



Comprehensive Plan Grant Application

FY2021

Community Corrections Services Division
714 SW Jackson St., Suite 300
Topeka, KS 66603

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Introduction

The Kansas Department of Corrections is pleased to announce it is seeking applications for funding under the Community Corrections Act. Funding obtained will serve to support local agencies in increasing public safety, reducing the risk of probationers on Community Corrections supervision and increasing the percentage of probationers successfully completing Community Corrections supervision.

Eligibility

Any Community Corrections agency is eligible to apply for Community Corrections Act funding, however; no agency is qualified to receive grant funds unless and until the comprehensive plan for such agency is approved by the Secretary of Corrections.

Award Information

Funding will be awarded based on the criteria specified in KSA 75-52,111 and 75-52,112. Notification of final FY2021 award amounts will be provided to agencies on or before July 1, 2020.

Application Deadline

All applications, including signatory approval pages, are due by **5:00 p.m., Friday, May 1, 2020**. Completed applications should be emailed to the agency's primary program consultant (listed below) and the **original along with five copies of the entire document including all budget documents** mailed to the Community Corrections Services Division at the address below and received on the same date.

Kansas Department of Corrections
Attn: Community Corrections Services
714 SW Jackson St., Suite 300
Topeka, Kansas 66603

Contact Information

For assistance with the requirements of this funding opportunity, please contact your primary program consultant.

| Cathrine Headworth Phone: 785-207-1929 Email: Cathrine.Headworth@ks.gov | Lucy Mills Phone: 785-580-6307 Email: Lucy.Mills@ks.gov | Tara Newell Phone: 785-430-1269 Email: Tara.Newell@ks.gov |
|---|---|--|
| 12 th JD Community Corrections 24 th JD Community Corrections 25 th JD Community Corrections Cimarron Basin Community Corrections Central Kansas Community Corrections Harvey/McPherson Co Community Corrections Reno Co Community Corrections Riley Co Community Corrections South Central Kansas Community Corrections Santa Fe Trail Community Corrections | 2 nd JD/Shawnee Co Community Corrections 4 th JD Community Corrections 5 th JD Community Corrections 13 th JD Community Corrections 22 nd JD Community Corrections 31 st JD Community Corrections Cowley Co Community Corrections Johnson Co Community Corrections Sedgwick Co Community Corrections Sumner Co Community Corrections | 6 th JD Community Corrections 8 th JD Community Corrections 11 th JD Community Corrections 14 th JD Community Corrections 28 th JD Community Corrections Atchison Co Community Corrections Douglas Co Community Corrections Leavenworth Co Community Corrections Northwest Kansas Community Corrections Unified Government Community Corrections |

Purpose of the Comprehensive Plan

The comprehensive plan is a working document local community corrections agencies use to describe new and existing interventions and services they plan to develop and implement and/or sustain during ensuing fiscal years. The content of the comprehensive plan includes those criteria specified in Kansas Statutes Annotated (K.S.A.) 75-5290 through K.S.A. 75-52, 113 and Kansas Administrative Regulations (K.A.R.) 44-11-111 through K.A.R. 44-11-135.

General Strategies

- I. Agencies should use the following as references for completing the comprehensive plan:
 - a. Kansas Statutes Annotated (K.S.A.) [75-5291 through 75-52,113](#);
 - b. Kansas Administrative Regulations (K.A.R.) [44-11-111 through 44-11-135](#);
 - i. K.A.R. 44-11-113 requires the comprehensive plan be developed by the community corrections agency in collaboration with the corrections advisory board.
 - c. Series: [Implementing Evidence-Based Practice in Community Corrections](#) (Source: Crime and Justice Institute (CJI)(Boston, MA); National Institute of Corrections (NIC)(Washington, DC)
 - d. [Implementing Evidence-Based Practice in Community Corrections: Quality Assurance Manual](#) (Source: Crime and Justice Institute (CJI)(Boston, MA); National Institute of Corrections (NIC)(Washington, DC)
- II. **Non-discrimination:** Agency agrees to comply with all applicable state and federal anti-discrimination laws and constitutions.
- III. Please use **Times New Roman font size 12** for the plan; however, there are no font requirements for tables. Margin requirements will be a minimum of **1" margin on all sides**, and **page numbers are required** throughout the plan; however, page numbers are not required on budget documents or attachments.
- IV. Any data represented by percentages (%) must include their corresponding whole numbers. Any data represented by tables and/or charts must be explained and supported in the accompanying narrative.
- V. The comprehensive plan application **shall be limited to 15 pages or 20 pages for agencies with a Residential Center**, excluding attachments, funding elements, and budget documentation.
- VI. Any modifications to the comprehensive plan after submission to and/or approval by the Kansas Department of Corrections should be discussed with the agency's primary program consultant prior to implementation.
 - a. K.A.R. 44-11-123 requires modifications to the comprehensive plan be pre-approved by the agency's advisory board or governing authority and that such approval be documented in the board's meeting minutes.

Comprehensive Plan Review Process

The review process will evaluate the degree to which the plan presented in each application strives to achieve the goals of increasing public safety, reducing probationer risk, increasing successful completion of community corrections supervision, and the degree to which each meets the requirements described in this application.

Signatory Approval Process

The application requires the signatory approval of the Director, Advisory Board/Governing Authority Chairperson, County Commission Chairperson (of the Host County) and County Commission of each cooperating county (multi-county agencies). Please see **Attachment I** for forms.

The **Host County** is the county which retains all authority for the receipt and expenditures of grant funds. The Board of County Commissioners authorizes approval of the comprehensive plan, oversees agency operations, retains authority to hire and terminate the employment of the agency director and governs personnel matters in most instances. In some agencies, however, the Host County only serves as the receiver of the grant funds and the authority for other critical operations rests with a body independent of the Board of County Commissioners.

Multi-county agencies shall obtain the signature of the County Commission Chairperson of EACH county, unless either of the following is true:

- a. The counties have entered into an **Inter-local Agreement** specifically stating the host County Commission Chairperson can sign for all counties. If so, only the signature of the host county commission chairperson is necessary.
- b. The counties have entered into an **Inter-local Agreement** that bestows the counties' governing authority onto the community corrections advisory board. If so, no County Commission Chairperson signature is required.

Single-county agencies shall obtain the signature of the County Commission Chairperson, unless the county has issued a resolution giving the county's governing authority to the Community Corrections Advisory Board.

You must submit a complete copy of the attachment, which includes page 1 and all subsequent pages containing the relevant signatures.

FY2021 Comprehensive Plan Application Packet Checklist

Application document includes:

- _____ Agency Identification Information (**Attachment A**)
- _____ Agency Summary
- _____ Agency Assessment
- _____ Current Practice/Operations
- _____ Current Resources
 - _____ In-House CBI Program Information Form (**Attachment B.1**)
 - _____ CBI Program Outcomes FY2019 Form (**Attachment B.2**)
 - _____ Current and New Resources/Probationer Fees Form (**Attachment C**)
- _____ Gaps
- _____ Proposed Plan
 - _____ Curriculum Review Form (**Attachment D, if applicable**)
- _____ Management and Organizational Capabilities
 - _____ Collaborative Partnerships Form (**Attachment F**)
 - _____ Organizational Chart Form (**Attachment G**)
 - _____ Advisory/Governing Board Form (**Attachment H**)
- _____ Monitoring and Evaluation: Team
- _____ Monitoring and Evaluation: Goals and Objectives
- _____ Monitoring and Evaluation: Evaluation
- _____ Attachments
 - _____ Attachment A (Agency Identification)
 - _____ Attachment B.1 (In-House CBI Program Information)
 - _____ Attachment B.2 (CBI Program Outcomes FY2019)
 - _____ Attachment C (Current and New Resources/Probationer Fees)
 - _____ Attachment D (Curriculum Review Form)
 - _____ Attachment E (Approved Curricula List)

- _____ Attachment F (Collaborative Partnerships)
- _____ Attachment G (Organizational Chart Form)
- _____ Attachment H (Advisory/Governing Board Form)
- _____ Attachment I (FY2021 Comprehensive Plan Signatory Approval Form)

- _____ Budget Documentation
 - _____ Budget Narrative
 - _____ Budget Summary
 - _____ Funding Considerations
- _____ Signatory Approval (**Attachment I**)

Comprehensive Plan Funding Application

In the funding application document, please ensure each of the requirements below are clearly addressed. Monitoring and evaluating the impact grant funds have on risk reduction initiatives, with the purpose of determining success and responding strategically to barriers in service delivery which may increase revocations, are key components to implementing and sustaining effective interventions. Utilizing evidence-based processes to examine both effective supervision and programming and assessing the degree to which these funds are applied as intended, are paramount to preserve future funding. **Please incorporate the headings utilized below to clearly identify each section of the application document.**

Application Submission (5 points)

Requirement 1: Application is submitted timely, includes all required attachments/documents, and adheres to overall requirements.

Part I:

Agency Identification Information (5 points)

Requirement 1: Complete the Agency Identification Form included in **Attachment A**. All applications must include full contact information for the Community Corrections Agency.

- Report the total dollar amount of the agency's request to all sources for funds for adult services. Please list sources, e.g. Tobacco Fund, Optimist, Byrne Grant, Substance Abuse and Mental Health Services Administration (SAMSHA).

Part II:

Agency Summary (5 points)

Requirement 1: Describe the major aspects of the Comprehensive Plan with the exception of the budget. This should briefly describe:

- the plan to address the priority needs for the coming year.
- any new initiatives the agency plans to implement and strategies for determining success.
- **significant changes** which have *positively or negatively* impacted the successful implementation of the FY2020 Comprehensive Plan. This discussion should include any impact observed by judicial or prosecutorial decisions, staff turnover, policy changes, etc. (This is from the beginning of FY2020 to date.)
- If there is no plan to implement any new initiatives and/or identify any significant changes which impacted implementation of your FY2020 Comprehensive plan, please conclusively state this in the narrative.

Part III:

Agency Assessment (25 points)

1. Current Outcomes (10 points)

Requirement 1: Describe the problems related to probationers successfully completing probation including but not limited to:

- The prominent common areas of risk and need in the agency's probationer population, as a whole during FY2019, supported by LSI-R[®] and/or other data.
- Any significant differences between the agency's successful and revoked populations during FY2019, supported by LSI-R[®] and/or other data. Stating differences in domain

scores is not sufficient. The response must include a more in-depth examination of the characteristics of the successful and revoked populations. For example, what services/interventions did your successful population receive that the revoked population did not?

- Discuss the circumstances driving unsuccessful closures for the agency's population during FY2019, supported by LSI-R[®] and/or other data.
- Any other problems, supported by data, related to probationer success (e.g. increase/decrease in departure sentencings, limited access to treatment and/or employment resources, courtesy transfers, impact of local and/or state policy changes, etc.). If there is no plan to identify any other problems related to probationer success, please state this in the narrative.

Requirement 2: Describe the population that will be targeted for risk reduction. The response must explain why the target population was chosen and must be supported by data included in Requirement 1.

2. Current Practice / Operations (5 Points)

Requirement 1: Summarize the agency's current assessment and supervision process including but not limited to discussion of:

- Current policy and procedure in identifying and responding to the risk and need areas of probationers. Include in your discussion how your agency currently applies evidence-based principles to the assessment and supervision process.
- Any criteria utilized to differentiate probationer service level based on the results of the LSI-R[®] (low risk vs. moderate to high risk probationers). The response must reflect that you understand the "why" and "how" to identify the difference between low and high-risk clients and how you treat them differently.
- Describe current methods utilized to refer probationers to appropriate resources based on their identified areas of risk, needs, and responsivity factors.

Requirement 2: Summarize the agency's current quality assurance/staff performance measurement process including but not limited to:

- Current policy and procedure in providing quality assurance/staff performance measurements (supervision staff and in-house program facilitators) and feedback. The response must summarize agency policy and explain why the practice is appropriate in terms of adhering to evidence-based practice and fidelity.

3. Current Resources (5 Points)

Requirement 1: Identify current programs that the agency has available in responding to the risk and need areas of probationers.

- Utilize **Attachment B.1** to identify CBI programming which the agency currently offers in-house. If programming is not currently provided in-house, note such on the attachment.
- Utilize **Attachment B.2** to report the outcomes for in-house CBI programming during FY2019.

Requirement 2: Utilize **Attachment C** to describe services currently available to all or select probationers in your jurisdiction. Such services may include, but need not be limited to, employment assistance programs, housing, medication, payment of a housing deposit, cost for GED testing, available voucher funds, and equipment needed to pursue employment.

Requirement 3: Utilize the form located in **Attachment C** to list the current probationer fees as well as any the agency proposes for the ensuing fiscal year. A probationer fee is the amount an agency charges for the interventions/services the agency provides.

4. Gaps (5 Points)

Requirement 1: Identify all gaps between the agency's current utilization of evidence-based practices, procedures, and available resources used to address probationer risk and need areas, and full utilization of evidence-based practices, procedures and resources.

- Include any gaps in organizational development and/or community collaboration.
- The response should be confined to a concise, prioritized list.
- Do not discuss how the agency will close the gaps in this section.
- It is possible that more gaps will be identified than can be addressed in the upcoming year. If the agency will not focus on a particular gap, it should be stated here.

Part IV:

Agency Plan (50 points)

1. Proposed Plan (20 points)

Describe the proposed plan for increasing the number of probationers successfully completing Community Corrections supervision. This plan should describe how the agency, along with community stakeholders and partners, will bring current practice, procedure, and resource availability into line with the practices, procedures, and resources targeted for implementation.

All plans submitted for consideration **MUST** include:

Requirement 1: A strategy to address the risk and need areas of the identified target population, including but not limited to:

- a) Appropriately targeting services, according to the LSIR assessment.
- b) Utilizing evidence-based interventions, services, and supervision methods to facilitate probationer successful completion of Community Corrections Supervision. Provision of such services shall be in accordance with the responsiveness principle. Services included in the plan may include, but need not be limited to:
 - ✓ Reduction and specialization of Intensive Supervision Officer (ISO) caseloads.
 - ✓ Utilization of an intermediate sanctions community supervision model.
 - ✓ Implementation of cognitive-behavioral programming.
 - ✓ Provision of staff training and skill development, approved by the Secretary of Corrections, for officers in risk reduction and intervention.

Staff training/skill development curricula that require approval are those initiatives, not including KDOC training, identified as tools that will be used by officers in directly working with probationers to reduce risk. Curricula must be submitted for approval with the Comprehensive Plan Grant Application.

When submitting a curriculum for review, include a completed Curriculum Review Form, located in Attachment D. Please note that curricula which have received prior approval DO NOT need to be resubmitted. See Attachment E for a listing of approved curricula.

- ✓ Utilization of treatment options, including but not limited to, substance abuse treatment, mental health treatment, and cognitive behavioral programs. If there is a potential need for treatment, probationers should be referred to the appropriate agency for further assessment and evaluation of treatment needs.
- ✓ Utilization of gang intervention strategies.

Requirement 2: A strategy to close the identified gaps.

Requirement 3: Utilize **Attachment C** to describe the services that are **new** in the Comprehensive Plan Grant Application to all or select probationers. Such services may include, but need not be limited to, employment assistance programs, housing, medication, payment of a housing deposit, cost for GED testing, available voucher funds, and equipment needed to pursue employment.

2. Management and Organizational Capabilities (10 points)

Describe the team (staff, advisory board, local and state partners, community stakeholders, and other active participants) that your agency will collaborate with in order to plan, implement, evaluate, and sustain local risk reduction and agency initiatives including but not limited to: Requirement 1: Describe the role of each partner by completing the Collaborative Partnerships form located in **Attachment F**.

Requirement 2: Describe the management structure and staffing of your organization by graphically representing the agency as a whole in an organizational structure chart (**Attachment G**). This is the required format for the organizational chart. Staff should be represented by their name and title.

Requirement 3: Complete the Advisory / Governing Board Membership Detail document located in **Attachment H**.

3. Monitoring and Evaluation (20 points)

Team (5 points)

Requirement 1: Describe how the team and advisory board will monitor the planning, implementation, and operation of the plan described in this application. At a minimum, please describe:

- How often reviews will be conducted, and what the focus of the review will be.
- Who is responsible for conducting the review (e.g., advisory board, advisory board sub-committee, community panel, etc.).
- How requests for corrective action will be addressed/responded to.
- How the outcome of the reviews will be documented and distributed.

Goals and Objectives (10 points)

Requirement 1: Describe the process for assessing the initiatives' effectiveness. How will the performance of the planned initiatives be documented, monitored, and evaluated? The following structure for reporting goals, objectives and evaluation components is required:

- Goal 1
 - Objective 1
 - Data
 - Data
 - Objective 2
 - Data
 - Data

- Goal 2
 - Objective 1
 - Data
 - Data
 - Objective 2
 - Data
 - Data
- Identify measurable process goals and objectives for **new and existing** risk reduction and agency initiatives.
 - Include with each process goal a target date for completion.
 - Describe for each objective:
 - What data will be used to measure each objective.
 - Where the data are located.
 - How it will be collected and reported out.
 - Goals and objectives which are being carried over from the previous year must be labeled as such.
- Identify measurable outcomes (goals and objectives) that will allow for the evaluation of the impact of **new and existing** risk reduction and agency initiatives.
 - Describe for each objective:
 - What data will be used to measure each objective.
 - Where the data are located.
 - How it will be collected and reported out.
 - Goals and objectives which are being carried over from a previous year must be labeled as such.

Reminder:

All goals should support the strategies discussed in the proposed plan, including how you will close the identified gaps.

All proposals must include a goal to:

1. Achieve a 75% successful completion rate or, if achieved, improve such rate by at least 3% from the previous year or;
2. Target successful reentry of probationers who are considered moderate or high risk.

Evaluation (5 points)

Requirement 1: Describe how the agency will utilize the results of the evaluation to enhance the performance and sustainability of the initiatives.

- Discuss how the agency will utilize the data to inform modifications to the initiatives to enhance performance.
- Discuss how the agency will use the data to seek fiscal support for the initiatives in other grant application processes.

Budget Documentation

The Application Packet must include all required budget documents (10 points). **Supplanting personnel or operations currently funded by sources other than state grant funds is not allowed.** The budget workbook containing the budget narrative form for reporting personnel data and non-personnel data will be emailed to all applicants in an Excel document. **Agencies will be required to submit all budget and personnel documentation in the workbook provided and this should be submitted as an Excel document.**

General Budget Instructions

Budget justifications and allocations will be presented using the budget worksheets. Each **Category** contains three sections. The first section is a **monetary** allocation for each line item by program. The second section is a **percentage** allocation for each line item by program. The second section **CANNOT** be modified, except for certain criterion which is discussed below. The third section is **category comments**. Please utilize the comments section to explain how allocations are derived if not done so in the description column.

- Agency Personnel Narrative is the first budget narrative worksheet. Personnel is broken down into **1A ADMIN PERSONNEL** and **1B NON-ADMIN PERSONNEL**. Input total salary and monetary allocations by funding source for each employee in the first section of each line item. The second section will auto-populate based on the amounts input in the first section. Employer paid deductions is the **ONLY** criteria allowed to modify, as the monetary value will automatically populate based on the percentages entered in **Column G** for each benefit (FICA, KPERS, etc.) and the allocations entered in section one. ***Please note Insurance, Longevity, and other employer specified deductions are dollar amounts NOT percentages.***
- Agency Non-Personnel Narrative is the second budget narrative worksheet. Each category contains two sections; the monetary allocation and the percent allocation by program for each line item. Some of the more common descriptors have been provided with room to add additional descriptors as needed. Provide details regarding how the amount for each descriptor is derived. Enter the total amount budgeted for each descriptor as well as the amount allocated for each funding source. The percent allocation will auto-populate based on the monetary allocation for each funding source in relation to total amount budgeted.
- Residential Narrative is the third budget narrative worksheet. Only **applicant Community Corrections agencies with a residential center need to complete this worksheet**. The residential budget narrative worksheet falls under the same guidelines and restrictions as the first two worksheets mentioned above; however, the expenditure categories are those associated solely with a residential center.
- Total Budget Summary is the fourth budget worksheet. This worksheet auto-populates data from the three narrative worksheets mentioned above. Use the populated figures in this sheet to verify the accuracy of the budget. No modifications can be made directly on this worksheet therefore; any corrections or changes must be made on the appropriate budget narrative worksheet.
- **It will not be necessary to utilize the Signatory Approval Form in the Master Budget Spreadsheet unless the agency is required to submit a revised budget at a later date.** Signatory approval for the budget has been incorporated into the Comprehensive Plan Signatory Approval Form

(Attachment I). You must submit all pages of Attachment I in order for this step to be considered complete.

General Budget Guidelines

A complete listing of personnel data for both new and existing staff **MUST** be included. All Category Comments must be completed with information regarding the method in determining the percentage allocations and anticipated increases or decreases over previous state fiscal years. Forms supplied by KDOC shall be used for this purpose. The agency must abide by the following guidelines when creating the budget documentation:

- Include only state funded positions and expenditures.
- Budget amounts must be for FY2021 ONLY.
 - If local policy allows use of a retirement payout fund and agency wishes to utilize grant funds for this purpose, the agency must include the amount to be contributed in FY2021 budget. ***This item should be budgeted in the personnel section by creating a line with "Payout Fund" in the name field. If agency budgets for this item, the agency will need to submit a copy of local policy with the comprehensive plan.***
- Budgeting previous year unexpended funds is not allowed.
- Budgeting for pre-paid future year expenditures is not allowed.
- Round all percentages in the narrative to the nearest tenth.
- When requesting equipment or vehicles, the following figures outline the maximum amount KDOC will grant for the purchase of the specified item. If purchase price exceeds these cost caps, the difference between the cost cap and the purchase price must be paid from a non-KDOC funding source.

| | |
|------------------------------------|-------------|
| Desktop Computer (CPU Replacement) | \$ 800.00 |
| Laptop Computer | \$ 1300.00 |
| Monitor (22" flat panel) | \$ 165.00 |
| Minivan | \$23,500.00 |
| Vehicle (mid-size car) | \$18,800.00 |
| Vehicle (compact car) | \$16,500.00 |

Failure to respond to each of the listed criteria in the workbook provided and submitted as an Excel document may adversely impact the grant award determination. Please note that all awards are subject to availability of appropriated funds.

Funding Considerations

For each of the funding criteria listed below (per the provisions of K.S.A. 75-52,111) discuss information that is pertinent to agency funding allocation. Discussion must include, but need not be limited to, the listed criteria. **For those agencies with residential centers, the information for each criterion needs to be addressed separately for adult intensive supervision and the residential center.** Criteria A-F below, and outcome documents, will be considered in funding determinations as provided in K.S.A. 75-52,111 and 75-52,112. Unless otherwise indicated, the discussion for each criterion should address FY2019 expenditures, including community corrections grant and risk reduction initiative funding. **Details on funding criteria included in K.S.A. 75-52,111 but not listed in this section will be obtained by KDOC through internal review of agency budget documents and population reports from FY2019.**

- A. Staffing Levels
 - a. Full Time Equivalent (FTE) dedicated to direct supervision of probationers (Director, Assistant Director with caseload, ISO I, ISO II, ISO III, etc.) as of December 31, 2018 and December 31, 2019.
 - b. Report FTE totals separately for Adult Intensive Supervision staff and Adult Residential Center staff.
 - c. **FTE totals are to be reported as a percent (0.5 for 50%, 1 for 100%, etc.).** For example, if 50% of an ISO's work time is spent on Adult Supervision duties and 50% is spent on Juvenile Supervision duties report .5 in the CC FTE column. If the agency has **part-time employee(s)**, the FTE is calculated by taking the average hours worked per week divided by 40. So if an ISO averages 15 hours per workweek, calculate the FTE by dividing 15 by 40 (15/40) which is .375 FTE.
- B. Travel Costs
 - a. List the total number of miles driven in the course of adult agency operations.
- C. Vacancy Savings
 - a. The amount of grant money budgeted for personnel costs, but not expended for personnel costs due to a position or positions not being filled.
- D. Shrinkage
 - a. The State of Kansas defines shrinkage as the difference, expressed as a percentage, between the cost of fully funding salaries and wages in a budget, assuming all positions are filled all of the time, and actual salary costs, taking vacancies into account.

E. Turnover Rates

Steps for determining turnover rate:

Step 1: Add the number of staff in the agency on July 1, 2018 to the number of staff in the agency on June 30, 2019.

Step 2: Divide the number obtained in Step 1 by two (2).

Step 3: Divide the total number of terminations during fiscal year 2019 by the number obtained in Step 2.

Step 4: Multiply the number obtained in Step 3 by 100 in order to obtain the turnover rate.

| | | | | | |
|---------|--------------------------------|---|-----------------------------|---|---------------|
| Step 1: | # of staff on July 1, 2018 | + | # of staff on June 30, 2019 | = | <u>XXXX</u> |
| Step 2: | <u>XXXX</u> | ÷ | 2 | = | <u>YYYY</u> |
| Step 3: | # of terminations* during 2019 | ÷ | <u>YYYY</u> | = | <u>ZZZZ</u> |
| Step 4: | <u>ZZZZ</u> | ÷ | 100 | = | Turnover Rate |

* Termination is defined as any individual leaving employment within the agency.

F. Comprehensive Plan Document

- a. The requirements for discussion of this criterion will be met by submitting a comprehensive plan document on or before May 1, 2020.
- b. For those agencies with residential centers, the comprehensive plan should address both Adult Intensive Probation and the Residential Center.

Attachments

| | |
|----------------|---|
| Attachment A | Agency Identification Form |
| Attachment B.1 | In-House CBI Program Information Form |
| Attachment B.2 | CBI Program Outcomes FY2019 Form |
| Attachment C | Current and New Resources/Probationer Fees Form |
| Attachment D | Curriculum Review Form |
| Attachment E | Approved Curricula List |
| Attachment F | Collaborative Partnerships Form |
| Attachment G | Organizational Chart Form |
| Attachment H | Advisory/Governing Board Form |
| Attachment I | FY2021 Comprehensive Plan Signatory Approval Form |

Does your agency currently offer in-house CBI programming? Yes No

If yes, please complete the following for each CBI program offered in-house. (Attach additional pages if necessary):

| | |
|---|----------------------------------|
| Program Name: | Click or tap here to enter text. |
| Eligibility Requirements: (Referral/Participation Criteria) | Click or tap here to enter text. |
| Program Composition: (Are groups open vs. closed, gender specific, risk level specific, etc.) | Click or tap here to enter text. |
| Number of Groups: (# of groups running at any given time) | Click or tap here to enter text. |
| Program Schedule: (Days, Nights, Weekends, etc.) | Click or tap here to enter text. |
| Fidelity Measures: (observations, audits, facilitator coaching, etc.) | Click or tap here to enter text. |
| Outcome Measures: (goals) | Click or tap here to enter text. |

| | |
|---|----------------------------------|
| Program Name: | Click or tap here to enter text. |
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| Program Composition: (Are groups open vs. closed, gender specific, risk level specific, etc.) | Click or tap here to enter text. |
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| | |
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| Number of Groups: (# of groups running at any given time) | Click or tap here to enter text. |
| Program Schedule: (Days, Nights, Weekends, etc.) | Click or tap here to enter text. |
| Fidelity Measures: (observations, audits, facilitator coaching, etc.) | Click or tap here to enter text. |
| Outcome Measures: (goals) | Click or tap here to enter text. |

| CBI Program Outcomes – FY2019 | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Program Name* | Provider** | Total Admissions | # Successful | # Unsuccessful | # Who Continue Participating | % Successful |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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*Please list the name of the cognitive behavioral curriculum.

**Please list your agency name if the program is facilitated by staff within your agency or the name of the provider if you have contracted with an outside source.

Attachment C
Current and New Resources/Probationer Fees Form

| Services | If currently available in FY2020, enter YES | Does the agency provide assistance with costs, enter YES or NO | If the agency is proposing as a new service in FY2021, enter YES | Will the agency provide assistance with costs, enter YES or NO | Comments (Include identification of contracting agencies, if applicable. Also include any criteria to determine whether you defray costs and if so, how much.) |
|--|---|--|--|--|---|
| Batterers Intervention Programming (BIP) | Yes | Yes | No | N/A | Family Peace Initiative is contracted to provide BIP services. In FY20 the agency is helping offenders pay for part of or the entire BIP assessment fee, based on client needs. |
| Child Care Assistance | No | No | No | N/A | No child care assistance is currently available through the agency. |
| Clothing (work-related or other) | Yes | Yes | No | N/A | Clothing assistance would be based on client needs with supervisor approval. |
| Community Service Work | Yes | No | No | N/A | Agency assists in finding suitable Community Service Work and will monitor number of hours performed. |
| DNA Cost | No | No | No | N/A | No assistance for Court-ordered DNA costs available. |
| Educational Services | Yes | Yes | No | N/A | Education assistance can be made available based on client needs and supervisor approval. |
| Employment Services | Yes | No | No | N/A | Job Club is provided twice monthly for clients who need employment assistance. |
| Food | No | No | No | N/A | No food assistance currently available through the agency. |
| Housing Assistance | Yes | Yes | No | N/A | Some funding for housing assistance has been made available based on client needs and supervisor approval. |

Attachment C
Current and New Resources/Probationer Fees Form

| Services | If currently available in FY2020, enter YES | Does the agency provide assistance with costs, enter YES or NO | If the agency is proposing as a new service in FY2021, enter YES | Will the agency provide assistance with costs, enter YES or NO | Comments (Include identification of contracting agencies, if applicable. Also include any criteria to determine whether you defray costs and if so, how much.) |
|--|---|--|--|--|---|
| Medication | Yes | Yes | No | N/A | Some voucher funds for medication assistance are made available through Behavioral Health grant based on client need and supervisor approval. |
| Mental Health Treatment | Yes | Yes | No | N/A | Some voucher funds for mental health treatment assistance are made available through Behavioral Health grant based on client need and supervisor approval. |
| Mentoring | No | No | No | N/A | No mentoring assistance is currently available through the agency. |
| Transportation Assistance | Yes | Yes | No | N/A | Limited public transportation options in district; agency may provide transportation assistance based on client needs and supervisor approval. |
| Utilities (heat, electric, phone, water) | Yes | Yes | No | N/A | Utility assistance can be made available based on client needs and supervisor approval |
| Sex Offender Treatment | Yes | Yes | No | N/A | Some voucher funds for sex offender treatment assistance are made available through Behavioral Health grant based on client need and supervisor approval. |
| Substance Abuse Treatment | Yes | Yes | No | N/A | Some voucher funds for substance abuse treatment assistance are made available through Behavioral Health grant based on client need and supervisor approval. |
| Care Coordination | Yes | Yes | No | N/A | Click or tap here to enter text. |

| | Yes | No | Amount | Frequency with which the fee is assessed | Comments (Include identification of contracting agencies, if applicable) |
|-------------------------|-------------------------------------|-------------------------------------|---------------------------------|--|--|
| Agency Supervision Fee | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$150 | Probationary term | Supervision fee is assessed to any client being supervised in the district, including courtesy-in cases. |
| Courtesy Transfer Fee | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A | N/A | N/A |
| Drug Screens | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A | N/A | N/A |
| Drug Confirmation Tests | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$15 per drug, \$20 for alcohol | Dependent on usage | Agency uses Abbott-Redwood Toxicology for confirmation |
| Electronic Monitoring | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A | N/A | Agency does not supply electronic monitoring services |

NAME OF CURRICULUM: Moral Reconation Therapy

If the curriculum being submitted for review is cognitive-behavioral programming which is to be delivered to clients, please complete all questions. If the curriculum is for staff training/skill development, skip to question 3.

A copy of the curriculum must be submitted with this review form.

1. How does the curriculum assist adult probationers in developing and using internal controls to address dynamic risk and need areas so that the probationer is less likely to engage in criminal behavior?

MRT implements a cognitive behavioral approach that confronts beliefs, attitudes and behaviors reinforces positive behaviors and habits and develops a higher stage of moral reasoning.

2. Select the LSI-R[®] domains being targeted by delivering this training to staff in risk reduction and intervention.

- | | | | |
|-------------------------------------|----------------------|-------------------------------------|-------------------------|
| <input type="checkbox"/> | Criminal History | <input type="checkbox"/> | Education / Employment |
| <input checked="" type="checkbox"/> | Emotional / Personal | <input checked="" type="checkbox"/> | Attitudes / Orientation |
| <input type="checkbox"/> | Financial | <input type="checkbox"/> | Family / Marital |
| <input type="checkbox"/> | Accommodation | <input type="checkbox"/> | Leisure / Recreation |
| <input type="checkbox"/> | Companions | <input type="checkbox"/> | Alcohol / Drug |

3. What research led the applicant to implement this training/CBI program as a component of their Comprehensive Plan?

MRT is an evidence-based cognitive-behavioral program that is widely used across the state. The agency has been aiming to implement this particular program for years. The agency director has firsthand experience with the program.

4. How will the applicant measure the impact of the training/CBI program on the agency and/or adult probationers?

The agency will create a local spreadsheet with participant data. The clients will be measured upon prior LSIR assessment and compared to the discharged LSIR assessment. Client progress will be tracked as will successful and unsuccessful completions of the program compared to completions of supervision.

5. How will this training/CBI program initiative be utilized within the Comprehensive Plan?
This program is addressing the agency's identified gap in not offering any cognitive-behavioral programming.

6. Is this curriculum appropriate for correctional personnel to deliver? Please include a discussion of appropriateness for use with probationers, trainer credentials, and duties that this training will allow officers to perform.

Yes, this program is already on the approved curricula list (Attachment E).

For KDOC Use Only

Date Reviewed: _____
Approved/Denied: _____
Reviewer: _____

Staff Curriculum

The Capabilities Awareness Profile (CAP); Prairie View, Inc.

Clinical Guidelines for Implementing Relapse Prevention Therapy; G. Alan Marlatt, PhD., George A. Parks, PhD., and Katie Witkiewitz, PhC., Addictive Behaviors Research Center, Department of Psychology, University of Washington, Seattle, WA.

Eight Stages of Learning Motivational Interviewing; William R. Miller, PhD. and Theresa Moyers, PhD.

Evidence-Based Practices in Corrections and Motivational Interviewing; The Carey Group

Client Curriculum

Creating a Process of Change for Men Who Batter: The Duluth Curriculum

Cross Roads; National Curriculum & Training Institute, Inc. (NCTI)

Decision Points; Jack Bush, Julianna Taymans, Steve Swisher, and Charles Robinson

Family Peace Initiative; Halley Counseling Services, P.A.

Financial Peace University; Dave Ramsey

The Change Companies Series; The Change Companies

- Courage to Change: enabling a risk, need, and responsivity program approach
- Breaking the Cycle: a curriculum that targets addiction and criminogenic factors
- Getting it Right: a curriculum that targets re-entry population needs
- Changing Offender Behavior: a structured cognitive-behavioral curriculum
- Corrective Action: a modular series that addresses criminal justice needs
- Life Skills Series: a modular series that addresses behavioral and mental health

Moral Reconciliation Therapy (MRT); Gregory Little, Ed.D. and Kenneth Robinson, Ed.D.

Moving On; Marilyn Van Dielen, Ph.D. for Orbis Partner Inc.

Thinking for a Change; National Institute of Corrections

TruThought; Truthought™, LLC

Cognitive Behavioral Interventions – Substance Abuse (SAP); University of Cincinnati Corrections Institute

Cognitive Behavioral Interventions Core Curriculum; University of Cincinnati Corrections Institute

Introduction to Cognitive Behavioral Interventions (Motivational Engagement); University of Cincinnati Corrections Institute

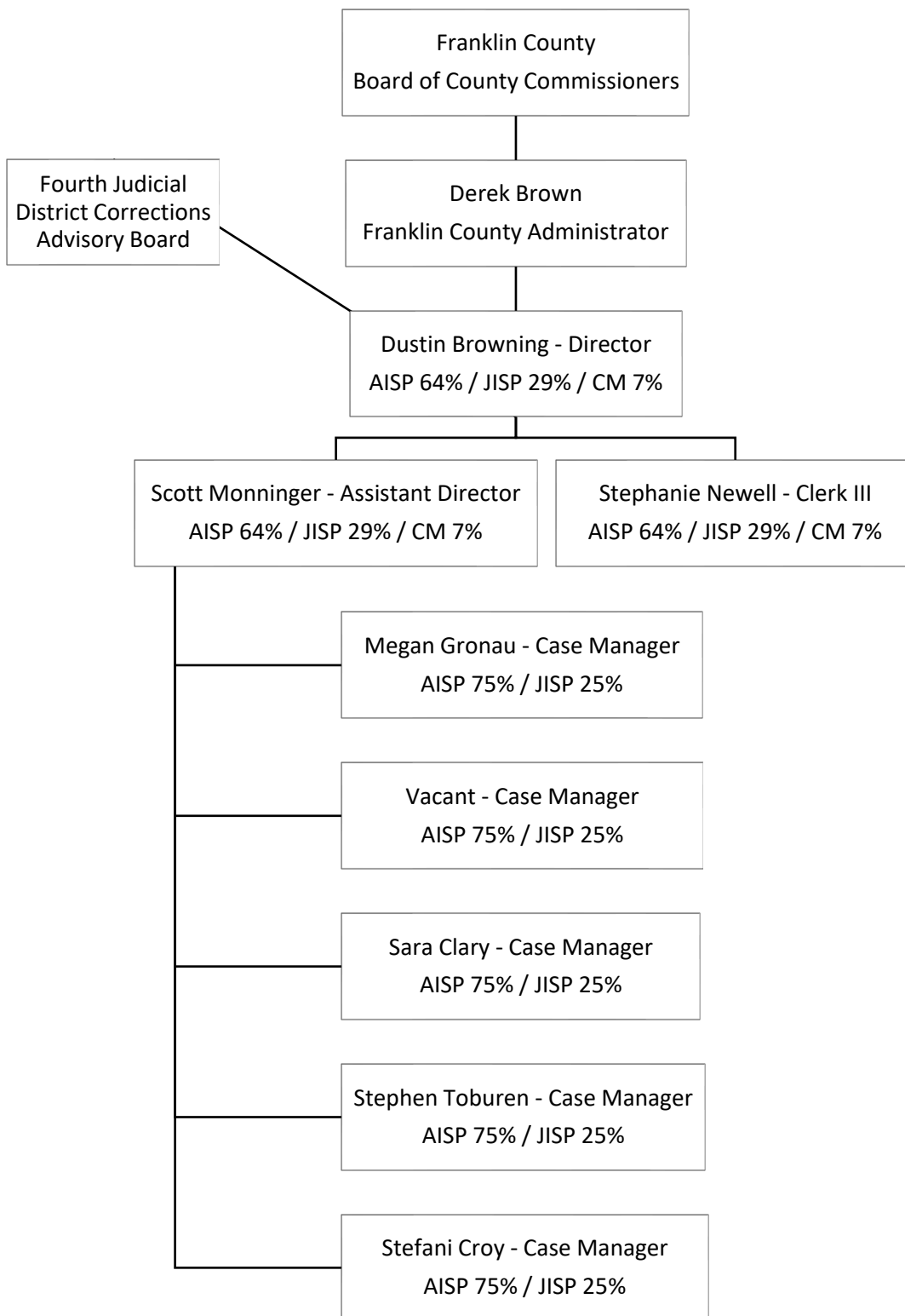
Seeking Safety; Treatment Innovations, LLC.

Strengthening Families Programs; Strengthening Families

Quenching the Father Thirst: Developing a Dad; National Center for Fathering

| Collaborative Partnerships | | |
|-----------------------------------|---------------------------------------|--|
| Agency Partner | Describe Nature of Partnership | Describe Benefit to Agency (In Cost or Efficiency Achieved) |
| Elizabeth Layton Center | MOU to provide Care Coordinator | Partnership benefits the district in staffing a clinician on-site for immediate Care Coordination and other therapeutic needs. Services are rendered to Court Services and Community Corrections clients. Funding for this position is made possible through the annual Behavioral Health Grant. |
| Family Peace Initiative | MOU to provide BIP | The program is a benefit to the district in that it also serves both Court Services and Community Corrections. The agency offers financial assistance for this program through the Behavioral Health Grant when funding is made available. |
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ORGANIZATIONAL CHART – FY2020



Instructions: Provide all the requested information for each advisory/governing board member who will serve during the fiscal year. In the "Ethnicity" column, enter the most accurate, e.g., American Indian or Alaskan Native (I), Asian or Pacific Islander (A), Black (B), Hispanic (H), White (W).

Agency: Fourth Judicial District Community Corrections

Date completed: 11/27/2019

Is this a joint board with the Juvenile Corrections Advisory Board? Yes No

| Chairperson Appointed by | Representing | Name and Job Title | Address | E-mail & Phone | M/F | Ethnicity | Race | Most Recent Appointed Date | Expiration Date |
|--------------------------|-----------------|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Administrative Judge | Court Services | Kelly Johnson | 301 S. Main St. | kjohnson@franklincoks.org | M | NH | W | 04-2019 | 04-2021 |
| | | Chief CSO | Ottawa, KS 66067 | 785-229-8925 | | | | | |
| | | | | | | | | | |
| Members Appointed by | Representing | Name and Job Title | Address | E-mail & Phone | M/F | Ethnicity | Race | Most Recent Appointed Date | Expiration Date |
| Sheriff | Law Enforcement | Randy Rogers | 605 Neosho St | rrogers@coffeycountyks.org | M | NH | W | 7-2018 | 07-2020 |
| | | Coffey County Sheriff | Burlington, KS 66839 | 620-364-2123 | | | | | |
| Chief of Police | Law Enforcement | Doug Jones | 616 S. 3rd St | djones@burlingtonks.gov | M | NH | W | 7-2018 | 07-2020 |
| | | Burlington Police Chief | Burlington, KS 66839 | 620-364-8757 | | | | | |
| County Attorney | Prosecution | Vacant | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Administrative Judge | Judiciary | Kevin Kimball | 301 S. Main St. | kkimball@franklincoks.org | M | NH | W | 04-2019 | 04-2021 |
| | | Magistrate Judge | Ottawa, KS 66067 | 785-242-6000 | | | | | |
| BOCC | Education | Ryan Cobbs | 1404 S. Ash | cobbsr@usd290.org | M | NH | W | 11-2019 | 11-2021 |
| | | USD 290 Superintendent | Ottawa, KS 66067 | 785-229-8010 | | | | | |
| BOCC | Mental Health | Leslie Bjork | 2537 Eisenhower Rd. | lbjork@laytoncenter.org | F | NH | W | 04-2018 | 04-2020 |
| | | Executive Director – Elizabeth Layton Center, Inc. | Ottawa, KS 66067 | 785-242-3780 | | | | | |

Attachment H
Advisory/Governing Board Form

| Members Appointed by | Representing | Name and Job Title | Address | E-mail & Phone | M/F | Ethnicity | Race | Most Recent Appointed Date | Expiration Date |
|----------------------------------|----------------------------------|--|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| BOCC | General | Don Meats | 110 S. 6th Street | dcmeatswildlife@yahoo.com | M | NH | W | 01-2019 | 01-2021 |
| | | Coffey County Commissioner | | 620-203-0396 | | | | | |
| BOCC | General | Ken Halliburton | 226 S. Beech Street Ottawa, KS 66067 | khalliburton@franklincoks.org | M | NH | W | 12-2018 | 12-2020 |
| | | Director - JDC | | 785-229-3405 | | | | | |
| BOCC | General | Taylor Jones | 1920 Moodie Road Lawrence, KS 66046 | tjones@willowdvcntr.org | F | NH | B | 03-2019 | 03-2021 |
| | | Director of Community Services – Willow Domestic Violence Center | | 785-331-2034 ext. 104 | | | | | |
| City | General | Crystal Anderson | 1320 S. Ash Street Ottawa, KS 66067 | canderson@eckan.org | F | NH | W | 04-2018 | 04-2020 |
| | | CEO – East Central Kansas Economic Opportunity Corporation | | 785-242-7450 | | | | | |
| City | General | Andy Frye | 209 S. Hayes Street Garnett, KS 66032 | andy@sned.us | M | NH | W | 04-2019 | 04-2021 |
| | | Citizen | | 785-448-4010 | | | | | |
| Administrative Judge | Juvenile Defense Counsel | Vacant | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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Agency Name: Fourth Judicial District Community Corrections

Agency Director: Dustin Browning


My signature certifies that I did assist in the development, completion and review of the agency's Comprehensive Plan, Budget Summary and Budget Narrative attached hereto. I further certify that:

1. The plan, including budget documents and other attachments, complies with the written directions sent to me by the Kansas Department of Corrections (KDOC).
2. The plan, including budget documents and other attachments, complies with applicable Kansas Statutes (KSA), Kansas Administrative Regulations (KAR), KDOC Community Corrections Standards and KDOC Financial Rules and Guidelines.
3. The agency is willing to actively plan for implementing the consistent set of statewide policies to help guide the supervision and revocation process of probationers on Community Corrections Supervision.
4. The agency will provide timely, complete and accurate data to the KDOC regarding agency operations and outcomes to include any reports required per Kansas Statutes (KSA), Kansas Administrative Regulations (KAR), KDOC Standards and KDOC Financial Rules and Guidelines or special requests from the KDOC.

Furthermore, my signature certifies that acceptance of state grant funds awarded by the KDOC for the grant period July 1, 2020 through June 30, 2021 indicates that as the "Grantee" I acknowledge and agree to comply with all the conditions outlined below:

1. Utilize grant funds for the development, implementation, operation and improvement of community correctional services pursuant to K.S.A. 75-5291 through 75-52,113 and amendments thereto, as submitted in the attached comprehensive plan funding application.
2. Assume the authority and responsibility of funds received through KDOC and ensure compliance with all applicable Federal and State laws, Regulations and KDOC Financial Rules, Guidelines and Reporting Instructions. Any and all costs associated with non-compliance under this section shall be the responsibility of the Host County.
3. Acknowledge that the use of state grants funds is prohibited for out-of-state travel and training. Any and all costs associated with non-compliance under this section shall be the responsibility of the Host County.
4. Acknowledge that if, in the judgment of the Secretary of the Department of Corrections, sufficient funds are not appropriated to fully continue the terms of this agreement, KDOC may reduce the amount of the grant award.
5. Comply with KDOC Community Corrections standards, policies and procedures.
6. Follow all applicable state and federal laws related to confidentiality of client information. This provision is not intended to hinder the sharing of information where necessary to effect delivery of services when undertaken in compliance with applicable laws.
7. Neither assume nor accept any liability for the actions or failures to act, either professionally or otherwise, of KDOC, its employees and/or its contractual agents.

8. Not consider employees or agents of the Grantee as employees or agents of KDOC. Grantee accepts full responsibility for payment of unemployment insurance, worker's compensation and social security, as well as all income tax deductions and any other taxes or payroll deductions required by law for its employees or agents in work authorized by the comprehensive plan.
9. Submit problems or issues regarding the terms of this grant in writing to the KDOC Deputy Secretary of Community and Field Services for final review and resolution.
10. If any provision of this grant violates any statute or rule of law of the State of Kansas, it is considered modified to conform to that statute or rule of law.

Agency Director:  _____ Date: 4/22/2020

Advisory/Governing Board Chairperson _____ Date _____

Address: 301 S. Main Street, Ottawa, KS 66067

Phone: 785-229-8925 Fax: _____ Email: kjohnson@franklincoks.org

Board of County Commissioners Chairperson (Host County Only) _____ Date _____

Address: 1428 S. Main, Suite 2, Ottawa, KS 66067

Phone: 785-229-3485 Fax: _____ Email: cwaymire@franklincoks.org

County: Franklin

Multi-county agencies shall obtain the signature of the County Commission Chairperson of EACH county, unless either of the following is true:

- ✓ The counties have entered into an **Inter-local Agreement** that specifically states that the host county commission chairperson can sign for all counties. If so, only the signature of the host county commission chairperson is necessary.
- ✓ The counties have entered into an Inter-local Agreement that bestows the counties' governing authority onto the community corrections advisory board. If so, no county commission chairperson signature is required.

Please use the following page if additional County Commission Chairperson signatures are required for your agency

Board of County Commissioners Chairperson

Date

County: _____
.....

Board of County Commissioners Chairperson

Date

County: _____
.....

Board of County Commissioners Chairperson

Date

County: _____
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Board of County Commissioners Chairperson

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Board of County Commissioners Chairperson

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Board of County Commissioners Chairperson

Date

County: _____

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