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## DCJ Begins Innovative Reentry Program for Drug Offenders

Over the next two years, the Delaware Center for Justice will be working with a total of about 200 prisoners with a history of substance abuse, helping them transition back to the community successfully. The new program uses a “strengths-based approach” to case management not previously used with a prison population. Operating under the auspices of the Drug and Alcohol Center of the University of Delaware, with funding from the National Institute of Drug Abuse, DCJ’s program emphasizes client autonomy by identifying and building on a client’s strengths rather than focusing on deficits, problems, or obstacles.

### A new relationship for a better future

According to Steve Martin, Co-Director of the Center for Drug and Alcohol Abuse, this program’s innovation lies in the fact that it forges a new kind of relationship between the case manager and the client. In this model, the case manager becomes more than a coach or guide, becoming a partner in the reentry

“...the program emphasizes client autonomy by identifying and building on a client’s strengths rather than focusing on deficits, problems, or obstacles.”

process, encouraging clients to determine goals and actions based on what they determine to be valuable or important. The case manager becomes an advocate, helping clients who are reentering their community use their strengths as they work toward achieving a drug free, productive life.

In addition to receiving standard discharge planning and referral services, clients work with a case manager who (1) helps them complete a Strengths Assessment, (2) brings those

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## Mile Markers Show Progress in Casey Foundation Project

Entering its third and final grant year, the Juvenile Detention Alternatives Initiative (JDAI), funded by the Annie E. Casey Foundation, continues to advance its three main goals, which are:

- Identifying and addressing issues related to juvenile detention center overcrowding;
- Looking at ways to improve conditions of confinement; and,
- Developing alternatives to detention.

Under the leadership of Cari DeSantis, Secretary of the Department of Children, Youth & Their Families and the Honorable

Chandlee Kuhn, Chief Judge of Family Court, a collaborative group has been meeting over the course of the grant to achieve the goals delineated above.

“We have brought about some important successes,” said Janet Leban, DCJ’s representative to this group. “These include fostering improvement in the conditions of confinement at New Castle County Detention Center, expanding the use of electronic monitoring vs. detention through the Justice of the Peace courts, and expanding the number of beds at the Camelot and the Stay-Free programs.”

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ON  
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ISSUES

## Delaware Collaboration for Youth Helps Build National Network

For the past two years, Delaware Collaboration for Youth co-conveners Joe Dell'Olio and Janet Leban have attended meetings with juvenile justice advocates nationwide as part of the National Network of State Juvenile Justice Coalitions (NNSJJC). The Network's goal is to empower its members to serve as agents of change as they advocate for and influence juvenile justice policy and programs.

The Network's Board recently ratified a recommendation of the Network's Executive

Committee to grant sponsorship of the organization to the Coalition for Juvenile Justice in partnership with the Youth Law Center and the National Assembly of Health and Human Services Organizations.

The next step in the process of building a broad network of juvenile justice advocates is to secure funding for the Network in its new home.

Janet Leban serves as Delaware's representative on the Network's Board of Directors.

## Reintroduction of Juvenile Protection Act Planned

For more than a year, Delaware Center for Justice has been actively working through the Delaware Collaboration for Youth to get legislation on the books that would abolish the juvenile death penalty. The bill was first introduced in the Senate as SB 70, where it never came out of the Senate Judiciary Committee. In an effort to get action on the bill, it was reintroduced in the House by Rep. Melanie George. There was renewed hope that it would reach the floor of the House for debate, but being that the bill was released from committee and put on the agenda on

the last day of the 2004 session, it never garnered enough support to come up for a vote.

The Collaboration for Youth will call on the 29 endorsing organizations and dozens of sponsors of the bill to support its reintroduction in the House come January 2005. In the meantime, the Supreme Court will be taking up the issue of the constitutionality of the juvenile death penalty, hearing oral arguments this fall, with an opinion expected at the end of the Court's year in late June 2005.

## WHAT DO YOU THINK?

Following a speech by U.S. Supreme Court Justice Anthony Kennedy that was critical of our justice system, the American Bar Association (ABA) formed the Kennedy Commission to conduct a year-long examination of the nation's criminal justice system. In July, the Commission presented its recommendations to the ABA's House of Delegates, which overwhelmingly approved the Commission's recommendations.

The Commission found that "lengthy periods of incarceration should be reserved for offenders who pose the greatest danger to the community and who commit the most serious offenses, and alternatives to incarceration should be available for offenders who pose minimal risk to the community and appear likely to benefit from rehabilitation efforts."

The Commission recommended, among other things, that we should:

- Repeal mandatory minimum sentences, particularly with respect to drug crimes.
- Fund alternatives to incarceration for prisoners who may benefit from treatment for substance abuse and mental illness.
- Implement prison policies and programs that assist prisoners in preparing to reenter their communities by providing, educational and job training and substance abuse and mental health counseling and services.
- Identify and remove unnecessary legal barriers that prevent released prisoners from making a successful return to the community.

The Delaware Center for Justice supports the recommendations of the Kennedy Commission.

Visit us with your thoughts on line: [www.dcjustice.org](http://www.dcjustice.org)

PROGRAMS  
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## DCJ Introduces Breakthrough Reentry Drug Program

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involved in the transition process together in a case conference call, and (3) works with the client in the community, focusing on activities that build on the client's strengths to promote participation in community treatment and services and assist in achieving desired goals.

The model engages clients as active partners in the discharge and aftercare planning process, increasing their motivation and readiness to commit to, and utilize, aftercare treatment and other services. The long-term goal is to help clients become more self-determined and directed, so that they can,

on their own, prioritize recovery issues, participate in aftercare programs, eliminate their drug use, function more independently, and maintain a drug-free life.

To evaluate the program's success, the Center for Drug and Alcohol Studies will interview clients at baseline and again at three and nine months following release to the community. Over the two-year period, those participating will be randomly assigned to two study conditions, the one described above and the other receiving standard discharge planning. Twenty-five percent of the participants will be women.

## Mile Markers Show Progress in Casey Foundation Project

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She added that other positive changes include implementing a Violation of Probation pilot project, opening an Evening Reporting Center, and implementing a Self-Inspection Instrument at New Castle County Detention Center.

"While we are pleased with these changes, we recognize that there is still much to accomplish. To date, we have not seen a steady decline in the detention population," said Leban.

The collaborative members attended a retreat in July to develop a work plan for the third year of the grant. Among the priorities of the plan are:

- Testing a new Risk Assessment Instrument (RAI);
- Easing access to behavioral health services;
- Developing a secure setting for runaways and a Violation of Probation/Sanctioning Center;

- Establishing a pilot project whereby a family crisis counselor would be available to assist parents who refuse to take their children home following arrest; and,
- Exploring the viability of increasing the number of beds in the Young Criminal Offenders Program at Howard R. Young Correctional Institution.

### New Names for DCJ Programs

To more accurately reflect the range of work of three of DCJ's programs, we have renamed them as follows:

- Victim Restoration and Community Mediation Program – *formerly Victim-Offender Mediation Program.*
- Reentry Services Program – *formerly Community and Restorative Justice Project*
- Offender Health Services Program – *formerly HIV/AIDS Program*

PROGRAMS  
IN  
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## New Transitional Case Management Program Focuses on Offenders with Co-Occurring Disorders

The Delaware Department of Correction (DOC) contracted with the Delaware Center for Justice (DCJ) to provide transitional case management services to offenders in the Crest and Aftercare programs who have co-occurring disorders of mental health and substance abuse. To capitalize on the most current information regarding the design and implementation of this program, Alfred Onuonga, DCJ's Director of Offender Health Services, attended a mental health conference in Las Vegas from July 11-12, 2004.

Sponsored by the National Commission on Correctional Health Care, it drew representatives from 41 states, Norway, and Canada. Several conference speakers, reflecting a broad spectrum of correctional settings, discussed approaches to transitional case management services for offenders with dual diagnoses of mental health and substance abuse.

### **A complex set of challenges**

According to Onuonga, there are several key points that were explored at the conference, each of which will help guide the design of DCJ's program.

To begin with, there are a growing number of offenders with co-occurring disorders of mental health and substance abuse in the criminal justice system. To address the special problems they face in transitioning to the community, they require individualized screening and assessments as well as comprehensive supportive services following release.

If the transitional planning and support are inadequate, offenders with co-occurring disorders who are ready to leave the correctional systems will find themselves in a state of crisis following release. Further, inadequate planning can lead to compromised public safety, increased occurrence of psychiatric symptoms, substance abuse relapse, hospitalization, suicidal attempts, homelessness, and increased and ongoing re-arrests.

Designing effective transitional case management services is challenged by the complexity of these offenders' needs. For example, the support services needed following release depend upon (1) the drug involved; (2) the history of the particular disorder and related treatment; (3) the details of the criminal record and whether violent behavior is involved; (4) levels of impairment in psychosocial functioning; and (5) levels of social support that may have been provided before and during incarceration.

One of the most difficult realities to deal with is the likelihood of relapse. "We know that this population is at greater risk of relapse following release from incarceration if a coordinated continuum of treatment care and case management support is unavailable, including lack of health insurance," said Onuonga. "Adult offenders with co-occurring mental health and substance abuse disorders often experience periods of joblessness, poverty, disturbance, and re-arrests, all of which we have to address if the case management program is to succeed."

### **DCJ's program design**

DCJ's program uses a well-designed and effective model.\* Program components include:

#### **1. INITIAL ASSESSMENT**

We assess each offender's clinical and social needs. This step includes evaluating the level of risk the offender poses to public safety, legal and medical needs, level of functioning, and other behavioral needs. From this information, DCJ develops a fully informed transition plan. Each offender is encouraged to participate in the assessment process.

#### **2. TRANSITION PLAN**

This plan incorporates activities that address the offender's short- and long-term supportive needs to ensure that there are no lapses in the transition process. Because of the imme-

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## New Transitional Case Management

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diate challenges faced by offenders during the first month after release, the plan includes high intensity and time-limited interventions to enable stabilization.

The transition plan will also clearly identify community and correctional programs for offender supportive services. In addition, upon determination of offender service needs following release, a complete discharge summary will be available for review and use by the case manager .

### 3. COORDINATION

Coordinating the activities is a key part of effective case management. This step ensures comprehensive implementation and prevents service gaps in care. Ongoing communication among the offender, case manager, and community providers helps clarify responsibilities. Through effective, consistent coordination, each offender will know whom to contact in case of problems with medications and will

be familiar with the attending pharmacist in the community.

“DCJ anticipates expanding this program to offenders with co-occurring disabilities in other facilities in the coming year,” said Onuonga. “The more we can do to strengthen transitional case management for these offenders, the better we will be able to help them reenter their communities successfully. This enables individuals to be productive, contributing citizens and results in a safer, more stable community.”

*\*A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-occurring Disorders: The APIC (Assess, Plan, Identify, and Coordinate) Model (F. Osher, H. Steadman, & H. Barr: September 2002).*

PROGRAMS  
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## DCJ Welcomes Nikita Robins and Vermeadia Holmes

**Nikita Robins**, who earned a Bachelor of Arts in Psychology from North Carolina Central University, brings a great deal of experience and expertise to her new position as case manager for Adult Offender Services.

She has been in the human services field for eleven years, working with adults and children who have emotional, behavioral, substance abuse, and developmental disability issues. Most recently, she served as an assistant site director of the After School Program at SAFE Pathway Colonial School District, providing programs related to crime and violence awareness to at-risk youth and their families.

**Vermeadia Holmes** comes to DCJ as an intern for Adult Offender Services. She is

completing her Master's of Social Work degree at Delaware State University, where she is also an adjunct faculty member in the Department of History.

Vermeadia holds a Bachelor of Arts in Political Science and a Master of Arts in Comparative Government, and she has taught history and political science at universities in Ohio, New Jersey, Pennsylvania, and Delaware. She has worked on a variety of social justice issues that affect African Americans and other minority groups at the national and international levels, and she recently completed research in Ghana on Pan-African empowerment.

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OUR MISSION:

For 84 years, the Delaware Center for Justice has dedicated itself to building a safer, more secure Delaware through advocacy, education, research, and direct services that work toward restoring justice to all who are involved in and affected by Delaware's criminal justice system, including victims, offenders, their families, and the community.

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**Mentoring Program Needs You**

Guiding hands and supportive hearts are needed for one program.

- If you would like to volunteer for DCJ's newest Project REACH program and mentor children who have a parent incarcerated at Baylor Women's Correctional Institution, call Big Brothers-Big Sisters of Wilmington at 998-3577.

**COMMENTARY**

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