

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

#1 COURT SQUARE, SUITE 203  
PARKERSBURG, WV 26101

IN RE: MINUTES OF MEETING HELD  
THURSDAY, MARCH 9, 2017

PRESENT: DAVID BLAIR COUCH, PRESIDENT  
ROBERT K. TEBAY, COMMISSIONER  
JAMES COLOMBO, COMMISSIONER

At 9:30 A.M., the County Commission of Wood County met in regular session. They signed purchase orders, invoices and other correspondence.

The County Commission, upon a motion duly made, seconded and passed, approved minutes of February 23 and 27, 2017.

**AGENDA AND DISCUSSION ITEMS**

At 9:39 A.M., Sheriff Steve Stephens and employees from his department presented their 2017/2018 budget to the Commission.

At 10:43 A.M., Assessor Dave Nohe and Chief Deputy Assessor, Andy Hartleben presented their budget for the 2017/2018 fiscal year.

At 11:00 A.M., the County Commission met with Jodi Smith from the WVU Extension Office to discuss her budget for the 2017/2018 fiscal year.

At 11:07 A.M., representatives from the Wood County Day Report Center, along with Toni Tiano, Grant Consultant, met with the County Commission to discuss an application for the 2017/2018 Community Grant. They also discussed their budget request for the

2017/2018 fiscal year. The Commission authorized the execution of the application. (Order M/3605)


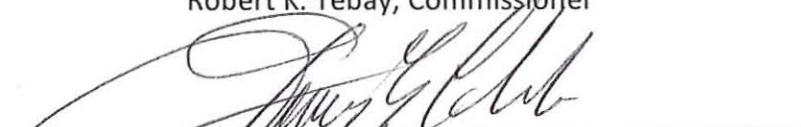
**ORDERS APPROVED AND ATTACHED TO THESE MINUTES**

M/3605

Having no further scheduled appointments or business to attend to, the County Commission adjourned at 11:35 A.M.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

  
\_\_\_\_\_  
David Blair Couch, President  
\_\_\_\_\_  
Robert K. Tebay, Commissioner  
\_\_\_\_\_  
James Colombo, Commissioner

To listen to this meeting, please refer to DVD labeled March 6, 2017.

Wood County Commission Meeting  
Held March 9, 2017

**Please Print**

1.	STEPHEN SMITH
2.	Steve Stephens
3.	STEVE BLACK
4.	Teresa Wade
5.	Andy Hartleben
6.	Dave Nohe
7.	JODI SMITH
8.	Toni Trano
9.	HERNANDO ESCANTON
10.	AMY CHURCH
11.	
12.	
13.	
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20.	



# Wood County Commission Agenda

3/9/2017

1 Court Square, Suite 203  
Parkersburg, WV 26101

9:30 A.M.	Discuss intake fee for Holding Center (RKT)	
	Consider any nominations for the Lubeck Public Service District	
	Discuss Sheriff Department budget	Steve Stephens, Sheriff
10:30 A.M.	Discuss Assessor Department budget	David Nohe, Assessor
10:45 A.M.	Discuss WVU Extension Office budget	Jodi Smith, WVU Extension Agent
11:00 A.M.	Discuss Day Report Center Grant	Toni Tiano, Grant Consultant and Hernando Escandon, Day Report Center Director
11:15 A.M.	Discuss Day Report Center budget	Hernando Escandon, Day Report Center Director
	Consider Bond Counsel Engagement Letter	
	Work on budget	
	Administrator's Report	Marty Seufer, County Administrator
	County Commission Reports	

**Discussion, Review and Approval of expenditures and disbursements identified on Exhibit 1, hereto attached**

**Correspondence for this meeting will be available for public review during regular office hours in Room 205 of the Wood County Courthouse two (2) days prior to the meeting**



Exhibit 1

Discussion, Review and Approval of the following items may be included during this meeting and are available for public inspection in the Office of the County Administrator two days prior to this meeting.

Budget revisions

Purchase orders and requisitions

Revisions, reimbursement requests, resolutions and correspondence for grants

Grant disbursements to other entities

Invoices for expenditures to be paid

Reimbursements for travel expenses

Bid specifications and procedures for bids previously authorized by the Commission

Monthly Hotel Occupancy Tax Collection disbursements

Disbursements for previously approved Innovative Programming Grants

Tax refunds, exonerations, improprieties and consolidations

Probate items, including settlements, petitions and Fiduciary Commissioner reports

General Fund disbursements to entities

Funding requests from local organizations by written form

Payroll modification as submitted by elected officials

MARCH 9, 2017

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE  
DAVID BLAIR COUCH, AS PRESIDENT, TO EXECUTE AN  
APPLICATION FOR A COMMUNITY CORRECTIONS  
GRANT.

**ORDER**

On this date, the County Commission of Wood County, upon a motion made by James E. Colombo, seconded by Robert K. Tebay and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to EXECUTE an Application for a Community Corrections Grant with the West Virginia Division of Justice and Community Services. Said grant application is in the amount of five hundred ninety-six thousand eight hundred fifty-three dollars and zero cents (\$596,853.00) and is on behalf of the Wood County Day Report Center.

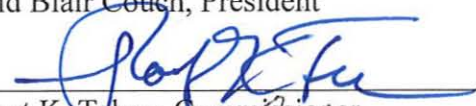
A copy of the General Administrative Information, Budget Information and Project Narrative, is attached to this Order and should be made a part thereof. Further information submitted with the Application is on file in the Office of the County Administrator.

APPROVED:

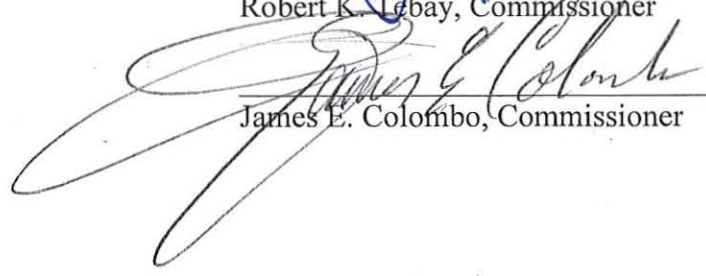
THE COUNTY COMMISSION OF WOOD COUNTY



\_\_\_\_\_  
David Blair Couch, President



\_\_\_\_\_  
Robert K. Tebay, Commissioner



\_\_\_\_\_  
James E. Colombo, Commissioner

M/3605

**West Virginia Community Corrections  
Grant Program Application**

**General Administrative Information  
Page 1**

<b><u>Applicant Agency:</u></b> Wood County Commission	<b><u>Type of Agency:</u></b>
<b>Address:</b> One Court Square, Suite 203 Parkersburg, WV 26101	<input type="checkbox"/> Municipality
	<input checked="" type="checkbox"/> County
<b>Phone:</b> 304-424-1976	<b><u>Type of Application:</u></b>
<b>Fax Number:</b> 304-424-0194	<input checked="" type="checkbox"/> For State Funds
	<input type="checkbox"/> No State Funds

<b><u>Project Director:</u></b> Toni Tiano	<b><u>Fiscal Officer:</u></b> Mark Rhodes
<b>PD Title:</b> Grant Consultant	<b>FO Title:</b> Wood County Clerk
<b>Address:</b> One Court Square Parkersburg, WV 26101	<b>Address:</b> One Court Square Parkersburg, WV 26101
<b>Phone:</b> 304-428-7760	<b>Phone:</b> 304-424-1850
<b>Fax:</b> 304-485-2925	<b>Fax:</b> 304-424-0194
<b>Email:</b> tianoknopp@suddenlink.net	<b>Email:</b> mrhodes@woodcountywv.com

State Funds Requested: \$596,853

Amount Awarded:

Local Funds Committed: \$288,457

(for DJCS use only)

Project Period: July 1, 2017 – June 30, 2018

Number of years previously funded: 13

Previous Year Number admitted: 430


Geographic Area(s) Served:

Total Population: 129,820

Project Title: MOVDR

Project Description: Serves Counties of Wood, Jackson, and Roane

*Certification: To the best of my knowledge, the information contained in this application is true and correct. The submission thereof has been duly authorized by the governing body and the applicant will comply with the attached special conditions and assurances, if funding is provided.*

<b><u>Authorized Official:</u></b> David Blair Couch	<b><u>AO Title:</u></b> President
Address: One Court Square, Suite 203 Parkersburg, WV 26101	Phone: 304-424-1976
	Fax: 304-424-0194
	E-Mail: seufer@woodcountywv.com
Signature: 	Date: March 9, 2017



**West Virginia Community Corrections  
Grant Program Application**

**Budget Summary  
Page 2**

Applicant: **Wood County Commission** FEIN Number: **556 000 417**

Budget Category	WV Community Corrections Requested Funds (A)	Local (Match) Funds (B)	Total Budget (A + B)
Personnel/Contractual	\$596,853.00	\$250,657.00	\$847,510.00
Travel/Training	0.00	0.00	\$0.00
Equipment	0.00	0.00	\$0.00
Other	0.00	\$37,800.00	\$37,800.00
Totals	\$596,853.00	\$288,457.00	\$885,310.00

*\*All funds must be rounded to the nearest whole dollar amount*

**Funding Strategy**

Funding Source(s)	Amount	Status
WV Community Corrections Grant	\$596,853.00	P
Client Fees	\$12,000	P
Wood County Commission	\$120,457.00	P
Jackson County Commission	\$25,000.00	P
Roane County Commission	\$25,000.00	P
Senate Bill 371 Reimbursement	\$40,000.00	P
WV Supreme Court of Appeals	\$66,000.00	P
Total	\$885,310	

Funding Source - Separately list each source of funds that will be used in the program.

Amount - Enter the amount received or anticipated for each

Status - Indicate the status of each funding source as follows:

P – Projected grant, loan or donation

A – Application submitted (**apart from this CC Grant Application**) and under review

C – Funds Committed

R – Funds received, appropriated or on hand

## WEST VIRGINIA COMMUNITY CORRECTIONS

## GRANT PROGRAM APPLICATION

## BUDGET DETAIL

Page 3

Budget Category	Requested Community Corrections Funds	Local Funds Utilized	Approved (DCJS Use Only)
<b>Personnel / Contractual:</b>			
Day Report Center Director - Hernando Escandon			
Salary - \$57,058	\$57,058.00		
Retirement - \$57,058 x .11	\$6,276.00		
FICA - \$57,058 x 0.0765	\$4,365.00		
WC - \$57,058 x 0.038	\$2,168.00		
Health Insurance - \$902.88 x 12 mos.	\$10,835.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Assistant Director - Amy Church			
Salary - \$46,178	\$46,178.00		
Retirement - \$46,178 x .11	\$5,082.00		
FICA - \$46,178 x 0.0765	\$3,534.00		
WC - \$46,178 x 0.038	\$1,756.00		
Health Insurance - \$2,256.30 x 12 mos.	\$27,076.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Administrative Assistant - Patrica Lynch			
Salary - \$26,230	\$26,230.00		
Retirement - \$26,230 x .11	\$2,885.00		
FICA - \$26,320 x .0765	\$2,007.00		
WC - \$26,320 x .038	\$997.00		
Health Insurance - \$902.88 x 12 mos.	\$10,835.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Jackson County Site Coordinator/Case Manager Jeanette Easthom			
Salary - \$30,561	\$30,561.00		
Retirement - \$30,561 x .11	\$3,362.00		
FICA - \$30,561 x .0765	\$2,338.00		
WC - \$30,561 x .038	\$1,161.00		
Health Insurance - \$902.88 x 12 mos.	\$10,835.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Case Manager-Wendy Romine			
Salary - \$31,500	\$31,500.00		
Retirement - \$31,500 x .11	\$3,465.00		



FICA - \$27,000 x .0765	\$2,410.00		
WC - \$27,000 x .038	\$1,197.00		
Health Insurance - \$902.88 x 12 mos.	\$10,835.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Site Coordinator - Heather Paxton			
Salary - \$37,440	\$37,440.00		
Retirement - \$37,440 x .11	\$4,118.00		
FICA - \$37,440 x .0765	\$2,864.00		
WC - \$37,440 x .038	\$1,423.00		
Health Insurance - OPTED OUT			
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Case Manager/Counselor - Kelsey Preston			
Salary - \$29,580	\$29,580.00		
Retirement - \$29,580 x .11	\$3,254.00		
FICA - \$29,580 x .0765	\$2,263.00		
WC - \$29,580 x .038	\$1,124.00		
Health Insurance - \$902.88 x 12 mos.	\$10,835.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Case Manager/Counselor - Sherry Wise			
Salary - \$34,000	\$34,000.00		
Retirement - \$34,000 x .11	\$3,740.00		
FICA - \$34,000 x .0765	\$2,601.00		
WC - \$34,000 x .038	\$1,292.00		
Health Insurance - \$902.88 x 12 mos.	\$10,835.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Case Manager - Travis Bunner			
Salary - \$27,000	\$27,000.00		
Retirement - \$27,000 x .11	\$2,970.00		
FICA - \$27,000 x .0765	\$2,066.00		
WC - \$27,000 x .038	\$1,026.00		
Health Insurance - \$902.88 x 12 mos.	\$10,835.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Case Manager - Jeff DeLancey			
Salary - \$27,000	\$27,000.00		
Retirement - \$27,000 x .11	\$2,970.00		
FICA - \$27,000 x .0765	\$2,066.00		
WC - \$27,000 x .038	\$1,026.00		
Health Insurance - \$902.88 x 12 mos.	\$10,835.00		
Dental Insurance - \$20.64 x 12 mos.	\$248.00		
Life Insurance - \$2.21 x 12 mos.	\$27.00		
Vision Insurance - \$7.14 x 12 mos.	\$86.00		
Case Manager - Samantha Cobb			

Salary - \$24,960	\$24,960.00	
Retirement - \$24,960 x .11	\$2,746.00	
FICA - \$24,960 x .0765	\$1,909.00	
WC - \$24,960 x .038	\$949.00	
Health Insurance - \$902.88 x 12 mos.	\$10,835.00	
Dental Insurance - \$20.64 x 12 mos.	\$248.00	
Life Insurance - \$2.21 x 12 mos.	\$27.00	
Vision Insurance - \$7.14 x 12 mos.	\$86.00	
Counselor - Sheila McBride		
Salary - \$12,000	\$12,000.00	
FICA - \$12,000 x .0765	\$918.00	
WC - \$12,000 x .038	\$456.00	
<b>MATCH</b>		
<b>Personnel / Contractual:</b>		
Office Assistant - Nicole Lemon		
Salary - \$30,000	\$30,000.00	
Retirement - \$30,000 x .11	\$3,300.00	
FICA - \$30,000 x .0765	\$2,295.00	
WC - \$30,000 x .038	\$1,140.00	
Health Insurance - \$902.88 x 12 mos.	\$10,835.00	
Dental Insurance - \$20.64 x 12 mos.	\$248.00	
Life Insurance - \$2.21 x 12 mos.	\$27.00	
Vision Insurance - \$7.14 x 12 mos.	\$86.00	
Case Manager - VACANT		
Salary - \$27,000	\$27,000.00	
Retirement - \$27,000 x .11	\$2,970.00	
FICA - \$27,000 x .0765	\$2,066.00	
WC - \$27,000 x .038	\$1,026.00	
Health Insurance - \$2,256.30 x 12 mos.	\$27,076.00	
Dental Insurance - \$20.64 x 12 mos.	\$248.00	
Life Insurance - \$2.21 x 12 mos.	\$27.00	
Vision Insurance - \$7.14 x 12 mos.	\$86.00	
Support Staff - Kevin Townsend, Jr.		
Salary - \$23,920	\$23,920.00	
Retirement - \$23,920 x .11	\$2,631.00	
FICA - \$23,920 x .0765	\$1,830.00	
WC - \$23,920 x .038	\$909.00	
Health Insurance - \$2,256.30 x 12 mos.	\$27,076.00	
Dental Insurance - \$20.64 x 12 mos.	\$248.00	
Life Insurance - \$2.21 x 12 mos.	\$27.00	
Vision Insurance - \$7.14 x 12 mos.	\$86.00	
Office Assistant - Priscilla Greathouse		
Salary - \$20,800	\$20,800.00	
Retirement - \$20,800 .11	\$2,288.00	
FICA - \$20,800 x .0765	\$1,591.00	
WC - \$20,800 x .038	\$790.00	
Health Insurance - \$902.88 x 12 mos.	\$10,835.00	
Dental Insurance - \$20.64 x 12 mos.	\$248.00	
Life Insurance - \$2.21 x 12 mos.	\$27.00	
Vision Insurance - \$7.14 x 12 mos.	\$86.00	
Office Assistant - James Rutter		

Salary - \$20,800		\$20,800.00	
Retirement - \$20,800 .11		\$2,288.00	
FICA - \$20,800 x .0765		\$1,591.00	
WC - \$20,800 x .038		\$790.00	
Health Insurance - \$902.88 x 12 mos.		\$10,835.00	
Dental Insurance - \$20.64 x 12 mos.		\$248.00	
Life Insurance - \$2.21 x 12 mos.		\$27.00	
Vision Insurance - \$7.14 x 12 mos.		\$86.00	
Counselor - Chasitiy Stewart-West			
Salary - \$8,320		\$8,320.00	
FICA - \$8,320 x .0765		\$636.00	
WC - \$8,320 x .038		\$316.00	
Part-Time Security - Neil Rader			
Salary - \$2,600		\$2,600.00	
FICA - \$2,600 x .0765		\$199.00	
WC - \$2,600 x .038		\$99.00	
<b>SPACE</b>			
Wood County - \$1,500 x 12 mos.		\$18,000.00	
Jackson County - \$1,100 x 12 mos.		\$13,200.00	
Roane County - \$550 x 12 mos.		\$6,600.00	
<b>Total Local Funds:</b>	<b>\$596,853.00</b>		
<b>Total State Community Corrections Funds:</b>		<b>\$288,457.00</b>	
<b>Total APPROVED for Project</b>			<b>\$0.00</b>

*\* All Funds Must Be Rounded To The Nearest Whole Dollar Amount \**



**WEST VIRGINIA COMMUNITY CORRECTIONS****Grant Program Application****BUDGET JUSTIFICATION****PAGE – 4**

Provide specific information that explains each proposed expense for the project. State clearly and in concise detail the breakdown and justification of need for each item requested for funding in the Budget Detail pages. Also, provide an identified breakdown of matching funds. Be sure to label the breakdown of matching funds as such. Attach additional pages if necessary.

**GRANT FUNDS - \$596,854****Personnel/Contractual – GRANT FUNDS**

A total of \$594,757 is being requested in grant funds in the personnel/contractual category for employees who are Wood County employees (salary, benefits, and insurance).

**The positions are:**

Day Report Center Director	\$57,058
Assistant Director	\$46,198
Administrative Assistant	\$26,230
Site Coordinator – Jackson County	\$30,561
Case Manager # 1	\$31,500
Case Manager/Counselor – Jackson/Roane Counties	\$37,440 (no health insurance)
Case Manager # 2	\$29,580
Case Manager #3	\$34,000
Case Manager #4	\$27,000
Case Manager #5	\$27,000
Case Manager #6	\$24,960
Counselor – part-time	\$12,000 (no retirement or insurance)

<b>TOTAL EMPLOYEES SALARY</b>	<b>\$383,527</b>
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**Benefits for the employees are as follows:**

Retirement - $\$371,527 \times .11$	\$40,868
Social Security - $\$383,527 \times .0765$	\$29,340
Workers Comp. - $\$383,527 \times .038$	\$14,574

<b>TOTAL EMPLOYEE BENEFITS</b>	<b>\$84,782</b>
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**Insurance for full-time employees is as follows:****HEALTH**

$\$902.88 \times 12 \text{ mos.} \times 9 \text{ employees}$	\$97,511
$\$2,256.30 \times 12 \text{ mos.} \times 1 \text{ employee}$	\$27,076

**DENTAL**

\$20.64 x 12 mos. x 11 employees \$2,724

**LIFE**

\$2.21 x 12 mos. x 11 employees \$292

**VISION**

\$7.14 x 12 mos. x 11 employees \$942

**TOTAL EMPLOYEE INSURANCE \$128,545**

**TOTAL PERSONNEL GRANT FUNDS \$596,854**

**TOTAL GRANT FUNDS REQUESTED \$596,854**

**MATCH FUNDS = \$288,457**

**Personnel/Contractual – MATCH FUNDS**

The following is a listing of the full-time employees and non-full time employees of the Day Report Center which will be used as part of the match requirement.

**The full-time positions are:**

Case Manager	\$27,000
Office Assistant	\$30,000
Support Staff	\$23,920
Office Assistant	\$20,800
Office Assistant	\$20,800

**TOTAL FULL-TIME EMPLOYEES SALARY \$122,520**

**Benefits for the full-time employees are as follows:**

Retirement - \$122,520 x .11	\$13,477
Social Security - \$122,520 x .0765	\$ 9,373
Workers Comp. - \$122,520 x .038	\$ 4,656

**TOTAL FULL-TIME EMPLOYEE BENEFITS \$27,506**

**Insurance for full-time employees is as follows:**



## HEALTH

\$902.88 x 12 mos. x 3 employees	\$32,504
\$2,256.30 x 12 mos. x 2 employees	\$54,151

## DENTAL

\$20.64 x 12 mos. x 5 employees	\$1,238
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## LIFE

\$2.21 x 12 mos. x 5 employees	\$133
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## VISION

\$7.14 x 12 mos. x 5 employees	\$428
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TOTAL EMPLOYEE INSURANCE	\$88,454
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## NON-FULL TIME EMPLOYEES:

Counselor	\$8,320
Support Staff – Security	\$2,600

TOTAL NON-FULL TIME EMPLOYEES SALARY	\$10,920
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## Benefits for non-full time employees are as follows:

Social Security - \$10,920 x .0765	\$835
Workers Comp. - \$2,600 x .038	\$415

TOTAL NON-FULL TIME EMPLOYEE BENEFITS	\$1,250
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Misc. Personnel Expenses – Due to rounding of figures	\$7
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TOTAL PERSONNEL/CONTRACTUAL MATCH	\$250,657
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## Space MATCH Funds

Wood County Rent - \$1,500/mo. x 12 mos.	\$18,000
Jackson County Rent - \$1,100/mo. x 12 mos.	\$13,200
Roane County Rent - \$550/mo. x 12 mos.	\$ 6,600

TOTAL SPACE MATCH	\$37,800
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TOTAL CASH MATCH	\$288,457
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Please provide information that describes the proposed project. State clearly and in concise detail the purpose and direction of the project, including all components described in the project narrative section of the application instructions. All components must be addressed in the order listed in the instructions. Attach additional pages if necessary and label additional pages as 5a, 5b, 5c, etc.

**A. PROBLEM STATEMENT**

It is understood that the criminal justice system cannot expect to eliminate all criminal behaviors; even under circumstances where each branch of the system was to operate at its optimal level and seamless cooperation was to exist between each branch. Despite exceptional police presence and response from the judicial systems, there continues to be high rates of criminal activity in Wood, Roane, and Jackson Counties. Crimes against property and persons motivated by substance abuse and addiction continue the trend of representing the greatest percentage of all crimes over the past several years.

Consistent with other recent years, local law enforcement officials continue to report that the selling prices for many addictive substances in this area are significantly higher than the selling prices in most urban areas. This fact is believed to be a primary contributing factor to the continued high rates of property crime and retail theft that local substance users frequently perpetrate.

The combination of the high selling prices, high demand, and competition which is perceived as both less organized and less dangerous serve to attract distributors of substantial quantities of addictive substances to this area who originate from large metropolitan areas (such as Columbus, OH and Detroit, MI). Anecdotal evidence obtained from those sellers who originate from large urban areas continues to support this suspicion.

Offenders motivated by an underlying addiction who do not have appropriate substance use treatment as part of their sentencing requirements experience a very high rate of recidivism. Although not a direct cause of domestic violence, family conflict is exacerbated by substance abuse, putting the intimate partners and children of those who use at increased risk. These factors frequently serve to make the home environment the most dangerous place for victims of domestic violence.

According to Wood County Coroner Mike St. Clair, the number one cause of death by overdose is the ingesting of a lethal quantity of opioids. Mr. St. Clair reports that 43 such accidental overdose deaths occurred during the 2016 calendar year, which is an increase of the 34 such deaths that were recorded in 2015. These deaths are officially referred to as drug toxicity overdose; the mean age of the victims remained steady in 2016 at 25 to 35 years of age.

Mr. St. Clair again cited opioid overdose, both in the forms of prescription painkillers and heroin, as the predominant cause for these deaths. He has continued his informal practice of attempting to save additional lives by talking to friends and family members of overdose victims in order to educate them about the potential for strong or toxic substances becoming available in the area.



Mr. St. Clair reports that as of February 2017, at least 9 deaths attributed to substance overdose have occurred in Wood County. If this rate persists throughout the remainder of the calendar year, it would represent another substantial increase. Furthermore, the number of clients who required emergency medical treatment following suspected opioid overdoses increased by approximately 100% from January 2016. Preliminary information suggests that this increase likely persisted into February 2017 as well.

Although no definitive catalyst for this increase has been identified, at least two possibilities have been suggested. Some individuals believe that the increased accessibility of Narcan (combined with the mistaken perception held by many addicts that it is always effective in reversing the effects of opioid overdoses) has influenced opioid addicts to use in a more reckless manner than they did prior to Narcan's easy availability.

Local officials also note that historically, whenever a new addictive substance (or whenever a different version of an existing substance that is stronger and/or more toxic than the version formerly available) infiltrates the local area, an increase in the number of patients who have overdosed or experienced a toxic reaction to that substance is a frequent and predictable result.

Consequently, another possible (and perceived by many as a more likely) catalyst is the report from local law enforcement that in February 2017 supplies of heroin laced with Fentanyl have been confirmed as being present in the local area. Concern has also been expressed over the recent report that Carfentanyl has recently been found within heroin samples which have been seized at multiple locations in Ohio.

Similar to previous years, law enforcement officials indicate that the first few days of each calendar month is the period of time when overdoses are most likely to occur. The most plausible (yet difficult to verify) explanation for this observation is that many local overdose victims rely on government assistance, which is typically issued to its beneficiaries on or near the first day of every month.

Speculation persists in some circles that a causal explanation exists to account for the decrease in prescription opioid use and the increase in heroin use that has been noted in recent years. However, we remain unaware of any research which provides empirical support for that position. Furthermore, there have been no known credible challenges to the articles published in early 2016 (and cited in the grant application narrative for the current fiscal year) which indicate that increased heroin use began before (and is therefore not perceived as directly related to) the continued decrease in availability of prescription opioids.

Furthermore, the U.S. Surgeon General's report on Alcohol, Drugs, and Health indicates that drug abuse costs the U.S. economy well over \$400 billion per year. In 2015, more than 27 million persons in the U.S. used some type of illegal drug and 66 million reported having engaged in at least one episode of binge drinking within the past month. The report further indicated that every \$1 invested in addiction treatment services carries the potential of preventing a combined \$4 in healthcare costs and lost employee productivity. Each \$1 invested in addiction treatment can also be expected to result in a \$7 reduction in criminal justice costs. Existing



treatment programs have been shown to reduce the risk of relapse and the illegal behavior that active addiction can serve as a catalyst for.

The suspected reasons for the high rates of substance-related continue to demand a substantial level of attention from law enforcement and has posed an additional risk to the well-being of our communities. The number of resources which must be devoted to responding to this activity has been cited by local law enforcement as the primary reason that they cannot simultaneously investigate other types of illegal behavior that the public might request (frequently allegations of driving under the influence).

As the addicted population continues its constant search for illicit substances which are more powerful, less expensive, and easier to access, some local sources have noted a recent increase in the use of methamphetamine.

Regionally, the local effort to combat the manufacturing and use of methamphetamine continues, with "meth labs" continuing to be identified and disrupted on a regular basis. Compounding this problem is information that is consistently received from many of our program's clientele, who indicate that they are resorting to manufacturing methamphetamine on their own more frequently in response to the increased difficulty that they encounter while trying to afford the local purchasing prices for virtually all categories of illicit substances.

The detrimental effects of this trend cause suffering not only to those who manufacture, sell and abuse the drug, but even more importantly to the children who are exposed to the harmful vapors and other byproducts which result from the manufacturing process. Furthermore, children raised in close proximity to methamphetamine production experience substantially greater risks of parental neglect, in addition to all forms of abuse from their parents and others who are involved with the manufacturing process and/or using the drug itself.

Unfortunately, inpatient treatment centers remain low in number and difficult to access throughout West Virginia. Furthermore, some inpatient centers are not equipped to house adult female addicts as well as their children. When faced with only these undesirable choices, many addicts decide against pursuing any type of treatment on a voluntary basis.

A residential peer recovery-based program for men and a separate inpatient program are scheduled to open in the area during this calendar year. However, after reviewing their goals, target populations, and payor sources accepted, their ability to provide significant assistance to our agency's clientele is somewhat questionable.

Efforts have been made to contact officials with the Parkersburg Violent Crimes & Narcotics Task Force, for updated information regarding the number of methamphetamine lab arrests in the Parkersburg area. As with previous years, we have been unsuccessful with receiving timely responses to inquiries made.

The DRC has received information to suggest that in 2016 the problem of synthetic drugs such as methylenedioxypyrovalerone (commonly referred to as "bath salts") and K2 continues to

gradually diminish in our communities. Nevertheless, our continued affiliation with the local branch of the West Virginia Drug Testing Laboratories, Inc. (WVDTL) renders us capable of quickly testing for these substances whenever their use is suspected.

Our attempts to obtain arrest data for Wood County in 2016 resulted in receiving a voluminous document which serves as the Criminal Master File listing. Unfortunately, this listing does not tabulate the specific number of each type of offense. Furthermore, it appears to also include cases where the initial arrest occurred in previous years. Given these barriers, we regret to indicate that it is not feasible to provide the offense-specific arrest data which has been included in the narrative for previous grant applications.

We regret to report that our best efforts to obtain 2016 arrest data for Roane County and Jackson County were unsuccessful. Court officials in both of those counties indicated that the implementation of a computerized record keeping system does not permit them to tabulate the number of arrests for any specific offense. We have been informed that this task can be carried out by officials at the state level. State officials have indicated that they would provide us with arrest data as soon as they are able to do so. Unfortunately, as of this writing, no such data has been received from either county.

It has become apparent to the DRC's clinical staff that the occurrences of untreated mental health problems which frequently co-exist with addiction are a significant barrier to our clientele maintaining optimal functioning in our communities. In previous years, our attempts to address these needs focused on referring such clients to local mental health facilities for mental health treatment.

Unfortunately, the inconsistent communication we continue to receive from many of the providers at these other facilities has created a barrier to this agency's ability to effectively supervise this clientele and monitor their response to treatment. Although difficult to prove, is it suspected that this difficulty would result in higher levels of recidivism.

Our efforts to resolve this barrier with our collaborating agencies continue with the goal of establishing a more effective coordination of services. However, at the present time, these efforts remain time consuming and difficult to achieve because of the high client/staff ratio we continue to experience.

One welcome improvement in that area has been sustained by continued funding of a local Community Engagement Specialist (CES), who is employed under a separate grant that is part of the Justice Reinvestment Initiative (JRI). Our agency's clientele who presented with co-occurring disorders were subsequently transferred to the CES. Her efforts to improve communication and collaboration with other community providers continues to yield gradually improving results. Most importantly, the clientele of this program have experienced greater ease with accessing the services from other providers.



**b. Description of method used to evaluate the local need for services**

The decisions pertaining to the specific services offered at each of our agency's regional offices continue to be made in consultation with our local Community Criminal Justice Board (LCCJB). These decisions are modified as indicated through a combination of regular board meetings and ongoing communication with program stakeholders, such as Parole, Probation, Home Confinement, County Prosecutors, Magistrates, Circuit and Family Court Judges, the Department of Health and Human Resources (DHHR), and the local Drug Court.

In order to facilitate the process of receiving regular feedback from our stakeholders, the previously developed satisfaction survey was given to numerous referral sources during this grant year. Despite our ongoing efforts to educate the community about the nature of our program, the feedback obtained from those surveys has remained consistent with previous grant years in suggesting that some of our referral sources lack adequate knowledge of our agency's target population and the range of services that we can appropriately provide.

Client exit interviews provide feedback on the extent to which our consumers perceive their participation in the agency's programming to be of benefit. As with the surveys sent to our referral sources, much of the feedback obtained during these interviews continues to contain inconsistent responses which fail to identify obvious areas of improvement which could be undertaken.

Our regional agency has also learned the importance of keeping the community advised of the services which we offer. By utilizing the media to obtain coverage about programming and successes and barriers experienced by our agency, we have been able to minimize any impact from inaccurate perceptions about the program as well as open a line of communication for feedback from the community at large. We continue to utilize social media as a primary source of communication with our clientele; not merely about our agency's operations, but also a source of information about other local resources and opportunities.

Interacting with other community correction programs also serves as a valuable tool to gauge the overall level of services provided locally. Statewide meetings and training programs as well as information from the Division of Justice and Community Services Office were all beneficial for identifying not only potential local needs but also the most effective ways in which to meet those needs. Furthermore, information gleaned from these meetings regarding future trends in criminal justice, health care, and funding also proved valuable.

Offenders served by direct referral to Community Corrections include those who are assessed to be of a medium or high risk according to the Level of Service/Case Management Inventory (LS/CMI). Domestic abuse offenders who are referred directly to Community Corrections and assessed as low risk continue to be served through the Batterer's Intervention and Prevention Program (BIPP). We are pleased to report that on 8/31/16 our BIPP was granted a full and unconditional renewal of its previous 3-year period of licensure from the West Virginia Family Protection Services Board (FPSB).



Referrals received from parole, probation, or Magistrate Court are provided services as indicated by the LS/CMI results and applicable credentialing/ethical codes. The agency continues to receive a significant number of referrals from the local parole authority as funding to provide services to this clientele through Senate Bill 371 remains available.

The agency also receives referrals from the local DHHR offices for assessment and (when applicable) recommendations for services designed to increase the safety and security of the children and families in our communities.

The DHHR routinely requests assessments for substance abuse itself and as a complicating factor in cases where the client was involved with (as either a perpetrator or a victim) of domestic abuse. It is not unusual for these assessments to result in services being recommended (and subsequently rendered) by our agency.

Because this clientele is usually not referred as a result of a conviction or criminal charge the LS/CMI is not among the instruments which are administered during the initial assessment process. The LS/CMI is also frequently not indicated for clients received in pre-trial or bond supervision status. In such cases, our clinical staff utilizes other comprehensive assessment tools such as the agency's standard biopsychosocial assessment (which includes a mental status exam), the Substance Abuse Subtle Screening Inventory, Fourth Edition (SASSI-4), domestic violence assessments and an array of other assessment and screening tools as indicated.

All offenders who score at the medium or high level on the LS/CMI's education/employment category are referred to other appropriate local providers in order to address the specific need and/or risk which the inventory identified. Our agency has a broad array of substance abuse treatment options that are designed to permit the practice of individualized treatment planning, which improves outcomes by addressing specific levels of need at the recommended dosage for the clients we serve.

By far, the service most often identified as a need of our clientele (and requested by our referral sources) is substance abuse treatment, followed by BIPP, and theft prevention classes. During the current fiscal year, we have seen increases in the requests for other services such as life skills, victim impact, and parenting education. The Jackson County community has expressed particular interest in the Thinking for a Change curriculum.

Some perpetrators of domestic offenses are directly sentenced to the agency by the court system, while other referrals come from the DHHR due to allegations of child abuse/neglect. While the primary focus of the treatment planning in these cases is related to domestic violence, these clients frequently have co-existing substance abuse issues that are addressed and treated simultaneously whenever clinically appropriate. This practice is maintained in accordance with the well-known fact that the most common reason BIPP participants do not successfully complete that program is the presence of an active substance problem that is not treated.

Many offenders come to the DRC with co-existing substance abuse and mental health diagnoses. The DRC clinical staff has the requisite expertise to screen offenders for the existence of these



co-occurring disorders and take the necessary steps in order to assure that these offenders are provided with all clinically appropriate services. If any of these services cannot be provided internally, referrals are promptly made to a behavioral health facility or other appropriate agency.

It is not uncommon for our agency's clients to be unemployed, without stable living arrangements, and deficient in the skills which can successfully address those problems. These deficits interfere with their ability to positively respond to interventions that are offered to them. It is imperative to link these clients with all necessary services in order to establish a sense of stability which will improve their response to both treatment and supervision. Any progress made in these areas should also be expected to significantly reduce the likelihood of recidivism.

The DRC continues to experience the increase in referrals which resulted from Senate Bill 371. Although the local parole authority has implemented the practice of sending virtually all newly paroled offenders to the DRC for evaluation and treatment services (whenever the assessment results suggest that treatment is recommended), they have made a greater number of referrals specifically to the JRI program during this fiscal year.

Obvious challenges that present a barrier to the provision of services across the regional area include the rural nature of our localities which results in transportation problems. Fortunately, the Wood County community has the benefit of a public transportation system, and the Wood County DRC has been able to occasionally provide clients with bicycles to assist with transportation.

The Roane and Jackson County offices are located in particularly rural geographic areas which create an even greater transportation problem. The high rates of poverty in these areas serve to increase the challenge of getting the clients to the office in order to receive needed supervision and programming. The employees in all of our offices work with not only the offenders but with their support systems and other social service agencies to identify and access every available resource for consistent transportation.

The Mid-Ohio Valley Regional Community Correction staff members have the necessary credentialing in order to provide most of the clinical services required by offenders who are referred to the agency. Although this is undoubtedly a positive development overall, it does present its own unique challenges.

The Wood County site has hired two part-time counselors to both expand the range of group counseling services available and reduce the number of clients in some of its group sessions. This change is necessary in order to comply with applicable Medicaid regulations pertaining to the census limits for group counseling. Both of these part-time employees hold master's degrees and have considerable experience with providing services to Medicaid clients.

However, additional manpower is necessary in order to offer the full range of programming that our clientele need while maintaining the required session sizes. Consequently, we are asking for additional funding for cover the costs associated with hiring an additional full-time case manager for Wood County. An additional case manager would permit our current clinical staff who



perform both counseling and case management duties to provide additional counseling services without an adverse effect on the assessment and case management functions.

Accessing all forms of adequate healthcare services remains a challenge for some of our clients. We continue to facilitate enrollment in healthcare programs to provide medical coverage for our clients and their families where applicable. The potential threats to the long-term viability of the expanded Medicaid program could interfere with our recent successes in offering a significant percentage of our clients greater access to much needed healthcare services. We have also maintained a good working relationship with Rural Health Agencies and the behavioral health systems that often provide opportunities to obtain services for our clients.

The complex array of problems that many of our clients experience (frequently as a result of long-term drug and alcohol abuse and the financial hardship which is commonly associated with it) leaves them vulnerable to a number of serious problems. These problems include (but are not necessarily limited to) belief systems that are conducive to family violence, a traumatic childhood that includes violence, low educational levels (less than 12th grade or equivalent); lack of transportation (which is frequently a result of revoked Operator's licenses), non-payment of fines, poor medical health; poor dental health and limited access to vision care or corrective lenses.

The presence of any of these problems serves to interfere with the process of providing appropriate services, particularly in a setting which has had an inadequate number of employees. Further complicating this problem are the occasional legal mandates whose brief durations do not afford the agency with the optimal amount of time that is necessary in order to successfully meet the treatment needs of our referrals.

#### **B. Program Description and/or Solution to the Problem**

Mid-Ohio Valley Regional Community Corrections aspires to increase community safety while holding medium and high risk offenders accountable for their behavior and providing appropriate evidence-based treatment. The agency has been serving Wood County for more than 10 years with the Jackson County and Roane County sites in continuous operation for more than 5 years. As the field of community corrections continues to evolve, our agency has become a part of the fabric of the criminal justice system and an essential resource to other community providers of behavior health services.

As the communities we serve further their understanding of the impact that addiction, violence, and lack of basic life skills/employability has on their communities as it relates to the perpetration of criminal activity, we anticipate that a similar understanding of the need for the services which this agency provides will continue to increase.

With this increased understanding of the importance of treatment as part of the rehabilitation and accountability of offenders, the need to continue the community corrections programming is essential. Meeting this need serves not only to address the problem of jail/prison overcrowding,



but also to positively impact the rate of recidivism of offenders by engaging them in evidence-based programming and positive interactions with supervisory staff and clinicians.

Our agency has a highly credentialed well trained and motivated team of clinical staff. This credentialing includes a Licensed Professional Counselor (with Approved Licensed Professional Supervisory endorsement), an Advanced Alcohol and Drug Counselor (AADC), one Alcohol and Drug Counselor (ADC), one Master Addiction Counselor, a Certified Criminal Justice Professional, and Master Level Counselor who had previously functioned in other settings as a Supervised Psychologist.

In addition, within the next fiscal year we anticipate having two case managers obtain the AADC, and another case manager (as well as our Community Engagement Specialist) obtain the ADC credential. All of our currently non-credentialed case management staff are receiving the work experience and clinical supervision that they require to become eligible for addiction counselor credentialing.

Substance abuse treatment is directly provided by our certified counseling staff or by our other case managers who are monitored by those who are already credentialed. Batterers Intervention also requires annual continuing education related to domestic violence as set forth by the WV Family Protection Services Board (FPSB).

Two clinical staff have completed the training necessary in order to facilitate the Thinking for a Change program. In addition, several other employees have registered for the training which is scheduled for later this fiscal year. We have made multiple efforts during the current fiscal year to begin that program at our Wood County site. Unfortunately, those efforts have been unsuccessful; the clientele referred to that program have been consistently removed from the program by their referral sources before they could begin participating. Our latest effort to start that program is scheduled to begin this month.

Experience with our previous clientele has made it clear that an expansive array of services is necessary. This experience served as the primary impetus for implementing the decision to provide multiple tracts of substance abuse treatment. Each tract is designed to increase the likelihood of our clients successfully completing our program while reducing their risk for recidivism. Evidenced-based practices also stress the importance of providing the dosage of treatment which is recommended by the client's assessed level of risk.

During the past year, the DRC has continued its collaboration with Workforce Investment programming for intensive case management related to obtaining employment. This relationship has served as a valuable resource for some of our clientele despite the fact that difficulties persist with accessing this service due primarily to transportation issues.

The Wood County site recently met with representatives of the Literacy Volunteers of the Mid-Ohio Valley. Because this entity provides free literacy education for any local resident in need, there is no doubt that this program would be of potential benefit to some of our agency's clientele. Preliminary discussions suggested that the representatives should discuss the matter



further with their own Board of Directors before determining whether they are willing and able to offer their services to our clientele. As of this writing, this agency has received no word as to whether the Board of Directors has approved any collaboration between the two entities.

**o Description of how the proposed project will address the needs identified in the problem statement:**

The array of services offered by this agency is designed to maximize the impact on offenders who participate in the programming and result in a significantly reduced risk of reoffending. Best practice theory has determined that the most successful treatment programming is delivered by offering a participant appropriate treatment in the least restrictive setting possible. Those offenders who can be maintained in the community while under supervision and receiving treatment services are more likely to fully reintegrate into society than are those who are incarcerated and subsequently experience the barriers commonly associated with the readjustment process following their release.

Since the vast majority of the clients have issues with substance abuse, domestic violence, and/or stealing behavior, treatment and education programs in these areas continue to be provided primarily on site by appropriately credentialed employees. The expertise of the agency's clinical staff in meeting the unique needs of the offender population cannot be matched by those service providers that are available to the general community.

The difficulties with facilitating client access to outside resources that have been mentioned during previous grant applications persist; the main problem continues to be a lack of receiving timely feedback from the collaborating agencies. Although we continue to make every effort to address these concerns with our outside referral sources, this problem again serves as a primary impetus for the decision to retain additional case management staff. Turnover during this fiscal within our case management ranks has delayed our ability to fully implement our planned expansion of both the amount of intensive case management services and the range of in-house treatment services which we provide.

The Wood County site was pleased to collaborate with the local branch of the West Virginia University Extension Office in order to offer Life Skills training and a Nutrition Education program during this fiscal year. Preliminary feedback received from the clients who participated in these programs has been very positive.

The Wood County site is pleased to continue offering the services through the Justice Reinvestment Initiative (JRI) which were begun in October 2015. The Community Engagement Specialist (CES) continues to assume primary responsibility for assessing referrals to the program, matching them to all appropriate community resources, collaborating with all providers involved, and facilitating communication between all providers in order to minimize the probability that the clients will reoffend or suffer a relapse in their symptomatology. The program has received a substantial number of referrals, particularly from the local parole authority.



The Roane County site has been actively involved with the Roane/Calhoun Adult Drug Court, which officially opened during the previous fiscal year. The DRC has completed initial assessments all Drug Court referrals and has provided a full range of group counseling services to its clients. A Roane County employee has registered for the pending Thinking for a Change training in anticipation of offering that service to both the Drug Court and regular DRC clientele.

As stated during the grant application for the current fiscal year, the Jackson County site agreed to a memorandum of understanding (M.O.U.) with the Kanawha Institute for Social Research & Action (KISRA). This decision was made at the request of several Jackson County referral sources. The terms of the M.O.U. indicated that KISRA personnel would provide supplemental group counseling services to our Jackson County clientele.

For reasons which remain unclear, no referrals for these services were ever received. As a result of this development, the Jackson County site expanded the range of services it offers internally to include Life Skills training and a Victim Impact program that has been consistently utilized by its referral sources. A Jackson County employee has also registered for the pending Thinking for a Change training; several of that site's referral sources have indicated that they eagerly await the site's ability to offer that program.

**o Description of the program's anticipated impact on the target population:**

The main focus of programming provided by our agency is to rehabilitate offenders in a manner which also serves to preserve the safety and sanctity of our communities. By providing the appropriate level of supervision in combination with a high quality treatment program, we expect to maximize the likelihood that our clients will develop and consistently implement the basic range of skills which will facilitate their establishment as a productive member of the community.

These basic skills include (but are not necessarily limited to) obtaining/maintain gainful employment, demonstrating consistently appropriate parenting behavior toward their children, and otherwise becoming productive members of society. In addition, the programs anticipate a reduction in offenses in the areas of domestic violence, property crimes, and substance abuse.

**o Describe the major activities necessary to impact on the target population**

Activities and services necessary to impact the target population include a thorough and accurate assessment, comprehensive case management services, supervision, clinical services, as well as the collateral services provided by other community agencies which address the risks and needs that our agency cannot adequately address internally. We strive for both continuous quality improvement and appropriate mechanisms for expanding the range of services that we offer to our clientele.

This goal is achieved through the use of continuous quality assurance, ongoing staff development, researching the latest information related to current best practices, and acquiring the most current evidenced based curriculums. Motivational Interviewing techniques and

consistent use of our graduated reward and sanctions system are the primary tools of interaction with our clients. Continuing our efforts to interact with community partners such as the judicial system remains essential in order to provide the most effective program to our clientele as well as for maintaining a consistent stream of appropriate referrals.

**o Describe the major activities necessary to implement the project-BRIEFLY describe all service to be provided, procedures to be followed and how achievement will documented**

Maintaining a qualified, well trained and highly motivated staff that provides the services to our clients is essential for carrying out effective programming. A summary of sequence of events that our clients typically experience is contained below:

Upon receiving a referral an appointment for the assigned case manager contact the client and an initial assessment is scheduled. In addition to performing the initial assessment, the case manager typically provides supervision and monitoring of the client's progress throughout the course of their participation. Please refer to the appendix for a detailed description of each group counseling service which the agency currently offers.

Once the initial assessment is complete, recommendations for services and the level of supervision are determined in accordance with the risk/need results identified by the LS/CMI (and/or other appropriate instruments) conveyed to the client. If recommended programming is not available in house (or in rare occasions not appropriate to be provided in house), referrals are made to appropriate outside agencies.

**Mid-Ohio Valley Adult Drug Court (MOVADC):** The MOVADC Coordinator continues to be housed at our Wood County site. The Drug Court is an alternative sentencing program for persons who are charged with crimes that are associated with substance use. This program offers individualized rehabilitative treatment options for persons assessed as a high current risk for reoffending as well as a high current need for substance abuse treatment services.

In addition to more effectively managing the client census of our current group counseling services, the part-time counselors hired during this fiscal year have permitted the agency to offer programs for the MOVADC client population which were previously not available because of inadequate manpower.

Client records are maintained in a locked filing cabinet located in a locked room at each regional facility. In general, clients are determined to have successfully completed the program if they complete all recommended programming, maintain urine drug screens that are negative for all prohibited substances, and having no additional criminal charges levied against them.

**C. Project Assessment/Evaluation: Describe how the program will assess results of the proposed project:**

The initial data collected and maintained is the number and type of referrals received by this agency. In addition to the number of referrals, we also track the name of the referring agency



and the stated reason for the referral. Once the referral is received and the initial assessment is completed, a record is kept of those rare clients who are determined to be ineligible for treatment services from our agency. For those referrals found eligible for treatment, their response to the programming is tracked with an emphasis on whether or not they successfully completed the program.

The LS/CMI is administered by case management staff to clients upon intake in response to any changes in the client's situation or functioning which might warrant a change in the recommended treatment services. The LS/CMI is also administered to each upon client upon his/her completion of the program. Client exit interviews and exit surveys conducted by agency employees assist with identifying the client's perception of impact that the services provided had on him/her.

Data pertaining to the specific services provided is collected and maintained. Careful accounting of the number of clients receiving all services and their status upon exiting from the program is gathered. This information assists us with determining both the quantity and efficacy of the services provided.

By maintaining positive relationships with our referral sources and other stakeholders, we are able to gain their perception about the about the quality and quantity of services provided. We strive to maintain open communication with all of these entities, but particularly with our referral sources. Maintaining a positive relationship with stakeholders is ongoing and carried out with various forms of assistance by all agency employees.

The DRC will review all information collected during these processes in order to determine whether any modification to the agency's operations or its treatment program is indicated. The feasibility of implementing these suggestions is then thoroughly explored and a decision regarding the proposed modifications is then made.

The DRC Director bears ultimate responsibility for developing the parameters for all data collection, the appropriate analysis of all data collected, and implementing any modifications that the data warrants.

#### **D. Strategic Plan for LCCJB**

Our regional DRC makes every effort to remain available for and receptive to ongoing feedback related to operations and programming with all referral sources. An example of a pending change related to this feedback pertains to the simplification of our fee policy by implementing of a flat fee rate for all DRC clients.

The LCCJB meets as specified by its current bylaws and information pertaining to the overall operation of the agency is provided to board members. The DRC Director and the current LCCJB chair meet on a regular basis to informally discuss program operations. All operational and policy changes are presented to the local LLCCJB board for its review and approval before



they are implemented. Additionally, the LCCJB endorses the submission of each annual grant application.

The support of the local criminal justice system and the various communities has helped to make the DRC a very successful program. LCCJB members and others provide feedback, maintain oversight of the program, and distinguish between the services that are (and are not) beneficial to their communities. This involvement has been of considerable value to the DRC and has played an important function in this program's ability to consistently meet the needs of its clientele as well as the larger community.

**E. Plan of sustainability:**

Efforts to both maintain and increase the level of services provided by the DRC are ongoing and never likely to conclude. The continued support of the counties and referring agencies is a clear indicator of their willingness to provide the support that is necessary in order to continue the program. While the capacity to fund the program's current operational expenses remains unknown as of this writing, the degree of investment throughout the DRC's existence indicates a strong belief in and commitment to maintaining this type of restorative justice.

Income generated from sources other than the Community Corrections grant program include the participation fees collected from DRC clientele, as well as reimbursement received by the local Drug Court and Home Confinement. By far the greatest amount of additional revenue comes from the DHHR reimbursements for the services provided to our shared clientele. Although these other sources of income have historically been insufficient to meet all of the DRC's operational expenses, they do serve to defray a significant portion of the program costs.

In 2013, the DRC hired a fiscal specialist among whose responsibilities include the itemization and clarification of all agency expenses and revenue collected. During the first full calendar year of her employment (2014) the DRC experienced a substantial increase in the amounts of revenue which was billed and collected. Although she left our employ in 2016, her replacement recently implemented a new procedure for collecting client fees. Historically, obtaining fees from clients has presented many challenges and it is not unusual for those fees continue to go uncollected. The new procedure has generated initial results which are clearly positive. However, as of this writing, it has not been given sufficient time to yield an accurate measurement of its effectiveness.

**F. Graduated sanctions, Incentives, and Client Feedback:**

Please see the following pages.

## **MID-OHIO VALLEY REGIONAL DAY REPORT CENTER**

### **Graduated Client Reinforcement Policy**

It is the policy of the Mid-Ohio Valley Regional Day Report Center (DRC) to establish a consistent pattern of reinforcement for DRC staff to provide for its clientele. Whenever possible, client reinforcement is expected to be positive in nature. The agency strives to maintain a ratio of positive reinforcement to negative reinforcement for its clientele that is equal to or greater than 4:1.

Unfortunately, some circumstances require the imposition of sanctions against clients who violate the DRC's terms and conditions. In order to maximize their effectiveness, client sanctions should be as prompt, clearly associated with the infraction in question, and should be utilized in the most consistent manner possible. Copies of each sanction should be given to the client and clearly documented in his/her file at the time that it is imposed.

The DRC recognizes that absolute consistency with imposing client sanctions is not always possible or desirable. In some cases, the identical infraction committed by two different clients can warrant slightly different sanctions. The final decision about the specific client sanctions to impose can depend on factors such as the extent to which the client thoroughly and honestly disclosed the infraction *before* DRC staff became aware of it.

Nevertheless, this policy strives to create a comprehensive list of preferred rewards and sanctions for each type of client infraction. DRC staff reserve the right to consider other relevant factors and override the preferred reinforcement under some circumstances. However, the process of overriding a preferred client reinforcement should only be a rare occurrence, and should not be implemented unless DRC staff provides adequate written justification for the override. Examples of appropriate client rewards and sanctions are identified below.

#### **Rewards**

Rewards are an essential element of positive reinforcement for successful completion of programming and other landmark events. Rewards and acknowledgements include (but are not necessarily limited to) the following:

**Verbal Acknowledgement:** Providing clients with positive reinforcement via verbal acknowledgement for all accomplishments is a vital element for the success of clients.

**Certificates of Completion:** Provided upon satisfactory completion of each recommended program.

**AA Big Books:** Provided when initial substance abuse programming is successfully completed.

**Inspirational Key Rings:** Provided upon satisfactory completion of the Relapse Prevention Program.

**Decreased Frequency of Urine Drug Screening Requirements:** Clients who have sustained periods of Urine Drug Screens (UDS) that yield negative results may be rewarded with decreased UDS supervision as deemed appropriate. This reward may be contingent upon approval from the client's referral source.

**Decreases Supervision Sessions:** As clients progress successfully through the program, they may be rewarded with decreased individual supervision sessions as appropriate. This reward might also be contingent upon prior approval from the client's referral source.



**Early Release:** Those clients who successfully complete all recommended programming and have no violations of the terms and conditions of the program may be released from the program prior to the end of the designated period of supervision as appropriate. This reward is generally contingent upon approval from the client's referral source.

### **Sanctions**

Rather than serving as an instrument for retaliating against clients who violate the agency's terms and conditions, the goal for imposing sanctions is to provide an appropriate deterrent to future inappropriate behavior. Client sanctions can include (but are not necessarily limited to) the following:

**Verbal Warning (VW):** A verbal warning to the client that clearly conveys that he/she is in danger of violating one (or more) of the DRC's terms and conditions. DRC staff who impose the verbal warnings are expected to draft a written progress note in the client's file verifying that such a warning was issued, as well as the client's response to the warning.

**Written Warning (WW):** A memorandum to the client that clearly specifies the infraction(s) committed and the range of additional sanctions he/she is subject to in the event of additional violations of the same infraction(s). The original memorandum is kept in the client's file, and a copy is given to the client for his/her records.

**Final Warning Notice (FWN):** A memorandum to the client that clearly specifies the infraction(s) committed and clearly states that any additional infractions will result in his/her dismissal (or revocation) from the DRC. The original notice is kept in the client's file, and a copy is given to the client for his/her records.

**Modification of Client Treatment Plan (MTP):** Can include (but is not necessarily limited to): Revising the frequency of Urine Drug Screening (UDS), revising the frequency of community service, reporting and/or calling in to DRC, repeating current treatment program, transfer to and/or addition of other treatment programs that are internal and/or external to the DRC.

**Suspension:** A temporary condition where the client is prohibited from attending treatment services while his/her case is further reviewed by DRC staff (sometimes in collaboration with the referral source) in order to determine whether additional sanctions are warranted. A suspended client is *not* given credit for any sessions missed during the length of the suspension.

**Revocation:** A permanent condition where the client's referral source is formally notified that the client has not responded appropriately to DRC intervention. The DRC generally recommends that the referral source impose the original legal sanctions (if any) upon a client who is revoked. The DRC cannot guarantee that clients who are revoked from the program will necessarily be accepted for additional treatment services in the event that they engage in future illegal activity.

### Preferred Client Sanctions Matrix

	<u>1<sup>st</sup> Offense</u>	<u>2<sup>nd</sup> Offense</u>	<u>3<sup>rd</sup> Offense</u>	<u>4<sup>th</sup> Offense</u>
Failure to report or Call as scheduled	VW	WW	FWN	Revocation
Noncompliance with any Program rule	VW	WW	FWN	Revocation
Failure to Follow Daily itinerary	VW	WW	FWN	Revocation
Inattentiveness during any session	VW	WW/MTP	FWN/MTP	Revocation
Inappropriate Behavior during any session	VW	WW/MTP	Revocation	N/a
Unexcused absence from DRC session	WW	FWN/MTP	Revocation	N/a
Unexcused absence from external session	WW	FWN/MTP	Revocation	N/a
Failure to complete Community Service	VW	WW	FWN	Revocation
Failure to Screen	WW/MTP	FWN/MTP	Revocation	N/a
Failure to pay fees	VW	WW	WW	WW
Failure to obtain employment	VW	VW	VW	VW
New use of any Prohibited substance	VW/MTP	WW/MTP	FWN/MTP	Revocation
New arrest/offense	Revocation	N/a	N/a	N/a



### Satisfaction Survey

1. How frequently do you refer someone to the DRC?

Daily      Weekly      Monthly      Rarely      Never

2. What service(s) do you rely upon the most when referring someone to the DRC?

\_\_\_\_\_

3. Do you feel our services are delivered in a timely manner?

\_\_\_\_\_

4. Do you believe you have adequate knowledge of all the services available at the DRC?

\_\_\_\_\_

5. What products does the DRC deliver that you consider a good and valuable service?

\_\_\_\_\_

6. How can we serve you and the community more effectively? (What else can we do?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to complete this survey.

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please let us know if you would like to have someone contact you about our services.

\_\_\_\_\_

Mark Rhodes  
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