Hancock County Board of
Alcohol, Drug Addiction and
Mental Health Services

Hancock County Community Partnership

April 30, 2010

Judge Joseph Niemeyer, Chair
Hancock County Community Corrections Board

Dear Judge Niemeyer,

As Chair of the recently appointed Re-entry Committee, I am pleased to submit to you a five year Plan that has been developed by members of the Committee for consideration by the Community Corrections Board. The Committee met on five separate occasions during March and April and was comprised of members from many different areas of skill and interest. A complete list of Committee members can be found as Attachment A of the document.

The charge to the Committee was to identify a scope of services and interventions targeting ex-offenders with the goal of reducing recidivism in our community by 50% at the end of a five year period. The attached document includes recommendations in six primary focus areas: housing; mental health and substance abuse treatment; peer and pro-social supports; physical health care; employment/education and community communication and engagement.

Many of the recommendations are for programs and/or services which are delivered outside of the criminal justice system. To that end, agencies are prepared to move forward with some of the contents. For example, in the housing focus area there is a recommendation to "support the local Hancock Metropolitan Housing Authority in their efforts to apply for grants to increase the number of Section 8 vouchers available for qualifying individuals." Metropolitan Housing will move forward with grant applications independent of formal action by the Corrections Board related to the Plan.

Thank you for the opportunity to serve in the capacity of Committee Chair. It has been my privilege to lead this process. I was impressed by the participation and willingness of so many organizations to come together to address this issue. The Committee has been informed that the next step is for the Corrections Board to review and give consideration to the document. Please let me know if you have any questions.

Respectfully submitted,

Precia Stuby, LISW-S
Community Correction Board
Re-entry Committee Chair

cc: Kim Switzer, Director of Court Services
Re-entry Committee Participants

438 Carnahan Ave.
Findlay, Ohio 45840

(419) 424-1985
www.hancockadamhbd.org

FAX: (419) 424-2037

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Hancock County Reentry Five-Year Strategic Plan

As Prepared by the Reentry Committee April 30, 2010

CY 2010 – 2015

Introduction and Background

The Hancock County Reentry Committee was established in January of 2010 by the Hancock County Community Corrections Board as a result of a local Criminal Justice Summit, which was held in October 2009. The purpose of the Committee was to develop a five-year strategic plan for the successful reentry of offenders from our local jail; offenders returning to the community from prison; and youth returning from detention and/or incarceration. Once completed, the plan will be submitted to Community Corrections Board for consideration, revision, and determination as to how to move the remaining agreed upon body of work forward. The Committee was comprised of representatives from: law enforcement; courts; behavioral health, health and human services; education; housing; employment; legal; the faith based community; ex-offenders and family members. A complete list of Committee participants can be found as Attachment A of this document.

The Committee acknowledged that much could be done to improve services to ex-offenders, as they often lack the support needed to reintegrate themselves into our community and lead productive, law-abiding lives. They face an abundance of social, legal, and economic challenges. These challenges are often complicated with significant physical, mental health and substance abuse problems. The Committee further acknowledged that successful reentry efforts cannot be born solely by probation officers, the courts, law enforcement, and the behavioral health community. In order to achieve positive results, interventions must be broad based, coordinated and inclusive of all aspects of the community – including ex-offenders and their families.

The overall goal of the contents of this Plan is to reduce recidivism in Hancock County, by 50% within a five-year period. The definition of recidivism for the purposes of this Plan is no new convictions or return to prison or jail within a two-year period. The Plan addresses six focus areas. The Committee, under the guidance of the Committee Chairperson, set forth goals for each area of focus. Emphasis was placed on the most significant life domains, which can positively impact and change an ex-offenders life. Neither the Domains nor the Objectives listed in each Domain are in any order of priority, they simple reflect input from Committee participants. While the information is not presented in any order of priority, focusing on a single part of the plan will not ensure success, as it is the combination of services and interventions that will increase the likelihood of reducing recidivism. The Plan that follows is the result of the work of the full Committee.

Guiding Principles

The following guiding principles were adopted during the planning process. The guiding principles provide an overarching framework for the specific recommendations under each focus area of the Plan.

1. In order to be successful, the Hancock County community will need to adopt a philosophy of "redemption"; a belief in the value of each of our residents, without exception. This does not mean that the behavior, which resulted in incarceration, is excused; however, this plan is focused on the success of each individual following completion of their sentence. Wherever there are underlying issues of mental illness and/or substance abuse, the focus should be on the movement from illness to wellness. If the underlying issue is behavior, the focus should be on the concept of movement from poor behavior to good behavior as opposed to movement from a bad person to a good person.

2. It is recognized that the experience of reentry is a personal journey. While it is the obligation of the community to ensure adequate resources exist to assist with this journey and to build hope for all, it is up to the individual to engage in the services made available. In general, rules and structure help with this journey.

3. Success with reentry requires the integration of a variety of services sponsored and supported by various entities within the community. Well-meaning organizations and efforts in the absence of coordination are not as effective and can send mixed messages to individuals trying to succeed on their journey.

   A mix of public, private, faith-based, and volunteer services and programs are needed in order to address the various needs of individual ex-offenders. Criteria for acceptance into programming will vary, and consequently a variety of services are needed. No ex-offender should be forced to abide by particular religious practices in exchange for services.

4. In order to make changes that are recommended related to the expansion of existing services and/or the development of new services, additional resources will need to be secured. Changes in service delivery structure; practice policies; eligibility criteria, etc. may be made through the restructuring of existing resources. Wherever available, service and service intervention strategies must be based on best practices in the field.

5. The best reentry Plan is no reentry. That is to say, that prevention of the legal violation is the most cost efficient and of the best benefit to the individual and the community. The earlier the intervention, the more likely the community will be with preventing incarceration. The content of this Plan is on intervention with individuals experiencing reentry from some form of incarceration.

6. The Committee acknowledged that each time a crime committed some person, business/organization or community becomes a victim. Much value is placed on the need for and the support of victim services; however, the contents of this Plan are focused on the successful reentry of offenders. To the extent that an ex-offender does not re-offend, the number of victims is reduced.

Universal Recommendations

In addition to goals established by each focus area, several recommendations from the Committee have universal application. That is to say, when addressing any specific goal or action identified in the Plan, the following recommendations should be taken into account and applied wherever appropriate.

1. Whenever possible, tap into existing local resources to achieve the goals. Hancock County has a broad assortment of agencies and services, which can be brought to the table to address the needs that have been identified. One of the most significant resources available in the community is access to higher education via The University of Findlay and a local branch of Owens State Community College. Both of these institutions have access to students in need of intern placements, research projects, and "hands on experience" from a variety of majors, as well as professors with knowledge, expertise and access to research that can be brought to the table. The potential for the exchange of information and the establishment of an "incubator" approach to learning with ex-offenders is limited only by our own creativity.

2. Many resources in the form of curriculums and programs currently exist to assist with our local efforts and should be accessed when appropriate. In addition, resources available to our community from state and national resources should be incorporated.

3. Programs and services must target ex-offenders with the highest probability of recidivism. In order to determine this, use of a uniform risk assessment tool must be in place across all aspects of the criminal justice system.

4. Services targeting the ex-offenders with the highest probability of recidivism must have the highest level of intensity and must focus on criminogenic needs. Criminogenic needs include things such as anti social attitudes; anti social friends; substance abuse; lack of empathy; and impulsive behavior. Interventions focused on current factors that influence behavior and are action oriented are the most effective. The goal is to teach new ways to behave and then practice and rehearse the new ways.

5. Often existing programs have exclusionary criteria for participation that includes a criminal history and/or a felony conviction. Whenever possible and appropriate, advocating for the removal of this exclusion is necessary in order to achieve the stated goals. Information related to community resources should indicate if their criteria exclude ex-offenders.

6. The Committee acknowledges that programming and services for ex-offenders with a history that requires registration as a sex offender may need to be delivered separate and apart from services to ex-offenders without this history. This in no way means that services should not be available for this population, just that the delivery structure may be different.

Focus Area I: Housing

Securing safe, decent affordable housing is a major challenge for people exiting jail or prison, particularly for offenders with mental illness, sex offender convictions, and other chronic health conditions. While Hancock County has a variety of housing programs, there is limited capacity to adequately serve this population. As an example, there is presently a waiting list of approximately 400 for subsidized housing via Metropolitan Housing for individuals without a disability. There is currently no housing program that accepts ex-offenders with a history of sex offender convictions.

Our local Housing Consortium maintains the "Continuum of Care for the Homeless". This document reflects current availability of housing units in the areas of emergency shelter; congregate transitional housing; transitional housing rental assistance; housing with support services; housing without services; and low-income home ownership. A copy of the current Continuum of Care for the Homeless is attached to the Plan. Following review of this document, the Committee recommends the following goals related to housing.

Strategic Goal: Reduce the number of offenders released without viable and safe housing and then becoming homeless.

Objectives:

1. Explore the feasibility of establishing a half way House in Hancock County. The feasibility study should determine the type of house needed; one associated with the criminal justice system; a stand alone program and/or a hybrid. In addition, the specific population to be served (i.e. men, women, individuals with history of sex offender convictions, etc.) must be determined. Whichever model is selected, programming and expectations related to employment, transportation and participation in treatment must also be determined. Assuming feasibility is established, a plan to fund, develop, implement and sustain such housing must follow.

2. Support the local Hancock Metropolitan Housing Authority in their efforts to apply for grants to increase the number of Section 8 vouchers available for qualifying individuals. Currently there are 400 individuals on the waiting list.

3. Make known available housing options to ex-offenders upon release into Hancock County to avoid homelessness by creating a reentry housing pamphlet that lists housing opportunities for ex-offenders and information on how to access them.

4. Create additional housing alternatives for ex-offenders upon release. In order to do this, information from the criminal justice system regarding the housing needs for those persons soon to be released must be communicated to the Housing Consortium. Housing designed to meet identified gaps (i.e.; single units, sober housing, supportive housing, transitional housing, etc.) must be explored and funding opportunities pursued to implement housing design.

5. Determine if modifications to existing services to homeless individuals are needed to ensure they are not forced out of programming during the day.

6. Ensure all housing resources promote the dignity of the individual.

Focus Area II: Mental Illness/Substance Abuse Treatment

Many offenders with mental illness and/or substance abuse disorders lack the hope of recovery. Mental illness, coupled with the high co-occurrence of criminogenic needs impede the offender's ability to function in society and leads to increased recidivism. Approximately 48% of offenders participating in the Community Linkage Program fail to receive any mental health services after being released from Ohio Department of Rehab and Corrections. Diversion activities to identify and divert youth with behavioral health issues from state operated facilities to community treatment providers have proven effective in decreasing subsequent criminal activity. Approximately 70% of offenders are in need of substance abuse treatment services. Substance abuse coupled with the high co- occurrence of criminogenic needs impede ability to function in society and lead to increased recidivism. The rate of substance abuse or dependence among adult offenders on probation or parole supervision is more than four times that of the general population (38.5% vs. 9%). Recovery is made more difficult by decreased availability of available treatment services for returning offenders.

Strategic Goal: Ensure that those persons who are released from prison, county jail, Community Based Corrections Facility, or Department of Youth Services with mental health and/or substance abuse needs are linked with the community behavioral health system.

Objectives:

1. Access risk assessment results from the criminal justice system and develop corresponding treatment interventions at the appropriate level of intensity. Maintain communications with the criminal justice system as to treatment progress. When present, treat mental health and substance abuse issues simultaneously.

2. Expand jail-based services to include a jail-based case manager. This position would be responsible for completing the risk assessments and developing a transition to community plan; making referrals to appropriate agencies; and providing on site programming.

3. Ensure adequate supply of medication upon discharge from jail or prison into the community, this could be up to three months, depending on availability of appointment to see local psychiatrist to order medications.

4. Determine the feasibility of establishing a "forensic services division" at the local behavioral health agency with staff specializing in working with individuals involved in the criminal

justice system. If determined feasible, develop corresponding business plan for development and implementation.

5. Assess the need for and the feasibility of establishing a forensic Assertive Community Treatment team to deal with high risk ex-offenders. If determined feasible, develop corresponding business plan for development and implementation.

6. In collaboration with Blanchard Valley Hospital, determine the feasibility of establishing a local detox and/or inpatient rehabilitation program for individuals suffering from substance abuse addiction in need of such services. If determined feasible, develop corresponding business plan for development and implementation. (This recommendation is also listed under health care.)

7. Determine the feasibility of establishing a local substance abuse residential treatment facility. If determined feasible, develop corresponding business plan for development and implementation.

8. Determine the interest and feasibility of establishing a local drug court. If determined feasible, develop corresponding business plan for development and implementation.

9. Ex-offenders who were treated for a mental illness while incarcerated should be linked to community services upon release. Develop local protocols to provide linkages for mental health treatment services as well as follow-up linkage. Establish a tracking and monitoring system to ensure persons are engaged in services. Develop a collaborative system to monitor the effectiveness of the protocols in ensuring treatment services are provided in a timely fashion.

10. Provide access to depression screening and substance abuse screening tools to primary health and school systems in order to ensure linkage to appropriate services in an effort to prevent suicide.

Focus Area III: Physical Health

Strategic Goal: Secure access to a medical home and needed health care services for ex-offenders and their families.

Objectives:

1. Ensure reentry family access to the Ohio Benefit Bank to determine Medicaid and other benefit eligibility.

2. Establish Caughman Clinic as an option for ex-offenders and their families to receive needed health care or link ex-offender and their families to other primary care provider.

3. Make families aware of the ability to extend health insurance to dependent children up to age 28 as a result of the Healthcare Reform Act.

4. Link ex-offenders with services available from the Northwest Dental Clinic.

5. Educate the medical community and solicit their support with reducing the amount of prescription drug abuse in our community.

6. In collaboration with Blanchard Valley Hospital, determine the feasibility of establishing a local detox and/or inpatient rehabilitation program for individuals suffering from substance abuse addiction in need of such services. If determined feasible, develop corresponding business plan for development and implementation. (This recommendation is also listed under substance abuse/mental health treatment.)

7. Provide access to depression screening and substance abuse screening tools in order to ensure linkage to appropriate services in an effort to prevent suicide.

Focus Area IV: Employment/Education Services

The lack of adequate educational career development and transitional vocational programs contribute to high recidivism rates. Education, employment readiness, workforce development, and vocational opportunities during incarceration serve too few offenders. Once released, various legal obstacles to employment (collateral sanctions) need to be addressed. Employment serves as a significant factor in reducing recidivism.

Strategic Goal: Ensure ex-offenders have opportunities for employment resulting in increased likelihood of independence. Provide guidance on education barriers and disqualifiers and emphasize certificates, degrees, and licensures that are attainable and will increase access to employment.

Objectives:

1. Provide resources within the jail for information on aid, such as FAFSA, scholarships, local company grants, and student loans prior to release including transfer of college credits, and referral to agencies for employment and college aid (e.g. Job and Family Services – Workforce Investment Act) etc. Provide resources and programming for resumes, mock interviews and regularly scheduled education, job and career fairs and increase communication/linkage with outside financial resources prior to release and subsequent follow-up.

2. Explore feasibility of implementing a driver's license reinstatement program. The purpose of the program is to assist ex-offenders to regain their driver's license so they can get to work

and care for their families. Assist the ex-offender in determining what they need to do in order to regain a driver's license.

3. Link ex-offenders to Job Solutions, ABLE Program or Read for Life in order to identify those requiring General Education Development (GED) as a part of a job search package. Identify funding source to cover GED expenses (e.g. gas and childcare), tests, and certifications without cost to ex-offenders.

4. Expand access to Workforce Investment Act and other youth related programs to increase employment opportunities for youth returning from Department of Youth Services or local detention centers. Provide vocational testing for career direction.

5. Create links to local employers in various vocational/career areas for training and job placement. Determine those employers willing to hire ex-offenders. Create survey for Chamber of Commerce members, triage those who will hire ex-offenders, those who may hire ex-offenders, and those precluded by law from hiring ex-offenders. Follow up with those who will hire and those who may hire with tax advantage and federal bonding information.

6. Address the barrier of transportation by implementing a bike program, providing bicycles for ex-offenders in need of transportation in order to get to and from a place of employment.

7. Develop programming focused on employment retention and support.

Focus Area V: Family, Peer, and Pro-Social Support

Families are at the heart of every community and will play a key role in our re-entry efforts. According to the U. S. Census Bureau report, more than twenty five million children live apart from their biological fathers (1 out of every 3 – 35.5% children in America), (two out of every three African American children live in absent father homes). In Ohio, 23% of children live in homes with their mother as the head of the household. Children in father absent homes are five times more likely to be poor and have a significantly higher probability of being incarcerated than in father present homes. In addition, youth are more at risk for substance abuse than with a highly involved father in their life. Approximately 7% of Department of Youth Services youth age out of the system creating young adults ill equipped to re-enter the community.

Strategic Goal: Develop pro-social support for ex-offenders in an effort to enhance the opportunity for successful reentry.

Objectives:

1. Link ex-offenders with a local "Benefit Bank" provider in order to ensure they are referred to all eligible services.

2. Develop a pamphlet of available services and increase the awareness of the "211" system for ex-offenders and their families.

3. Determine the feasibility of expanding the role of Focus on Friends, the local drop-in center to engage ex-offenders and their families.

4. Provide anticipatory guidance as to what ex-offenders can expect upon release from jail and/or prison from family, friends, employers, etc.

5. Encourage all individuals and/or organizations to participate in a Bridges out of Poverty training to gain a better understanding of the impact of poverty on the ex-offenders and their families.

6. Encourage individuals in poverty to participate in the "Getting Ahead in a Getting By World" curriculum program.

7. Develop support groups outside of AA community to deal with "community living" issues.

8. Increase access to adult mentors for ex-offenders and serve an individual who will take time and listen as well as being a "community connector". Establish training and position descriptions for mentors in order to create consistency in services provided.

9. Design procedures to notify community of reentry candidates from prison 30 days in advance. Develop individual Release/Reentry Plan jointly with Department of Rehab and Corrections staff, community, and ex-offender.

10. Determine the circumstances under which it may be appropriate for ex-offenders to have contact with one another. (i.e. in treatment groups and other positive peer interventions).

Focus Area VI: Community Communication and Engagement

While individual organizations and service providers can deliver services to assist with successful reentry, the more the community is engaged in the issue, the more likely ex-offenders are to be successful with their reentry.

Strategic Goal: Actively engage all sectors of the community in the reentry initiative.

Objectives:

1. Individuals, organizations, and service providers delivering care to ex-offenders must establish "universal messaging" to the general community in order to ensure consistent and accurate information related to the issue of reentry and the importance of success to the overall health of the community. Such messaging should be incorporated into any program development/implementation; and should target all segments of the community.

2. Build a business case for reentry and engage Chamber of Commerce and local business leaders in this process. Broadly disseminate information from the business case.

3. Track and share success stories. Incorporate such stories in universal messaging efforts.

4. Advocate for the elimination of exclusions across a variety of services/programs because of an individual having a criminal record.

5. Develop a communication strategy to bring the community on board and gain public support for any plan that is approved. Create a sense of urgency to serve this population.

6. Create a community environment "where it is safe to share one's story" and community members are willing to assist with positive reentry efforts.

7. Promote and sustain programs such as Challenge Day in order to promote tolerance and appreciation for diversity.

Attachment A: List of Committee Participants

Kimm Odone
Barb Faber
Carl Etta Capes
Carolyn Copus
Casey Ricker
Chad Peters
Craig Kupferberg
Daniel Hicks
David Beach
David Draper
David Scruggs
Dawn Rettig
Rob Fox
Ryan Kidwell
Dianne Osborn
Sara Wagner
Sharon Fraley
Shelly Bohring
Gary Bright
Greg Horne
Diane Hutton
Hugh McClintock
Jennifer Swartzlander
Jim Barker
Jim Ridge
Jim Smarkel
Judge Joseph Niemeyer
Judy Hoover
Judy Wauford
Julie Brown
Julie Rasmussen
Kara Leonard
Katie Rupp
Keith DuVernay
Kelsie Cooper
Kim Switzer
Juli Madden
Beth Fox
Mark Miller
Mayor Pete Sehnert
Michael Galose
Donna Lichtle
Mike Patterson
Mike Thompson
Nathan "Dewey" Harris
Patrick Brzozka
Phil Patterson
Marcy Hutchinson
Tearany Helms
Tammy Metzger
Sammie Rhoades
Roger Fisher
Tom Dillon
Marie Louden-Hanes
Sheriff Michael Heldman
Tina Pine
Tom Buis
William Kose
Rosa Hernandez
Patti Steinem-Filipski
Nicole Smith
Carolyn Rodenhauser
Wendy Radebaugh

HANCOCK COUNTY CONTINUUM OF CARE FOR THE HOMELESS (2010)

Emergency Shelter	Transitional Housing Congregate	Transitional Housing - P-b Rental Assistance	Housing with Support Services	Housing without Services	Low Income Home Ownership
Immediate, 24/7 access to shelter	Shelter program in group living. Must meet criteria.	Shelter program with project-based rental assistance. Must meet criteria.	Rental housing which includes supportive services.	Rental housing which does not include supportive services.	Housing that leads to home ownership through 1 or more programs.
*Maximum 30 days *Case Management *Referral to Housing Asst. *MH Evaluation & CM if needed *SA Evaluation & referral if warranted *DV support if recommended *Emergency Needs: *Medical/Dental *Food *MH Intervention *Clothing	* 24 month limit * Case Management *Housing Assistance *MH Evaluation & CM if needed. *SA Evaluation & CM if needed. * DV support if needed *Employment Assistance	*24 month limit *Rental Assistance *Case Management *Furniture, etc. Assistance *Employment Assistance	*No term limit *Case Management as needed * Furniture, etc. Assistance	*No term limit	*Habitat for Humanity (3-4 units per year) *USDA -Mortgages & rehab $, not in Findlay city limits *Banks - variety of mortgage, down payment assistance & loan opportunities *Forest Edge - Rawson (36 units) *HHWP CAC IDA Home Ownership Program
Current providers: *City Mission *Open Arms	*Hope House Shelter (9 homeless women & their children at one time)	*HH Independence (25 units 2006-2010)	* Basu Point (15 units & 15 beds) * Fostoria Junction (15 beds) *Accessible Housing (Krystal Ridge - 8 units) *HMHA Self-sufficiency (18 families) *ADAMHS Bd. Housing/Century I (8 Units & 20 beds) *BV Center (ICF/MR) (3 group homes with 32 Res.) *Private Group Homes with (7 homes with 19 residents) *Judson Palmer Home (17 units) *Medicaid Waiver *Arlington Good Samaritan (Sect. 8 - 40 units)	*HMHA - HOME ($ in CHIP)- if funded *HMHA - Section 8 (864) *HCCIL - (2 units) *Glenwood Village (72) *Breckenridge (72) *Krystal Glen (160) *Chrystla Gale - McComb 40 *Senior Towers - (12 units) *Legacy Village - (48 units) *Wesley Village - Fostoria (59 units seniors) *Kiwanis Village (45 units) *Blanchard House (36)	
Key: CM - case management CRA - Community Reinvestment Act MH - mental health DV - domestic violence SA - substance abuse **PREVENTION SERVICES:** HHWPCAC-HPRP Emergency Rent & Utility Payments Salvation Army - Emergency $ (electric) Hope House - Housing search assistance, landlord/tenant Aids Resource Center - Outreach HCCH - Emergency $ Associated Charities - Emergency $ Aids Resource Center - Outreach & Short Term Assistance (medical)					

Attachment C: Community Resources Identified by Focus Areas

Housing Resources:

Hancock County Continuum of Care Document (Brookside, Basu Point, Developmental Disability Housing)

Hancock Metropolitan Housing Authority

Hope House, 20 unit transitional housing program

Community Action Commission Rapid Re-Housing Program

Besor Ravine Ministries

City Mission

Substance Abuse/Mental Illness Treatment Resources

Century Health, Adult Outpatient Mental Health and Substance Abuse Treatment

Family Resource Center, Youth Outpatient Mental Health and Substance Abuse Treatment

Focus on Friends

Inpatient Mental Health Services via Orchard Hall at Blanchard Valley Hospital

Lutheran Social Services

Pathways Christian Counseling

Dual Recovery Anonymous (DRA)

Center for Well Being

Private Practitioners

Depression Bi-polar Support Alliance (DBSA)

Hancock County Chapter National Alliance on Mental Illness (NAMI)

Employee Assistance Programs

Clearview Services

Anhedonia Clinic

AA/Al-Anon/12 Step Programs

Physical Healthcare Resources

Caughman Clinic

Dental Clinic

Peer/Informal Support Resources

AA/NA meetings

Depression Bi-polar Support Alliance (DBSA)

Hancock County Chapter National Alliance on Mental Illness (NAMI)

HART/Citizens Circle

Focus on Friends

Employment/Education Resources

Job Solutions

ABLE Program at Owens

Read for Life