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INTRODUCTION
INTRODUCTION

The United States has recently crossed the two million prisoner milestone. There are more people incarcerated in state and federal prisons than ever before in our nation’s history. And the number continues to grow. Many city and state governments, and indeed the federal government, have in recent years recognized the futility of returning ex-offenders to society while they are unprepared to lead productive lives. City and state governments have decided to confront the statistical reality that without any treatment or preparation, most of these individuals will reoffend and return to prison. The resulting effort to train, treat and prepare individuals for life after prison, and to deal with the social pathologies common to many members of the prison population, has been generically referred to as “reentry.” Although the programs, standards and approaches differ from one jurisdiction to another, most of these efforts are identified with the general concept of achieving the ex-offender’s successful reintegration into society. The individuals who populate our prisons are often uneducated and many come from economically deprived social conditions. Many have serious drug and alcohol dependencies, untreated mental illness, and few marketable skills. Upon release from prison, they are likely to return to the same neighborhoods where they lived prior to their incarceration, to the same negative influences, to the same economic circumstance, and are further burdened with a criminal record. One-third will re-offend within one year and two-thirds within three years. The trajectory of these lives will remain in a downward spiral for the balance of their lives, as the barriers to “turning their lives around” are formidable.
TAB II

CASE STATEMENT

The Wilmington Landscape
Children: The Collateral Damage
CASE STATEMENT

The case for a comprehensive reentry program is best made by considering the successes that forward-thinking jurisdictions have had in reducing recidivism through effective reentry programming. Using evidence based practices (the only strategies that have been proven to work), many states and the federal government have demonstrated the effectiveness of community-based reentry programming. In downtown Wilmington, for example, the Federal Probation and Parole Office implemented a comprehensive reentry strategy and achieved an outstandingly low recidivism rate of only 15% after one year—versus Bureau of Justice Statistics (BJS) national statistics of 44%. In Illinois the Department of Corrections opened the Southside Day Center, which saw a 40.6% reduction in new criminal convictions as compared to a closely matched control group, resulting in a cost savings of $3.6 million in the first years of operation. In both cases, success can be directly attributed to the implementation of comprehensive reentry strategies. While there is no simple formula, the data suggests that comprehensive treatment that includes vocational training, cognitive therapy, educational services—and most importantly, an employment strategy—can have a positive impact on reducing incidents of re-arrest. The fact is, for those seeking help in improving their lives, such programming has had demonstrable results. After a long history of releasing ex-offenders into society with little to no preparation, Delaware, by Executive Order #7 of Governor Markell, formulated a plan to begin to address the reality that the wholesale release of ex-offenders back into society without the proper support systems has a devastating effect on communities. The Individual Assessment, Discharge and Planning Team (I-ADAPT) program, conceived by a committee of the governor’s cabinet secretaries, provides an array of supports in prison and will provide each offender with an individualized management plan to achieve success upon release from prison. In order to be successful, I-ADAPT needs community partners to work with, partners like the Wilmington HOPE Commission along with existing community-based agencies working in collaboration to help reduce crime and violence in Wilmington.

Equally important to reducing crime and violence, there is a larger societal objective that must be incorporated into the re-entry strategy for there to be any meaningful progress in improving individuals’ lives. This is the objective of transforming not just individuals, but neighborhoods, by redefining what “normal” behavior is, and indeed altering the life course of large numbers of individuals. While one redeemed life may be deemed a success from an individual perspective, it is not significant from the perspective of changing neighborhoods. To redefine “normal”, the public must perceive that the majority of members of that society subscribe to certain behavior—in this case, working and not returning to prison, becoming a productive member of the community, providing for and raising children, and graduating from high school. The task is formidable.

Each year over 1,200 ex-offenders are released from Delaware’s prisons into three Wilmington zip codes—19801, 19802 and 19805. More than half of the men over 18 years of age in these zip codes—7,200 men out of 14,000—are on probation.
It is simply not reasonable to expect that any community can function normally with such a large percentage of its young men in the criminal justice system. Indeed, statistics bear this out. Seventy percent of the children born in Wilmington are born to single mothers who head 85% of households. Joblessness is as high as 50% among men in their twenties. Half of these men are non-custodial fathers and home ownership is among the lowest in the state at 38%. Criminal violence is intractable, graduation rates are stubbornly low, and poverty is prevalent. Over 50% of African American boys drop out of school and 75% of the state’s inmates are high school dropouts. The most striking statistic about the inner city is the high rate of joblessness. This circumstance correlates sharply with dropping out of school. The New York Times reported in 2006 that among urban African American men in their twenties who drop out of school, 72% were either jobless or in prison.

To change these conditions we can no longer afford to ignore the ex-offender. There are simply too many, and their role in contributing to the collapse of our city’s neighborhoods is beyond dispute. At the same time, we must deal with the reality that the environments to which our offenders return are plagued with high unemployment, escalating drop-out rates, increasing crime and homicide rates, low homeownership rates, poor health status, and additional social ills.

Because prisoners’ families and the neighborhoods in which they live often share the impacts of incarceration and reentry, community-based programs are critical to successful reintegration. The importance of connecting former prisoners with their families and ensuring support networks are in place within the community cannot be understated. As reported in a recent Annie E. Casey Foundation report, a study involving more than 1,200 inmates released from federal prisons found that those living with spouses had a recidivism rate of 20%, versus 47.9% for those who had other living arrangements. Community-based programming support takes the form not only of specific programs for the children and families of people who are or have been in prison, but also of efforts to transform neighborhood institutions—from schools and churches to day care centers and health clinics—into places that know and care about how incarceration impacts family functioning.

High rates of incarceration follow a host of indicators of societal dysfunction, none of which are simple to correct. Whatever the causes, and people may disagree about causation, the solutions must contain an economic dimension. Securing employment for the ex-offender population is a critical element of the reintegration plan. For example, in the Wilmington federal probation office, a recent University of Delaware study found that the office’s Workforce Development (WFD) Program has resulted in a 58% decrease in recidivism when compared to other agencies not using workforce development. One of the most effective ways to prevent violence and crime is to build and protect the economic viability of inner city communities. Employment, training and educational opportunities must be a part of any sound strategy for success.

Reentry programming works...if all of the pieces are in place.
Why we have to act now: The Wilmington Landscape

While the downtown and lower Market Street districts are bustling with new business despite the economic downturn, just a few blocks away from the hustle and bustle of Wilmington’s growth areas are deteriorating communities that suffer from several severe social environment challenges. In the city of Wilmington, the impact of abject poverty, inadequate education, diminished expectations, and ongoing crime and violence have brought the city to a tipping point.

In 2010 to date the city has seen 21 homicides, putting the city on track to exceed its record of 26 homicides in 2006.

Wilmington’s central location along the eastern seaboard makes it accessible via Interstate 95 and Amtrak to New York, Philadelphia, Baltimore and Washington D.C. While Wilmington’s easy access to large east coast cities makes it attractive to businesses, it also makes the city vulnerable to interstate drug trafficking and may be a factor in the city’s high rate of illicit drug use. Reflecting the high rate of illegal drug activity, in a 2006-2008 survey, 12.08% of Wilmington residents 12 and over reported using an illicit drug, versus 8.75% for Delaware, 8.5% for the northeast and 8.14% nationally.

One in five Wilmington residents lives below the 2009/2010 federal poverty level of $22,050 for a family of four; as many as 60% of ex-offenders are unemployed; 60% of those who do not graduate high school will go to prison at some time in their lives. There is a larger societal objective that must be incorporated into our programming strategy for there to be any meaningful progress in improving inner city communities and individuals’ lives. That is the objective of transforming not just individuals, but entire communities by redefining what is “acceptable”. The large number of ex-offenders released into Wilmington’s most vulnerable neighborhoods has redefined normative behavior...what is “acceptable” to do and be. Thus, it has become “acceptable” to go to prison. It has become “acceptable” not to have a job...it is “acceptable” not to graduate high school...and “acceptable” not to support one’s children and family. If we do not redirect our attention and resources from expanding prisons to helping ex-offenders to help themselves and redefining “acceptable behavior” to prevent repeat crimes, we are tacitly encouraging a majority of offenders to become career criminals and creating the next generation of ex-offenders.
Children: The Collateral Damage

Studies show that as many as 50% of all boys who have an incarcerated parent wind up imprisoned themselves.

The National Center on Fathers and Families reports that “children with absent fathers are at greater risk than those whose fathers are present for teen pregnancy, drug use, poor grades, incarceration, and suicide—all of which appear to be magnified when the absence is due to imprisonment.”

In 2007 there were 809,800 parents incarcerated in U.S. state and federal prisons (a 79% increase since 1991). More than half (52%) of incarcerated men and women were parents and 65,600 mothers were incarcerated, a 122% increase since 1991.

Although most incarcerated parents have never been married, many have lived with their children prior to arrest. Among parents in federal prisons in 2004, half (48%) had lived with their children in the month prior to their arrest.

The children of incarcerated offenders suffer from anxiety, stress, behavior disorders, aggression, and depression. They have academic and behavioral trouble in school, do poorly, and often times drop out.

There is a disparate impact on families of color. African American children are nine times more likely than white children to have a parent in prison. Thus, it is clear that parental incarceration deprives children of some measure of stability and often results in economic hardship, instability in family relationships, school behavior and performance problems, shame and social stigma. Our communities and our children deserve better.
TAB III
THE SOLUTION

Why A “One Stop” Center?
Objectives of the Reentry Service Center

How It Works
Partnerships and Collaboration
The I-ADAPT Model
THE SOLUTION: A “One Stop” Reentry Service Center

Principal among our strategies is leading the effort to develop a comprehensive approach to reintegrating ex-offenders back into our communities by providing them with the assessments, training, therapy, job placement and educational supports that they will need to become more productive members of the community. An integral component of Governor Markell’s I-ADAPT model relies heavily on developing strategic community partners to work with the I-ADAPT team to assist with the implementation of the transitional plans to ensure the successful reintegration of ex-offenders into the community.

Why a “One Stop” Center?

Ex-offenders all have the same basic needs: they are jobless, have no money, have no support, no clothes, no housing, no transportation and especially they have no prospects. They are in need of an array of services and programming to overcome any number of personal challenges. Social service providers are often situated in a variety of locations—Probation and Parole, the Department of Labor, Health and Human Services, training centers, the courts—all are in different buildings at all ends of the city and county. The divergence of provider locations and the difficulty of communication and scheduling between the ex-offender and the service provider present inherent barriers to successful reintegration.

Given the large numbers of individuals who need to be assisted, these inefficiencies in the system will soon overwhelm the ability of the government to efficiently implement an effective reentry strategy.

Fundamental to the strategy of effectively delivering services to individuals being released from prison is the use of a central service center—a “one stop shop”—which will be the hub of a coordinated reentry effort.

Evidence based practices have demonstrated that providing support services to address barriers in one centralized location significantly reduces the chances of recidivism, re-arrest and revocation of supervision. Studies conducted by the National Institute of Corrections (NIC) validate the essential role that tailored, specific programming plays in reducing crime. For example, the six studies conducted by NIC on the value of cognitive behavioral therapy (CBT) demonstrate that recidivism is reduced by 31.6% when CBT is provided; additionally, vocational education in prisons reflects a 12.6% reduction in recidivism. Joining the appropriate programming together (depending on the needs of the offenders) yields even greater results.

By way of contrast, the NIC conducted 26 studies on the effectiveness of using intensive supervision and monitoring alone, and not one of these studies indicated a reduction in crime.

Statistics are compelling that ex-offenders are likely to re-offend within the first days, weeks, and months after being released from prison. Thirty percent of offenders are rearrested within six months of release; within one year of release, 44% of all offenders are rearrested. The sooner the reentry system is able to
engage the ex-offender in a tightly coordinated process, the better. There is no doubt that time wasted sending individuals from agency to agency without an adequate plan for success facilitates a high incidence of recidivism.

A successful reentry program needs a unifying philosophy with an underlying theme. That theme should be built around one question to be asked by center staff for each ex-offender being assisted:

“What do we have to do to keep this individual from re-offending?”

This belief system cannot flourish in widely diverse organizations with differing missions and competition for their attention from other individuals seeking assistance. This unifying theme is central to the mission of rehabilitating individuals and their families. Under the direction and auspices of the HOPE Commission, tightly coordinated efforts delivered by service providers located in the same building, committed to the same cause, and understanding the challenges common to the ex-offender population, is indisputably the best way to execute a reentry plan.

The Reentry Center should become a beacon for what is possible for ex-offenders in Wilmington who seek a fresh start. It should be the place where ex-offenders can turn to people who are not judging them for their past crimes. It will be a place where support groups should meet to share their frustrations and find out they are not alone. In the Wilmington community, the Reentry Center will be associated with success and hope, with improved lives and bright futures.

**Objectives of the Reentry Center**

*The primary objectives of the center should focus on the rehabilitation of ex-offenders in order to:*

**Reduce Recidivism.** The most effective way to reduce crime in our communities is to reduce the number of individuals who cycle in and out of the criminal justice system. But left on their own, most offenders are not capable of changing their lives from what is most familiar to them—returning to the streets and to old habits. Using evidence based strategies, states and the federal government have demonstrated the effectiveness of evidence based reentry programming.

**Reduce the Cost of Corrections.** In 2009 Delaware’s corrections budget totaled $259.1 million to supervise about 6,900 inmates and 17,220 probationers in the community. In fiscal year 2004, that figure was $193.1 million. On a pro rata basis, we incarcerate more of our citizens—820 inmates for every 100,000 residents—than any of our nearest neighbors of Maryland (636/100,000); Pennsylvania (607/100,000); or New Jersey (534/100,000). Our crime rate is almost identical to Maryland’s, yet we incarcerate nearly 30% more people.
Protect and Rebuild Communities. We spend tens of millions of dollars each year trying to help communities through crime prevention and law enforcement efforts. We invest heavily in our schools and aftercare programs. But there is reluctance to helping young men who are ex-offenders. The fact is, however, that these men are the ones who young people are looking up to. Helping them to successfully reintegrate is essential to rebuilding Wilmington’s struggling communities.

How It Works

The Reentry Center service delivery approach represents a consolidation of existing services. This is a modality and methodology that offers an efficient and effective use of the services delivered to, and expectations of, the ex-offender. By consolidating the delivery of existing services all under one roof, the Reentry Center will provide a comprehensive array of services and programs to address the major barriers to successful reentry for 200 medium- to high-risk ex-offenders (i.e., those ex-offenders at the highest risk of reoffending).

The major components of the case management reentry plan for each ex-offender shall include assessments and support services in the following areas:

Housing – This represents the most immediate challenge facing those returning to the community from prison. Establishing an address is central to being able to find employment, and securing housing is crucial to keeping transitioning individuals from ending up homeless.

Education – Any consideration of intervention strategies for ex-offenders must include an emphasis on obtaining a high school GED, adult literacy training classes and for some, basic computer skills training.

Employment and Training – Finding a job is essential to reducing recidivism and represents a tremendous challenge for ex-offenders. Thus, services that address job preparedness, job skills development, training and job placement will be a central element of each ex-offender’s reentry plan.

Mental Health and Wellness – Services such as drug and substance abuse counseling, mental health assessment and treatment, individual and family counseling, and spiritual well-being are an integral part of a comprehensive reentry approach.

Administrative Support – Will be needed to overcome barriers to obtaining the myriad of documents (driver’s license, social security card, birth certificate) and basic necessities that newly released individuals need as they return to the community.
A key feature of the proposed Reentry Center will be the use of case managers. Case management has been proven in a number of studies to be a critical factor in successful reintegration. Ex-offenders need personal attention as they try to navigate the complex demands and risks of the reentry period. All offenders are clearly not the same. Each ex-offender would be assigned to a case manager who would assess the needs of the individual and provide expedited access to the support agencies supplying the necessary services. In addition to efficiency in coordinating the deployment of services, effective case management has been shown to enhance periods of employment versus a control group without case management. For example, in the Illinois Department of Correction’s Southside Day Center, the case manager coordinates access to rehabilitation services and activities for the ex-offender, meets weekly with the clients, documents pertinent information, tracks identified transportation and housing needs and reports offender progress. The case managers work closely with the supervising probation and parole officers. In the Wilmington Reentry Service Center, the Delaware Center for Justice (DCJ), a non-profit agency with a track record of effective case management services for the ex-offender population, will be engaged as a planning partner and service provider for the Reentry Center.

**Partnerships and Collaboration**

Similar to the concept of the Community Services Building in Wilmington, which houses a spectrum of nonprofit and social service providers (a “one stop” center for community service agencies), the Reentry Center will provide a continuum of services and supportive agencies in one centralized location for the ex-offender population and serve as the community based partner agency for the state’s I-ADAPT participants.

The Reentry Center staff members will work directly with the I-ADAPT team members to coordinate the transition of the ex-offender to ensure appropriate services and supports are available and accessed post release.

Utilizing a team approach to preparing incarcerated individuals for successful reintegration, the I-ADAPT team consists of representatives from the Dept. of Corrections, Dept. of Labor, Dept. of Health & Social Services, Dept. of Education, Delaware State Housing Authority, faith-based community organizations (FBCOs) and the incarcerated individual. The team provides individualized transition planning responsive to the specific needs of the offender, beginning six months prior to the offender’s scheduled release.

An I-ADAPT group of essential providers meets monthly to review the list of pre-release offenders, prepare transition plans, monitor process quality and identify barriers, gaps and resources. During this meeting and process, transition plan documents and progress reports are completed for each individual detailing specific needs and follow-up. This avoids duplication of services and maintains accountability. Dept. of Corrections counselors distribute outlined transition plan packets and information back to the offenders. The plan entails what items offenders must address and outlines appointments that have already been scheduled for the individuals prior to their release.
I-ADAPT maintains needed consent forms, prepares individualized transition plans and continues follow-up; coordinates services with the local FBCOs; and acts as a liaison between prisons, community corrections, law enforcement, victim services, etc., and will seek Legislative and Regulatory changes as needed, such as reevaluating housing policies that reduce available housing for ex-offenders with local public housing authorities.

Interagency collaboration and service delivery coordination is key to a successful reintegration strategy and plan. The underlying philosophy of the Reentry Center is one of collaboration and therefore we will work to establish partnerships and engage state and nonprofit agencies to provide services.

Reentry Service Center potential partners include: DE Department of Corrections (DOC); DE Department of Labor (DOL); DE Department of Education (DOE); DE Department of Health & Social Services (DHSS); the Wilmington Housing Authority; State Probation/Parole; U.S. Probation Office; Delaware State Housing Authority (DSHA); Faith-based institutions throughout Wilmington; Delaware Reentry Consortium; Community Health Centers; Delaware Center for Justice; and Stand Up For What Is Right & Just (SURJ).

Additional organizations will be identified and the partnering agencies will increase in response to the evolving needs of the center and its clients. The formation of this constituency is critical for ensuring the success rate of ex-offenders returning to the community and will be leveraged to replicate the project for a broader population of ex-offenders in the city of Wilmington. The long-term success of this plan will ultimately yield a cost savings to the state by reducing the number of offenders who recidivate and return to incarceration.
TAB IV

EVALUATION AND ASSESSMENT

First Year Goals
Measuring Outcomes
Assessment
Focus Groups
Logic Model
EVALUATION AND ASSESSMENT

The Reentry Service Center expects to achieve a 40% reduction in the current rate of recidivism.

First Year Goals

Given what research suggests, and understanding the need to develop and meet realistic goals, in its first year of operation the Reentry Center will:

• Identify and provide pre- and post-release case management services for 200 medium- and high-risk offenders.

• Work with partnering agencies and organizations to develop and coordinate customized reentry programs and services for all clients, helping ensure that more than 75% who participate will successfully complete their programs.

• Develop and implement an orientation training program for partners and community stakeholders to ensure overall program and service quality, consistency, and effectiveness.

Measuring Outcomes

The Reentry Center proposes to increase the likelihood of clients’ engaging in activities hypothesized to decrease crime (employment, education, stable living situations, needed social services) and decrease those activities hypothesized to increase crime (drug use, stress related to not having the activities above). The primary evaluation outcomes are therefore those factors that the Reentry Center proposes to affect.

The Reentry Center will develop a baseline survey to collect data on individual differences in a host of psychological domains, as well as past work experience, criminal and drug use history and incarceration history. This will enable the analysis team to group people analytically in terms of potential failure risk. It is important as well to identify the individual differences or factors associated with those offenders that do not recidivate (e.g., do offenders who regularly associate with their children or offenders who attend religious services have different outcomes than offenders that do not engage in these activities). In essence, the overall evaluation is grounded in a “measurement beyond recidivism” approach.

Reentry Center process forms will be created to capture the extent to which persons are engaged in Reentry Center activities or have had their needs met. In an effort to measure the differences in outcomes for offenders that engage in the Reentry Center as an intervention, similar data will be collected on randomized
offenders through the Department of Probation that do not participate in the Reentry Center intervention. In a general sense, these offenders will serve as a comparison group.

**Assessment**

Data will be collected on survey forms administered directly to clients, and collected from the various staff working in the Reentry Center. It will be important to know how the program is affecting recidivism, however, and so this is of course the final outcome. The evaluation team will work closely with the Department of Probation (and possibly the Statistical Analysis Center) as well collecting data on substance abuse, measured through routinely collected urine tests as part of probation, as well as probation success/failure, arrest, and re-incarceration data.

All stages of data will be linked to a unique identifier that the evaluation team will use to merge the data into one database for analyses. Once merged, the evaluation team will conduct multiple analyses to determine the answers proposed in the project summary above. Results will be presented in a report and in presentation format to the Reentry Center leadership and partners.

**Focus Groups**

The evaluation team will conduct focus groups of people receiving Reentry Center services. Focus groups will investigate the barriers and facilitators faced by reentering persons and how the Reentry Center program is able to negotiate those, as well as focusing on where and how improvements can be made. Focus groups also will also be conducted with offenders who do not receive the intervention to investigate their transition to the community. Focus groups will be recorded and transcribed for analysis.
AIM: To strengthen communities through reduction of crime and fostering healthier life outcomes for offenders and their families.

<table>
<thead>
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<th>Partners with Input Resources</th>
<th>Partnership / Program Activities</th>
<th>Program Activity Output</th>
<th>Short- and Mid-Term Indicators</th>
<th>Long-Term Outcomes</th>
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<td><strong>HOPE Commission</strong></td>
<td>Job Development</td>
<td>MOU between Hope Commission &amp; Governor’s Reentry Commission</td>
<td>Mid-Term Indicators:</td>
<td>- % of program participants who complete job training, obtain employment and are still employed 12 months after beginning work</td>
</tr>
<tr>
<td>- All State Agencies and I-ADAPT Teams in Governor’s Reentry Initiative: DEDO, DHSS, DOC, DOL, DOE, DSHA &amp; DSCYF</td>
<td>Pre-release: Offender risk assessment Recruitment Assessments - Life &amp; Job skills - Barriers to Work Pre-release preparation/cooordination with I-ADAPT process - Physical and behavioral health screenings - Substance abuse treatment - GED - Life Skills - Cognitive Behavioral Therapy - Job Skills - Housing - Information Technology - Mental Health - Family engagement parenting, etc. Comprehensive case management and service plan</td>
<td># of jobs developed</td>
<td>% of participants who:</td>
<td>- % of participants who are rearrested within 12 months of release; and within 24 months (including their offenses)</td>
</tr>
<tr>
<td>- Court System</td>
<td>Post-Release: Life and Job Training Physical and behavioral services, inc. substance abuse treatment - Removing barriers to work - Housing - Job placement - Education / GED - Other services (Medicaid, TANF, Public Assistance) - CBT - Family engagement, parenting, etc. - Transportation</td>
<td># of completed health, life and job Skill Assessments</td>
<td>- Obtain part-time work within 6 months of completing job training</td>
<td>- % of participants who are not re-incarcerated</td>
</tr>
<tr>
<td>- AG’s Office</td>
<td>Upon Employment: Continued supports Continued case management</td>
<td># of action plans to remove barriers to employment of offenders</td>
<td>- Obtain full-time work within 12 months of completing job training</td>
<td>- % of participants who obtain additional education or job training and improve their employment / income status</td>
</tr>
<tr>
<td>- Community-Based Service Agencies</td>
<td></td>
<td># of three-year case management service plans, including addressing the issues identified in the participants’ assessments</td>
<td>- Obtain employment in public sector</td>
<td>- % of participants who continue to follow plans to address health issues identified, including living a healthy lifestyle</td>
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<tr>
<td>- Faith Networks</td>
<td></td>
<td># of work/life mentors</td>
<td>- Obtain employment in private sector</td>
<td></td>
</tr>
</tbody>
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TAB V

PARTNERS IN HOPE

Roles and Responsibility
HOPE Commission History
HOPE Commission Board of Directors
Partners in HOPE

Roles and Responsibilities
The HOPE Commission is led by a highly influential, diverse board of directors representing various sectors, including Chair, Michael Purzycki (executive director of the Riverfront Development Corp.), former Chair, Tony Allen (communications executive for Bank of America), former Lt. Governor John Carney, William Montgomery (Wilmington Mayor’s Office chief of staff), Jim Wolfe (president and CEO of the Delaware Chamber of Commerce), Dr. Bob Laskowski (president and CEO of Christiana Care Health System), Family Court Chief Judge Chandlee Johnson-Kuhn, Rev. Sylvester Beaman (pastor of Bethel AME Church), and other state leaders. The HOPE Commission, under the watchful eye of its highly accountable leadership, will provide oversight of daily operations, hiring, reporting, and technical support for the Reentry Service Center.
HOPE Commission History

At his inaugural address in January 2005, second-term Mayor James Baker listed crime and public safety as the two greatest challenges facing the city of Wilmington. He went on to state that unless these issues are attacked at their very core, they will overshadow the most coordinated efforts designed to help Wilmington reach its ultimate potential. In May 2005, Mayor Baker issued an Executive Order creating the Wilmington HOPE Commission, in response to an increase in homicides and shootings in the city. The HOPE Commission’s charge was to examine the root causes of the crime and violence facing the city of Wilmington and to develop a report with recommendations that would serve as the blueprint for building meaningful collaborations and efficient service delivery in an effort to create a safer Wilmington.

Since its inception, the HOPE Commission has served as a catalyst for change that strives to inspire and empower a collaboration of citizens, businesses, government agencies, social organizations, and faith based institutions throughout the city of Wilmington to work together in creating safe, vital neighborhoods that strengthen family bonds, promote civic pride, and encourage residents to engage in community transformation.

Over the past three years our work has focused not so much on a specific demographic or group as on programs and services that support all of the residents of HOPE communities. These are underserved low-income neighborhoods in Wilmington typified by Southbridge, our first HOPE Zone, which has a population close to 2,000; a dropout rate of 39%; median family income of $20,000; 44% of residents living below the poverty level; and 40% without a high school diploma. The HOPE Commission staff and board of directors have established valuable relationships with community members, business owners, families, and youth in a collaborative effort to improve the quality of life for Wilmington residents. As the HOPE Commission examines its progress, our work to date has included some of the following accomplishments:

• Partnering to create a permanent Wilmington Police Department presence in the Southbridge HOPE Zone.

• Created a collaborative community-led advisory council – the South Wilmington Planning Network of Southbridge.

• Leadership of the reentry discussion with Governor Markell, leading to the creation of the Reentry Task Force, which charged Cabinet Secretaries to develop a reentry plan for the state of Delaware.
Wilmington HOPE Commission Board of Directors

Gwendoline B. Angalet, Ph.D. (Vice Chair)
Managing Director
Office of Strategic Partnerships and Planning
Nemours Health & Prevention Services

William S. Montgomery
Chief of Staff
Office of the Mayor
Louis L. Redding City/County Building

Reverend Silvester Beaman
Pastor
Bethel A.M.E Church

Larry Morris
Community Activist/ Event Speaker

John Carney
Congressman
U.S. House of Representatives

Perry Phelps
Warden V
James T. Vaughn Correctional Center
Delaware Department of Corrections

Nnamdi Chukwuocha, MSW
Associate Executive Director
Kingswood Community Center

Michael Purzycki, Esq. (Chair)
Executive Director
Riverfront Development Corporation of Delaware
Chase Center on the Riverfront

Darryl L. Chambers
Research Assistant
Center for Drug and Alcohol Studies
University of Delaware

Henry Smith, III, Ph.D.
Deputy Secretary
Delaware Department of Health and Social Services

Daniel Cruce, Esq.
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Delaware Department of Education

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Division of Management Support Services
Department of Services for Children, Youth and their Families

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TAB VI

FACILITY RENDERING AND FLOOR PLANS
Facility/Space Fit Out
The Reentry Service Center will be housed in a 10,700 square foot building located on Vandeaver Avenue in the 19802 zip code. It is across the street from the federal Wilmington Job Corps Center and along a bus route, improving its accessibility for the Center’s program participants.