



WILMINGTON DAY REPORTING CENTER EVALUATION



by

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for the
General Assembly
and
Department of Correction
State of Delaware

NCJRS

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ACQUISITIONS

DELAWARE GENERAL ASSEMBLY
BUDGET EPILOGUE
FY 1994

1 Section 221. Section 1 of this Act makes an appropriation to the Department of
2 Correction, Community Custody and Supervision, Probation and Parole (38-06-02) for
3 Contractual Services. Of this amount, \$100.0 shall be used to continue to contract for one
4 position for one year and provide drug pre-treatment services at the Wilmington Day
5 Reporting Center. Funding for Fiscal Year 1993 was provided through a Clark Foundation
6 grant, which is due to expire in August, 1993. The Department shall evaluate the
7 effectiveness and necessity of continuing the services provided through this contract
8 beyond the proposed one year period. This evaluation shall be completed and a report
9 shall be forwarded to the Budget Director and the Controller General on or before April 1,
10 1994.

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EXECUTIVE SUMMARY

Historical Analysis. Day Reporting Centers (DRCs) have been in existence in the United States since 1986. Because of their brief history, there is limited performance data on them yet. However, noteworthy so far are two unintended consequences relating to DRC programming. The daily contacts and itineraries were intended to be a supervision tool. Through experience, they have proven to be an effective treatment tool, helping the offender to plan daily activities and to avoid people or places that create trouble. A second consequence relates to those programs with community work service components. These were intended as a restitution sanction and another means of controlling the client's time. This activity has been found to have a treatment aspect as well. The client is more aware of other people and the impact of his or her actions on others.

These advantages and other factors prompted Delaware officials to begin a DRC in Wilmington, Delaware. Because of heavy caseloads, Level III Intensive Supervision in Delaware in 1992 was failing to meet intensive supervision client contact requirements. Regular Level III caseloads, although limited by policy to 25 offenders per probation officer, had grown to 30 to 35 clients. Simultaneously, a "pending list" was used to keep new cases from continuing to increase probation officer caseloads beyond acceptable limits and to hold incoming Level III probationers until a caseload slot opened up. The pending list, however, made little practical sense, since offenders were first supervised at a minimal, once a week contact level, and then moved up to the more intensive, three times a week supervision standard of Level III. The DRC aimed to eliminate the pending list by having all new Level III probationers in New Castle County initially report to the Center for intake and assessment. Based on the assessment results, they would either be assigned directly to a regular Level III caseload, or they would continue to report to the DRC for a 28 day period of intensive supervision in order to be stabilized in the community. Once stabilized and when regular caseload slots were free, they would be moved to regular Level III caseloads. Implementation of these procedures at the DRC succeeded in eliminating the pending list.

In the first year of operation, eighty to ninety new Level III probation cases a month (twenty to twenty-five weekly) were referred to the DRC. These were either directly sentenced offenders from the courts, revocations from Level II probation, or flow-downs from the prisons or Level IV facilities. The Center could reject referrals if they were deemed inappropriate. For example, sex offenders were not accepted.

Three Level III probation officers, and one seasonal officer, were assigned to the DRC. Each full-time officer received 6-7 new cases a week. The officers held an initial interview, did a background check, explained the program to the offender, and set up an individualized program and reporting schedule that the offender would follow. Programmatically, for example, if the offender was unemployed, he or she would be required to attend job search.

When the initial funding ran out after the first year, the General Assembly was persuaded to pick up the funding for the programming component. It appropriated \$100,000 for this purpose.

With the larger amount of money available, the Department of Correction was able to expand and redesign parts of the program to make it stronger and more effective. No longer would all Level III probationers be funnelled through the DRC. It would receive only those probationers sentenced or paroled directly to it. In order to keep offenders in the programming component for periods long enough to have some effect on their criminality, the offenders would stay under the supervision of the DRC's probation officers and not go on to regular Level III caseloads. A new probation supervisor was assigned, and the goal of the DRC became to reduce the recidivism of offenders. The service component was also expanded.

Formative Evaluation. DOC issued a Request for Proposals, received proposals back from four candidates, and selected SODAT Counseling and Evaluation Center, a private substance abuse treatment agency, to implement the DRC programming. The provisions of the RFP and the contract with SODAT were tightly drawn, with specific program requirements laid out. The foundations are soundly based and designed to insure that the Day Reporting Center gets off to a good start, that it provides adequate and successful services to offenders assigned to the DRC, and that the DRC meets its ultimate goal of reducing recidivism.

Process Evaluation. The Day Reporting Center services component is off to a good start. Clients are being assessed, and client evaluations are thorough and of high quality. Treatment plans have now been completed for all existing clients. SODAT has begun a broad range of services for the DRC clients, although many are in their infancy. This is about where implementation of services should be, given the short duration of the program.

According to the SODAT case tracking system, the DRC provided twenty-four different types of services during the first four months. These are listed in the left column of the chart on the next page.

Client contacts are the numbers of times people participated in each type of service, as opposed to the number of individuals receiving services. SODAT's records show that they provided 7 client contacts in November, 167 in December, 278 in January, and 253 in February. This information is also displayed in the "Client Contacts" chart.

SODAT client contacts have steadily increased during the first four months of the program. It is close to meeting the goal of 300 client contacts per month. If brokered and continuing services are included, SODAT has achieved the 300 contact requirement.

A few program items need yet to be addressed. First, offenders need to be funnelled to holistic services that address their multiple needs in order to reduce recidivism. Second, although at the end of February, 1994, SODAT was close to meeting its goal of 300 client contacts per month, it needs to meet and continue to meet this goal throughout the remainder of its contract. Third, SODAT needs to implement the few program items that are required by the RFP and that it has not yet done.

The DRC and the Probation Department generally needed expanded physical space to accommodate their growing numbers of staff, clients and programs.

Financial Assessment. The fiscal analysis showed that SODAT's DRC program operated in the red during the four months. The DRC program should be kept on a sound fiscal basis so that it does not come up short at the end of the first year. Cost overruns are forbidden by the contract.

CLIENT CONTACTS

| SODAT SERVICES | | | | |
|--------------------------------|---------------|---------------|--------------|---------------|
| | November 1993 | December 1993 | January 1994 | February 1994 |
| ASI's | -- | 6 | 17 | 16 |
| Biopsychosocial | -- | -- | 2 | -- |
| Capias Requested | -- | -- | -- | 1 |
| Case Reviews | -- | 2 | 18 | 10 |
| Collateral Contacts | -- | -- | -- | 5 |
| Conditions-Urine | -- | 2 | -- | -- |
| Developmentally Disabled Group | -- | 5 | 12 | -- |
| Evaluations | 1 | 4 | 3 | 5 |
| Group | -- | -- | -- | 22 |
| Individuals | -- | 6 | 6 | 12 |
| Intakes | -- | 6 | 3 | 7 |
| Interviews | -- | 5 | -- | 1 |
| Job Search | 5 | 19 | 42 | 11 |
| Letters to Probation | -- | -- | -- | 17 |
| Medicals | -- | 16 | 25 | 28 |
| Mini-Mentals | -- | 3 | 20 | 13 |
| Office Visits | -- | -- | 2 | 21 |
| OPIs | -- | 21 | 23 | 9 |
| Phone Calls | 1 | 31 | 72 | 54 |
| Residential Reviews | -- | 1 | 3 | -- |
| Team Meetings | -- | 12 | 15 | 11 |
| Urinalysis | -- | 28 | 15 | 10 |
| TOTAL SODAT | 7 | 167 | 278 | 253 |
| PROBATION & VOLUNTEER SERVICES | | | | |
| Sex Offender Group | 17 | 11 | 21 | 25 |
| ABE/GED | -- * | 36 | 22 | 30 |
| TOTAL OTHER | 17 | 47 | 43 | 55 |
| TOTAL DRC | 24 | 214 | 321 | 308 |
| NO SERVICE PROVIDED | | | | |
| Failed to Report | -- | 35 | 26 | 18 |
| No Show-Individual & Group | -- | 1 | 4 | 13 |
| Rescheduled | -- | 8 | 12 | 15 |
| TOTAL | -- | 44 | 42 | 46 |

* No figures were kept for this month.

The State is increasingly making grants to DOC for contracting with private providers to implement correctional programs. However, it is not providing the funding that DOC needs to properly monitor and evaluate these programs. The case on point is the DRC grant. Some of the initial problems could have been avoided if DOC had been provided with the means to set up an adequate monitoring and evaluation system. When the General Assembly funds programs to be implemented by private contractors, it should provide DOC with the appropriate resources to monitor and evaluate them. Funding is necessary because monitoring, and especially evaluations, are time consuming, labor intensive and resource demanding.

SODAT lists a cost per client of \$430.68 for 66 clients, based on expenses of \$28,438.40 for the first quarter. However, of the 66 clients listed, 9 either never showed up or received no services, so that the total clients is actually 59. The cost per client based on 59 clients is \$481.78.

Client Analysis. The DRC has seen a steady rise in its client numbers. In November when the program was just starting, 5 clients received services. Thirty (30) new individuals entered in December; 24 in January; and 16 in February. The smaller February number is quite explainable because February is a short month, and it also had many icy days when traveling was impossible. The total number of clients on SODAT's rolls for the four months is 75. Some clients entering each month carried over into successive months, so that the total clients served in each month is substantially larger than the new entries.

| CLIENT NUMBERS | | | | | |
|----------------------|------------------|------------------|-----------------|------------------|-------|
| | November 1993 | December 1993 | January 1994 | February 1994 | Total |
| New Clients on Rolls | 5 | 30 | 24 | 16 | 75 |
| Never in Program | - | (5) | (1) | (2) | (8) |
| Total New Clients | 5 | 25 | 23 | 14 | 67 |
| Last Month's Clients | - | 4 | 27 | 33 | N/A |
| Total Served | 5 | 29 | 50 | 47 | N/A |

The client analysis of demographic, treatment and criminal characteristics shows that most DRC offenders are very serious criminals with few personal resources available to them and with multiple unmet basic needs.

Conclusion. After four months, the DRC program is off to a good start. Some inadequacies associated with start-up need to be remedied, but at this point, there is no reason why the program should not be funded for a second year. The program is a good way to supervise serious offenders and to meet their multiple needs, at less cost than incarceration. An effectiveness and impact study should be conducted at the end of the first year to see if the program is meeting its goal of reducing recidivism through these services.

ACKNOWLEDGEMENTS

The author acknowledges the many people who contributed to this report.

The RFP required that SODAT participate in this evaluation, and it has been extremely cooperative in doing so. SODAT has responded to requests for information, and has taken steps to redesign parts of the program which required attention. Special thanks to Susan McLaughlin for her assistance.

Corrections personnel have contributed greatly to the success of the DRC and to this evaluation.

To the Commissioner of Correction, Robert Watson, I am always grateful for the opportunity to work with such a fine and wise professional.

Acknowledgments to Noreen Renard, the Chief of the Bureau of Custody and Supervision, who prepared the excellent DRC Request for Proposals which has insured a solid framework and foundation for the program.

Special thanks to Deborah Craig who assisted throughout, who prepared the history of Day Reporting Centers, and who made a presentation of this evaluation with me at the National Institute of Corrections Training Center in Longmont, Colorado.

Karl Hinz, the Supervisor of the Day Reporting Center is one of the best. His expertise and cooperation are beyond measure. He and the other probation officers at the DRC are significant reasons why this program is bound to succeed.

To Thomas J. Quinn, Executive Director of the Criminal Justice Council, thank you for supporting me throughout this project and for coming up with extra resources when needed. Your help is always appreciated.

This report could not have been completed without the aid of Alma Smith and Bruce Jenkins who spent many hours pouring over files to insure that we have accurate client information. Special thanks also to Bruce for entering the data into SPSS, and to Todd Elliot who prepared some of the excellent and attractive charts.

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Criminal Justice Council
March 31, 1994

DAY REPORTING CENTER EVALUATION

I. INTRODUCTION: LIMITATIONS OF THIS EVALUATION

Timeframe of Program Implementation. As stated in the Budget Epilogue on the preceding page, the General Assembly provided \$100,000 of funding to the Department of Correction's Bureau of Community Custody and Supervision (BCCS), Probation and Parole Department, to continue services at the Wilmington Day Reporting Center (DRC), after existing funding was to expire in August, 1993. The new funding was available after July 1, 1993 for fiscal year 1994.

Upon receipt of the funding, the BCCS issued a Request for Proposals (RFP) for contractual services on July 28, 1993. As stated in the RFP, program services were to start under this funding on September 1, 1993. However, the ordinary delay necessary to select a contractor resulted in a later start-up date.

Responses to the RFP came back to Probation and Parole at the end of August, 1993. The response of the selected contractor was dated August 27, 1993. It provided additional information to the Probation and Parole Department on September 8, 1993, and the contract was drafted and signed on October 14, 1993. Contractual services run from November 1, 1993 through October 31, 1994. Thus the new Day Reporting Center program did not begin operations until November 1, 1993.

Any new program built from scratch takes several months to gear up into full implementation. Staff must be recruited, scheduling and programming must be worked out, and clients must be referred, assessed, and placed in appropriate services. One cannot reasonably expect a program to be fully operational and functioning at full capacity within the initial months of a new contract. Thus an evaluation due on April 1, 1994 for a program begun on November 1, 1993, by necessity will be based on the start-up period. This evaluation examines the initial four months of programming, November and December, 1993, and January and February, 1994. The month of March was used for report preparation.

The short time that the program has been operational limits how it can be evaluated. At this point, it is impossible to perform an effectiveness (impact) evaluation. Impact evaluations examine whether the program is meeting its stated outcome goals. The outcome goal of the DRC's services is to reduce recidivism of the participants. For effectiveness to be shown in terms of this goal, sufficient time must elapse for the services to be delivered and to have an effect. Practically, in order to have enough offenders to follow, at least four months are needed to assess those entering the first cycle of services. A minimum of six months afterwards are needed to check recidivism beyond completion of services. For all practical purposes, the earliest that initial effectiveness data can be had is one year after program implementation. For reliable and valid effectiveness data, impact evaluations require a minimum timeframe of 18-24 months. Thus the issue of program effectiveness should be

revisited a year from now in April, 1995.

Types of Evaluations That Are Appropriate. Although the program's effectiveness in reducing recidivism cannot yet be known, there are several types of evaluations that can be performed at this time. These are contained in this report. They are:

- o A Historical Background Analysis
- o A Formative Evaluation
- o A Process Evaluation
- o A Financial Assessment
- o A Client Analysis.

The **Historical Analysis** provides background information about Day Reporting Centers generally, about this specific program's background, i.e., the DRC's pilot year, and the factors that shaped how the program being evaluated came to be.

The **Formative Evaluation** looks at the process of implementing the program. It examines start-up and implementation to insure that the program is built on a solid foundation and that it is off to a good start. It examines whether the program is well-conceived and well-organized.

The **Process Evaluation** looks at the program's services and service delivery to insure that the services are based on solid treatment theory and that they are being delivered as they were intended to be.

The **Financial Evaluation** looks at the program's budget and its expenditures to insure that expenditures conform to the budget.

The **Client Analysis** examines the clients' demographic, treatment, supervision, and offender characteristics to insure that the services are serving the clients that they are intended for and that the services are addressing the clients' treatment and programming needs.

II. BACKGROUND

THE HISTORY OF DAY REPORTING CENTERS

The concept of the Day Reporting Center developed in Great Britain in the 1970s. Criminal justice reformers believed that individual casework approaches were not effective for those chronic, less serious offenders who seemed to recycle again and again through the criminal justice system. Often, the offenders were imprisoned not because they were a threat to the community but because judges had tried every other option (and there weren't many) without success. As there were no established standards, the original day treatment centers varied greatly in operation, programs, population served, funding, etc.

Connecticut and Massachusetts were the first American states to consider the Day Reporting Centers as mechanisms to relieve the jail and prison crowding those states were experiencing. The Connecticut Prison Association, a private penal group based in Hartford,

opened the Alternative Incarceration Center in June, 1986. The Hampden County (Springfield, Massachusetts) Sheriff's Office opened the Hampden County Day Reporting Program in October, 1986.

Practitioners have determined three different purposes that DRCs serve: to enhance probation or parole supervision, to treat offender's problems or to reduce prison or jail overcrowding.

To encompass the diversity of Centers that have opened in the United States, a recent study done for the National Institute of Corrections used the following elements to define day reporting centers: 1) offenders must report on a regular and frequent basis as a condition of release or supervision in order to account for their presence or movements, or to participate in programs or activities offered at the center; 2) the number of contacts per week must be higher than the level of supervision that participating offenders would otherwise get; and, 3) the programs must provide or broker services, activities, or treatments which either were not available to non-DRC clients, or which were available in a more focused and intensive manner than for non-DRC clients.

The basic elements of Day Reporting Centers include job seeking, skill development, job placement, life skills training, counseling (individual and group), drug tests, education, recreation and transition housing. Successful programs contain all or most of these program elements.

Because of their brief history, there is limited performance data on Day Reporting Centers. However, an analysis done on the first 700 participants in the Day Reporting Centers in Massachusetts reported a successful completion rate of 78%, with 20% returned to jail for program violation and only 2% failure for new crime or escape.

Noteworthy are two unintended consequences relating to DRC's programming. The daily contacts and itineraries were intended to be a supervision tool. Through experience, they have proven to be an effective treatment tool, helping the offender to plan daily activities and to avoid people or places that create trouble. A second consequence relates to those programs with community work service components. These were intended as a restitution sanction and another means of controlling the client's time. This activity has been found to have a treatment aspect as well. The client is more aware of other people and the impact of his or her actions on others.

THE WILMINGTON DAY REPORTING CENTER'S FIRST YEAR

Introduction. The Wilmington, DE Day Reporting Center (DRC) opened in the New Castle County Probation Office, 1601 Pine Street, Wilmington, Delaware in the summer of 1992. The program operates under the jurisdiction of the Bureau of Community Custody and Supervision (BCCS) of the Delaware Department of Correction (DOC).

The General Assembly provided funding in the FY 93 budget to remodel an unfinished space adjacent to the existing probation offices in the same building. Work was begun on the building in August, 1992, and was completed within a couple of months. The space was converted into a classroom and offices for the use of the DRC.

The concept of the DRC was to combine probation supervision with intake, assessment and treatment. The DRC's supervision component was designed to be an enhanced version of Intensive Supervision, what in Delaware is called Level III probation, the middle sanction in a five level continuum of punishment. The other Levels are Level V, Incarceration, Level IV, Quasi-Incarceration, Level II, Regular Probation, and Level I, Administrative Probation.

Probation Supervision. Initially, the DRC's design was to provide a more intensive version of Level III Intensive Supervision, what was unofficially called Level "3.5" supervision. Because of heavy caseloads, Level III in 1992 was failing to meet the intensive supervision client contact requirements. Regular Level III caseloads, although limited by policy to 25 offenders per probation officer, had grown to 30 to 35 clients. Simultaneously, a "pending list" was used to keep new cases from continuing to increase probation officer caseloads beyond acceptable limits and to hold incoming Level III probationers until a caseload slot opened up.

The pending list, however, made little practical sense, since offenders were first supervised at a minimal, once a week contact level, and then moved up to the more intensive, three times a week supervision standard of Level III. The DRC aimed to eliminate the pending list by having all new Level III probationers in New Castle County initially report to the Center for intake and assessment. Based on the assessment results, they would either be assigned directly to a regular Level III caseload, or they would continue to report to the DRC for a 28 day period of intensive supervision in order to be stabilized in the community. Once stabilized and when regular caseload slots were free, they would be moved to regular Level III caseloads. Implementation of these procedures at the DRC succeeded in eliminating the pending list.

Eighty to ninety new Level III probation cases a month (twenty to twenty-five weekly) were referred to the DRC. These were either directly sentenced offenders from the courts, revocations from Level II probation, or flow-downs from the prisons or Level IV facilities. The Center could reject referrals if they were deemed inappropriate. For example, sex offenders were not accepted.

Three Level III probation officers, and one seasonal officer, were assigned to the DRC. Each full-time officer received 6-7 new cases a week. The officers held an initial interview, did a background check, explained the program to the offender, and set up an individualized program and reporting schedule that the offender would follow. Programmatically, for example, if the offender was unemployed, he or she would be required to attend job search.

Supervision requirements included an individualized supervision compliance check schedule. Typical schedules required one face-to-face contact with the supervising officer, one personal visit to the DRC, and one phone call weekly into the DRC for 28 days. The "Day" Reporting Center is a slight misnomer, since few if any offenders were required to report on a daily basis. The Director of Probation and Parole attempted to correct this misconception, but people persisted in using the word "Day" based on the national model.

Almost all referrals to the DRC were assigned to the 28-day program, with few going directly to Level III caseloads. Most were able to complete the supervision portion of the requirements and were subsequently moved down to regular probation caseloads. If their compliance was marginal, the staff kept them under supervision at the DRC for a longer period (5-8 weeks) rather than sending them back to court for a revocation hearing.

Since there was no State funding available for the intake and assessment process, the Edna McConnell Clark Foundation agreed to provide this funding. It furnished \$67,000 to implement this process and to help eliminate the pending list.

One staff person was initially hired to do the intake and assessments and to set up a programming component. This person left after six months and two people, one full-time and one seasonal, replaced her. Since there were only two paid staff persons, volunteers were used extensively to supplement the staff.

The Citizens Advisory Group. DOC also formed a Regional Citizens Committee to work with the DRC and to provide linkages to the community. This DRC "Citizens Advisory Group" was comprised of six prominent and active persons from the African-American community and the Director of Community Services. It worked closely with the two DRC program staff and the Probation and Parole Department throughout the program's first year.

Programming. Several different programs were implemented during the pilot year. Northeast Treatment Center (NET) performed substance abuse evaluations and assessments. Brandywine Counseling provided "pre-treatment" counseling services, a program designed to prepare participants for regular substance abuse treatment. In the first year, about one pre-treatment session per week was held (49 total) with an average of 5.3 persons attending each and a total of 262 client contact hours.

Job Bank and Job Search helped unemployed offenders find jobs. A volunteer staffed the program. Job search began in July, 1992 and has continued to the present. In the first year, it was one of the most heavily utilized programs. Job search sessions were held once or twice a week (the program averaged 6.3 sessions a month) and had an average of 5.8 people attending each session. Attendance at a total of 83 sessions was 478 people.

The DRC also provided educational programming. Adult Basic Education and GED preparation classes began in November, 1992. The Christina School District provided a teacher, and these classes were fairly well utilized. Sessions were held about twice a week with an average attendance of three persons per class. Sixty-seven sessions were held in the first year, and there were 195 contact hours.

Anger control classes were held once a week in two distinct three-month long sessions. The Brandywine School District provided the facilitator for this class. Special guest speakers from the community made presentations. Average attendance was 3.3 persons for a total of about ninety contact hours provided.

Three other programs designed to teach life skills and to orient ex-inmates to return to the community included "Beyond Walls," "Managing Power and Authority (MAP)," and "Community Adjustment and Training Seminar (CATS)." Beyond Walls met for three months. MAP and CATS met 7 and 6 weeks respectively. The three had a combined total of only twenty sessions in the first year. Narcotics Anonymous groups were held at the Reporting Center on Saturdays.

Copies of the first year programs and treatment schedule appear on the next three pages.

SENTAC Support. The Sentencing Accountability Commission (SENTAC), the oversight committee of the sentencing standards and the originator of the level system of sentencing, was highly supportive of the Day Reporting Center as an intermediate sanction. The Chair of SENTAC, the Honorable Richard S. Gebelein, Superior Court judge, designed the DRC program. Not enough community slots were available to fit the need for community sanctions. This was acutely illustrated by the overload of Level III cases and the dysfunctional pending list. The DRC was designed to solve the pending list problem and fill a gap in the continuum of punishment in the sentencing level system by providing additional intermediate level slots.

When the Clark Foundation funding ran out after the first year, the General Assembly was persuaded to pick up the funding for the programming component. It appropriated \$100,000 for this purpose, and required that the "Department [of Correction] evaluate the effectiveness and necessity of continuing the services provided through this contract beyond the proposed one year."

With the larger amount of money available, the Department of Correction was able to expand and redesign parts of the program to make it stronger and more effective. No longer would all Level III probationers be funnelled through the DRC. It would receive only those probationers sentenced or paroled directly to it. In order to keep offenders in the programming component for periods long enough to have some effect on their criminality, the offenders would stay under the supervision of the DRC's probation officers and not go on to regular Level III caseloads. A new probation supervisor was assigned, and the goal of the DRC became to reduce the recidivism of offenders.

The service component was also expanded. DOC issued a Request for Proposals, received proposals back from four candidates, and selected SODAT Counseling and Evaluation Center, a private substance abuse treatment agency. The provisions of the RFP and the contract with SODAT were tightly drawn, with specific requirements laid out.

The next section describes the RFP and contracting procedures.

JOB SEARCH/JOB SKILLS

- TUESDAYS 1:00 PM
- WEDNESDAYS 4:00 PM
- THURSDAYS 10:00 AM

GOAL:

To assist clients in obtaining employment by providing one-on-one coaching and other services for job findings. Sessions in resume writing and mock interview sessions will be conducted. Clients will have access to job listings from the Department of Labor and the News Journal classified advertisements.

SUBJECTS:

- Employment Techniques
- Resume building
- Mock Interviews
- Dress Codes
- Pertinent Questions on Applications
- Tracking job findings



NARCOTICS ANONYMOUS

COME ON IN

- SATURDAYS •10:00 - 11:30 AM

Narcotic Anonymous is a nonprofit Fellowship or society of men and women for whom drugs had become a major problem. They are recovering addicts who meet regularly to help each other stay clean. There is no requirement, the desire to stop using narcotics. The program has a set of principles written to follow in our daily lives. The most important thing is commitment.

We are not affiliated with any other organizations, we have no initiation fees or dues, no pledges to sign, no promises nor are we connected with any political, religious or law enforcement groups, and all may join regardless of race, age, sexual identity, creed, religion or lack of religion.

The most important person at any meeting is YOU!!

REFERRALS AND ADVOCACY

- Request by Probation Officer or the Client

GOAL:

To provide clients with information on various community resources and/or programs available to assist them.

TO act as a referring agent.

SUBJECTS:

- Training Programs
- Educational Programs
- Emergency Assistance
- Local Food Banks/Closets
- Use of other State Agencies
- Domestic Violence
- Substance Abuse



VOLUNTEERS ARE USED AS:

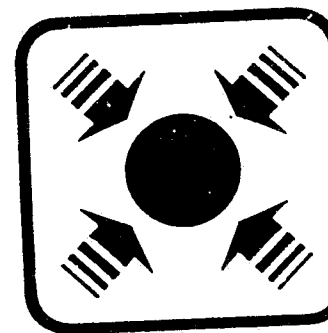
- MENTORS
- TUTORS
- LEADERS
- ADVISORS
- SPONSORS
- FACILITATOR



A project of
Corrections Alternative Concepts

FIGURE 1.

Delaware
Reporting
Center



1601 N. Pine Street
Wilmington, DE 198
302-577-3682

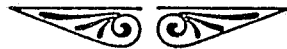
ADVISORY COMMITTEE

Barbara Washam
Chairperson

Paul Brown
George Hawthorne
Wida Hutt
Robert Oliver
Paula J. Stevens
Carole Trent

Steven A. Evans
Community Outreach
Coordinator

Charalene M. Hoxter
Program Coordinator



The Reporting Center creates a structure and opportunity for people in the community to actively and daily participate with offenders and staff. The coming together of community, offenders and staff is designed to create individual, group agency and community solutions to problems.

The program component will set goals, which are the baseline of accomplishments. The goals are not the program and the program expectation is that the opportunity and structure created will provide results beyond whatever we could accomplish without the active participation of the community.

PRE-TREATMENT GROUP

WEDNESDAYS 3:00 PM

GOAL:

To engage clients through an orientation and readiness process for more individualized, client-specific treatment on:

- Enhancing counseling
- Providing addiction education
- Teach prevention skills
- Provide supportive contact to clients
- Assist individuals as a recovering person.

SUBJECT:

- What is recovery?
- Confidentiality
- The 12 Steps
- Disease of addiction
- Phases of recovery
- Treatment expectations
- Denial
- Being a Recovering Person



BEYOND WALLS-KEYS TO SELF-IDENTITY AND SUCCESS

•WEDNESDAYS 1:00 PM

GOAL:

To uproot negative self-concepts and dislodge dependent attitudes in order to empower the individual, family and the community.

SUBJECTS:

- Assessing problems
- Redirecting our lives
- Understanding Self- Control
- Learning responsibility to self and family
- Community Involvement

ANGER ROL P
(Self-awareness)

TUESDAYS 5:00-6:30PM

GOAL:

- To admit their problems as it relates to anger.
- To express the anger in a positive way

SUBJECT:

- Origin of Anger
- Anger as a Culture Behavior
- Methods of Anger
- Managing anger and self-control
- Apologizing
- THINK before REACT



ABE/GED CLASSES

•TUESDAYS 4-7PM
•THURSDAYS 1-3PM

GOAL:

To increase the educational level of the students. The class is designed to work with an individual from a non-reading level to the achievement of the GED. Secondary outcomes of the class include increased self-esteem for the students as well as increased desirability in the job market.

SUBJECTS:

- Basic skills in reading, writing and mathematics with emphasis on life skills and the development of personal responsibility and achievement.
- Classes are individualized
- Paced level work
- Individual aid from teacher
- On-going enrollment
- Test Placement

*service provided by the Christina School District

**All programs are conducted at the Delaware Day Reporting Center*

FIGURE 2.

REPORTING CENTER - TREATMENT SCHEDULE

| HOURS | MON | TUE | WED | THU | FRI |
|--------------------|---------------|-----------------------------|-----------------------------|------------|----------|
| 08:00 - 09:00 a.m. | Job Bank | Job Bank | Job Bank | Job Bank | Job Bank |
| 10:00 - 11:30 a.m. | | | Substance Abuse Evaluations | Job Search | |
| 01:00 - 02:30 p.m. | | Job Search Pre-Treatment | | ABE/GED | CATS |
| 03:00 - 04:30 p.m. | Anger Control | 4-7 ABE/GED | Pre-Treatment | | |
| 05:30 - 06:00 p.m. | | MAPS | | | |
| 05:00 - 07:00 p.m. | Closed* | Open | Support Group | Closed | Closed |

II. FORMATIVE EVALUATION: THE ESTABLISHMENT OF THE PROGRAM

THE REQUEST FOR PROPOSALS

The Request for Proposals (RFP) issued by the Department of Correction on July 27, 1993 solicited contractors to implement the DRC services and programs.

Inclusionary Clauses. The RFP contains three statements to insure that the program design will be carried out as proposed. These are Clauses 6 and 7 of the *Proposal Content and Procedure*, and Clause A1 of the *Programmatic and Administrative Requirements*. They state that:

the contents of the RFP will be incorporated into the final program approval and will become binding upon the successful service provider.

the content of each proposal will be considered binding on the service provider and subject to subsequent confirmation if selected. The content of the successful proposal will be included by reference in any resulting program approval.

The service provider is required to carry out this project in the manner described in the approved application and in accordance with any conditions of the contract.

Additionally, the respondent's cover letter is made an integral part of the project.

Thus the provisions of the Request for Proposal, all parts of the service provider's response to the RFP, and the contract all are binding on the service provider.

Program Philosophy. The RFP requires the service provider to describe "its program philosophy" which must reflect an understanding of "a comprehensive treatment system" which serves as an intermediate sanction.

The Services Component. The service component is especially critical to the success and effectiveness of the programming. The RFP reflects this by making detailed services requirements. It requires treatment, counseling and educational services. The goal of the services is "to reduce the rate of client recidivism." This should be done by:

providing services that will encourage responsible behavior including maintaining self-supporting employment and refraining from further criminal activity,...[that] restructure the client's lifestyle and offer the opportunity to develop skills that will enable them to remain in the community....

Six types of services were suggested. These are:

- o pre-treatment substance abuse counseling
- o life skills training
- o GED classes
- o job seeking assistance
- o anger control counseling, and
- o parenting classes

The service provider's proposal is required to describe "the overall goals and objectives of the proposed program," and how the services to be provided meet the Programmatic and Administrative Requirements." It must relate "which program service...or individual staff person is responsible for each objective,... and the specific tasks and activities with each tied to a specific time frame."

The service provider is required to develop a plan for:

- o receiving and documenting treatment referrals;
- o intake and admission procedures, including written admission criteria, and a treatment modality assignment;
- o assessment of client needs;
- o development for a treatment plan, with treatment goals, delineation of who is responsible for each, review of the plan's appropriateness;
- o case management and liaison with the criminal justice system;
- o the treatment process including how clients will be assigned to counselors, how groups will be composed, use of AA and NA, and involvement of family members;
- o treatment discharge, aftercare and follow-up;
- o ancillary services that support the treatment process;
- o services to meet the needs of special populations, specifically of women; and,
- o any other planned services.

In sum, services are the central component of the DRC program design.

Clients. The services at the DRC must address the needs of Levels II, III and IV adult offenders. The programming must accommodate 300 clients on a monthly basis. All referrals will be made by the Department of Correction or the courts, although community members without criminal justice connections can and should also be served.

Organizational Support and Staffing. The service provider must "establish an organizational structure capable of efficiently carrying out Federal and State requirements for services delivery." It must "provide the staff, facilities, equipment, and supplies needed to operate the requested program(s) in an efficient, economical and effective manner." It is authorized to "hire one position ... to coordinate the center and programs.... This provision reconfirms the Budget Epilogue's statement that the DRC allocation should be used to "contract for one position for one year...."

The service provider must present a "definitive staffing pattern" with a proposed staff-to-client ratio and proposed job descriptions, minimum requirements, and résumés, if known. It must identify tasks, the "staff members assigned to each task and their estimated individual person days per task, [and] total person days by task."

The DRC "staff must be responsible for promoting and monitoring [clients' progress] through treatment plans, counseling sessions and case management."

The contractor must furnish "training for program services and administrative staff" with "a staff training and/or orientation schedule," and "staff training verification."

Implementation. The service provider must "present a plan that details the implementation of the program from the date of contract award to full operational status." The plan should include a schedule which identifies each phase or major component with beginning and completion dates by phase or component.

The service provider must develop a "Policy and Procedure Manual" within 45 days of signing the contract, and submit biweekly progress reports "detailing problems and possible solutions" during implementation.

Record-keeping and Reporting Requirements. The service provider "must maintain such records and record systems as are necessary to document and monitor services...provided directly to the clients ... [and] provided on behalf of clients." "The contractor must furnish contract related data in accordance with the requirements of the BCCS.... This includes "current information which describes the clients, the treatment provided to them and prevention activities...." It is required "to submit monthly statistics and narrative reports on client progress."

Community Linkages. A key component of the DRC services would be linkages to the community. The service provider will be required to "promote the center as a community service and to attend community meetings," "to work with volunteers from the community and with the local Regional Citizens Committee," and "to provide at no charge services to individuals from the community who wish to participate in programs offered at the center." The service provider must describe provisions for assuring accessibility and availability of services throughout the program's service area." It must present a plan that details "the establishment of positive relations with the community in which the program is located."

Other Pertinent RFP Clauses. Other parts of the RFP that are relevant for this evaluation include the following statements.

"BCCS will assess program compliance with the requirements as well as the efficiency, economy, and effectiveness of the program's treatment, rehabilitation, prevention, and administrative services. It will "follow-up on programs to ensure that deficiencies are corrected...so that all significant deficiencies are corrected in a timely fashion."

Thus DOC commits itself to insuring that the DRC program operates as it is intended to operate and to giving the service provider sufficient opportunities to correct any deficiencies found.

Sum. The RFP is a tightly drawn document with a clear delineation of the expectations of the Department of Correction, the requirements for the DRC program, and the conditions placed on the service provider. It provides a solid foundation for organizing and initiating the program.

THE SELECTION OF THE SERVICE PROVIDER

SODAT, the two DRC staff persons from the programs first year of operations, Northeastern Treatment Centers (NET), and Peoples Settlement provided proposals in response to the Department of Correction's RFP.

The Citizens Advisory Group participated in the selection process for the contractor for the new DRC program. It supported the two DRC initial staff persons, who were African-Americans, to continue on and receive the new contract.

African-American participation in the potential service providers was a key element of interest for the Citizens Advisory Group. It believed that the former DRC staff persons should have been continued as the service providers under the new contract, although it acknowledged that they did not have the administrative capacity to fulfill the requirements of the RFP.

Although Peoples Settlement is predominantly an African American group, its proposal had several inadequacies. The Executive Director was leaving to take a position with the new City of Wilmington administration, so that leadership was in transition. It proposed to use employees who would work part-time at the DRC and part-time at Peoples Settlement. This was unsatisfactory, since DOC required full-time staff. Their service proposal was limited to psychological testing and did not have the full component of services that DOC required.

NET was not favored by the Citizens Advisory Group because it has no minority members on its board and showed no interest in continuing to work with the Advisory Group. SODAT, on the other hand, has one minority member on its Board of Directors and was supportive of the Citizens Advisory Group staying on in its advisory capacity. Thus, if the former two staff persons could not win the bid, SODAT became the preferred service provider.

Despite the Citizens Advisory Group's apparent desire to continue linkages to the DRC, when DOC did not award the contract to the two former staff persons, the Group became largely disaffected. It no longer continued to meet and, for all practical purposes, disbanded.

The disaffection of community members creates an obstacles for SODAT in meeting its mandate to develop community linkages, to work with volunteers from the community and the local Regional Citizens Committee, and to accept community members other than corrections' referrals into its DRC programs. Without that direct community connection, SODAT has made little progress toward making the DRC a community center. This is something that SODAT needs to work on. The new Chief of the BCCS has stated her intention to revitalize the Citizens Committees. If successful, this effort on the part of DOC should make SODAT's job of community linkages easier. DOC and SODAT must work closely together on this aspect of the project.

SODAT'S RESPONSE TO THE RFP

Introduction. SODAT's response to the Department of Correction's Request for Proposals (RFP) closely follows the RFP. It addresses most items in the RFP, stating that it will implement each, and reuses the RFP's wording.

Cover Letter. SODAT's cover letter presents an argument as to why it should be selected as the treatment provider. It references two pretrial programs in which it performs "comprehensive evaluation and assessments" of defendants which enable it "to begin to implement a treatment plan" for them. It argues that "addition of the DRC" will allow it "to

continue with the treatment plan...already developed," and that it will be "more efficient and cost effective to continue with this plan of care [at the DRC] as opposed to using valuable treatment time and resources to re-do this process. Increased efficiency should result in significant cost-savings for the State."

Program Philosophy. SODAT states its program philosophy as one which is:

...highly compatible with the philosophy of the Department of Correction. This philosophy has been based upon requirements that clients establish patterns of responsible behavior and acknowledge the consequences of their own actions. Rather than look to the past for excuses for current behavior, clients are encouraged to focus their energies on performing the responsible actions of everyday life, such as developing healthy relationships, meeting certain expectations of society, and of course, remaining alcohol and drug free. In short, SODAT seeks to create an action-oriented environment which will move the client toward a more adaptive lifestyle.

Goals and Objectives. SODAT states its primary goal to be "to develop approaches to responsible behavior by the evaluation of needs and the implementation of a treatment plan." Objectives include "exploring educational needs and opportunities to achieve self supporting employment" and including "clinical and medical components." It states that education leading to employment is the critical element for reducing criminal activity. Since education and jobs are well-documented in the literature as successful approaches to reducing crime, this proposal is a solid one.

Services. Initially, all offenders entering the DRC will be assessed with the Offender Profile Index (OPI). The results will be reviewed by a Multidisciplinary Team (MDT) comprised of SODAT and Probation Department personnel. The MDT will meet weekly and make recommendations to specific programs based on the results of the OPI. The Day Reporting Coordinator or a counselor will track the admission and progress of the client in these programs.

Treatment plans will be developed based on the results of the intake and MDT review. The MDT will review the treatment plans weekly and make adjustments to the plan. A Master's level social worker will furnish intensive case management services, directing clients to existing social service programs. Such interventions will be documented in the client file. The client's support system will include self-help groups such as AA and NA.

Identification of family problems will be the responsibility of SODAT's family counselors. Efforts will be made to meet with families, explore family dynamics and seek solutions to their ongoing problems.

Treatment will be based on a 28-day cycle. At the end of the cycle, the Multidisciplinary Team (MDT) will review progress and recommend future treatment.

Written discharge and aftercare plans will be developed to implement a "realistic support system" when the client leaves the program.

Primary health care services, including a medical history screen, comprehensive physical exam, laboratory profile, referrals to health care centers or private physicians, and female pre-

natal care and family planning needs will be provided.

Clients will be assessed in pretrial status for vocational needs. Dependent on needs, they will be placed in a Remediation Track, then a Skills Development Track, then in one of several job training programs, then receive job placement assistance, and then staff assistance to retain employment. Programs available include remediation at the Latin American Community Center and New Castle County Learning Center; such courses as nurses aide, office technician collections, and data entry at Delaware Technical and Community College; clerical, customer service, secretarial and word processing at Goldey Beacom; building maintenance, construction electric, pipe fitting, welding and youth construction at the Delaware Skills Center; and clerical and banking skills in the Professional Staffing program.

A special weekly group for women will be developed veterans will be referred to special veterans groups.

Clients. SODAT will provide services to residents of New Castle County. SODAT proposed to provide 300 *units of service* per month during the 12 month contractual period. This figure is substantially lower than the 300 *clients* per month stated in the RFP. One client can have several different units of service such as an evaluation, MDT review, attendance at job training, etc. during one month. During contract negotiations, SODAT maintained that it could not provide services for 300 clients a month for the funding offered. DOC acquiesced in this, but nonetheless reiterated the 300 *clients* per month figure in the contract.

Organizational Information. SODAT's organizational information lists its long history of providing outpatient substance abuse treatment and prevention programs in Delaware. It is a private non-profit corporation with a staff of forty and a distinguished eleven member Board of Directors. Both the staff and Board of Directors are "bi-cultural and bi-lingual." It currently operates seven other programs including three criminal justice services, the SENTAC residential program and two pretrial alternatives to detention programs for substance abusers.

Organizational Support and Staffing. Twelve existing SODAT staff, including the Executive Director, Director of Clinical Services, a social worker, seven counselors, the Medical Director, and the Vocational Coordinator will be available to provide services to the DRC. A staff training and orientation schedule will be developed when the contract is signed.

Implementation. SODAT did not present a detailed implementation plan from date of the contract award to full operational status as required by the RFP. It simply stated that it already had established "coordination with the criminal justice system and other related agencies" and that implementation issues had already been addressed in other parts of its proposal.

Record-keeping and Reporting Requirements. SODAT's proposal does not address how it will meet the record-keeping and reporting requirements of documentation and monitoring of client services and monthly statistical and narrative reports on client progress required by the RFP.

Community Linkages. SODAT states that "Involving volunteers from the community and

working with a Regional Citizens Committee provides an exciting opportunity...." It will provide "meaningful, no cost alternatives for those in the community in need of help. The promotion of this activity [is] a vital component of [its] involvement in the community." SODAT presents no plan detailing how it will provide positive relations in the surrounding community, although it does commit itself generally to the community linkages requirements.

THE CONTRACT

The contract that DOC signed with SODAT contains ordinary contractual language between government and a private agency. Provisions related to the budget are listed in the Financial Assessment section below.

Additionally, Appendix A contains detailed items relating to the services and programming that were negotiated between the two parties prior to signing the contract.

1) **Clients Served.** The RFP provision that *300 clients* per month must be served during the twelve month contract period is reiterated.

2) **Referrals.** SODAT is required to document all referrals from Probation and Parole, to keep an appointment book with the date the evaluation appointment is made for each referral, and to conduct the evaluation within five days of the referral.

3) **Intake and Assessment.** All referrals will be assessed by the Offender Profile Index (OPI), reviewed by a Multidisciplinary Team that must meet weekly and make program recommendations for the clients. The DRC counselor will implement the treatment recommendations and track the client's progress.

4) **Treatment Plans.** All clients will have treatment plans based on needs. Noncompliance will be referred to their probation officers.

5) **Case Management.** The counselor will provide case management services, including referral to appropriate social services programs, and documentation of these. Case information will be supplied to the probation officer.

6) **Treatment Process.** The treatment process will be based on a 28-day recurring cycle, with intervention in family problems, parenting classes, and referrals to AA, NA, ACOA and COA self-help groups.

7) **Discharge and Follow-Up.** Aftercare will be provided through a written discharge plan.

8) **Health Care.** Health services to be provided include a medical history, physical exam, laboratory profile, referral to clinics or physicians, HIV and tuberculosis testing, health care seminars, and family planning for females.

9) **Vocational Services.** Vocational needs will be assessed, followed by remediation in math and reading (if needed) referral to job training, assistance in job placement, and job support.

10) **Special Populations.** Special groups for women and veterans will be provided.

11) **Volunteers and Community Involvement.** SODAT is expected to coordinate

volunteer services and to promote the DRC as a community service. SODAT must attend a quarterly meeting of the Citizens Advisory Committee.

12) **Reporting Requirements.** SODAT must develop reporting forms within a month of beginning the program, and these must be filled out and returned to DOC monthly.

13) **Evaluation.** SODAT must cooperate in the evaluation being performed here.

SUMMARY

The RFP and the contract between SODAT and DOC are soundly based and designed to insure that the Day Reporting Center gets off to a good start, that the service provider furnishes adequate resources and successful services to offenders assigned to the Center, and that the service provider meets its ultimate goal of reducing recidivism.

SODAT's response to the RFP provides a solid philosophy with appropriate goals and objectives, a thorough service plan design, a strong supportive organization, a plethora of supporting staff, a proposal to develop staff training, and a plan for community linkages.

SODAT, however, did not develop an implementation plan in its response to the RFP, nor address how it would meet record-keeping and reporting requirements, nor make a realistic estimate of how it could build on its pretrial programs to provide cost savings to the State. The problems these inadequacies have caused are addressed in the next section.

PROGRAMMATIC CONCLUSIONS

1. **Number of Clients and Units of Services.** The written documents concerning numbers of clients and units of service are contradictory. SODAT's response to the RFP states that it will provide 300 *units of service* per month. The RFP and the contract written after SODAT's proposal for this lesser standard require 300 *clients* per month to be served. This conflict needs to be resolved.

Recommendation. The oral agreement between SODAT and DOC to adopt the lesser objective of 300 units of service per month as opposed to 300 clients should be stated in writing and appended to the contract as an amendment.

2. **Lack of An Implementation Plan.** SODAT's lack of an implementation plan with target dates for starting various project components has contributed to the slowness of service implementation. After four months, it is not quite providing 300 units of service and has not begun some portions of its project plan, including documentation of participation of all existing staff in the DRC project as they are stated that they would be used, and other parts of the program. (See Operational Conclusions, p. 28 below).

Recommendation. SODAT must lay out a plan for implementation of the remaining incomplete items. All such project elements should be implemented, and the project should be fully operational, by May 1, 1994, i.e., within six months of the November 1, 1993 beginning date of the contract.

3. Pretrial Client Assessments Linked to DRC Clients. SODAT argued in its proposal that the client assessments and treatment plans it has developed for clients in its pretrial programs would carry over with them in the post-trial stage to the DRC, that this would allow it to concentrate on DRC services rather than client assessments, and that this would result in significant cost-savings for the State.* This has not occurred in the initial four months. The argument is based on the assumption that SODAT's pretrial and DRC clients would be the same. SODAT has not previously evaluated nor developed treatment plans for any of the DRC clients.

The result is twofold. First, the cost savings projected for the State are non-existent. In fact, SODAT is over budget rather than under it. (*See Financial Analysis below.*) To its credit, SODAT did evaluate the Rule 28s, and may have facilitated some savings by assisting placement of these offenders outside of prison.

Second, SODAT has spent most of the first four months doing client assessments. It was brought to SODAT's attention in March, 1994 that few treatment plans were done, and since then SODAT has completed them. Coordinated placement in services to address all of a client's multifaceted needs is still in the beginning stages.

Recommendations. First, in some way, SODAT needs to produce the cost savings that it projected in its proposal. It cannot continue to operate over budget.

Second, SODAT needs to focus on funnelling individuals into needed services based on treatment plans, and on individual client needs rather than haphazard assignment to programs. It needs to develop a holistic approach to services which address the multiple needs of each client, and not get bogged down in assessment and pre-treatment services. This must be done in order to attain the goal of reducing recidivism.

*See Appendix B, Letter from Thomas C. Maloney dated August 27, 1993. SODAT states that it has no control over referrals and so cannot realize this cost savings. That also was true when it wrote its program proposal.

III. PROCESS EVALUATION: THE PROGRAM'S OPERATIONS AND SERVICES

INTRODUCTION

Like the DRC program of the first year, the program now consists of two components: the treatment and services that SODAT offers or brokers, and the supervision component that the Probation Department Level III DRC officers furnish. Both components have significant changes and improvements from the first year. With closer linkages between the components, the two overlap and are better integrated. The following sections analyze what each component does now and how it operates.

SODAT PROCESSES AND PROGRAMS

As required by the RFP, SODAT's program proposal, and the contract between SODAT and DOC, SODAT is providing much expanded client services. It is working closely with the Probation Department, volunteers, and outside services to develop multiple approaches to the treatment needs of DRC offenders. The chart on the next page lists the processes and services SODAT currently offers or is about to begin.

ASSESSMENT AND REVIEW SERVICES

Intake and Evaluation. When a client first enters the Day Reporting Center, he or she is assigned to one of the two full-time personnel, either the Program Coordinator or Assistant Program Coordinator. The initial intake interview involves taking down basic demographic data and scheduling the client for additional assessment.

Three assessment instruments are used - the Offender Profile Index (OPI), and the Addiction Severity Index (ASI), and the Mini-Mental State Examination. An initial urinalysis is also scheduled, and information concerning the drug of choice and other drugs that are used is gathered.

The OPI develops a Drug Severity Score, and individual scores for seven factors which give a total "Stake in Conformity" score. "Stake" scores are given in family & support, home, educational, criminal justice, school, psychiatric & psychological, work, and treatment stakes. Also determined are whether AIDS prevention/intervention is indicated or overriding mental health problems exist. A recommendation for substance abuse treatment is made based on the total scores. This can be either long-term residential, short-term residential, intensive outpatient, outpatient, urine monitoring only, or none.

The ASI gives additional offender needs information. Scores are developed for medical treatment, legal services & counseling, employment counseling, family & social counseling, treatment for alcohol abuse, psychological & psychiatric counseling, and treatment for drug abuse needs. These are scored on a grid to give a profile of treatment needs.

The Mini-Mental State Examination is a one page assessment of the presence of mind of the client at the given moment. It yields a total score of 30 or less.

FIGURE 3. SODAT SERVICES

| ASSESSMENT & REVIEW SERVICES | TREATMENT SERVICES | SUPERVISION SERVICES |
|--|---|---|
| <ul style="list-style-type: none"> o Intakes o Evaluations <ul style="list-style-type: none"> OPIs, ASIs, Mini-Mental Exams o Multi-Disciplinary Team Reviews o Residential Reviews o Treatment Plans o Case Reviews o Discharge and Aftercare Plans* | <ul style="list-style-type: none"> o Job Search o GED/ABE Education o Vocational Referrals o Pre-Treatment Group o Substance Abuse Group o Individual Counseling o Narcotics Anonymous o Sex Offender Group o Dev. Disabled Substance Abuse Group o Medical Screening and Health Care o Biopsychologicals o Urinalysis Monitoring o Lecture Series on Selected Topics o Parenting Group o HIV Support Group** o Literacy Group** o Post-Release Group** o Key/Crest Aftercare Support Group** | <ul style="list-style-type: none"> o Office Visit o Phone Calls o Interviews o Collateral Contacts o Letters to P.O.s o Capias Requests |

*Not begun yet.

**Beginning in April, 1994.

Multi-Disciplinary Team Reviews. Once the initial assessment is completed, the Multi-Disciplinary Team (MDT) reviews all of the information and test results. The team consists of the two full-time DRC staff, the SODAT Vocational Coordinator, the SODAT Director of Clinical Services, and a Probation Department representative, usually the DRC supervisor. The Medical Director is also required to attend. The team meets weekly on Friday mornings from 10:00-12:00 AM to review the cases assessed during the previous week.

The team looks at seven broad areas - mental health, housing, literacy & education, family, vocational, financial, and "other," assessing whether there is or is not a need in each area. If there is a need, then a plan of action is developed and a person is assigned to be responsible for the plan's implementation. This usually is one of the two program coordinators, or it may be someone like the Vocational Coordinator or Medical Director. The individual plans are then summarized in a team recommendation.

Case Reviews. The Probation Department staff conducts case reviews on Monday mornings from 9-10 AM. These meetings bring together the SODAT program coordinators and the Level III probation officers to coordinate the implementation of the recommendations that the Multi-Disciplinary Team made the previous Friday and to deal with any other coordination issues that the probation and treatment staff need to address. The probation officers go over their cases and indicate to the treatment staff what needs the offender currently has.

The Case Review Referral form monitors whether the appropriate referrals have been made to individualized programs, and whether these have been completed or not. Areas monitored included ABE/GED, job search, sex offender group, mental health, developmentally disabled, post release, vocational assessment, educational assessment, other support groups, urine screening, medical screening, SODAT group, inpatient, outpatient, or other.

Treatment Plans. The goal of the assessments and reviews is to prepare an individualized treatment plan for each offender. The treatment plan lists the problems to be addressed, the goals and objectives to be achieved for each problem, and the methods to achieve them. Each area of need has a problem, goal, objective and method statement. For example, the *problem* may be substance abuse. The *goal* is to have the client understand the negative impact that substance abuse has on his or her lifestyle and to refrain from use of all substances. The *objectives* are for the case worker to refer the client to the SODAT Naltrexon Program by making an appointment with the Medical Director, to have the client submit to random urine testing, and to have the client attend NA. The *method* of achievement is to have the client attend all evaluations and treatment sessions at the Naltrexon Program, and to report for random urine screening. The case worker will monitor the list of meeting sessions and times.

Appointments, Attendance, "No Shows." The two program coordinators keep appointment books which track when a client is scheduled to appear. Their client files also list

the appointments kept or missed and their notes on what transpired at the appointment. These records are used to compile SODAT's monthly statistical reports of numbers of clients and services rendered.

Discharge and Aftercare Plans. Discharge and aftercare plans will be developed for clients when they are approaching completion of their Level III probation and SODAT services component. No clients have discharge plans developed yet. SODAT needs to plan for discharge and aftercare services, so that this component will be in place when clients are ready. A recently developed discharge plan sheet appears in Appendix B.

The next section lists the treatment services that SODAT administers.

TREATMENT SERVICES

Job Search. A community volunteer, a retired Dupont Corporation employee, conducts the Job Search Clinic at the DRC. He has been holding sessions twice a week on Tuesdays and Thursdays during the two years the DRC has been operating.

The format for Job Search will be revamped in April with "open" Job Search conducted Monday, Wednesday, Thursday and Friday mornings from 8:30-10:00 AM. "Staff mates" who are trained offenders from the Plummer Center will assist with the morning sessions. The volunteer will continue Job Search on Wednesday and Friday afternoons from 2:30-4:00 PM.

Job Search involves instruction in many techniques such as résumé writing, interviewing skills, dealing with the criminal background with prospective employers, etc. to help offenders develop their job hunting skills. They learn how to follow up on leads for jobs that are not advertised by networking with friends and relatives.

The instructor uses a video camera to tape clients in mock job interviews and plays these back so that the clients can improve their interviewing techniques. He plays a videotape for the offenders made by the DRC staff that shows various aspects of the job hunt.

The clients also actively look for jobs while at the clinic. They read newspaper want ads, use the "Alex" printouts from the Department of Labor that list available jobs, make phone calls, and set up interviews using the phones there for this purpose. SODAT has arranged with Bell Atlantic's "Hopeline" to provide phone services to DRC clients. This is a telephone answering service where the homeless or people without telephones can receive phone calls and messages. DRC clients will use the "Hopeline" for messages from prospective employers.

GED/ABE Education. The Christina School District provides a teacher under the Adult Basic Education program to conduct education and GED preparation classes at the DRC.

Clients are initially tested in math and reading using the "ABLE" test of basic skills. Testing is conducted on Thursday afternoons between 1:00-4:00 PM.

Based on their skill level, students participate in individualized instruction up to four hours a week. The "Learning Unlimited" curriculum is used. This is specially designed for

correctional populations. Classes are held twice a week on Tuesdays and Wednesdays from 4:30-7:00 PM.

SODAT and the Probation Supervisor are negotiating with the Christina School District to provide a second teacher for the DRC. The program coordinators are contacting the clients to see what the best times are that fit into their schedules for these classes.

Vocational Referrals. If the MDT refers clients for vocational training, then the SODAT Vocational Director will work to place them in the appropriate vocational program. Clients will be referred to the Department of Labor for testing. Students with a GED will be tested for college courses at Del Tech or for the vocational track at JPTA. She will work to place them with JPTA, the Private Industry Council, or "Mecca." This is a program for city residents 18-25 years old which pays up to \$6.00 an hour in full-time employment with private employers. So far, only one vocational referral has been made, since most clients don't have sufficient skills to make them appropriate for these programs.

Pre-Treatment Substance Abuse Counseling. In the initial year of the DRC program, NET provided a pretreatment substance abuse counseling group. That group continues occasionally when the volunteer who conducts it is available and appropriate clients need it. The Pre-Treatment Group meets on Wednesday afternoons from 3:00-4:00 PM.

Substance Abuse Counseling. SODAT began conducting an outpatient substance abuse counseling group on February 1, 1994. This group meets weekly on Tuesdays from 9-10:30 AM. Its professional staff of counselors also provide individual counseling services to DRC clients.

Individual Counseling. Two SODAT in-house counselors and DRC assessed staff are providing individual counseling sessions to DRC clients.

Narcotics Anonymous. Narcotics Anonymous continues to meet at the DRC on Saturday mornings at 10:00 AM, as it has throughout the two years of the DRC's operation.

Sex Offender Treatment Group. Two of the Level III DRC probation officers, one as primary and the other as backup, conduct a once a week counseling group for sex offenders. The group leader is studying for his Master's Degree in Counseling, and this work fits into his higher education goals. This group currently is the only sex offender treatment program being conducted in the community since funding was terminated for the groups that Parents Anonymous formerly conducted.

Developmentally Disabled Substance Abuse Group. The Probation Department has maintained a specialized Level III caseload of fifteen developmentally disabled offenders for the past three years. The services for this caseload were originally provided under a grant from the Developmentally Disabled Planning Council. Since that funding has expired, SODAT has begun an alcohol abuse treatment group for five offenders with alcohol problems from this population. The group meets on Mondays from 10:00-11:00 AM.

Medical Screening and Health Care. SODAT provides an initial health screening for all clients entering DRC services. The Medical Director, a licensed nurse practitioner, performs the initial screening, lab testing, and physical exams. Particularly important is a tuberculosis

test, since there has been an upsurge in TB among correctional population. Clients with medical problems are referred to clinics, or if necessary, to private physicians on contract. To date, no referrals to outside physicians have been necessary. SODAT staff also performs biopsychological exams.

Urinalysis Monitoring. All clients with substance abuse problems are subject to a beginning and subsequently random urinalysis. The SODAT program coordinators collect the urine specimens and the Probation Department pays the cost of the analyses.

Lecture Series on Selected Topics. In March, 1994, SODAT began a weekly "Wednesday Morning Workshop" series on a variety of topics. This workshop is conducted on Wednesday mornings from 10:00-11:00 AM. The lecture topics are listed on the next page.

Parenting Group. About three-fourths of probationers, so that there is a great need for teaching probationers how to be responsible parents. SODAT has arranged for Child, Inc. to begin a group in April, 1994 to teach parenting skills to offenders. This group will meet on Mondays from 2:00-3:00 PM.

Supervision Services. SODAT DRC staff also assist probation with monitoring and supervision services. They assist with office visits, interviews, making collateral contacts, receiving offender phone calls, writing letters to probation officers for non-compliance, and making requests for capiases during the initial two week intake period.

Other Proposed Groups. SODAT has arranged for an HIV Support Group, a Literacy Group with trained "help mates" (group leaders) from the Plummer Center, a Post-Release Group, and an aftercare support group for offenders leaving the Key and Crest programs to begin in April, 1994. How these new services fit into the overall service picture is illustrated in the chart on page 26.

SUMMARY

The Day Reporting Center services component is off to a good start. Clients are being assessed, and client evaluations are thorough and of high quality. Treatment plans have now been completed for all existing clients. SODAT has begun a broad range of services for the DRC clients, although many are in their infancy. This is about where implementation of services should be, given the short duration of the program. A few program items need yet to be addressed.

According to the SODAT case tracking system, the DRC provided twenty-four different types of services during the first four months. These are listed in the left column of FIGURE 6. CLIENT CONTACTS. Note that no vocational referrals are listed.

Client Contacts. Client contacts are the numbers of times people participated in each type of service, as opposed to the number of individuals receiving services (see Client Analysis below). SODAT's records show that they provided 7 client contacts in November, 167 in December, 278 in January, and 253 in February. The slight decline in February is probably due



FIGURE 4.

SODAT PRESENTS

WEDNESDAY MORNING
WORKSHOPS AT THE
DAY REPORTING CENTER
10:00 - 11:00 A.M.

MARCH 2 - ADDICTION: THE DISEASE CONCEPT

MARCH 9 - NUTRITION AND RECOVERY

MARCH 16 - INTRODUCING THE 12 STEP PROGRAMS

MARCH 23 - FAMILY PLANNING

MARCH 30 - HOW TO MANAGE YOUR MONEY

APRIL 6 - FAMILY ISSUES: ACOA CO-DEPENDENCY

APRIL 13 - SPIRITUALITY AND RECOVERY

APRIL 20 - RELAPSE PREVENTION

APRIL 27 - PHYSIOLOGICAL ASPECTS OF ADDICTION

MAY 4 - HIV : RISK ISSUES - SUPPORT PROGRAMS

FIGURE 5. DAY REPORTING CENTER PROGRAM SCHEDULE

| | Mon | Tues | Wed | Thurs | Fri | Sat |
|---------|---|---------------------------------------|---------------------------------|------------------------------------|-------------------------------------|---------------|
| 8:30 am | Job Search-open ** (until 10 am) | | Job Search-open ** | Job Search-open ** | Job Search-open ** | |
| 9:00 | Case Reviews (until 10 am) | | | | | |
| 9:30 | | | | | | |
| 10:00 | Development- ally Disabled Treatment Group | D/A Outpatient Group | Wednesday Morning Forum | | Multi- disciplinary Team Mtg. | NA Meeting |
| 10:30 | | | | HIV Support Group | | |
| 11:00 | | Sex Offender Treatment Group | | | | |
| 11:30 | | | | | | |
| 12 pm | Post-Release Group | | | Sex Offender Group | | |
| 12:30 | | | | | | |
| 1:00 | Literacy | | Literacy | GED/ABE Initial Testing Only | Literacy | |
| 1:30 | | | | | | |
| 2:00 | Parenting Group & Job Search (both until 3:30) | | Job Search (until 3:30) | | Job Search | |
| 2:30 | | | | | | |
| 3:00 | | | NET Pre-Treatment Group * | | | |
| 3:30 | | | | | | |
| 4:00 | | | | | | |
| 4:30 | | GED/ABE Classes | GED/ABE Classes | | | |
| 5:00 | Key/Crest | | | | | |
| 5:30 | | | | | | |
| 6:00 | | | | | | |
| 6:30 | | | | | | |
| 7:00 | | | | | | |

* Meets when volunteer and clients are available

** Schedule change as of April 1, 1994

FIGURE 6. CLIENT CONTACTS

| SODAT SERVICES | | | | |
|--------------------------------|---------------|---------------|--------------|---------------|
| | November 1993 | December 1993 | January 1994 | February 1994 |
| ASI's | -- | 6 | 17 | 16 |
| Biopsychosocial | -- | -- | 2 | -- |
| Capias Requested | -- | -- | -- | 1 |
| Case Reviews | -- | 2 | 18 | 10 |
| Collateral Contacts | -- | -- | -- | 5 |
| Conditions-Urine | -- | 2 | -- | -- |
| Developmentally Disabled Group | -- | 5 | 12 | -- |
| Evaluations | 1 | 4 | 3 | 5 |
| Group | -- | -- | -- | 22 |
| Individuals | -- | 6 | 6 | 12 |
| Intakes | -- | 6 | 3 | 7 |
| Interviews | -- | 5 | -- | 1 |
| Job Search | 5 | 19 | 42 | 11 |
| Letters to Probation | -- | -- | -- | 17 |
| Medicals | -- | 16 | 25 | 28 |
| Mini-Mentals | -- | 3 | 20 | 13 |
| Office Visits | -- | -- | 2 | 21 |
| OPIs | -- | 21 | 23 | 9 |
| Phone Calls | 1 | 31 | 72 | 54 |
| Residential Reviews | -- | 1 | 3 | -- |
| Team Meetings | -- | 12 | 15 | 11 |
| Urinalysis | -- | 28 | 15 | 10 |
| TOTAL SODAT | 7 | 167 | 278 | 253 |
| PROBATION & VOLUNTEER SERVICES | | | | |
| Sex Offender Group | 17 | 11 | 21 | 25 |
| ABE/GED | -- * | 36 | 22 | 30 |
| TOTAL OTHER | 17 | 47 | 43 | 55 |
| TOTAL DRC | 24 | 214 | 321 | 308 |
| NO SERVICE PROVIDED | | | | |
| Failed to Report | -- | 35 | 26 | 18 |
| No Show-Individual & Group | -- | 1 | 4 | 13 |
| Rescheduled | -- | 8 | 12 | 15 |
| TOTAL | -- | 44 | 42 | 46 |

* No figures were kept for this month.

to the short month and several icy days when travel was virtually impossible. This information is also displayed in the "Client Contacts" chart.

Besides SODAT services, the Probation Department's sex offender group and the Christina School District's ABE/GED program provided additional units of service during this time period.

OPERATIONAL CONCLUSIONS

1. 300 Client Contacts Requirement. The total service units provided to DRC clients from all sources was 24 in November, 214 in December, 321 in January, and 308 in February. The "Client Contacts" chart summarizes this information. SODAT client contacts have steadily increased during the first four months of the program. It is close to meeting the goal of 300 client contacts per month. If brokered and continuing services are included, SODAT has achieved the 300 contact requirement.

Recommendation. SODAT needs to attain and maintain the 300 client contacts by May 1, 1994, the end of the first six months of the program and continue to meet that goal throughout the remaining six months. With several new services beginning in April, 1994, they should have no trouble doing so.

2. Counting of Units of Service. SODAT counts all kinds of client contacts as one unit, so that a phone call or a letter to probation is equal to a 90 minute group session or a one hour individual session. Treating each type equally does not give an accurate picture of the intensity of client contacts and services. Including the 158 phone calls as full client contacts overstates the actual services rendered.

Recommendation. SODAT and the DOC should develop a weighted scale for counting units of service, based on the length and work involved in the service. For example, a phone call might count as .25 of a service unit, while a 90 minute counseling session would count as 1.5 units of service. This would give a truer picture of the numbers of units of service. The current numbers are inflated by counting phone calls and other lesser services as a full unit.

3. Handling of No Shows. Additionally, SODAT counts "failure to reports," "no shows" and "rescheduleds" as units of service. These have not been included here in the units of service total.

Recommendation. Should DOC wish to give SODAT some credit for the preparation and record-keeping time involved in "no shows," then these should be weighted as a partial unit of service based on agreement between DOC and SODAT.

4. Incomplete Items.* Several components of the project have either not yet begun or are not fully implemented. According to the RFP, SODAT's family counselors must meet with families, explore family dynamics and seek solutions for family problems.** It must make vocational assessments and referrals to outside vocational services.*** It must develop a special group for women that addresses women's issues and family planning.**** It must identify veteran's, address veterans' issues and make referrals to veterans' groups.***** To

SODAT's credit, it has recently implemented a number of items which were called to its attention as being incomplete, and the list of unfinished items has dwindled to a few.

Recommendation. SODAT must put those programs and services in place that it has not yet developed. As stated earlier, these should be in place by May 1, 1994, so that the program is fully operational during the last six months of the contract.

FIRST AND SECOND YEAR SERVICES COMPARISON

The types of services that SODAT now offers in just four months are much more extensive than those offered in the entire first year of the DRC. Whereas first year records tally only those treatment services which were offered (job search, ABE/GED, pre-treatment substance abuse counseling, MAPS, CATS and Beyond Walls), SODAT is offering extensive assessment services (intakes, evaluations, OPIs, ASIs, Mini-Mental Exams), review and referral services (residential reviews, Multi-Disciplinary Team meetings, case reviews), expanded and new treatment services (job search, ABE/GED, substance abuse groups, sex offender group, medicals, urinalyses, biopsychologicals) and supervision services (office visits, phone call check-ins, interviews, collateral contacts, letters to probation officers concerning non-compliance, and requests for capiases). Note that some of these additional services may have been offered in the first year, but there are no records of these.

Although SODAT does not offer anger control or the three groups designed for ex-inmates (Beyond Walls, MAPS, and CATS), it will shortly begin operating a post-release support group.

In addition SODAT is developing treatment plans for all offenders who are assessed, and it aims to place offenders in services based on need (although this is not consistently done yet) and to develop discharge and aftercare plans.

A comparison of first and second year services appears in the chart on the next page.

*See Appendix A for SODAT's response to these concerns.

**SODAT states that identifying family problems is the responsibility of the MDT and that only one referral for family problems has been made to date. Of 45 offenders who had been reviewed by the MDT by 2/28/94, 26 (58 %) were identified as having family problems. One referral is not sufficient to meet this need.

***SODAT stated that DRC offenders are not appropriate for vocational referrals because they have such limited skills. However, offenders with limited skills are appropriate for the remediation programs listed on p. 15 which SODAT stated in its program proposal that it would use.

****SODAT maintains that women's needs are fulfilled by existing programs and that there are not enough women to have a special women's group. The first argument goes against single-sex educational theory, which is the reason this requirement was put in the RFP in the first place. Second, there were ten women in the program in the first four months, a sufficient number for a women's group.

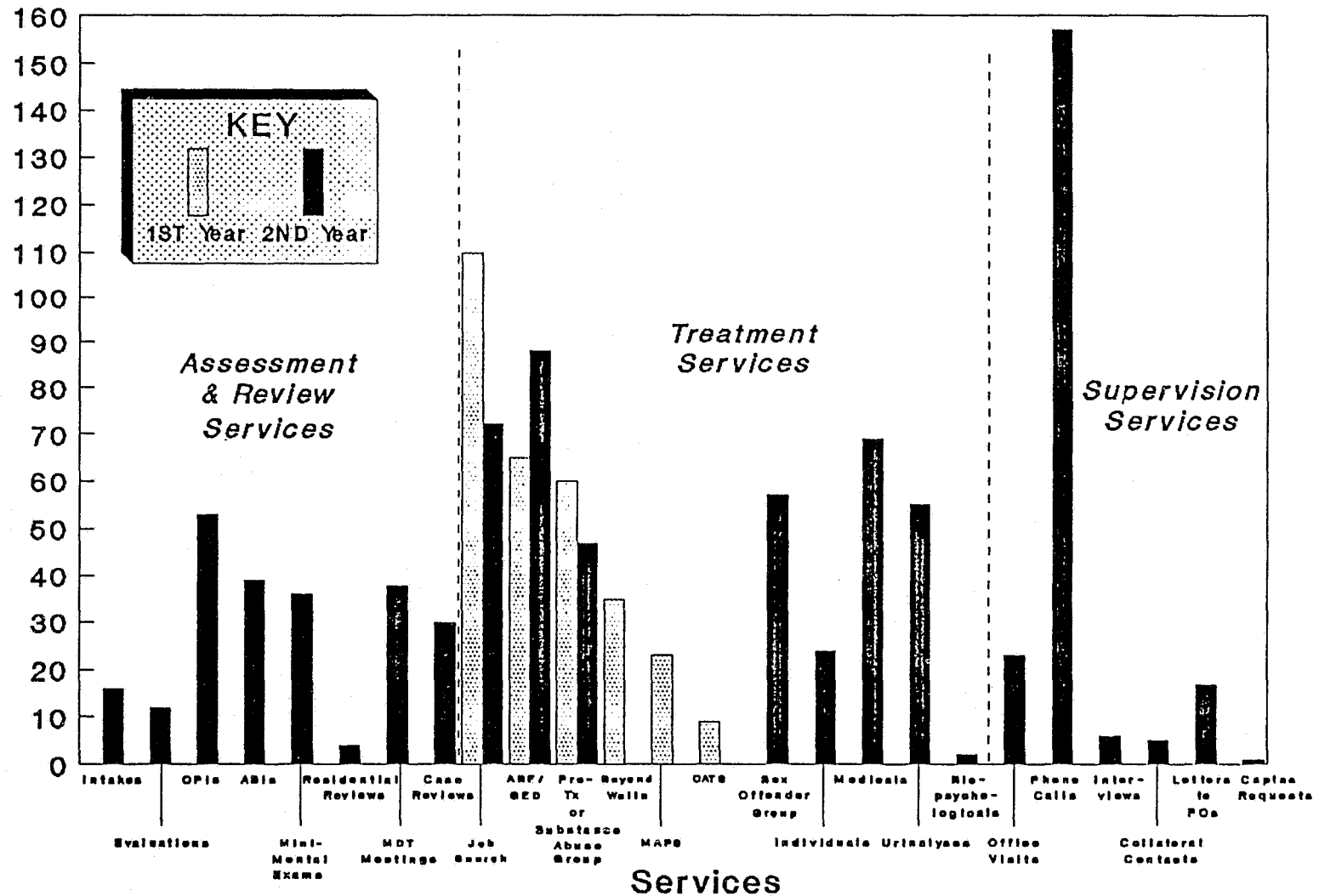
*****SODAT states that veteran's issues are being met through the VA Hospital and PSI, but SODAT has no regular way to identify veterans, and has made no referrals to veterans' services.

FIGURE 7.

COMPARISON OF 1ST & 2ND YEAR DRC SERVICES

(Three Month Period)

Number



DAY REPORTING CENTER PERSONNEL

Full-Time Staff. The DRC has two full-time staff, a Coordinator and an Assistant Coordinator. They are responsible for performing client assessments, making treatment recommendations to the Multi-Disciplinary Team, monitoring client attendance, developing liaison with ancillary agencies, and making client referrals to these agencies.

The current Coordinator has a B.A. in History, has served as an instructor, case manager, and a probation officer. He has about 15 years of related social services and teaching experience.

The Assistant Coordinator has a B.S. in Criminal Justice, has served as a senior correctional counselor and probation officer, and a tutor/mentor at the Ferris School. She has about three years of direct experience in offender services.

SODAT Personnel. Seven existing SODAT staff have portions of their time committed to the DRC. These are the Executive Director, Financial Director, Medical Director, Director of Clinical Services, Vocational Coordinator, and two clerks. The proportion of their times committed to the DRC range from 10 % to 30 %.

The Executive Director monitors program and staff activities, develops program policies, maintains liaison with outside agencies, supervises planning, programs and budgets, and monitors record-keeping. The current Executive Director has a B.A. Degree, a J.D., and a L.L.D. He has a distinguished career of public service dating back to 1964, including a term as Mayor of Wilmington in the 1970s. He has been the Executive Director of SODAT since 1992. Ten percent of his time is devoted to the DRC.*

The Financial Director is responsible for maintaining the financial records and monthly financial reports for the DRC. He has a Bachelor of Science Degree in Accounting, and has ten years of related experience. Ten percent of his time is committed to DRC work.*

The Medical Director is responsible for performing the initial medical screening of clients and for making referrals to appropriate health care services as needed. The Medical Director has Bachelors and Masters Degrees of Nursing, and is an Adult Nurse Practitioner licensed to practice in Delaware and Pennsylvania. She has more than a dozen years of related medical services experience. Twenty-five percent of her time is devoted to the DRC.

The Director of Clinical Services is responsible for supervising the clinical staff, reviewing client assessments and treatment plans, and conducting counseling sessions. She has a Bachelors Degree in Psychology, a Masters Degree in Family Counseling, and twenty years of related clinical casework, supervision and counseling work. 12.5 % of her time is devoted to the DRC.*

The Vocational Coordinator is responsible for gathering clients' work history, assessing their vocational needs, and making referrals to appropriate remediation and job training programs. The current vocational coordinator has served in various positions at SODAT for almost two decades. These include administrator, substance abuse counselor, and the vocational coordinator. She is devoting 30 % of her time to the DRC project.

The two clerks take phone calls, schedule client appointments, and perform other clerical functions for SODAT. Twenty percent of their time is devoted to the DRC.

Other SODAT Personnel. In addition to those SODAT staff who have specific portions of their

time allocated to the DRC, SODAT stated in its program proposal that six counselors, an intake counselor and social worker would be available to provide services for the DRC.

In sum, SODAT has the depth of personnel to support a program such as the DRC, and it has committed substantial portions of key personnel's time to do so.

PERSONNEL CONCLUSION

1. **Commitment of SODAT Staff and Documentation of It.** SODAT pledged 20-30 %* of six existing staff's time to the DRC, but it has no way of documenting that the people it has committed are actually devoting the dedicated portions of their time to the DRC. Since SODAT has many other programs that these staff work on, it is questionable whether they are actually working the percentages pledged. On March 15, 1994, the lack of documentation was stated in writing to SODAT with a request for a response by March 23, 1994 as to how they would rectify this. SODAT did not respond.

Recommendation. SODAT staff must actually work on the DRC project in the proportions it has pledged. It was awarded the grant on this basis, and this personnel support is necessary to make the program a success. SODAT must develop a system of documenting their time devoted to the DRC and begin to document the time that the Medical Director, Clinical Director, Vocational Coordinator, the Executive Director, Financial Administrator, and clerks spend on the program.

SODAT'S RECORD-KEEPING SYSTEM

Despite not indicating how they would meet the DOC's record-keeping and reporting requirements in its program plan as required by the RFP, SODAT has developed a superb automated record-keeping system. It is able to track the numbers of clients and the kinds of services they are receiving. This gives a good picture of the kinds of services that each client is receiving. The records indicate that SODAT has a good chance of making positive impacts on the clients.

THE PROBATION SUPERVISION COMPONENT

Staff. The Day Reporting Center has nine full and part-time staff. The Supervisor is in charge of the overall operations of the center. Three full-time probation officers carry caseloads of about 28 offenders each. A fourth full-time position is unfilled. A specialized developmentally disabled caseload is comprised of 15 offenders and one seasonal probation officers supervises 10 offenders. A correctional officer was temporarily assigned to the DRC until April 8, 1994 to administratively handle the Rule 28 prison releasees. The Center has a full-time and a part-time receptionist.

In March, 1994, two "help mates" from the Plummer Center were assigned to the DRC. These are offenders who are "Laubach Scholars", specially trained in teaching literacy and other skills to other inmates. The help mates will teach literacy and staff the open job search.

*SODAT states that 20 % of the Executive and Financial Directors' times, and 25 % of the Director of Clinical Services' time will be devoted to the DRC. However, these times are based on half of their actual work time, that which they work for SODAT. They work the other half for the DUI program. Thus the actual percentages of time are 10 %, 10 %, and 12.5 %, respectively.

Clients. Target populations for the DRC include those directly sentenced to the DRC, all conditional release and parole cases, cases that the OPI or probation officers have identified as high needs and who are appropriate for DRC services, the developmentally disabled, and cases diverted from Level IV that the sentencing judge deems appropriate for Level III. At the end of January, 1994, the DRC supervision component has 109 offenders on its caseload.

The DRC supervision caseload is not necessarily the same people that SODAT serves, although the two caseloads overlap. At the end of January, 1994, 27 of SODAT's 51 clients were supervised by DRC probation officers. The probation officers supervise many offenders who are not in need of SODAT services, and SODAT receives referrals from Level II and regular Level III probation officers who need its services. In addition SODAT was performing assessments during this time period for the SENTAC "Rule 28" offenders (*see below*) who were never assigned to probation officers.

Supervision Standards. Legislated standards for Intensive Probation in Delaware require the Probation Office to supervise Level III offenders a minimum of 1 hour a day up to a maximum of 8 hours a day, that is, 7 to 56 hours a week. The DRC was designed to help the Probation Office meet this legislated standard, since regular Level III supervision falls short of doing so.

The DRC supervision standards require a maximum of daily contact to a minimum of three contacts per week. Levels of contact are divided into three phases. Phases II and III correspond to regular Level III's Phases A and B. Phase I is more intensive. It requires all new offenders to report daily for the first 14 days. They must visit the DRC in person on Tuesdays and Thursdays, and phone in on Monday, Wednesday and Friday. During this time, the standards require the offender to attend an orientation group, staff to perform initial intake and assessment, develop a case plan, complete a compliance contract, take a urine sample, check criminal history and capiases, and determine program compatibility. The Multi-disciplinary Team must review the case and make treatment recommendations.

In Phase II (regular Level III Phase A) the offender is assigned to a probation officer who begins supervision activities. The officer must make an initial home visit within one week of receiving the case. Once a week he or she must make two face-to-face contacts (one in the office and one in the community), two collateral contacts, and verify residence, employment, training or school attendance. Collateral contacts include "a contact in person or by telephone with relevant persons or agencies other than the client for the purpose of checking and/or verifying the client's activities." Twice a month the officer must check that the curfew (ordinarily 10:00 PM to 6:00 PM) and treatment appointments are being kept, and that community service is being performed. Cases in Phase II are reviewed every thirty days to see if they are ready to be moved to Phase III or other probation options.

In DRC Phase III (regular Level III Phase B), one face-to-face and one collateral contact per week are required. One of the face-to-face contacts per month must be in the

community rather than in the office. Verifications of residence, employment, training, school, treatment and community service must be done twice a month. The supervising officer can establish the curfew hours and must check twice a month that the curfew is being kept. This is the transition phase in which is reviewed for movement out of the DRC, to a lower probation level or to be discharged from supervision.

The DRC Level III supervision standards are summarized in the chart on the next page.

Actual Operation. Initial SODAT client assessments are not being completed within the two week anticipated time frame. Assessment is generally taking from 6-8 weeks (*see Client Analysis*) so few of SODAT's probation clients had moved beyond the Phase I probation stage by March 31, 1994. Those probation clients who are not receiving services from SODAT are supervised regularly by the probation officers.

Compliance with Level III Standards. Although the standards for Phase I are greater than those for regular Level III probation, the maximum requirement is still only 5 contacts a week. Since contacts may be as little as a phone call three times a week, this is substantially less than the minimum 7 hours a week that the statute sets for Level III.

"RULE 28s"

In October, 1993, the Sentencing Accountability Commission (SENTAC) adopted a policy concerning the status of offenders being held in Level V prison while awaiting space in a Level IV slot. This "Rule 28" allows the Department of Correction to release such offenders to the Day Reporting Center, evaluation phase, when they have been held for 90 days or one-half of their Level IV sentence, whichever is less. (*See Appendix C for the full text of Policy 28.*)

As a result of Policy 28, twenty-four offenders were released from the Gander Hill Prison to the DRC in November, 1993. Five more were release in 1994 but by-passed the DRC and went directly to Plummer Center. To perform the initial evaluation, a baseline urine was taken, and the program coordinators gave the individuals the standard tests (OPI, ASI, and Mini-Mental Examination). When the evaluation was completed they were transferred to the Plummer Center with the consent of the sentencing judge.

Of the initial 24, 16 were assessed and moved to the Plummer Center, 6 never showed at the DRC and/or were violated, and 2 were immediately imprisoned for other reasons.

The release of the "Rule 28s" was extremely disruptive to the DRC. The SODAT programming was just beginning, and the DRC staff was given no notice prior to their arrival so that policies or mechanisms to evaluate and process these individuals could be developed. The "Rule 28s" simply began to trickle in to the DRC to report. DRC staff, particularly the Supervisor, did a fantastic job of scrambling to deal with these offenders and to move them through the evaluation phase in an orderly fashion.

FIGURE 8.

DAY REPORTING CENTER & LEVEL III SUPERVISION STANDARDS

| DRC INTENSIVE SUPERVISION | Level III Statutory Definition: 1-8 hours a day, 7-56 hours a week | | | | |
|---|--|---|------------------------|--|--|
| | First Home Visit | Face to Face Contacts | Collateral Contacts | Verification Residence, School, Job Training | Verification Tx, Curfew, Comm. Service |
| Phase I | N/A | 14 DAYS: Two Office Visits Per Week With SODAT Evaluation; Three Phone Calls Per Week To Office | N/A | N/A | N/A |
| Phase II - Same as Regular L. III Phase A | Within One Week | Two Per Week (One Office, One Community) | Two Per Week | One Per Week | Two Per Month |
| Phase III - Same as Regular L. III Phase B | N/A | One Per Week (Three Office, One Community Per Month) | One Per Week | Two Per Month | Two Per Month |

PHYSICAL FACILITIES

Because the Day Reporting Center is in the same building where the regular Probation Department is located and in which probation officers' weapons are kept, security is tight, and the hours that the building is open are curtailed. This hampers using the Day Reporting Center as a community center. In Montgomery, Alabama, the Day Reporting Center that was used as a model for Wilmington's DRC is stand alone. This allows it to have its own identity and personality. A separate building for the Wilmington DRC would allow it to have extended hours so that community groups and programs such as AA and NA could hold more extensive meetings in the evenings and weekends much as many churches do.

The DRC is already outgrowing its current quarters. The number of programs that can be offered is limited by the space available. The current facility does not have adequate space to run two groups or classes comfortably at the same time. Expanded physical space is needed for the program to continue to grow and offer the services to offenders that they need.

The State is considering authorizing 35 new probation officer positions in FY 1995. Many of these officers will be located in the New Castle County probation building. Vacating the current location of the DRC would provide some of the additional space needed for these officers.

The Probation Department generally, and the Day Reporting Center specifically, suffer a critical lack of parking. The parking lot next to the building is limited in space, spaces are reserved, and many probation department employees must compete for limited parking spots on the street.

For clients, the problem is even more acute. Although many do not drive to their appointments, those that do have extreme difficulty in finding parking. Blocking other cars is common, so that those who want to get out must find who is blocking them, and those that are blocking often must have their appointments and treatment sessions interrupted to move their cars.

The 1600 Pine Street building is located directly across the street from a large unoccupied building that formerly housed Goodwill Industries. This building faces Spruce Street, with its back to Pine Street. It is for sale or lease. It contains 21,000 square feet of usable space which is generally in good repair, and has about 45-50 spaces of off street parking, with additional spaces on Spruce Street. Further information concerning this building is contained in Appendix D.

The old Goodwill Building is ideal for expansion of the Probation Department. It can fulfill the needs for a separate and larger Day Reporting Center, additional space needed for more regular probation officers, and adequate parking for staff and clients.

Recommendation. The State should consider providing funding to the Department of Correction to lease or purchase the former Goodwill Building located at 17th & Spruce streets to use for these needs.

IV. FINANCIAL ASSESSMENT

In its response to the Department of Correction's RFP, SODAT presented a budget narrative and line-item budget for the DRC project. These appear in Appendix E of this report.

Appendix B. of DOC's contract with SODAT contains three additional summary budgetary provisions. These state that:

- 1) the contract period runs from November 1, 1994 through October 31, 1995;
- 2) the total paid shall not exceed \$100,000; and,
- 3) SODAT would be paid monthly in equal parts of \$8,333.33, one-twelfth of the contract price, based on its billings to DOC.

SODAT's budget and the DOC contract provisions govern SODAT's expenditures for the DRC project. SODAT's projected budget for the \$100,000 grant funding is displayed in the next table.

FIGURE 9. SODAT'S PROPOSED BUDGET

| <u>Budget Section</u> | <u>Amount</u> | <u>Subtotal</u> |
|-------------------------------|---------------|------------------|
| A1 Personnel Salaries | \$58,625 | |
| Program Coordinator \$30,000 | | |
| A2 Fringe | <u>14,000</u> | |
| Sub-total | | <u>\$ 72,625</u> |
| C3 Insurance | 2,000 | |
| C5 Staff Training | 2,500 | |
| C6 Other-Vocational & Medical | <u>2,500</u> | |
| Sub-total | | <u>7,000</u> |
| G1 Administrative Overhead | 16,300 | |
| G2 Other - Taxes & Insurance | <u>4,075</u> | |
| Sub-total | | <u>20,375</u> |
| TOTAL | | <u>\$100,000</u> |

SODAT's initial presentation of its first quarter expenditures contained some problems. SODAT subsequently stated that it had used the wrong formula in accounting for its DRC expenditures. It submitted adjusted expenditure figures that resolved the problems. The following analysis is based on the adjusted figures.

A1. Salaries. According to the Budget Narrative, the \$58,625 allocated under A1 "Salaries" includes funding for the salary of the Program Coordinator who would be hired. The funding for this position is elsewhere indicated to be \$30,000. Note that SODAT hired two full-time persons to run the DRC program, a Program Coordinator and an Assistant Coordinator.

Also included in salaries are portions of the existing personnel salaries. These include 25 % of the Medical Director's salary, 25 % of the Director of Clinical Services' salary, and 30 % of the Vocational Coordinator's salary. According to SODAT's proposal, the percents of salary paid for by the DRC funding are "based on the projected amount of time each individual will spend working with BCCS [Bureau of Community Custody and Supervision] referrals."

Note that the salary listed for the Director of Clinical Services is half of her actual salary, since she works half-time for SODAT and half-time for the DUI program. Thus the time of the Director of Clinical Services devoted to the DRC is actually 12.5 % of her work time, not 25 %.

The following chart shows the projected and actual expenditures for salaries in the first four months of the grant (November, December, 1993, January, and February, 1994).

FIGURE 10. EMPLOYEE SALARIES

| Position | Yearly Salary | N-D-J-F Expenditures | Projected Yearly Expenditures | Actual Percent of Salary | Budgeted Percent of Time for DRC |
|------------------------|-----------------|----------------------|-------------------------------|--------------------------|----------------------------------|
| Medical Director | \$55,000 | \$ 4,787.11 | \$14,361.33 | 26.1 % | 25 % |
| Clinical Director | \$17,500* | \$ 1,595.49 | \$ 4,786.47 | 27.4 % | 25 % |
| Vocational Coordinator | <u>\$35,000</u> | <u>\$ 3,956.08</u> | <u>\$11,878.24</u> | <u>33.9 %</u> | <u>30 %</u> |
| Total/Average | \$107,500 | \$10,338.68 | \$31,016.04 | 28.9% | 27 % |
| Program Coordinator | \$25,000 | \$ 8,686.15 | \$26,058.45 | 27.0 % | 25 % |
| Assistant Coordinator | <u>\$21,500</u> | <u>\$ 6,650.05</u> | <u>\$19,950.15</u> | <u>23.0 %</u> | <u>25 %</u> |
| Total/Average | <u>\$46,500</u> | <u>\$15,336.20</u> | <u>\$46,008.60</u> | 25.0 % | 25 % |
| TOTAL | \$154,000 | \$25,674.88 | \$77,024.64 | | |

*This is half of her actual salary.

The three existing persons' projected times on the project were stated to be 25 %, 25 %*, and 30 %, respectively. The first quarter rate of expenditures for their salaries are slightly higher, 26 %, 27 %*, and 34 %, respectively.

*12.5 % of full salary.

*14.5 % of full salary.

A greater amount was also paid for the two full-time employees rather than the one person budgeted. This is at a rate of about \$46,000 annually, as opposed to the \$30,000 budgeted for one person. Based on the total spent in the first four months for salaries, annual expenditures for salaries will be \$77,024, or about \$18,400 over the budgeted amount of \$58,625.00.

A2. Other Employee Costs. The \$14,000 allocated to A2 "Other Employee Costs" are the benefits for the positions in A1. According to the budget narrative, these include "taxes, workers compensation, life and long term disability insurance for program staff," representing "24 to 25 percent of total salary costs." Note that there is no detail given for the rates or costs of each individual fringe category (taxes, workers compensation, etc.) either by employee or as a lump sum. However, the expenditures for individual fringe categories (*but not the rates*) have been provided in SODAT's financial statements.

The following chart shows the projected and actual expenditures for "Other Employee Costs" in the first four months of the grant.

FIGURE 11. EMPLOYEE FRINGE

| Position | Yearly Salary | N-D-J-F Expenditures | Projected Yearly Expenditures | Actual Percent of Salary | Budgeted Percent of Salary for DRC |
|------------------------|-----------------|----------------------|-------------------------------|--------------------------|------------------------------------|
| Medical Director | \$55,000 | \$ 817.72 | \$ 2,453.16 | 4.5 % | 24-25 % |
| Clinical Director | \$17,500* | \$ 312.11 | \$ 936.33 | 5.4 % | 24-25 % |
| Vocational Coordinator | <u>\$35,000</u> | <u>\$ 807.57</u> | <u>\$ 2,422.71</u> | <u>6.9 %</u> | <u>24-25 %</u> |
| Total/Average | \$107,500 | \$1,937.40 | \$5,812.20 | 5.4 % | 24-25 % |
| Program Coordinator | \$25,000 | \$ 1,139.19 | \$ 3,417.57 | 13.7 % | N/A |
| Assistant Coordinator | <u>\$21,500</u> | <u>\$ 936.40</u> | <u>\$ 2,809.20</u> | <u>13.1 %</u> | N/A |
| Total/Average | <u>\$46,500</u> | <u>\$ 2,075.59</u> | <u>\$ 6,226.77</u> | <u>13.4 %</u> | N/A |
| TOTAL | \$154,000 | \$ 4,012.99 | \$12,038.97 | 7.8 % | |

*This is half of her actual salary.

The "Other Employee Costs" expended in the first quarter are projected to an annual rate of expenditure of \$12,039. This is about 86 % of the budgeted amount of \$14,000. The average percent of salary of 5.4 % for the existing personnel does not come close to the budgeted "24-25 %."

C3 "Insurance". The \$2,000 allocated to Section C3 "Insurance," according to the Budget Narrative, "represents 15 % of SODAT's general and professional liability insurance." In the first four months of the grant, \$166.67 was spent for this. This is an annual rate of \$500, about \$1,500 less than budgeted.

C5 "Staff Training". This section has \$2,500 allocated in the budget, and is a response to the RFP's requirement that "training for program services and administrative staff" be provided.

SODAT's Budget Narrative states that "program staff will, at a minimum, attend the Summer Institute" and participate "in other related conferences and seminars." During the first four months, \$240 was spent for staff training at an annual rate of \$720. The yearly rate of expenditure is about \$1,780 less than the \$2,500 budgeted. SODAT has provided a training schedule (Appendix F) for staff which should insure that this funding is spent on training. SODAT needs to be careful not to spend this money on salaries and to preserve it for staff training.

C6 "Other". In Section C6 "Other" \$2,500 has been allocated for projected medical and vocational client services should clients be ineligible to receive such services at no cost to them. No expenditures have been incurred to date for this purpose. This may be due to SODAT's ability to find medical and vocational services for their clients at no additional cost to the program, or it may be due to the start-up period in which none of the initial clients in the first four months of the program were identified as having a need for additional medical or vocational services. In any event, SODAT must be careful to preserve this fund should clients need these services in the future.

G1 "Administrative Overhead." Section G1 "Administrative Overhead" has \$16,300 allocated in the budget. The Budget Narrative says that this "represents a percentage of a prorated amount of administrative and clerical staff salaries." The Executive Director, the Financial Director and two clerks are listed in the budget as each providing 20 % of their time to the DRC. Note that both the Executive and Financial Directors' salaries listed in SODAT's budget are half of their actual salaries as with the Clinical Director. The real time pledged to work on the DRC for each is 10 %, not 20 %. The chart on the next page illustrates the budgeted and expended amounts for "Administrative Overhead."

The projected annual rate of expenditures for this category is about \$2,100 more than is budgeted. Like the personnel salaries in A1, this category is also over budget.

FIGURE 12. ADMINISTRATIVE PERSONNEL SALARIES

| Position | Yearly Salary | N-D-J-F Expenditures | Projected Yearly Expenditures | Actual Percent of Salary | Budgeted Percent of Salary for DRC |
|-------------------------|---------------|----------------------|-------------------------------|--------------------------|------------------------------------|
| Executive | | | | | |
| Director | \$ 36,000* | \$ 2,626.38 | \$ 7,879.14 | 21.9 % | 20 % |
| Financial Administrator | 17,500* | 1,249.97 | 3,748.41 | 21.4 % | 20 %** |
| Clerk | 13,920 | 1,067.09 | 3,201.27 | 23.0 % | 20 %** |
| Clerk | <u>12,137</u> | <u>1,036.28</u> | <u>3,108.84</u> | <u>25.6 %</u> | <u>20 %</u> |
| Total/Average | \$79,557 | \$5,979.22 | \$17,937.66 | 22.5 % | 20 % |

*Half their actual salaries. **10 % of actual salaries.

G2 "Other, Taxes/Ins." Section G2 "Other, Taxes/Ins." has \$4,075 allocated to it. The Budget Narrative states that this "represents taxes, workers compensation insurance, medical and dental coverage, life and long term disability insurance for the staff listed in G1 "Administrative Overhead." The following chart shows the actual expenses and projected annual expenses for this category.

FIGURE 13. ADMINISTRATIVE PERSONNEL FRINGE

| Position | Yearly Salary | N-D-J-F Expenditures | Projected Yearly Expenditures | Actual Percent of Salary | Budgeted Percent of Salary for DRC |
|-------------------------|---------------|----------------------|-------------------------------|--------------------------|------------------------------------|
| Executive | | | | | |
| Director | \$ 36,000* | \$ 562.54 | \$ 1,687.62 | 4.7 % | N/A |
| Financial Administrator | 17,500* | 249.42 | 748.26 | 4.3 % | N/A |
| Clerk 1 | 13,920 | 334.96 | 1,004.88 | 7.2 % | N/A |
| Clerk 2 | <u>12,137</u> | <u>332.15</u> | <u>996.45</u> | <u>8.2 %</u> | <u>N/A</u> |
| Total/Average | \$79,551 | \$1,479.07 | \$ 4,437.21 | 5.6 % | N/A |

*Half their actual salaries.

The funding being spent for benefits for the administrative staff is slightly over budget. On an annual basis, SODAT will spend about \$360 more in this category than budgeted.

Summary. The next chart summarizes the Day Reporting Center expenditures for the first four months and the percent the expenditures represent of each budgeted category.

FIGURE 14. SUMMARY OF BUDGET AND EXPENDITURES

| Budget Section | Quarterly Budget <u>Amount</u> | N-D-J-F Actual <u>Expenses</u> | Percent of <u>Budgeted</u> |
|-------------------------------|--------------------------------------|--------------------------------------|----------------------------------|
| A1 Personnel Salaries | \$19,541.68 | \$25,674.88 | 132.0 |
| A2 Fringe | 4,666.68 | 4,012.99 | 85.7 |
| C3 Insurance | 666.68 | 186.88 | 28.0 |
| C5 Staff Training | 833.32 | 240.00 | 28.8 |
| C6 Other-Vocational & Medical | 833.32 | 0.0 | 0.0 |
| G1 Administrative Overhead | 5,433.32 | 5,979.21 | 110.0 |
| G2 Other - Taxes & Insurance | <u>1,358.32</u> | <u>1,480.12</u> | <u>109.0</u> |
| TOTAL | \$33,333.32 | \$37,574.08 | 112.7 |

Cost per Client. SODAT lists a cost per client of \$430.68 for 66 clients, based on expenses of \$28,438.40 for the first quarter. However, of the 66 clients listed, 9 either never showed up or received no services, so that the total clients is actually 59. The cost per client based on 59 clients is \$481.78.

FINANCIAL CONCLUSIONS

The summary of expenditures raises several concerns.

1. Operating Over Budget. SODAT's DRC program and SODAT generally operated in the red during the four months of the DRC program. The DRC program should be kept on a sound fiscal basis so that it does not come up short at the end of the first year. Cost overruns are forbidden by the contract.

Recommendation: SODAT should bring the books of the DRC program into balance by the end of the second quarter and keep them in balance throughout the remainder of the grant so that it avoids running out of money before the end of the first year. DOC should not tolerate cost overruns.

2. Salary Expenditures. The expenditures for the six existing SODAT personnel in the two personnel categories, A1 and G1 are 132 % and 110 % over budget, respectively. The higher expenses in the A1 category are partially due to the hiring of two rather than one full-time program staff.

Recommendation: In some way SODAT must adjust its salary expenditures to bring them into line with the budget and to avoid cost overruns.

3. Delineation of Fringe. SODAT's DRC budget categories A2 and G2 have no itemization of the rates or costs of each individual fringe category (taxes, workers compensation, etc.) either for each employee or as a lump sum. Actual expenditures for fringe categories have been provided.

Recommendation: On March 15, 1994, SODAT was requested in writing to furnish this information by March 23, 1994. Again, it made no response. SODAT should provide the rates of payment of fringe.

4. Medical and Vocational Services for Offenders. SODAT has committed to providing paid medical and vocational services to those DRC offenders who need them. Although none of the \$2,500 allocated for this purpose has been spent yet, SODAT needs to continue to offer these services and to be careful to preserve this fund for clients.

Recommendation: The funding allocated for paid medical and vocational services for offenders should be preserved for this purpose and not spent on other items. If all of the money has not been used for this purpose at the end of the first year, SODAT can seek the permission of DOC to spend it for other program purposes.

5. Personnel and Budgetary Changes. Programs virtually always require changes from initial concepts once they begin. Adjustments to personnel, services, and budgets are frequently needed and desirable, because it is impossible to anticipate exactly how a program will unfold until it actually begins. Nevertheless, a subcontractor should never make changes unilaterally without consulting with and justifying them to their funding source, and with the funder's permission.

On March 23, 1994, SODAT made the following response:

Multiple meetings between SODAT and the DOC supervisory staff took place before the program was implemented. During the course of these meetings DOC in conjunction with SODAT identified and modified the needs of the DOC as related to the Day Reporting Center. Many of these needs were not addressed in the initial proposal while some that were addressed in the initial RFP had changed significantly in the intervening time period. In working with the DOC staff SODAT's staff attempted to tailor the original concept into a viable, operational, service delivery system. These ongoing modifications are not made unilaterally, in fact they are done with the contracting agency daily.

6. Monitoring and Evaluation Resources. Federal grants to state agencies ordinarily include funding for monitoring and evaluation of the expenditures and programs that the grants create. This provides the grant recipient with the resources to insure that

the program operates as it is supposed to, that the funds are spent as they should be, and that the program achieves its objectives.

The State is increasingly making grants to the Department of Correction for contracting with private providers to implement correctional programs. However, it is not providing the funding that DOC needs to properly monitor and evaluate the programs implemented by these grants and to insure that the taxpayers are getting what they expect and deserve.

The case in point is the DRC grant. Some of the initial problems could have been avoided if DOC had been provided with the means to set up an adequate monitoring and evaluating system.

Federal agencies generally include funding for evaluations in their program grants. The amount included may be as high as 15 % of the program dollars because that is what universities generally receive for evaluations. Funding is necessary because evaluations are time consuming, labor intensive and resource demanding. A thorough evaluation requires that all program and fiscal aspects be probed and investigated, that a plethora of data be gathered, analyzed and digested, and that a professional quality report be written.

This evaluation has been prepared without adequate funding to support it, with very few resources, with the principal evaluator spending 10 and 12 hour days in unbroken strings, and at great personal cost.

It is important that the agency receiving the grant not be directed to perform an evaluation of its own program. An independent, outside evaluator must be designated or selected in order to maintain objectivity and neutrality.

Recommendations: The General Assembly should provide the Department of Correction with the appropriate resources to monitor the correctional programs that private contractors are furnishing.

Should the General Assembly wish to have an effectiveness or impact evaluation done for the DRC a year from now, it should provide adequate funding to do so. Funding can be provided to DOC with the stipulation that it contract with an outside neutral evaluator, or it can be provided to an independent agency like the Criminal Justice Council which has the required expertise.

V. CLIENT ANALYSIS

INTRODUCTION

The Department of Correction's RFP states that it "will annually inspect a random sample of at least 10% of the active client records." This section responds to that clause.

The following analysis is not based on a random sample of clients. The Day Reporting Center (DRC) does not yet have enough clients to make such a sample statistically meaningful. The clients described here are all those who entered the DRC service component between November 1, 1993, and February 28, 1994.

CLIENT NUMBERS

The DRC has seen a steady rise in its client numbers. In November when the program was just starting, 5 clients received services. Thirty (30) new individuals entered in December; 24 in January; and 16 in February. The smaller February number is quite explainable because February is a short month, and it also had many icy days when traveling was impossible. The total number of clients on SODAT's rolls for the four months is 75.

Eight clients listed on SODAT rosters were incarcerated (2), or absconded (6) without receiving services. These are subtracted from the total clients on SODAT's rosters. After the "no shows" are subtracted, a net total of 5 clients began services in November, 25 in December, 23 in January, and 14 in February. The total number of individuals served in the first four months of the program is 67.

Some clients entering each month carried over into successive months, so that the total clients served in each month is substantially larger than the new entries. Four November clients carried over into December, 27 carried over into January, and 33 carried over into February. A total of 5 clients were served in January, 29 in December, 50 in January and 47 in February. FIGURE 15 summarizes these numbers.

| FIGURE 15. CLIENT NUMBERS | | | | | |
|---------------------------|------------------|------------------|-----------------|------------------|-------|
| | November 1993 | December 1993 | January 1994 | February 1994 | Total |
| New Clients on Rolls | 5 | 30 | 24 | 16 | 75 |
| Never in Program | - | (5) | (1) | (2) | (8) |
| Total New Clients | 5 | 25 | 23 | 14 | 67 |
| Last Month's Clients | - | 4 | 27 | 33 | N/A |
| Total Served | 5 | 29 | 50 | 47 | N/A |

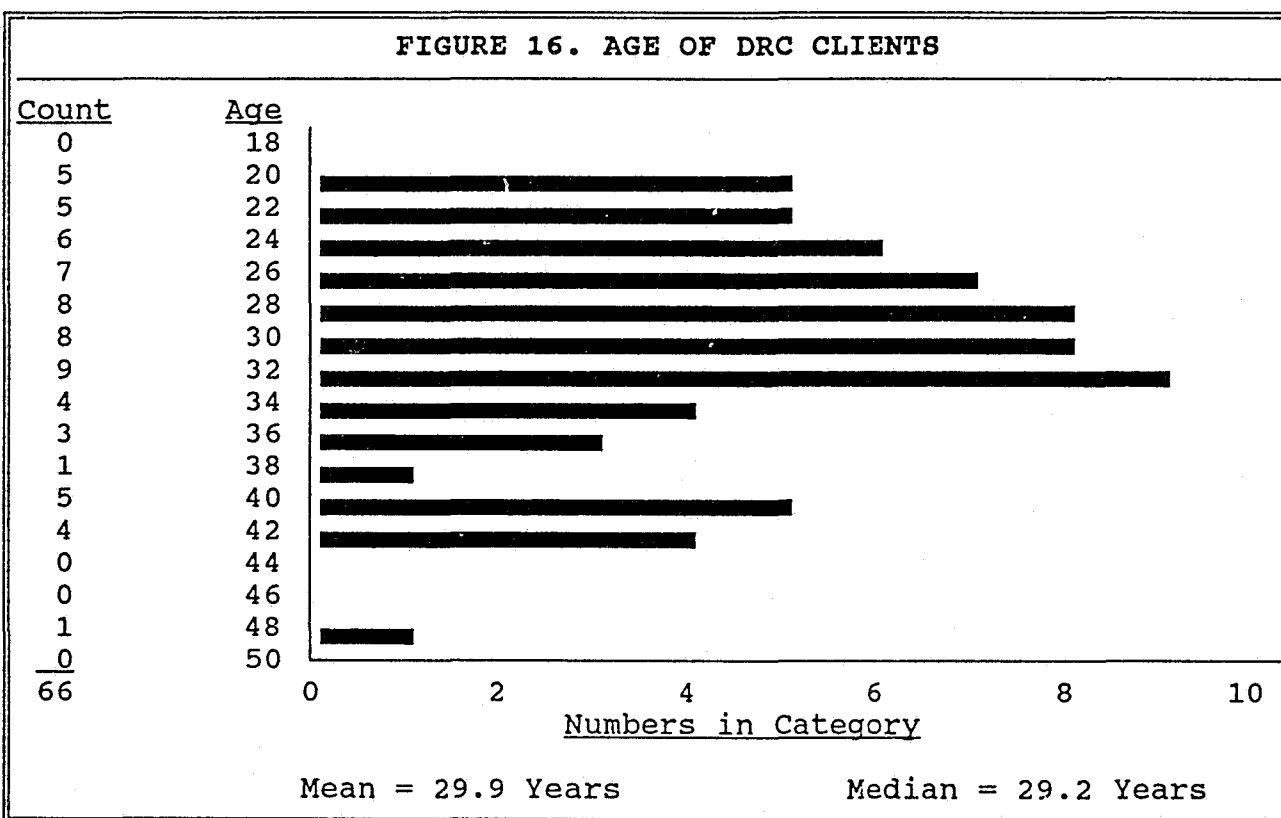
DEMOGRAPHIC INFORMATION

This section lists the demographic characteristics of the DRC offenders.

Gender. Fifty-six (85 %) of the DRC offenders are men. Ten (15 %) are women. The predominance of men is a consistent pattern in criminal justice programs.

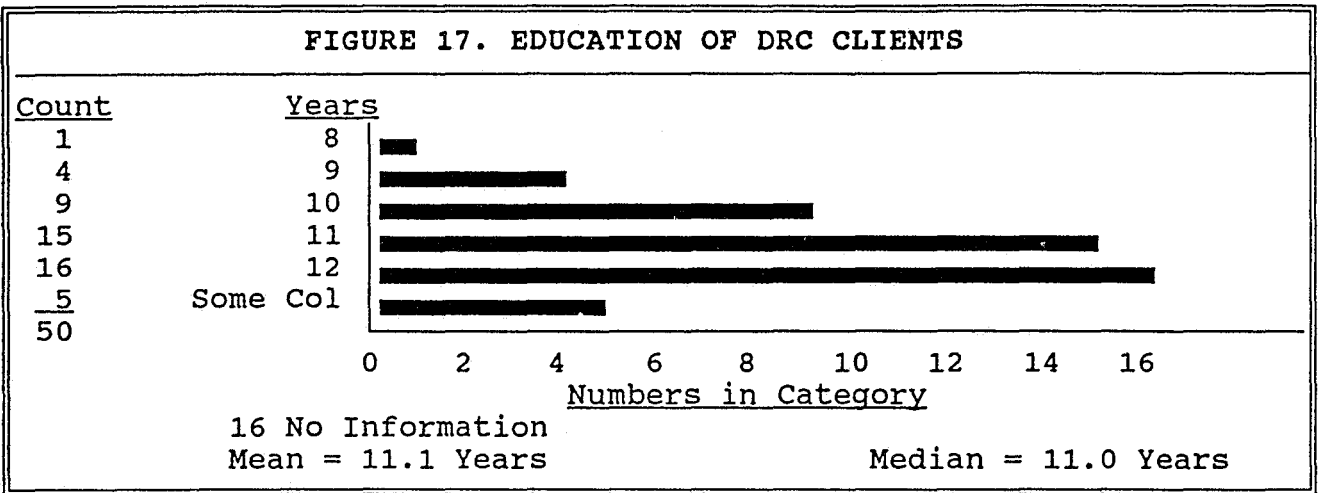
Race. Two-thirds of DRC offenders are minorities. Forty-two (63.6 %) are African Americans. Two (3 %) are Latinos. Twenty-two (33.3 %) are whites.

Age. The average age of DRC offenders is 30. The youngest is 19.6 years. Only nine are 21-years-old or younger. Eight are 40 or older. The oldest is 47. The next chart shows the pattern of the ages of DRC offenders.



Marital Status. Almost three-fourths (72.7 %) of DRC offenders are single. Eleven (20 %) are divorced. Only four (7.3 %) are married. Status of eleven is unknown. Typically, criminal offenders are single men, just as they are here.

Education. The average DRC offender has an 11th grade education. More than half (58 %) have not completed high school. One-third (32 %) do have high school diplomas. Five (10 %) have some college. FIGURE 17 shows the distribution of the schooling of the DRC offenders.



Employment Status. Seven in ten DRC offenders are unemployed. This is not surprising, considering 24 of them are "Rule 28s" who were just released from prison. Clearly, employment is one of the major needs.

Sum. The average DRC offender is a 30-year-old, unemployed, single, African American male with an 11th grade education.

EVALUATION AND SERVICES

Twenty-four (32 %) of the 75 clients in the first four months of the program were Rule 28s. The remaining 47 (68 %) were regular referrals. FIGURE 18 shows the numbers of clients who received evaluations and services. Clients are divided into regulars and Rule 28s for comparison purposes.

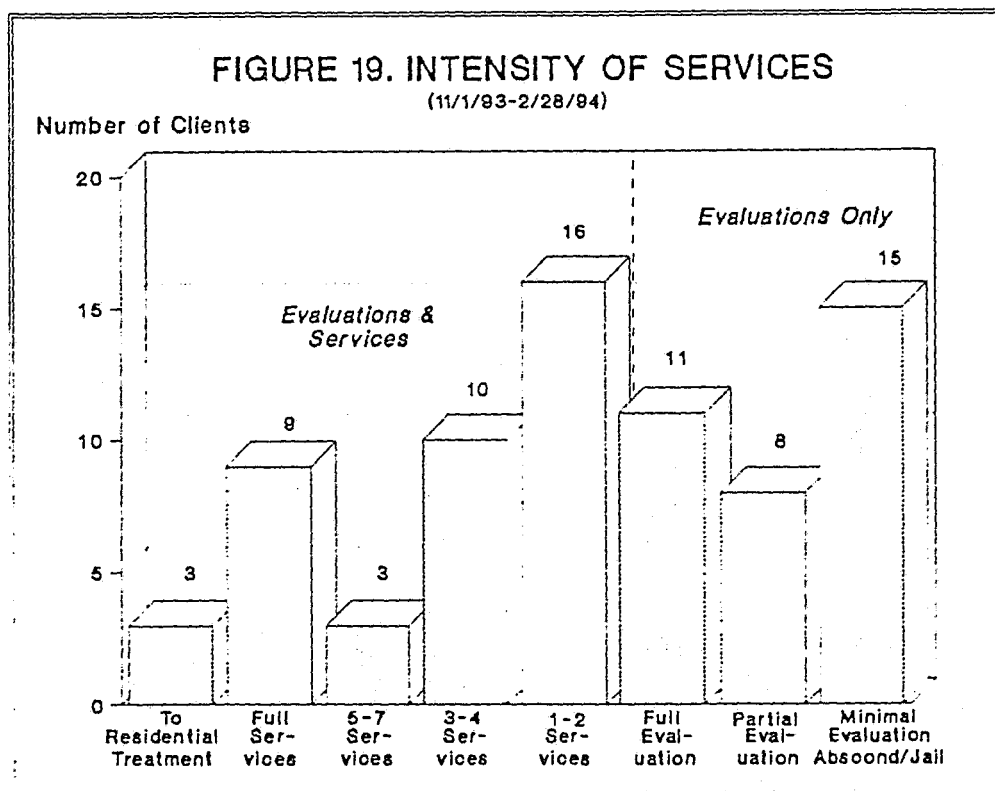
| FIGURE 18. INTENSITY OF EVALUATIONS AND NUMBERS OF CLIENTS RECEIVING SERVICES | | | | |
|--|-----------|-----------|-----------|------------------|
| | Regulars | Rule 28s | Total | Percent of Total |
| Full Evals-Services | 22 | 5 | 27 | 36 |
| Full Evals-No Services | 11 | 0 | 11 | 15 |
| Part Evals-Services | 4 | 10 | 14 | 19 |
| Part Evals-No Services | 7 | 1 | 8 | 11 |
| Minimal Evals | 7 | 3 | 15 | 20 |
| Total | 51 | 24 | 75 | 100 |

Of the 75 clients, 27 (36 %) were fully or almost fully evaluated and received some services. A full evaluation includes an intake or initial interview, an OPI, ASI, Mini-Mental Exam, a Multi-Disciplinary Team Review, a case review and a medical screening. Note that

development of a treatment plan is not included since so few had these done by the end of February. Eleven clients (15 %) had full evaluations but received no services. Thus slightly more than half of all clients (51 %) in the first four months were completely evaluated.

Fourteen of the clients (19 %) were partially evaluated (two or more evaluation parts missing) and received some services. Eight (11 %) had partial evaluations and received no services. Another 15 (20 %) had minimal evaluations (usually one urinalysis), were jailed, and/or absconded.

The percent of clients receiving some services other than evaluations is slightly more than half (55 %). However, even this number is deceptive. Of these, 9 were receiving a full array of services over several weeks. Three were referred to residential treatment. Three others participated 5-7 times in services beyond evaluation. Ten participated 3-4 times, and 16 had 1-2 services beyond evaluation. FIGURE 19 shows the intensity of services for those 41 clients who received services.



It is clear that although SODAT has developed a broad range of services for the DRC clients, by the end of February it had not begun to channel offenders into them in any great numbers based on their needs. Forty-nine percent had not been completely evaluated. Forty-five percent had received no treatment services at all, and a goodly portion of those who were receiving services were not getting comprehensive ones.

Recommendation. SODAT needs to continue to work towards providing holistic services for each individual and to funnel each client to appropriate services based on identified individual needs. This is the key to fulfilling the goal of reducing recidivism.

DRUG-INVOLVED OFFENDERS

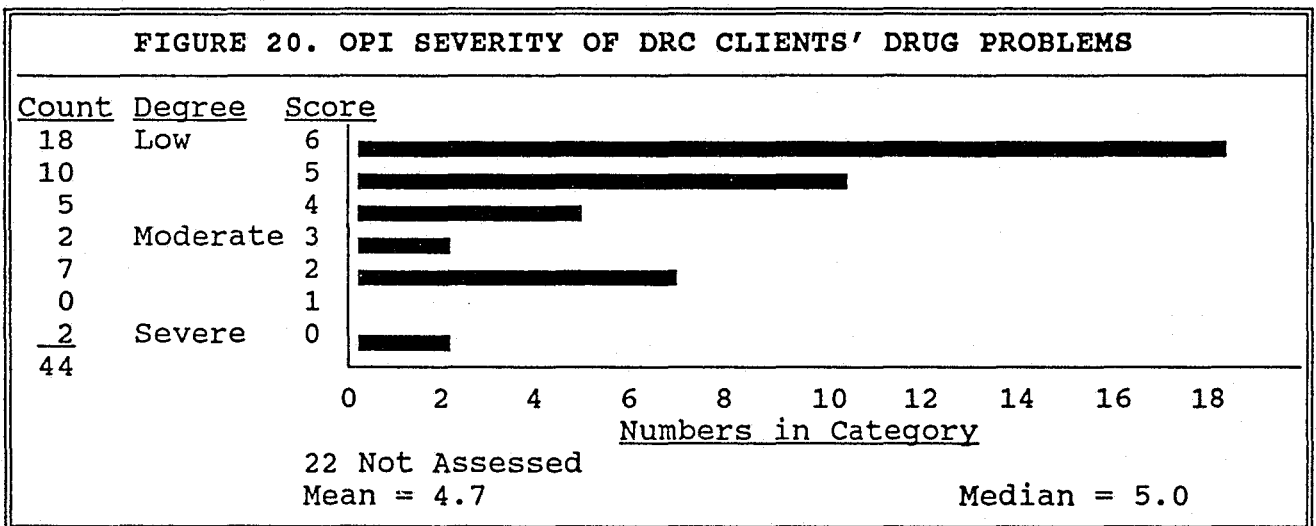
This section analyzes the results of various assessments concerning the drug abuse of DRC offenders. Note that virtually all items except urinalysis are self-reported and may understate the extent of the problem.

Urinalysis. Thirty-four DRC offenders had initial urinalyses with results known. Exactly half were positive for drugs, and half were negative.

Drugs of Choice. Of the 44 DRC offenders who responded to questioning concerning what kind of drugs they used, the largest number, 19, stated that their drug of choice is cocaine or crack. The second largest number, 16, said they predominantly use alcohol. Six prefer marijuana, and two heroin. One stated that she does not use drugs.

Of the 33 who answered whether they used more than one drug, 26 (79 %) said yes, and 7 (21 %) denied using more than one drug.

Severity of Drug Use. The Offender Profile Index (OPI) gives an estimated severity of the drug abuse problem. The seriousness of the problem is rated on a scale of from 0 to 6, with 0 being the most severe, and 6 being the least. FIGURE 20 shows the numbers of DRC offenders in each drug severity category.



The chart illustrates that the vast majority of DRC offenders who admit their drug use are rated as not having very severe problems. Only 16, about one-third, have ratings above average.

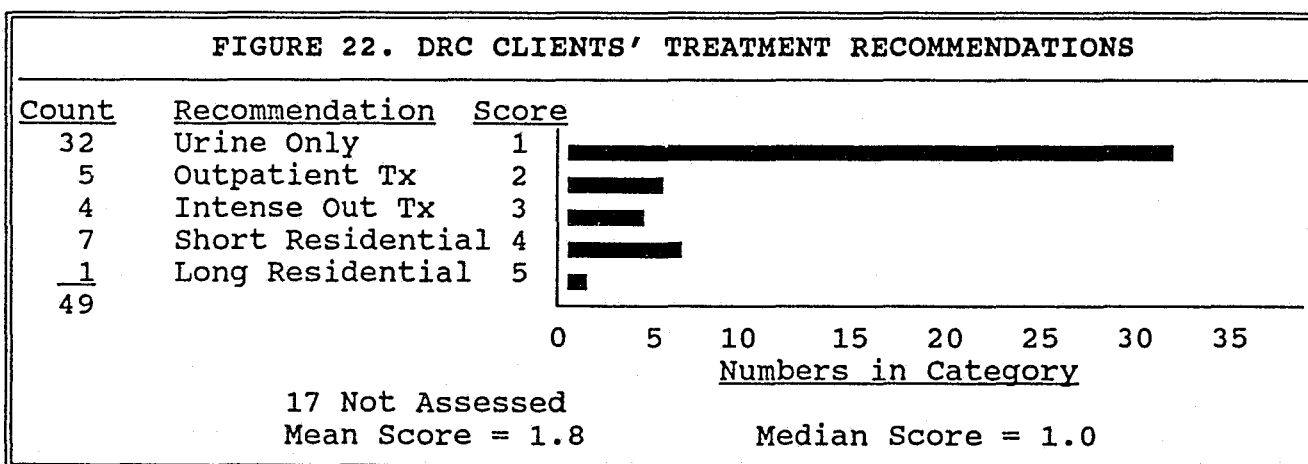
The severity of drug use is correlated to positive urinalyses. (Pearson's $R = -.3934$, Prob = .035). Those who tested positive were more likely to have a serious drug problem than those who tested negative.

The type of drug used is related to the severity of the problem ($\eta^2 = .494$, chi square prob. = .048). Users of narcotics are rated as having more severe problems than those who primarily use alcohol or marijuana. The next chart shows the average severity of the those who prefer different types of drugs.

| FIGURE 21. DRUG OF CHOICE AND DRUG SEVERITY | | | |
|--|--------|------|-------------------|
| Drug of Choice | Number | % | Average Severity* |
| Heroin | 2 | 2.3 | 2.5 |
| Cocaine/Crack | 19 | 42.2 | 3.8 |
| Marijuana | 6 | 13.6 | 5.0 |
| Alcohol | 16 | 36.4 | 5.2 |
| None | 1 | 2.3 | 6.0 |
| *The lower the score, the more severe the problem. | | | |

OPI Treatment Recommendation. The OPI analysis of the severity of drug abuse generates recommendations to five treatment categories. These vary in intensity from no treatment (score of 0) to long term residential treatment (score of 6). The next chart shows the numbers of DRC offenders with recommendations for each type of treatment. The chart clearly illustrates that urine monitoring only was recommended for two-thirds of those with treatment recommendations. More intensive treatment was recommended in only one-third of the cases.

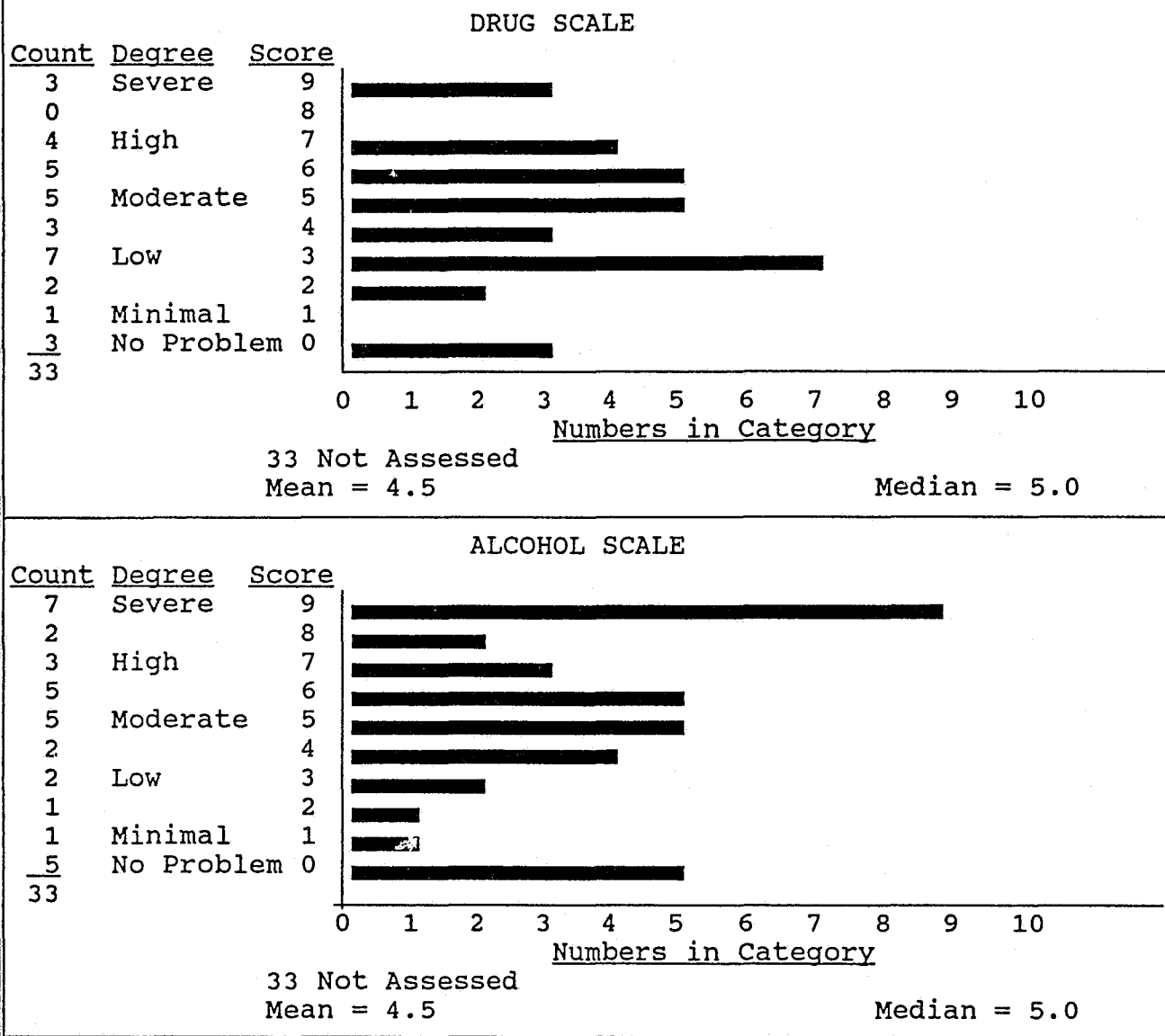
In most cases, as would be expected, the severity of the drug problem is correlated to the intensity of recommended treatment (Pearson's $R = -.7049$, Prob = .000). The correlation is not complete because three cocaine addicts' recommendations do not correlate to their drug problem severity.*



Addiction Severity Index (ASI) Assessments. The ASI also provides an assessment of the severity of drug and alcohol problems. Thirty-three offenders were rated on alcohol and drug scales whose scores range in severity from 0 (no problem) to 9 (severe problem). FIGURE 23 shows these ratings.

*Two with severe problems were recommended for urine monitoring only. One with a slight problem was recommended for intensive outpatient treatment.

FIGURE 23. ASI SEVERITY OF DRC CLIENTS' DRUG & ALCOHOL PROBLEMS



The ASI drug severity assessment shows a different profile of the DRC clients' drug problems than the OPI. While the OPI shows relatively few offenders (23 % of those assessed) having moderate to severe drug problems, the ASI shows more than half (51 %) having problems rated moderate to severe. However, the results of the two instruments are moderately correlated (Pearson's $R = -.4089$, Prob. = .018). The ASI drug severity scores are also moderately correlated to the intensity of the treatment recommendation resulting from the OPI (Pearson's $R = .4113$, Prob. = .017). The intensity of the drug problem is highly correlated to whether or not the initial urinalysis was positive for drugs (Pearson's $R = .7913$, Prob. = .000).

The alcohol assessment shows a high proportion of DRC clients with moderate to severe alcohol abuse problems. Fully two-thirds (66 %) of those assessed have problems rated moderate or greater. There is some overlap in the alcohol and drug addicted populations (Pearson's R = .3016, Prob. = .088).

In sum, the ASI shows a DRC population with fairly serious substance abuse problems.

CRIMINAL INFORMATION

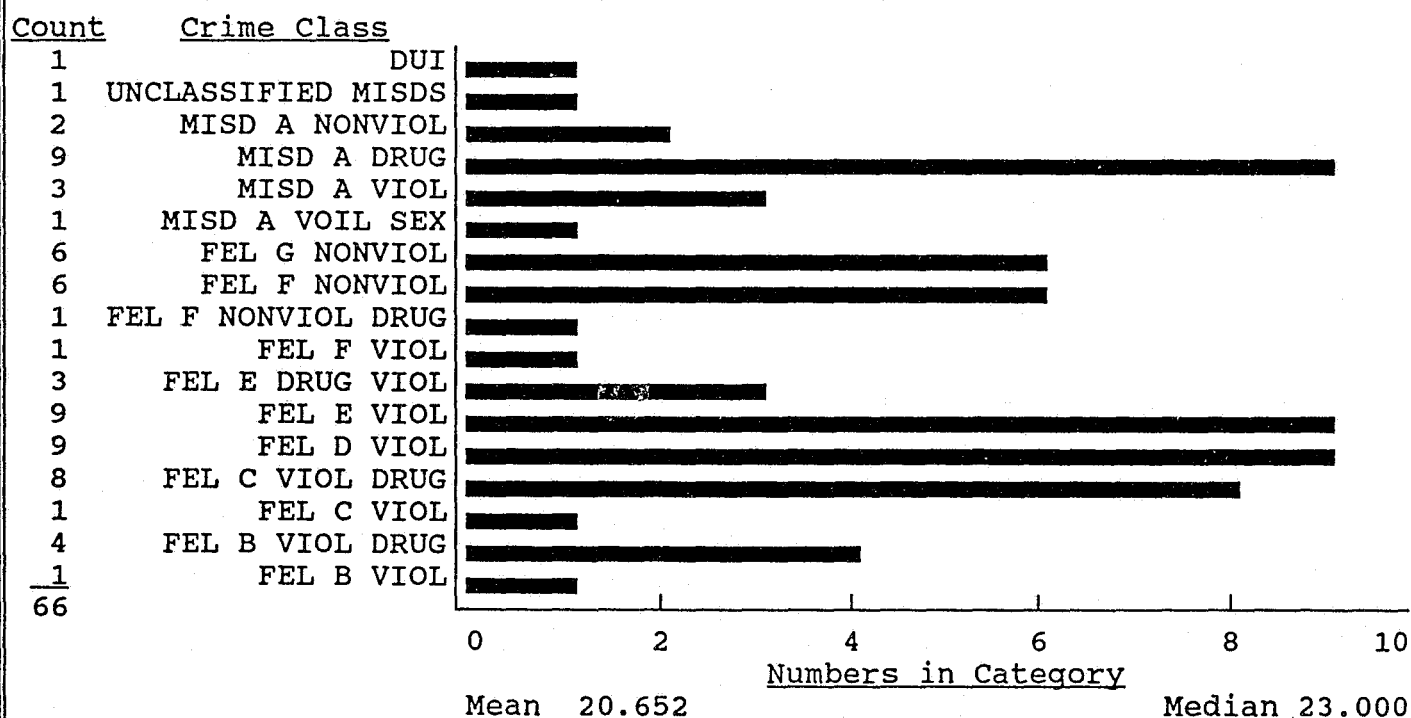
This section examines the current offenses and criminal backgrounds of the DRC offenders. Specific items examined are the court of conviction, the lead offense, secondary offenses, sentence lengths, the previous level, criminal history, and age at first arrest.

Court of Conviction. Fifty-nine (89 %) of the DRC offenders were convicted in Superior Court. Three came from the Court of Common Pleas. Two each were convicted in Family Court and Municipal Court.

Lead Offense. The severity of crimes that DRC offenders committed range in seriousness from unclassified misdemeanors to Felony Bs. The next chart shows the categories of lead offenses and the numbers of offenders sentenced for crimes in each category.

Forty-nine offenders (74 %) were sentenced for felonies. The rest (26 %) were sentenced for misdemeanors. Forty-two (64 %) were sentenced for violent crimes. Twenty-four (36 %) were sentenced for nonviolent crimes. Most of those sentenced for serious crimes arrived at Level III after serving sentences at Levels V or IV. This information shows that, on the whole, the DRC works with very serious offenders.

FIGURE 24. MOST SERIOUS CURRENT OFFENSE



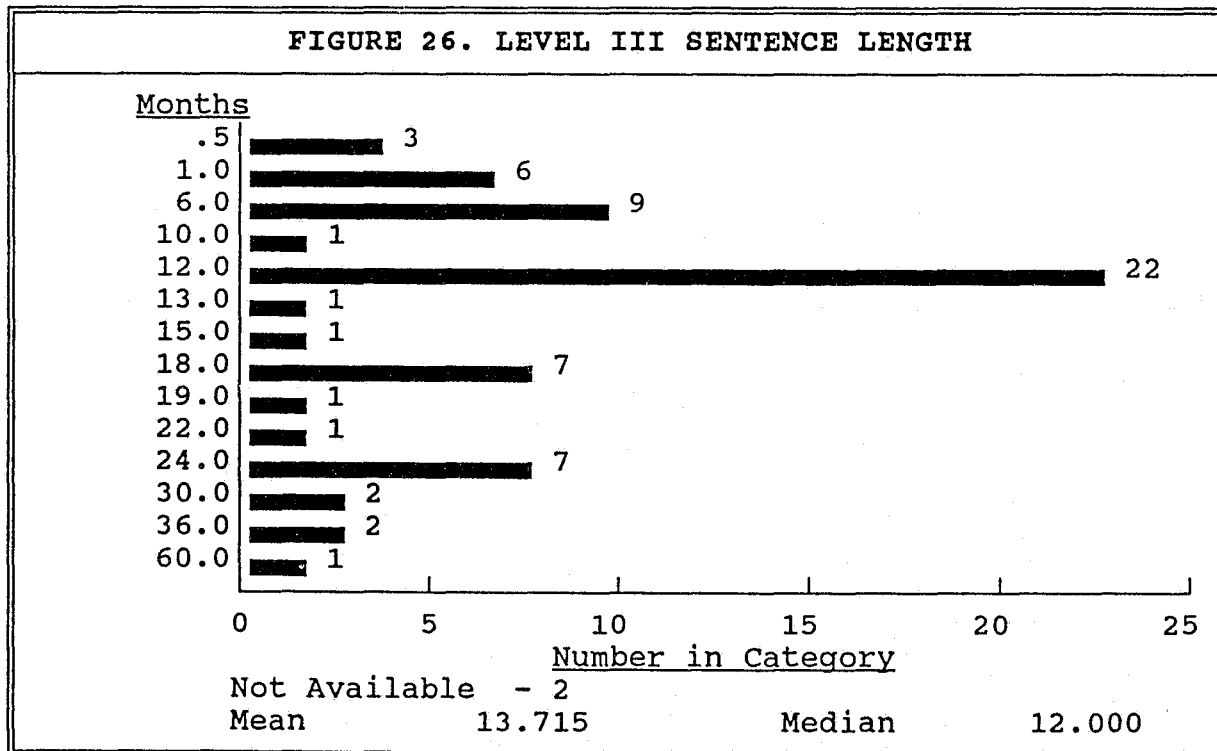
Secondary Offenses. The next chart lists the secondary offenses and the numbers convicted in each category. More than half the DRC offenders had violations of probation or no secondary offenses. Most secondary offenses are relatively minor.

FIGURE 25. SECONDARY OFFENSES

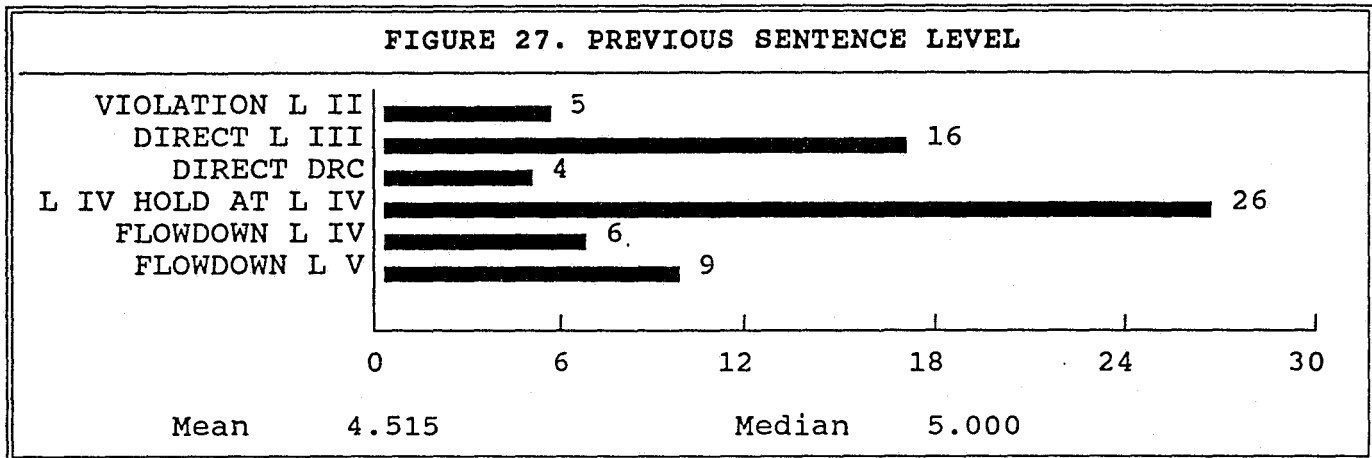
| <u>Crime Class</u> | <u>Number</u> | <u>Percent</u> |
|----------------------------|---------------|----------------|
| Violation of Probation | 19 | 28.8 |
| None | 16 | 24.2 |
| Misdemeanor A (Nonviolent) | 7 | 10.6 |
| Misdemeanor A (Drug) | 4 | 6.1 |
| Felony G (Nonviolent) | 4 | 6.1 |
| Unclassified Misdemeanor | 3 | 4.5 |
| Misdemeanor A (Violent) | 2 | 3.0 |
| Felony F (Nonviolent) | 2 | 3.0 |
| Traffic | 2 | 3.0 |
| Felony E (Violent) | 2 | 3.0 |
| Felony C (Violent Drug) | 2 | 3.0 |
| Felony F (Nonviolent Drug) | 1 | 1.5 |
| Felony E (Violent Drug) | 1 | 1.5 |
| Misdemeanor B (Drug) | 1 | 1.5 |
| Total | 66 | 100.0 |

Sentence Lengths. The average Level III sentence of DRC offenders was 13.7 months. The most common sentence is one year. Level III sentences, like sentences to other levels, tend to cluster around the 6 month, one year, 18 month, and 2 year time frames. Rule 28 offenders without other Level III sentence components were sentenced to the evaluation stage (two weeks) at the DRC. The next chart illustrates the pattern of sentence length of DRC offenders.

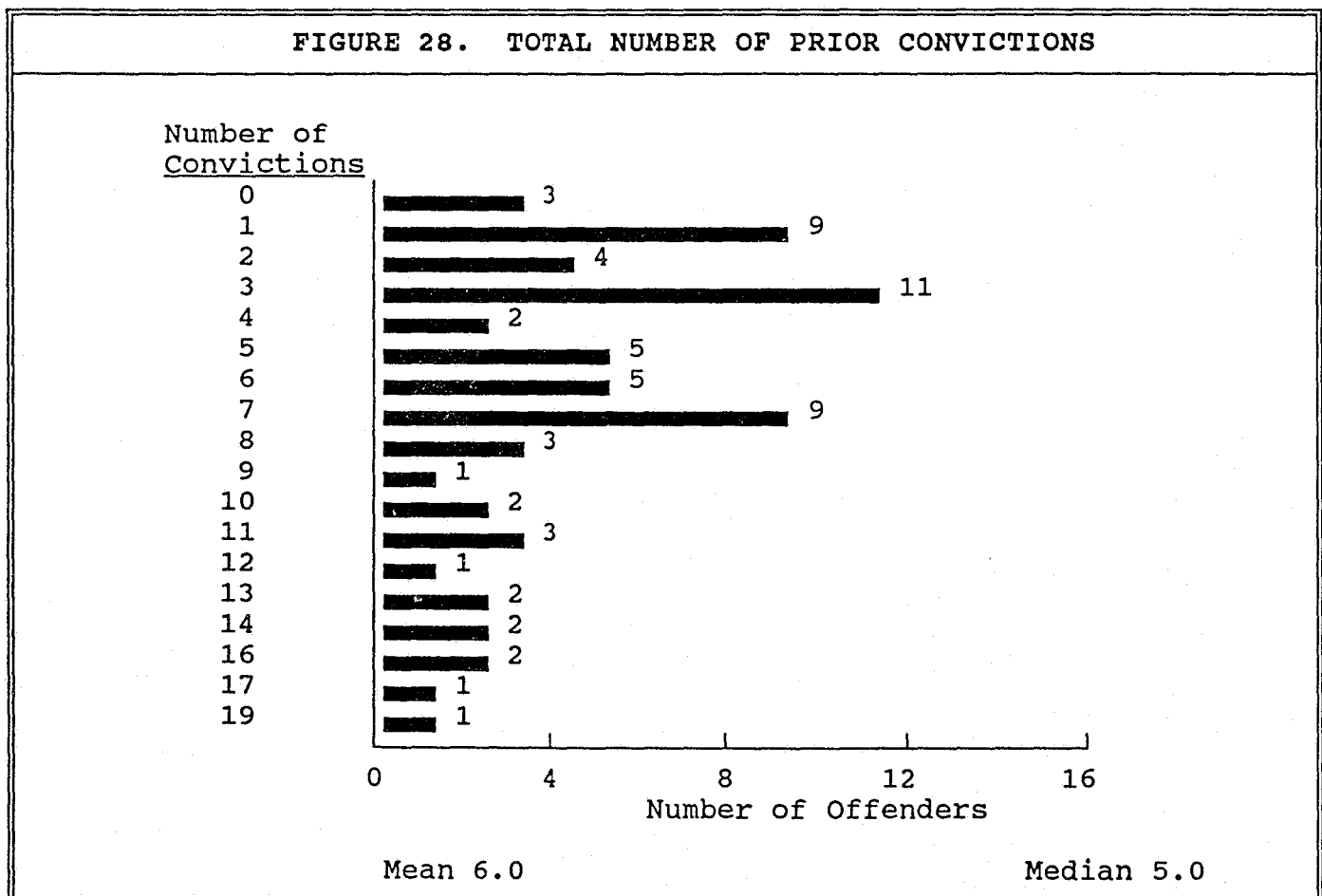
FIGURE 26. LEVEL III SENTENCE LENGTH



Previous Level. The largest number of DRC offenders, 26, came to the DRC after being held at Level V awaiting a Level IV slot. This is due mostly to the release of the SENTAC Rule 28 offenders. Twenty offenders were either sentenced directly to the DRC or to Level III. Fifteen came from Level V or IV and five were violators of Level II. The next chart displays this.

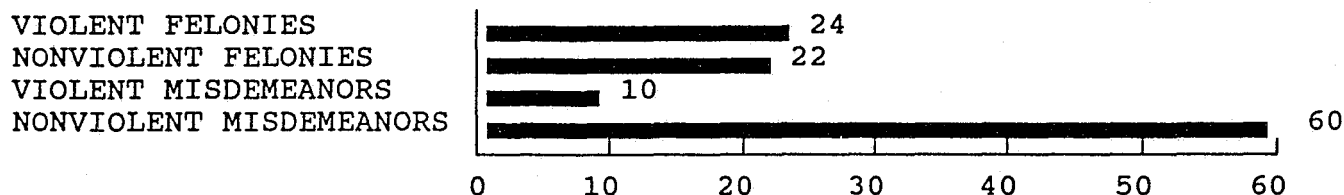


Criminal History. Prior convictions help to illustrate the seriousness of DRC offenders. Only three have no prior convictions. The average number of prior convictions is six. Fourteen offenders had ten or more priors. The next chart illustrates this.



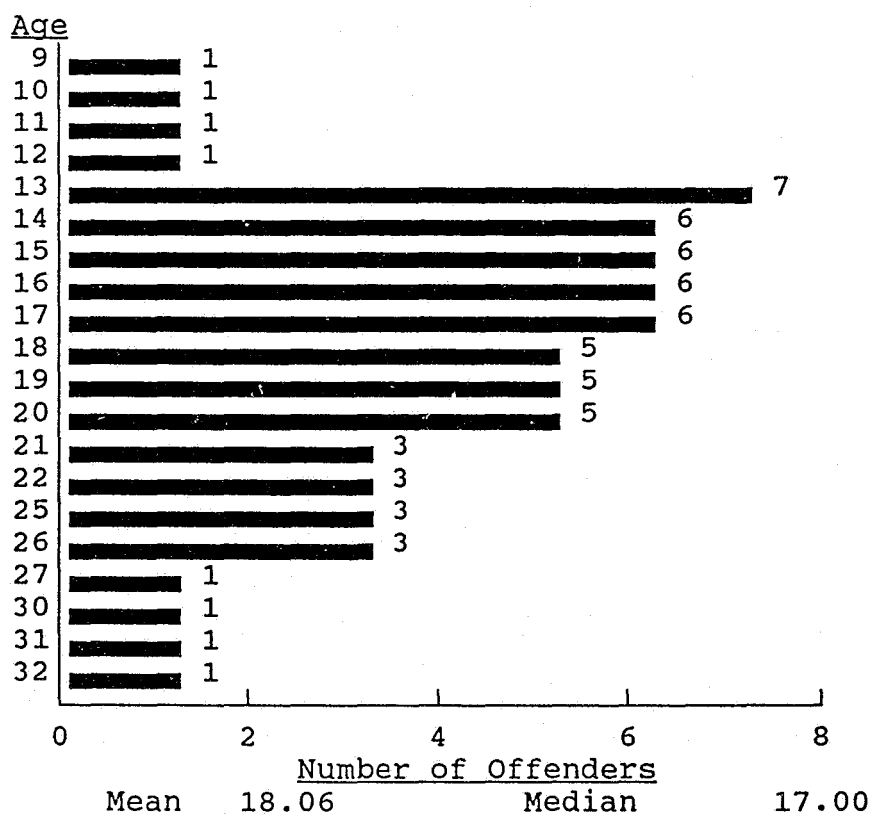
Fifty-six of the prior convictions of DRC offenders were violent felonies, nonviolent felonies, or violent misdemeanors. Sixty were nonviolent misdemeanors. The next chart illustrates the serious nature of prior convictions.

FIGURE 29. SERIOUSNESS OF PRIOR CONVICTIONS



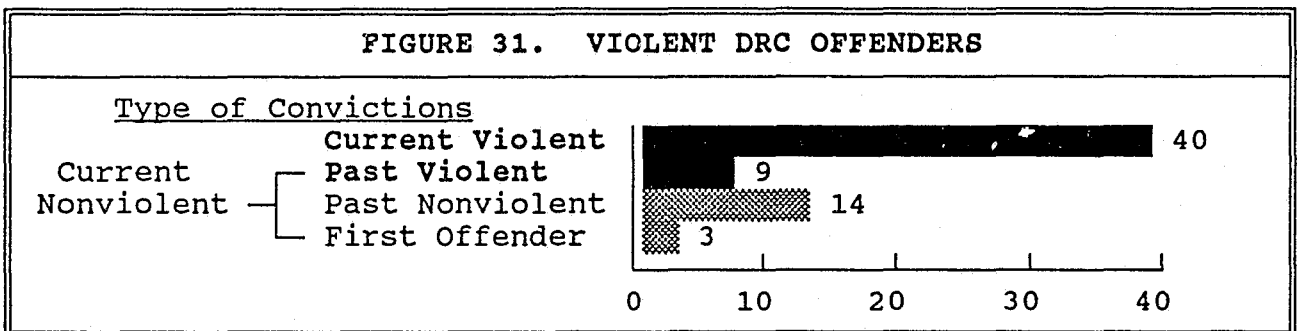
Age at First Arrest. The ages at which DRC offenders were first arrested show an interesting pattern. One each was first arrested between the ages of 9-12. Age 13 has the most offenders, and the numbers decrease as the age goes up in almost a perfect linear pattern. The average age at first arrest is 18.

FIGURE 30. AGE AT FIRST ARREST



Violent Offenders. Forty DRC offenders (61 %) were sentenced for violent offenses. Twenty-six (39 %) were sentenced for nonviolent crimes.

However, this does not give a true picture of the violent characteristics of DRC offenders. Of those twenty-six sentenced for nonviolent crimes, nine have one or more violent convictions in their pasts. Thus forty-nine, three-fourths of the 66 offenders in this sample, can be classified as violent offenders. The next chart illustrates this information.



Sum. The typical DRC offender is likely to have a moderate to severe drug abuse problem, alcohol abuse problem, or both. He is likely to have been convicted in Superior Court, to have been convicted of a felony, especially a violent felony, and to have served a Level V or IV sentence prior to coming to the DRC. His Level III sentence is around 12-14 months long. He has six prior convictions, with the most serious being a felony or violent misdemeanor. He is likely to have been first arrested around the age of 18. He is likely to be a violent offender, defined either as having been sentenced for a current violent charge or having one or more violent convictions in his past.

In sum, the typical DRC Offender is a very serious criminal.

VI. SUMMARY AND CONCLUSIONS

Although an impact assessment of the Day Reporting Center (DRC) is not yet feasible, an historical analysis, formative evaluation, process evaluation, fiscal analysis and client analysis have been performed.

The pilot year of the DRC (1992-1993) operated under a grant from the Edna McConnell Clark Foundation. When that funding was exhausted, the General Assembly provided \$100,000 to the Department of Correction for a second year of operation. With the larger amount of money available, DOC was able to expand and redesign parts of the program to make it stronger and more effective.

The formative evaluation demonstrated that DOC set up a solid procedure to begin the second year. It issued a tightly drafted Request for Proposals (RFP) with a clear delineation of its expectations, the requirements for the DRC program, and the conditions placed on the service provider. It contracted with SODAT to provide the services, based on SODAT's response to the RFP.

The process evaluation showed that SODAT has implemented a system of offender assessment and a series of treatment services. It also assists the Probation Department in overseeing offender supervision requirements. The services component is off to a good start although many programs are in their infancy. Clients are being assessed, and client evaluations are thorough and of high quality. Treatment plans have now been completed for all existing clients. This is about where implementation of services should be, given the short duration of the program. A few program items need yet to be addressed. First, offenders need to be funnelled to holistic services that address their multiple needs in order to reduce recidivism. Second, although at the end of February, 1994, SODAT was close to meeting its goal of 300 client contacts per month, it needs to meet and continue to meet this goal throughout the remainder of its contract. Third, SODAT needs to implement the few program items that are required by the RFP and that it has not yet done.

The DRC supervision standards require clients to contact the DRC five times a week during the first two weeks they are assigned to the program. Two contacts are face-to-face. Three are by phone calls. Although this is a more intensive supervision standard than regular Level III, it still falls far short of the legislated standard of a minimum of one hour a day or seven hours a week. After the first two weeks, the supervision contacts drop back to the same standard as Phase A of regular Level III (two per week - one in the office, one in the community).

The DRC and the Wilmington Probation Department generally need expanded physical facilities. These should be provided to them so that they can continue to operate effectively.

The fiscal analysis showed that SODAT's DRC program operated in the red during the four months. The DRC program should be kept on a sound fiscal basis so that it does not come up short at the end of the first year. Cost overruns are forbidden by the contract.

The State is increasingly making grants to DOC for contracting with private providers to

implement correctional programs. However, it is not providing the funding that DOC needs to properly monitor and evaluate these programs. The case on point is the DRC grant. Some of the initial problems could have been avoided if DOC had been provided with the means to set up an adequate monitoring and evaluating system. When the General Assembly funds programs to be implemented by private contractors, it should provide DOC with the appropriate resources to monitor and evaluate them. Funding is necessary because monitoring, and especially evaluations, are time consuming, labor intensive and resource demanding.

The client analysis shows that most DRC offenders are very serious criminals with few personal resources available to them and with multiple unmet basic needs.

In conclusion, after four months, the DRC program is off to a good start. Some inadequacies associated with start-up need to be remedied, but at this point, there is no reason why the program should not be funded for a second year. The program is a good way to supervise serious offenders and to meet their multiple needs, at less cost than incarceration. An effectiveness and impact study should be conducted at the end of the first year to see if the program is meeting its goal of reducing recidivism through these services.

APPENDIX A.

Counseling & Evaluation Center — 625 N. Orange Street
Wilmington, Delaware 19801 (302) 656-4044
FAX 656-3439

August 27, 1993

Mr. George Hawthorne
Director
Division of Community Services
1601 N. Pine Street
Wilmington, DE 19802

Dear Mr. Hawthorne:

Enclosed is a proposal devised by SODAT in response to your request for a plan for the development of Programming for a Day Reporting Center in Wilmington, DE as an alternative to incarceration for adult offenders.

In the past year, SODAT has had the opportunity to work with the criminal justice system under a Pre-Trial contract enabling us to provide supervision and treatment services to the Pre-Trial population, identify as substance abusers, in New Castle County. In addition, SODAT has just received a second contract to provide pre-trial services for offenders. Our approach in each of these contracts has been, and will be, to provide comprehensive evaluation and assessments based on individual needs and to begin to implement a treatment plan with the goal that if the individual is convicted, the progress they have achieved under this plan would enable the court system to adjudicate meaningful alternatives to incarceration. The addition of a Day Reporting Center would enable us, as treatment providers, to continue with the implementation of a treatment plan which has already been developed. The individual plan would be incorporated into Post-Trial treatment, thus avoiding time delays so often encountered when a person enters a post-conviction treatment program.

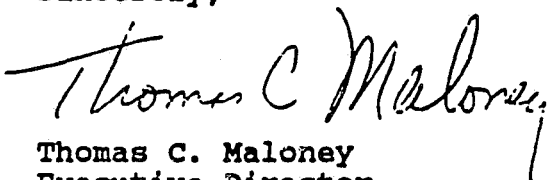
The individual in the Pre-Trial program will have already been through an intake process and evaluation which includes, but is not limited to, the following: the OPI, a medical screening and assessment, vocational needs assessment, and an educational evaluation. As these assessments would have already been completed, it seems to be more efficient and cost-effective to continue with this plan of care as opposed to using valuable treatment time and resources to re-do this process.

Increased efficiency should result in significant cost-savings for the State and perhaps make treatment services available for a greater number of individuals in great need of these services. Saving resources in this area may also make it possible to provide continuing primary health care services and vocational training, which have already been implemented. In addition, the computerized tracking system for the Pre-Trial intervention may be expanded to follow through to the Post-Trial period for evaluative purposes.

Efficiency and meaningful quality treatment outcomes are a priority at SODAT. We are currently working with the University of Delaware in the evaluation of all Pre-Trial programs. The addition of this program would enable SODAT to evaluate our programs throughout the continuum of the treatment process and hopefully bring a progressive and worthwhile aspect to treatment of individuals within the criminal justice system.

We would be happy to meet with you to discuss this proposal for a program at your earliest convenience.

Sincerely,

A handwritten signature in cursive script that reads "Thomas C. Maloney". The signature is written in dark ink and is positioned above the typed name and title.

Thomas C. Maloney
Executive Director

TCM:skm
Enclosures

APPENDIX B.

sodat

Counseling & Evaluation Center — 625 N. Orange Street
Wilmington, Delaware 19801 (302) 656-4044
FAX 656-3439

March 22. 1994

Emily A. Reed. Ph.D.
DRC Project Evaluator
Criminal Justice Council
820 N. French Street - 4th Floor
Wilmington. DE 19801

Dear Dr. Reed:

As you correctly pointed out in the financial portion of listed concerns, "programs virtually always require changes from initial concepts once they begin because it is impossible to anticipate exactly how a program will unfold". With that in mind I will proceed with a general introduction and background as to what SODAT encountered upon the implementation of the Day Reporting Center.

Multiple meetings between SODAT and the DOC supervisory staff took place before the program was implemented. During the course of these meetings DOC in conjunction with SODAT identified and modified the needs of the DOC as related to the Day Reporting Center. Many of these needs were not addressed in the initial proposal while some that were addressed in the initial RFP had changed significantly in the intervening time period. In working with the DOC staff SODAT's staff attempted to tailor the original concept into a viable, operational, service delivery system. These ongoing modifications are not made unilaterally, in fact they are done with the contracting agency daily.

As to your specific programmatic concerns I offer the following points of clarification:

1. CARRY OVER OF PRETRIAL ASSESSMENTS

Prior to the contract being awarded we discussed with DOC how many clients would be from a Pretrial program it was estimated between 20 to 30% could be coming through this program. As of this time we have not seen this occur. However, as you know we do not decide who enters this program as the responsibility rests with the courts.

It should be noted that this goal may also be affected by the new drug court. Therefore, the variables that determines eligibility for the program is beyond SODAT's control.

With regard to significant cost savings for the State attention should be given to the Rule 28 releases. SODAT has re-evaluated individuals awaiting residential bed space, incorporating a new recommendation for community based supervision with intensive level of treatment services. This enabled some individuals to be Dr.

Emily Reed
March 22. 1994
Page 2

released into community based services rather than staying in Level IV supervision which opened up residential treatment slots for those with more immediate needs. The savings is seen in treating individuals in an outpatient setting vs. the cost of a residential treatment slot.

2. COMMUNITY LINKAGES

SODAT has already begun to work with the Northeast Alliance, a community based citizens group, having met with them and presented the scope of services available at the Day Reporting Center. We have contacted the Mayor's office with a request for a list of agencies that might benefit from programs offered at Day Reporting and will be meeting with representatives of these agencies/civic associations on a continuing basis. Also, the Plummer Center has recently begun to utilize the GED program and literacy classes at the Center.

Since DOC was not pleased with the services offered by the former contractor, it is our intent to have all existing programs revamped and new programs implemented before involving community volunteers. At this time SODAT is on target with obtaining this goal.

3. MULTIDISCIPLINARY TEAM

The Medical Director is represented at the Friday Multidisciplinary Team Meeting. Since the Team meets to identify what the individuals needs are it is difficult to anticipate in advance which agencies need to be involved. At the Case Review meeting with the Probation Officers, held each Monday, responsibilities are delineated as to who will accept responsibility for contacting these social service agencies. These contacts are initiated by members of the team.

4. TREATMENT PLANS

As of this writing all treatment plans have been completed and placed in the individual's folder. The treatment plan is completed following the Multidisciplinary Meeting and prior to the Case Review Meeting.

5. CASE MANAGEMENT

Since November 1, 1993 Sodat's Masters Level Social Worker resigned her position due to illness. These responsibilities have been assigned to DRC staff as well as other SODAT staff members depending upon needs of the client.

Dr. Emily Reed
March 22, 1994
Page 3

6. FAMILY PROBLEMS

Identification of family problems is the responsibility of the Multidisciplinary Team. Once identified, the family is referred to SODAT's office at 7th and Orange Street where an appointment is scheduled with a Master's Level Family Therapist. At the present time only one referral has been made by the team.

7. HEALTH CARE

Comprehensive primary health care services are provided to each client in the form of a current systems screen for acute medical concerns and a medical history with consideration of current health problems which are known to be high risk in this population, i.e. screening for tuberculosis, HIV assessment for symptomology and risk factors, need for pre-natal care and family planning, or referral./follow-up and monitoring with their family physician or appropriate clinic. In addition, phone calls and follow-up are made by the Nurse Practitioner to assist with problems previously identified. Identified problems or concerns are discussed with all appropriate parties. For example, an individual identified with HIV may be assessed for clinical follow-up or need for further psychosocial services because of the impact of this particular disease in all areas of her/his life. Thus it becomes evident as a result that many individual clients have received more than one "medical intervention". If at all possible the services are coordinated through area physicians or public health clinics. This is done to avoid duplication of treatment services, insure a continuum of care and to work within budget guidelines. If these services cannot be coordinated within a reasonable time-frame SODAT has assumed responsibility and assumed the cost of these services. Within the scope of the medical assessment both men and women are assessed for problems related to the reproductive system.

8. VOCATIONAL REFERRALS

Clients are assessed by the Multidisciplinary team for Vocational track only if they are High School graduates or have a GED. It has become apparent to the Team that 95% of the individuals screened are in need of GED classes rather than Vocational Assessment. Therefore the majority of the referrals have been made for GED pre-testing/classes. In addition, referrals for literacy/remediation classes are made by Mr. Coyt, GED teacher, or individuals can self/refer for this service.

9. SPECIAL POPULATIONS

Groups for special populations are being implemented as the needs are identified. At the present time, veterans issues are being met

Dr. Emily Reed
March 22, 1994
Page 4

through programs already established at the VA Hospital and PSI. While women's issues remain an important focus at DRC, at this time there are a variety of programs available to women . i.e. Parenting classes provided by Child Inc.. Wednesday Morning Workshops. HIV Support Group. Post Release Support Group , job search and GED/Literacy classes. In addition, since the numbers are so few, those identified with women's issues are being networked into SODAT's Monday Night Women's Group at the 7th Street office.

10. STAFF AND DEVELOPMENT

Since the writing of this proposal there have been reassignments of staff at SODAT to other programs. However there are other staff members who will be providing services to DRC. Six SODAT staff members are presenting workshops at the Wednesday Forum. in addition one staff member has been assigned to lead the Substance Abuse Group at DRC.

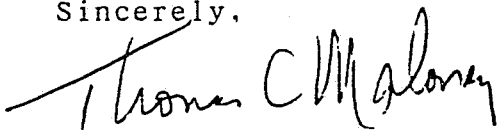
The initial training/orientation list is attached.

11. CASE REVIEWS, DISCHARGE AND AFTERCARE PLANS

Initial case reviews are completed 30 days after the Multidisciplinary Team Meeting and every 30 days thereafter. The criteria for discharge is being developed in conjunction with DOC supervisory staff. At this time the only discharges are those for non-compliance as identified by the probation officer at the Case Review Meeting. Once the plan is formalized a copy will be forwarded to your office.

I realize that you as Program Evaluator are on a tight deadline. therefore, we will be available to answer any additional questions that you may have prior to the publication of your final report on April 1, 1994.

Sincerely,



Thomas C. Maloney
Executive Director

TCM:skm

cc: The Honorable Robert Watson, Commissioner
Noreen Renard, Chief, BCCS
Deborah Craig
Thomas Quinn

**SODAT
DAY REPORTING PROGRAM
DISCHARGE SUMMARY**

CLIENT NAME: _____ DOB: _____

CLIENT NUMBER: _____

ADMISSION DATE: _____ DISCHARGE DATE: _____

REASON FOR DISCHARGE:

☐ COMPLETED PROGRAM
☐ INCARCERATED
☐ NON-COMPLIANCE

☐ TRANSFERRED
☐ OTHER

ASI RECOMMENDATION: _____

DIAGNOSIS (IF AVAILABLE) _____

PROBLEM STATEMENT ON ADMISSION:

DISCHARGE REVIEW: (INCLUDING SIGNIFICANT FINDINGS, COURSE AND PROGRESS,
FINAL ASSESSMENT)

AFTERCARE PLAN: _____

LIVING ARRANGEMENTS: _____

EMPLOYMENT STATUS: _____

PROGNOSIS: _____

CLIENT SIGNATURE _____

CLINICIAN SIGNATURE _____

SUPERVISORS SIGNATURE



Counseling & Evaluation Center — 625 N. Orange Street

Wilmington, Delaware 19801

(302) 656-4044

FAX 656-3439

March 22, 1994

Emily A. Reed. Ph.D.
DRC Project Evaluator
Criminal Justice Council
820 N. French Street - 4th Floor
Wilmington, DE 19801

Dear Dr. Reed:

In reference to the "List of Concerns" in your letter of March 15, 1994, it is my understanding that Roger Kling resolved these items with the corrected statements he supplied in your meeting of March 16, 1994.

In regard to item 5, "Operating Over Budget," SODAT will do its best to avoid any budget deficits, however, it is the nature of our organization to provide quality service to all clients. SODAT has traditionally provided this service and funded any deficits from its own reserves. We will do so if this is the net result.

If you should have any questions or require any additional information, please don't hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Thomas C. Maloney".

Thomas C. Maloney
Executive Director

TCM:skm

cc: The Honorable Robert Watson, Commissioner
Noreen Renard, Chief, BCCS
Deborah Craig
Thomas Quinn

APPENDIX C.
SENTENCING ACCOUNTABILITY COMMISSION
POLICY 28.

28. Where a defendant is directly sentenced to Level IV Work Release Center, residential treatment, or Home confinement, and has awaited placement pending slot availability at Level V for a period of 90 days or one-half of the Level IV sentence (whichever is less), the department may place the individual at Level III Day Reporting Center, evaluation Phase, or another comparable alternative if the DRC is not available, and the department shall make appropriate sentence modification recommendations to the sentencing judge upon completion of that evaluation.



APPENDIX D.

P. GERALD WHITE, INC.

Commercial Real Estate

Suite 800 1225 King St
PO Box 1158
Wilmington, DE 19899
Fax (302) 655-9662

(302) 655-9621

WAREHOUSE - COMMERCIAL - INDUSTRIAL

DESCRIPTION

2 BUILDINGS - ZONED M-1
TOTALING 29,085 SQ. FT.

LOCATION

17TH & SPRUCE STREET
WILMINGTON, DELAWARE

FEATURES:

- o Convenient business location serving downtown Wilmington. Within minutes of Governor Printz Boulevard and I-495.
- o Building #1 - 21,000 sq. ft. masonry building with 2,000 sq. ft. of office space. 19,000 sq. ft. of warehouse space with 15' ceiling height, fenced parking lot on a 1.16 acre lot.

Rate: \$2.50 per square foot net (Also available for sale)

- o Building #2 - Brick building containing 8,085 sq. ft., measuring 105' x 77'. Best suited for warehouse/storage space.

Rate: To be negotiated.

PRICE: SEE ABOVE

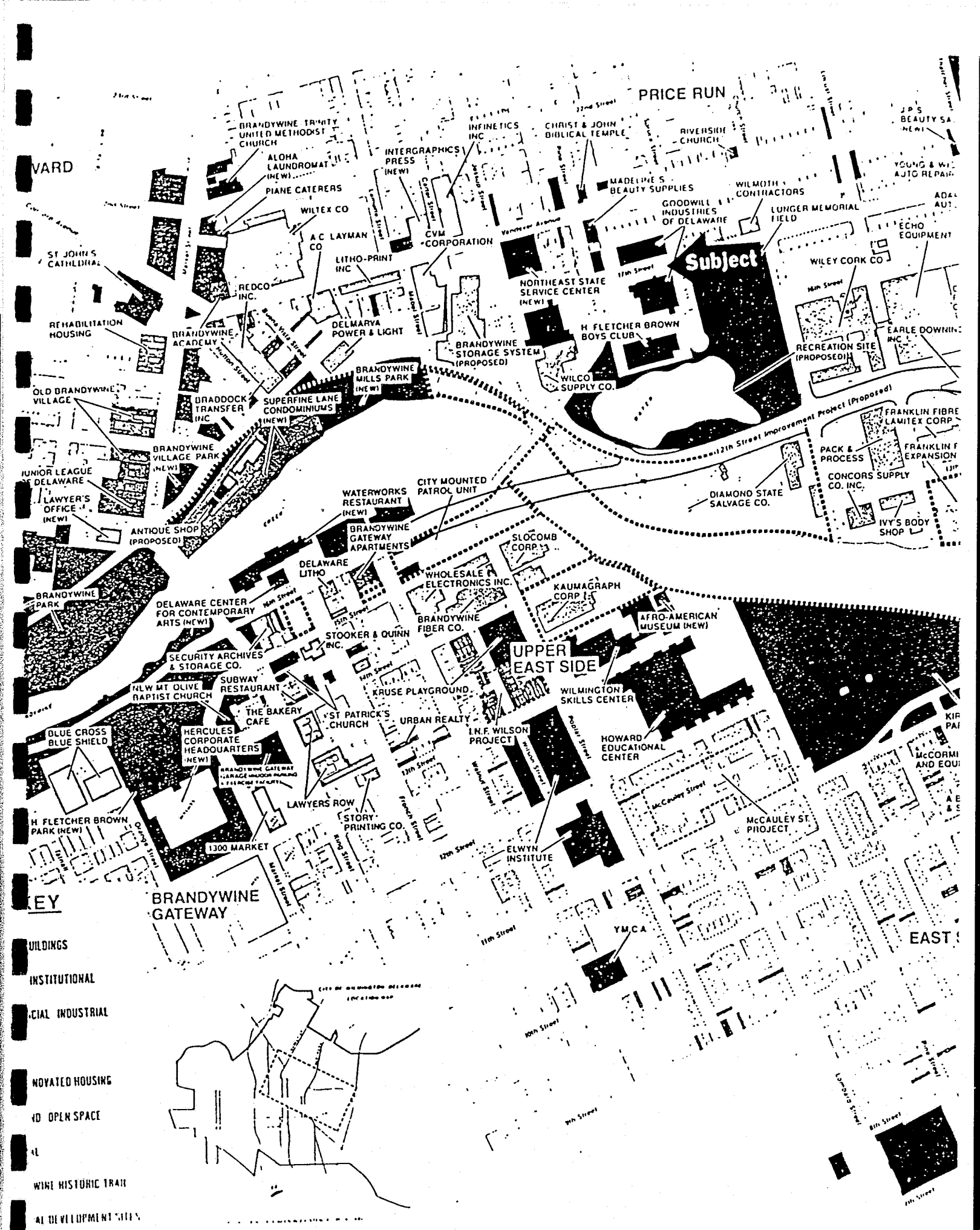
FOR FURTHER INFORMATION CONTACT:

P. Gerald White, President, P. Gerald White, Inc. (302) 655-9621.

Information contained herein is from sources deemed reliable, but no guarantee is made as to its accuracy.

P. Gerald White, Inc., any cooperating broker, and any salesperson working with either, are representing the owner's interest and have fiduciary responsibilities to the owner, but are obligated to treat all parties fairly.





PRICE RUN

Subject

UPPER EAST SIDE

BRANDYWINE GATEWAY

WARD

KEY

- BUILDINGS
- INSTITUTIONAL
- SPECIAL INDUSTRIAL
- NOVATED HOUSING
- ID OPEN SPACE
- AL
- WINE HISTORIC TRAIL
- AL DEVELOPMENT SITES

APPENDIX E.

III. BUSINESS PLAN:

SODAT-Delaware, Inc. THE DAY REPORTING CENTER BUDGET NARRATIVE

ASSUMPTIONS USED IN BUDGET PREPARATION

The number of potential clients which qualify for this program is uncertain, therefore, SODAT-Delaware, Inc. will service all clients referred from BCCS with the exception of those with medical or psychological situations beyond the scope of the program. One twelfth of the total contract will be billed each month beginning September 30, 1993 and ending August 31, 1994.

EXPLANATION OF LINE ITEMS

- A. 1. Program salaries shall include the cost of a Program Coordinator (to be hired), the Medical Director, Director of Clinical Services, and the Vocational Coordinator. Salaries have been allocated to the program based on the projected amount of time each individual will spend working with BCCS referrals.
- 2. Other Employee Costs include taxes, workers compensation insurance, medical and dental coverage, life and long term disability insurance for program staff. These costs represent 24 to 25 percent of total salary costs.
- C. 3. The Insurance cost represents 15% of SODAT-Delaware, Inc.'s general and professional liability insurance coverage.
- 5. Program staff will, at a minimum, attend the Summer Institute at the University of Delaware. Participation in other related conferences and seminars will be encouraged.
- 6. Other costs include projected expenses for the medical and vocational component of the program. SODAT-Delaware, Inc. will make every attempt to network with other funded agencies in order to keep costs down, however, no client will be denied necessary services should they be ineligible to receive services from other agencies.
- G. 1. Administrative Overhead represents a percentage of a prorated amount of administrative and clerical staff salaries.
- 2. Other represents taxes, workers compensation insurance, medical and dental coverage, life and long term disability insurance for the staff listed in G. 1.

LINE ITEM BUDGET

| <p>★ ★ ★ ★ ★ ★ ★</p> <p>★ ★ ★ ★ ★ ★ ★</p> <p>★ ★ ★ ★ ★ ★ ★</p> | <p><u>Start-Up:</u></p> <p>from _____ to _____</p> | <p><u>Ongoing:</u></p> <p>from <u>9/15/93</u> to <u>9/14/94</u></p> |
|--|--|---|
| <p>A. PERSONNEL COSTS</p> | <p>★ ★ ★ ★ ★ ★ ★</p> | <p>★ ★ ★ ★ ★ ★ ★</p> |
| <p>1. Salaries</p> | | <p>58,625</p> |
| <p>2. Other Employee Costs</p> | | <p>14,000</p> |
| <p>TOTAL</p> | | <p>72,625</p> |
| <p>B. CONSULTANTS</p> | <p>★ ★ ★ ★ ★ ★ ★</p> | <p>★ ★ ★ ★ ★ ★ ★</p> |
| <p>(Specify each item including formula for payment)</p> | | |
| <p>TOTAL</p> | | |
| <p>73 C. CONTRACT SERVICES</p> | <p>★ ★ ★ ★ ★ ★ ★</p> | <p>★ ★ ★ ★ ★ ★ ★</p> |
| <p>1. Printing and Duplicating</p> | | |
| <p>2. Repair and Servicing</p> | | |
| <p>a. buildings</p> | | |
| <p>b. equipment</p> | | |
| <p>c. motor vehicles</p> | | |
| <p>3. Insurance</p> | | <p>2,000</p> |
| <p>4. Telephone</p> | | |
| <p>5. Staff Training (specify)</p> | | <p>2,500</p> |
| <p>4 6. Other (specify) See Narrative</p> | | <p>2 500</p> |

Start-Up:Ongoing:

from _____ to _____

from 9/15/93 to 9/14/94

| | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
|---|---|---|---|---|---|---|---|---|---|---|---|
| D. TRAVEL (specify formula used) | | | | | | | | | | | |
| 1. In-State | | | | | | | | | | | |
| 2. Out-of-state (specify purpose) | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |
| E. CONSUMABLE SUPPLIES | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| 1. Office Supplies | | | | | | | | | | | |
| 2. Postage | | | | | | | | | | | |
| 3. Program Supplies | | | | | | | | | | | |
| 4. Household and Janitorial Supplies | | | | | | | | | | | |
| 5. Motor Vehicle Gas and Oil | | | | | | | | | | | |
| 6. Food | | | | | | | | | | | |
| 7. Education/Recreation/Allowance | | | | | | | | | | | |
| 8. Personal Care Allowance | | | | | | | | | | | |
| 9. Other (specify) | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |
| F. EQUIPMENT AND FURNITURE | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| (Supply itemized inventory on separate page) | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |

Start-Up:

Ongoing:

from _____ to _____

from 9/15/93 to 9/14/94

| G. OTHER COSTS | Start-Up | | | | | | Ongoing | | | | | |
|-------------------------------|----------|---|---|---|---|---|---------|---|---|---|---------|---|
| | * | * | * | * | * | * | * | * | * | * | * | * |
| 1. Administrative Overhead | | | | | | | | | | | 16,300 | |
| 2. Other (specify) Taxes/Ins. | | | | | | | | | | | 4,075 | |
| TOTAL | | | | | | | | | | | 20,375 | |
| TOTAL PROGRAM COST | | | | | | | | | | | 100,000 | |

SCHEDULE OF POSITIONS

| <u>Position Title</u> | <u>% of Time of Program</u> | <u>Rate of Pay (Annual Salary or hourly rate)</u> | <u>Budgeted Total</u> |
|--|-----------------------------|---|-----------------------|
| Identify each position by category: | | | |
| A. Administration /Mgmt. | | | |
| Executive Director | 20% | 36,000 | 7,200 |
| Financial Administrator | 20% | 17,500 | 3,500 |
| B. Other support (e.g., clerical, cook) | | | |
| Clerks (2) | 20% | 28,000 | 5,600 |
| C. Direct Service | | | |
| Program Coordinator | 100% | 30,000 | 30,000 |
| Medical Director | 25% | 55,000 | 13,750 |
| Director of Clinical Services | 25% | 17,500 | 4,375 |
| Vocational Coordinator | 30% | 35,000 | 10,500 |

APPENDIX F.

Day Reporting Center Training Schedule

- | | |
|---|-------------------|
| 1) Sodat Orientation Review of Policy and Procedures | 11-8-93 |
| 2) OPI Training | 11-10-93 |
| 3) Medical Review of Physical Form & High Risk Factors | 11-19-93 |
| 4) Forms Training and Record Keeping | 12-1-93 |
| 5) DAP Note Writing | 12-14-93 |
| 6) Treatment Planning | 12-20-93 |
| 7) ASI Training Session I Session II | Nov. 19 Dec. 3 |
| 8) HIV Awareness Training for counselors | 4-6-94 |
| 9) Wednesday Morning Workshops | Mar. 2-May 4 |
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| | |
|--|-----------------------|
| Special Training Delmarva Training Consortium Day At A Time Clinic 5 Day Workshop | Jan. 23-27 G. Oney |
|--|-----------------------|