

Chapter XII: Substance Abuse and Mental Health Supervision

The Substance Abuse and Treatment Branch (SATB) provides comprehensive supervision services for high risk, substance-abusing offenders and/or offenders with mental health diagnoses. The SATB consists of several specialized teams, STAR/HIDTA, SAINT/HIDT, and the Mental Health teams.

Offenders meeting program criteria are evaluated through individualized assessments and are subsequently placed in a variety of rehabilitative settings, including residential and intensive outpatient treatment programs, as needed. In addition, offenders are closely monitored for drug use and are routinely evaluated to determine treatment progress and referral needs. Services are delivered within the context of a sanctions-based case management process that is based upon individualized offender prescriptive supervision plans that are continually reviewed and updated throughout the supervision term.

A. The Substance Abuse Teams

CSOSA has specialized substance abuse teams:

1. Sanctions Team for Addiction and Recovery/High Intensity Drug Trafficking Area (STAR/HIDTA) for offenders under probation supervision; and
2. Substance Abuse Intervention Team/High Intensity Drug Trafficking Area (SAINT/HIDTA) for offenders under parole and supervised release supervision.

To be considered for either specialized program, an offender must be a high-risk hard-core HIDTA offender who falls into one of the following levels:

Level 1:

First time offender with a non-violent offense;
No obvious mental dysfunction;
Verifiable employment in the last 30 days and a marketable skill;
High school diploma or equivalency; and
Confirmed drug-free living environment with family or friends who can be accountable for offender whereabouts.

Level 2:

Two or less drug related offenses with no history of violence;
Possible history of mental dysfunction and/or presenting no major psychiatric problems;
Marketable skills (not employed in past 90 days)
Grade level 8.0 as established through testing (Brigantes test scores); and
Verifiable strong family support, but high-risk community environment.

Level 3:

Two or more drug related arrests;
Other criminal offenses;
Substance dependency and detoxification are required;
Inconsistent work patterns;
Grade level 8.0 as established through testing (Brigantes test scores); and
Verifiable strong family support, but high-risk community environment.

Level 4:

Two or more drug related arrests of any nature and additional documented history of violence;
Possible history of mental dysfunction and/or presenting psychiatric problems;
and
No marketable skills.

The goal of these specialized substance-abuse teams is to address the needs of hard-core substance-abusing offenders, utilizing a sanctions-based intensive supervision model, to improve offender outcomes and reduce recidivism while improving public safety.

1. STAR/HIDTA (Sanctions Team for Addiction and Recovery/High Intensity Drug Trafficking Area) Probation

The STAR/HIDTA team seeks to enhance the productivity of probationers through a combination of graduated sanctions and collaboration with various treatment and service providers. The team utilizes a sanctions-based case management strategy designed to provide intensive supervision, narcotics surveillance and treatment interventions in partnership with D.C. Superior Court Drug Court and the Pre-Trial Services Agency.

a. Eligibility Criteria

Offenders with serious substance abuse problems who are residents of the District of Columbia and have no pending criminal matters or outstanding warrants are eligible for placement with the STAR/HIDTA Team. The primary focus of STAR/HIDTA is to supervise offenders whose criminality has a direct correlation with an established history of chemical dependency.

b. Referral and Intake Process

Once eligibility has been determined at the sentencing/show cause hearing, the judge, through Court order, places the offender on probation for no less than 12-18 months to be supervised by the STAR/HIDTA team. The offender signs a STAR/HIDTA contract.

Immediately following the sentencing/show cause hearing, the offender is instructed to report to Offender Processing Unit (OPU) at 300 Indiana Avenue for processing. Then the offender goes to the assigned STAR/HIDTA team with the Court order and a copy of the signed STAR contract for orientation.

All STAR/HIDTA cases are assigned by PSA in conformity with CSOSA community supervision standards. All eligible offenders must report to the STAR/HIDTA team following sentencing/revocation. The SCSO assigns the offender to a CSO who develops a treatment plan based on various diagnostic and risk (AUTO Screener) assessment information to determine the specific needs and risks of the offender. The CSO processes the offender utilizing the STAR/HIDTA Orientation Checklist (see Forms/Template Manual, Form DT-0010) and reviews the program contract with the offender. During orientation, expectations of the offender and program staff are explained, the Court order and contract are reviewed, and consent forms are signed. Incarcerated offenders who are not housed in a local facility, such as those with a split-sentence, are notified by mail to report to the assigned STAR/HIDTA CSO for orientation within 24 hours of release.

c. Supervision Standards

Offenders report to their assigned CSO in accordance with the STAR/HIDTA contract twice per week and test twice per week. Offenders being assigned from Drug Court via the Pretrial Superior Court Intervention Program (SCDIP) report once per week and test once per week until a violation occurs.

d. Treatment Referrals

Offenders in the STAR/HIDTA program are admitted into residential, transitional, intensive outpatient and aftercare drug treatment facilities as determined by CIT or the Residential and Sanctions Center. In addition, the CSO may refer offenders for treatment evaluation for severe medical conditions.

e. Case Conferences and Staffing

Case staffing conferences are held on a scheduled basis with members of the CIT staff, treatment facility and supervision CSO staff to discuss necessary treatment modifications, offender compliance with program requirements and aftercare planning.

f. Sanctions and Incentives

The STAR/HIDTA team uses graduated sanctions to respond to non-compliant behavior with fairness and certainty. Sanctions are utilized to address non-compliant behavior while discouraging future occurrences of negative behavior. Probationers are sanctioned for positive drug test results (use of illicit drugs and alcohol, failure to report, insufficient urine samples, submission of bogus samples, tardiness to drug tests and/or counseling sessions and unsuccessful termination from treatment.

The following sanctions scheme is followed:

- i. First Violation: STAR/HIDTA In-House Sanction/Staff.
- ii. Second Violation: Three nights in jail.
- iii. Third and subsequent violations: 7 nights in jail, judicial notification of submission of a bogus sample, 10 nights in jail plus judicial notification.
- iv. Missed appointment with CSO: Attend one in-house sanction group.
- v. Failure to attend group: Attend two in-house sanction groups.
- vi. Test positive for alcohol: Attend three in-house sanctions groups
- vii. Discharge from any treatment program or absconding from treatment: 15 night jail sanction.

Incentives are also available for STAR/HIDTA participants. By signature of the “Sanction Team for Addiction and Recovery /High Intensity Drug Trafficking Area (STAR/HIDTA) Drug Court Probation Contract,” the participant agrees to the following program incentives: For each month that I test negative and maintain compliance with all probation conditions, my probation term may be reduced by one month. However, failure to comply with any STAR/HIDTA conditions will result in the loss of any reductions in sentence that would otherwise have been considered for any earlier period of compliance. The aforementioned sanctions scheme will apply, and the incentive process will begin again with subsequent compliance.

g. Program Completion, Discharge or Termination

Offenders complete STAR/HIDTA supervision when they have successfully met all Court-ordered conditions and performance objectives. Once sanctions have been imposed and deemed ineffective, revocation hearings are requested for offenders determined to be in non-compliance.

Prior to program completions, discharge, case transfer or expiration, the CSO, offender and SCSO meet to review the offender's STAR/HIDTA performance and evaluate the offender's overall adjustment to the STAR/HIDTA experience.

2. SAINT/HIDTA

a. Eligibility Criteria

The SAINT/HIDTA Unit provides sanctions-based supervision for hard-core, high-risk addicted parole and supervised release offenders and promotes substance abuse rehabilitation, life-skills and vocational enrichment, while protecting public safety. The team also is responsible for identifying and developing community-based resources and coordinating services for the targeted population. SAINT/HIDTA is required to administer swift consequences for negative behavior and incentives for positive behavior.

The CSO works with treatment specialists to evaluate addictive behavior and substance abuse among the offenders. The officers are advocates who provide group, individual and family counseling to the parole supervision population with recommendations in a treatment continuum.

SAINT/HIDTA offenders:

- i. Are D.C. residents who have been adjudicated as adults;
- ii. Have demonstrated marked impairment in social, educational, occupational, cognitive, emotional and/or physical functioning;
- iii. Have a drug-related offense or previous drug treatment, surveillance or educational experience;
- iv. Have the primary diagnosis of substance dependency, excluding alcohol dependency;
- v. Do not have any physical, medical or psychiatric condition which would prevent participation in the assigned treatment program; and
- vi. Have a Diagnostic Statistical Manual - Edition IV (DSM-IV) substance abuse diagnosis.

Screening (AUTO Screener) and ongoing assessment is vital to developing a continuum of care and treatment for offender and for assigning the offender to an appropriate level of supervision. After assessment, offenders must be referred for services and monitored while under supervision. Treatment, in conjunction with strict supervision, is the program mandate.

When possible, vendor provided treatment services are brought on-site to increase collateral contacts and interventions and to reduce the risks associated with substance abusing offenders. CSOs quickly notify the offender's releasing authority of breaches of the offender's conditions of release and the program behavioral contract. The CSO tracks treatment progress and attendance, imposes sanctions for non-compliant behavior, and develops treatment plans with the offender.

b. Core Services

SAINT/HIDTA provides the following core services:

- i. Screening: Use of the HIDTA criteria, AUTO Screener, and various criminality and substance abuse assessment tools.
- ii. Schedule Urine Testing: Employing chain of custody procedures.
- iii. Treatment Plans: Course of treatment action that emphasizes criminal and behavioral modification. Dual Diagnosis with primary substance abuse.
- iv. Referral: Treatment, behavioral and vocational development.
- v. Liaison with Treatment Provider: Monitor offender's progress while in substance abuse treatment with vendor.
- vi. Individual Counseling: Psychotherapy and criminal thinking.
- vii. Group Counseling: Using offender-centered and confrontation modules to reverse the correlation of criminal thinking and illegal substance use.
- viii. Collateral Contacts: Building close relationships with significant others in the home and employment settings.
- ix. 90-day, 36 sessions Sanction/Relapse Prevention Groups.
- x. After Care Treatment.
- xi. Research Tracking: Correlating treatment services, sanctions/interventions, release violation responses and completion.
- xii. Training/Consultation: Provide on going substance abuse and behavior modification training to CSOs. Assist in the formulation of policies and procedures.

c. Treatment Referrals

CSOSA places offenders in appropriate treatment modalities within a continuum of care to meet the needs for substance abuse, sex offender and mental health treatment. All treatment modalities are supplemented with graduated sanctions designed to assist individuals in maintaining sobriety, reinforcing accountability and reducing criminal activity.

CSOSA conducts drug surveillance and criminality risk, abuse severity assessments to make appropriate treatment referrals.

Treatment is provided both in-house and through contractual services. The following steps are used to place an offender in contractual substance abuse outpatient and residential treatment, substance abuse transitional housing treatment, sex offender outpatient treatment and mental health outpatient and residential treatment.

The CSO or SCSO submits a complete referral package to the Contracting Officer's Technical Representative (COTR) a minimum of five (5) business days prior to the desired placement date. The package must be submitted with a completed treatment referral package cover sheet and must contain the following offender information:

- i. Criminal history;
- ii. Pre-Sentence Investigation (PSI) Report;
- iii. Drug test results;
- iv. Medical clearances (for residential referrals only);
- v. Any prior treatment summaries (if a release is obtained from the offender);
- vi. Most recent substance abuse screening and/or assessment; and
- vii. Psychological evaluation summary (for sex offenders and residential referrals with a history of mental health issues).
- viii. A statement that the NCIC records check has been completed and no outstanding warrants were noted.

d. Treatment Referral Procedure

The process for referring offenders to the Central Intervention Team (CIT) for treatment evaluation is as follows:

- i. The COTR or Treatment Management Team (TMT) supervisor sends the completed referral package to the Program Director of the treatment program within five (5) business days of receiving complete referral information.
- ii. The Program Director reviews the referral package to determine whether the offender is suitable for admission/intake.
- iii. If the Program Director determines that an offender is not suitable for admission, the Program Director contacts the COTR/TMT supervisor and provides the basis for rejection. The COTR/TMT supervisor immediately contacts the CSO or case manager with the reason(s) for rejection. The CSO or case manager may contact the Program Director to discuss the decision. If the Program Director maintains the rejection, the referral process ends and the CSO or Case Manager must make alternative plans for the offender.

- iv. The Program Director contacts the COTR to provide the admission/intake date and for residential programs, to arrange for the offender to be transported to the facility.
- v. The COTR submits a request for treatment services to the Contracting Officer and sends a confirmation sheet to the CSO or Case Manager within one (1) business day of receiving the information from the vendor. The confirmation sheet must contain the following information:
 - a. Offender name and PDID number;
 - b. Name of the treatment program;
 - c. Offender treatment starting date; and
 - d. Relevant information on offender retrieval (for residential treatment admissions).

When offenders are transitioning from jail, Detox or other residential program to a residential treatment facility, the treatment provider will make arrangements to pick-up the offender and deliver him/her to the treatment facility. This is done to decrease the likelihood of drug/alcohol use between discharge from one program and admission to the other.

- a. The COTR executes the delivery order and faxes it to the vendor within five (5) business days.
- b. The vendor sends the COTR a treatment/program plan for the offender within 14 calendar days of the starting date. The COTR will submit the treatment/program plan to the CSO or Case Manager for review on the same day the plan is received.
- c. The SCSO or his/her designee or Case Manager reviews the plan within five (5) business days of receiving the plan and provides comments to the vendor's Case Manager.
- d. Upon completion of review by the SCSO or his/her designee or Case Manager, the COTR authorizes the continued use of services consistent with what has been agreed to by the vendor and the CSO or Case Manager.

e. Supervision Standards

i. Intensive Supervision

Office, collateral, face to face or treatment contacts at least two times a week. Scheduled urinalysis surveillance two times a week, executed Accountability Contract.

Offenders are sanctioned by the CSO for first level violations, sanctioned by the CSO and SCSO for second level violations and will be referred for a multi-disciplinary team sanctions staffing for third level violations. The multi-disciplinary team sanctions staffing will include the supervising CSO who will present the case to the team. The offender will present mitigating or explanatory information on his own behalf. At least three members of the multi-disciplinary team must subsequently concur in order for sanctions to be levied. The offender signs the sanctions documentation and the CSO follows-up by monitoring their implementation.

Offenders with special conditions of drug counseling and treatment shall be screened and referred for treatment services.

If the offender is in violation of a release condition, an Alleged Violation Report (AVR) shall be prepared by the CSO and submitted to the releasing/sentencing authority summarizing the offender's substance problem, treatment contract and community supervision status.

Offenders with special release conditions of in-patient drug or intensive supervision with the emphasis on drug treatment shall be screened assessed and have a plan developed for release to an approved residential treatment or assessment facility.

Offenders who fail to respond to treatment sanctions/interventions and continue to test positive for illegal substances or continue to exhibit criminal behavior will necessitate an AVR warrant request citing special conditions, substance abuse or failure to cooperate violation(s).

ii. Treatment

The treatment process is designed to empower the offender to develop his/her own unique self-worth, manageability of the social environment, lifestyle change, understand criminal thinking and become a drug abstinent law abiding citizen.

Relapse-prone offenders who have extensive drug and criminal histories should be referred to on-site treatment providers and Agency-provided services. The normal treatment process is a 180-day treatment continuum phase, followed by 180-day supervision, monitoring, and urine detection tracking phase.

iii. Residential Treatment

Comprehensive, in-patient services are provided for chronic substance abusers. These services include daily living support group, family counseling, continuing care and other essential services. The length of stay for short-term treatment is 90 days and long term is more than 90 days. Within the first five days of an offender's arrival, the assigned CSO or member of the treatment team shall conduct an initial staffing with the offender and clinical treatment team. At this meeting, the offender shall be made aware of his or her release obligation and sign an Accountability Contract. A treatment staffing shall occur every two weeks to ensure program and supervision compliance. The CSO shall verify the offender's potential residency and employment prospects upon successful discharge. In cases where the offender has no viable residential alternative or other supportive environment for discharge, then the offender shall be referred to transitional living. Upon discharge, the offender shall be placed on a urine-testing schedule of twice a week.

Upon the successful discharge, each offender must have a release treatment plan prepared by the Treatment Case Manager to include further treatment in the continuum of services, i.e., intensive outpatient, aftercare, transitional living and outpatient supervision. Offenders must sign a treatment contract that specifies the next course of treatment and the CSO must ensure that the offender is fully aware of the treatment process, length of treatment and related expectations.

iv. Intensive Outpatient

If available, all treatment referrals in this modality shall be made to on-site treatment providers or Agency staff. This is especially important for offenders who have extensive criminal histories and have multiple past supervision violations.

The offender shall be placed on intensive supervision and scheduled for urinalysis screening two (2) times a week. The expected progression of treatment shall proceed as follows:

- a. 24 treatment sessions: attendance 3 times a week @ 3 hour treatment sessions = 9 hours a week;
- b. 24 treatment sessions: attendance 2 times a week @ 3 hour treatment sessions = 6 hours a week, also, offender must attend 2 community based self-help groups with legitimate documentation; and
- c. 24 treatment sessions: attendance 1 time a week @ 3 hour treatment session = 3 hours a week, with 3 community based self-help groups with legitimate

documentation.

If the referral is made to a HIDTA-funded vendor, then the treatment process will follow in accordance with the stipulated contracting agreement. The standard treatment consists of 54 sessions.

Offenders will progress through the phases of treatment when program parameters are followed and no supervision violations are noted. The assigned supervision officer, treatment team and provider will staff the offender and notify him or her of the progression or stagnation at specific stages.

When an offender progresses through the treatment phase, the scheduled urine testing frequency shall decrease (for example: from 1 time a week to every other week).

Upon successful completion of the formal Intensive Outpatient Treatment (IOT) phase, the supervision officer, treatment team and provider will develop an aftercare plan to address unresolved issues that were identified in the previous treatment.

v. Transitional Living

Offenders with less than stable community surroundings, are homeless, or are in need of continued residential based treatment shall be referred to transitional living settings. This modality will continue for an additional 90-day transition period.

During this phase, the offender and CSO shall meet in the office setting once a week for individual counseling and therapy.

The offender shall submit to scheduled urinalysis screening in accordance with CSOSA policy. The supervising officer shall work in conjunction with the treatment provider in securing a stable home and employment for the offender upon discharge. If the offender is discharged unsuccessfully from this modality before adequate resources have been finalized, then an AVR report shall be submitted to the United State Parole Commission (USPC) citing the violation of parole condition 10 and any other verifiable circumstances.

The offender shall be placed immediately on intensive supervision and placed on “Day Reporting” until USPC action is finalized on a case by case basis as deemed appropriate.

f. Graduated Sanctions

An effective continuum of care requires consequences for non-compliant behavior. The responses, sanctions, must be swift and motivational; therapeutic or punitive. Sanctions are designed to allow the offender to participate in the appropriate treatment modality and receive the benefits inherent in program participation. Intermediate sanctions will be levied at the team level by the treatment team. Sanction staffing will occur each week with at least three treatment team members present.

When an offender in the community tests positive for drugs, fails to report for drug testing or misses a treatment session, the CSO shall notify the offender (within 48 hours) by telephone or a community visit of his or her mandatory attendance at the next sanction staffing. Offenders who fail to report for sanctions shall be cited for additional supervision violation number 10.

g. Sanctions Staffing

Multi-disciplinary treatment team meetings are held regularly. Staff members present information about the offender's adjustment to program goals and objectives. This process keeps the team responsive to the immediate needs of the offender and the officers benefit from the input and support of other staff members. During the sanctions staffing the following occurs:

- i. Supervising officer shall present the case to the treatment team outlining the violation(s) and circumstances surrounding intervention.
- ii. Offender shall present mitigating evidence to treatment team.
- iii. Treatment team shall engage offender and supervision CSO in counseling dialogue.
- iv. Treatment contract shall be developed with offender agreeing to terms.
- v. At least 3 treatment team members must concur with recommendations.
- vi. All parties must sign final treatment contract with supervisory approval.
- vii. Supervising CSO must follow-up with documentation and recording.
- viii. A copy of all documents shall be placed in the offender's case file.
- ix. A follow-up of the specified intervention should be immediately documented in the SMART system database.

h. Program Completion

i. Case Management

After an offender has successfully completed his or her treatment, the offender will enter the case management phase. This phase is designed to support his/her transition into less intensive supervision. The CSO will refer the offender to the Vocational Opportunities, Training, Employment and Education (VOTEE) Unit for assistance with job, vocational, and life skills elements. The CSO will also conduct collateral contacts to determine if offenders have remained drug free and have made the necessary behavioral changes needed to remain a law-abiding citizen. This period shall occur for six months after successful discharge from treatment.

ii. Successful Completion

Offenders will have successfully completed the treatment process if, after one year of treatment and tracking, there are no violations of supervision, no evidence of illegal substance abuse and home and employment status is stable.

A progress report will be submitted to the appropriate releasing/sentencing authority recommending the offender's transfer to a general supervision field unit, aftercare treatment and/or monitored supervision to follow after a specified period of continued monitoring.

3. Traffic Alcohol Program (TAP)

The Traffic Alcohol Program supervises most Court ordered supervised probation cases resulting from traffic alcohol related offenses. The primary goal of the Traffic Alcohol Program is to assess offender risk and needs, ensure treatment of offenders, provide close supervision and support referrals to treatment programs.

a. Background

In 1975, the D.C. Metropolitan Police Department initiated the Alcohol Measures Program in order to concentrate manpower on arresting and processing persons arrested for driving under the influence of intoxicating beverages.

The U.S. Attorney's Office initiated the Diversion Program for any first time offender whose calibrated breath tests were below .20 Blood Alcohol Count (BAC), after being tested twice, and only in cases where no bodily injury occurred as a result of an accident.

In October 1980, the Social Services Division and D.C. Superior Court implemented the Traffic Alcohol Program (TAP) in order to provide probation services to a group of offenders whose common problem, alcoholism or alcohol abuse, brought them under the Court's purview.

By 1993, the number of traffic alcohol cases had increased to a level requiring either a significant increase in TAP staff or a much more efficient operation in order to accomplish program goals. To address this increase, the TAP Unit was restructured utilizing creative and innovative strategies to handle an intake rate that had grown to more than twice that of other probation supervision units.

In March 1994, the restructuring was completed to provide more effective management of information, provision of services, monitoring of treatment and accurate reporting of treatment information. The TAP Supervision Unit designed a series of group reporting and treatment models and a new case flow system.

b. Program Philosophy

The specific focus of community supervision for traffic alcohol cases is to guide, educate, and counsel the offender in the recovery process. The goal of recovery is best accomplished through enrollment and active participation in an approved structured treatment program and support group. The TAP Supervision unit strives to make each offender aware of the need to honestly assess his or her alcohol or drug use behaviors as well as their consequences and alternatives. TAP seeks to ensure that each probationer identified as having an alcohol/substance abuse problem is actively involved in a treatment program and support group. These efforts include sessions that provide information on recovery related topics such as problem solving, relapse prevention, health and nutrition, etc. By emphasizing such topics, the TAP Supervision Unit reinforces treatment and assists in the recovery process.

The probationer is confronted at each face-to-face contact with his/her history of alcohol/abuse and his/her personal accomplishments or lack of progress. A twelve-step group is suggested when appropriate. Each probationer's treatment program attendance is closely monitored. The offender must submit written verification of attendance at meetings and/or treatment sessions, if treatment is required. Each probationer is given an Attendance Verification Form (see Forms/Template Manual Form # GS-0042) that includes the name of the offender's treatment program and the times and dates attended for verification purposes.

c. Case Flow Procedures

A probationer assigned to the TAP Team is supervised under the authority of Title 16, Section 710 of the D.C. Code and in accordance with CSOSA/CSS policies. Procedures in program selection, classification standards and termination of probation are as follows:

- i. At the initial interview, the CSO will initiate the CSOSA Screener process.
- ii. The CSO shall refer the offender to drug testing, a mass orientation session and record the information in the SMART Running Record and on the Unit master schedule.
- iii. The selection of an appropriate intervention/treatment modality is determined by the CIT. Referral is initiated from the Intake and Diagnostic Team after an extensive investigation of the probationer's (alcohol or drug usage) behavior.

Direct reports (offenders) are automatically referred by the supervision CSO. Included in these procedures are questions regarding:

- Prior traffic arrests/convictions that were alcohol and/or drug related.
- Frequency of drinking or drug abuses.
- Quantity/Tolerance/BAC.
- Medical condition.
- Efforts to control drinking or drug use.
- Alcohol blackouts.
- Prior treatment for alcoholism or drug abuse.
- Impact of drinking or drug use on family life, work performance, social life, finances, etc.
- Drug test results.
- Financial ability to pay for treatment services, including health insurance coverage.
- Geographical proximity of the probationer's residence to the treatment program.
- CIT determines the choice of a treatment agency and discusses with the supervising CSO. Offenders may opt to utilize private programs by using private insurance or other available resources.

- The supervision folder is reviewed by the SCSO within 90 days of case assignment for adjustment of the treatment plan (if needed) and of the SMART classification level and Running Record.

d. Sanctions

Offenders who are non-compliant with the terms of their release (i.e., are re-arrested, are non-compliant with general/special conditions, are non-compliance with treatment groups, or are non-complaint with other general or special conditions) are subject to a number of sanctions, including:

- i. Increased supervision levels;
- ii. Re-administration of the Assessment Instrument and Re-assessments, if indicated;
- iii. Referral to CIT, if indicated;
- iv. Counseling by CSO;
- v. Reprimand by CSO/SCSO; SCSO conference;
- vi. Referral to a Sanctions Group;
- vii. Increased drug testing;
- viii. Submission of appropriate violation memoranda/reports;
- ix. Recommendation to a Half-way Residential Program;
- x. Increased support meeting attendance; and/or
- xi. Referral to electronic monitoring, Global Positioning System (GPS).

e. Traffic Alcohol Reports

The Traffic Alcohol Program (TAP) is responsible for supervising Driving While Intoxicated (DWI)/Driving Under the Influence (/DUI) offenders and other traffic docket offenses who have been Court ordered and placed on probation by the judiciary with special conditions for treatment and/or education. An offender assigned to the TAP team is supervised under the authority of Title 16, Section 710 of the D.C. Code and in accordance with CSOSA and CSS policies.

Upon the offender's first office visit, the assigned CSO will complete the following forms:

- i. Referral to Drug Testing;
- ii. Employment Verification;
- iii. Consent and Authorization for Release of Information;
- iv. The offender must sign the reporting record form and Referral to TAP Orientation Group, if needed.

The assigned CSO shall:

- i. Inquire regarding pending and/or prior DWI/DUI offenses, including prior probation before judgment decisions.
- ii. Thoroughly review all general and special conditions specified in the Court Order with the offender. The offender is to be warned that disruptive behavior at any support group and/or clinic or class will be reported as a violation of probation.
- iii. If the offender is ordered to attend an approved treatment program, the CSO will initiate the referral/placement if indicated or provide the offender with a time period of no less than 10 days to enroll in a program to fulfill the probation requirement. The offender must enroll within ten (10) days.
- iv. Each new offender will be required to sign the Attendance Logs that are used for verification of offender attendance at support groups and clinics or classes.
- v. If ordered to attend support group meetings, the CSO will provide the offender with an appointment letter specifying the locations, dates and times of the group meetings.
- vi. The CSO should provide MVA with a copy of the offender's referral to the TAP Unit.
- vii. The CSO should give the offender a copy of the Probation Guidelines for the TAP Unit. An example of the guidelines follows.

f. TAP Probation Guidelines

TAP probation supervision is a conditional release for the term (years and/or months) indicated by the Court.

After that time expires, the offender is released from supervision, provided the offender has obeyed all conditions, directives, and mandates that were established in the Probation Order.

Under the supervisory period, the offender is required to:

- a. Remain totally abstinent from alcohol and illicit substances (drugs). This means total abstinence—No whiskey, beer, wine, alcoholic beverages or mixtures, and no Non-Alcoholic beers.
- b. Attend as many support group meetings as directed on a weekly basis.
- c. Attend support groups and/or treatment programs.
- d. Report to the supervising CSO as directed with attendance verifications signed at support group meetings and/or

- treatment/education classes attended. Attendance will be verified by the CSO for each week.
- e. Provide accurate information and not forge or alter any attendance verifications; if the offender does, the Court may be notified and the offender referred to sanctions groups to address criminality traits.
 - f. Attend all sessions and not arrive late at the education/treatment sessions, support group meetings or CSO office.
 - g. Attend support group meetings as recommended.
 - h. Notify the supervisory CSO if s/he has changed residence, employment or telephone number.
 - i. Request authorization for out-of-town visits from supervising CSO at least six (6) weeks prior to requested departure date and give specific dates the offender will be away, when feasible.
 - j. Attend meetings; however, the defendant will be excused from support group meetings or treatment sessions due to verified personal/family emergencies or other special circumstances such as death in the immediate family (i.e., father, mother, spouse, child or sibling). A copy of the Death Certificate must eventually be provided to the CSO.
 - k. Bring in verifiable information from his/her employer (copy of time card or letter) to be excused, if required to work overtime.
 - l. Notify his/her supervising CSO of all re-arrests, for any reason.

g. Self-Paid Traffic Alcohol Program (TAP) Services

CSOSA is responsible for the supervision of all offenders convicted under traffic "T" dockets and sentenced to probation by the Superior Court for the District of Columbia. These offenders are ordered by the Court to complete a traffic alcohol program (TAP) while under CSOSA supervision. CSOSA provides an Agency-funded TAP for offenders who are unable to pay for these services. Offenders who choose to pay for TAP services have the option of selecting and completing a privately operated program to satisfy this supervision requirement.

Offenders who opt to participate in and complete a privately operated program must complete a program that has been approved by the District of Columbia Department of Motor Vehicles (DC DMV) Medical Review Unit. The TAP SCSO will be responsible for contacting the DC DMV on a semi-annual basis (January and July) to ascertain if any new, privately operated programs have been approved by DC DMV, or if any programs that had been previously approved by DC DMV have subsequently lost

their status. The TAP SCSO will be responsible for maintaining a current, up-to-date listing of DC DMV approved privately operated programs.

This listing is to be provided to any offender who opts to receive services from approved private sector providers. The SCSO and CSO are not to recommend to the offender any DC DMV privately operated program since this decision is solely the responsibility of the offender himself/herself.

Consistent with Agency policy, the CSO will obtain from the offender a signed release of information form, regardless of whether the offender is participating in an Agency-funded or a privately operated DC DMV approved Traffic Alcohol Program.

It is the responsibility of the offender to contact the privately operated program to:

- i. Schedule an intake interview and enroll in the program;
- ii. Attend all required sessions;
- iii. Coordinate all matters pertaining financial responsibility;
- iv. Provide proof of program attendance to the CSO; and
- v. Discuss any issues the offender may have while under supervision.

Offenders who complete privately operated Traffic Alcohol Programs must still comply with all timeframes associated with supervision. Upon completion of a privately operated program, either the offender or the program is to provide verification of satisfactory program completion to the TAP CSO or TAP SCSO.

B. Mental Health Supervision

The Mental Health teams provide effective supervision to mentally ill offenders released to the community. Mentally ill offenders are individuals who have been diagnosed with a mental illness such as Schizophrenia, a depressive disorder such as a Bi-polar Disorder and/or an anxiety disorder such as Post-Traumatic Stress Disorder. These offenders have been diagnosed with a major mental health condition and often carry a dual diagnosis that is an additional illness, such as substance abuse. The majority of these offenders need a support system to enable them to successfully re-enter society.

To deal effectively with this population, a monitoring system has been developed that provides a highly structured program, consisting of heightened monitoring and coordination with treatment resources. The program takes into account the offender's therapeutic needs, while ensuring the safety of the community by addressing the risks that each offender presents on an individual basis. Additional safeguards are put into place by

providing the mentally ill offender with the appropriate intervention, timely referrals to service providers, and sanctions, as needed.

1. Program Philosophy

It is the philosophy of the Mental Health teams to provide effective supervision to mentally ill offenders released to the community. The objective is to identify problems before they escalate and to provide adequate services. The supervision CSO provides case management services in conjunction with clinical assistance provided by the Agency's Mental Health Contractual (MHC) services and Public Mental Health providers of the District of Columbia.

2. Criteria for Assignment

The criteria for assignment of the mentally ill offenders vary, based on the current status of the case.

a. New Cases

The Offender Processing Unit (OPU) will assign all mental health cases to the appropriate mental health team.

Cases that qualify for assignment to a mental health team will have a special condition of one or more of the following:

- i. Seek and accept psychiatric or psychological treatment as directed by the CSO;
- ii. Refer for a psychological evaluation;
- iii. Continue with psychiatric medication;
- iv. Continue with Mental Health Treatment; and/or
- v. Enrollment in Mental Health Aftercare Program.

All cases with orders requiring conditions for mental health assessment and/or treatment must be assigned to a mental health team.

b. Transfer Cases

All cases currently assigned to general supervision, special supervision or Interstate teams, in which the offender is exhibiting mental health issues, should be referred immediately to the Mental Health Administration for a psychological screening/assessment. **Cases must be in compliance with Agency case management standards to be accepted in transfer.** Following are the steps to be implemented:

- i. The referring CSO will notify the offender of the appointment in writing, and will send a referral packet to

- the Mental Health Coordinator five (5) business days before the offender's scheduled appointment date.
- ii. The offender will be screened/ assessed by a CSS contract psychologist/psychiatrist or designated community health provider, if warranted.
 - iii. The psychologist/psychiatrist will submit the completed assessment to the referring CSO and make a recommendation for supervision within the mental health unit, if a mental health disorder is determined and warrants supervision on the mental health team.
 - iv. If the offender has any current or pending charges, the referring CSO will make himself or herself available for Court or USPC hearings as needed to support the Mental Health CSO presentation.
 - v. If it is determined from the assessment that the offender does not need placement with a mental health supervision team, a recommendation and treatment plan will be provided by the psychologist and forwarded to the referring CSO.

3. Supervision Requirements

a. Initial Supervision Plan

For the offender's initial prescriptive supervision plan:

- i. All offenders will be supervised based on the outcome of the Agency screener (AUTO Screener).
- ii. The supervision officer will refer the offender for urinalysis testing upon his/her initial supervision office visit and in accordance with Agency policy and practices.
- iii. The CSO will discuss the conditions of release with the offender.
- iv. The CSO will complete a CSOSA Assessment/Orientation Checklist (see Forms/Template Form No.GS-0043) in accordance with CSS case management standards.
- v. The CSO will refer the offender immediately for a mental health screening/ evaluation with a CSOSA Mental Health Specialist and/or District of Columbia mental health provider if the offender is not already connected to a mental health provider.
- vi. The CSO will maintain authorization for the release of information in accordance with CSS policy and Federal and District of Columbia law.
- vii. In instances where mental health treatment is ordered but is not deemed necessary by the mental health clinician, the

Court will be notified in writing by the CSO (supporting documentation will accompany the memorandum requesting a modification of the Order).

- viii. The CSO will conduct a home contact on all newly assigned cases within fifteen (15) working days of receipt of the case.
- ix. The CSO will conduct routine home contacts in accordance with CSS policy.
- x. The CSO will conduct an employment contact within thirty (30) working days of receipt of the case.
- xi. The CSO will conduct routine employment visits in accordance with CSS policy.

b. Case Management Components

In order to assess the offender's adjustment to the community, the CSO will:

- i. Adhere to a supervision plan that is consistent with CSS policies and procedures;
- ii. Visit the offender at the halfway house approximately fifteen (15) calendar days before being released to probation/parole supervision;
- iii. Verify the residence in accordance with CSOSA policy;
- iv. Recommend to the Court/US Parole Commission any modifications in the conditions of release in cases where additional requirements would serve to restrict offenders from engaging in risky behavior(s) or constitute a threat to themselves or others;
- v. Identify cases for presentation at case staffing conferences with the D.C. Department of Mental Health;
- vi. Consult with Mental Health Specialists to review the offender's compliance and progress with the treatment performance contract and/or behavior contract;
- vii. Refer appropriate offenders to Interim Preparatory Group and medication compliance;
- viii. Develop and maintain positive relations with the D.C. Public Mental Health provider and;
- ix. Collect and provide other information relevant for case management and information on issues impacting the offender's successful re-integration into the community.

c. Contacts

See CSOSA Supervision Contact Standards, Collateral Contacts and Field Contacts in Chapter VI.

d. Supervision Procedures for Mental Health Cases

The standard supervision procedures are enhanced with additional requirements for the mental health teams. The CSO coordinates the services needed to assist the offender develop and maintain emotional stability. The offender's progress and response to treatment will be monitored for a minimum of six months. Following the six month period, if the offender is stable with his or her mental health requirements and is in basic compliance with all other supervision standards, the case will be re-evaluated by clinical consultants to determine the appropriateness for transfer to a general supervision team (according to PSA).

The case transfer will occur following a staffing and the development of a treatment plan as guidance for the CSO.

e. Drug and Alcohol Monitoring

The monitoring of mentally ill offenders for illicit drug and alcohol use is one of the most important methodologies the CSO employs to discourage further criminal activity.

In many cases, the offenders were under the influence of illegal substances when the original offense was committed. The use of such substances often precipitates aggressive behavior and is considered a major risk factor. Any mental health offender who engages in substance abuse substantially increases the chances of recidivism and therefore poses a threat to community safety.

Sanctions will be implemented when violations occur. The CSO must use CSS policy and sound professional judgment, as well as consultation with the SCSO and other treatment experts, to determine what measures to take. Factors that must be considered are the offender's substance abuse history, offense cycle, community supervision compliance, violence tendencies, mental instability, "Risk Level", the impact of psychotropic medication on mental stability and the context in which they are abusing drugs.

Following are some general guidelines for monitoring and addressing substance abuse:

- i. Offenders will be tested for drugs according to CSS standards and policies.
- ii. The CSO will seek out and follow-up on any leads that may indicate drug or alcohol use and determine their validity.
- iii. If during an office visit the CSO suspects the offender has engaged in drug or alcohol use within the last twenty-four (24) hours, the offender will be escorted to the drug-testing unit that day for a spot check.

- iv. If drug/alcohol treatment is not a special condition of release but such use is detected, an Alleged Violation Report (AVR) or memorandum should be submitted to the Court/U.S. Parole Commission requesting a modification to include drug treatment and/or urine surveillance.
- v. If the offender is participating in a substance abuse program and continues to test positive for drug use, a violation report (AVR) should be submitted and the offender sanctioned according to CSS policies and procedures (halfway house, detoxification, urine surveillance, revocation, etc.).

f. Sanctions and Revocation

Sanctions will be implemented whenever the offender violates imposed supervision conditions of the Court or the U.S. Parole Commission. If there exists an imminent risk to the safety of the community, revocation will be recommended.

When offenders assigned to this unit violate the conditions of their release, this is often a precursor to offending behavior. It is important for the CSO to act cautiously when dealing with seemingly minor infractions.

Frequently, only a reminder to the offender of the obligations to the releasing authority results in compliance. To ensure the long-term safety of the community, it is important that the Court/USPC, with recommendations from the CSO, address every violation in timely fashion.

The CSO will utilize all of the appropriate pre-revocation measures available in cases where incarceration would neither benefit the community nor the offender. Increasing the length or level of supervision will support community safety. Administrative sanctions will be imposed in accordance with Agency guidelines.

Below are some common pre-revocation sanctions:

- i. Supervisory Conference;
- ii. Behavior Contract;
- iii. Increased reporting to the CSO;
- iv. Adjust the level of supervision;
- v. Urine surveillance;
- vi. Curfew;
- vii. Split-sentence;
- viii. Modifications to the Conditions of Release;
- ix. Electronic Monitoring;

- x. Weekends in Jail; and
- xi. Education /Self-Help Groups
- xii. GPS Monitoring
- xiii. U.S. Parole Commission Reprimand/Sanctions Hearing

g. Mental Health Multidisciplinary Supervision Team Case Staffing/Conference

The institution of a multidisciplinary supervision team case staffing protocol is an effort to improve supervision case management and accountability for supervision offenders identified with mental illness and/or co-occurring disorders.

The multidisciplinary team case staffing/conference promotes coordination between agencies; provides a check and balance mechanism that ensures continuity of care and services and identifies service gaps and breakdowns in coordination of communication between agencies and individuals.

The multidisciplinary supervision team may comprise any combination of the following members: Mental Health Community Supervision Officer (SCSO), Mental Health Community Supervision Officer (CSO), Community Mental Health Provider, and Mental Health Contractual Consultant.

Multidisciplinary supervision team case staffing/conference will occur weekly with each team having an assigned day. Cases will consist of the following: judicial reviews; new cases transferred and /or Court ordered for Mental Health supervision (Mental Health screenings will have been conducted on these cases prior to case staffing); emergency cases and cases requiring sanctioning.

Referring cases for Multidisciplinary supervision team case staffing/conference:

- i. Each team will have a designated day to conduct case staffings;
- ii. CSO's will notify the Mental Health coordinator via the current Mental Health referral process to schedule staffing (with the exception of emergency case staffing and/or emergency judicial reviews);
- iii. CSO will input referral data into SMART once scheduled date for case staffing has been determined.

Case documentation for case staffing/conference:

- i. CSO Mental Health Referral Document
- ii. Mental Health Screening Document
- iii. Case Notes
- iv. Mental Health Case Plan Document

h. Criteria for Classification Level Modifications

The criteria for modifying an offender's level of supervision are:

- i. More than three (3) unexcused missed appointments within the last twelve (12) months
- ii. Satisfactory participation in all treatment programs;
- iii. No detection of illicit drug use in the last six (6) months;
and
- iv. Approval of the SCSO.

4. Procedure for Transferring Cases from Mental Health Unit to General Supervision

The procedure for transferring cases from a MHU team to a general supervision team is as follows:

- a. The Mental Health CSO alerts SCSO of:
 - i. Offender compliance with release conditions;
 - ii. Observed mental/psychological stability; and
 - iii. Consideration for transfer to General Supervision.
- b. The SCSO reviews the offender's case file and SMART system entries for case management compliance (within five business days of receipt of the transfer request).
- c. The CSO and SCSO (together) staff the case for review of all Compliance issues.
- d. The case is prepared for presentation to the mental health consultant to determine the offender's level of stability with respect to:
 - i. Diagnosed mental health issues (Note: Offenders with a severe and persistent mental health illness such as schizophrenia, bi-polar, psychotic and mood disorders are not eligible for transfer to general supervision.)
 - ii. Treatment progress and

- iii. Compliance with the administration of psychotropic medication(s).
- e. The Mental Health consultant evaluates the offender's case. If the offender's screening demonstrates an acceptable level of stability, a staffing is scheduled between the offender, current CSO and mental health consultant to discuss supervision transfer.
- f. The CSO will send status reports to the releasing authority noting the offender's potential return to General Supervision as a result of the his/her mental health stability as determined by administration of the mental health screener and other relevant case documentation.
- g. A treatment plan specifying treatment circumstances, supervision interventions and directions for managing the offender under PSA supervision is developed for the receiving party.
- h. The case is transferred to the receiving SCSO in accordance with CSS case transfer standards.
- i. The offender is given a scheduled reporting date to the receiving general supervision team and CSO.
- j. SMART is updated to reflect all relevant case transfer information by the sending SCSO.