

Travis Community Impact Supervision
The Logistics of Implementing a Central Diagnosis Unit

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January 2006

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Summary

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas (the county's adult probation department) has teamed up with *The JFA Institute* in a two-year effort to reengineer the operations of the department to support more effective supervision strategies. The goal is to strengthen probation by using an evidence-based practices (EBP) model.

The Travis County CSCD and the Community Justice Assistance Division of the Texas Department of Criminal Justice have provided funds to support the reengineering effort and use the department as an "incubator" site to develop, test and document organization-wide changes directed at improving assessment, supervision, sanctioning, personnel training and quality control policies. The Travis County CSCD is the fifth largest probation system in Texas and, as such, has a tremendous impact on the state probation system. The total number of offenders under some form of probation supervision in Travis County in FY 2006 was 22,728.

This is the seventh incubator site report. The prior six reports have reviewed a variety of key implementation issues and these reports can be found at: http://www.co.travis.tx.us/community_supervision/TCIS_Initiative.asp (the department's web site for the initiative). This report reviews the logistics of implementing a Centralized Diagnosis Unit.

The Central Diagnosis Assessment Form was finalized and approved for use by the Travis County judiciary on August 1, 2006. This form integrates the evidenced-based tools to assess offenders into a cohesive process to be administered by a new Centralized Diagnosis Unit in the department. However, to effectively use the new diagnosis strategy it is necessary to make major adjustments in the processes concerning several other organizational functions including intake, orientation and field supervision. The goal is to create a "well coupled" organization to support the streamlining of procedures and free field probation officers from undue paperwork. The logistics of this re-organization are reviewed here.

In addition to assisting the Courts, the consolidation of the diagnosis, orientation, and intake procedures will lay the foundation for officers to begin meaningful supervision and case-planning during the initial field contact with the offender. The implementation plan is directed at: (a) consolidating into one physical location the diagnosis process; (b) redesigning the intake process to absorb much of the paper work now done by probation officers; and (c) redesigning early field contacts to have probation officers engage in "motivational interviewing" techniques and development of a supervision plan. To accomplish this requires the multiple, simultaneous organization changes described here. All these organizational changes are presently being implemented with the target date for completion by April 1, 2007.

I. Introduction

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas (the county's adult probation department) has teamed up with *The JFA Institute* in a two-year effort to reengineer the operations of the department to support more effective supervision strategies. The goal is to strengthen probation by using an evidence-based practices (EBP) model. This realignment strategy is called the Travis Community Impact Supervision (TCIS). This name was chosen to purposely distinguish this agency-wide effort from departments in Texas and around the country that have implemented limited components of an evidence-based approach but have not been able to implement or sustain evidence-based principles throughout the organization.

The Travis County CSCD and the Community Justice Assistance Division of the Texas Department of Criminal Justice have provided funds to support the reengineering effort and use the department as an "incubator" site to develop, test and document organization-wide changes directed at improving assessment, supervision, sanctioning, personnel training and quality control policies. The Travis County CSCD is the fifth largest probation system in Texas and, as such, has a tremendous impact on the state probation system. The total number of offenders under some form of probation supervision in Travis County in FY 2006 was 22,728.

In this effort, *The JFA Institute* provides research, technical assistance in managing organizational changes and documents the efforts working with the department. Dr. Tony Fabelo is directing the project on behalf of *The JFA Institute*. Dr. Geraldine Nagy, the Director of the Travis County probation department, is directing the overall reform effort in conjunction with senior management staff of the department. The effort is supported by Travis County criminal law judges, the district and county attorneys and the Travis County Community Justice Council.

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This report reviews the logistics of implementing a Centralized Diagnosis Unit. As was reviewed in a prior incubator report, the department is implementing new assessment practices that include: (a) the streamlining of assessment procedures and forms; (b) the integration of evidenced-based assessment tools (risk assessment and offender classification protocols) into the diagnosis process; (c) the creation of a Diagnosis Report for court officials to use; (d) the organization of supervision strategies to match the assessment of offenders; and, (e) the creation of a Central Diagnosis Unit to consolidate all assessment work.¹

The Central Diagnosis Assessment Form was finalized and approved for use by the Travis County judiciary on August 1, 2006. This form integrates the evidenced-based tools to assess offenders into a cohesive process to be administered by a new Centralized Diagnosis Unit in the department. However, to effectively use the new

¹ Dr. Tony Fabelo and Dr. Geraldine Nagy, June 2006, Incubator Report 2. [Better Diagnosis: The First Step to Improve Probation Supervision Strategies](http://www.co.travis.tx.us/community_supervision/TCIS_Initiative.asp) *The JFA Institute*, Washington, DC/Austin, TX. At: http://www.co.travis.tx.us/community_supervision/TCIS_Initiative.asp

diagnosis strategy it is necessary to make major adjustments in the processes concerning several other organizational functions including intake, orientation and field supervision. The goal is to create a “well coupled” organization to support the streamlining of procedures and free field probation officers from undue paperwork. The logistics of this re-organization are reviewed here.

Improving assessment practices is critical in reforming probation. Without a diagnosis of offenders along risk and criminogenic factors using evidence-based assessment tools it is very difficult to: (a) distinguish offenders along characteristics that identify their supervision needs; (b) guide judges in setting appropriate conditions of supervision; (c) guide probation administrators in designing differentiated supervision strategies; (d) provide probation officers with reliable information to formulate and implement effective supervision plans; and, (e) devise clear outcome expectations for the different populations.

II. Overview of New Evidenced-Based Diagnosis Process

The creation of the new Diagnosis Report, integrating evidenced-based instruments and the diagnosis matrix, was approved by the Travis County judiciary in August 2006. The approved Central Diagnosis Assessment Form can be found in the sixth incubator report of November 2006.² Figure 1 shows the different parts of the Central Diagnosis Assessment Form. The new package integrates many of the existing forms, some with modifications, into a cohesive diagnosis package. This was done to avoid “reinventing the wheel” and to minimize the need for new training by the use of familiar forms when possible. The final 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 sponsored by TDCJ.

² Dr. Tony Fabelo and Dr. Geraldine Nagy, November 2006. Resource Report: Central Diagnosis Assessment Forms *The JFA Institute*, Washington, DC/Austin, TX. At: http://www.co.travis.tx.us/community_supervision/TCIS_Initiative.asp

Figure 1: Central Diagnosis Assessment Form

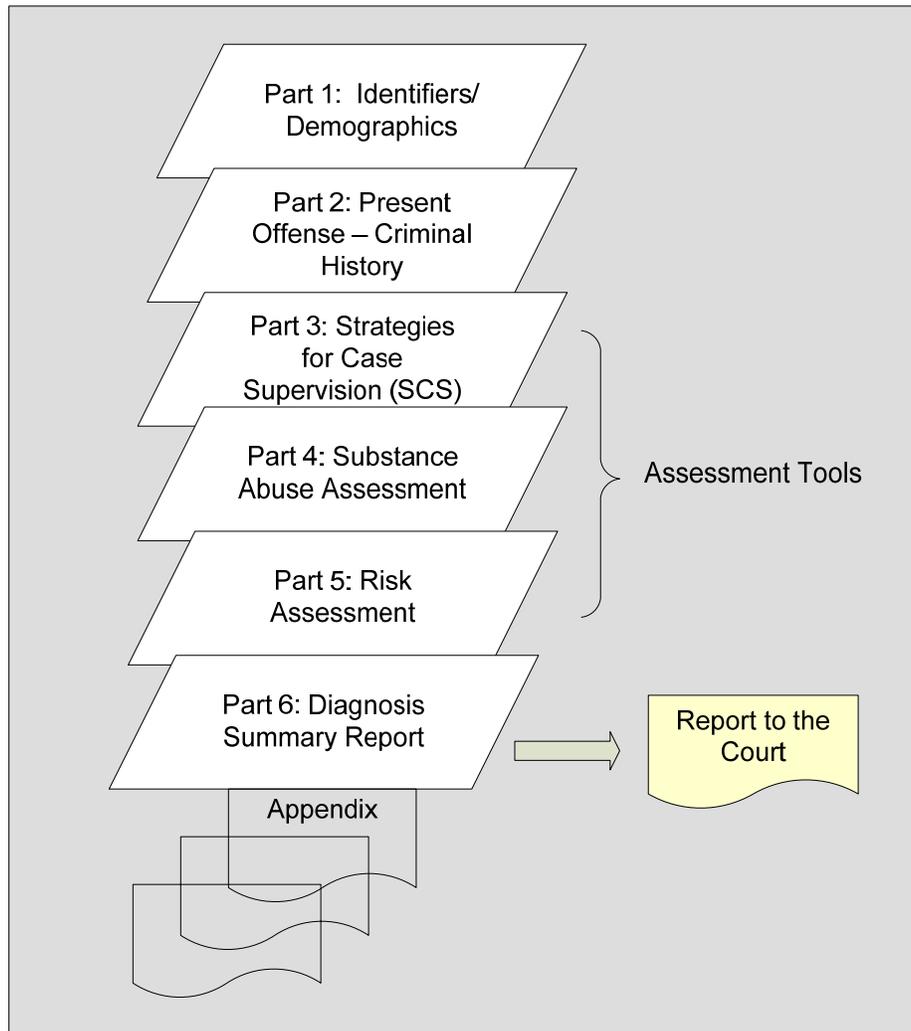


Figure 2 depicts the components in the Central Diagnosis Report to the Courts and other judicial officials. This report will be “detached” from the diagnosis package and submitted to the court instead of the traditional Pre-Sentence Investigation (PSI). It is important to note the difference from a traditional PSI. PSIs tend to be based on interviews that are not strictly guided by evidenced-based assessment protocols and tend to present the information in a free form narrative. The new report provides:

- All the key identifiers and case processing information in a streamlined table format 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 but the narrative emanates from standardized language that is included as part of the SCS instrument as opposed to following the idiosyncrasies of each writer
- A Diagnosis Matrix identifying offenders along Risk and SCS category

Unlike the present PSI the new diagnostic report will not recommend whether the offender should or should not be placed on probation. The department will only state the diagnosis for the offender and the type of supervision strategy (yellow, red, or blue) that would apply should the court place the offender on probation. Finally, the report will list the standard conditions of supervision required by law but will also specify specific conditions that are appropriate for the offender's supervision type and any identified treatment needs.

Figure 2: Areas Covered by Central Diagnosis Report to the Courts

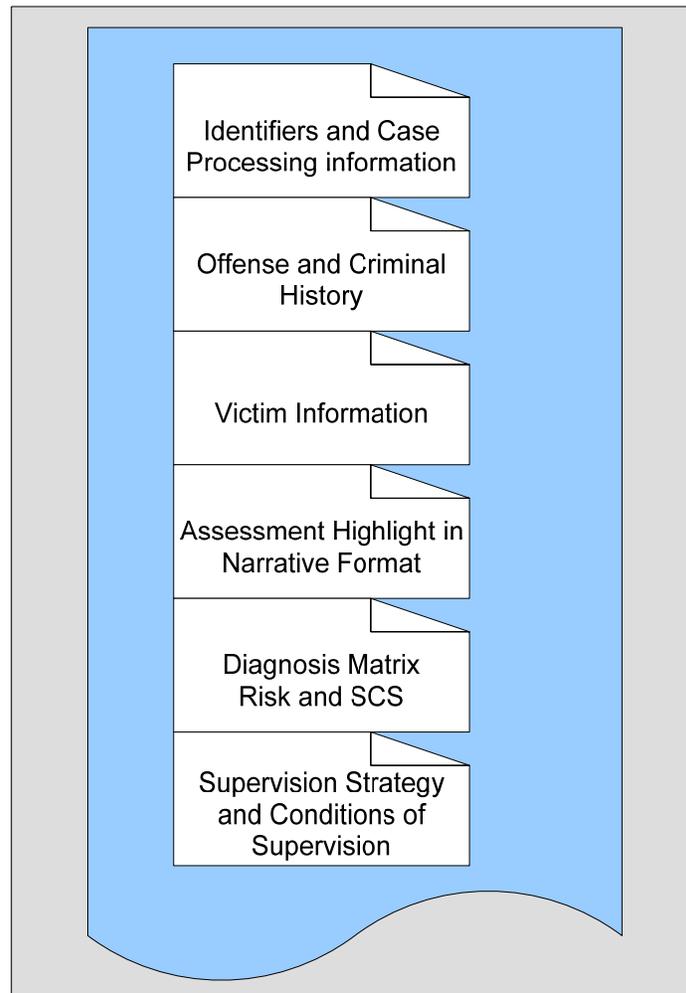
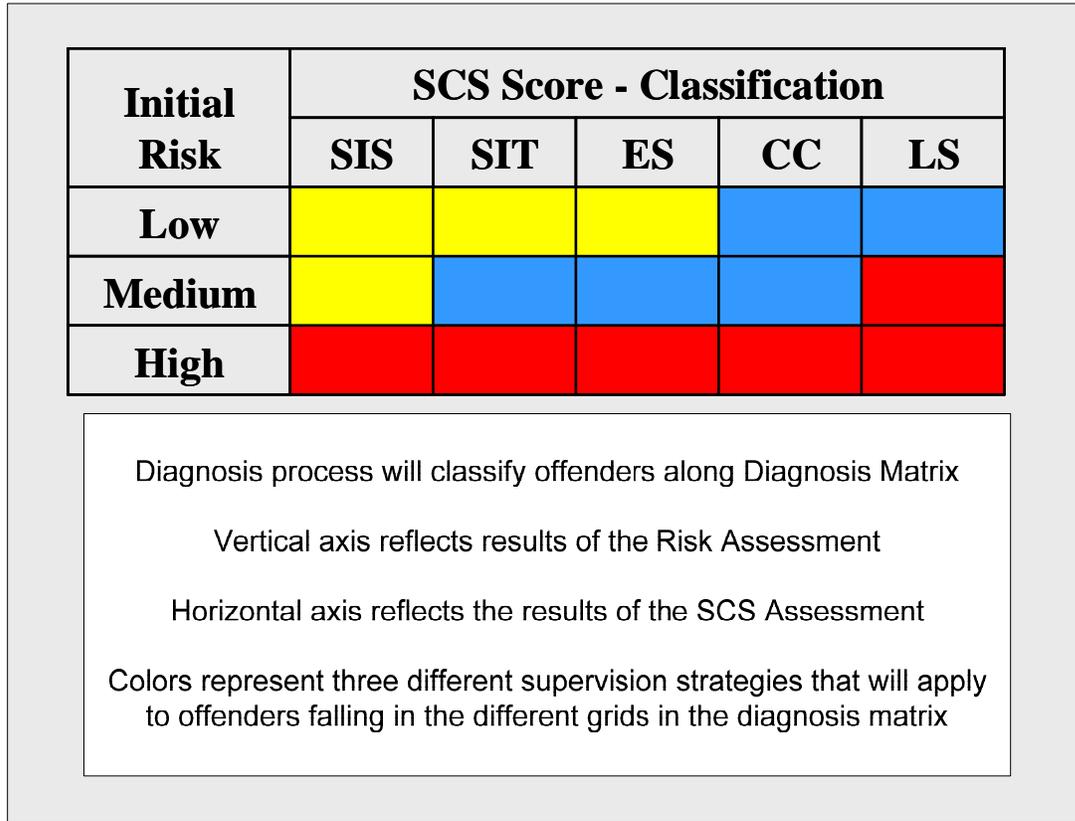


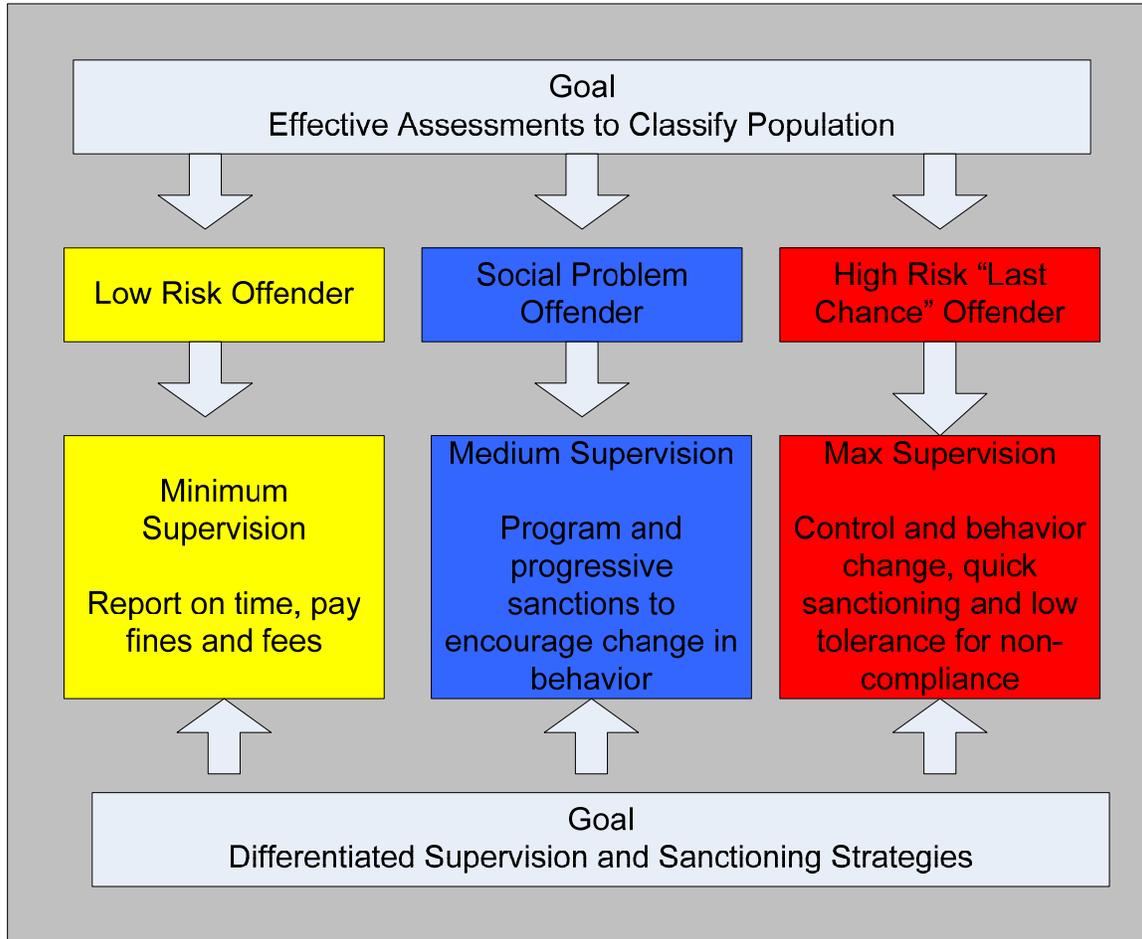
Figure 3 depicts the Diagnosis Matrix. The matrix is a composite of risk on the vertical axis and SCS on the horizontal one. The diagnosis process will lead to the identification of the offender as falling in one of the squares in the grid. In general, low risk pro-social offenders with a stable lifestyle (SIS) or with some skill deficit will be placed in the “Yellow” category. For these offenders, the supervision strategy will be 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 (we may call offenders in this category “social problem” offenders). For these offenders, the supervision strategy will be to have more reporting requirements, including 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 (we may call offenders in this category as offenders getting their “last chance” before a prison sentence). Reporting requirements will be the toughest for these offenders and tolerance for administrative violations will be the least permissive. Probation officers will 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. Finally, the conditions of supervision will be 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.

Figure 3: Diagnosis Matrix Based on Risk and SCS Categories



Finally, Figure 4 depicts the TCIS model and why effective assessments are critical to its success. Effective assessment based on evidenced-based tools will allow the department to identify how to best parcel limited resources, with low risk offenders getting the least resources, social problem offenders getting more treatment or behavioral change interventions, and high risk offenders also getting programs but more surveillance and control. In other words, the assessments allow the department to effectively differentiate strategies to maximize limited resources.

Figure 4: Travis Community Impact Supervision (TCIS) Model



III. Overview of Central Diagnosis Process

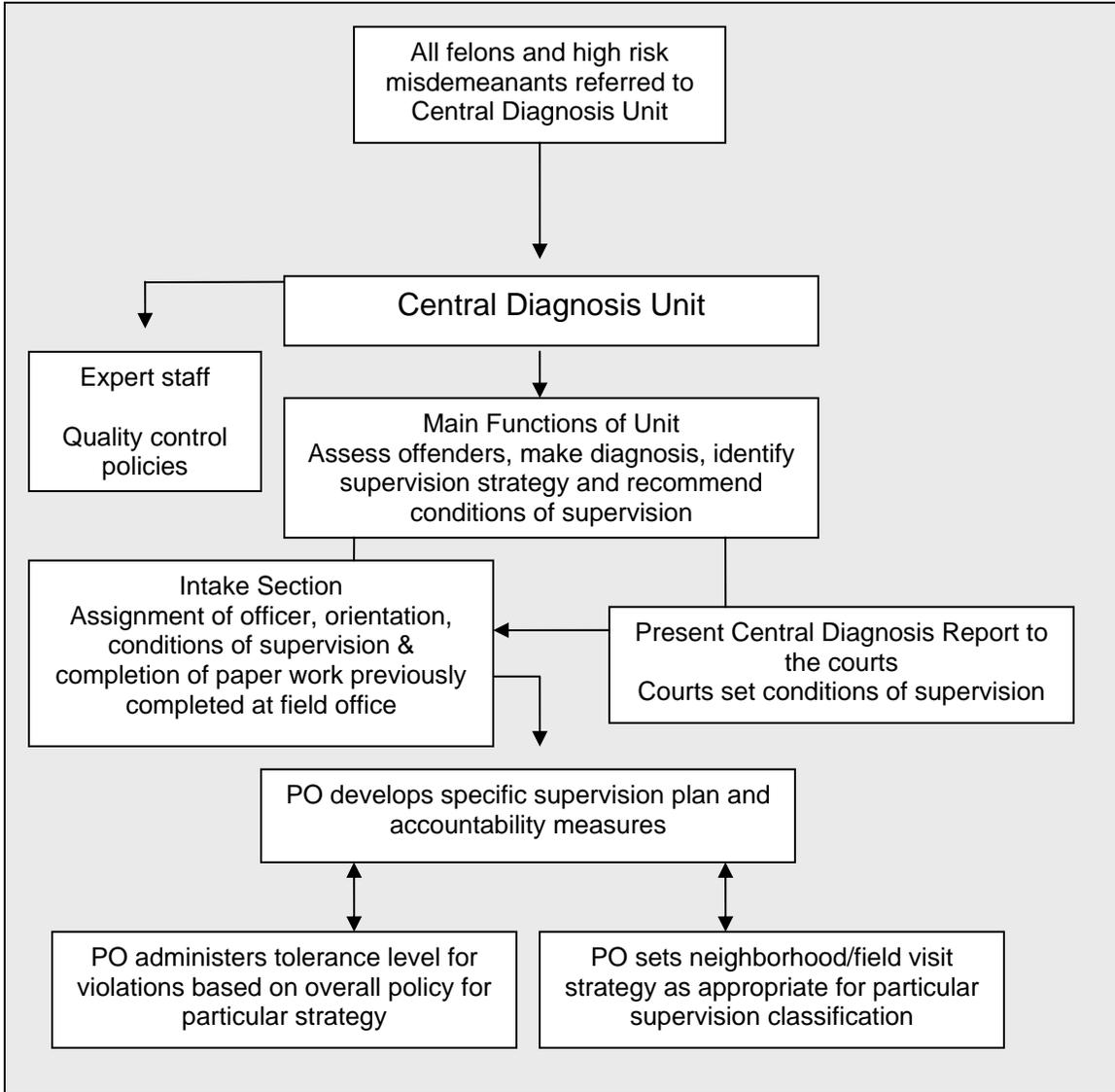
To effectively manage the new streamlined evidenced-based assessment process the department is creating a Central Diagnosis Unit consolidating operations that are presently in separate physical locations. Figure 5 shows the general schematic describing the operations of the Central Diagnosis Unit. The plan assumes the following:

- All felons will be referred to the Central Diagnosis Unit for assessment.
- For pre-sentence felony cases Central Diagnosis Unit will make a diagnosis, identify the color coded supervision strategy for the offender and make recommendations to the court regarding conditions of supervision that apply for the strategy and/or those that apply to the specific individual. This will occur when the Central Diagnosis Unit submits to the courts the Central Diagnosis

Report. Felons placed directly on probation will be referred to the diagnostic unit for assessment and diagnosis shortly after their sentence.

- Once a person is placed on probation, the intake section will assign the probationer to report to a probation officer in a specific field office, administer a general orientation, explain the conditions of supervision and complete the paper work previously completed at the field office during the first visit with the probation officer. In addition, the intake section will screen all misdemeanants for risk and those identified as high-risk will be referred to Central Diagnostics for a more thorough assessment and diagnosis.
- The department has established specialized caseloads for sex-offenders, substance abuse, youthful high-risk offenders, and the mentally ill. More recently, low-risk (yellow) and high risk CC and LS caseloads have been established in the regular field offices. Caseload assignment to field officers will be determined by risk and SCS assessment information gathered by the Central Diagnosis Unit rather than “wheel” assignment. In some cases, the assignment will be made to officers supervising offenders in the specific neighborhood in which the probationer resides.
- Once the offender is assigned to a caseload, the probation officer (PO) will have access to the full diagnosis package. The PO will conduct his initial interview following a guide based on “motivational interviewing” techniques to engage the offender in the development of a supervision plan. The PO will then develop a specific supervision plan and accountability measures.
- POs will administer the tolerance level for violations based on the overall policy for the particular supervision strategy. They may also set a neighborhood/field visit strategy as appropriate for the particular supervision strategies.
- Quality control policies will be set in place to: a) train officers in the use of the diagnosis forms and interviewing techniques; and, b) to monitor on a routine basis the quality of the assessments through cross-validation and internal validity studies.

Figure 5: Proposed Central Diagnosis Unit as the Central Element to Improve Assessment Process



IV. Logistics of Implementation

The Central Diagnosis Assessment Form was finalized and approved for use by the Travis County judiciary on August 1, 2006. This form integrates the evidenced-based tools to assess offenders in a cohesive process to be administered by a new Centralized Diagnosis Unit in the department. However, to effectively use the new diagnosis strategy it is necessary to make major adjustments in the processes concerning several other organizational functions including intake, orientation and field supervision. The goal is to create a “well coupled” organization to support the streamlining of procedures and free field probation officers from undue paperwork. The logistics of this re-organization are reviewed here.

Figure 6 below depicts the present plan to consolidate and streamline the diagnosis, orientation and intake process to take full advantage of the new assessment process. Presently, there are three main barriers to making this process more effective. These are: a) the lack of a centralized location for diagnosis that requires redundant staffing patterns; b) separate intake and orientation processes that requires probationers to make multiple stops at different locations; and, c) substantial paper work that needs to be completed during the first field visit that makes it hard for the probation officer to establish the initial and critical personal connection with the probationer. The present plan to consolidate and streamline the diagnosis and intake process is oriented at taking down these barriers by:

- Consolidating into one physical location the diagnosis process
 - This requires physically moving staff, renovating office space and redesigning computer data bases to support the consolidated process
- Consolidating and redesigning of the intake and orientation processes to absorb much of the paper work now done by probation officers during the first field office visit
 - This requires adding and training staff at the present intake office, redesigning the orientation to be more comprehensive, having Assistant Probation Officers deliver orientation so that they can explain the conditions of supervision and make preliminary referrals to standard programs and services
- Redesigning the field supervision procedures to have probation officers more engaged in “motivational interviewing” techniques and free up time for better development of case work
 - This requires redesign of initial field supervision forms and procedures and retraining of personnel

Figure 6: Consolidation and Streamlining of Diagnosis and Intake Process

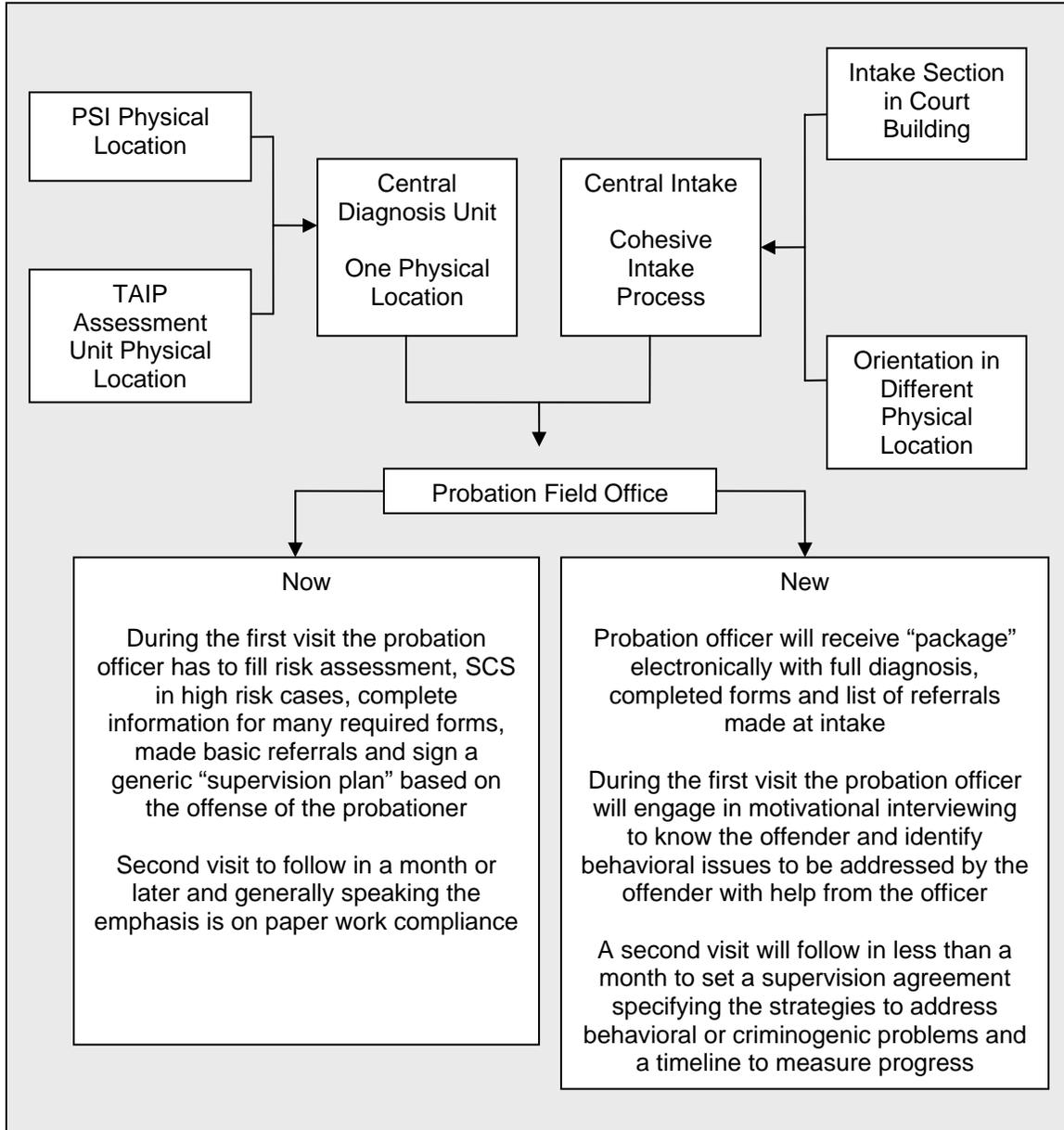


Figure 7 below depicts all the “organization gears” that have to be coordinated in order for the implementation to be successful. The critical “gears” that have to be coordinated are:

Physical logistics: The creation of the Centralized Diagnosis Unit requires that the PSI staff and Treatment Alternative to Incarceration Program (TAIP) staff be physically moved to one location. These staff will become the staff conducting the new assessment. They are already trained on the key instruments integrated into the new Central Diagnosis Assessment Form but they are in different floors of the building. The consolidation will allow a broader range of the probation population to receive assessments and will free probation officers from having to administer the assessments at a later point in time. A time study will be conducted by the Diagnostic Unit to determine staffing needs. It is possible that the number of staff required to conduct the new assessment is actually fewer than the current staffing level. In this event, staff will be redeployed to field offices to act as probation officers or to assist in the staffing and reassessment of probationers that are substance abuse involved. These changes impact physical space and have to be authorized by the county’s Commissioner’s Court that administer the buildings used by the probation department and fund the renovation.

Merger of assessment processes: The TAIP assessment has to meet state requirements that were designed for the TAIP processes as a stand alone assessment process. The new assessment process will integrate the TAIP assessment with the overall centralized diagnosis. Therefore, procedures have to be examined to make sure the department is meeting TAIP requirements or for the department to ask for specific waivers of state rules in order to facilitate the implementation of the new diagnosis process.

Intake reorganization: The present intake process collects basic information from the probationer at the time the person is placed on probation by the courts. It also assigns the probationer to a probation officer generally using a “wheel” system (except for Specialized Caseloads), assigns an appointment time for the probationer to show up at the field office and directs the probationer to participate in an orientation in another building. The new intake process redesigns the officer assignment system to reflect the need to assign probationers to specific caseloads, including in some instances, caseloads administered by a probation officer assigned to the specific neighborhood of the probationer. The new intake process is also been expanded to absorb some of the paper work duties now assigned to the probation officer during the first visit of the probationer and to make early referrals to programs and services that were previously done a month later during the first field visit.

Redesign early field contact requirements: The present process requires the probation officer to use his first visit with the probationer to complete basic paper work, do the risk assessment and in some cases the SCS assessment. During the first visit a supervision plan is developed but this is a cursory plan generated by a template based on the offense of the offender. The new process will be redesigned to allow the probation officer to use his first visit for a “motivational interview” to get to know the probationer and identify the most problematic areas for the probationer. In the present process a second visit is set for the probationer a month or longer after the first visit.

Under the new process the second visit will be conducted quicker (ideally in two weeks). During the second visit the officer and the probationer will work on a supervision agreement specifying specific goals and timelines to be achieved. The supervision agreement is based on the criminogenic and behavioral issues to be addressed as determined by the diagnosis process and the first visit with the probation officer.

Redesign conditions of supervision and sanction strategies: The state provides for statutory conditions of supervision and these will stay the same under the new processes but the matching of other control and treatment conditions to the new diagnosis scheme will be different. The “tolerance” level for violations and sanctions will also be applied differently for offenders with different risk classifications. A “decision tree” has to be developed to guide the discretion of judges and probation officers in the imposition of conditions and sanctions. The idea is to have more consistent application of conditions and sanctions based on the diagnosis of the person and his subsequent compliance with treatment and control conditions.

Automation: The automation of the new diagnosis and intake process is critical to allow for the transfer of information electronically between the Central Diagnosis Unit, the intake section and the field offices. This automation cannot occur until some of the key processes above have been designed.

Training: The above changes must be supported by a training strategy directed at aligning skills for staff that is being redeployed, staff tasked with administering the new diagnosis process and probation officers learning the new field procedures and expectations.

Figure 8 shows the timeline for full implementation of the new diagnosis, intake and field processes. As shown, many processes are being planned and implemented with overlapping timelines with the completion of some processes being critical to the implementation of other related processes. For example, the planning for physical renovations started in September 1, 2006 with the drawings of plans and request for approval from the county’s Commissioner’s Court. After approval and beginning of work, affected staff will be moved temporarily to other space with the renovation and staff relocation expected to be completed by March 27, 2007. In the meantime different teams have been working on redesigning the new procedures related to assessment, intake, conditions of supervision, automation and training. If all the processes meet the planned timelines, the new diagnosis, intake and field process will be fully implemented on April 1, 2007.

Figure 7: Organization "Gears" That Have to Be Coordinated for Effective Implementation of New Diagnosis, Intake and Field Processes

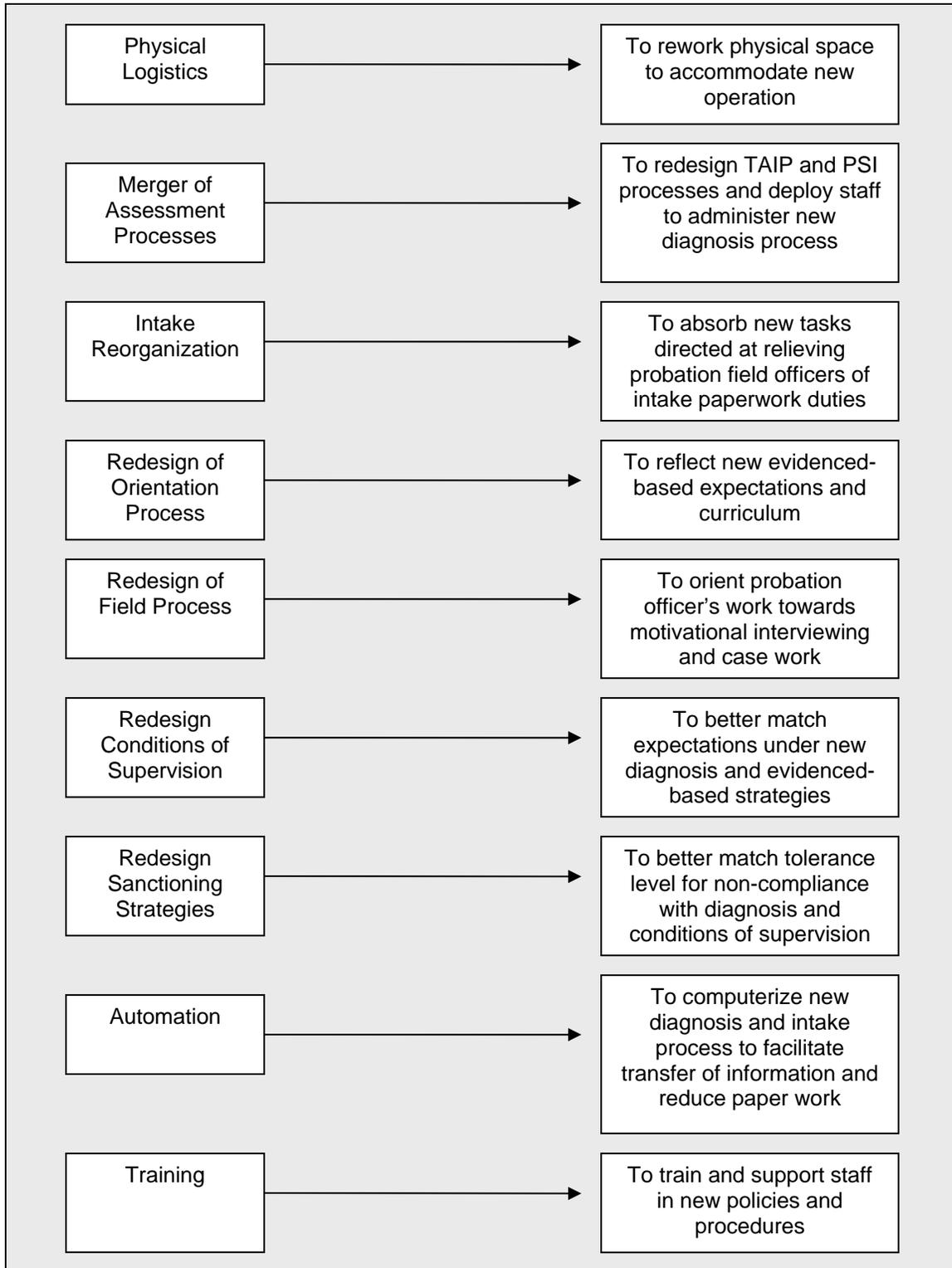
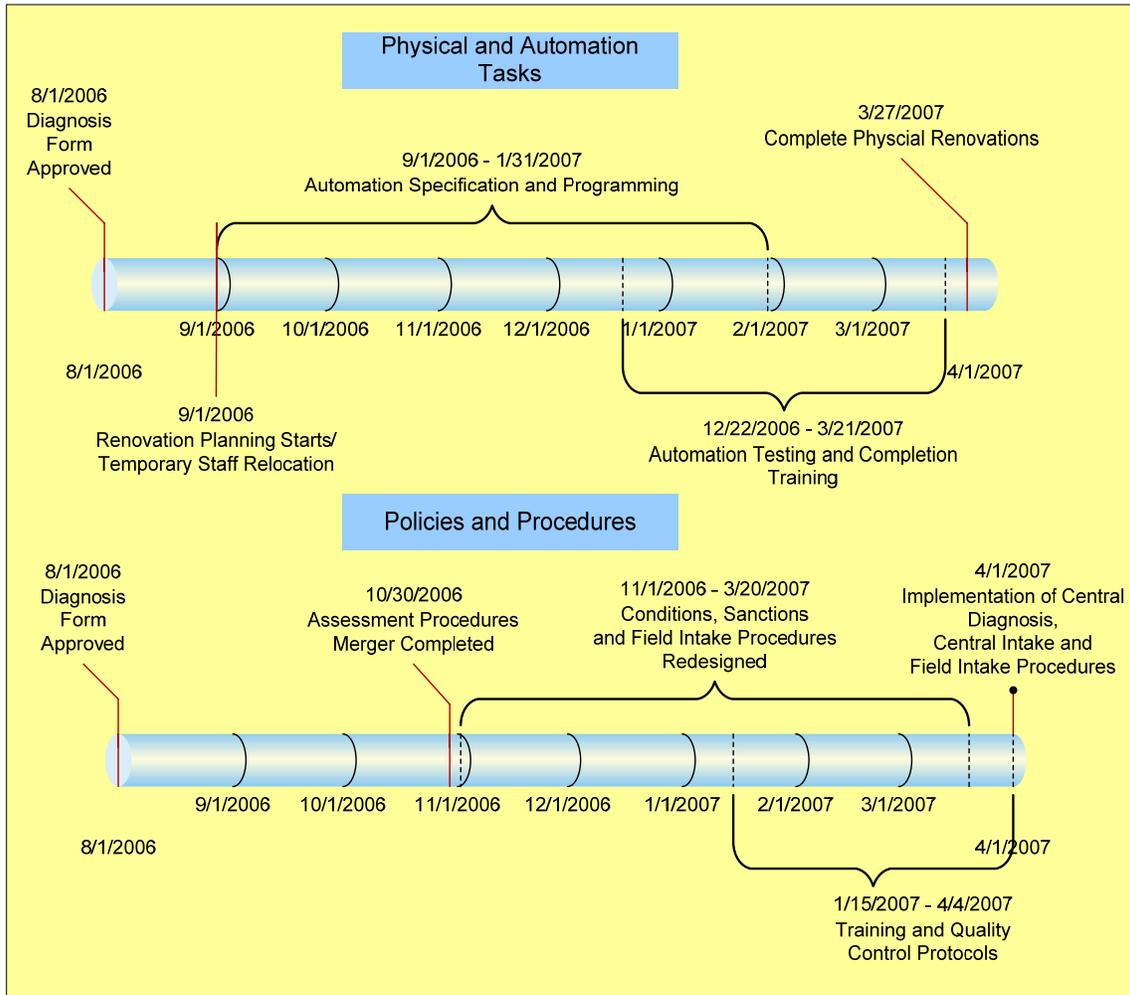


Figure 8: Timeline for Full Implementation of New Diagnosis, Intake and Field Processes



V. Conclusion

The Central Diagnosis Assessment Form was finalized and approved for use by the Travis County judiciary on August 1, 2006. This form integrates the evidenced-based tools to assess offenders in a cohesive process to be administered by a new Centralized Diagnosis Unit in the department. However, to effectively use the new diagnosis strategy it is necessary to make major adjustments in the processes concerning several other organizational functions including intake, orientation and field supervision. The goal is to create a “well coupled” organization to support the streamlining of procedures and free field probation officers from undue paperwork. The logistics of this re-organization are reviewed here.

In addition to assisting the Courts, the consolidation of the diagnosis, orientation, and intake procedures will lay the foundation for officers to begin meaningful supervision and case-planning during the initial field contact with the offender. The implementation plan is directed at: (a) consolidating into one physical location the diagnosis process; (b) redesigning the intake process to absorb much of the paper work now done by probation officers; and (c) redesigning early field contacts to have probation officers engage in “motivational interviewing” techniques and development of a supervision plan.

To accomplish the above requires the multiple, simultaneous organization changes described here. It requires physically moving staff, renovating office space and redesigning computer data bases to support the consolidated process. Staff must be added or redeployed at the intake office and a new orientation process has to be developed based on the new policies and procedures. Finally, field forms and procedures must be redesigned and a training curriculum implemented to support staff in understanding and applying the changes. All of these organizational changes are presently being implemented with the target date for completion on April 1, 2007.