

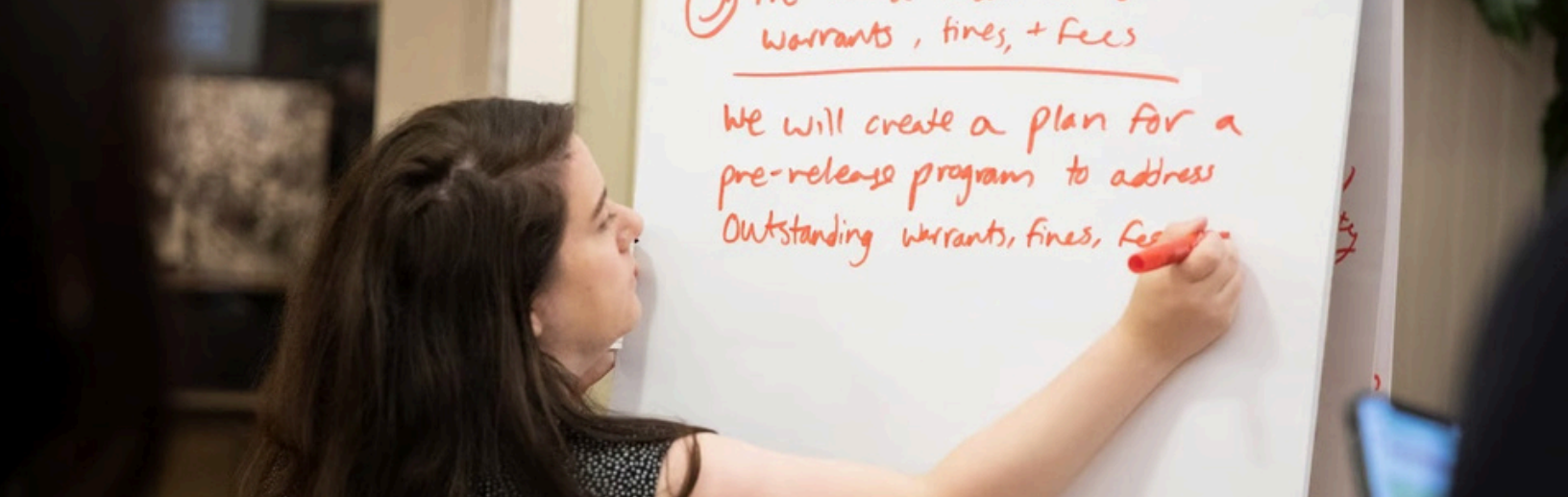
# Smart Justice Services



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**Restore Hope is a software and services company that aims to reduce the rate of incarceration and the need for foster care through a community-driven approach and collaborative partnerships.**

## **The History**

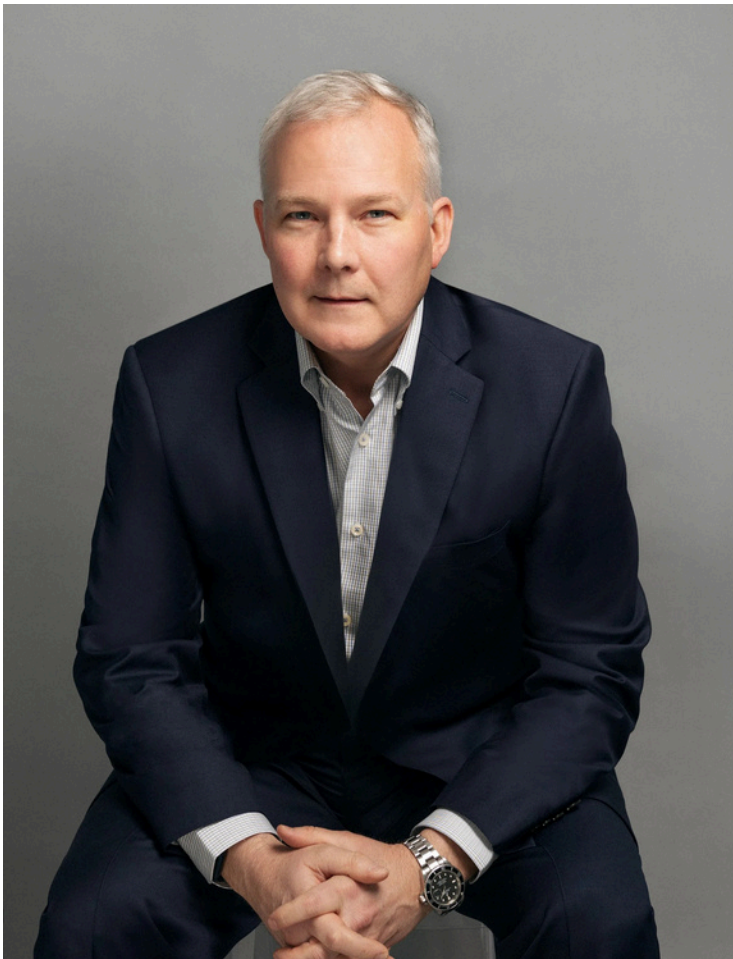
In 2015, former Governor Asa Hutchinson took a landmark step to address Arkansas’s rising incarceration rates by convening a statewide summit that brought together stakeholders from the justice system, behavioral health services, and community-based organizations. This collaborative summit led to the founding of Restore Hope, a nonprofit organization with a mission to reduce incarceration and foster care rates in Arkansas by improving coordination among state agencies, service providers, and local communities.

## **The Model**

Restore Hope’s approach is a collective impact model, tailored to each community, to help individuals and families move from crisis to career. The model bridges the gap between state and community-led efforts, enabling communities to tackle complex challenges through a combination of top-down leadership and bottom-up engagement. Its overarching goals include achieving stability, measured by progress across thirteen well-defined social determinants of health.

By employing collective impact methodologies, the Restore Hope model fosters coordination among service providers to address crises efficiently and effectively. This approach empowers local alliances to respond in real time to the needs of individuals and families by leveraging existing community resources, streamlining service delivery, and eliminating redundancy.

# ATTORNEY GENERAL FUNDS SMART JUSTICE SERVICES



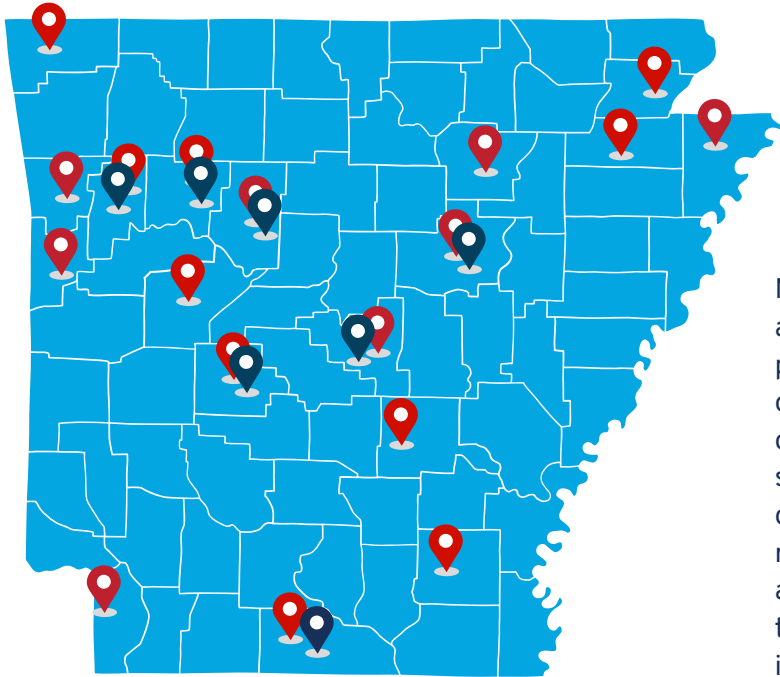
In the fall of 2023, Attorney General Tim Griffin recognized the proactive efforts of judges and local stakeholders—working in partnership with Restore Hope—to address the growing impact of substance use on the judiciary. In support of these efforts, he allocated a portion of the state’s opioid settlement funds to launch a pilot initiative within the district courts. This investment reflects a practical, prevention-focused strategy that reduces pressure on county jails, lowers incarceration costs for non-violent offenses, and strengthens public safety by pairing individualized case management with firm judicial oversight to address the underlying issues that often lead individuals into the criminal justice system.

“Some things work, some things don’t. The problem arises when government continues doing things that don’t work,” he says. “If you’re talking about bang for your buck in terms of money, you get the most for your dollar by investing in diversion before people get too far down the road. We see opportunities for some people who are in district court for misdemeanors – to get them the addiction help they need, the work skills, the life skills, so they can live productive lives. That saves taxpayer dollars and gives us more employees, because a lot of these people will gain critical work skills. It teaches a respect for the community and the rules we have to live under in a civil society.”

“Identifying people who are in district court for misdemeanors, to intervene ... wrap your arms around those people with reality, and equip them with training and counseling and education and the burden of responsibility. Give them the chance. Some of them will fail, but the ones who don’t ... you have changed their long-term trajectory. They can go into society and be neighbors who ask to borrow tools instead of stealing them, and who cost taxpayers less because they not only quit taking, they start paying. It’s beautiful.”

-TIM GRIFFIN  
ARKANSAS ATTORNEY GENERAL





# LOCATIONS

Navigators are key figures in Smart Justice Services, acting as the main point of contact between participants, the court, service providers, and the community. Their role includes facilitating communication, offering case management and support to participants, monitoring compliance with court orders and established goals, coordinating referrals to critical services like treatment, housing, and employment, and collecting and analyzing data to evaluate the initiative's success and drive improvements.

 100 Families Initiative	 Smart Justice Services
Benton Craighead Crawford Drew Franklin Garland Greene Independence Jefferson	Johnson Miller Mississippi Pope Pulaski Sebastian Union White Yell



As a pioneer of this new approach with the Smart Justice Services, I had the privilege of helping shape its foundation. From those first steps in development, it was clear that **this approach would not only improve individual outcomes but also redefine how our courts serve justice with compassion and integrity.** In those early stages, it was clear that combining accountability with access to treatment and services offered real alternatives at a time when our jails are overcrowded and our prisons are full. By focusing on rehabilitation and stability, we reduce the revolving door of incarceration while strengthening families and communities. What began as a pilot has grown into a proven model of justice that is fair, compassionate, and sustainable for Arkansas.



Arkansas District Judge Sarah Capp

# MISSION STATEMENT

## EMPOWERING CHANGE, REBUILDING LIVES, STRENGTHENING COMMUNITIES:

Smart Justice Services seeks to transform the criminal justice system by addressing the root causes of criminal behavior through innovative, evidence-based practices. Its mission is to enhance community safety, reduce recidivism, and promote rehabilitation by fostering collaboration among courts and communities.

# GOALS AND OBJECTIVES

**01**

**Promote Collaboration and Coordinated Responses**

**02**

**Strengthen Policy and System Alignment**

**03**

**Build Sustainable Infrastructure and Capacity**

**04**

**Advance Data-Driven Decision Making**

**05**

**Enhance Legal and Structural Resolution Pathways**



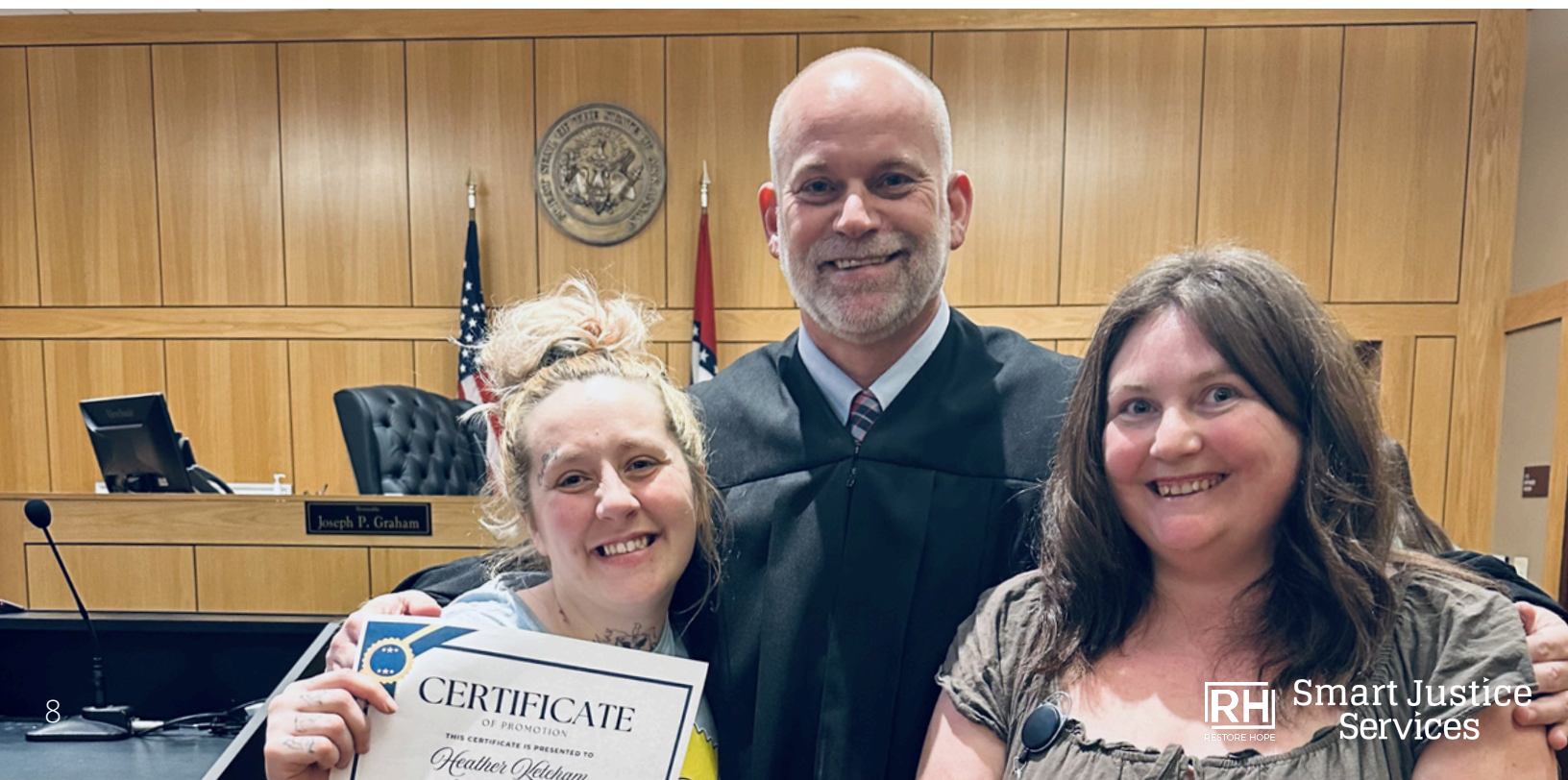
# TARGET POPULATION

Smart Justice Services serves justice-involved individuals facing barriers to stability and long-term success, such as substance use, mental health needs, unemployment, and housing instability. Through partnerships with courts, community providers, and state agencies, it delivers structured case management and service coordination to address these needs. By focusing on stabilization, accountability, and service connection, the initiative improves outcomes, enhances community safety, and reduces ongoing justice system involvement.

# ELIGIBILITY CRITERIA

To be eligible, individuals must meet the following criteria:














- **Age Requirement:** Individuals must be eighteen (18) years of age or older.
- **Service Need:** Individuals must have an identified need in at least one social determinant of health area.
- **Voluntary Participation:** Individuals must voluntarily agree to participate in case management services.

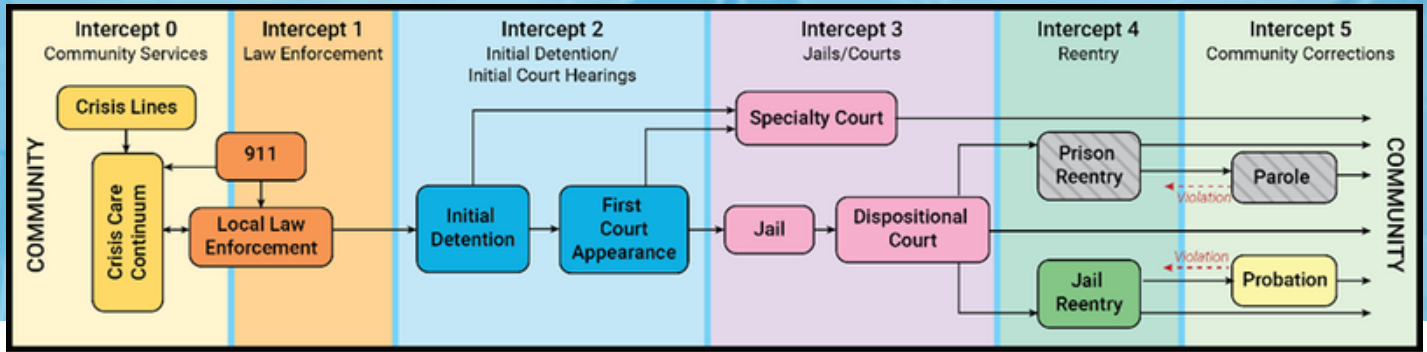


# EARLY INTERVENTION

The initiative focuses on early intervention to address the root causes of criminal behavior before leading to long term incarceration or repeat offenses. The initiative offers individuals access to community-based support services.

Early intervention within the criminal justice system focuses on stabilizing the key areas of a person’s life that contribute to justice involvement. Through this approach, participants receive targeted support in the following areas:

<p><b>Financial Stability</b></p>  <p><i>Assisting with financial planning and access to economic resources</i></p>	<p><b>Dental Health</b></p>  <p><i>Providing preventive and restorative dental care</i></p>	<p><b>Employment</b></p>  <p><i>Providing job training, employment assistance, and career development opportunities</i></p>	<p><b>Food Security</b></p>  <p><i>Ensuring access to nutritious food and meal assistance programs</i></p>	<p><b>Legal</b></p>  <p><i>Helping individuals navigate the justice system and resolve legal matters</i></p>
<p><b>Childcare</b></p>  <p><i>Providing resources to support parents and guardians</i></p>	<p><b>Housing</b></p>  <p><i>Connecting individuals with safe, stable, and affordable housing options</i></p>	<p><b>Recovery</b></p>  <p><i>Offering substance use treatment and support for sustained sobriety.</i></p>	<p><b>Physical Health</b></p>  <p><i>Ensuring access to medical care for overall well-being</i></p>	<p><b>Transportation</b></p>  <p><i>Removing barriers to reliable transportation for access to essential services</i></p>
<p><b>Education</b></p>  <p><i>Supporting access to GED programs, vocational training, and higher education resources</i></p>		<p><b>Safety</b></p>  <p><i>Promoting personal and community safety through intervention and resources</i></p>	<p><b>Mental Health</b></p>  <p><i>Connecting individuals with counseling, therapy, and mental health resources</i></p>	



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# SEQUENTIAL INTERCEPT MODEL

The Sequential Intercept Model (SIM) was developed in the early 2000s by Dr. Mark Munetz and Dr. Patricia Griffin through work supported by the U.S. Department of Justice and Policy Research Associates to address the increasing involvement of individuals with mental health and substance use disorders in the criminal justice system. The model provides a framework for communities to identify key points in the justice process where intervention can occur to divert individuals toward treatment and community based services rather than deeper system involvement.

## 00 Community Services

Preventative community-based resources, such as crisis care, mental health and substance use treatment, and housing support, help individuals avoid justice system involvement.

## 01 Law Enforcement

Crisis intervention and specialized officer training ensure that law enforcement can appropriately respond to individuals experiencing mental health or substance use crises.

## 02 Initial Detention and Court Hearings

Early screening, assessment, and alternatives to traditional prosecution—such as diversion to treatment and support services—are prioritized at this stage.

## 03 Jails and Courts

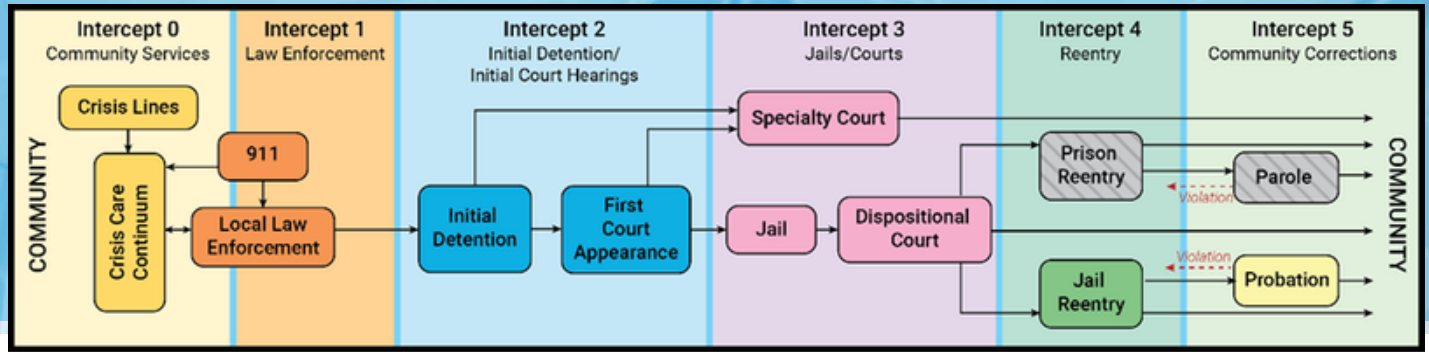
Focuses on integrating mental health and substance use services within correctional facilities and offering extended court intervention programs as alternatives to incarceration.

## 04 Reentry

Provides structured support for individuals transitioning from incarceration back into the community, ensuring access to housing, employment, and continued treatment to reduce recidivism.

## 05 Community Corrections

Focuses on post-release supervision and support, emphasizing ongoing mental health and substance use treatment, stable housing, employment assistance, and specialized community supervision to reduce reoffending.

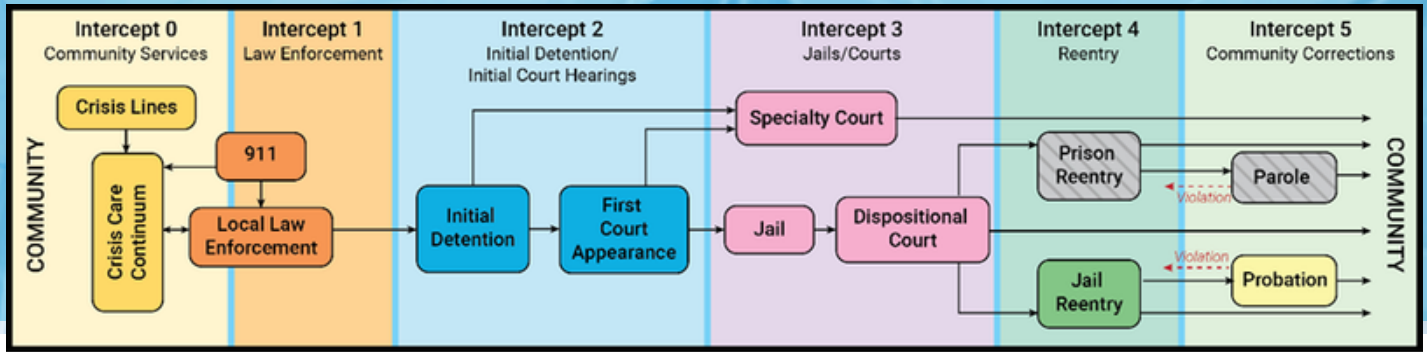


## INTERCEPT 02 District Court

The initiative recognizes Intercept 2, District Court, as a critical point of early intervention following arrest. At this stage, individuals are entering the system through booking and initial court appearances, often before patterns of continued involvement are established. Without timely intervention, unmet behavioral health, substance use, and social needs may lead to continued court involvement or detention. Focused screening, pretrial decision-making, and connection to community-based services are essential to stabilize individuals and prevent advancement further into the criminal justice system.

## INTERCEPT 03 Circuit Court

The initiative recognizes Intercept 3, Jails and Courts, including Circuit Court, as a decisive stage where individuals face the potential for incarceration and more serious legal consequences. Individuals who have not been diverted earlier may experience extended detention, worsening behavioral health conditions, and increased system involvement. Without targeted intervention, this stage can solidify long-term justice system engagement. Emphasis is placed on diversion opportunities, treatment access, court-informed case management, and stabilization efforts to mitigate further system engagement.



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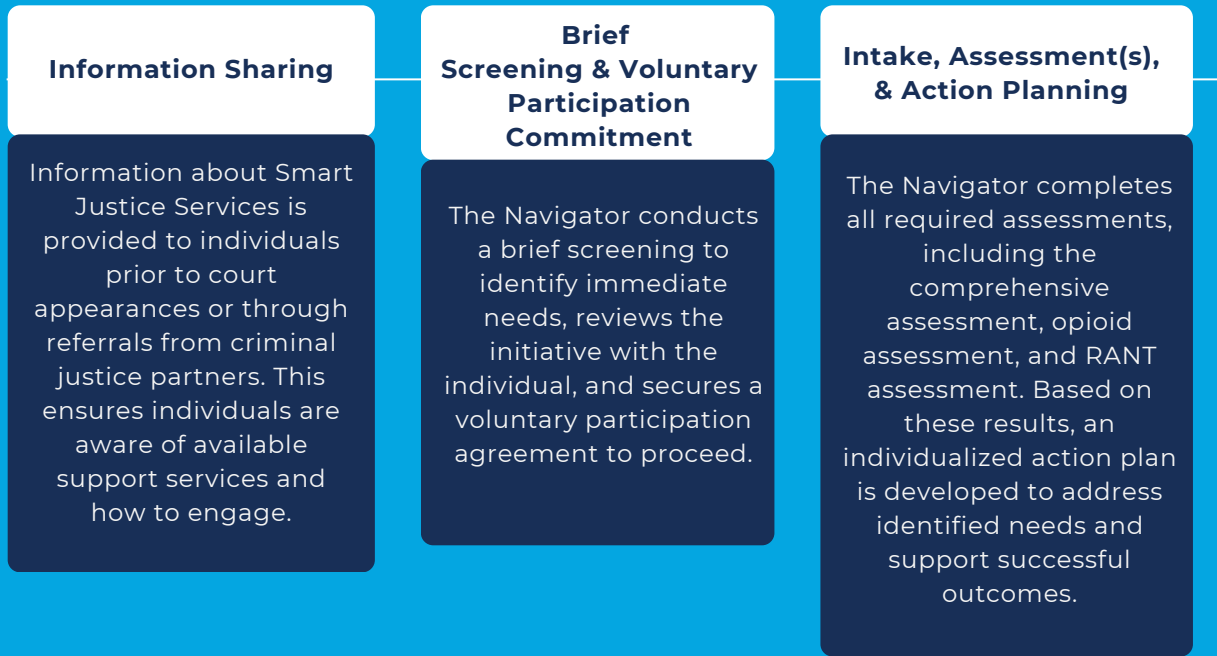
## INTERCEPT 04 Reentry

The initiative recognizes Intercept 4, Reentry, as a pivotal transition point from incarceration back into the community. Individuals often return with significant unmet needs related to housing, employment, healthcare, and behavioral health, which, if unaddressed, increase the risk of reoffending. Gaps in services or lack of coordination during this transition can quickly destabilize progress made during incarceration. Priority is placed on comprehensive transition planning, continuity of care, and immediate connection to community-based supports to promote stability and long-term success.

## INTERCEPT 05 Community Corrections

The initiative recognizes Intercept 5, Community Corrections, as a sustained opportunity to support individuals under supervision in the community. At this stage, individuals must navigate probation or parole requirements while addressing ongoing needs that, if left unresolved, can result in violations or re-incarceration. Continued instability in areas such as employment, housing, or treatment access can hinder progress and increase risk. Targeted support, strong coordination with supervision officers, and access to services are critical to maintaining stability, promoting accountability, and preventing further involvement in the justice system.

# ENTRY PROCESS



MONTHLY

## Successful Completion & Transition

When the individual fulfills program expectations and achieves identified goals, the Navigator documents successful completion and facilitates transition out of the initiative. Outcomes are communicated to relevant partners, and any remaining needs are connected to ongoing community-based supports to promote long-term stability.



At the commencement of Smart Justice Services, many participants enter without a reliable personal support network. Through the program, they begin building connections with community providers and restoring ties with family, both of which are **essential for long-term progress**. SJI delivers early, targeted interventions in areas like addiction recovery and mental-health stabilization. These tailored resources and tools help participants regain balance and move toward meaningful stability.



Arkansas District Judge Joseph Graham

# 3-TIER APPROACH GUIDE

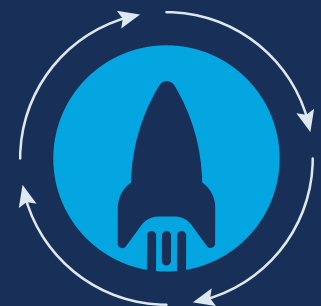
Smart Justice Services is a six-month program designed to provide a structured path toward personal responsibility, accountability, and self-improvement. Participants progress through three tiers that address both practical needs and behavioral challenges, guided by thirteen key social determinants of health that influence long-term stability. Successful completion requires participants to meet defined expectations and demonstrate consistent progress across all areas of care.



**CRISIS**



**STABILITY**



**THRIVING**





## TIER 1: CRISIS

**Focus:** Meeting Basic and Safety Needs, and Building Self-Esteem Through Responsibility

**Emphasis:** Address immediate basic needs, reduce crisis-driven behavior, and build accountability and structure

**Recommendations to Complete Tier 1:**

1. **Childcare:** Has affordable childcare that may be subsidized and may have limited hours, but it supports daily responsibilities.
2. **Safety:** Feels adequately safe during daily activities and is no longer in immediate danger.
3. **Housing:** Has a place to stay, renting a room or housing, and is working on becoming current with rent payments or addressing safety/livability issues.
4. **Education:** Actively enrolled in a GED program or other adult education class.
5. **Employment:** Working part-time, over 15 hours per week, and earning at least minimum wage.
6. **Financial Stability:** Has enough income to meet basic needs and is beginning to build better money management skills.
7. **Food:** Has regular access to food, such as staying with family who provides meals or using available food resources.
8. **Legal:** Fully complying with conditions of supervision and working towards being current on all outstanding court fines and fees.
9. **Transportation:** Has access to reliable transportation through public transit, and can afford it, or has a dependable support system for transportation.
10. **Physical Health:** Has health insurance and is beginning to seek needed medical care, even if still learning how to access services.
11. **Dental:** Has dental insurance and knows dental care is needed, beginning to plan for treatment.
12. **Mental Health:** Attending mental health appointments or showing improvement in managing mild daily challenges.
13. **Recovery:** Has not used alcohol or non-prescribed drugs and is actively involved in treatment or connected to recovery support.



## TIER 2: STABILITY

**Focus:** Strengthen Connection and Community Needs, and Continue Addressing Safety and Stability Needs

**Emphasis:** Build prosocial connections and community engagement; Strengthen family relationships or develop healthy support networks; and Increase commitment to care plans

**Recommendations to Complete Tier 2:**

1. **Childcare:** Has reliable and affordable childcare, fully funded without outside help.
2. **Safety:** Feels safe and secure in daily life and surroundings.
3. **Housing:** Has stable housing, is current on rent or mortgage payments, and can afford future payments. Any livability issues are small or being addressed.
4. **Education:** Has earned a GED or high school diploma.
5. **Employment:** Employed full-time and maintaining steady income.
6. **Financial Stability:** Has enough income to meet needs and shows good money management skills.
7. **Food:** Has access to food through income or food assistance, such as SNAP/EBT, and does not worry about going hungry.
8. **Legal:** Fully compliant with all conditions of supervision and up to date on court fines and fees.
9. **Transportation:** Has reliable and affordable transportation or a valid driver's license and insured vehicle.
10. **Physical Health:** Has a primary care provider and no urgent or unmet health needs.
11. **Dental:** No current dental problems and can afford care through insurance or personal funds if needed.
12. **Mental Health:** Has few or no symptoms and is handling everyday stress well, with personal coping skills or support systems.
13. **Recovery:** Has remained drug and alcohol-free, except for prescribed medications and may or may not need continued treatment.



## TIER 3: THRIVING

Focus: Self-Actualization and Long-Term Self-Esteem Needs

Emphasis: Foster independence, self-worth, and personal vision; Transition from external accountability to internal motivation; and Prepare for life post-initiative with tools for long-term success.

Recommendations to Complete Tier 3:

1. Childcare: Able to choose high-quality childcare that fits needs or children are old enough to safely care for themselves.
2. Safety: Feels very safe in daily activities and surroundings.
3. Housing: Has paid rent on time, has no major livability issues, and feels satisfied with current housing or is actively improving it.
4. Education: Has a GED or High School Diploma and is enrolled in or has completed a college degree, trade certification, or other higher education program.
5. Employment: Employed in their preferred field with satisfactory pay and benefits.
6. Financial Stability: Has more than enough income, manages spending and debt without help, and regularly saves for emergencies.
7. Food: Does not need food stamps and has enough income to consistently buy food without assistance.
8. Legal: Fully compliant with all conditions of supervision and current on all fines and fees. Where applicable, the case is prepared for dismissal.
9. Transportation: Has easy, affordable, and reliable transportation, a valid driver's license, and insured private vehicle.
10. Physical Health: Has insurance, a primary care provider, actively uses healthcare services, and has no current medical needs.
11. Dental: Has insurance, a regularly seen dentist, and no dental work is currently needed.
12. Mental Health: Symptoms are rare or absent, participant handles stress well, and attends sessions regularly if applicable.
13. Recovery: Has not used alcohol or non-prescribed drugs and is stable in recovery, whether or not treatment continues.

### Final Completion Criteria

Before completing the initiative, participants must show stability or progress toward thriving in all thirteen social determinants of health care areas.



# COMPLETION

*Completion of Smart Justice Services reflects a participant's successful engagement in the program. It demonstrates progress in addressing critical needs, meeting expectations, and building a foundation for long-term stability.*

## Completion Criteria

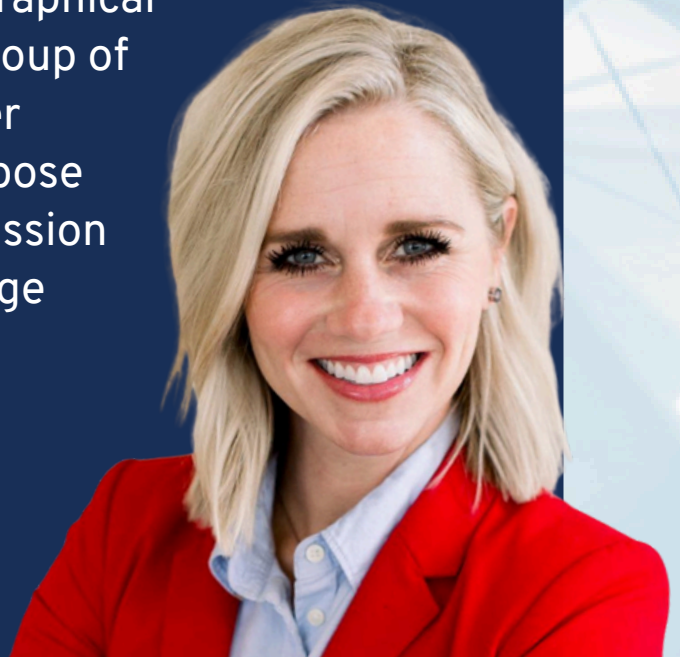
To complete the initiative successfully, participants must show responsible behavior and consistent progress. This includes active engagement in case management services, measurable improvement across the thirteen care areas of social determinants of health, and pursuit of milestones outlined in their individualized action plans.

## Significance of Completion

Completion means more than just meeting requirements. It shows that a participant has taken responsibility, built stability in key areas of life, and developed healthier habits that lower the risk of returning to the justice system. Most importantly, it marks a new beginning, opening the door to continued growth, thriving, and positive contributions to family and community.



There is no power for change greater than a community discovering what it cares about. I think that is so true in what you guys see through the work you're doing and what you've been able to accomplish. You have created a community. A community is not just where you live or geographical boundaries but it's a group of people coming together serving a common purpose and having a unified mission and vision for the change you want to make.



Arkansas Senator Breanne Davis

# Confidentiality Protocol

The initiative is committed to protecting participant confidentiality while ensuring appropriate information sharing for coordinated care and case management services. All practices comply with federal and state law and the professional ethical standards of partner agencies.

## Confidentiality Standards

Participant information is protected by federal and state law, including HIPAA, 42 C.F.R. Part 2, and FERPA. Information may only be shared with the participant’s voluntary written consent or by court order, and only the minimum details necessary will be disclosed. Participation in the initiative requires voluntary consent, as limited information sharing is essential for enrollment, coordination of services, and program oversight.

## Consent Forms

Communication and case management are supported and authorized through participant consent, including:

Authorization to Release Records	Allows partner agencies to share medical, legal, and social service records necessary for participation
Arkansas Notice of Privacy Practices	This notice describes how participants’ health information may be used and disclosed, it also describes how participants can get access to this information
FERPA Consent to Release Student Information	Authorizes access to educational records, when applicable, to support coordination with schools.
Universal Consent and Grant of Agency for Use of HopeHub	Grants permission to enter, maintain, and share participant information in HopeHub, which is accessible to all service providers.
Release of Photograph or Record	Permits the use of photographs, video, or audio recordings of participants for public-facing materials, reporting, and authorized educational or promotional purposes.
Arkansas Driver’s License Authorization to Release Information	Grants permission to access driver’s license status and eligibility for reinstatement.
DHS Request for Eligibility Verification	Authorizes verification of eligibility for Temporary Assistance for Needy Families (TANF) benefits.
TANF Eligibility Form	Authorizes verification of eligibility for Temporary Assistance for Needy Families (TANF) benefits.
Arkansas Authorization to Use and Disclose Medical Information for Promotion	Permits the use and disclosure of medical information for public-facing materials, reporting, and authorized educational or promotional purposes.

Participants may revoke any consent in writing at any time. Revocation of certain non-essential consents will not affect continued participation. However, if a participant revokes consent that is necessary to execute case management procedures, including communication and documentation, the participant may be ineligible to receive service from the initiative. Records will be retained in the system for the period between the date consent was granted and the date it was revoked.

# PARTICIPANT RIGHTS AND GRIEVANCE PROCEDURE

## Grievance Procedure

*A grievance should be submitted in writing and must include the following information:*

- **Participant Information:** This section should include the participant's name and contact information such as a phone number, email, or address.
- **Date and Time of Incident:** Record the date and time when the incident giving rise to the grievance occurred.
- **Nature of the Grievance:** Provide a detailed description of the grievance, including the specific issue or incident causing concern. The narrative should clearly explain the circumstances surrounding the grievance.
- **Individuals Involved:** List the names and roles of all individuals involved in the incident, including staff members and other participants.
- **Location of Incident:** State where the incident took place, whether during a court session or another context within the initiative.
- **Witness Information, if applicable:** Include the names and contact information of any witnesses to the incident.
- **Previous Actions Taken, if applicable:** Describe any steps already taken to address the issue, including prior communication with staff or supervisors.
- **Desired Resolution:** Clearly state the participant's expectations for resolving the grievance, including any specific actions or outcomes being requested.
- **Documentation or Supporting Evidence, if applicable:** Provide any relevant documents, emails, or other evidence that supports the grievance.
- **Confidentiality Concerns:** Note whether the participant has concerns about confidentiality and indicate how they would prefer the grievance to be handled in this regard.
- **Signature and Date:** The grievance should conclude with the participant's signature and the date of submission.

*Completed grievances may be submitted by:  
Email: Janet Camp at [jcamp@restorehope.io](mailto:jcamp@restorehope.io)  
Mail: Restore Hope, Attn: Janet Camp, PO Box 21081,  
Little Rock, AR 72221*

## PARTICIPANT'S RIGHTS

Participants have the right to be treated with **dignity, courtesy, and professionalism.**

Participants have the right to receive services without discrimination based on race, ethnicity, gender, sex, sexual orientation, socio-economic status, or any other characteristic.

Participants have the right to file a grievance if they believe their rights have been violated

# Documentation Protocol

## System of Record and Access

*HopeHub serves as the official, secure system for documenting all participant information, progress, and services. All service providers have authorized access to HopeHub. Levels of access are role-based and include Point of Contact Providers, Connection Providers, and Stakeholders. Permissions are granted according to role to ensure confidentiality and appropriate data use.*

## Navigator Responsibilities

*Navigators are the primary record keepers for the initiative and are responsible for ensuring complete, timely, and accurate documentation. Their duties include:*

### Documentation in HopeHub

All participant contact, attempted contact, identified needs, progress updates, and case activity must be accurately documented in HopeHub within 48 hours of each event. Documentation should reflect ongoing engagement, barrier removal efforts, and service coordination.

### Assessments and Reassessments

Complete all required assessments during initial engagement, including comprehensive and opioid assessments. Participant assessments must be reviewed and updated at least every 30 days to ensure services remain aligned with current needs.

### Individualized Action Planning and Referrals

Develop and maintain individualized action plans that address all thirteen social determinants of health. Navigators are responsible for making timely, appropriate referrals and actively supporting participants in accessing services, not solely providing referrals.

### Support Team Development and Collaboration

Build and maintain a comprehensive support team within HopeHub that includes all relevant service providers. Ensure coordination across providers and notify the Coordinator when additional Connection Providers are needed to address identified gaps in services.

### Participant Engagement and Barrier Removal

Maintain consistent communication with participants and providers while upholding confidentiality standards. Actively assist participants in overcoming barriers to service engagement and long-term stability.

### Case Participation and Court Engagement

Participate in court appearances, case staffings, and team meetings as appropriate to support participant progress. When required, complete court status notes and reports in a timely manner and ensure all documentation is entered into HopeHub within 48 hours.

### Reporting and Data Quality

Submit monthly reports, including required data elements and at least one success story. Routinely review participant records to ensure accuracy, completeness, and consistency within HopeHub, resolving discrepancies in a timely manner.

### Scheduling and Coordination

Maintain an organized schedule that supports participant engagement, court requirements, and partner coordination. Provide calendar coordination as needed to ensure alignment with all involved parties.

### Community Engagement and Partnership Development

Develop and sustain strong relationships with community providers, employers, and partner agencies. Encourage and support participant involvement in pro-social and community-based activities.

# 475%

increase in the number of participants who are stable and thriving in legal needs since initial intake

# 135

participants made the powerful transition from crisis to career



*data from May 2024 - March 2026*

# SOCIAL DETERMINANTS OF HEALTH

# Childcare

Access to consistent and affordable childcare is essential for healthy families and thriving communities. Reliable childcare allows parents and caregivers to pursue education, maintain steady employment, and attend to personal well-being without disruption. It reduces stress, strengthens family stability, and creates a foundation for children to grow in safe, supportive environments. Children benefit from the structure, safety, and enrichment of quality childcare, which supports healthy development and learning. As a result, investing in childcare not only supports individual families but also contributes to stronger, more resilient communities.

## Common Case Management Tasks:

- Apply for CAPCA Head Start to ensure children have access to early education opportunities.
- Apply for childcare assistance to reduce financial barriers to consistent care.
- Find affordable childcare options that meet the family’s specific needs.
- Locate available before- and after-school childcare to support working parents and caregivers.
- Apply for TANF temporary cash assistance programs, such as TEA, TCA, or WT, to provide short-term financial support.

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving	N/A
Does not have childcare.	Has childcare but it is unreliable and unaffordable.	Has affordable childcare, may be subsidized, but the childcare is limited.	Has reliable and affordable childcare and is able to fund independently.	Able to select quality childcare of their choice or children are old enough to care for themselves.	Does not need childcare because they do not have children in their care.

# Safety

Exposure to violence or unsafe living environments can create trauma and instability that hinder personal growth and increase risks for substance use and mental health challenges. Addressing safety concerns early allows individuals to focus on recovery, build healthier routines, and pursue opportunities for long-term stability. Ensuring that appropriate safety planning and support services are in place promotes a secure environment where individuals and families can heal, grow, and thrive and reduces the risk of further justice involvement.

## Common Case Management Tasks:

- Assess for safety risks in the home or personal relationships, including domestic violence
- Refer participants to anger management classes when appropriate
- Connect participants to domestic violence education programs or support groups
- Assist participants in contacting a domestic violence advocate for safety planning and resource connection
- Support entry into a domestic violence shelter when immediate safety is needed
- Assist participants in obtaining an order of protection when legally appropriate

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
Feels very unsafe in daily activities.	Feel somewhat unsafe in daily activities.	Feels adequately safe in daily activities.	Feels safe in daily activities.	Feels very safe in daily activities.

# Housing

Stable and safe housing is a cornerstone of long-term success, providing the foundation for recovery, personal well-being, and steady employment. Without secure housing, individuals often face ongoing stress that makes it difficult to build stability in other areas of life. Homelessness, unsafe living conditions, or frequent displacement can lead to setbacks and increase the risk of behavioral health challenges. Access to safe and reliable housing reduces stress and creates space for healthier routines and stronger family connections. With stable housing, individuals are able to maintain consistency and focus on meeting their daily responsibilities.

## Common Case Management Tasks:

- Conduct a housing assessment that includes current living arrangements, condition of the home, safety concerns, and any eviction or liability issues
- Connect participants to emergency housing options such as hotel vouchers, domestic violence shelters, or transitional living facilities
- Assist participants in applying for housing supports including Section 8, public housing, income-based housing, or housing choice voucher programs
- Support participants in reapplying for housing assistance if prior applications have lapsed or been denied
- Coordinate referrals to community housing programs and permanent housing resources
- Assist participants in addressing eviction notices and communicating with landlords
- Facilitate repairs or maintenance to improve the safety and habitability of the home, including obtaining propane or addressing liability issues
- Help participants obtain more suitable or stable housing when current housing is inadequate

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
<p>Being evicted from housing or already lost housing and is currently living outdoors, in an emergency shelter, or couch surfing.</p>	<p>Currently is in a living situation that is stable for at least two weeks (transitional home, shelter, or participating in a housing program etc) or housing has major livability, safety, or maintenance issues.</p>	<p>Renting a room or has housing but is not current on rent payments or is not able to make future payments or housing has major safety or livability issues.</p>	<p>Has housing and is current on payments and has the ability to pay future payments. Housing has minimal livability, safety, or maintenance issues.</p>	<p>Paid rent on time every month for the past year. Livability issues have been or are being addressed. Is satisfied with living situation or is working to improve.</p>

# Education

Educational attainment significantly impacts employment opportunities and long-term financial stability. Participants who lack basic educational credentials face greater difficulty securing meaningful employment or pursuing higher-level vocational training. By addressing educational gaps and promoting access to appropriate programs, participants gain the knowledge and skills needed to support independence and success well beyond program completion.

## Common Case Management Tasks:

- Assess current education level and identify any barriers to further education or training
- Refer participants to adult education programs, literacy programs, or WAGE classes
- Assist participants in obtaining a GED, high school diploma, technical certificate, or career certification
- Support enrollment in higher education or vocational training programs
- Assist participants in applying for education financial assistance and workforce development programs
- Encourage continued engagement and monitor progress in education or training programs

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
No High School Diploma or GED, Education and literacy problems present barriers to daily activities and employment.	No High School Diploma or GED. Doesn't have literacy problems that prevent them from obtaining employment. Wishes to obtain a higher paying job by getting a GED.	Actively enrolled in GED or other Adult Education programs.	Has a GED or High School Diploma.	Has a GED or High School Diploma and is enrolled in or obtained a higher education degree/certificate.

# Employment

Employment provides structure, income, and stability that are essential for daily living. It offers a legal and reliable way to meet financial needs while building responsibility. Individuals who are unemployed or underemployed are more likely to face financial pressure that can lead to harmful or risky decisions. Access to sustainable employment supports the ability to meet obligations and maintain independence. Meaningful work also helps build confidence and reinforces positive routines.

## Common Case Management Tasks:

- Assess current employment status, job history, skills, and potential barriers to employment
- Refer participants to appropriate job readiness and workforce development programs, such as WAGE
- Connect participants to employment resources, including job fairs, workforce centers, and community employment supports
- Assist participants in applying for employment opportunities or completing applications for income supports when appropriate (e.g., Social Security Disability, Social Security Income, TANF)
- Support participants in pursuing specialized employment opportunities, such as peer support specialist roles
- Monitor employment status and help participants identify opportunities to transition to full-time or more gainful employment
- Assist in resolving barriers to maintaining employment, such as transportation, scheduling, or childcare concerns

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
Unemployed and in need of employment.	Temporary part-time, or seasonal job with less than 15 hours per week.	Employed part-time working over 15 hours per week and is earning at least minimum wage.	Employed full-time.	Employed with a satisfactory amount of pay and benefits in their preferred field.

# Financial Stability

Financial instability is a common barrier that often leads to ongoing crisis decision-making. Without consistent income or access to basic financial services, individuals may struggle to meet immediate needs, creating stress and instability. These challenges can make it harder to maintain housing, employment, and other essentials. Addressing financial needs early helps people avoid predatory debt cycles and unnecessary setbacks. Financial stability reduces stress and supports consistency in daily living.

## Common Case Management Tasks:

- Complete a financial needs assessment (income, expenses, benefits, debt, banking status)
- Develop a realistic monthly budget with the participant and review it regularly
- Refer the participant to financial literacy, budgeting, and credit counseling services
- Connect the participant to available financial assistance programs (utility assistance, SNAP, veterans' benefits, SSI/SSDI)
- Assist in completing applications for financial benefits and support programs
- Coordinate access to free tax filing and financial coaching services
- Enroll the participant in mainstream banking services
- Create a debt repayment plan and contact creditors, if appropriate
- Provide guidance on child support and connect to the child support agency

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
No income and needs assistance to meet basic needs.	Insufficient or unreliable income to meet basic needs.	Sufficient income to meet basic needs but inadequate money management skills.	Sufficient income and adequate money management skills and is able to manage debt and spending without any assistance.	More than sufficient income and is able to save money for emergencies.

# Food Security

Consistent access to nutritious food is essential for maintaining physical health and emotional stability. Without reliable food access, individuals may experience chronic stress that worsens existing mental or physical health conditions. Food insecurity can also make it harder to keep energy and focus needed for daily responsibilities. Reliable access to food reduces strain on individuals and families. Lack of consistent nutrition often leads to setbacks that affect multiple areas of daily life.

## Common Case Management Tasks:

- Assess current food access and nutritional needs
- Assist participants in applying for food assistance programs such as SNAP and WIC
- Support participants in reapplying for food assistance if benefits have lapsed or been denied
- Connect participants to local food pantries or community meal programs

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
No income to buy food and does not have food stamps.	Receiving temporary food assistance.	Has resource(s) for food (such as staying with family who provides food, etc)	Has food stamps or sufficient income to buy food.	Does not need food stamps. Has income for food.

# Legal

Unresolved legal matters can overwhelm individuals and interfere with progress in other areas of life. Failing to address legal requirements in a timely manner may result in additional charges, financial penalties, or extended involvement with the justice system. Providing support to resolve legal issues helps reduce stress and uncertainty. Timely resolution also prevents unnecessary setbacks that can disrupt stability in work, housing, or family responsibilities. Addressing legal needs early creates space for individuals to focus on recovery and other priorities.

## Common Case Management Tasks:

- Review current legal status and identify outstanding court cases, warrants, or supervision requirements
- Ensure participants attend all court dates and maintain contact with the appropriate court representatives
- Assist participants in coming into compliance with probation or parole conditions and monitor continued compliance
- Support completion of court-ordered requirements such as community service, diversion programs, alternative sentencing programs, or defensive driving classes
- Assist participants in contacting their public defender or securing legal representation when needed
- Provide referrals for legal assistance related to family law matters such as guardianship, paternity, or divorce
- Encourage and support payment of court fines, fees, child support, and probation/parole supervision fees
- Assist participants in pursuing criminal record sealing when appropriate
- Help participants resolve outstanding warrants or other unresolved legal issues

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving	N/A
Failing to comply with court orders, supervision terms, or legal obligations OR has an active warrant or pending, unresolved criminal charge.	Partially compliant with court orders, supervision terms, or legal obligations, AND/OR exhibiting behaviors that place the participant at risk for noncompliance or other negative legal responses.	Partially compliant with court orders, supervision terms, or legal obligations, BUT current on legal financial obligations and demonstrating consistent progress toward legal compliance.	Fully compliant with all court orders, supervision terms, or legal obligations AND is current on legal financial obligations.	All legal matters resolved	No prior court involvement, legal concerns, or criminal history

# Transportation

Access to reliable transportation is necessary for participants to attend court hearings, treatment sessions, employment, and other required appointments. Transportation barriers can result in missed services and subsequent sanctions even when the participant is motivated to comply. Supporting transportation needs increases the likelihood that participants will consistently meet program expectations and maintain progress toward their goals.

## Common Case Management Tasks:

- Assess transportation needs and identify barriers to consistent attendance at required appointments
- Assist participants in obtaining a driver’s permit or driver’s license, including reinstatement or renewal when necessary
- Support participants in applying for restricted licenses or interlock devices when required by the court
- Facilitate access to public transportation services, such as obtaining bus passes
- Assist participants in obtaining or registering a vehicle and securing auto insurance
- Provide referrals for vehicle repair assistance or transportation support programs
- Refer participants to driving education programs such as DUI classes, approved alcohol education programs, victim impact programs, or the Thompson defensive driving class
- Encourage development of a transportation support system (family, friends, community resources)

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
<p>No transportation AND the lack of transportation threatens job, meetings, or other connections</p>	<p>Access to public transportation, BUT does not have the means to pay for it consistently OR it is limited, inconvenient or inefficient; participant does not have or has lost a valid driver’s license</p>	<p>Access to public transportation and has means to pay for it consistently OR participant has a support system such that they can catch rides with others if needed</p>	<p>Transportation is available and affordable for participant OR client has a valid driver’s license and transportation that is adequately insured</p>	<p>Transportation is available, affordable, and convenient for participant AND participant has a valid driver’s license and private transportation that is adequately insured</p>

# Physical Health

Untreated or unmanaged physical health conditions can make it difficult for individuals to maintain stability in daily life. Regular access to healthcare services, including preventative screenings and medical treatment, helps reduce symptoms and prevent health crises. Managing physical health supports improved energy, focus, and the ability to meet responsibilities. Consistent healthcare access also lowers the risk of emergency interventions and unplanned disruptions. Addressing physical health needs creates a stronger foundation for steady progress in other areas of life.

## Common Case Management Tasks:

- Assess current physical health needs and identify any untreated or chronic medical conditions
- Assist participants in applying for health insurance, including Medicaid or plans with dental and vision coverage
- Support participants in selecting and establishing care with a primary care physician
- Facilitate access to licensed medical providers for regular physical exams, preventative screenings, and ongoing treatment
- Refer participants to preventative healthcare services such as vaccinations, cancer screenings, and wellness exams

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
Does not have insurance and there is an immediate need of medical attention.	Applied insurance and needs medical attention.	Has insurance and needs medical attention.	Has insurance but no primary physician.	Has insurance and primary care physician

# Dental Health

Untreated dental issues can create significant pain, infection, and embarrassment, which may negatively affect participation in treatment, employment, and everyday social interactions. Poor oral health may also contribute to increased medical risks and emergency healthcare use. Addressing dental needs allows individuals to concentrate on recovery and other important goals without the distraction of ongoing pain or health concerns. Regular access to dental care improves comfort and supports better overall health. Managing oral health needs also reduces unnecessary strain on medical systems and personal resources.

## Common Case Management Tasks:

- Assess current dental needs and any existing dental conditions
- Assist participants in applying for Medicaid or other health insurance that includes dental coverage
- Connect participants to free or low-cost dental clinics
- Schedule and support regular dental checkups or cleanings
- Assist participants in obtaining dentures or other required dental treatments
- Provide referrals for ongoing dental care and follow-up services

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
Needs dental work and has no insurance.	Needs dental work and has applied for dental insurance or assistance or is in the process of applying.	Has insurance but needs dental work.	Has insurance and is in the process of getting dental issues resolved or does not need any dental work.	Has insurance and does not need dental work.

# Mental Health

Mental health conditions are common and, when untreated, can create challenges in daily life and decision-making. Individuals may struggle with regulating emotions, maintaining healthy relationships, or following through with important responsibilities. Access to appropriate and coordinated mental health services helps promote emotional stability and resilience. Consistent treatment supports better management of symptoms and reduces disruptions in work, school, and family life. Early and ongoing support increases the likelihood of steady progress across other areas of daily living.

## Common Case Management Tasks:

- Assess current mental health status, treatment history, and immediate needs
- Connect participants to mental health counseling, therapy, or medication management services
- Refer participants to family or couples counseling when relationship dynamics affect stability
- Assist with accessing insurance or funding for mental health treatment
- Coordinate entry into inpatient or intensive outpatient mental health or substance use treatment programs as needed
- Provide referrals to peer support groups and encourage regular participation
- Offer education on coping skills and strategies for maintaining mental wellness
- Encourage the development and maintenance of a healthy support system
- Provide crisis resources, including mental health crisis hotline information, and ensure participants know how to access emergency support

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
Has become a danger to themselves or others. Can no longer function on a daily basis/or has difficulty doing so.	Recurring mental health symptoms may affect behavior but the participant is not a danger to themselves or others. Has moderate difficulty with daily functions.	Attending mental health treatment sessions with therapist OR has mild difficulty with daily functions and is learning to cope.	Has minimal symptoms and is displaying expected responses to everyday stressors. Is coping or has a solid support system.	Symptoms are absent or very rare. Displays expected responses to everyday stressors, and is regularly attending sessions, where applicable.

# Recovery

Substance use disorders affect behavior, judgment, and motivation, often creating barriers to stability and healthy living. Lasting recovery requires not only initial treatment but also ongoing support and education to maintain sobriety. Engaging in recovery services helps individuals manage cravings, strengthen coping skills, and improve overall well-being. With the right supports, people can rebuild relationships, sustain employment, and achieve greater independence. Ongoing recovery efforts help reduce setbacks and support consistent progress in daily life.

## Common Case Management Tasks:

- Assess current substance use status and determine the appropriate level of treatment
- Refer participants to substance use treatment services, including inpatient, outpatient, drug education classes, or medically assisted treatment
- Facilitate access to recovery support meetings and aftercare programs
- Assist participants in completing a substance abuse treatment assessment and following any recommendations
- Connect participants to peer recovery support services and help identify a recovery sponsor
- Coordinate medication management services related to substance use treatment
- Provide information and guidance on compliance with state marijuana laws and assist with obtaining a medical marijuana card when appropriate and legally permissible
- Encourage development and maintenance of healthy coping skills to support ongoing recovery

1-In Crisis	2-At Risk	3-Situation Stabilizing	4-Stable	5-Thriving
Used drugs (other than those required for medical reasons) in the last thirty days and is not connected to treatment or recovery services/support.	Used drugs (other than those required for medical reasons) in the last ninety days and is not connected to treatment or recovery services/support.	Has not used drugs (other than those required for medical reasons) in the last ninety days and is actively attending treatment or recovery services/support.	Has not used drugs (other than those required for medical reasons) in at least six months and may or may not need further treatment.	Has not used drugs (other than those required for medical reasons) in over a year and may or may not need further treatment.

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