

**Serious and Violent Offender Reentry Initiative
“Going Home”**

PROJECT NARRATIVE

I. PROBLEMS TO BE ADDRESSED

A. JUVENILE PROBLEM

Juvenile courts employ a variety of dispositions for youth adjudicated as delinquent offenders. Approximately 28% of adjudicated delinquency cases result in a disposition ordering out-of-home placement, including placements in residential treatment centers, juvenile corrections facilities, foster homes, and group homes. Of the remaining cases, 54% result in probation, 4% result in release, and 13% have some other disposition, i.e., restitution, fines, community service, and/or referral to other treatment agencies. In Arkansas, approximately 67% of juveniles adjudicated as delinquent are placed in public facilities. The Arkansas Department of Human Services' (DHS) Division of Youth Services (DYS) places 57% of its juveniles in secure programs (9% females), 18% of its juveniles in diversion/prevention/ juvenile accountability programs, and 24% in specialized residential programs¹. Current projections indicate that approximately 70 juveniles classified as serious and violent offenders are released each year. DHS has approximately 300 treatment beds in one of seven maximum-security, lock-down residential treatment programs including one program for girls. Programs are located in each of 28 judicial districts, statewide. These facilities are owned by the State, but are leased (\$1.00/year) to contracted service providers (selected by a competitive RFP process) who operate and manage the facility and provide for the needs of juveniles. Serious and violent juveniles receive the following core services: Casework Management; Therapy; Diagnosis and Evaluation; Intervention; Interstate Compact; and Residential Treatment. Education including GED preparation and special education and anger management is mandatory. Family counseling is provided when family members agree to participate. In order to prepare clients for successful reentry in the community, we need to improve our integrated casework

¹ Crime in Arkansas 2000, Arkansas Crime Information Center

management team approach to treatment, vocational education and job training programs, life skills training, and mentoring/tutoring programs especially for 18-21 year-olds. (Phase I).

Drug use among juveniles has been rising steadily for the past decade. Teen marijuana use is up almost 300% since 1992. If drug use continues to rise at current rates, or even if that rate is slightly reduced, the number of teens ages 12-17 using drugs will increase from 23.6 million to 25 million by 2010. There is a significant correlation between drug use and violent crime. Research indicates that from 45% to 68% of juvenile detainees show a drug present in their system at the time of arrest. In many cases, a lapse into patterns of drug and alcohol abuse after treatment and release is perpetuated by a return to contact with peers or family members who are still using controlled substances or to environments where support systems are lacking. Self-reported statistics based on entry assessments of juveniles in the DYS custody show an alarming 77% (3% alcohol only, 46% drugs and alcohol, 51% drugs only) of youth who have experimented with drugs and may have been intoxicated when they committed their crimes. The project will involve persons returning to communities in the Metropolitan Statistical Area (MSA), which includes Faulkner, Lonoke, Pulaski, and Saline Counties in Central Arkansas. Nearly 115,000 juveniles from ages 14-20 live in this area.

Arkansas law enforcement officers make over 17,000 juvenile arrests each year - 16% of total juvenile arrests are in Faulkner Co., 10% in Lonoke, 70% in Pulaski, and 4% in Saline.



Shaded areas are the four counties comprising the Little Rock MSA.

alarming is the high rate of recidivism among formerly incarcerated have been released to their communities. Sixty-seven delinquent juveniles us and violent offenders in DYS' custody recidivated back into the juvenile an were recommitted for having committed a progressively more serious ab recidivism rate is due in part to the lack of aftercare and support

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resources available to juveniles when they return to their communities (Phase II).

Growing concerns about overcrowding in juvenile correction facilities, high recidivism rates, escalating costs of confinement, and the seeming ineffectiveness of the juvenile justice system to control and reduce delinquent behavior among aftercare populations have fueled the Division of Youth Services' (DYS) commitment to bring change and innovative programming to juvenile aftercare for its most serious offenders.

B.ADULT PROBLEM

Nationally, the number of adults in the correctional population has more than tripled since 1980; at year-end 2000, 6.5 million people were on probation, in jail or prison, or on parole, i.e., 3.1% of all U.S. adult residents or one in every 32 adults. Between 1995 and mid-year 2001, the incarcerated population grew an average 4.0% annually. During the 12-month period ending June 30, 2001, population grew in State prisons (up 0.9%) and local jails (up 1.6%). Between 1990 and 1999, the increasing number of violent offenders was 51% of the total growth of the State prison population; 20% of the total growth was attributable to the increasing number of drug offenders.²

The Arkansas Department of Correction (ADC) operates with a capacity of approximately 12,000 beds. Of the number of beds allocated, to manage the serious and violent inmate population, either a maximum security or administrative segregation mode is used. The facilities include the Varner Supermax Unit (capacity 294), two maximum-security units (East Arkansas Regional Unit, 478, excluding death row, and one maximum security unit, 532), two Administrative Segregation barracks at the Cummins Unit (184), and administrative segregation beds at the McPherson Unit (15 females).

² Bureau of Justice Statistics, Corrections Statistics.

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Current projections from ADC indicate that approximately 150 inmates are within a year of eligibility for release and would fall within the target population. None of these inmates were eligible for transfer to one of the ADC's pre-release programs due to their security status. While they may have received educational, individual mental health appointments, and substance abuse treatment services, they received no services to ensure a safe and successful transition into the community. Therefore Phase I will formally address transitioning of violent offenders from the institutional setting to community supervision. The extent of assistance is review of release plans by an institutional parole officer.

In Phase II, resources are necessary to establish an adult, community-based transition living program (halfway houses) that provide services prior to and immediately following the inmate's release from either the Supermax or one of the maximum-security units. Currently, halfway houses controlled by electronic monitoring and maximum supervision do not exist. Inmates, for the most part, have been incarcerated for multiple years and need assistance to readjust to the free world through a controlled, but less restrictive environment. Services will be concentrated and include education, mentoring, life skills training, job skills development, and mental health and substance abuse treatment. Many of the inmates are unequipped with job skills needed to become productive members of society. Resources are necessary to supplement Workforce Investment Board services and provide vocational and/or community college training.

II. GOALS AND OBJECTIVES

A. GOALS

A comprehensive reentry plan for serious, violent, and high-risk offenders that will provide not only intensive supervision and services after institutional release, but also a focus on reintegration during incarceration, and a highly structured and gradual transition process that

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serves as a bridge between institutionalization and aftercare will satisfy the following goals of this initiative:

- To prevent reoffending by facilitating overall life style changes and alleviating barriers that prevent high-risk populations from reoffending;
- To enhance public safety by promoting successful community adjustment through intensive supervision, offender accountability, and crime avoidance;
- To identify and leverage existing community resources by fostering linkages and accessing existing services;
- To assist the offender to avoid crime, engage in pro-social community activities, and meet family responsibilities by creating an atmosphere that will significantly reduce violence by focusing on offenders, families, and communities; and
- To achieve program sustainability by developing and enhancing long-term partnerships on the state and local levels to assure that available funding is used effectively and remains accessible when federal funds are unavailable.

The project will focus on high-risk offenders in order to maximize its potential for crime reduction. By accessing, redeploying, and leveraging existing resources, and locating new sources of support from federal, state, and local partners, the DCC, the ADC, and the DYS will join forces to launch a bilateral approach-- juvenile and adult programming-- to reducing recidivism, thereby protecting public safety and reducing the overall amount of violent and other serious crime in our society.

B. OBJECTIVES

Goal 1: Prevent Reoffending.

- Objective 1: Begin the reentry planning process within the correctional setting and initiate contacts with key service providers, law enforcement, and community

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corrections agencies prior to discharge of the offender.

- Objective 2: Ensure the offender is fully engaged in the planning process and clearly understands expectations and consequences.
- Objective 3: Identify needs and provide support and services designed to promote successful reentry.
- Objective 4: Exercise active supervision of the offender, ensuring accountability and/or appropriate graduated sanctions for non-compliance or criminal behavior.

Goal 2: Enhance public safety.

- Objective 1: Work with local law enforcement to ensure joint supervision and accountability.
- Objective 2: Provide active ongoing management and supervision designed to hold the offender accountable and protect the public interest.
- Objective 3: Utilize technology (electronic monitoring, etc.) to ensure that an offender's location is appropriate and does not pose an undue threat to the community or the victim.
- Objective 4: Exercise zero tolerance for new criminal activity.
- Objective 5: Develop and implement individual reintegration plans with appropriate levels of supervision.

Goal 3: Identify and leverage existing community resources by fostering linkages and accessing existing services.

- Objective 1: Use federal funds only to design, build, test, and improve a system that utilizes ongoing

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resources so reentry programs do not depend on temporary federal funding.

- Objective 2: Use federal funds only to enhance existing state or local resources and provide options not otherwise available or sufficient.
- Objective 3: Increase communities' leveraging and allocation of resources to provide for the sustainability of the reentry initiative.
- Objective 4: Enhance partnerships among government agencies and community organizations, and work with community-based organizations to create new partnerships for non-existing services.
- Objective 5: Enhance the availability and quality of reentry services.

Goal 4: Assist the offender to avoid crime, engage in pro-social community activities and meet family responsibilities.

- Objective 1: Promote productive engagement between the offender and community organizations (e.g., law enforcement, community groups, schools, substance abuse and mental health treatment providers, training centers, employers, victim advocates, civic and faith-based organizations).
- Objective 2: Provide for and expect the offender to be a contributing productive citizen.
- Objective 3: Increase involvement between members of offenders support networks and returning offenders.

Goal 5: Ensure program sustainability.

- Objective 1: Ensure current community and government resources are utilized and will remain accessible once federal funds are unavailable.
- Objective 2: Ensure that broad government and community support exists and that these relationships are enhanced and built.
- Objective 3: Ensure that this initiative is viewed as integral to community and public

safety.

III. IDENTIFYING THE TARGET POPULATION

A. JUVENILE POPULATION

The targeted juvenile population for this initiative includes male and female offenders ages 14-21 that will return to communities in the greater Little Rock MSA after periods of time in confinement. Table 1 is an itemization of youth returning to communities throughout the MSA regardless of placement while in custody. Targeting this catchment area, which includes cities of varying sizes in both rural and urban settings, will ensure the ability to replicate successful interventions throughout the state.

DYS provides rehabilitative services for two separate juvenile populations: adolescents, ages 10-18, and young adults, ages 18-21 (average age 17.5). These two groups require different interventions to meet specific needs. Figure 2 shows a breakdown of our target population by age.

Table 1: JUVENILE POPULATION SUB-GROUPS IN THE LITTLE ROCK MSA												
County	Total Population				DYS Population				SVJ ² Population % of DYS			
	M≤17	M≥18	F≤17	F≥18	M≤17	M≥18	F≤17	F≥18	M≤17	M≥18	F≤17	F≥18
Faulkner	2,467	2,899 ₃	2,417	3,432 ³	13	19	1	2	0 NS ⁴	8 42.1	0 NS	0 NS
Lonoke	1,174	1,012	1,670	879	12	12	3	2	2 17.7	2 17.7	0 NS	0 NS
Pulaski	10,416	6,730	10,078	6,859	124	95	31	27	23 18.5	31 32.6	1 3.7	0 NS
Saline	2,460	1,196	2,180	1,099	3	7	1	1	0 NS	2 28.6	0 NS	0 NS
Total	16,617	37,932	16,345	43,161	152	133	36	32	25	41	1	0

These figures are based on the 2000 census. ¹ Postal zones have been redefined since 2000 and some old ZIP codes are now null and new ones have been added. The population total may be slightly higher than reported.

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1 For the fiscal year from July 1, 2000 – June 30, 2001.

2 Serious and Violent Juvenile Offenders.

3 These numbers may be misleading because a large number of college students reside in Conway, Arkansas year-round.

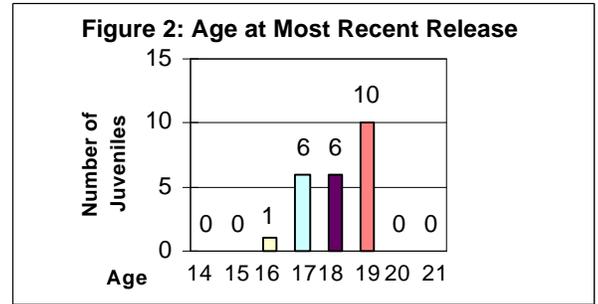
4 Not significant.

Sample historical data, shows that DYS provides services to approximately 325 newly committed youth annually; of these, approximately 70 are serious and violent offenders and/or at high-risk for reoffending, and are therefore eligible for this program. Because there is limited funding, DYS has targeted only the most serious and violent offenders in the program in their custody. Projections indicate that the program will benefit approximately 69 juveniles during the three-year grant period. These juveniles will have committed a variety of serious crimes including: forcible rape and carnal abuse; aggravated assault; aggravated robbery; and capitol murder. Table 2 defines juveniles by age and crime.

Approximately 30% of adjudicated delinquents are committed to residential facilities due to the severity of their needs or their threat to public safety. The youth in DYS custody have had contact with the juvenile justice system. They often have emotional and interpersonal problems that are sometimes accompanied by physical health problems; most come out of family settings characterized by high levels of violence, chaos, and dysfunction; many are engaged in excessive alcohol and drug consumption and abuse; and a substantial proportion have become chronically truant or have dropped out of school altogether. Offenders will be eligible for receiving services if: they are 14-21 years old; they are residents of Faulkner, Lonoke, Pulaski, or Saline Counties; they have been adjudicated delinquent in the juvenile courts; they have been remanded to DYS custody; they have been incarcerated for having committed a serious and violent crime (A or Y class); and they have signed an informed consent. First priority will be given to clients who are sex offenders of any age and second priority will be given to 18-21 year-olds who have committed any A or Y class felony. Program participants will be selected without regard to race, color, national origin, gender, age, or

disabling condition.

CRIME	M≤17	M≥18	F≤17	F ≥ 18
Rape	3	8	0	0
Aggravated Assault	1	3	0	0
Aggravated Robbery	2	4	0	0
Capitol Murder	0	1	1	0



B. ADULT POPULATION

The targeted adult population will be selected from the most serious and violent male and female inmates incarcerated in the Supermax, maximum-security, and administrative segregation facilities of ADC. The adult population will be selected from youthful offenders adjudicated as adults (ages 14-20) and habitual offenders (ages 21-35). The selection process will include those within one year of transfer to parole supervision, have no detainers against them, classified through assessment as a serious or violent offender, and will return to the greater Little Rock MSA upon release from prison.

This MSA area has a population of 583,845 (22% of the State population). It also accounts for 36,533 (33%) index crimes reported in Arkansas during 2000, which suggests a higher risk in these counties. The Post Prison Transfer Board (PPTB) releases approximately 8,000 inmates from ADC to parole under DCC supervision in a twelve-month period. According to the US Department of Justice, Bureau of Justice Statistics, the increasing number of violent offenders accounted for 51% of the total growth of States' prison populations. Inmates housed in maximum security units are assessed upon release to parole supervision to be at high risk to recidivate because of the type of crime committed, criminal histories, home environment upon release, mental health or substance abuse histories, etc. Projections indicate that the program will benefit approximately 120-150 (40-50 per year) high-risk adults during the three-year grant period. The types of crimes committed by this population may include, but not be limited to, murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

The majority of adults selected for program inclusion often have emotional and interpersonal problems that are sometimes accompanied by physical health problems; most have an extensive criminal history, and have a history of chronic substance abuse and/or mental health issues. Eligibility criteria includes inmates who are perceived high risk for reoffense (cutoff scores on the LSI-R to be established); are 14-35 years of age; are returning to Faulkner, Lonoke, Pulaski, or Saline Counties upon release; have been convicted of a serious or violent crime and incarcerated in ADC; have a demonstrated history of, or a propensity for, serious or violent criminal behavior, and have no outstanding detainers against them. Offenders with no support systems and have addictions and/or mental disorders will be given priority. Program participants will be selected without regard to race, color, national origin, gender, age, or disabling condition.

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Targeted youthful and adult offenders will be at high risk to public safety and relapse to criminality because of multiple challenges upon release.

IV. ORGANIZATIONAL CAPACITY

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A.LEAD AGENCY: ARKANSAS DEPARTMENT OF COMMUNITY CORRECTION

As a state government agency, DCC is well suited to lead the “Serious and Violent Offender Reentry Initiative” to establish a three-year framework for planning, developing leadership roles, building and identifying community assets, and creating and implementing alternatives to current methods of releasing violent offenders to the community upon completion of their sentence. DCC’s Probation and Parole and Residential Services Divisions are accredited by the American Correctional Association. The department’s current operating budget is \$42 million a year. As a State agency, DCC is governed by criteria established by the State Legislature and is legally obligated to stabilize the budget annually and operate within the established budget. The DCC is responsible for supervising over 39,200 offenders. Currently, the DCC has approximately 280 probation and parole officers, 323 correctional officers, 18 certified substance abuse counselors, 22 counselors-in-training (substance abuse), 16 general counselors, and 14 clinical supervisors. Other responsibilities include oversight of seven active drug courts, two Day Reporting Centers, centralized fee collection, and collection and disbursement of restitution order dollars, which generates approximately \$5 million per year. The DCC has formed statewide partnerships and close ties with community-based providers, courts, the prison system, and the Post Prison Transfer Board. Additionally, the DCC has financial resources, contacts, and a network to effect legislative changes in the adult justice system, make innovative programs available to assist adults with co-occurring behavior and learning disabilities and substance abuse problems, and contribute to the replication of successful programs. DCC is experienced with administering federal grants. Two examples are as follows: Center for Substance Abuse Treatment (CSAT) funded DCC to establish a drug and alcohol treatment program for incarcerated offenders based upon a modified therapeutic

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modality (three-year grant). Currently, we are administering a grant for dually diagnosed offenders. It provides substance abuse treatment and identified medical and mental health services.

In addition, DCC's experience in leading systems change and collaborative efforts includes the following:

Offender Referral Program (ORP): The DCC developed a statewide ORP for comprehensive substance abuse treatment and mental health services. A contract was initiated between the DCC and the Arkansas Department of Health, Alcohol and Drug Abuse Prevention (ADAP) to provide assessment, outpatient and residential treatment, day treatment, partial-day treatment, and chemical free housing services to identified offenders ADAP subcontracted mental health services through First Access, an umbrella organization with 8 statewide mental health clinics. DCC paid all treatment costs, which were reduced through an agreement among ADAP, DCC, and community-based providers. Guidelines were written for accessing services for probation and parole officers, as well as for community-based providers of the services. An Advisory Committee was formed with representatives from ADAP, DCC, First Access and service providers. Quarterly meetings were held to identify problems and seek solutions to those problems. The program continued for 3 years. At the end of that time, DCC developed a "Roving Counselors" Program that provides outpatient services. Officers still refer offenders to substance abuse residential treatment and mental health services. Offenders pay the costs, which are based on a sliding scale.

Drug Courts: The DCC formed collaborative partnership with the local law enforcement and judicial systems to establish drug courts statewide. The partners include the judge; Prosecuting Attorney; Defense Attorney; DCC supervisory and substance abuse treatment staff; local law enforcement; community-based provider(s) of residential services; community stakeholders, i.e., medical/clinical, GED/education; interested citizens; court case coordinator; etc. Currently, the DCC operates 7 drug courts statewide, with requests to the Arkansas General Assembly for 22 additional courts during the next biennium. The drug courts are based on Federal guidelines established by the Drug Courts Program Office. One drug court is federally funded and serves as a base for the established and impending courts.

Local Partnerships: Parole/probation officers statewide identified local resources for offender services in their area and formed collaborative partnerships by frequent contact by telephone and scheduled and

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random meetings. Offenders are referred to services according to individualized needs.

Jericho Coalition: The DCC formed a collaborative partnership with the Jericho Coalition to provide services to offenders who were homeless and/or assessed as needing mental health and/or substance abuse treatment. Coordination efforts involve probation/parole officers, institutional parole officers, community-based treatment providers, and the Arkansas Supportive Housing staff to provide permanent housing. An agreement was reached between ADC, DCC, and the Jericho Coalition to provide a continuum of services based upon needs identified in prison.

Systems Change: Since the DCC was established in July of 1993, offender rehabilitation and community safety has been the key component in structuring the departmental programs. In order to establish programs that could accomplish DCC's mission, management and local staff meet with judges, members of the Arkansas General Assembly, Post Prison Transfer Board, local law enforcement, and community-based providers on a regular basis to establish rapport, provide program information, establish accountability, and build support for community corrections as an alternative to prison. As a result of this effort, improvements in the adult criminal justice system includes the establishment of day reporting centers, drug courts, community correction centers as therapeutic communities, outpatient treatment for substance abusers, reduced officer caseloads, increase in the number of certified substance abuse counselors in the field and in CCCs, etc.

B. READINESS: STATE AND LOCAL

The State of Arkansas organized the **DHS** as an umbrella for human and social service agencies to work together under one oversight organization. Today, it is comprised of fifteen offices and divisions which work together to provide services including, but not limited to the following: ARKids First (insurance); child care licensing; children's medical services; client advocate; foster care; juvenile justice delinquency; Medicaid; and services for the visually impaired and the disabled. Divisions work in collaboration to ensure that clients are carefully guided through an integrated continuum of services offered by one or more divisions. The **"Together We Can Initiative"** (TWC) has encouraged and facilitated interagency cooperation and has fostered cooperative efforts among seven DHS' Divisions, and the Departments of Education and Health in North East and Central Arkansas.

The State **Workforce Investment Board** (WIB) has established a network of partners including the Arkansas Departments of Employment Security and Workforce Education, two-year colleges, the US

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Department of Housing and Urban Development, Green Thumb, Inc., Arkansas Human Development Corporation, Job Corps, and the American Indian Center of Arkansas, among others. The WIB One Stop Centers are designed to bring employers and employees together by helping dislocated workers to find jobs and develop skills.

The **Arkansas Coalition for Juvenile Justice (ACJJ)** was established to assist government in the comprehensive improvement of juvenile justice and the reduction of serious crime and juvenile delinquency in the State. In operation for over twenty years, ACJJ has been a model of collaboration among community advocates to encourage young people to make life choices that enhance society.

Other collaborations in Arkansas include: **Arkansas Youth Service Providers Association** (a collective of thirteen community-based providers that work together to advocate, plan, develop comprehensive coordinated systems of services and support for children and families); **Post Prison Transfer Board (PPTB)** (the board chair sits on the Board of Corrections and is part of the community-planning process - the PPTB will assist in paroling or transferring offenders who have completed Phase I of this project.); **Workforce Investment Board** (a network of employment training and personal services, schools, and employer placement); and **The Jericho Coalition** (a network of community human and social services agencies that provide permanent housing, case-management, mental illness interventions, substance abuse services, HIV/AIDS support programs, and education to ex-offenders). **The City of Little Rock's Community Programs Department** works with a network of grassroots organizations throughout Pulaski County to provide services for displaced persons. A full list of advisors and providers to this project are in Attachment A.

Through this Initiative, DCC, ADC, and DYS have been able to form a network of networks. Bringing together these groups with their memberships and other organizations and agencies identified in the community has prepared the applicant agencies to develop and implement this grant project and make a significant difference in the way offenders achieve parole or aftercare status and move toward stabilization.

C. DECISION-MAKERS

Decision-makers are individuals in the respective agencies that have the authority, responsibility,

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and control of resources that will support the reentry program. The group will advise on all aspects of implementation and operation and will have the primary responsibility of translating the parameters of correctional models into a program tailored to the local context.

Since September 2001, DCC, ADC, and DYS have collaborated with a group of high-level agency administrators representing institutions; aftercare; the judiciary; law enforcement; prosecutor's offices; politicians; mental health, education, employment, and social services agencies; ex-offenders; victims; and others with a heterogeneous purpose. This "Action Planning Team" (APT) of key decision-makers, advisors, and providers will implement a basic site-specific continuum that is a blend of rehabilitation, support, and supervision.

During a four-month planning period, the APT will continue inviting people with different responsibilities from within the correctional system and from related agencies to join them in garnering as much intersystem and interagency cooperation and commitment as possible. Based on the target populations, DCC, ADC, and DYS have established appropriate partnerships that include relevant decision-makers at both the state and local levels. The organizations described in Attachment A are instrumental to the project's implementation and success. They have been involved with decision-making throughout the development of the grant proposal and signed the Memorandum of Understanding (MOU) Attachment C.

V. PROJECT DESIGN AND MANAGEMENT

A. AUTHORITY AND COORDINATION/PROJECT MANAGEMENT

DCC, ADC, and DYS have challenged service providers in the Little Rock MSA to assist in shifting the paradigm of service delivery for offenders from non-integrated practices to a fully integrated, comprehensive continuum of correction and care. State and local government, correction, and social services agencies will spearhead the implementation of a site-specific holistic continuum of care consisting of three distinct, yet overlapping elements:

- Pre-release and preparatory planning during confinement;
- Structured transition that requires the participation of institutional and aftercare staff prior to and following community reintegration; and
- Long-term, reintegration activities that ensure an appropriate level of service delivery

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and the necessary level of social control.

Critical Elements

Critical elements that are necessary for successful completion of this grant project are:

Planning (*training, community asset mapping and team building, management structure, policies and procedures, staffing*), **Implementation of Phase I** (*offender selection, casework management teams preparatory planning: casework management teams, reentry plan, database construction*), **Implementation of Phase II** (*structured transition: case management transition team, intervention and service delivery, transitional services, step-down programs, data collection*), **Implementation of Phase III** (*long-term reintegration activities and supervision: seamless continuation of intervention and service delivery, intensive supervision, graduated sanctions, rewards, follow-up, data collection*), and **Evaluation** (*examine data, analysis, cooperation with state examiners and federal evaluation team*).

In order to achieve desired goals, the APT will employ strategies that will add new services and enhance and expand service delivery, programs, services, and interventions for offenders. Strategies will be implemented in graduated stages and progress will be monitored by a series of milestones. _

Organizational Structure

Training

Effective initiatives recognize that organizational stability, qualified, committed, ethical staff, low staff turnover, good management, stable leadership, and commitment to continued improvement, including stakeholder involvement and use of data, are key components of successful collaborations.

Although collaboration is not new to the APT, they will receive multi-day training and on-going technical assistance from instructors of the "Together We Can Initiative" (TWC). Using the

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principles of TWC, cooperative efforts have already been formed with DHS' Divisions of Mental Health Services, Developmental Disabilities, Children and Family Services, County Operations, Administrative Services, Medical Services, and Youth Services and the Departments of Education and Health. The TWC offers programs, services, seminars, resources, and materials to assist agencies to strengthen and sustain the capacity of community collaboratives and state initiatives to move toward shared vision.

To provide opportunities for continuing growth and to achieve member stability and continuity, the Arkansas Economic Development Commission will be asked to aid the APT in relationship building. Federal technical assistance will also be requested. A community-building specialist will give a multi-day seminar for the APT to assist people with different perspectives to build relationships of trust and understanding. The APT members will be encouraged to think creatively and innovatively in developing and implementing programs. Ground rules will contribute to an atmosphere that is open, fair, and respectful and will provide clear boundaries for an optimum work environment.

Community Asset Mapping and Team Building

In preparation for funding, the key decision-makers will expand the APT by identifying community assets, relying on its knowledge of the community and others representing the judiciary and law enforcement, corrections, medical, mental health, faith-based, educational, and substance abuse agencies and organizations, and WIBs. The Arkansas Supportive Housing Network Alliance, the ACJJ, and community-based providers have helped us "dig deep" into Arkansas communities to identify individuals and grass roots groups such as small and family-owned businesses, individuals, civic and cultural groups, faith-based and eleemosynary organizations. The state and local Workforce Investment Boards, One-Stop Centers, and employer partners have been key in building a strong group of community

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advocates. The Post-Prison Transfer Board, supervision officers, social workers, social services agencies, counselors, psychologists, foster parents, State legislators, ex-offenders, their families, victims of crime, and others who hold a stake in the community will round out the APT. Victims are currently represented by the Advocates for Children and Families and two attorneys for the District Attorney's Office. They will help us to identify victims who have an interest in becoming a member of the Action Planning Team. The APT, meeting quarterly, will oversee the activities of Memorandum of Understanding (MOU) signers who will serve on a Reentry Steering Committee (RSC). The RSC, meeting monthly or more frequently as necessary, will investigate new and existing programs and establish structured activities for offenders that will place them in long-term employment and provide opportunities for personal development. DCC, ADC, and DYS see themselves as facilitators whose purpose is to provide professional advice and support while reinforcing community leadership.

Management Structure

There are so many players involved in implementation that there can be confusion over ownership in the development process. The location of ownership and control of the process is very important because this will inevitably have an effect on the type of performance measures that are developed. DCC, as the lead applicant, will direct the process. The DCC Director, as the head of the lead organization, will serve as "group facilitator" to accelerate group development until a governmental structure can be installed. The role of this person will be to continually draw the group's attention to the group process and to suggest structures and practices to support and enhance the group skills. This must be only a short-term strategy, however, since the existence of a single facilitator may prevent the group from assuming collective responsibility for the group process.

Until the Project Director is hired, the "group facilitator" will act as Secretary, and the Chief

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Financial Officer of the DCC will be the Treasurer. The Secretary and Treasurer will be non-voting members of the APT.

A Reentry Steering Committee (RSC), comprised of all the required key decision-makers, will be established to monitor day-to-day operation of the project. Under the guidance and continual monitoring and feedback from the APT, the RSC will form standing subcommittees that will include communications, fiscal management and audit; program development, data collection and evaluation; and resource development. Each subcommittee will be responsible for oversight in its area of expertise. Other subcommittees will be appointed as needed. Standing subcommittees will meet on a regular basis.

Communication starts with ideas and sharing those concepts with others—both up and down the information ladder. The **Communications Subcommittee** will be responsible for conveying information about the project to a multi-faceted audience. A multi-method communication and marketing strategy will serve as the connection with the local news market providing visibility in print and in other media. An important component of the marketing strategy will be a web site, a major resource for locating appropriate treatment programs, information on substance abuse, and links to other sites. Strategies include increasing public awareness of the importance of high quality care, improving care services, and advocating changes in the way government, employers, and others support high quality care.

The **Finance Management and Audit Subcommittee** will develop budgets; oversee general spending for the project, and implement performance-based budgeting.

The **Program Development Subcommittee** will review current best practices in substance abuse, mental health, developmental delay and cognitive impairment programs, and reentry models, while remaining flexible to accept new information as it becomes available. To achieve better levels of performance, the RSC will continue to make

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improvements based on results and systematic cycles of planning, implementation, and evaluation.

The desire of the APT is to see results and know that their work is on the right track to achieve success. To do this, the **Data Collection and Evaluation Subcommittee** will use results-based decision making to measure and achieve their goals. Using results and performance indicators will require that the APT organize its work around the effectiveness of programs. Performance measures can be used to evaluate the APT's achievements and can tell the APT how the activities affect the people served and how this information should influence future program and funding decisions.

The information officer at DCC will work with the Data Collection Subcommittee to design and establish an Internet web site. The site will include a project database and the latest information and links to other web sites on significant reentry issues. Microsoft® Sequel Server will be used to build tables. Reports will be written in Crystal Reports Automation and viewed on web pages. The database will help us to collect, organize, and build reports for independent and federal evaluators.

The **Resource Development Subcommittee** will examine all resources available to them, including individuals, organizations, expertise, and financial sources. The APT will invest in the development of members through ongoing education, training, and opportunities for continuing growth in order to achieve member stability, expertise, and continuity. The APT will provide opportunities to increase talents and competencies in practical collaborative skills.

Policies and Procedures

The APT, RSC, grant staff and other appropriate personnel will follow all policies and procedures of the applicant agencies. All treatment providers must be licensed or certified by appropriate licensing authorities.

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Staffing

The DCC director will hire a Project Director during the first month of the project. The job will be listed on State job web sites, newspapers, and national job-bank sites on the Internet. The successful candidate will have the following minimal qualifications: master's degree in social work, criminology, or business administration; experience as a director/coordinator/facilitator; strong organizational and writing skills; and a knowledge of research techniques. The Project Director will work under general direction of the DCC director. The primary responsibility of the Project Director will be to administer the grant, meet Federal reporting and evaluation requirements, coordinate case management transition teams and monitor services per offender to be sure that all necessary services are provided and that no services are duplicated. Responsibilities will include, but are not limited to the following: acting as the Secretary for the APT; providing technical assistance to the APT, providers, and clients; consulting concerning specific requests; assessing programs; making recommendations for policy and procedure changes in conjunction with the APT; preparing and analyzing reports including case work progress notes, logs of activities, and documentation of sessions; referring clients to sources of help; overseeing the construction of a database and data collection; scheduling meetings and handling the correspondence and meeting minutes for the APT; and working with the federal, state, and local evaluations teams.

Three correctional counselors will be hired in order to implement Phase I of this project at the ADC. These counselors will identify appropriate participants by researching the ADC database for inmates who meet the eligibility criteria. Responsibilities will include, at a minimum, administering risk and needs assessments, placement of participants in appropriate pre-release classes, working with ADC staff to monitor classroom progress; case management responsibilities including data entry, progress reports, clinical information, assessment scores,

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basic demographics, psycho-social results, etc. The counselors will be responsible for working with the project director to identify and coordinate pre- and post-release activities.

B. SERVICE DELIVERY SYSTEMS

- **Restitution and community service** requirements are the prerogative of the courts. Arkansas is placing increased emphasis of restorative justice and, to the extent feasible, programming that increases the buy-in of the community will be sought. This could be accomplished through interaction with faith-based, civic, and neighborhood organizations.
- **Education:** Continuing education or a GED is required for offenders while incarcerated in institutions or detention centers. Educational services will continue for the adult and juvenile in respective systems upon release. Continuation of adult and juvenile (18-21) educational services will be provided by the Arkansas Literacy Council or Adult Education. Younger juveniles will be returned to the public school system. Release conditions for adults will include getting a GED, as appropriate.
- **Housing:** Transitional living services for adults and eligible juveniles will be provided through contracted services funded with grant funds. Independent living situations will be available for eligible youth. Grant funds will be necessary to pay landlords and leasing agencies the first month's rent and other "up-front" costs such as security deposits for the purpose of securing employment for these individuals.

The Jericho Coalition will provide permanent housing (Phase III) for appropriate juveniles and adult participants. The Jericho Coalition received \$1.7 million from the Housing and Urban Development to provide services to homeless offenders with mental health or substance abuse problems.

- **Job training and placement:** The Arkansas Department of Workforce Education receives funding from the Department of Labor, Carl Perkins Work Force 2000 for vocational and

job training. Application will be made to this funding source to supplement reentry program funds, where appropriate grants for apprenticeships may be sought. The WIB will provide services through a one-stop center to include job training and placement for adults and juveniles. Where applicable, every effort will be made to target high-skill, high-wage demand occupational areas when placing offenders into training programs. These demand occupational areas in the central Arkansas area, which includes the targeted counties for this project, can be identified through the Arkansas Employment Security Department's Labor Market Information Connection. There are several technical institutes and two-year colleges in the area that provide training and certification to prepare participants for entry into local demand occupational areas. The Central Arkansas Workforce Investment Board and the Little Rock Workforce Investment Board and local One Stop Centers will assist with locating paid work experience and/or transitional employment for offenders not yet ready for private sector employment.

- **Substance Abuse:** Applicant agencies have a good working relationship with Arkansas' only agency dealing with substance abuse treatment and prevention, the Arkansas Department of Health, Alcohol and Drug Abuse Prevention program (ADAP). Offenders under DCC and DYS jurisdiction are referred to residential treatment providers licensed by ADAP. The DCC has a "roving counselors" program that provides licensed outpatient substance abuse treatment services. Substance abuse treatment and outpatient services are provided to juveniles through contractual arrangements.
- **Mental Health:** The Division of Mental Health Services is a unit within the Arkansas Department of Human Services. The majority of the mental health providers the applicant agencies will be using are not-for-profit agencies, which use a sliding fee scale for adults and contracted services for juveniles. DCC supervision officers and aftercare workers

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coordinate efforts to ensure that mentally ill offenders are assessed, receive appropriate treatment, keep their appointments and take prescribed medications.

- **Medical:** Neither ADC nor DCC has the ability to provide medical services to offenders who are not in their institutions. However both agencies are taking steps to ensure that eligible inmates are screened for Medicaid prior to release so that they have the means to obtain medical services immediately upon release. The DYS contracts for medical services for confined juveniles. Adults and juveniles will be referred to medical clinics, as appropriate, upon release.
- **Support groups:** The Alcoholics and Narcotics Anonymous organizations work closely with the application organizations and will partner to provide sponsors as needed. These organizations are used in the juvenile system in some areas of the state; however, recently DYS has added age-specific support groups for juvenile offenders by contract. A new program for younger juveniles has been developed by Youth Bridge, Inc., but must be expanded to take care of more of the substance abusing youth population.
- **Faith Based groups:** The ADC has 26 religious service providers and certified Religious Assistants who are volunteers from the community. This group will be an important asset to released offenders, providing mentors and tutors as required. The Christian Athletics Association has agreed to partner with the DYS to provide religious support for youth. Other faith-based organizations will be contacted through the City of Little Rock, which already has inroads into the faith-based community.

C. TRANSITION TEAM

To address Goal 1, a Case Management Transition Team will be organized. The Team will include a minimum of the offender who must be fully engaged in the planning process, his caseworker, and his aftercare worker/parole officer, appropriate treatment personnel, and law

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enforcement. Other personnel such as school teachers or superintendents, employment trainers, community-based providers, and outpatient treatment providers can be called in to assist as needed. The family and/or significant others will be encouraged to participate in treatment and release planning as appropriate. The team group will assist with the development, monitoring, and enforcement of a reentry plan.

The plan will include guidelines that will direct the offender and case worker/counselor through a gradual self-paced program throughout incarceration. It is expected that the reentry program will begin as early in confinement as possible. It will help the offender understand the expectations and consequences of non-compliance with program guidelines. The Team will work with the offender to identify reentry needs being sure to address needs and problems related to their families, peers, schools, jobs, and other social networks.

This project will allow for a team model program to be developed for replication in other areas of the State. Staff participation levels will be increased to improve the quality of case management needed for offenders in the program. Existing staff, reporting to the project director, will work within an organizational structure to provide management services. Existing resources will not be supplanted by applicant organizations. Training and staff development, including cross-agency training, will be provided by the applicant organizations' training academies (adults) and the program development unit (juveniles).

D. SYSTEM OF OFFENDER ASSESSMENTS

To accurately identify these high-risk youth, DYS will use a risk-screening instrument, constructed and validated in the field by researchers at the Criminal Justice Institute at the University of Arkansas at Little Rock (UALR). The instrument assigns a numerical value to several factors including the most serious current adjudicated offense, the most serious prior adjudicated offense, the number of prior commitments, the number of prior adjudications, the

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number of escapes or runaways, the most secure prior placement, school attendance, assaultive behavior, school behavior, and peer relationships. Each answer is weighted according to its seriousness with the highest possible score of thirty-eight points indicating that the juvenile is at the highest risk of recidivating. This risk assessment, coupled with a battery of other assessments given at intake include the following: Wechsler Intelligence Scale for Children - Third Revision (WISC-III); Wide Range Achievement Test - Revision 3 (WRAT-3); Bender Gestalt Drawings; Minnesota Multiphasic Personality Inventory - Adolescent (MMPI-A); The Jesness Inventory; Carlson Psychological Survey (CPS); Beck Depression Inventory-II (BDI-II); House-Tree-Person Drawings; Incomplete Sentences Blank; The Hand Test; and University of Arkansas-Little Rock, Department of Criminology Security Risk Assessment Tool.

Phase I of the adult system will use the Prison Inmate Inventory (PII) to assess substance abuse, mental health, suicidal tendencies, etc. It is widely used in correctional institutions nationwide. The Prison School District uses the Beta, and WRAT assessments instruments. For mental health the Level of Service Index is used. It is made up of 54 items answered "yes" or "no," or given a "0" to "3" rating. These items tap antisocial attitudes, antisocial associates, antisocial personality, and a history of antisocial and problematic behavior in various social arenas including home, school, work and leisure. It has been found to predict parole outcome, success in correctional halfway houses, institutional misconducts and recidivism. It does not have the drawbacks of the SIR in relying only on static factors, thus it can be used as a pre and post test to indicate response to treatment. It was developed in Canada by D.A. Andrews and James Bonta with the revised edition being published in Toronto by Multihealth Systems. It has since been adopted by several states and federal agencies. It has been validated repeatedly (E.g. Simourd, D.J., & Malcolm, P.B. (1998). The Level of Service Inventory-

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Revised among federally incarcerated sex offenders is a reliable and valid tool.³

The adult and juvenile systems has a full diagnostic and risk assessment process to help link offenders with disabilities, mental illness, substance abuse problems, and serious medical needs to appropriate treatment, programs, and services.

E.SYSTEM OF OFFENDER REENTRY PLANS

Phase I: Institutional Programs—Protect and Prepare

Selected program participants who are within a year of release or eligible for release or parole will be assessed to determine individual needs. Programs and services will be provided to meet identified needs of adults and juveniles to prepare them for pre-release activities.

The programs and services currently in place within the targeted adult institutions are basic education, medical, drug and alcohol education and treatment, mental health services, including anger management and social skills (social skills is done jointly with religious services), religious services, including volunteer Certified Religious Assistants, and recreation.

School is mandatory for any offender who has not completed a GED or High School Degree. DYS contracts for the following services in their juvenile detention facilities: Individual and group counseling, casework and casework management therapy, substance abuse treatment/drug screening, educational services, life skills, vocational/employment skills/job training, distance learning, avoidance of criminal behavior and behavior triggers, batterer intervention, responding to victims' concerns, recreation, elective religions, mental health, medical, and support services.

Phase I starts with selection of participants within one year of release or upon intake for juveniles. A series of pre-release activities will start when targeted adult offenders are past

³ Journal of Interpersonal Violence 13, 261 -274.

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their discretionary release date or within 120 days of meeting the Post Prison Transfer Board. Initial plans to address the youth's case management and release will be developed within thirty days of commitment. Release plans will be finalized one to two months before youth are released to aftercare. Pre-release program components will include the following: Risk Assessment, psychological evaluation to determine readiness and needs, committee review and selection, in-cell videos and homework assignments, individual counseling, group meetings to work on socialization and control, relapse prevention, recognizing thought distortion and errors in thinking classes, establishment of a Relapse Prevention Plan, establishment of a transition plan, meetings with community transitioning partners, and transition into the community.

In Phase I, the reentry plan will consist of the following components:

- Risk assessment for all adult and juvenile offenders eligible for parole or aftercare.
- Pre-release curriculum with the focus on anger management and social control, life skills, substance abuse recovery, relapse prevention, assessment of needs for successful transition to include mental health services, housing (permanent and transitional), job skills development or employment.
- Program matching where offender needs will match with community resources to include job training/placement, housing, intensive or electronic monitoring, urinalysis screening, mental health and/or substance abuse treatment or counseling.
- Plan preparation involving the offender in all stages including writing letters to providers and resource managers, developing a written relapse plan, feeding back expectations and consequences, and developing of the reentry plan.
- Aftercare plan implementation including development, individual meetings with

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institutional parole officer or appropriate juvenile staff, group meeting with offenders within 30 days of release with supervision or aftercare counselor, review of conditions of release established by the releasing authority, emphasizing level of tolerance for violations of release conditions, likelihood of enhanced sentencing for violations of the law, establishing release of information agreements that require treatment entities to notify the supervising authority of missed appointments, failed assignments, resistance to treatment, etc.

F.CONTINUUM OF SUPERVISION

Phase 2: Control and Restore – Community-Based Transition

Transition Programs for adults will be the responsibility of the DCC; DYS is responsible for juveniles programs. Transition facilities (halfway houses) are the major gap between the institution and community supervision in the adult and juvenile (18-21) population. Adult offenders who have been incarcerated for multiple years were historically released directly to the community with an approved parole plan or remained in the institution until the sentence expired. They were not eligible for pre-release programs because of their security status. Juveniles will be placed in independent living situations if they are at the age of majority and the situation is such that they cannot remain at home. Younger children who cannot be returned to their homes will be placed with a responsible family member or in foster care.

Reentry programs will include the following services, depending on assessed need:

- Social and Medical: Social Security Disability Insurance, clothing, food stamps, and other social needs will be addressed through TEA, TANF, Welfare-To-Work programs. Medical plans will be investigated for appropriate links to supply needs.
- Housing services: Transitional and independent living services to acclimate adult offenders and about 40 percent of juveniles 18-21. These services will be secured through the State purchasing process. Electronic monitoring and intense or electronic monitoring

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will provide offender accountability and security.

- Offenders will be assessed for job aptitude and skills needed to access employment opportunities in the targeted counties. Offenders needing job skills training will be placed in appropriate vocational facilities. Vocational training will be continued from the institution or detention centers, if appropriate. Assistance will be provided in locating appropriate employment. Supervision officers (adult) and aftercare workers (juvenile) will visit job sites to observe the offender and talk with the employer. Workforce Education, Workforce Investment Boards, and grant funds will be used to provide job training.
- Residential, outpatient, and support services for drug and alcohol treatment and education are available to offenders. Residential treatment services will be provided to juveniles and adults by programs licensed by the State licensing authority. Outpatient services will be provided by the DCC for adults and contracted services for juveniles.
- Frequent unscheduled and random urinalysis tests for drugs and alcohol will be administered.
- Mentoring programs will be established in the juvenile and adult systems.
- Education is an on-going process required by State law in the juvenile and adult system. Offenders will continue secondary or post-secondary schooling as appropriate for the individual.

During this phase, the Initial release will be built on a highly structured program that uses supervision, sanctions, and services coordinated from a central location. It will aim to provide a structured transition for offenders from being in conflict with the law to being contributing members of the community. Features include increased contacts between offenders and those supervising them, possible use of curfews (which may be electronically monitored), random drug testing, rigorous enforcement of supervision conditions, and the

mobilization of community services such as drug treatment and job placement. The following activities will be on-going:

- Supervision: These activities are intended to address public safety concerns and to provide a clear structure for the offender. They may include preparing a daily itinerary with the client; frequent checks on the compliance with the itinerary; daily in-person reporting; frequent and random drug testing; and periodic community checks by staff.
- Sanctions: The program will also stress accountability and restitution to the community through a set curfew, monitoring of court-ordered payments, and some mandatory activities such as community service to provide the experience of returning something to the community, participating in the community in a positive manner. Such activities also benefit the program's acceptance by the community.
- Services: The program will also address reintegration by providing support and meet offender needs such as substance abuse treatment, mental health counseling, education, vocational training, and job placement assistance. While the DCC may deliver some services directly, many others are by referral to existing resources to avoid duplication of services and allow the offender to connect with a resource that will continue to serve his/her needs after legal obligations are completed.

G. CONTINUITY OF SERVICES

Throughout the supervision process, the applicant agencies will address a variety of factors that appear to be contributing to criminality including chemical dependency and an array of other issues that are common among the substance-abusing population, e.g., anger management, education/skills training, life skills, and employability. Continuity of services will assist the offender to avoid crime, engage in pro-social community activities and meet family responsibilities through the following:

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- Accountability: The PPTB is the release authority from the institution to community supervision where adult offenders are held accountable by DCC supervision staff . DYS has full discretion to hold juveniles accountable for up to two years according the State law.

- Law enforcement and supervision officers/aftercare workers will be fully informed that the goal is successful reentry. They will be encouraged to use community resources to facilitate that goal.

- Support and peer groups will be established in parole offices and in the community to allow ex-offenders to interact, solve problems, and plan successes.

- Community sponsors will be sought to support and encourage offenders.

- Substance Abuse Education Program (Adult) will be provided to offenders by certified substance abuse counselors positioned in local probation/parole offices. They work closely with the supervising probation/parole officer (PPO) in formulating the substance abuse education component of the offender's supervision plan or the reentry plan. This program is offered to offenders to the SAPL based upon perceived need, court or Post Prison Transfer Board order, reentry plan, or for cause (i.e. positive urinalysis, new charges, etc.).
According to assessed needs, the offender will be assigned to a substance abuse education group, a Moral Reconciliation Therapy® (MRT) group, individual counseling, and necessary outside referrals, including residential substance abuse treatment, when appropriate. This service will be provided during "non-standard" hours and provide services to offenders after and/or before work or school.

- Job-skills training and/or certification in trades showing skills level may remove other economic inhibitors to recovery.

The final phase prepares offenders to integrate back into society by addressing relapse

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prevention, aftercare planning, instruction for interviewing for jobs, employment assistance, life skills, household budgeting, parenting, and continued medical and psychological needs upon release.

H. DEFINE TERMS AND CONDITIONS

The Post Prison Transfer Board (PPTB) establishes terms and conditions of release from the adult institutions. Offenders will volunteer to participate in the Going Home Initiative when determined to be eligible. Reentry plans will become part of the adult parole release conditions and agreed upon by the offender before release from the institutions or release to the community from juvenile detention centers. PPTB personnel will be asked to serve on adult reentry teams.

I. PLAN FOR PROGRAM SUSTAINABILITY

At the end of the grant cycle, relationships will have been formed with community-based providers as on-going collaborative partnerships to provide continuing services and programs. Personnel positions will be requested of the Arkansas Legislature to secure necessary staff to continue the Reentry Program, as well as funding resources to replicate this program in other areas of the State.

J. STAFF RESOURCES

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ADC: The Phase I institutional staff includes a Deputy Director, Health and Correctional Programs, who will be responsible for Phase I of the Going Home initiative, working with and coordinating case management/counseling activities and in-house program staff to ensure program integrity. The Administrator of the ADC Mental Health Services will work with existing ADC staff, DCC grant and existing supervision staff and supervise day-to-day managerial and program operations to implement and coordinate programs and services. Existing staff will provide educational, mental health, substance abuse, vocational, and help with reentry services. The ADC will provide all maintenance, operations, overhead costs, and secretarial services to grant staff.

DCC: Staff and resources will be involved in all phases of the program to include Parole supervision officers; The Expanded Services Program staff (roving counselors) for substance abuse outpatient services and other programs, e.g., life skills, parenting, family counseling, etc.); drug court staff as a resource, existing agreements on the local level for substance abuse residential and mental health treatment services. The DCC will provide all maintenance, operations, overhead costs, and secretarial services to grant staff. Staff will also be provided to work with partnering agencies to seek supplemental funding support for the program.

DYS: The Director, Assistant Director of Programs and Compliance, and the Grant Coordinator/Program Specialist will take active grant roles to include committee participation, reporting, "Together We Can" training, and staff to seek supplemental funding support for the program.

K.INFORMATION SHARING/DATA COLLECTION

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DCC's information officer will work with the Data Collection Subcommittee to design and establish an Internet web site. The site will include a project database and the latest information and links to other web sites on significant reentry issues. Microsoft® Sequel Server will be used to build tables. Reports will be written in Crystal Reports Automation and viewed on web pages. The database will help to collect, organize, and build reports for independent and federal evaluators. Data will include, but is not limited to the following: numbers of offenders recruited, enrolled, entered training, entered of reentered elementary/secondary school, entered employment, served by aftercare/parole, entered the military, entered national and community service, referred to other services, entered other job training programs referred to apprenticeship programs, and in-school and out-of-school offenders served. Access to all fields will be available to the APT, twelve members of DCC, ADC, and DYS staff, and the federal and national teams of evaluators. Confidential data will be hidden for all others. Group data can be made available on the Internet for interested persons. The database will supplement information collected in the sophisticated Juvenile Tracking (JTS) and the electronic Offender Management Information Systems (OMIS) that allows DYS and DCC/ADC, respectively, to maintain progressive client status, family demographics, education, behavior and medical histories, previous care givers, offenses committed, charges pending, and placements.