

The JFA Institute
Washington, D.C./Austin, Texas

Conducting Justice and Corrections Research for Effective Policy Making

Travis Community Impact Supervision

Better Diagnosis: The First Step to Improve Probation Supervision Strategies

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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, the Community Justice Assistance Division of the Texas Department of Criminal Justice, and the Open Society Institute 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 2005 was 22,827.

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.

This is the second incubator site report. The first report in January 2005 established the importance of having an incubator site to develop and document a successful approach for implementing organization-wide evidence-based practices. The report discussed the "start-up" strategies used to design the organization-wide changes and begin the implementation process. The incubator site was officially initiated in November 2005 when state and foundation funding started.

This report reviews the strategies that are being implemented to strengthen assessment practices including: 1) creating a Central Diagnosis Unit, 2) integrating into the diagnosis process evidence-based assessment tools; and, 3) changing the culture so that diagnosis drives the setting of supervision strategies and the relationship with judicial officials.

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 different populations.

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.

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This report reviews the strategies that are being implemented to strengthen probation assessment practices. This includes: (a) the streamlining of assessment procedures and forms; (b) the integration of evidence 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.

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

¹ Dr. Tony Fabelo and Dr. Geraldine Nagy, "Texas Community Impact Supervision: An Incubator Site to Improve Probation" *The JFA Institute*, Washington, DC/Austin, Texas. January 2005.

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. The Need for Better Assessments

A. Present Assessment Process

The Travis County probation department conducts Pre-sentence Investigations (PSI's) on felony offenders pending disposition of their cases. In general, PSI's are not done for misdemeanor cases although in selective circumstances a judge can order a PSI for a misdemeanor case. Offenders pending disposition of a felony case can be either in jail or out on bond. For offenders in jail, the department has approximately two and one-half days to complete a PSI report. Due to jail overcrowding, offenders in jail pending disposition who are likely candidates for probation are disposed within a week or so of being admitted to the jail. For offenders on bond, the department sets an appointment with the offender to gather information for the PSI. The PSI process involves an interview with the offender and at least one other interview with a person known by the offender (collateral contact). Criminal records and identifiers are collected and verified with the Department of Public Safety and other agencies. Disposition of prior charges are confirmed and victim information is collected. The PSI office has 14 officers and two senior officers conducting the work.

If there is evidence of a substance abuse problem the offender is referred to the Treatment Alternative to Incarceration Program (TAIP) for a full substance abuse assessment and the assessment results are included in the PSI. The TAIP process uses standardized screening procedures to determine the substance abuse treatment needs of an offender. Offenders may also go to TAIP as ordered by the judge or as referred from the field office after the PSI process is completed. The TAIP unit also refers offenders to inpatient or outpatient services, and the manager of the unit provides program oversight. The unit includes five officers and the manager.

After an offender is placed on probation, the offender goes to the Intake Section of the probation department, which is located in the court building. The offender completes an "intake/assignment" form and a picture of the offender is taken. Criminal history is verified once again using the Department of Public Safety Computerized Criminal History (CCH) system. The conditions of probation are then verified. It should be noted that some of the same information that is collected for the PSI and the TAIP is also collected at intake.

At intake an offender is assigned to the North or South office based on the zip code of his residence and an appointment is made with a probation officer in that location. The probation officer is assigned on a "next available" basis based on a computerized list. If the offender has been assigned to a Specialized Caseload (sex offender, substance abuse, or mental health caseload), the offender must report to the South field office during the same day. The South field office manager then assigns a probation officer from the particular office for that offender.

From intake, the offender is usually referred to the tax office to pay court costs and fees, to the pre-trial office if he needs to address bond issues, or to the TAIP office if the court decided that the offender needed a substance abuse assessment after the PSI has been conducted. The same day, the offender sits through an orientation session at the department's main office a few blocks away from the court house. The orientation is done with a facilitator and a movie explaining to the offender how probation works and what is expected from the offender while on probation. The message emphasizes the need to obey the rules, although it also states that the probation officer is there to help the offender. A package of information is given to the offender and a GED test is administered if the offender cannot produce a GED or HS graduation credentials. The orientation includes a review of the progressive sanctions that will apply to the offender if he does not follow the supervision rules.

B. The Need for a More Cohesive Assessment Process

The organizational assessment of the Travis County probation department conducted by *JFA* in preparation for the larger reform effort showed that one of the weaknesses of the department was the lack of a cohesive process to assess offenders. The PSI process of the department was not oriented at establishing a “diagnosis” of the offenders along risk and criminogenic characteristics using evidence-based assessments. The process to set supervision strategies and conditions of supervision was also not set up to match a diagnosis scheme.² Other departments in Texas have similar weaknesses. For example, the research team documented a similar problem at the Dallas County probation department.³

Figure 1 (pg. 5) depicts, in general, the present assessment process and summarizes the main issues that are being addressed during the reform process. These issues are:

- PSI officers do not develop PSI's following a comprehensive, standardized interview protocol nor do they integrate the results from a risk assessment and case classification into a final diagnosis. The PSI's are essentially “biographies” characterized by long narratives developed by the PSI officers following a general interview guideline. The narratives are potentially affected by the different writing styles and predispositions of the officers in interpreting the offender's responses to an open-ended interview.
- Assessment tools are in place but are not properly used. For example, the risk assessment is typically done after the PSI is completed by the assigned field officer during an “initial interview” with the offender. Consequently, risk levels are not considered during the setting of conditions, or the assignment of cases. Furthermore, the results from the risk assessments are routinely overridden by

² Dr. Tony Fabelo and Angie Gunter, “Organizational Assessment of Travis County Community Supervision and Corrections Department: Facing the Challenges to Successfully Implement the Travis Community Impact Supervision (TCIS) Model” *The JFA Institute*, Washington, DC/Austin, Texas. August 2005.

³ Dr. Tony Fabelo, Ken McGinnis and Angie Gunter, “Assessment of the Dallas County Community Supervision and Corrections Department” MGT of America, Austin, Texas. July 15, 2005.

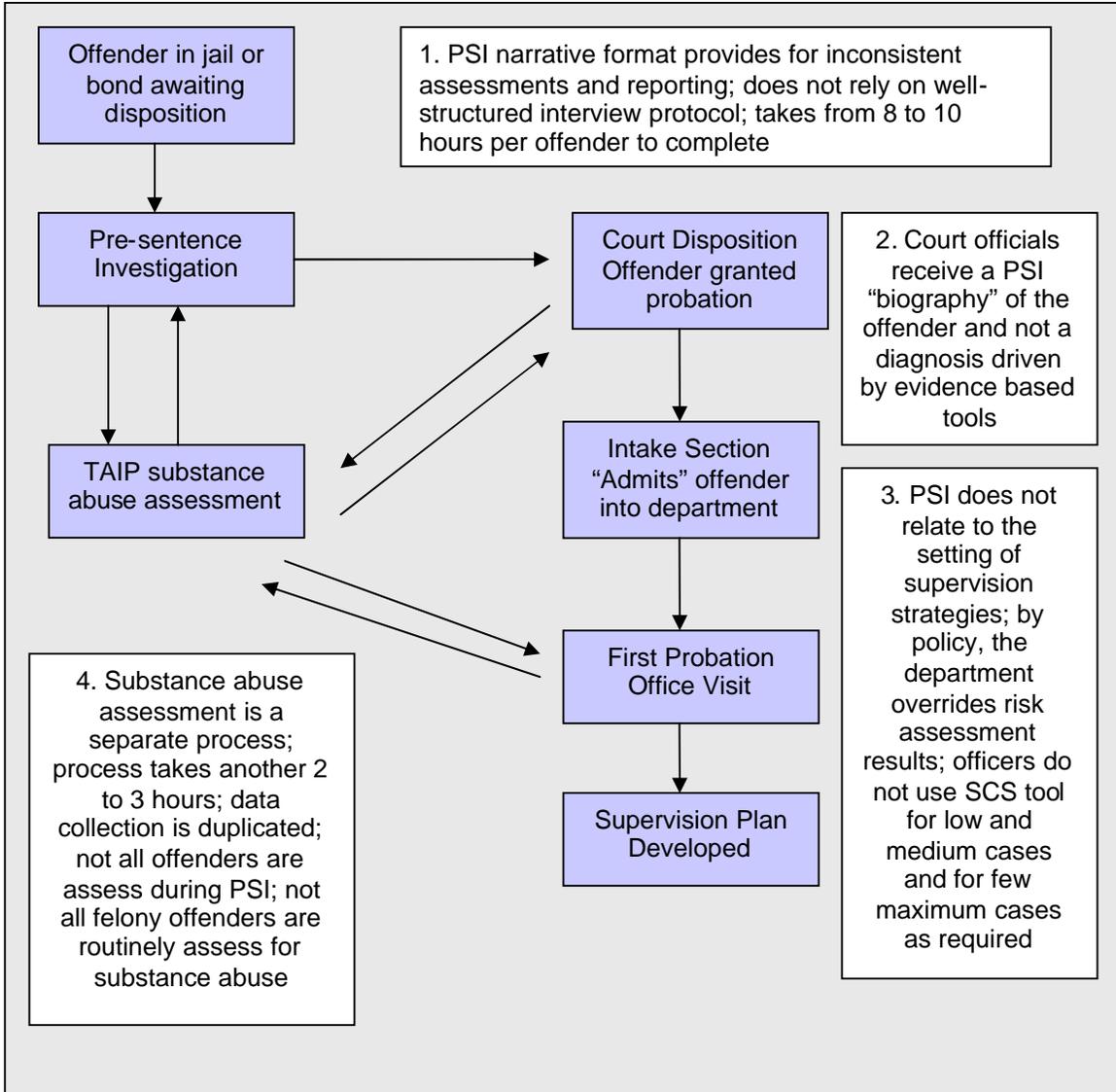
the policy of the department of not placing low risk offenders under minimum supervision for the first six months of their probation period.

- Field officers also use a criminogenic assessment protocol called Strategies for Case Supervision (SCS). The SCS assessment is endorsed by the state and mandated on all maximum supervision cases. In the few cases the SCS is completed by field officers, it is not meaningfully used. An evaluation of the utilization of the SCS for maximum supervision cases shows that, even for these cases, the SCS had been completed on only 17% of the cases in 2005. In prior years the utilization was lower, fluctuating between 2% and 7% of the maximum cases.⁴
- The PSI officer makes a recommendation to the judge regarding whether or not the person should be on probation and provides some general comments regarding probation needs and special conditions of supervision. However, the conditions of probation are not well coupled with the supervision requirements as the assessment processes at this stage have not been directed at accomplishing this goal.
- There are a large number of requests for modifying the conditions of supervision once an offender is placed on probation. This is the result of not having a clear diagnosis of the offender at the court level that can be used to better match conditions of supervision with appropriate supervision strategies. The department also lacks flexibility in administering conditions related to individualized supervision plans. For example, conditions may name specific programs precluding placement in programs that better address identified treatment needs.
- Completing the paperwork to request a modification of the conditions of supervision consumes a significant amount of the officer's time. Yet, the perception is that in over 90% of the cases the modification in conditions of supervision are granted upon the recommendation of the probation court officer.
- It takes approximately eight to ten hours to complete a PSI and an additional two to three hours to complete a TAIP assessment, according to a time study conducted for a sample of cases.⁵ This is time not only for completing the forms but also to set appointments, track offenders in jail if they have not been released on bond and to complete all the required documents. Some of the information collected during the TAIP process is duplicative of information collected in the PSI. Offenders make several stops to complete the assessment and intake process, further consuming time and requiring multiple support personnel to staff the different reception points.

⁴ Dr. Tony Fabelo and Jason Bryl. "Analysis of Strategies for Case Supervision Computerized Data Reporting Under Present Policies," Incubator Site Analysis. *The JFA Institute*, Washington, DC/Austin, Texas. January 3, 2006. Addendum Report, January 6, 2006.

⁵ March 9, 2006 study results memo from Tencha Rodriguez, Director of PSI Section and January 1, 2006 study results memo from Pam Hollowell, Director of the TAIP Section.

Figure 1: Present Assessment Process and Key Issues That Need to Be Addressed



III. Streamlining Assessment Procedures

A. Goals of Diagnosis Committee

The organizational reform process is driven by the work of internal committees that have been charged with developing strategies and policies to implement the needed organizational and policy changes. In the area of diagnosis, the work has been conducted by the Diagnosis Committee with support from the technical assistance team. This committee was charged with: (a) identifying and reviewing all intake and assessment forms; (b) developing a new diagnosis process; (c) creating a cohesive diagnosis package as part of the new process; and, (d) working with the administration and technical assistance team to guide the implementation of the changes. The committee is headed by Pam Hollowel, the director of the TAIP assessment section, and Tencha Rodriguez, the director of the PSI section. Members of the committee include experienced probation officers and administrators familiar with diagnosis issues.⁶ Between October 2005 and the date of this report, the committee (or subcommittees) have met at least 15 times to work in this area.

The first assignment of the committee was to identify and categorize all forms related to the PSI and intake process. The technical assistance team assisted the committee in this task and presented two reports flowcharting the PSI and intake process.⁷ The committee also assisted the technical assistance team in designing a study in which all offenders placed on probation between January 15, 2006 and February 28, 2006 were scored along risk and criminogenic indicators using the risk assessment and SCS instruments. Trained probation officers were assigned to this task with the purpose of generating a profile of the Travis County probation population along the risk and criminogenic characteristics to be identified as part of the new diagnosis process. More on the results of this study will be provided in a future report.

B. Central Diagnosis Assessment Form

Figure 2 (pg. 7) depicts the number and type of forms that are used as part of the present assessment process. Close to 40 different forms were identified totaling close to 100 pages. The forms were categorized in: (a) interviews, questionnaires, data collection; (b) assessments and screenings; (c) movements and referrals; (d) consent forms; and, (e) end product reports. It became obvious to the committee that each of these forms, to a great extent, were “stand alone” forms not integrated in a cohesive package and the forms included many duplicative data elements. There were also eleven movement forms that could easily be consolidated or streamlined if the assessment process became a “one stop” experience for the offender.

The end product reports were not part of one cohesive package. The assessment report to the court is basically the PSI. The PSI was based on an open-

⁶ The members of the committee are: Elsy Roberts, Jose Rodriguez, Becky Bumpass, Bobby Cooper, Sharon Lafollette, Sigrid Levi-Baum, Nayasha Parker, Melissa Astrowski, Deborah Figueroa, Michelle Castillo.

⁷ “Flowchart of Present PSI and Intake Process and Related Forms,” November 29, 2005 and “Flowchart of Offenders from Court to Intake Assignment,” of December 12, 2005. *The JFA Institute*, Washington, DC/Austin, Texas.

ended interview rather than standardized assessment instruments resulting in long narratives that could be interpreted inconsistently. *In effect, there was no reliable diagnosis that could be used by the Courts to identify conditions of probation supervision that would best match the supervision and treatment needs of offenders based on the risk posed to the community or their particular criminogenic needs.* Therefore, it was imperative for the committee to create a cohesive package of forms to be used as part of a centralized diagnosis process. This package was created with help from the technical assistance team.⁸

Figure 2: Categorization of Forms Used in Present PSI and Intake Processes

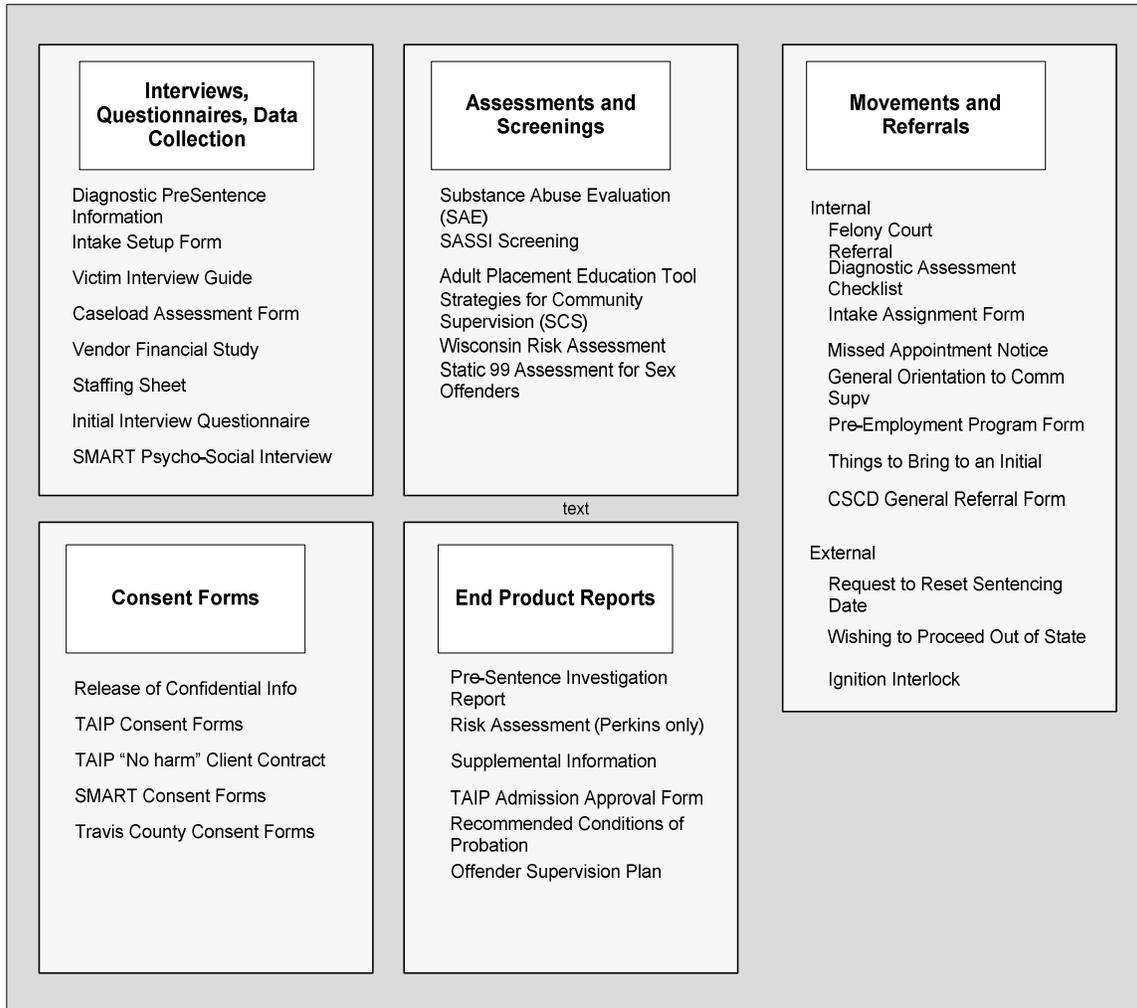
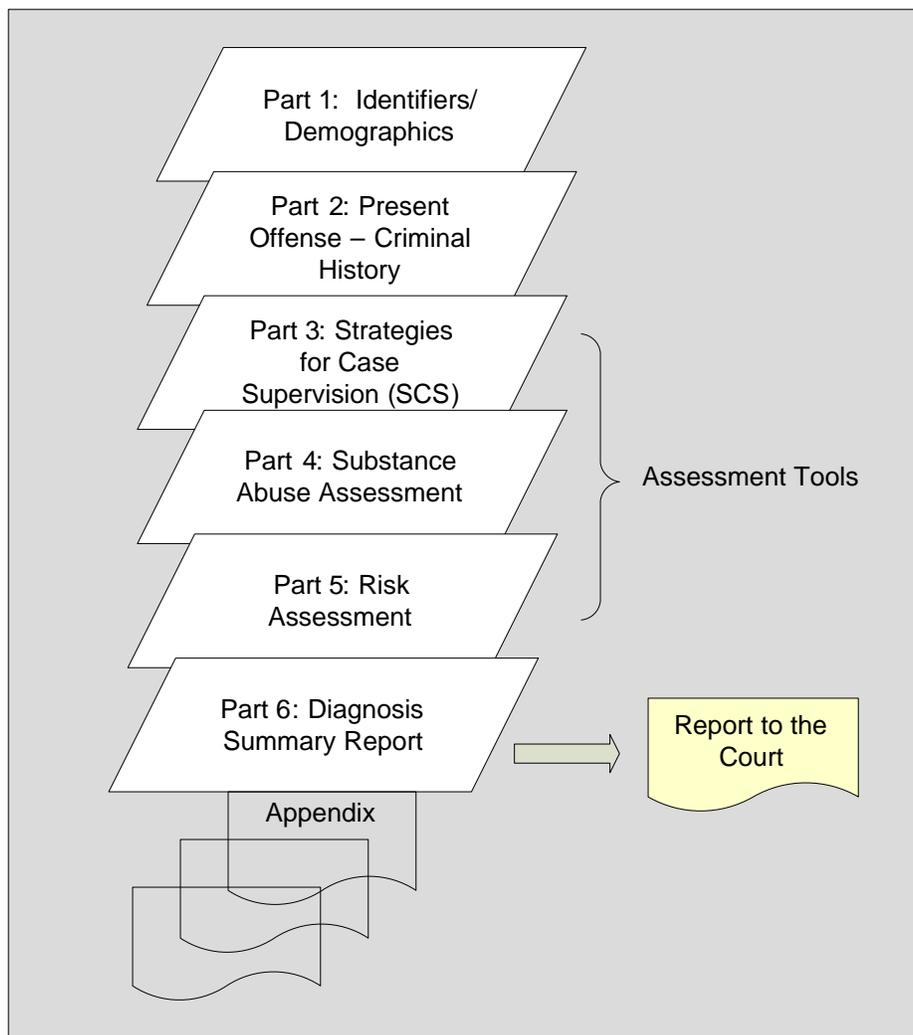


Figure 3 (pg.8) shows the different parts of the Central Diagnosis Assessment Form created by the committee. The committee worked to reduce duplication of

⁸ Facilitation reports included "Conceptual Agreement on Central Diagnosis Assessment Form Development Strategy" of February 7, 2006 and "Pending Steps to Complete Central Diagnosis Assessment Form" of March 3, 2006.

information, reduce the movements of the offenders and the need to track these movements with different forms. The committee integrated 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 risk assessment scoring instrument and the SCS. The TAIP substance abuse assessment form is also now part of the package to be administered as part of the central diagnosis. The Central Diagnosis Assessment Form is 34 pages long plus an additional 6 pages in the appendix that includes the consent forms.

Figure 3: Central Diagnosis Assessment Form



IV. Main Evidence Based Assessment Instruments

A. Risk Assessment

The two main assessment tools integrated in the Central Diagnosis Assessment Form are the Wisconsin Risk Assessment Instrument and the Strategies for Case Supervision or SCS.

Figure 4 (pg. 10) shows the risk assessment instrument. The risk assessment was developed in Wisconsin in the late 1970's and was adapted for use in the probation system in Texas. The instrument consists of eleven weighted-items that are associated with the risk of re-arrest and revocation. The scores for each item are added and the total used to categorize offenders a low, medium or high risk. The Community Justice Assistance Division (CJAD) of the Texas Department of Criminal Justice, the state agency that sets probation standards and provides state funding to local probation departments, has required the use of this tool in Texas. In April 2005, CJAD published a report testing the validity of the risk assessment instrument on a statewide sample of 13,185 offenders. The study found the risk instrument to distinguish fairly well among risk groups.⁹

The JFA technical assistance team, working with the department, has conducted two research projects to test the validity of the risk instrument as it applies to the Travis County probation population. The studies, using two large samples of the Travis probation population, showed that the instrument was able to distinguish the risk level of offenders fairly well.¹⁰ A forthcoming incubator report will discuss the results of these studies.

⁹ Mike Eisenberg, "Validation of Risk Assessment Factors," Texas Department of Criminal Justice, Community Justice Assistance Division, April 2005.

¹⁰ Dr. Tony Fabelo and Jason Bryl, "Travis County Risk Score Validation and Related Analysis: Report One" *The JFA Institute*, Washington, DC/Austin, Texas. March 27, 2006; Dr. Tony Fabelo and Jason Bryl, "Travis County Risk Score Validation: Updated Analysis with Additional Cases, Report Two" *The JFA Institute*, Washington, DC/Austin, Texas. June 1, 2006.

Figure 4: Risk Assessment Instrument

1.	Number of address changes in the last 12 months [0= none, 2= one, 3= Two or more]	0
2.	Percentage of time employed in the last 12 months [0= 60 % or more 1= 40% to 59% 2= less than 40% N/A = 0]	0
3.	Alcohol usage [0= unrelated, 1= Probable relationship, 2= Definite relationship]	0
4.	Other drug usage [0=no abuse, 1= Probable relationship, 2= Definite relationship]	0
5.	Attitude [0= Motivated to change, 3= somewhat motivated, 5= Rationalizes behavior]	0
6.	Age at first Adjudication of guilt [0= 24 or older, 2= 20 – 23 , 4= 19 or younger]	0
7.	Number of prior periods of Probation/Parole Supervision [0 = none, 4 = one or more]	0
8.	Number of Prior Probation/Parole Revocations [0 = none, 4 = one or more]	0
9.	Number of prior Felony Adjudications of guilt [0 = none, 2 = one, 4 = Two or more]	0
10.	Adult or Juvenile adjudications for: [0 = none; 2 = Burglary, theft, auto theft, robbery; 3 = Worthless Checks, Forgery; 5 = max]	0
11.	Adult or Juvenile Adjudication for Assaultive Offenses within LAST FIVE years [0 = no, 8 = yes]	0
	Total Score:	
	MIN = 0 – 7 , Med = 8 – 14, Max = 15 or greater LEVEL	MAXIMUM

B. Strategies for Case Supervision (SCS)

The SCS is a "comprehensive case management system developed by and for community corrections."¹¹ Its purpose is to assist probation officers in efficiently managing their cases. As stated in the instrument preamble, the SCS is:

"a companion tool to risk and needs assessments. While risk assessments assist in determining 'who' should receive priority, and needs assessments assist in determining 'what' issues should be

¹¹ Strategies for Case Supervision, Twelfth CJAD Edition, Revised January 2000.

addressed, SCS assists in determining 'how' the offender should be supervised."

According to the SCS manual, the instrument has been constructed and validated, exceeding "most standards for research and testing design." However, "the validity is highly dependent on the person administering the instrument. Therefore, certified instruction is required for its use." This certified instruction is provided by CJAD and all officers currently administering the SCS in Travis County are certified in the use of the instrument. Certification of those administering the test will continue with the new diagnosis process in the future.

Figure 5 (pg. 13) shows an example for one section of the SCS. The SCS takes approximately one hour to complete. As can be seen in Figure 5, the protocol is structured along a set of 70 questions that must be followed by the interviewer. The interviewer "codes" each answer by selecting from a menu of multiple choice options. Scoring rules and guidelines are provided to assure consistency in interpretation and to maximize inter-rater reliability. While this format provides a structured protocol, the interviewer is also required to make extensive notes as appropriate for each set of questions. In other words, the instrument involves more than responding to individual items by filling in the multiple choices items. Instead, the interviewer must identify patterns of responses, which requires the interviewer to make appropriate notes to be reviewed during the final scoring of the instrument.

The instrument includes an "attitude interview", "objective background," "behavioral observations," and "probation officer impressions." The areas covered include: legal, medical, school, family, attitudes about offense, offense pattern, family attitude, school adjustment, employment, feelings, residential, inter-personal, mental health, plans and problems and substance and alcohol abuse.

The SCS multiple choice questions and related notes are used in a protocol to generate a final score placing the offender in one of five supervision strategies. The assumption is that identifying the offender along certain offense, prior history, social needs and other criminogenic characteristics provides the basis for also identifying the most effective supervision strategies. The specific strategy for an offender is the one that has been found to correlated best with potential success. These strategies are the following:

- "Selective Intervention Strategy" without treatment (SI-S) or with treatment (SI-T). SI-S is for offenders who are classified in the SCS as pro-social and have a stable lifestyle. SI-T is for offenders who are pro-social but have skill deficit and/or substance abuse. The prescription for offenders in this group is:
 - SI-S: "leave them alone;" "intervene selectively;" "delegate planning to them;" and, "use rational problem-solving techniques."
 - SI-T: "intervene selectively" in the treatment area, long-term intervention and scrutiny in the treatment area.
- "Environmental Structure Strategy" (ES) are for offenders that are impulsive, lack skills and are easily led.

- Prescription for supervision for these offenders is “to provide a structured environment with hands-on assistance with immediate reinforcement.”
- "Casework Control Strategy" (CC) are for offenders with destructive thinking, low self esteem and anti-social behavior.
 - Prescription for supervision for these offenders is “intensive casework control, sustained involvement, behavioral contracting, zero tolerance, but creative use of sanctions, and revocation and incapacitation as needed.”
- "Limit Setting Strategy" (LS) are for offenders in which criminal thinking, seeking power and thrills are the main determinants for the offenders' problems.
 - Prescription for supervision for these offenders is “surveillance, challenging behavior and criminal thinking, detailed and precise case plans, careful documentation and use of all legal leverage.”

As will be explained later, the dimensions above are integrated into the “Diagnosis Matrix” to be presented to the court as part of the Central Diagnosis Report to the Courts.

It is important to note that years ago the pre-cursor to the SCS instrument was tested in Texas and showed good results in differentiating supervision levels among offenders on parole.¹² That study tested the Client Management Classification (CMC) which was the equivalent of the present SCS. The study assigned some offenders released from prison to CMC trained officers and others to non-CMC trained officers. The study found that for good (low) risk cases, it did not make any difference whether the officers used CMC. However, CMC cases had significantly lower pre-revocation warrant rates for both poor (high) and fair (medium) risk cases than did non-CMC cases in the same risk groups. CMC poor (high) risk cases were also returned less frequently to prison than non-CMC poor (high) risk cases (17 percent versus 22 percent).

¹² “Something Works in Community Supervision” by Michael Eisenberg and Gregory Markley in Federal Probation, December 1987.

Figure 5: Example of Questionnaire Protocol for One Section of SCS

Offense Pattern		
<i>(If there are priors, obtain a complete picture of offense style, including current offense. If no priors, score Item 4 an "a", and skip Items 5-8).</i>		
<p>Now I'd like talk to you about prior offenses. Have you been in trouble before?</p> <p>4a. Starting with the most recent, what prior offenses are on your record. <i>(List on grid below)</i></p> <p>*4b. What is on your juvenile record.</p>	<p>4. Felony or misdemeanor pattern</p> <p><input type="checkbox"/> (a) no prior offenses (Skip items 5,6,7,and8).</p> <p><input type="checkbox"/> (b) mainly misdemeanors</p> <p><input type="checkbox"/> (c) no consistent pattern</p> <p><input type="checkbox"/> (d) mainly felonies</p>	<p>4-8 Include criminal traffic (e.g., DWI) and juvenile crime. Exclude unprosecuted arrests and not guilty findings.</p> <p>4. b. Do not score "b" if offender has more than two felonies-use choice "c" or "d." d. Over 50% of offenses are felonies.</p>
<p>5a. Have you ever been armed or hurt anyone during these offenses?</p> <p>*5b. Did you ever threaten someone?</p>	<p>5. Was offender ever involved in an offense where armed, assaultive, or threatened injury to someone?</p> <p><input type="checkbox"/> (a) yes</p> <p><input type="checkbox"/> (b) no</p>	<p>5. Include any sexual offense against a child.</p>
<p>6a. How did you decide to do the (each prior) offense?</p> <p>6b. Could you tell me more about the circumstances leading up to the offense?</p>	<p>6. Offenses were generally</p> <p><input type="checkbox"/> (a) planned</p> <p><input type="checkbox"/> (b) no consistent pattern</p> <p><input type="checkbox"/> (c) not planned</p>	<p>6. CSO's judgment based on all factors.</p> <p>a. - E.g., exhibitionist who drives around in a car looking for a girl to expose himself to. E.g., person who decides to commit an offense, then drinks to build courage.</p> <p>b. - E.g., exhibitionist who is driving to work, suddenly sees a girl, pulls over and exposes himself. E.g., person gets drunk and into a bar fight.</p>

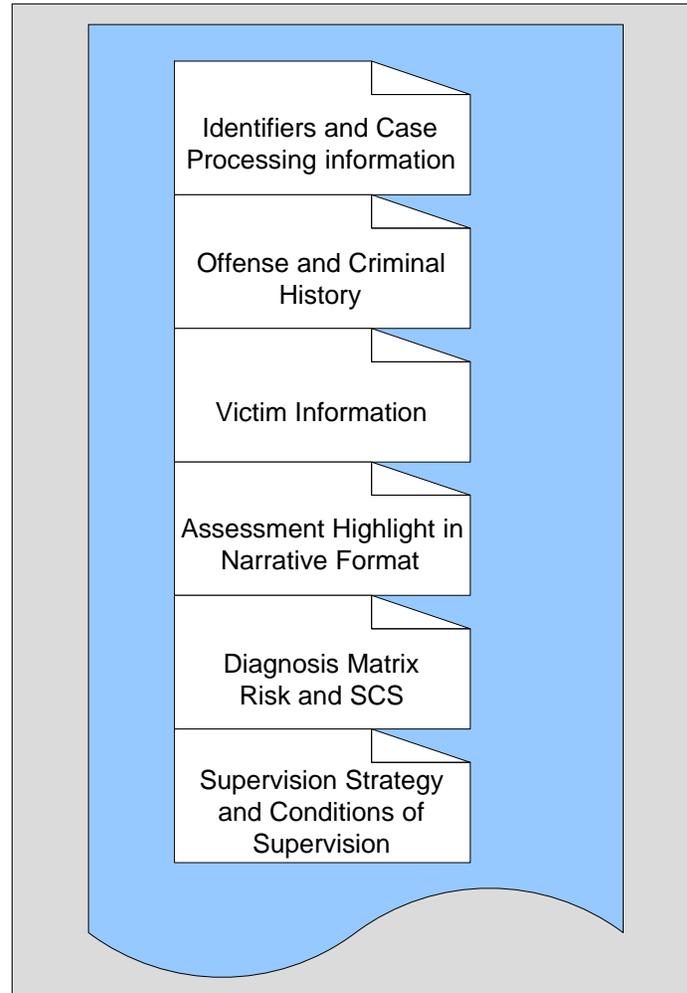
V. Central Diagnosis Report to the Courts

A. Report Components

Figure 6 (pg. 15) 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 PSI. The difference from a PSI will be the following:

- The report will provide for all the key identifiers and case processing information in a streamlined table format that facilitates reporting of this information.
- The report will provide a chart summarizing critical information relating to factors that are correlated with recidivism or positive adjustment to probation supervision. Those factors that are of medium or high concern for the specific offender will be shaded and contain bulleted information for further explanation. The chart will provide an “at a glance” synopsis of the offender for both the Courts and the supervising officer should the offender be placed on probation supervision.
- The report will include a short narrative highlighting the key results of the diagnosis. This narrative comes from standardized language that is included as part of the SCS instrument. The language will be systematically varied using adjective descriptors to fit the specific diagnosis of each offender. For example, for describing family history the language will say “family problems of childhood and adolescence were (blank) factor contributing to the offender’s legal difficulties.” The “blank” will be filled by phrases which describe the importance of this indicator such as “highly significant”, “significant”, “somewhat significant”, “minor significance” or “not significant”.
- The report will present a Diagnosis Matrix identifying offenders along Risk and SCS category. The diagnosis results will place offenders in a square in the diagnosis matrix requiring a Yellow, Blue or Red Supervision Strategy as explained below.
- The report will not recommend whether the offender should or should not be placed on probation as is presently done. The department will only state what the diagnosis is for the offender and what type of supervision strategy applies if the court decides to place the offender on probation.
- The report will list the standard conditions of supervision required by law and specify strategies that may be tried as part of the supervision plan that fits within the Yellow, Blue and Red strategies.

Figure 6: Areas Covered by Central Diagnosis Report to the Courts



B. Diagnosis Matrix and Supervision Strategies

Figure 7 (pg. 17) depicts the Diagnosis Matrix. Figure 8 (pg. 18) describes, in general, the supervision strategies that will apply to offenders in each color coded category. The specific aspects of each supervision strategy are still under development but agreement has been reached on the general approach presented here.¹³

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

¹³ Incubator Site Facilitation Report, “Template to Guide Development of Supervision Strategies,” January 9, 2006; “Conceptual Agreement to Start Development of Supervision Strategies Templates,” January 13, 2006. *The JFA Institute*, Washington, DC/Austin, Texas.

them, use rational problem solving techniques and have more tolerance for minor violations. These offenders will be the candidates for reporting electronically under the future Supplemental Reporting System after a period of successfully reporting to the officers.

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 (LS) will be placed in a "Blue" category. For these offenders, the supervision strategy will be to have more reporting requirements, including some field visits. The officer will engage the offenders with programs oriented at addressing their skill or emotional problems. For example, these offenders may be required to participate in cognitive skill classes or substance abuse treatment. There will be more restrictive responses to administrative violations, with an emphasis on reacting to violations related to their program participation as a way to encourage engagement in these activities. Most offenders with mental health problems will tend to be classified in this category which will also require the development of special supervision caseloads and development of more effective connections with outside mental health resources in order to increase the probability of success.

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 (CC), will be subjected to the most restrictive supervision strategy. 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. The idea is to have officers learn the resources in the specific neighborhoods; to learn about the environment of the offender; and to develop community based assets that can be used for more effective supervision. When appropriate, programs addressing the criminal thinking patterns and/or substance abuse problems will also be a requirement of supervision.

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. The language and agreement as to how to do this are still under development. Also, the re-deployment and availability of resources that will be necessary to properly match supervision strategies with the population needs is still to be determined. However, it is important to note that a study to establish a baseline profile of the Travis population based on the matrix distribution has already been conducted and internal reports reviewed.¹⁴ A forthcoming incubator report will review this study and its implication.

¹⁴ Dr. Tony Fabelo and Jason Bryl, "Travis County SCS Pilot Study, Report One, Analysis of Preliminary Data for Review by Department" April 10, 2006; "Report Two, Analysis of Revised Data," April 13, 2006; "Report Three, Supplemental Analysis of Selected Supervision Variables" April 17, 2006, *The JFA Institute*, Washington, DC/Austin, Texas.

Figure 7: Diagnosis Matrix Based on Risk and SCS Categories

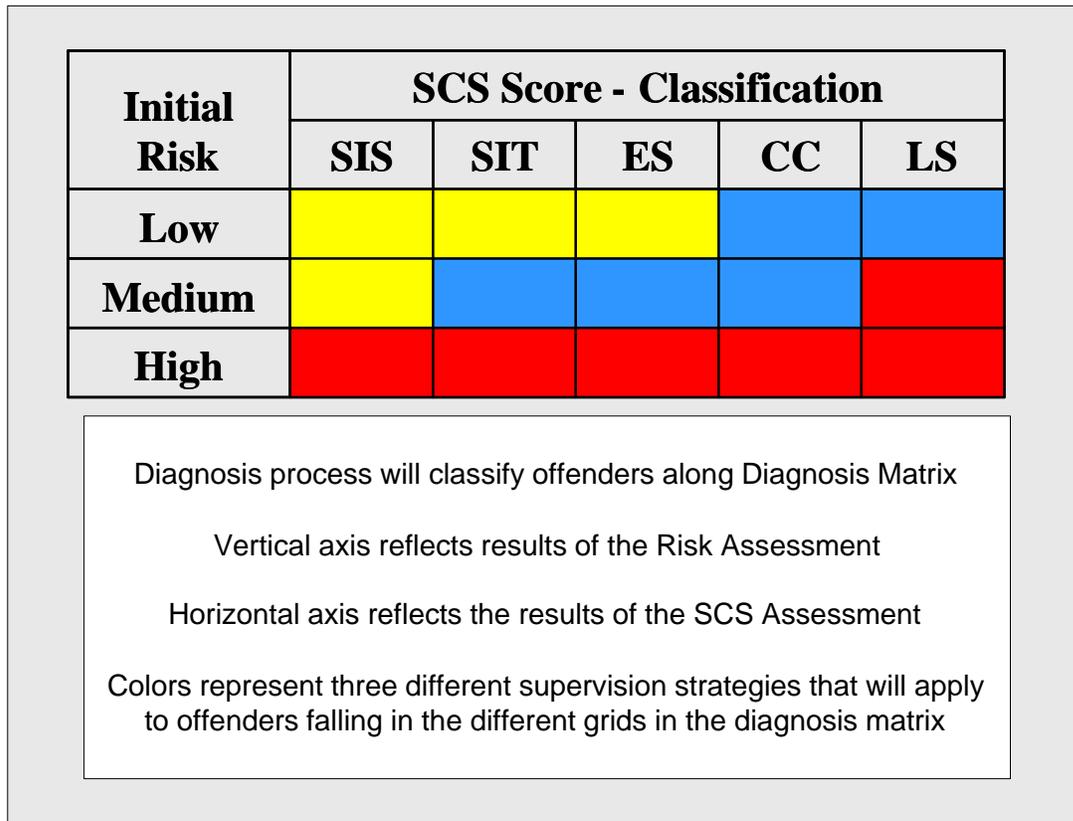
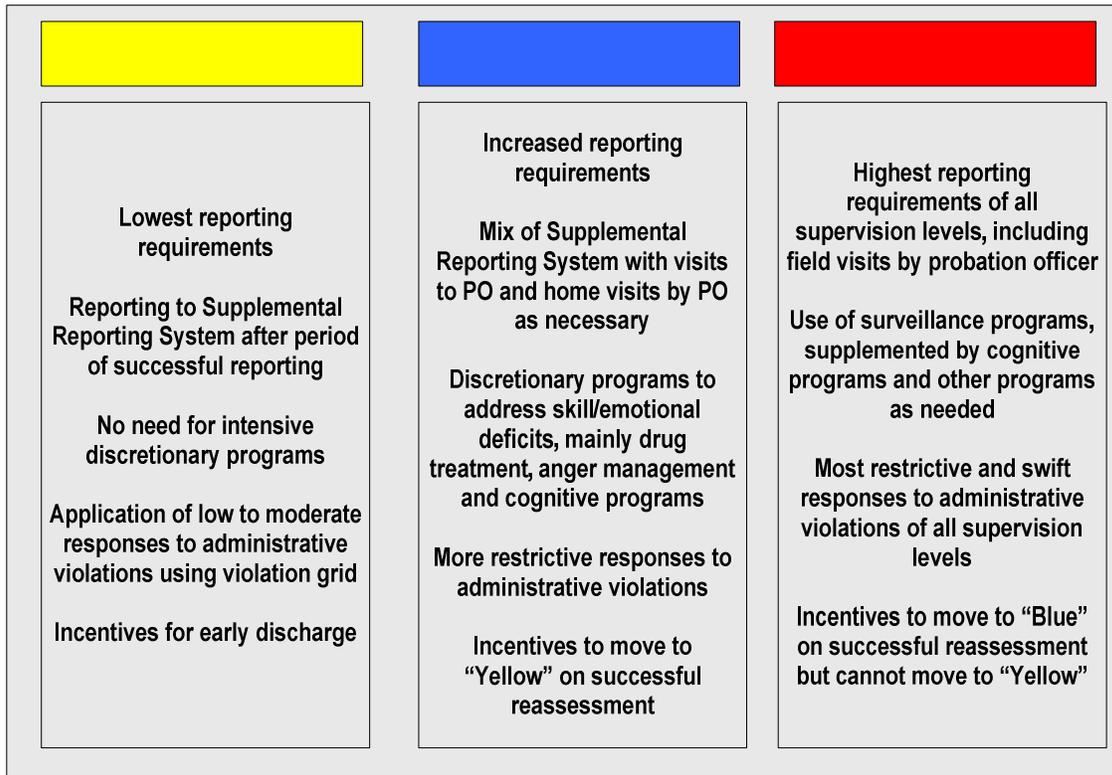


Figure 8: General Scheme for Supervision Strategies Matching Diagnosis Grid



VI. Central Diagnosis Unit

To effectively manage the new streamlined assessment process the department will create a Central Diagnosis Unit consolidating operations that are presently in separate physical locations. The Central Diagnosis Unit will be created late in 2006 after logistical issues dealing with office space and staff redeployment are addressed. All felons will be assessed by the Central Diagnosis Unit.

Figure 9 (pg. 20) shows the plan to create a Central Diagnosis Unit as the central element to improve the assessment process. The plan assumes the following:

- All felons and high risk misdemeanants will be referred to the Central Diagnosis Unit for assessment.
- 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.
- 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 random assignment.

- 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 9: Proposed Central Diagnosis Unit as the Central Element to Improve Assessment Process

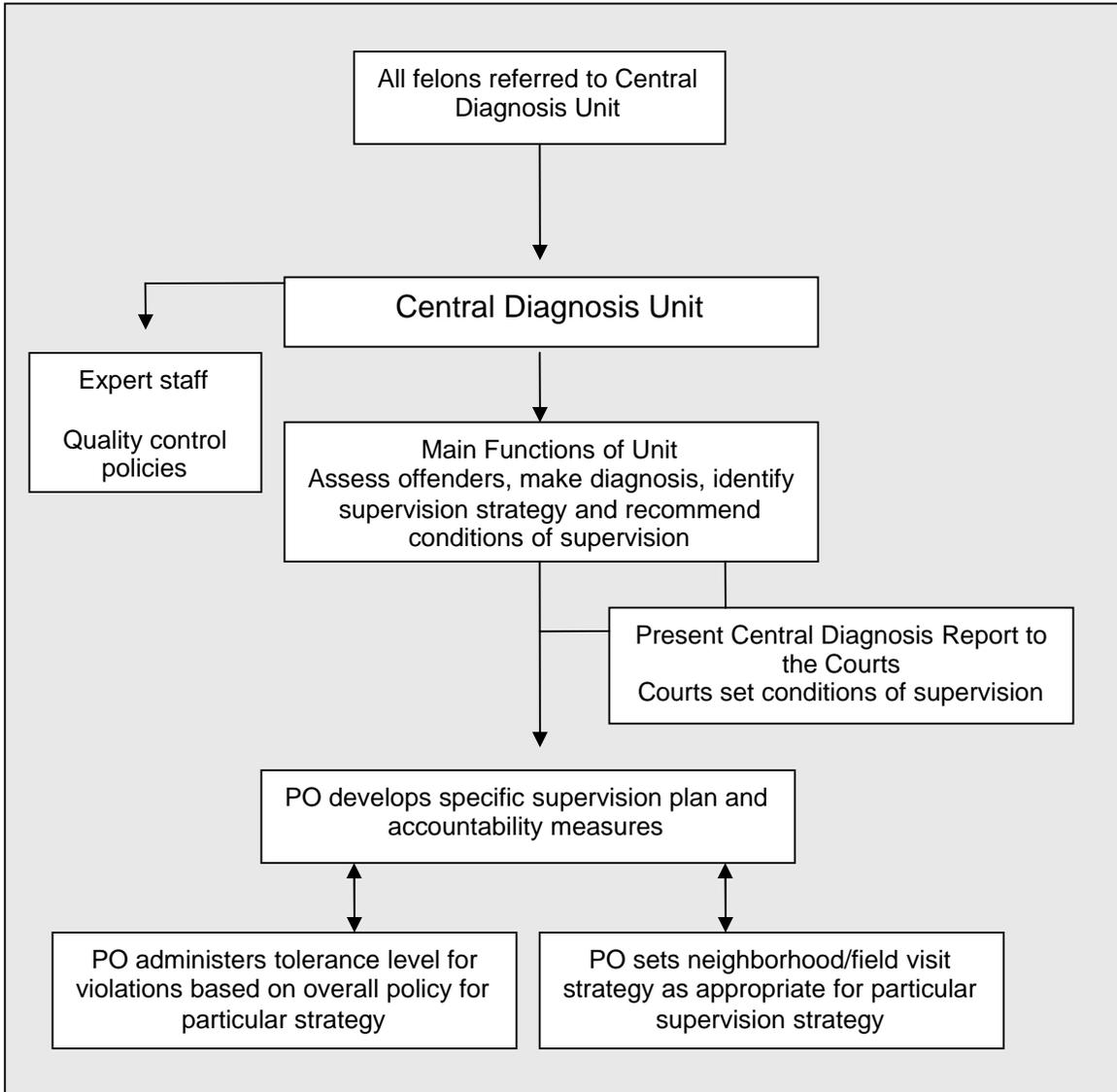


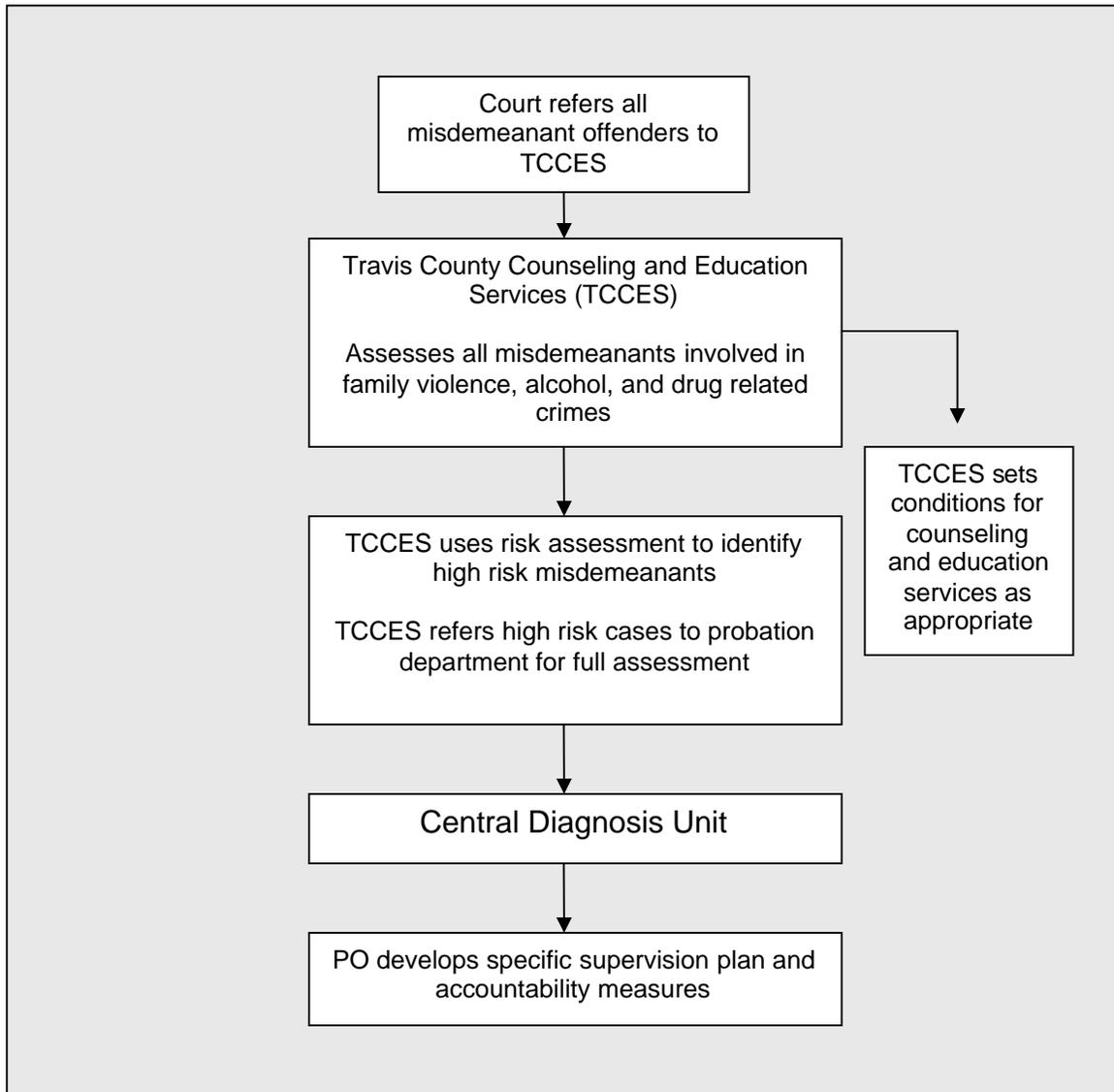
Figure 10 (pg. 22) depicts the proposed collaboration strategy for misdemeanor offenders. Misdemeanant offenders move quickly through the court system and, traditionally, no PSI's have been done on them. Presently, the court refers all these offenders to the Travis County Counseling and Education Services (TCCES). TCCES is a county agency that provides assessments and rehabilitative programs for adults and juveniles referred by various criminal justice affiliates. The agency is also responsible for administering education, counseling and referral services for offenders involved in family violence, alcohol and drug related crimes.¹⁵ These are mainly, if not exclusively, misdemeanor offenders who may also be under the supervision of the probation

¹⁵ See: www.co.travis.tx.us/counseling_education/default.asp

departments. After assessment, TCCES sets conditions for counseling and education, as appropriate, and these conditions become part of the probation supervision requirements.

According to the plan under consideration, TCCES will use the Central Diagnosis Risk Assessment tool as part of their assessment to determine the risk of misdemeanor offenders. Offenders that score high will then be referred to the Central Diagnosis Unit which will conduct an SCS assessment. These offenders will be supervised in the “red” supervision strategy as they are high risk. The strategy will be adapted to their specific SCS category, as is done for felony cases.

Figure 10: Proposed Collaboration Diagnosis Strategy for Misdemeanant Offenders



It is important to note that the policies to implement the above are still being determined, but the general outline presented here is providing the framework for developing these policies. Particularly challenging will be the deployment of cases along supervision strategies concentrating probation caseloads with POs assigned to particular neighborhoods. The *JFA Institute, Justice Mapping Center* is completing a mapping analysis of the present distribution of caseload along geographical locations in Travis County to assist in the above examination. As supervision strategies for each color coded level are developed, the issues raised in the mapping to consider the concentration of probationers in particular neighborhoods.

VII. Conclusion

This report reviewed the strategies that are in the process of being implemented to strengthen probation assessment practices as part of the Travis Community Impact Supervision Model. This includes: (a) the streamlining of assessment procedures and forms; (b) the integration of evidence 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.

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 can 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.

The technical assistance team has already worked with the department to test the new Central Diagnosis Form on twelve cases selected to represent the variety of cases that will go through the central diagnosis process. The expert staff that completed the cases reported the experience to be positive and made excellent suggestions to improve the package of forms. The completion of the assessment took four to five hours, even though the staff is not experienced in the new processes. This means that the new processes are likely to significantly cut the time it takes to assess offenders, freeing up resources to assess more offenders or to redeploy staff to supervision duties.

The technical assistance team, working with the department's administrators, also presented the validation of the risk assessment instrument, the profile of the Travis probation population along the new Diagnosis Matrix and the new forms and processes to representatives of the District and County Attorneys offices and to the County and District Court judges.¹⁶ These stakeholders have provided feedback that has been integrated into the forms and implementation plans. The final plans will be presented to them before implementation to make sure that consensus has been achieved.

Presentations and discussions have also been coordinated with the Community Justice Council, local defense attorneys, and the Community Justice Assistance Division of TDCJ. CSCD staff has received a detailed quarterly briefing on TCIS, including changes in the assessment process.

Finally, this report has been published in conjunction with a major conference of all key stakeholders in Travis County and representatives of the state.¹⁷ In this conference the progress on the project was reviewed. The implementation plan calls for full implementation of the new diagnosis process no later than the end of 2006.

¹⁶ District Attorney report, April 13, 2006; District Judges report, May 16, 2006; and County Judges report, June 1, 2006.

¹⁷ "Justice System Practices That Work" Conference, June 29, 2005 in Austin, Texas.