

State of Hawai'i
Maui Economic Opportunity, Inc.

State of Hawai'i Department of Public Safety
and
Maui Economic Opportunity, Inc.

Workplan for Years 2002-2005

Section 1—Problems to be Addressed

The intended population to be served is two hundred and twenty five (225) male and female adults, ages 18 to 35, awaiting release or released as having served maximum term, placed on furlough, or paroled from Maui Community Correctional Center, located in Wailuku on the Island of Maui in the State of Hawai'i over the next three years. The majority of these are Hawaiian/part-Hawaiian and other Pacific Islanders. The population is at-risk because of seriousness of offense, length of time served, criminal history, and lack of employment, housing, transportation, family reunification, education, and basic life skills. Persons eligible include those in the last twelve (12) months of incarceration who will be followed through the first twenty-four (24) months post-release. Participants may need an assessment, substance abuse treatment, may need mental health counseling, and need jobs. Participants are adult minimum and/or community custody high-risk persons that have been convicted of serious offenses (including Class A and B felony classes of offenses) or have been determined to have a high degree of risk to the community.

Maui Community Correctional Center releases an average of 17 persons per month to Maui County. MCCC is an integrated system that houses both prisoners (serving 1 year or longer) and jail inmates (serving under 1 year). All are released to the Island of Maui and to the sister Islands of Moloka'i and Lana'i that comprise Maui County (census tracts 301-318). Bureau of Justice statistics (April 2000) indicate:

- In June 1999, the State of Hawai'i had a population of 3,479 inmates, a rate of 291 per 100,000 people
- MCCC officials (April 2000) estimate that 85% of inmates have a substance abuse problem; 33% of parolees have a crystal methamphetamine problem; and, up to 50% of inmates may be dually diagnosed with mental health problems.

Supervised release falls under the jurisdiction of the PSD and the Hawai'i Paroling Authority (HPA). The PSD and the HPA have the authority to monitor and supervise release including addressing behavior, applying intermediate sanctions, and reporting technical violations. Currently two Maui parole officers are charged with monitoring over 300 individuals. Assistance in the form of additional social workers is needed for monitoring of Reentry participants. A sampling of ninety-five persons on parole and electronic monitoring (April 2001) revealed that:

- There were seventy-eight males and seventeen females ranging in age from twenty-one to seventy two.
- Incarceration terms varied between two months and twelve years with an average length of stay of thirty-three months.
- Seventy five percent of the respondents to a survey indicated that alcohol or drugs were involved in their commitment offense.
- Eighty three percent reported receiving some form of substance abuse "treatment" while incarcerated.

Parole officers reported a number of things that could help with transition. Among these are more prison programs; employment and job training; skills training; more intensive drug treatment; reuniting with families; longer socialization furloughs; transitional housing; anger management; more

State of Hawai'i
Maui Economic Opportunity, Inc.

information on available resources; and, more community support systems for ex-inmates.

In a report entitled Survival on Parole: A Study of Post-Prison Adjustment and the Risk of Returning to Prison in the State of Hawai'i (May 1999)¹, parolees in a cohort released over a one year period and tracked for a minimum of two years revealed the following:

- Parolees were mostly adult males in their 30s
- They were disproportionately Polynesian (Hawaiian and Samoan) and African American
- They had been committed to prison for crimes of violence and felony property offenses
- They were heavy and problematic users of alcohol and drugs
- They had extensive records of previous arrest, felony convictions and prior sentences to probation and parole, often with revocation.

The study also revealed that:

- Approximately 50% of those released were returned to custody and had their parole revoked, mostly for violating the conditions of their parole.
- Parolees who were revoked during the study period were more likely to have previously been on parole.
- The likelihood of revocation was higher for parolees who were released at a younger age; assessed as drug addicted at the time of their last prison sentence; had not had regular satisfactory employment in the year prior to entering prison; were convicted of two or more prior felonies; and, assessed at release as having major stress and disorganization in marital and family relationships.

With regard to sex offenders, the parole board will not release a sex offender unless or until he participates in a sex offender treatment program (SOTP), currently available only on O'ahu. Between 1997 and 2000, the PSD unnecessarily spent \$10 million housing sex offenders past their parole dates. This occurred because of inadequate funding for SOTP treatment sessions to meet the number of sex offender inmates who were preparing for parole. Projections show that 48 sex offenders were scheduled for parole in calendar year 2001, 62 were scheduled for 2002, but 65 are scheduled for parole in 2003, and 53 in 2004. A supplemental state legislative budget request of \$110,498 for FY 2003 has been submitted to prepare for a "record number of sex offenders needing to be treated in FY 2003 before they can be paroled". At MCCC, sex offenders are required to pay for therapy if they can afford it, but some offenders are unemployable and are financially indigent.²

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Section 2—Project Goals and Objectives

Seven goals are outlined below:

Goal 1: A Maui Community Reentry Program is operational—Transitional, Stabilization

Goal 2: Successful community reentry of up to 225 persons over a three year period—Institutional, Transitional, Stabilization

Goal 3: Recidivism rate is reduced by 50% or more—Transitional, Stabilization

Goal 4: Participants are placed in permanent jobs for one year or longer—Institutional, Transitional, Stabilization

Goal 5: Seventy-five percent of participants who need drug treatment receive and complete it successfully—Institutional, Transitional, Stabilization

Goal 6: Seventy-five percent of participants who need mental health treatment receive and complete it successfully—Institutional, Transitional, Stabilization

Goal 7: Participants receive comprehensive, coordinated services—Institutional, Transitional, Stabilization

Goals, Objectives, Tasks, Performance Measures, and Time Frame

Goal 1: A Maui Community Reentry Program is operational

Objective 1.1: Formalize a Reentry Steering Committee within the first month, committee meets quarterly

Task	Performance Measures	Time Frame
Local Steering committee meets chaired by MEO	Minutes of meetings and attendance sheets	Committee meets within the first month of signed contract; meetings are held quarterly thereafter
State Decision Makers meet semi-annually, Program director shares information on progress	Minutes of meetings and attendance sheets	First meeting is held during the sixth month, every six months thereafter

Objective 1.2: Formalize partnerships through MOA within the 1st quarter

Task	Performance Measures	Time Frame
Partnering agencies are identified by program staff	List of agencies and record of discussion	Within the first month of start up
Partner roles are discussed and clarified and MOA are signed	Signed MOA are on file	Within the three months of start up

Objective 1.3: Create Program Operational Policies and Procedures within the 1st quarter

Task	Performance Measures	Time Frame
Staff develop program operations protocols	Written protocols in place and operational	Completed by the end of the third month of start up

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

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Objective 1.4: Hire key staff within the first 3 months and set up office. Full staffing is completed during the 2nd quarter

Task	Performance Measures	Time Frame
Program Director is hired	Full time person hired and working	Within first month of start up
Support staff are hired	All staff are hired and working	Hiring of all staff is complete by the end of the sixth month

Objective 1.5: Steering committee meets and completes planning process during the 6th month

Task	Performance Measures	Time Frame
Committee members reviews program plan and provides input for any modifications	Evidence of meeting minutes in files; written planning document available.	Review is completed within the first three months
Committee affirms a three year plan	Three year strategic plan is in place	Written plan completed by six months from start up

Objective 1.6: Design and install a MIS assuring connectivity among all users by the end of the 6th month

Task	Performance Measures	Time Frame
MEO-MIS staff and Program Director meet to discuss data requirements	List of data elements are identified	End of second month from startup
MIS staff research and develop data collection system that will provide current information to users	System is operational	End of six month from start up

Objective 1.7: Initiate and continue training for reentry staff and partners

Task	Performance Measures	Time Frame
Program staff, MCCC staff, and partner staff receive training in BEST curriculum	Training of Trainers is conducted with all participants successfully completing the training	Within six months of startup
Program staff participate in Mentoring training	BEST Mentor training, MCCC Voluncore training is successfully completed by staff	Within six months of startup
Program staff receive Substance abuse training	Staff complete 4 hours of training	Within six months of start up
Program staff and partner staff receive on-going training	Staff complete training once each qua	4 th , 6 th , 8 th , and 10 th quarters over a three year period

Objective 1.8: Design evaluation tools within the 1st quarter and implement their use during the 3rd quarter

Task	Performance Measures	Time Frame

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Program Director sets up process evaluation measures	Evaluation is conducted by program director on a regular basis	Process is in place within the first six months of start up
Program director performs quarterly program evaluation	Evaluation is conducted by program director each quarter	Evaluation begins with the seventh month from start up, continues in 5 th , 9 th , 12 th quarters
Evaluation reports are provided to steering committee, MEO program evaluation committee	Written reports are on file	Within one month following the end of each quarter

Objective 1.9 Analyze data generated and prepare reports for funding agencies and for partners

Task	Performance Measures	Time Frame
Program Director, with a subcontracted evaluator, analyze participant data	Data records of participants are available for analysis and an evaluator (if needed) is available	End of first, second and third year of operation
Program Director prepares reports	Data on outcome measures is available	End of each year

Goal 2: Successful community reentry of up to 225 persons over a three year period

Objective 2.1: Establish service agreements with community agencies through formal Memorandum of Agreement

Task	Performance Measures	Time Frame
Program director signs MOA/MOU with partners	Signed memoranda are on file	Within six months of start up

Objective 2.2: Establish operating policies for identification and participation of clients

Task	Performance Measures	Time Frame
Program staff and MCCC staff develop criteria for participant selection	Written participant eligibility is in place	By the end of the sixth month of start up

Objective 2.3: Establish operating policies between MCCC, MEO, Hawai'i Paroling Authority, and Others

Task	Performance Measures	Time Frame
Partners sign a MOU establishing each agency's role and responsibility	Written MOU are in place and agencies are cooperating successfully	Within the first six months of start up
Participant flow chart is reviewed and accepted	Flow chart is available to each partner agency	Within the first six months of start up

Objective 2.4: Correctional center programs including cognitive skills training, team case management, mentoring, treatment, and Pre-employment Training are provided

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Task	Performance Measures	Time Frame
MCCC Program committee, including BEST staff, meet to select participants in program	Programming committee develops an Individual Service Plan with each participant	Begins in the seventh month and continues each month thereafter to the end of the project
Participants are placed into existing programs	Participant tracking ensures successful completion	Placements are made each month
Programs and services are available to all participants	Each participant has equal opportunity for programs	Programs are available each month

Objective 2.5: Participants are enrolled while they are incarcerated and process begins in 3rd quarter and continues each quarter

Task	Performance Measures	Time Frame
Each participant is enrolled and assigned a lead case manager	Data record on each participant is stored	Begins in the third quarter from start up and continues each quarter

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Goal 3: Recidivism rate is reduced by 50% or more

Objective 3.1: Mentors work one-on-one with persons immediately upon release from MCCC, beginning the 7th month of the project

Task	Performance Measures	Time Frame
Mentors are selected according to a specific criteria	Background checks, training, and compatibility records are kept on each mentor	Begins the seventh month from start up and is continuous thereafter
Participants who request a mentor are assigned to one	Mentor and participant relationship is beneficial as determined by coordinator	Begins the seventh month from start up and is continuous thereafter
Mentor coordinator monitors mentoring activity	Mentor maintains communication with coordinator and provides documentation of encounters with participant	Begins the seventh month from start up and is continuous thereafter
Mentor coordinator evaluates program	Written evaluation reports of overall program are documented	Begins the seventh month from start up and is continuous thereafter

Objective 3.2: Transitional housing is provided for those who require it for a period of up to six months

Task	Performance Measures	Time Frame
Housing coordinator establishes guidelines for participants who need housing	Clear written policies are in place and operational	Beginning in the third quarter after start up
Housing coordinator identifies available housing options	Housing availability is identified; new housing opportunities are developed and negotiated	Beginning in the third quarter after start up and continues each month thereafter
Housing coordinator negotiates alternative housing arrangements in the community	Additional housing opportunities are developed that were not previously available	Beginning in the third quarter after start up and continues each month thereafter
Housing coordinator develops long term housing strategies and works with MEO staff to develop funding opportunities	Written housing strategy for MCCC participants is available to be used for proposal writing	Beginning in the third quarter after start up and continues each month thereafter

Objective 3.3: A Family reentry component is provided for those who need to make a gradual transition to rejoin family

Task	Performance Measures	Time Frame
Participants who identify family reunification as a part of their Individual Service Plan are selected	A method is defined for how someone who is identified can get family assistance	End of six month period from startup
Case management team identifies a family reunification strategy	Protocols for helping and working with families are developed and written; partnerships are formed	Beginning in the third quarter after start up and continues each month thereafter
Staff member contacts family to discuss matters and develops a plan	Records indicate family contact and follow up	Beginning in the third quarter after start up and continues each month thereafter

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Objective 3.4: A Cultural activity component is established and provided as an adjunct for treatment, family reunification, or skills development

Task	Performance Measures	Time Frame
Program director works with community members to identify cultural activity useful in reentry process	Documented cultural activities take place	Beginning in the third quarter after start up and continues each month thereafter
Director cultivates opportunities to integrate cultural practices into recovery, treatment, mediation, restorative justice, and other aspects of program	Providers consider and include cultural activity as appropriate for the participant, victims and other community members	Beginning in the third quarter after start up and continues each month thereafter

Objective 3.5: Support Services are provided according to the Individual Service Plan that may include funds for temporary housing, child care, transportation, work clothing, and other temporary needs

Task	Performance Measures	Time Frame
ISP is used by the case manager to determine participant need	Participant record shows need and documents what was done to eliminate need	Beginning in the third quarter after start up and continues each month thereafter
Funds or services are identified by the case manager to provide support	Support services are provided to participants and are documented	Beginning in the third quarter after start up and continues each month thereafter
Follow up by case manager is done to assure that services are provided according to plan and barrier is removed	Participant record shows follow up action	Beginning in the third quarter after start up and continues each month thereafter

Goal 4: Participants are placed in permanent jobs for one year or longer

Objective 4.1: Pre-employment training is provided in the prison for enrolled participants in accordance with their ISP

Task	Performance Measures	Time Frame
Training is provided at MCCC according to a regular schedule continuously throughout the program	Training schedule is available by date and by completion	Beginning in the third quarter after start up and continues each month thereafter
Participants are scheduled by MCCC staff according to program requirements	List of participants is available according to training cycles showing completion	Beginning in the third quarter after start up and continues each month thereafter
Training is completed and graduations are held	Completion dates, graduation certificates in participant record	Beginning in the third quarter after start up and continues each month thereafter

Objective 4.2: Cognitive skills training is provided to enrolled participants

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Task	Performance Measures	Time Frame
Participants receive training either while in prison or as a part of a community training program	Certificate of completion are received by participants	Beginning in the third quarter after start up and continues each month thereafter

Objective 4.3: Job search assistance is provided by project staff resulting in placements for reentry participants

Task	Performance Measures	Time Frame
Assessments are used to help participant identify potential job placements	Assessments are on file	Beginning in the third quarter after start up and continues each month thereafter
Information is provided to participants on job openings	List of job openings and potential employers is recorded and kept current	Beginning in the third quarter after start up and continues each month thereafter
Additional job readiness training, resume preparation, and job interview practice is provided if needed	Evidence of training provided and received is recorded in individual participant files	Beginning in the third quarter after start up and continues each month thereafter

Objective 4.4: Jobs are secured for reentry participants with employers

Task	Performance Measures	Time Frame
Program staff identify potential employers	List of potential employers is available	Beginning in the third quarter after start up and continues each month thereafter
Staff negotiate agreements for job placement	Job placements are recorded	Beginning in the third quarter after start up and continues each month thereafter
Follow up with employers is made by case manager on a regular basis	Record of employer contact is kept current	Beginning in the third quarter after start up and continues each month thereafter

Objective 4.5: Job support services are provided, including funds for work clothes, childcare assistance, and transportation.

Task	Performance Measures	Time Frame
Case manager determines the level and length of service needed by participant to obtain employment and keep it	Barriers to obtaining jobs, training, education and other goals are removed or lessened	Beginning in the third quarter after start up and continues each month thereafter
Funds or services are identified to provide support	Record of disbursements shows fund usage	Beginning in the third quarter after start up and continues each month thereafter

Goal 5: Seventy-five percent of participants who need drug treatment receive and complete it successfully

Objective 5.1: Treatment providers are identified and MOA are signed

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Task	Performance Measures	Time Frame
Program staff identify community providers, an assessment is made of their interest and capability	List of community providers is available	During 2 nd , 3 rd , and 4 th quarter
MOU are signed with participating agencies and protocols are finalized	MOU are on file	During 2 nd , 3 rd , and 4 th quarter
Sub contractual agreements for services are negotiated and signed	Sub contracts are in place and operational	During 2 nd , 3 rd , and 4 th quarter

Objective 5.2: Individual assessments are completed to determine type of drug treatment needed

Task	Performance Measures	Time Frame
Participants needing substance abuse services are identified by an assessment process that begins while they are incarcerated, by a qualified provider	Assessments are available to case management team; determination is made whether to perform a current assessment	Beginning in the third quarter after start up and continues each month thereafter
Treatment plan is created by the provider	Treatment plan is on file and current	Beginning in the third quarter after start up and continues each month thereafter

Objective 5.3: Identified participants are placed into treatment programs according to a treatment plan

Task	Performance Measures	Time Frame
Treatment plan is used to determine appropriate service and provider	Plan is available to provider of service	Beginning in the third quarter after start up and continues each month thereafter
Resources for treatment are identified	Resources are available for treatment	Beginning in the third quarter after start up and continues each month thereafter
Treatment is provided to participant	Participant receives appropriate treatment	Beginning in the third quarter after start up and continues each month thereafter
Follow up plan is created and implemented	Records show consistent follow up	Beginning in the third quarter after start up and continues each month thereafter

Objective 5.4: Intense case management is provided for each offender, following protocols, monitoring, compliance, failure, and reporting

Task	Performance Measures	Time Frame
Assigned case manager coordinates the receipt of information and assures that services are being provided to participant	Current information is available to service providers	Beginning in the third quarter after start up and continues each month thereafter
Case manager communicates information to rest of team and appropriate agency staff	Regular team case management meetings are held and are documented	Beginning in the third quarter after start up and continues each month thereafter

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Objective 5.5: Follow up and support is provided to each participant upon successful completion of treatment

Task	Performance Measures	Time Frame
Follow up plan is provided to case manager	Case manager has access to information	Beginning in the third quarter after start up and continues each month thereafter
Case manager maintains contact as appropriate and records information in participant record	Case managers documents contacts and records updated information	Beginning in the third quarter after start up and continues each month thereafter

Goal 6: Seventy-five percent of participants who need mental health treatment receive and complete successfully.

Objective 6.1: Treatment providers are identified and MOA are signed

Task	Performance Measures	Time Frame
Program staff identify community providers, an assessment is made of their interest and capability	Contact with interested community agencies is made; staff assessment is on file	During the 2 nd , 3 rd , and 4 th quarters from startup
State department of health roles are identified	Meetings and discussions are held	During the second quarter
MOU are signed with participating agencies and protocols are finalized	Roles are identified and protocols are finalized	During the 2 nd , 3 rd , and 4 th quarters from startup
Sub contractual agreements for services are negotiated	Subcontracts are in place and operational	During the 2 nd , 3 rd , and 4 th quarters from startup

Objective 6.2: Mental health assessments are completed to determine level of treatment needed

Task	Performance Measures	Time Frame
Participants needing mental health services are identified by an assessment process that begins while they are incarcerated, by a qualified provider	Participants are identified by qualified person	Beginning in the third quarter after start up and continues each month thereafter
Treatment plan is created by the provider	Participant receives services as identified	Beginning in the third quarter after start up and continues each month thereafter

Objective 6.3: Identified participants are placed into treatment programs according to a treatment plan and complete the program

Task	Performance Measures	Time Frame
Treatment plan is used to determine appropriate service and provider	Participant receives services as identified	Beginning in the third quarter after start up and continues each month thereafter
Resources for treatment are identified	Funds to pay for treatment are available and used	Beginning in the third quarter after start up and continues each month thereafter

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Treatment is provided to participant	Participant receives services as identified	Beginning in the third quarter after start up and continues each month thereafter
Follow up plan is created and implemented	Follow up plan is on file	Beginning in the third quarter after start up and continues each month thereafter

Objective 6.4: Intense case management is provided for each participant, following protocols, monitoring, compliance, failure, and reporting

Task	Performance Measures	Time Frame
Assigned case manager coordinates the receipt of information and assures that services are being provided to participant	Lead case manager for each case is assigned and follows through with responsibilities	Beginning in the third quarter after start up and continues each month thereafter
Case manager communicates information to rest of team and appropriate agency staff	Team meetings are held and information is shared	Beginning in the third quarter after start up and continues each month thereafter

Objective 6.5. Follow up and support is provided to each participant upon successful completion of treatment

Task	Performance Measures	Time Frame
Follow up plan is provided to case manager	Participant record documents follow up by case manager	Beginning in the third quarter after start up and continues each month thereafter
Case manager maintains contact as appropriate and records information in participant record	Record of contact is shown in file	Beginning in the third quarter after start up and continues each month thereafter

Goal 7: Participants receive comprehensive, coordinated services

Objective 7.1: All participants are enrolled into a shared database using common forms and intake reporting system encrypted with privacy and confidentiality protocols

Task	Performance Measures	Time Frame
Common forms are used to enroll participants and stored in a database	Forms are accessible, used and information is stored	Beginning in the third quarter after start up and continues each month thereafter
Confidentiality protocols are developed and used	Cross system Protocols are operational	Beginning in the third quarter after start up and continues each month thereafter
Other forms needed to share and safeguard information are developed and used	Set of program forms are available and used by all who need to use them	Beginning in the third quarter after start up and continues each month thereafter

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Objective 7.2: Team case management is used and a lead case manager is assigned to supervise client progress

Task	Performance Measures	Time Frame
Team case management team is formed (MCCC, MEO, others) and begin meeting regularly	Team meets regularly	Beginning in the third quarter after start up and continues each month thereafter
Each program participant is assigned a lead case manager	Lead case manager on each case provides information to other team members	Beginning in the third quarter after start up and continues each month thereafter
Team obtains information from previous participant assessments and determine the need for additional assessment	Assessments are on file	Beginning in the third quarter after start up and continues each month thereafter
Team and participant develop an individual service plan	Plan is available to team members	Beginning in the third quarter after start up and continues each month thereafter
Each participant receives continued follow up from enrollment and up to 5 years thereafter	Follow up is done consistently and documented	Beginning in the third quarter after start up and continues each month thereafter

Objective 7.3: Staff regularly monitors partner agreements and services to assure that flow and continuity are being provided to clients

Task	Performance Measures	Time Frame
MOU are reviewed on a regular basis by project staff	MOU are on file and operational	Beginning in the third quarter after start up and continues each month thereafter
Project staff monitor referral activity	Referrals are recorded and there is follow up	Beginning in the third quarter after start up and continues each month thereafter
Staff obtain information from participants through survey to monitor service delivery satisfaction	Satisfaction surveys are on file	Beginning in the third quarter after start up and continues each month thereafter

Objective 7.4: Regular joint staff and partner meetings are held

Task	Performance Measures	Time Frame
Program Director meets with partner agencies to keep open lines of communication	Evidence of meetings and communication are recorded	Beginning in the third quarter after start up and continues each month thereafter
Regular program staff meetings are held	Minutes of meetings are on file	Beginning in the third quarter after start up and continues each month thereafter

Objective 7.5: Evaluation of process activities is done quarterly by internal staff

Task	Performance Measures	Time Frame
Program director and staff review progress	Reviews are on file	Begins in the first quarter and continues each month thereafter

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Program director prepares reports and submits these to the appropriate authority	Reports are on file	Begins in the first quarter and continues each month thereafter
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Objective 7.6 Provide technical assistance to community planners on the Big Island (Hawāi) to prepare them for a reentry program.

Task	Performance Measures	Time Frame
PSD and Big Island select the appropriate group to receive technical assistance	Work group is identified	Third quarter from start of project
MEO planners meet with group members to plan a planning process	Evidence of meetings held	During the third quarter of start up
Strategic planning process is held	Planning retreat is held	During the fourth quarter
Strategic plan is written and approved by group	An adopted strategic plan is in place	During the fifth quarter
Regular meetings are held by group to gain and increase knowledge about reintegration possibilities	Minutes of meetings held	Every other month
Big island group use process and information gained to prepare proposals for implementing a program	Evidence of proposals submitted for funding	Eighteen months from the start of the process

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Section 3—Plan to Select High-Risk Participants

Comprehensive needs assessments are gathered on each participant at several levels beginning with assessments done when the person first enters the correctional system and continues throughout their time in incarceration. Additional assessments are conducted on a regular basis as a person prepares to leave the institution and completes their required programs. Substance and mental health treatment, risk level, and employment assessments takes place while persons are still incarcerated. Social workers and case managers who work together in a team effort update these assessments, using various instruments, and as the individual continues their progression post-release. It is the desire of the PSD to develop a continuum for each person exiting their facilities with community resources available in each community.

Assessments include determining the likelihood of recidivism and level of risk to the community. The LSI-R is a tool that is scheduled for implementation by PSD in January 2003. This tool is designed to assist in the implementation of the least restrictive and least onerous interpretation of a criminal sanction and to identify dynamic areas of risk/need that may be addressed by programming in order to reduce risk. The PSD presently uses a “time-driven” method of programming based on time remaining before release. The LSI-R will provide a valid and reliable tool for risk assessment and programming for those who need intervention the most.

The PSD estimates that eight-five percent (85%) of the state’s inmate population has substance abuse histories. The PSD is implementing a new screening and assessment instrument for placing inmates in substance abuse treatment programs. The Reception, Assessment, and Diagnostic (RAD) unit will administer the Texas Christian University Brief Background Assessment-Drug Screen (BBA). A certified substance abuse counselor completes the Addiction Severity Index (ASI) in all facilities.³

The PSD uses several instruments to assess a person’s progress through the system. A case manager ideally becomes the “expert” on each person assigned to him/her. The department offers these current programs for its incarcerated population: Substance Abuse Treatment; Sex Offender Treatment; Education; Vocational Training, and Work Opportunities. However, resources for these programs on the neighbor Islands, including Maui, are severely limited.

Participants in the Reintegration Program will be identified while incarcerated and the participant will develop an Individual Service Plan (ISP) with a case manager (member of the transition team). Explicit and agreed upon eligibility criteria will be used. Screening procedures for the early identification of eligible participants will be developed. Staff will use documented procedures for assessment and referral. Documented policies, procedures, and technology for drug testing will be used according to the latest information and best practices available. Procedures for participant monitoring with established success and failure criteria and procedures for regular reporting to the criminal justice referral source will be used. Assessments include determining the likelihood of recidivism and level of risk to the community.

Reentry planning will begin on a case-by-case basis as soon as a person is determined to be eligible for participation. The process begins in-house with intake and assessment. A program committee (in place) comprised of corrections center staff meet with each inmate and jointly decide on a reentry plan. Typically, this process begins six months before release. It is possible to adjust this time elements so that the process can begin up to a year from release. The reentry project provides an

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

avenue for corrections staff to “program” individuals for activity before their release date and on a continuum through post-release and while on parole. Post-release is where community agencies and the reentry project will have the most impact. This is also the place and time where reentry participants will need the most support. Connections to community resources are key to successful entry to the community. A variety of resources are needed to provide the client maximum opportunity to succeed.

Reentry project case managers and corrections case managers will meet together regularly to discuss progress, adjust reentry plans, and meet with each person in the program while they are still incarcerated. Various options can be considered to deal with progress, violations, and services that are available while the participant is still incarcerated. The reentry plan will address employment training, cognitive skills training, skills assessments, employment history, family situations, and basic life skills needs. Goals and a timeline for successful completion are included. Reentry case managers will work in the community immediately to address issues with family; counseling will be needed.

Incentives are that participants will have options and alternatives that may not be available to non-participants. A dedicated staff will work with participants, providing the potential for new programs and offerings, as a person transitions to the community.

The age range of 18-35 is targeted. Individuals deemed not eligible to participate in the reintegration program will follow the current system of “programming” already in place at MCCC. There is no community agency or staff involved in the current process.

The potential eligible population was established by reviewing all prison inmates scheduled for release on parole to the County of Maui. This review identified 281 currently incarcerated sentenced felons and parole violators as Maui inmates. To determine eligibility for the program, the Department defined its violent and serious offenders as follows:

- A. All those convicted of violent class A and B felony offenses, regardless of criminal history (i.e., a first-time offender convicted of the most serious classes of sexual offenses would be included).
- B. Inmates convicted of class A drug offense, which are limited to those trafficking in or in possession of large amounts of dangerous drugs (cocaine, meth-amphetamine, heroin, etc).
- C. Class B and C non-violent offenders who have at least two previous felony convictions; and
- D. Class C violent offenders who have at least one previous felony conviction.

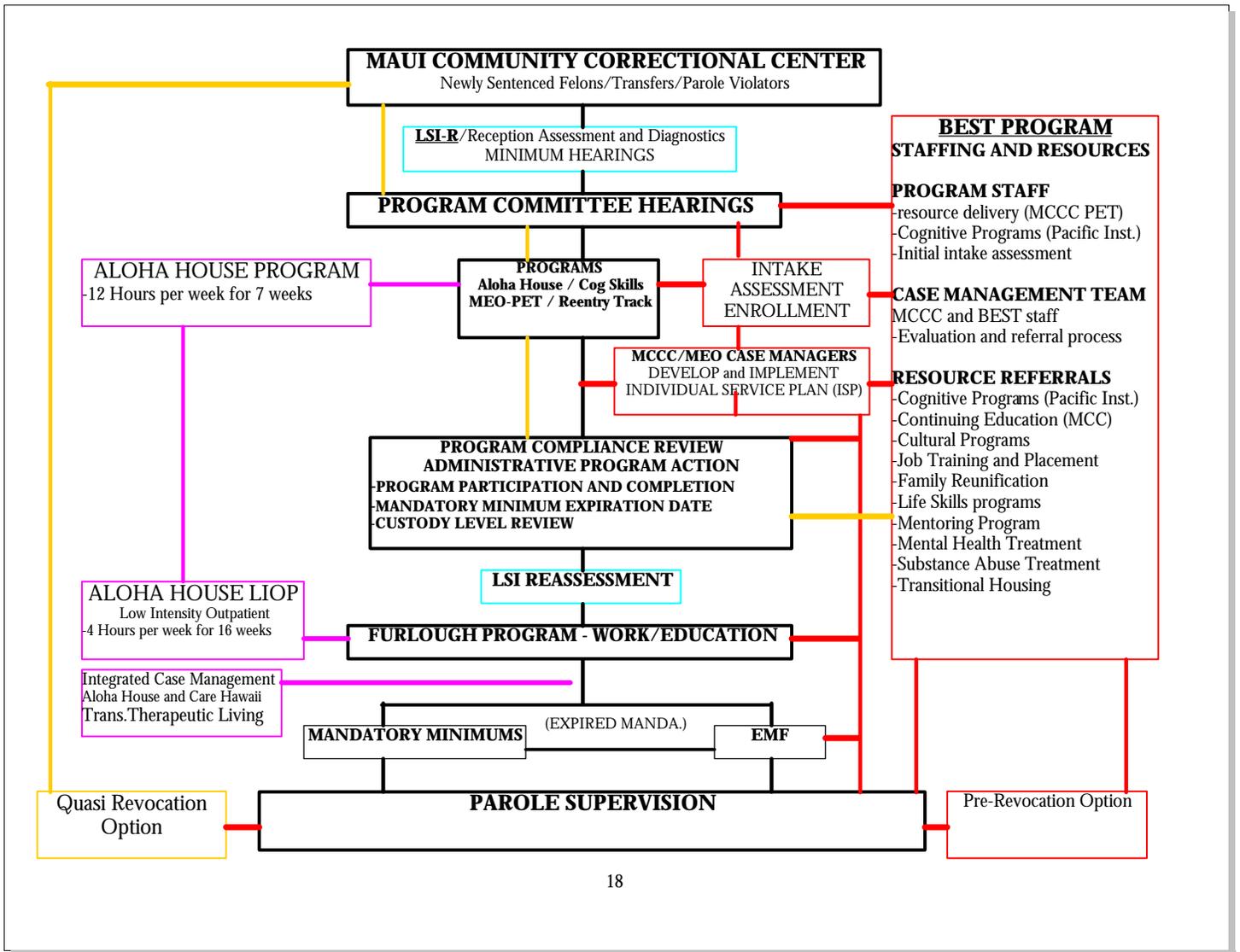
These criteria were selected as reasonable measures of the general risk an offender poses to the community. To further determine the potential pool of eligible offenders, risk of recidivating was also considered. The PSD classification instrument does not measure an offender’s risk of recidivating (in January 2003, the LSI-R will be introduced for that purpose). Given this shortcoming, the Department developed a risk assessment scale based on the following three factors:

1. Age at first arrest;
2. Chronicity of criminal behavior, measure by arrest and conviction history; and
3. Current age.

Criminologists and others identify these factors as salient indicators of the risk an offender poses for continuing in criminal behavior.

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Charted below is the participant path through the program. All eligible participants will enter either from the pool of incarcerated felons at MCCC or through the Maui Parole Office (parole violators) who have been determined to meet the eligibility guidelines.



Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Section 4. Determine Organizational Capacity/Decision Makers

Maui Economic Opportunity, the PSD's co-applicant, is a private, non-profit community action agency, chartered March 22, 1965 under the federal Economic Opportunity Act of 1964. The agency is currently in its 37th year of providing an enormous array of service annually to over 19,000 low-income people, elderly, children and youth, persons with disabilities, immigrants, other disadvantaged persons, and the general public throughout Maui County and the State of Hawai'i.

MEO has worked with its Reentry partners since January 2000, forming a committee to discuss reentry possibilities. A number of accomplishments have resulted. MEO first worked with prison officials in 1986 when work lines came to MEO to rebuild a structure gutted by fire. Other construction jobs resulted. Work line members saw what services were available at MEO and came for support after being released. In 1996, forty-hour pre-employment training sessions began for inmates, initially at MEO facilities and now at MCCC. This training continues today.

MEO is well positioned to administer a program on behalf of its partners and has a track record of doing so, most notably a countywide, federally funded, welfare-to-work initiative. MEO is the recipient of a federal Department of Labor welfare-to-work contract, in its third year of operation. This initiative requires a process of collaborations and partnerships, including subcontracting partner agencies for services. A recently awarded grant from the Robert Wood Johnson and Doris Duke foundations requires a steering committee to advise project staff and infuse community involvement. This four-year initiative targeted at "Strengthening Families" by addressing substance abuse and child abuse. These are just two examples of MEO's functional community collaborations.

The PSD Director and staff have created a Three Year Strategic Plan: The Delta Project. The Department's mission is "to provide for the safety of the public and state facilities through law enforcement and correctional management". The department seeks to create an environment that will be conducive to encouraging the inmate to exercise behavioral control, responsibility, and involvement in self-improvement activities. A wide range of inmate programs will be offered in both the high and low security facilities, utilizing correctional staff, volunteers, and contractors from public and private organizations. The application of these resources is guided by an objective inmate classification system so that inmates are appropriately designated to receive the levels of custody and services that they require in a cost-effective manner.

The PSD substance abuse program funding available to MCCC is documented in an attachment to the original proposal submitted. In 2001, the Hawai'i State Legislature appropriated \$4.34 million to create an integrated case management system and continuum of substance abuse treatment for offenders. PSD is a part of this team effort. The PSD is also a committed partner to the Interagency Council on Intermediate Sanctions and will implement the LSI-R. The PSD has submitted a Byrne grant to decrease the rate of recidivism among high needs females. Resources will come from future state appropriations and federal funding sources. Private funding will also be targeted.

The PSD has developed a Strategic Plan and Vision that incorporates the basic elements to institutionalize a sound Reentry program. The challenge will be to find the resources needed to implement the elements over the next few years. The BEST Reentry initiative will provide PSD with

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

current information of a working model useful for resource development. As the BEST program progresses, staff and PSD will move to resource development and seek funding from the Hawai'i state legislature, funding from other federal reentry partners such as the Departments of Housing and Urban Development, Labor, Health and Human Services, and Education. A combined fund development effort of the PSD, MEO and other partners will assure that the program continues beyond this federal support.

The Reentry steering committee (RSC), chaired by MEO, will provide guidance for program implementation and operation. Reentry staff will provide updates quarterly to the RSC. Discussions of the RSC will be focus on overall policy, progress and evaluation. A goal of the RSC is to insure complete support of the project from all stakeholders. The emphasis at the RSC and throughout the project will be to focus on the project as a whole and not on specific organizations within the multi-system process.

On Maui, the key decision makers include:

Albert Murashige, Warden, Maui Community Correctional Center
Gladys C. Baisa, Executive Director, Maui Economic Opportunity, Inc.
Rick Fujihara, Parole Officer, Hawai'i Paroling Authority, Maui
Mayor James "Kimo" Apana, County of Maui
Diane Zachary, Chair, Local Workforce Investment Board, Maui
Jud Cunningham, Aloha House. Substance abuse/mental health treatment
Flo Wiger, Acting Provost, Maui Community College
Tom Phillips, Chief, Maui Police Department
The Honorable Shackley Rafetto, Second Circuit Court of Hawai'i
Rev. Pua Hashimoto, Faith-Based community representative
Kahu Charles Kauluwehi Maxwell, Sr., Hawaiian Cultural Leader

Maui Economic Opportunity, Inc., committed to convening a coordinated body of partners (Reentry Steering Committee), will hire a Reentry program director whose duties will be to work across multi-system boundaries and maintain strong communication. The RSC members have made the following commitment to the effort:

- Maui Community Correctional Center, State PSD. Transition team, supervised release, conduct assessments, case management team, programming, work furlough, education classes, substance abuse and mental health treatment
- Maui Economic Opportunity, Inc. Lead Agency, administrative, fiscal, support services, transition team chair, case management team, cognitive skills training, MIS, evaluation, Chair, Reentry Steering Committee (RSC)
- Maui Paroling Authority. Transition team, supervised released, intermediate and graduated sanctions, mandate parolee participation, mandate treatment
- Maui Intake Service Center, PSD. Intake, assessment, electronic monitoring
- Aloha House. Inpatient/outpatient drug treatment, mental health treatment, aftercare
- Maui Police Department. Monitoring and public safety
- County Workforce Investment Board (WIB). Job opportunities, job databank, training accounts, and employer relations
- Maui Community College. RSC, educational and vocational programs
- Second Circuit Court of Hawai'i. RSC, identify procedures for judiciary involvement

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

- Faith-based community. Mentoring.
- County of Maui. Transitional housing opportunities, housing assistance, county grants to community agencies providing human services
- Hawaiian community leader. Cultural program component development and monitor

Community partners have already made significant contributions to the Reentry effort in staff time, expressions of partnering, working out agreements, public testimony and expressions of support. The County of Maui has contributed \$80,000 for fiscal year 2001-2002 for planning, resource development, and capacity building moving toward implementation in July 2002.

In addition to local support pledged by the foregoing decision makers, state decision makers include:

Ted I. Sakai, Director, PSD
Bruce Anderson, Ph.D., MPH, Director, State Department of Health
Edward M. Boughton, Chair, Workforce Investment Board
Alfred Beaver, Chairman, Hawai'i Paroling Authority
Mark Forman, Director, State Office of Community Services

These State Officials have committed to working cooperatively in identifying resources to carry out the program, and work to continue the program after federal funding is completed. Both State department and Maui officials have joined in this commitment because the target location is Maui. Corrections, parole, and substance abuse and mental health services, education programs, etc. are State government services.

To assure quality services and monitor program success, MEO and PSD Management Information System staff will design and install a system to connect all partners and users in the reentry project continuum by the end of the second quarter. To insure information sharing and data collection, all participants will be enrolled into a shared database using common forms, and an intake reporting system that is accessible to those who need the information. The system is one that must be compatible with state and local systems and provide the best technology available locally for data sharing, tracking, management, and storage. MEO's MIS staff has the technical capability to set up these systems, monitor, and troubleshoot problems. Data storage on MEO servers is backed up daily.

MCCC Warden shall monitor the Provider's performance on behalf of the PSD. Any problems or issues that need to be addressed and resolved will be done between the Warden and the Provider. The Provider will submit reports to all appropriate parties on a quarterly basis, and will provide a process of internal reporting, monitoring and evaluation.

Performance shall be measured by the Department's representative (MCCC Warden) and shall be based on the following:

Process Measures

- Total number of participants enrolled and receiving services over three years
- Total number of participants served by each service component:
 - Number of participants receiving job training/skills development services
 - Total number of participants employed for 1 year period
 - Number of participants in the mentoring program

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

- Number of participants receiving housing assistance
- Number of participants in substance abuse services
 - Total number of participants drug free for 1 year period (according to UA tests)
- Number of participants receiving mental health services
- Number of participants receiving support services
- Number of participants participating in cultural programs
- Total number of participants and family reunifications that occur
- Total number of Individual Service Plans developed
- Total number of persons placed on parole
 - Total number of participants placed on parole and receiving services
 - Total number of participants on parole and with early termination
- Total number of participants with no convictions for a 1 year period
- Total number of participants recommitted to MCCC within 1 year, 18 months, 2 years

Outcome Measures

- The likelihood that participants return to prison is substantially reduced
- Participants are supported in their efforts to better their lives
- Community and public safety is enhanced
- Employers provide jobs to participants consistently
- Participants experience an increase in job attainment/length of job retention
- Quality substance abuse services are provided to participants who need them resulting in substance free lifestyles
- Quality mental health services are provided to participants who need them resulting in stable lifestyles
- A comprehensive continuum of service among providers is effective and operational resulting in participants receiving the benefits they need to succeed.

Section 5. Design of Each Phase: Phase One

Phase One will begin on a case-by-case basis as soon as a person is determined to be eligible for participation. The process begins while the individual is incarcerated with intake and assessment. Assessments include determining the likelihood of recidivism and the level of risk to the community as well as identifying the individual needs of the inmate including substance abuse and mental health treatments and the potential for family reunification. Currently, substance abuse treatment for inmates at MCCC comes through an ADAD funded contract. MCCC also has in place mental health case management for inmates with severe and persistent mental health disorders through PSD's receipt of Federal funding and matching State funding. Qualified staff will assure that mental health assessments and referrals are made to the appropriate agency before the participant's eventual reentry into the community.

A program committee (in place) comprised of corrections center staff meet with each inmate and jointly decide on a reentry plan identified as the "Individual Service Plan" (ISP). Typically, this process begins six months before release. The ISP will address employment training, cognitive skills training, skills assessments, employment history, family situations, and basic life skills needs. Goals and a timeline for successful completion are included. It is possible to adjust the time element so that the process can begin up to a year from release.

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Employment begins while a person is still incarcerated. Regular "work lines" are in place at the prison and inmates are provided the opportunity to participate in these work lines. Work furlough is another option that allows a person to find a job, be employed, go out to work and return to the facility at the end of the day. Reentry staff can work with these individuals to support them in their jobs, arrange job training to advance their skills, or help to pursue their interests in developing their own businesses. Educational plans can be explored.

The proposed reentry project provides an avenue for corrections staff to "program" individuals for activity before their release date and on a continuum through post-release and while on parole. Post-release is where community agencies and the reentry project will have the most impact. This is also the place and time where reentry participants will need the most support. Connections to community resources are key to successful entry to the community. A variety of resources are needed to provide the client maximum opportunity to succeed.

Reentry project case managers and corrections case managers will meet together regularly to discuss progress, adjust reentry plans, and meet with each person in the program while they are still incarcerated. Reentry case managers will also work in the community immediately to address issues related to family reunification; counseling will be needed.

Various options can be considered to deal with progress, violations, and services that are available while the participant is still incarcerated. Participants will sign a Reentry Agreement that states clearly that failure to participate in all elements of the program may result in termination from the program. As the HPA has the ability and the legal authority to sanction participants who are released on parole or furlough, we will work with the agency to develop the appropriate policies for the Reentry project.

Section 6. Design of Each Phase: Phase Two

During Phase Two, housing issues, will be addressed. If reunification with the family is not immediately possible, transitional or alternative housing may need to be arranged. Since there is a shortage of housing opportunities on the island of Maui, program staff and the RSC will have to address this issue in short and long term strategies. Funding strategies will be developed toward construction, acquiring of property, renovation, and developing transitional homes or buildings.

Other housing options may include cultural learning/living centers in remote locations of the island, where parolees work in agricultural settings while participating in aftercare and educational programs. We will work with those who need transitional housing providing temporary assistance for up to six months. Our partnership with Maui County's Department of Housing and Human Concerns can provide some assistance through its resources for transitional housing development, public housing vouchers, and alternative housing situations. A strong faith-based community is willing to provide temporary transitional housing on a limited scale.

Ongoing mental health treatment for participants will continue in Phase Two. On Maui, licensed therapists and psychologists are available on a limited basis to work with Reentry participants on a sliding fee scale or for a minimal personal contribution. The Reentry project will pay the balance. Through MCCC's Federal and State matching funds, the substance abuse treatment initiated in the facility will continue through contracted bed space and aftercare services. Programs for detoxification are 30-45 days long, and temporary transitional housing and intensive outpatient services can be provided for up to six months.

During Phase Two, we will work with the local Workforce Development Division, a WIA-

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

designated one-stop center that will provide employability assessments, individual training accounts, job training opportunities, and links with community employers. MEO will additionally support reentry participants through its welfare to work program for job placement and the development of Individual Employment Plans.

Community members who have received training will fill the mentoring role. The most appropriate mentor will be someone who has “been there” personally and knows the challenges to be faced. Ideally, the mentor will greet the person at the gate and help them through the first critical thirty days of freedom and through the next 12 months. Mentors will coach their protégés to meet their appointments, comply with reporting obligations, as well as other reentry challenges.

As the Census 2000 confirms, Native Hawaiians and other Pacific Islanders make up a high percentage (22.3%) of the Hawai'i's correctional institutional population. The actual number of Hawaiian inmates is much higher say prison officials, scholars and former inmates. Former inmates and correctional officers with whom we have talked have voiced the importance of culture and the negative impact of its loss while incarcerated. Some community members propose to provide services to ex-inmates by immersing them in a cultural transition setting. These “cultural” valleys are based upon the ancient *ahupua'a* (land division) system of working valleys that stretch from the mountains to the ocean. Our theory is that this component could serve as a transitional place for inmates to regain connections with the land, the ocean, oneself, and the Hawaiian way of life. The valleys are self-sustaining, and provide the living, learning, teaching, spiritual, and recovery environments that have a deep and powerful meaning to Hawaiians (Kahu Charles Kauluwehi Maxwell, Sr., 2000).

Additional components to Phase Two include the implementation of Restorative Justice Programs involving victims and offenders and including protective issues for both offender and victim; the Family Component Program that will assess the inmate and assess the family to determine whether reunification of family members is a joint objective. Family Strengthening initiatives are in place at MEO and other community agencies, including Good Beginnings, MEO Head Start with a Robert Wood Johnson Free to Grow project underway, and Early Head Start. Shared training and learning opportunities are available through these initiatives for families in the reunification component.

During Phase Two, as in Phase One, a graduated system of intermediate sanctions administered by the HPA will be developed and used. Violations will result in sanctions that may range from dismissal from the program, re-incarceration, and other levels as described by the paroling authorities. We will work with these agencies to devise a fair and equitable system.

Section 7. Design of Each Phase: Phase Three

Throughout Phase Three, the participant will continue to receive services as needed in areas of Mental Health treatment, Substance Abuse treatment, support in housing, employment related services, cultural awareness and reintegration, participation in Restorative Justice programs, and support systems for family reunification. The community-based after care programs utilized in Phase Two of the Program will be one part of the reintegration continuum. At present, there is an imbalance in the level and intensity of care and treatment being provided in the correctional system and in the community. The Reentry project will provide the opportunity to address this critical issue with key partners at the table who can make the changes and bring balance. Balance will be achieved through a strong partnership between the institution and aftercare providers in the community. The Maui community will realize the opportunity for success for those at highest risk of failure. This

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

objective presents a prime opportunity to meet the challenge of institutional change and creating adequate, consistent and compatible aftercare services in the community. Community agencies, community groups, faith-based organizations and State agencies originally committed to the reentry project will benefit from consistent and cooperative agreements engaged in the goal of reducing recidivism in the inmate population, and reducing the overall costs related to crime.

A comprehensive continuum of services is a goal of the Reentry Project. We seek to provide these services through a one-stop approach of delivery. Case management will continue throughout the course of the three phases of an individual's participation in the reentry process. Team case management will continue with a case leader assigned to each client. Certified substance abuse counselors, master's level social workers, trained and experienced case managers and professional consultants already involved in the participant's progress, will continue to work with community service providers in joint case management meetings. Continued utilization of the integrated MIS network will allow for files to be updated consistently so that access to most recent developments in a participant's progress is readily available to case workers and providers.

Based on the anticipated success we foresee in the Reentry Program, coupled with a savings to the State of Hawai'i by reducing the cost of warehousing inmates, funding measures will extend the longevity of the Program. The BEST Program staff and PSD will continue resource development including seeking funding from the Hawai'i State Legislature, funding from other federal reentry partners such as the Departments of Housing and Urban Development, Labor, Health and Human Services and Education. A combined fund development effort of the PSD, MEO and other partners will assure that the Program continues beyond the life of the federal grant.

Section 8—Project Management

The State Public Safety Department is the recipient of the grant and MEO will administer it. As the co-partner, MEO will be responsible for the overall administration including financial responsibility, reporting, and compliance of the Reentry program. MEO and PSD will assure that all requirements of the grant are met. This is a good partnership as the PSD as the State entity has the mechanism and authority for incorporating the Reentry program into a statewide system. MEO provides the strong community backing and latitude to seek additional resources, work with a state governmental system as well as local government (Maui), and the private sector.

Our plan is to create a staff whose responsibility lies solely with this program. This staff does not currently exist; however, MEO's administrative and executive staff has been involved in program planning of reintegration efforts for over two years. In addition, MEO Community Services and Maui-to-Work staff assist ex-prisoners. MEO has had a working relationship with MCCC since mid-1980. MEO management is a team effort. Executive staff meets each Monday morning. Senior staff meetings are held each month. The reintegration program director will report directly to the Executive Director, and will be supported by the Fiscal Director, Human Resources Director, MIS Director and Planning Director.

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

The program staff will consist of the following:

Position	Level of Effort	Status
Program Director	1.0 FTE	New
MSW Counselor/Case Management Team Leader	1.0	New
Mentor Coordinator	1.0	New
Case Managers (2)	2.0	New
Social Worker/Supervised Release Manager (2)	2.0	New
Transitional Housing Coordinator	1.0	New
Program Assistant	1.0	New
MIS Assistant	.50	New

Each position has a job description and functional statement outlining their responsibilities.

The critical starting point will be with the case management team who will also serve as the transition team. An individual service plan will be developed describing the transition of each participant from institution to community. Team case management will assure that progress is being made and is monitored. A case manager for each participant will be designated. Resources, programs and activities will be identified to assist the participant. A mentor may be assigned. Needs such as childcare, housing and transportation, once identified, will be communicated to other team members. Regular case planning will take place.

MEO and PSD Management Information System staff will install a system to connect all partners and users in the reentry project continuum. To insure information sharing and data collection, all participants will be enrolled into a shared database using common forms, and an intake reporting system that is accessible to those who need the information. An online record will allow case managers to input new information and regularly provide updated information. The system is one that must be compatible with state and local systems and provide the best technology available locally for data sharing, tracking, management, and storage. MEO's MIS staff has the technical capability to set up these systems, monitor, and troubleshoot problems. Data storage on MEO servers is backed up daily.

Section 8—Project Budget

The budget we have submitted clearly identifies all the components of the program, personnel, operating costs, and support costs needed to provide direct services to our participants. As pointed out earlier, there are no funds currently available in the State of Hawai'i to operate a Reintegration program; therefore our budget reflects the costs for a complete program including all the components we have identified. There are minimal State substance abuse treatment and mental health dollars for the Neighbor Islands, including Maui.

Our budget reflects the amounts in categories provided to us by the Department of Justice.

¹ Social Science Research Institute, University of Hawai'i-Manoa and Department of the Attorney General, Gene

Maui Economic Opportunity, Inc. BEST Reintegration Work Plan
Year 2002-2005

Kassebaum, Principal Investigator, May 1999.

² Barry Coyne, Sex Offender Treatment Program Administrator, Budget Request, (December, 2001).

³ *ibid.*