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PERSPECTIVES

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POLICY AGENCY OFFENDER

EVIDENCE-BASED PRACTICES

A Force for Positive CHANGE.

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Instructions to Authors

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Unless previously discussed with the editors, submissions should not exceed 10 typed pages, numbered consecutively and double-spaced. All charts, graphs, tables and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

All submissions must be in English. Notes should be used only for clarification or substantive comments, and should appear at the end of the text. References to source documents should appear in the body of the text with the author's surname and the year of publication in parentheses, e.g., (Jackson, 1985: 162-165). Alphabetize each reference at the end of the text using the following format:

Anderson, Paul J. "Salary Survey of Juvenile Probation Officers." Criminal Justice Center, University of Michigan (1982).

Jackson, D.J. "Electronic Monitoring Devices." *Probation Quarterly* (Spring, 1985): 86-101.

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AGENCY

Introduction

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas has been reengineering its operations along an Evidence-Based Practices (EBP) model. This three year effort, called the Travis Community Impact Supervision (TCIS), started in early 2006 and is a "top to bottom" realignment of organizational practices to support a more effective operational model. Dr. Geraldine Nagy, the director of the department, has spearheaded the initiative with funding support from the Texas Department of Criminal Justice, Community Justice Assistance Division (TDCJ-CJAD) and Travis County officials. Research, planning and facilitation efforts have been provided by a team of national experts under the direction of Dr. Tony Fabelo, now the Director of Research of the Justice Center at the Council of State Governments, Mark Carey, Past-President of APPA, has also been involved in the project helping with strategic planning and training.

EVIDENCE-BASED PRACTICES

STREAMLINING AND STRENGTHENING ASSESSMENTS WITH EVIDENCE-BASED PRACTICES:

THE TRAVIS COUNTY EXPERIENCE

The Travis County project began with a comprehensive evaluation of the department in the summer of 2005. This evaluation identified the strengths and weaknesses of the department with regards to the principles of EBP. Working with department leaders, a re-engineering plan was developed and the TCIS project implementation started. The major components of TCIS have now been implemented. This includes the creation of a new diagnostic process based on evidence-based tools, the reorganization of the intake process, the redesign of supervision and sanctioning strategies, the development and implementation of a performance evaluation system consistent with EBP and the creation of process and outcome tracking reports. Key aspects of the project have been documented in a series of reports that are available at the department's web site. (www.co.travis.tx.us/community_supervision/TCIS_Initiative.asp)

The third phase of the project, starting in March 2008, will document the outcomes of the initiative and test the integrity of the implementation. The lessons learned over the course of the project will be compiled in a manual that provides a guide to other practitioners who want to engage in a department-wide reform effort to support EBP.

This article reviews one aspect of the TCIS project that was critical to the reform effort, namely, the streamlining and strengthening of assessment procedures along EBP and the replacement of the former Pre-Sentence Investigation Report with an assessment-driven Diagnostic Report. It discusses the design strategy for the new assessment process and presents the format for the new centralized Diagnostic Report.

Pre-reform Assessment Procedures

As has been documented in this journal and in countless of other publications, the foundation of EBP is to use appropriate evidence-based tools to determine the risk and criminogenic characteristics of probationers or parolees to appropriately match the population to supervision and sanctioning strategies. The organizational assessment of the Travis County CSCD, conducted in preparation for implementing TCIS, showed that evidence-based assessment tools were used by the department but they were used inconsistently with considerable duplication of effort. Assessments were not well coordinated with the setting of the conditions of supervision and the development of case supervision strategies. By policy the risk assessment was routinely overridden, particularly for low-risk offenders who were raised to medium risk supervision for the first six months of supervision. Furthermore, there was no internal mechanism to monitor the use of the risk assessment and test its validity on a regular basis.

Tony **Fabelo**, Ph.D. and Geraldine F. **Nagy**, Ph.D.

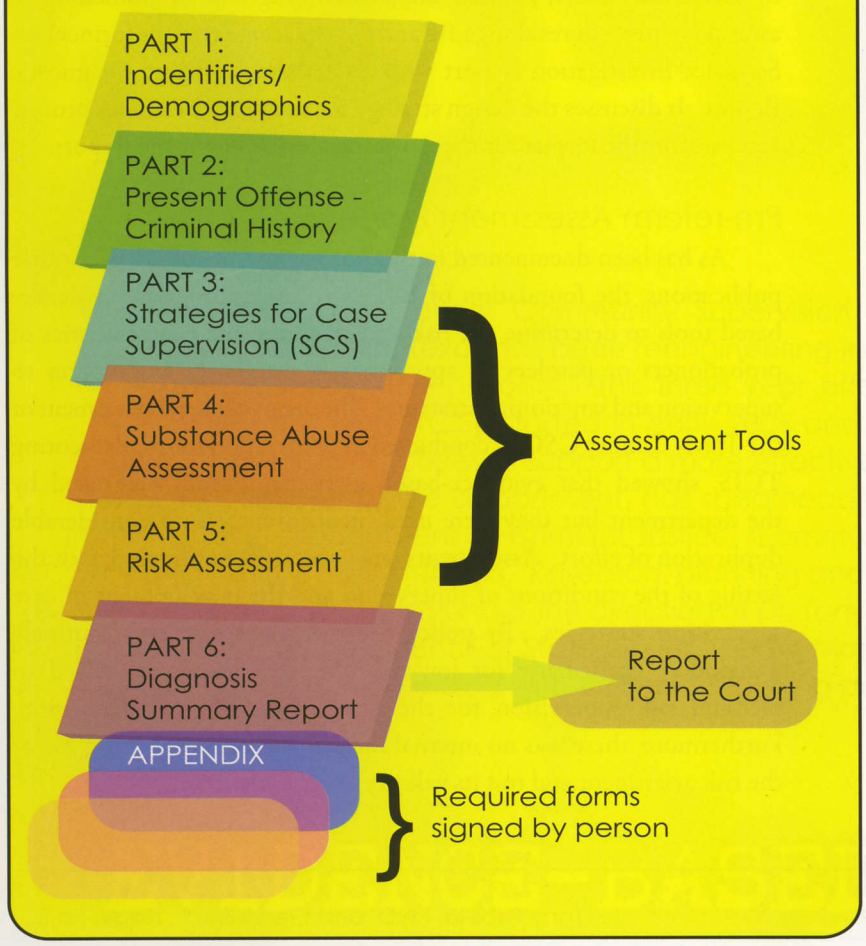
The Department did have a fairly comprehensive case supervision instrument available that had been promoted by the state probation agency. This instrument, the Strategies for Case Supervision or SCS (known elsewhere as Client Management Classification or CMC), was administered by the field supervision officer and required by the state for all high-risk offenders. The organizational review showed that this assessment was not done on all high risk offenders due to the lack of officers certified to conduct the assessment. There was also no evidence that it was used in any meaningful way to supervise offenders. The supervision plans developed by the department, in general, were oriented at compliance with conditions of supervision and not at the development of an individualized case plan targeting risk and criminogenic needs (with the exception of probationers in specialized caseloads who had a more individualized supervision plan).

While the courts in Travis County relied heavily on Pre-Sentence Investigations (PSIs), these reports lacked any assessment information that could be used by the Courts to make probation decisions. Officers generated the PSI report using a long-established interview and information collection process. The report included basic information on offense and criminal history. Other relevant information was presented as a narrative "story" of the person. The content of the narrative, although presented as answers to a set of standardized questions, was influenced by the different writing styles and perceptions of the officers. Moreover, the narratives lent themselves to various interpretations by judges who could "see" different "stories" based on their own experiences. Consequently, offenders were required to complete conditions that were not consistent with their risk or criminogenic factors. This also led to inconsistent polices regarding supervision and sanctioning of offenders in the field.

The TCIS model changed all the above processes by:

- Creating one cohesive diagnostic form integrating evidence-based assessment tools;
- Creating a centralized diagnostic center and reforming the intake process to reduce duplication of data collection efforts;
- Presenting the assessment information to judges in a structured form that emphasizes the results of the evidence-based assessments and minimizes narrative interpretations;
- Revamping the setting of the conditions of supervision by distinguishing between control and treatment conditions and making recommendations to the Court on the basis of the individualized assessments; and
- Reforming field supervision procedures to require the development of a meaningful supervision plan that specifically addressed individualized risk and criminogenic factors.

FIGURE 1: Central Diagnostic Assessment Form



The section below discusses the format for the new centralized Diagnostic Report, which replaces the former PSI report. Greater detail on how the new assessment processes were integrated with reforms of the intake process and reforms of the supervision and sanctioning strategies is available on the department's website. The complete Central Diagnostic Assessment Form can be found in the TCIS report of November 2006 at the department's web site. (www.co.travis.tx.us/community_supervision/TCIS_Initiative.asp)

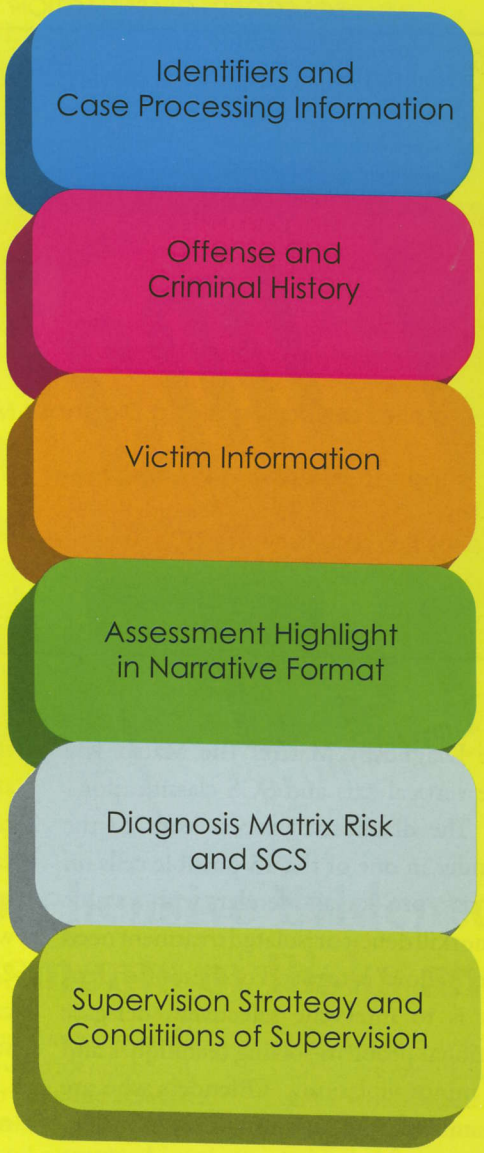
Centralized Diagnostic Report

The new Diagnostic Report was approved by the Travis County judiciary in August 2006. Figure 1 shows the different parts of the Central Diagnostic Assessment Form. To avoid "reinventing the wheel" and to minimize the need for new training, the new package utilized existing forms, some with modifications, whenever possible. The new package consolidates all the critical documents and integrates three assessment tools into the assessment process. The two main assessments are the Wisconsin Risk Assessment and the Strategies for Case Supervision (SCS). Both of these instruments have been validated in Texas and are required by TDCJ-CJAD. The risk assessment was also validated locally as part of the research supporting the project. The third assessment is a modified version of the Addiction Severity Index (ASI) chemical dependency evaluation.

Figure 2 depicts the components in the Diagnostic Report to the Courts and other judges. This report is "detached" from the Diagnostic package and is submitted to the Court instead of the traditional PSI. The prior PSIs were based on interviews that were not guided by evidenced-based assessment protocols and presented the information in a free form narrative. The new report provides:

- All the key identifiers and case processing information in a streamlined table that facilitates the reporting of this information;
- A chart summarizing critical information relating to factors that are correlated with recidivism or positive adjustment to probation supervision;
- A short narrative highlighting the key results of the diagnosis (the narrative emanates from standardized language that is included as part of the SCS instrument as opposed to following the idiosyncrasies of each writer); and,
- A color coded Diagnostic Matrix classifying offenders along Risk and SCS categories.

FIGURE 2: Areas Covered By Central Diagnostic Report to the Courts



The new report has been computerized, allowing access by all relevant parties in the department. The prior PSI process took an average of twelve hours to complete per person. The new one takes an average of eight hours to complete. Therefore, for every 100 cases assessed, the department is saving about 50 days of work due to the new process. Additionally, there has been a shift in how time is spent by diagnostic officers. Previously, most of the officer's time was spent in writing and proofing the narrative content. Now, officers spend more time working with the offender and collecting relevant information and significantly less time putting it in a report. Also, the time savings noted above does not include time saved with the streamlined intake and field referral process not reviewed in this article.

FIGURE 3: Diagnostic Matrix Based on Risk and SCS Strategies

	SCS SCORE - CLASSIFIACTION				
Intital Risk	SIS	SIT	ES	CC	LS
LOW					
MEDIUM		X			
HIGH					

Diagnosis process classifies probation along Diagnosis Matrix

Vertical axis reflects the result of the Risk Assessment

Horizontal axis reflects the results of the SCS Assessment

Figure 3 depicts the Diagnostic Matrix. The Matrix is a composite of risk on the vertical axis and SCS classification1 on the horizontal one. The diagnostic process leads to the identification of the offender in one of the 15 possible cells on the grid. In general, low risk, pro-social offenders with a stable lifestyle (SI-S) or with some skill deficit or isolated treatment need (SI-T) will be placed in the "Yellow" category. For these offenders, the supervision strategy is to intervene selectively, delegate planning to them, use rational problem-solving techniques and have more tolerance for minor violations. Offenders who are classified mainly as medium risk, that are impulsive, lack skill, are easily led (ES) and some that have destructive thinking, low esteem and emotional problems (CC) will be placed in a "Blue" category. For these offenders, the supervision strategy is to have more reporting requirements, more intensive treatment interventions and some field visits. Offenders who are classified mainly as high risk that are in any of the SCS categories, but in particular in the categories of having destructive thinking (CC) or criminal thinking (LS), will be subjected to the most restrictive supervision strategy and will be classified in the "Red" category. Reporting requirements are the toughest for these offenders and tolerance for administrative violations are the least permissive. Probation officers engage in field visits and, depending on plans under development, the probation officer's caseload may be geographically based so that the officers become familiar with the neighborhoods in which the offenders live.

In February 2006 a study was conducted to provide a profile of the Travis County probation population using the matrix system. For a 6-week period in January and February 2006, all direct placements were assessed using the Wisconsin Risk Assessment and SCS instruments. The results showed 24 percent of felons classified in the "Yellow" category, 27 percent in the "Blue" and 49 percent in the "Red", with most of the "Red" in the CC category of having destructive thinking and a minority in the LS category of criminal thinking. In other words, a large portion of the population requires some form of treatment intervention while on probation. More detailed analysis will be conducted in 2008 to better understand how the new diagnostic information can be used to better design programs, inform judges and impact state policy making.

Unlike the prior PSI, the new Diagnostic Report does not recommend whether the offender should or should not be placed on probation. The department only states the diagnosis for the offender and the type of supervision strategy (Yellow, Blue or Red) that would apply should the Court place the offender on probation. Finally, the conditions of supervision have been tailored to each supervision classification, particularly the "special" conditions dealing with program participation. The idea is to have the usual conditions required by law but allow the department more flexibility in the handling of interventions by having a broader set of special conditions.

Next Steps

The implementation of a new diagnostic process is one of the most critical steps in the TCIS model. The new centralized

diagnostic process started in April 2007 and since then, judges have seen more cases that have been diagnosed using the new format and report. Judges report liking the new report and find it more comprehensive and useful than the former PSI. Probation officers and managers report the same. There were initial minor glitches with the automation of the Diagnostic Report and a "learning curve" as diagnostic officers utilized the new processes. The automation issues are being addressed. In addition, a "feedback form" has been created to get information from the probation officers to assure that officers are fully aware of the reasoning for certain diagnostic judgments and/or can make suggestions for improvement. Probation officers are getting more detailed and systematically organized information compared to the prior Pre-Sentence Investigation report and this makes the diagnostic officer's judgments or data collection more visible than in the past.

A key next step this year is to conduct quarterly inter-reliability evaluations of diagnostic decisions with booster training sessions for central Diagnostic staff. As schedules permit, groups of three or four Diagnostic staff will be asked to meet every quarter to "score" the risk and SCS assessment of a similar set of cases. The scores among the staff will be compared, particularly in the more subjective areas of the assessment tools. Ideally all the cases are assessed or scored the same; but when disparities are present, the scoring and the assessment of specific items will be reviewed and discussed. Further work is also expected to monitor the results of the diagnostic process and create a report for judges to examine outcomes in relation to the assessment results. ▷▷▲

Reference

Fabelo, Tony and Nagy, Geraldine., "Resource Report: Central Diagnosis Assessment Forms." November 2006. Available at: hwww.co.travis.tx.us/community_supervision/TCIS_Initiative.asp

Endnote

1 The SCS classifications are Selective Intervention (SI) which has a supervision subgroup (SI-S) and a treatment subgroup (SI-T), Casework Control (CC), Environment Structure (ES) and Limit Setting (LS).

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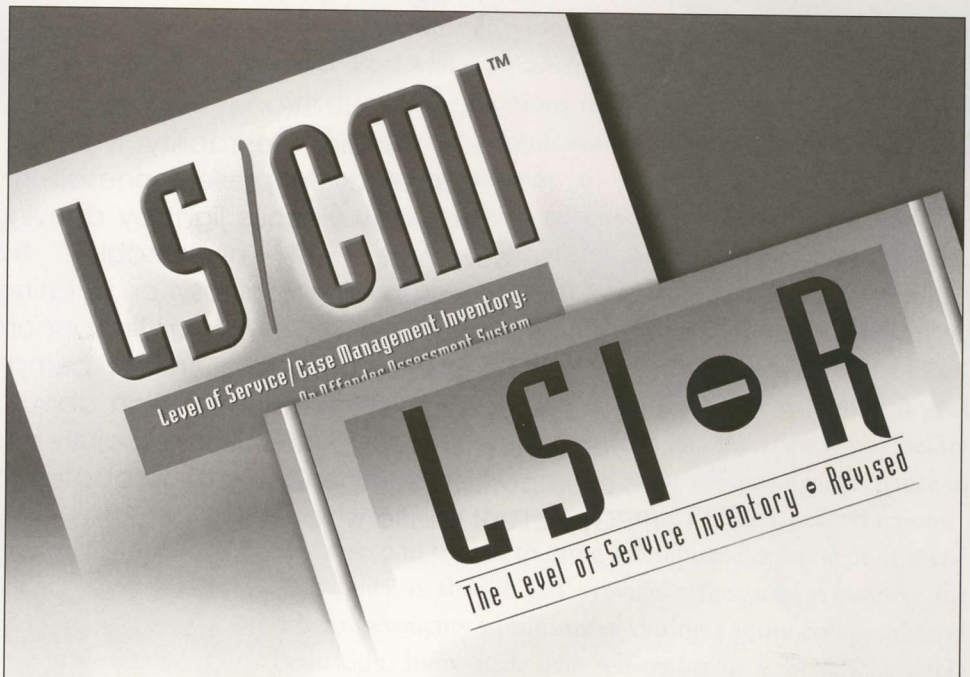

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