized intervention(s) to meet this goal (Applicants: insert your own ideas for interventions to meet this outcome here) |  |  |  |  |  |
| Work with health officials and systems to reduce institutional barriers to a full range of services, including through engagement of directly affected populations in redesigning systems and processes. |  |  |  |  |  |
| **Programs are aligned with harm reduction principles, operate with fidelity to evidence-informed health practices, and empower peer-led, and community-driven resource interventions.** | Integrate core harm reduction expertise and frameworks into mainstream public health, health, and housing programs |  |  |  |  |  |
| Increase the capacity of health, housing, and other social service providers to serve and support active drug users |  |  |  |  |  |
| Bridge access to community-based harm reduction resources (i.e., safety lists of aggressors for those engaged in street trade to avoid; fentanyl test kits, syringes, condoms and safer sex and drug use education; hormone treatment for transgender workers; safe drug consumption rooms or occupational zones for sex workers; acupuncture, massage, and trauma-informed or somatic therapy) |  |  |  |  |  |
| Expand access to low barrier housing for participants in diversion programming |  |  |  |  |  |
| Improve the effect of street outreach and increase the impact of referrals of arrest diversion participants to service providers |  |  |  |  |  |
| Improve the quality of harm reduction-based street outreach, case management or Assertive Community Treatment delivered to arrest diversion participants to comply with evidence-based fidelity measures |  |  |  |  |  |
| Improve the ability and capacity of health, housing and service providers to work together to provide evidence-informed, integrated services to diversion populations |  |  |  |  |  |
| Develop case management services tailored to serve your diversion population and link them with harm reduction focused, evidence based, peer-led and community driven services. |  |  |  |  |  |
| Customized intervention(s) to meet this goal (Applicants: insert your own ideas for interventions to meet this outcome here) |  |  |  |  |  |
| **Programs develop and promote mechanisms for sustainable service coverage and funding for interventions.** | Secure health insurance coverage and identify, activate or help develop billing codes for unique forms of interventions |  |  |  |  |  |
| Train community based, harm reduction focused providers to bill public and private insurers for services used in diversion programs. |  |  |  |  |  |
| Work with health, social service and government officials to get diversion services incorporated into new payment and delivery initiatives targeted at people with complex needs |  |  |  |  |  |
| Identify creative methods to sustain pre-arrest and pre-booking diversion programs |  |  |  |  |  |
| Engage public sector/governmental funding structures |  |  |  |  |  |
| Engage private sector funders and finance systems |  |  |  |  |  |
| Apply for both public and private grants |  |  |  |  |  |
| Develop and launch a sustainability plan for expanding resources for community-based harm reduction-oriented healthcare services in the community |  |  |  |  |  |
| Customized intervention(s) to meet this goal (Applicants: insert your own ideas for interventions to meet this outcome here) |  |  |  |  |  |

WORKSHEET #2: Readiness and Capacity Assessment

Once you have completed Worksheet #1, Priorities Assessment, we encourage you to proceed with the Readiness and Capacity Assessments. Like the Priorities Assessment, the worksheet below aligns with the four target outcomes of the Impact & Innovation Grants. Move to the section that corresponds with the top several priorities you have identified, and respond to those questions prior to consulting with potential TA partners. Again, this worksheet is intended to assist you in assessing your current needs and to inform discussions around technical assistance with potential TA provider partners. Please remember that a response of “no” to any of these questions does not indicate a problem or weakness in your proposal; instead, these responses will help you to identify where technical assistance may be of potential value.

**Target Outcome One**: Programs divert those who face the greatest risk of incarceration for substantial periods of time, including those who do not qualify for, or have been underrepresented in, traditional pre-adjudication diversion programs.

1. Does your stakeholder group include people from the impacted communities you serve? If so, how are you engaging them? Do they have decision-making capability?
2. Does your local collaboration have a shared language and understanding of the racial and ethnic disparities that are represented within your jurisdiction?
3. Are you using data to drive these racial and ethnic disparities down? If so, how? What opportunities can you create to achieve racial and ethnic equity?
4. Have you identified targeted strategies to address the needs of the population that is disproportionately over-represented in the justice system?
5. What are the barriers in your community to diverting those at greatest risk of incarceration? Who has the power to help you remove those barriers?
6. Do any of the necessary partners in your contemplated police diversion program have preconceptions about doing community-based diversion only (or primarily) for “first time offenders?”
7. Is the driving force behind interest in police diversion the heroin/opioid epidemic, and/or concerns about the individuals newly exposed to possible justice system involvement for that reason?

**Target Outcome Two**: Programs energize critical stakeholders and remove institutional barriers to success.

1. Does your stakeholder group include people from the impacted communities you serve? If so, how are you engaging them? Do they have decision-making capability?
2. Does your local collaboration have a shared language and understanding of the racial and ethnic disparities that are represented within your jurisdiction?
3. Are you using data to drive these racial and ethnic disparities down? If so, how? What opportunities can you create to achieve racial and ethnic equity?
4. Have you identified targeted strategies to address the needs of populations that are disproportionately over-represented?
5. Which institutional stakeholders are currently the *strongest* partners in your work: police? prosecutors? public defenders? health or public health agencies? health service providers/systems? housing providers? social service providers? who else?
6. Which institutional stakeholders are currently the *weakest* partners in your work: police? prosecutors? public defenders? health or public health agencies? health service providers/systems? housing providers? social service providers? who else?
7. Is there decision-maker buy-in and energy for community-based diversion aligned with the core principles (focusing on people highly impacted by the justice system, using harm reduction principles) among necessary prosecutor and law enforcement partners?
8. Is there evidence of, or a plausible strategy for, achieving actual buy-in for this approach from rank and file officers and prosecutors?
9. What is your level of engagement with law enforcement officials? What is the level of buy-in for diversion and/or harm reduction services that has been achieved with law enforcement officials in your community?
10. How frequently do law enforcement entities interact with the community (community events, city hall or town hall discussions)? What other community stakeholders support or interact with law enforcement with frequency?
11. What other stakeholders are engaged in your program? What are their strengths and areas for improvement?
12. What collective capacity do you and your partners have to create policy change? Do you have strong capacity in each of the following areas: communications, policy and legal analysis, grassroots organizing, coalition building, strategic planning and fundraising?
13. Are there key community partners with a high degree of skepticism about a program that necessarily engages/involves police officers? Is there openness there to engage in the design process for a police diversion program, bringing that legitimate skepticism to bear on design and oversight?

**Target Outcome Three**: Health and social service programs in the community have strengthened fidelity to evidence-based best practices and are aligned with harm reduction principles.

1. Does your stakeholder group include people from the impacted communities you serve? If so, how are you engaging them? Do they have decision-making capability?
2. Does your local collaboration have a shared language and understanding of the racial and ethnic disparities that are represented within your jurisdiction?
3. Are you using data to drive these racial and ethnic disparities down? If so, how? What opportunities can you create to achieve racial and ethnic equity?
4. Have you identified targeted strategies to address the needs of the populations that are disproportionately over-represented?
5. Which institutional stakeholders are your highest priority in terms of engagement and partnership? Why are they the highest priority? What level of engagement do you currently have with them? How ready are they to begin or expand partnership with you in your work?
6. How closely do you work with the main healthcare providers/ systems in your target community to provide harm reduction services?
7. Are harm reduction methods and concepts accepted/commonly used by these healthcare providers/systems?
8. Do these healthcare providers/systems have internal communications staff that connect with the community? How do these providers/systems conduct outreach?
9. Who are the main housing program providers or homeless service providers in your community?
10. How closely do you work with these landlords and direct service providers around housing for the population you serve?
11. Assuming that your community has a federally required Coordinated Entry housing screening and entry program for accessing homeless housing, are partners in designing this diversion approach familiar with how people with criminal history and active drug users are prioritized or de-prioritized in the Coordinated Entry process compared to people with other characteristics?
12. Are harm reduction methods and concepts accepted/commonly used by these housing services providers?
13. Do you have internal communications staff that connect with other providers, community landlords, and stakeholders? How do you conduct outreach? How do you develop the language you use for outreach activities?
14. To what extent do health, housing and social service agencies work together to provide appropriate and integrated services to diversion program participants?
15. What service gaps have you identified? What are your plans to address them?
16. Who sets standards for evidence-based practices in your community? What relationship do you have with them?
17. Is harm-reduction-focused case management available in your community? Does this link to peer-led, community driven services?

**Target Outcome Four**: Programs develop and promote mechanisms for sustainable service coverage and funding for interventions

1. Does your stakeholder group include people from the impacted communities you serve? If so, how are you engaging them? Do they have decision-making capability?
2. Have you identified targeted strategies to address the needs of the population that is disproportionately over-represented?
3. Who are the main healthcare providers/systems in your community? How closely do you work with them? Who are the main players that provide funding for these providers?
4. How closely do you work with these funders? What other funders might be tapped and what strategies are needed to tap them?
5. Are harm reduction methods and concepts accepted/commonly used by these healthcare providers/systems?
6. Who are the main housing program providers or homeless service providers in your community? How closely do you work with these providers? Who are the main players that provide funding for these organizations?
7. How closely do you work with these funders and direct service providers around housing for the population you serve?
8. Do you have a sustainability plan for your program? For the expanding resources for community-based harm reduction-oriented healthcare services in the community?
9. Who are the main social service providers outside of housing/ homelessness in your community? How closely do you work with them? Who are the main players that provide funding for these providers?
10. To what extent do health, housing and social service agencies work together to provide appropriate and integrated services to diversion program participants? Are there any areas of shared funding?
11. What service gaps have you identified? What are your plans to address them?
12. What changes are already underway in your state/community in how health and social services are paid for or to better coordinate/integrate those services?
13. Have you engaged local elected officials around their level of interest in community-based diversion?
14. Does anyone in your planning group have capacity to do community engagement to create and maintain a base of community support for this approach to guard against adverse political dynamics?
15. Do you have allies or connections among policy and budget analysts for your local government executive or legislative leaders?
16. Are there dedicated local or state funding streams (e.g., dedicating funding for mental health and drug dependency programs, justice reinvestment programs, Medicaid waiver initiatives) that are particularly well-matched to assume responsibility for a community-based diversion program, rather than just general fund dollars?