

Court Services and Offender Supervision Agency  
for the District of Columbia



Improving Public Safety  
*Through Effective  
Community Supervision*

FY 2011 – FY 2016  
**STRATEGIC PLAN**

## TABLE OF CONTENTS

Director 's Message .....	3
Vision, Mission and Guiding Principles .....	4
Introduction .....	5
CSOSA's Strategies .....	6
Situational Analysis .....	10
Changing Approaches .....	13
Goals and Strategies 2011-2016 .....	20
Goal 1. Public Safety .....	21
Goal 2. Fair Administration of Justice .....	26
Human Capital Management .....	27
Program Evaluations .....	28
Conclusion .....	29
Appendix A – Organizational Chart .....	30
Appendix B – References .....	31
Appendix C – Logic Model .....	32
Appendix D - Performance Measures .....	33

## DIRECTOR'S MESSAGE

I am pleased to present the Court Services and Offender Supervision Agency for the District of Columbia's (CSOSA) 2011-2016 Strategic Plan. The plan details CSOSA's goals, our strategies to achieve them, and the performance measures we will use to evaluate our progress.

We benefited from the contributions of many in creating this Strategic Plan. Staff at all levels of the Agency, community stakeholders and our local and federal criminal justice partners all provided valuable input in the development of this document. The feedback we received confirms the soundness of CSOSA's approach to community supervision in the District of Columbia and the course that we have charted for the next five years.

Effective community supervision is an integral component of justice administration in the District of Columbia. In this vein, we will continue to strengthen the core elements of our supervision program, including criminal risk assessment, close monitoring, and effective sanctioning for non-compliance. We will also continue to maintain a flexible business model that adapts to changes in the supervised population, the social and economic environment in which we operate, and the public safety challenges of the nation's capital and surrounding region.

This Strategic Plan bolsters performance management, placing increased emphasis on monitoring the Agency's performance through rigorous analytics and ongoing evaluation of our human capital, financial, and information management strategies. We are committed to the innovative use of technology to augment knowledge-building and transparency, and to accelerate our responsiveness to stakeholders who rely on us to deliver timely and accurate information.

Public safety is the central tenet of CSOSA's mission. As such, we continue our initiative to focus resources on those offenders assessed at the highest risk to commit a serious offense. We recognize the enormity of the Agency's responsibility, the complexity of the challenge and the level of expected accountability. This Strategic Plan presents ambitious goals that will allow the Agency to meet those challenges. We believe that CSOSA's Community Supervision Program can serve as a model for the nation and refine the role of community supervision in corrections and law enforcement in the years to come. The CSOSA team has made an exceptional commitment to the public safety of everyone who lives, visits, or works in the nation's capital. I am honored to play a part in this important mission.

Nancy M. Ware



Director



## PUBLIC SAFETY

CSOSA 's Guiding Principles are reflected in the Agency Seal:  
*Community, Accountability And Justice*



### VISION

A model community supervision agency that is recognized for positively impacting public safety.

### MISSION

To enhance public safety, prevent crime and reduce recidivism among those supervised and to support the fair administration of justice in close collaboration with the community.

### GUIDING PRINCIPLES

**Community:** We believe in the value of partnerships with community organizations, local and federal criminal justice agencies, city government, the faith community and individual citizens in promoting both successful reintegration and public safety.

**Accountability:** We believe in the capacity of men and women to change. Offenders will be held accountable through a system of close supervision which includes swift interventions, sanctions, incentives, and support services. CSOSA will strive to enable an environment that is conducive to offenders' success.

**Justice:** We support the fair administration of justice through the provision of timely and accurate information and recommendations to criminal justice decision makers. We believe in the efficacy and fairness of our supervision interventions and the implementation of evidence-based practices.

## INTRODUCTION

The FY 2011-2016 Strategic Plan represents the first major revision of CSOSA's strategic roadmap since certification as an executive branch agency in August, 2000. This revised plan updates the strategic plan published by the agency at the end of FY 2004, which covered FY 2005–2010. It reflects both the Agency's response to new challenges and a refinement of goals, objectives and strategies based on the past five years' experience in implementing evidence-based community supervision practices in the District of Columbia. The FY 2011-2016 Strategic Plan closely aligns CSOSA's strategic goals and objectives with its budget and revises the Agency's performance measures to more accurately assess and report on the Agency's success in achieving its goals.

Central to this updated Strategic Plan is a shift in the Agency's supervision philosophy to target proportionally more resources to offenders with a history of violent, weapons and/or sex offenses. These indicators of potential threat to public safety are weighted heavily when assigning supervision risk levels (intensive, maximum, medium or minimum) and when determining supervision interventions and support services. Certain compliant offenders are assigned either to Kiosk reporting or to caseloads consisting of only low risk offenders. Such assignments require significantly fewer office visits and are less disruptive to offenders lives. Research has shown that low risk offenders are less likely to be involved in criminal activity, but are more likely to experience supervision failures if supervised at a level more intense than prescribed by a validated risk assessment tool. In addition to saving Agency resources, kiosk reporting serves as an incentive for the offender to maintain compliance. (Lowencamp, Latessa, and Holsinger, 2006; Lowencamp and Latessa, 2004).<sup>1</sup>

Prepared pursuant to the Government Performance and Results Modernization Act of 2010 (GPRA) Public Law 111-352, this Strategic Plan describes for the President and Congress, as well as the District of Columbia's citizens and criminal justice agencies, the comprehensive strategies CSOSA will employ to actualize its vision, execute its mission, and meet its critical public safety responsibilities over the next five years.

The Strategic Plan is divided into two major sections. The first section provides a situational analysis and describes our major program initiatives. The second section presents our goals and strategies for addressing the challenges we face. The Appendix provides additional information on CSOSA's organizational structure, a detailed Logic Model with strategies to achieve stated objectives, and the Agency's performance measures and FY 2011-2014 performance targets.

CSOSA's Office of Human Resources was integral in the development of this Strategic Plan. The human capital resources and activities to support the strategic initiatives detailed in this plan are outlined in the agency's Human Capital Plan which can be found on the agency's website at [www.csosa.gov](http://www.csosa.gov).

CSOSA is committed to building upon the progress it has made in improving and expanding its community supervision program, including its partnerships with other criminal justice organizations. CSOSA will continue to enhance its ability to improve public safety in the District of Columbia and support the positive reintegration of returning citizens and those serving terms of probation in the community.

---

<sup>1</sup> Lowencamp, C.T., Latessa, E.J., Holsinger, A.M. (2006). The Risk Principle in Action: What Have We Learned From 13,676 Offenders and 97 Correctional Programs? *Crime and Delinquency*, Vol. 51, No. 1, pp. 1-17.

Lowencamp, C.T. and Latessa, E.J. (2004). Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders. *Topics in Community Corrections*, pp. 3-8.

## CSOSA'S STRATEGIES

The Court Services and Offender Supervision Agency (CSOSA) supervises adult men and women on probation, parole, or supervised release in Washington, DC. The core of CSOSA's mission is to increase public safety and prevent crime by reducing recidivism. To do this, CSOSA works to decrease drug use, increase employment, improve education levels, and change anti-social thinking patterns among the approximately 16,000 offenders that CSOSA's Community Supervision Officers (CSOs) supervise on any given day.

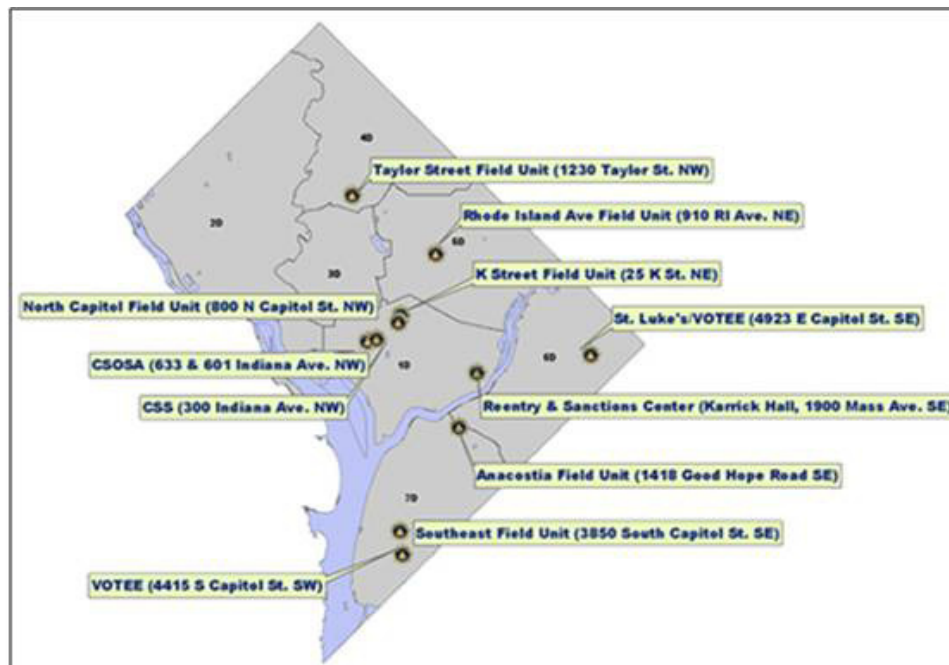
CSOSA has adopted four primary strategies to achieve our mission. These strategies and the specific activities associated with them, constitute the means through which CSOSA will achieve its long-term outcomes.

### ✓ *Strategy 1 - Risk and Needs Assessment*

CSOSA's AUTO Screener and Case Planning: Each offender undergoes a comprehensive risk and needs assessment at the start of supervision and every 180 days thereafter, or upon rearrest or a life-changing event, to determine the likelihood of re-offense and identify his or her social and behavioral needs. The assessment results in the development of a Prescriptive Supervision Plan that guides the offender's supervision process.

### ✓ *Strategy 2 - Close Supervision*

**High Levels of Contact:** Close supervision encompasses monitoring offender compliance and attending to the offender's social and behavioral needs. Offenders are supervised according to their AUTO Screener risk classification level. Offenders with sex offenses, domestic violence, mental health, and substance abuse issues are supervised on specialized supervision teams, and most female offenders are supervised on gender-specific teams. Community Supervision Officers impose swift and certain consequences for non-compliance and provide incentives to encourage compliant behavior.



**Neighborhood-Based Supervision:** CSOSA operates supervision field units; community-based learning labs; and the Reentry and Sanctions Center, a residential substance abuse treatment assessment program, in the neighborhoods where offenders live.

**CSOSA/Law Enforcement Partnerships:** CSOSA Community Supervision Officers, Metropolitan Police Department (MPD) Officers and DC Housing Authority police routinely share information on high-risk offenders. CSOs and MPD officers conduct Accountability Tours (joint visits to offenders' homes and workplaces), and CSOs, MPD officers and US Attorneys participate in Mass Orientation sessions with groups of newly released offenders and newly sentenced probationers to inform them of what is expected of them and the resources available to assist them. Additionally, CSOs work closely with the US Marshall Service on warrant initiatives and the agency collaborates with the surrounding jurisdictions on cross-border crime issues.

**Surveillance Drug Testing:** Frequent contact with CSOs is supplemented by periodic drug testing, ranging from twice weekly, to once monthly, to random spot checks.

**Graduated Sanctions and Incentives:** Swift and certain sanctions for non-compliance and progressive incentives are key to effective supervision. Sanctions include more frequent contact with the CSO, day reporting, Global Positioning System (GPS) monitoring, increased drug testing, community service, and short-term placement into a residential sanctions or treatment program. Incentives include Kiosk reporting, offender recognition ceremonies, certificates of compliance and early release from supervision.

**Reporting Violations:** New arrests and repeat violations of supervision release conditions result in submission of Alleged Violation Reports (AVRs) to the United States Parole Commission or the DC Superior Court. AVRs are used to inform the releasing authority of offender non-compliance and, depending on the severity of the violation, may include recommendations for supervision revocation or other disciplinary action.

### ✓ *Strategy 3 - Treatment and Support Services*

**Substance Abuse Treatment:** CSOSA assesses high-risk offenders' addiction severity to make clinically appropriate treatment placements. Lower-risk offenders are referred to the DC Department of Health, Addiction Prevention and Recovery Administration (APRA), the agency primarily responsible for addressing the substance abuse treatment needs of eligible District residents.

**Mental Health Evaluations:** CSOSA refers offenders to contract psychologists for mental health screening to determine the need for more in-depth psychological evaluation and treatment. The DC Department of Mental Health provides psychological screening and evaluations, counseling, and community-based support services for offenders with diagnosed mental health disorders.

**Reentry and Sanctions Center:** CSOSA opened its Reentry and Sanctions Center (RSC) in February 2006. The Reentry and Sanctions Center provides offenders with a 28-day assessment and treatment-readiness program prior to placement in residential or outpatient treatment.

**Violence Reduction Program:** The Violence Reduction Program (VRP) is a three-phase behavioral intervention for men, ages 18-35, with histories of violence, weapons, and/or drug distribution convictions.

**Secure Residential Treatment Program:** The Secure Residential Treatment Program (SRTP) provides an alternative to incarceration program for offenders who face a revocation hearing as a result of illegal drug use, criminal arrest or other violation of their release conditions. The program provides up to 180 days of substance abuse treatment and criminal conduct intervention at the DC Jail/Correctional Treatment Facility. Individuals who successfully complete the SRTP are reinstated to community supervision.

**Domestic Violence Treatment Program:** CSOSA provides supervision and treatment services for domestic violence offenders. Offenders convicted of domestic violence may be court-ordered to participate in an 18-week Family Violence Intervention Program or a 22-week Domestic Violence Intervention Program. A specialized domestic violence treatment team provides psycho-educational and direct treatment services for batterers referred with special Court-ordered conditions who are unable to afford treatment. This team also monitors treatment services offered by private sector providers on a sliding fee scale to batterers who are mandated into treatment by Court order and have the financial resources to pay for their domestic violence treatment.

**Sex Offender Treatment Program:** Offenders under supervision for a sex offense conviction or who have a sex offense history undergo an initial psycho-sexual risk assessment by a CSOSA contract sex offender treatment provider. Offenders assessed as needing sex offender treatment are required to attend group or individual treatment sessions for an average of 12-24 months, followed by a period of aftercare. Sex offenders also are required to submit to a series of polygraph examinations.

**Housing:**

CSOSA provides short-term housing, through contract providers, to a limited number of offenders who are homeless or living in acutely unstable housing situations.

**Education & Employment:**

The Vocational Opportunities for Training, Education, and Employment (VOTEE) unit assesses and responds to the individual educational and vocational needs of offenders. The unit provides adult basic education and GED preparation at four learning labs staffed by CSOSA Learning Lab Specialists. VOTEE also includes Transitional Employment Programs that prepare offenders for training and/or employment, and provides job development and tracking. CSOSA maintains partnerships with the Community College of the District of Columbia and the DC Office of the State Superintendent of Education to provide literacy and workforce development services. CSOSA also partners with the DC Department of Employment Services to obtain employment training, and job placement services.

---

*“The environmental situation in which CSOSA operates is dynamic but systems are often not, so our challenge is to be able to adapt as our environment evolves. For example, compared to years ago, the population of offenders has become younger, and they need more cognitive intervention. There are more offenders with diagnosed and undiagnosed mental illnesses. Challenges remain in some areas of operation. The agency is preparing to expand services to women, broaden our violence prevention program, and restructure our education and employment programs to respond to current market forces. Engaging offenders on the ethics of work must happen with this new population of offenders; and our life skills and job training efforts need to connect them with gainful and legitimate employment.”*  
(Jasper Ormond, Associate Director, CSOSA Community Justice Programs, Strategic Planning Session 2010)

---



## ✓ Strategy 4 - Partnerships

**Community Justice Advisory Networks:** CSOSA's Community Relations Specialists coordinate and maintain Community Justice Advisory Networks (CJANs) throughout the District of Columbia. CJANs function within each of the city's seven police districts and are comprised of residents and key stakeholders, such as Advisory Neighborhood Commissions, faith based institutions, schools, non-profit and civic organizations, businesses, government agencies and local law enforcement entities. CJANs are designed to resolve existing and emerging public safety issues to improve the quality of life in the city's neighborhoods.

**CSOSA Faith Community Partnership:** The CSOSA Faith Community Partnership coordinates a network of faith-based institutions to provide mentors to men and women returning from prison. Participating faith institutions also provide a variety of other services to assist returning citizens including transitional housing, employment, and substance abuse counseling.

**Community Service Program:** CSOSA refers offenders with court-ordered community service obligations to non-profit organizations that provide a wide range of services to District of Columbia residents. CSOSA also enters into agreements with civic groups and non-profit organizations that host one-time community improvement events such as park clean-ups and playground equipment installations. The Community Service Program seeks to encourage a sense of investment in the community on the part of offenders while strengthening the community's commitment to embrace all of its members.

**ID and Benefits:** Under an agreement with the DC Department of Motor Vehicles, CSOSA verifies the identity and home address of offenders to allow them to obtain official government-issued identification. These non-driver's identification cards support offenders' efforts to obtain housing and employment. CSOSA also directs offenders to appropriate DC Department of Human Services offices to apply for social services.

**Physical Health/Disability:** CSOSA does not provide any direct health-related services. However, the agency encourages offenders to register for the DC Healthcare Alliance or Medicaid if they are eligible. Offenders who have served in the military are encouraged to apply for veterans benefits. DC Healthcare Alliance provides insurance coverage for residents who meet income requirements. The DC Department of Health offers primary healthcare at neighborhood clinics.

---

*"The agency has already reached a number of milestones such as increasing the number of officers to an adequate level, establishing a good working environment, and developing a sanctioning matrix, all while relying on a risk and needs model. Looking forward, in order to succeed, the agency must segregate offenders according to risk. By doing so, low-risk offenders could be supervised through a kiosk reporting system, thus allowing officers to focus on high risk offenders. CSOSA focuses on restructuring behavior and skills development as a means for improving outcomes for high risk offenders. Implementing cognitive restructuring helps offenders replace antisocial thinking with pro-social thinking. Moving forward, we recognize that change is important and necessary and, while we have the pieces in place to move toward our desired change, we must now organize these pieces around our goals."*

*(Thomas H. Williams, Associate Director, CSOSA Community Supervision Services, Strategic Planning Session 2010).*

---

## CSOSA'S SITUATIONAL ANALYSIS

### *Steady Growth in Specific Categories of the Offender Population*

CSOSA supervises more than 24,000 offenders annually. It has witnessed a slow but steady growth in its daily offender population – from approximately 14,000 daily in 2003 to 16,000 daily in 2011. This growth has been most noticeable among segments of the population requiring intensive supervision and/or behavioral health interventions. The proportion of CSOSA offenders assigned to a mental health unit on any given day has grown nearly two-fold (9 percent in 2006 and 16 % in 2010). To respond to this increase, CSOSA established a Mental Health Branch in 2010, which was expanded to seven teams in 2011. Two of these teams are gender-specific (women only) and are staffed with CSOs who are trained to address the unique challenges of female offenders. Another segment of the population requiring intensive services is youthful offenders (age 25 or younger), who account for 20% of the offender population, are responsible for a disproportionate share of violent re-offending, experience lower rates of employment, and are less likely to have obtained a high school diploma or GED. The drug use pattern of youthful offenders is predominantly driven by marijuana use and persists despite swift application of sanctions.

Overall, nearly 40 percent of CSOSA's daily offender population is assigned to a specialized supervision unit– mental health (16%), drug/alcohol (10%), domestic violence (9%), and sex offender (4%). With the exception of the growth in the number of offenders assigned to a mental health team, these patterns have remained relatively stable for the past six fiscal years.

A closer examination of the patterns of intakes and discharges within a fiscal year (net change) provides some indication of the specific segment of the population contributing to the growth. Our analysis shows that CSOSA is discharging far fewer supervised release and probation cases than the number it intakes in any given year. This pattern is most pronounced for offenders 25 years of age or younger, offenders with less than a high school education or GED, and offenders assigned to a mental health team – offenders in categories that place them at greater risk of violent re-offending.

In FY 2010, CSOSA supervised approximately 2,500 female offenders daily. In FY 2011, CSOSA processed 1,700 female offender intakes but only 1,500 were discharged, a net increase of 200 women. The FY 2011 intake-discharge pattern resulted in approximately 2,700 female offenders under supervision daily in FY 2011.

Women offenders present significant trauma issues, with more than 50 percent reporting sexual or other physical abuse, psychological abuse and/or violent victimization as a child. Forty-five percent of the female offender population reported sexual, other physical abuse or violent victimization as an adult. Additionally, only one quarter of female offenders are employed, approximately 35 percent have dependent children age 12 or younger, 52 percent have been diagnosed or treated for a mental health disorder and of those, 80 percent have used or are currently using an illicit substance.

In essence, CSOSA has experienced population growth among segments of the population known to have a disproportionate share of supervision failures and/or to require intensive interventions to support their successful reintegration. Growth in this segment of the population may explain the slower pace of discharges, especially discharges resulting from requests to the releasing authority for early termination of supervision based on sustained periods of supervision compliance.

## *Employment Challenges and Projected Growth Occupations*

Employment challenges abound for CSOSA's offenders. Among offenders who are physically able to work, half are unemployed on any given day. This has not always been the pattern among the offender population. Between FY 2007 and FY 2008, the rate of employment among the offender population dropped by five percentage points (67 percent to 62 percent); and between FY 2008 and FY 2010 the rate dropped by an additional 12 percentage points to the current level of 50 percent. These patterns appear to track the financial crisis tied to the housing market that began in 2007 but became painfully evident in 2008.

An investigation of these patterns among CSOSA's FY 2010 intake population reveals a few interesting patterns. Of the approximately 10,000 intakes in FY 2010, 66 percent were physically able to work (employable but not necessarily employment-ready). Of these 6,600 offenders, only 40 percent were able to find employment at some point during the first 12 months of supervision. Male offenders (42 percent) were more likely than female offenders (33 percent) to find employment; and employment increased with educational achievement. Only 33 percent of offenders with less than a high school diploma were employed during this timeframe compared to 42 percent of those offenders with either a GED or high school diploma. There was no distinguishable difference between those with a high school diploma and those with a GED. Offenders with post-secondary education achievements were more likely to be employed (54 percent) than any other educational category.

To contextualize the challenges offenders will face in the Washington Metropolitan job market, we highlight projected employment trends by occupational categories. The Washington Metropolitan region is expected to experience an annual growth of 44,000 jobs between 2011 and 2016. The highest growth occupations will fall within the "professional and related" category. A review of the list of employers that hire CSOSA offenders indicate that offenders have been successful at landing jobs within the service occupation category – mostly food preparation and food service.

Thus, service occupations may present the greatest opportunity and lowest barrier of entry for unemployed offenders who participate in vocational/educational/job-readiness training. Although the fastest growing occupations (one-third of all new jobs in the region) are those requiring post-secondary education, jobs that require pre-employment skills training and/or a license, such as computer repair or barbering, are also in high demand.

## *Housing Challenges at Reentry*

An analysis of the home verification data of offenders who return to Washington, DC after being sentenced in the DC Superior Court and serving a period of incarceration with the Federal Bureau of Prison, indicates that 15 percent will be homeless upon arrival, living 'on the streets' (1 percent), in a homeless shelter (8 percent), or in transitional housing (6 percent). Older returning offenders are much more likely to experience a homeless episode upon reentry. Of offenders age 56 or older, 26 percent experience a homeless episode upon reentry compared to 7 percent of offenders age 35 or younger.

Housing challenges extend beyond homelessness. Thirty-one percent of all returning offenders immediately experience a period of housing instability and either report living in a temporary arrangement or in a housing situation that is unstable. Unlike the predominance of age as a key factor associated with homelessness upon reentry, another set of characteristics is found to be associated with housing instability. Specifically, female offenders (45 percent), older offenders (43 percent), and offenders with mental health disorders (28 percent) are more likely to

experience housing instability upon reentry. Further, housing instability does not discriminate by employment status. That is, employed and unemployed offenders experience housing instability at the same rate.

## *Behavioral Health Profile*

### **Illicit Drug Use**

Ninety percent of offenders who began supervision in FY 2010 self-reported a history of illicit drug use. Most offenders who self-report drug use indicate that they first used drugs as a teenager, predominately marijuana. Patterns of use for cocaine, opiates, PCP, and amphetamines did not emerge until adulthood.

CSOSA's standard drug testing protocol allows the agency to monitor drug usage among all offenders under supervision. Urinalysis data from this drug testing protocol reveal that 30 percent of offenders on a monthly testing protocol test positive for an illicit drug or alcohol. The most common positive results are for marijuana followed closely by cocaine, opiates, alcohol and PCP. The rate of positive drug tests was consistently 10 to 15 percentage points higher among offenders assigned to a mental health team with noticeably higher rates of cocaine, opiates, and PCP.

Of the more than 24,000 offenders supervised in FY 2010, 7,000 had a special condition imposed by the releasing authority for alcohol and/or substance abuse treatment. An equal number of offenders were referred for substance abuse treatment evaluation. These referrals resulted in roughly 3,000 contract placements into one of four treatment modalities (detoxification, residential, transitional housing, or outpatient) with roughly half (1,500) being completed successfully.

### **Mental Health Disorders**

In FY 2010 over six percent of offenders beginning supervision self-reported a diagnosed mental health disorder – that is, having been diagnosed with a mental health disorder or currently receiving community-based mental health treatment. An additional 24 percent of the entry population had an undiagnosed mental health condition. That is offenders who have had bouts of anxiety, depression, or who believe they could benefit from seeing a mental health counselor. This information is cross-validated with the results of court-based screening and assessments, as well as those conducted in-house and/or in cooperation with the District of Columbia's Department of Mental Health. Assessments conducted by the Federal Bureau of Prisons also serve as a source of clinical data to assess the mental health history of offenders returning to the community following prison confinement.

CSOSA requested and received additional CSO resources specifically to reduce the size of the special population caseloads. Since receiving those additional resources, the size of our mental health population has increased significantly, from 9 percent in 2006 to 16 percent in 2011. At present, half of all female offenders self-report a diagnosed mental health disorder. The rate of positive drug tests is highest among this segment of the population and offenders with a mental health disorder assigned to the mental health unit are 40 percent more likely to have their supervision term revoked with a follow-on term of incarceration. CSOSA continues to realign existing resources to address the growing mental health population.

In 2010, CSOSA processed 1,200 special conditions requiring an offender to receive a mental health assessment. An additional 1,900 special conditions were submitted requiring that an offender be considered for mental health treatment. Another 2,400 special conditions were submitted requiring an offender to be supervised by the mental health unit. Finally, more than 100 special conditions were submitted requiring CSOSA to monitor the administration of prescribed medication to offenders with a mental health disorder.

## *Supervision Violations, Revocations and Patterns of Repeat Failure*

CSOSA files AVRs to the releasing authorities for approximately 6,500 offenders each year. These reports are submitted to inform the releasing authority of a violation of release conditions and to carryout follow-up conditions as imposed. One in three (AVRs) involved an offender with a new supervision period and slightly half were submitted per policy following a new arrest. Among offenders for which an alleged violation report was submitted, 60 percent had at least one prior period on community supervision; and 30 percent had three or more prior periods on community supervision.

In FY 2010, CSOSA recorded more than 1,800 revocations (down from 2,200 in 2007) resulting in an offender being returned to prison for a violation of a condition of release. Three out of four of these revocations involved high-risk offenders – offenders being supervised at the highest levels of supervision within the agency (intensive or maximum). Six out of 10 offenders whose supervision term was revoked tested positive for an illicit drug within the fiscal year; half of these revocations involved an offender who had less than a high school education or GED; and 70 percent involved offenders who were unemployed just prior to having his/her term revoked.

Finally, offenders whose supervision term was revoked were nearly twice as likely to have unstable housing (15 percent compared to 8 percent).

### CHANGING APPROACHES

CSOSA's mission focus on increasing public safety and reducing recidivism requires it to regularly review its operations strategies and modify them as needed to meet mission objectives. In the sections that follow, initiatives either developed or planned in FY 2011 are presented. These efforts do not represent an exhaustive list of those identified by the agency as necessary to meeting its mission objectives. Instead, the activities in the following sections represent those efforts that align with evidence-based practices within community corrections, can be fully-implemented within this strategic planning period, and are expected to have a non-negligible return on investment. That is, the approaches outlined below are expected to continue the agency on the path of increasing public safety and reducing recidivism.

---

*The offender population is younger, and less than 50 percent have achieved a high school diploma or GED. Many offenders report long-term drug use, with 12 years of use on average. The criminal histories of parolees most frequently involve violent, followed by drug and property offenses. On the other hand, offenders on probation or supervised release have more frequent histories of drug-related crimes, followed by property and violent crimes. At intake, 40% of offenders say they have a stable housing arrangement; roughly one third are receiving some type of behavioral health service; and most report a history of drug use. Looking at revocations, half of all revocations involve offenders with less than a high school diploma or GED. Employment stability and drug use are also factors in revocations. Among revoked offenders, cocaine positives are greater compared to offenders not revoked; PCP positives are greater among revoked probationers; heroin positives are greater among revoked parolees; and marijuana positives are greater among revoked probationers and supervised releases. These data provide us with insight into our population, give us direction in terms of how to address needs, and provide us with 'warning signs' for revocation."*

*(Calvin Johnson, CSOSA Director Office of Research and Evaluation, Strategic Planning Session 2010)*

---

## *Coordinated Response in Supervising High Risk Offenders*

In late 2010, CSOSA convened a multi-disciplinary group of key supervision, treatment and program staff to take a critical look at the agency's management of high risk offenders. Specifically, the High Risk Intervention Strategies Workgroup (HRISW) was charged with developing recommendations for strengthen the internal operations and programmatic responses to mitigate the risk these offenders pose to public safety. The HRISW defined as high risk, any offender with a risk score at or above the 75<sup>th</sup> percentile for likelihood of a violent, weapon, or sex offense within the first 12-months of supervision.

The HRISW presented recommendations that included strategies for improving coordination between operations and program units. Specifically, the HRISW identified the need to develop intervention plans for all high risk offenders prior to the offender being processed for intake. These supervision plans would focus on changing the offender's entrenched thinking and decision making patterns and would be greatly informed by the offender's performance during previous supervision periods and information gathered in pre-release and pre-sentence investigations. The HRISW also recommended the development of a risk-adjusted graduated sanctioning guideline that would include short periods of residential and/or institutional placement for non-compliant behavior.

During this strategic performance management cycle, CSOSA will develop and implement a more integrated intervention delivery system for the highest risk offenders that focuses on early assignment to specific intervention pathways before non-compliant behavior occurs, and rapid responses to observed non-compliant behavior. CSOSA will develop a more comprehensive Prescriptive Supervision Plan for these offenders that also incorporates streamlined placement objectives.

Secondly, CSOSA has been working with the USPC to develop a risk-adjusted graduated sanction grid that takes into account the offender's risk to public safety, the severity of the incident, and the frequency of incidents since the last sanction. An independent evaluation was performed to highlight the gap between the current practice and the proposed grid. This evaluation identified the largest gaps between the current and proposed sanctioning of high risk offenders.

During the first year of this strategic performance management cycle, CSOSA will work with the USPC and the DC Superior Court to implement the graduated sanction grid. Additionally, CSOSA will train its staff on the implementation of the proposed sanctioning grid with particular attention given to its application with the highest risk offenders.

## *Screening Risk and Needs with Greater Precision*

Screening offenders for risk to public safety and behavioral health and social needs is the centerpiece of CSOSA's efforts to develop effective community supervision strategies grounded in evidence-based best practices. As such, CSOSA developed a comprehensive screening instrument, the AUTO Screener, that identifies an offender's risk to the community and his or her behavioral health and social needs and matches them to appropriate interventions intended to reduce the likelihood of re-offending. The AUTO Screener is offender-centric and contains a mix of social, behavioral, and health characteristic across the following 12 domains: 1) education, 2) community support/social networking, 3) residence, 4) employment, 5) criminal history, 6) victimization, 7) supervision/pre-release/institutional violations/failure, 8) substance use/history, 9) mental health, 10) physical health/disability, 11) leisure time, 12) attitude and motivation. In 2008, CSOSA contracted with The Urban Institute (a non-partisan economic and social science

research organization) to develop multidimensional risk models for the following assessments: a) whether an offender will be rearrested for any crime, b) whether an offender will be rearrested for a violent, weapon, or sex crime, c) whether an offender will continue using drugs, and d) whether an offender will have an AVR filed against him/her for a serious matter. A set of actuarial models was designed to address the difference between the failure observed across segments of our offender population (i.e., males, females, parolees, probationers, etc.) and the likelihood of failure we might observe if there were no interventions in place to mitigate such risk. In other words, we wanted to identify the risk a person is expected to pose in the absence of intervention.

During this strategic performance management cycle, CSOSA will focus its primary risk mitigation efforts on reducing the prevalence of newly committed violent, weapon, and sex offenses among its offender population. Additional attention will focus on identifying offenders screened as being at risk of committing a violent, weapon, or sex offense who also have been screened as being at risk of being a persistent drug user. Offenders who screen high for risk of violent, weapon, or sex offense re-offending but low for risk of persistent drug use will be targeted for smaller caseloads with officers trained in Cognitive Behavioral Intervention (CBI) and Behavioral Modification (BM) techniques. Offenders who screen high on both risk outcomes will be streamlined for rapid placement with substance abuse treatment providers trained and certified in delivering CBI/BM.

Finally, CSOSA intends to conduct annual performance reviews of its screening tool with particular attention given to ensuring that offenders classified as low risk have a significantly lower prevalence of re-arrest for violent, weapon, and sex offenses. These performance reviews will be conducted by the Agency's Performance Improvement Officer and presented to the executive staff for feedback on the design of a continuous improvement risk management plan focusing on, among other things, the delivery of CBI/BM interventions. CSOSA also intends to conduct both an internal and an independent validation of the needs component of the AUTO Screener.

The focus of this validation work is two-fold. First, CSOSA will identify whether internal programming assumptions and decisions with respect to intervention matching are supported by the empirical data. Second, CSOSA will explore how an offender responds to the intervention, i.e., whether the intervention is effective in slowing or reducing non-compliant behavior. We will attempt to identify measurable properties that can be placed within an actuarial model to produce findings that will inform decision making in support of successful progression through identified intervention pathways. The question we want to answer is "Can we identify and sequence a series of interventions that increase the likelihood an offender will successfully complete the intervention continuum and abstain from the targeted negative behavior?"

### *Cross Agency Case Management Of Juveniles Charged As Adults*

CSOSA supervises approximately 900 offenders daily who are under age 21. Slightly more than five percent (50 offenders) are juveniles who are jointly supervised with the DC Department of Youth Rehabilitation Services. CSOSA is presently working with the DC Superior Court, DC Pretrial Services Agency, the DC Department of Youth Rehabilitation Services, and Court Social Services to improve the processes for managing and supervising "dual jacket" offenders who have a case open in both adult and juvenile court. Case management teams from each agency examine ways to strengthen case management protocols and improve information sharing. It is expected that this effort will improve the effectiveness of the continuum of support, structure and supervision of juvenile offenders.

## *Responding To The Unique Needs Of Female Offenders*

In response to the growing number of female offenders with community supervision obligations, and the increasing rate of women offenders with co-occurring substance abuse and mental health disorders, several efforts have been implemented to significantly expand the scope of women's programming. One floor (15 beds) of the Reentry and Sanctions Center (RSC) has been dedicated to female offenders on probation, parole or supervised release. The RSC provides high-risk offenders with comprehensive clinical assessments and treatment-readiness programming. These services can be provided at the RSC to approximately 180 women per year. When a female offender is discharged from the RSC, she has an individualized treatment plan that outlines her continuum of care, including recommendations on how her Community Supervision Officer can best support her in treatment. The reorganization of the Mental Health Branch established two dedicated teams of highly motivated CSOs, specifically selected and trained to address the behavioral health challenges of female offenders. Additionally, the women-only Day Reporting Center (DRC) provides gender-specific programming, including a cognitive-behavioral program, to women who are unemployed and in need of employment support and social services. The Women's DRC operates weekdays from 9:00 a.m. to 3:00 p.m. with programming from community-based service providers.



Finally, the Women in Control Again (WICA) Program has been expanded to provide a more comprehensive package of gender-specific supervision services to women. The WICA Program is an integrated, psycho-educational therapeutic program for women suffering from substance abuse and mental illness. The program targets high risk female offenders who have at least six months remaining under supervision, and suffer from mental health challenges, substance abuse and/or trauma.

### *Employment and Training*

In 2008, CSOSA signed a Memorandum of Understanding (MOU) with the DC Department of Employment Services (DOES) to provide transitional employment opportunities for up to 300 offenders. CSOSA and DOES plan to update this MOU with a focus on providing training and employment opportunities to 225 offenders with funding support from the Federal Workforce Investment Act. To better align the training and employment opportunities with growth sectors and occupations, CSOSA will work with DOES to determine the best programming approaches to providing offenders with training in areas with projected job growth (e.g., food preparation and hair styling/barbering).

During this strategic performance management cycle, CSOSA plans to modify its Day Reporting Center curriculum to incorporate educational and vocational components from its VOTEE unit. DRCs are designed to provide offenders with educational and social enrichment instructions within a classroom setting. The focus of these modifications is to develop a multi-tiered curriculum that provides remedial education, workforce preparedness, and skill reinforcement training. CSOSA anticipates that these efforts will meet the needs of a wider array of offenders, to include unemployed and under-employed offenders in need of skill-building training to successfully navigate a crowded and competitive job market. To effectively staff this re-design, CSOSA anticipates the consolidation of its DRC and VOTEE staff. The VOTEE staff will continue to provide vocational and educational services to unemployed and under-employed offenders who are in need of job-readiness and referral services.



## *Housing*

Housing continues to be an outstanding need for many offenders. Of the 15,775 offenders under CSP supervision on September 30, 2011, roughly nine percent (1,367) lived in unstable housing. Over half of those (804) lived in homeless shelters.

To address this need, CSOSA dedicates specific contract dollars to place offenders, who do not have a current substance abuse treatment need or mental health issue, in transitional housing for up to 90 days. For these offenders, finding adequate housing is the primary concern. While most of the offenders in transitional housing are placed directly from the institution, offenders already in the community may be referred if they demonstrate a housing need.

CSOSA also works with case managers at the BOP and USPC to place offenders released from BOP custody who demonstrate a housing need into halfway houses through public law placements. Like transitional housing, these placements may last for up to 90 days.

Unfortunately, CSOSA continues to face an even greater challenge in finding adequate housing for both male and female offenders with mental health disorders.

## *Leveraging Internal And External Resources To Assess And Treat Substance Abuse Disorders*

In October 2008, CSOSA signed an MOU with APRA to provide assessment and treatment services to offenders who do not meet CSOSA's priority placement criteria. Essentially, the MOU allows CSOSA to reserve its contract substance abuse treatment resources for those in need who also pose a high risk to public safety. Conversely, the MOU allows CSOSA to refer offenders to APRA who have an identified substance abuse treatment need but have been screened as low-to-moderate risk to public safety.

The MOU provides CSOSA more direct access to APRA for the purpose of receiving treatment services – APRA will accept CSOSA assessments of an offender's service delivery needs. A single point of contact protocol has been established to collect appropriate informed consents to allow disclosure of protected health information between the two agencies.

## *Secure Residential Treatment Program*

CSOSA estimates that 35 percent of DC offenders in the DC Department of Corrections (DOC) and BOP facilities are parolees who were revoked back to prison due to substance abuse issues. These revocations place a tremendous resource burden on the DOC and the BOP, while not providing the necessary treatment services to suspend the cycle of substance abuse and prison for these high-risk offenders. Working in partnership with the USPC, BOP, and the DCDC, CSOSA developed the SRTP as an alternative to incarceration for these offenders. This multi-agency collaboration provides 180 days of substance abuse and criminal conduct intervention for up to 32 male parole and supervised release violators who face revocation by the USPC for illegal drug use, other technical violations of their release conditions, or new criminal violations. The program operates in the Correctional Treatment Facility at the District of Columbia Jail.

The SRTP was established in August 2009 through an MOU (updated October 2010) between CSOSA, the United States Parole Commission, the BOP and the DOC. Partner responsibilities in the SRTP are as follows:

- The **USPC** offers the program to eligible parole and supervised release violators at probable cause hearings. Upon program completion or unsuccessful termination, the USPC will reinstate the offender to the community or move forward with revocation proceedings, respectively.
- The **BOP** maintains a contract with a provider to deliver substance abuse treatment and criminal conduct intervention services to SRTP participants. The program empowers offenders to recognize and overcome criminal and addictive thinking patterns and behaviors.
- The **DC DOC** engages inmates through its initial intake and classification process. In addition, the DOC funds the cost of bed space, security, food, medical and related services at the Correctional Treatment Facility, currently operated under a contract with the Corrections Corporation of America (CCA). CCA provides one 32-bed housing unit in the Correctional Treatment Facility, security, and other programs.
- **CSOSA** supervises SRTP participants prior to program placement, participates in the SRTP discharge planning process, and provides post-release supervision and intervention services. Upon release, CSOSA continues to engage program completers in transitional housing, out-patient substance abuse treatment, and services to assist with job search and placement support. Prior to the BOP award to a contract treatment provider in late 2011, the Court Services and Offender Supervision Agency provided substance abuse and criminal conduct intervention services at the CTF.

The program's intent is to improve public safety by offering treatment to parole/supervised release violators that addresses significant risk factors for continued criminal behaviors in the community.

### *Leveraging Internal And External Resources To Evaluate And Treat Mental Health Disorders*

In February 2011, CSOSA established a mental health supervision branch. This branch supervises offenders with a special condition for mental health treatment/supervision and female offenders without a mental health special condition. Within the branch, all mental health service delivery (contract provider or public healthcare provider) is coordinated by the branch's Mental Health Coordinator. Through a newly updated MOU, the Mental Health Coordinator and CSOs are expected to have more direct access to the DC Department of Mental Health's (DMH) clinicians for the purpose of receiving evaluation and treatment services for CSOSA offenders. Although this process is new, CSOSA expects to refer up to 1,000 offenders to DMH for a mental health evaluation. However, due to resource constraints, CSOSA anticipates that only a small fraction of these offenders will be treated by DMH or one of its contract service providers. CSOs within the mental health branch prepare monthly status reports to include updates to the supervision/intervention plans. They also participate in routine staffings and make onsite and/or telephone contact with DMH clinicians or their contract service providers.

To better coordinate intervention services for offenders with co-occurring disorders under this MOU, CSOSA hired a dedicated treatment specialist within this branch. By hiring a treatment specialist for this branch, the team of CSOs and the Mental Health Coordinator are now able to implement service delivery plans efficiently without administrative processes that may slow-down placements with the Addiction, Prevention and Recovery Administration or CSOSA's contract service providers.

Additionally, CSOSA will present a proposal to the agency partners responsible for the day-to-day operations of the SRTP outlining specific program tracks for offenders with mental health or co-occurring mental health and substance abuse disorders who have been approved for SRTP placement in lieu of prison by the releasing authority.



## GOALS AND STRATEGIES 2011-2016

### *Agency Mission And Vision*

The National Capital Revitalization and Self-Government Improvement Act of 1997 (Revitalization Act) established CSOSA to provide community supervision for adult offenders on probation, parole and supervised release in the District of Columbia. Washington, DC's criminal justice system is complex, with responsibility spread over both local and federal government agencies. CSOSA works closely with the Metropolitan Police Department, DC Superior Court, and DC Department of Corrections as well as the Federal Bureau of Prisons, US Parole Commission, US Attorney's Office and US Marshals Service to increase public safety for everyone who lives, visits or works in the District of Columbia.

Over the next five years CSOSA will strive to enhance public safety by lowering the re-arrest rate among supervised offenders and increasing the number who successfully complete supervision. CSOSA will achieve this goal through continued use of assessment-driven case planning, evidence-based interventions, consistent use of sanctions and incentives, and effective partnerships with the community, law enforcement and other stakeholders. Integrating the efforts of regional law enforcement will also be critical to our success. Through its supervision activities, CSOSA's vision is to continually enhance the agency's impact on a safe Nation's Capital.

### *Goals*

CSOSA's mission translates into two major strategic goals that drive decision-making and resource allocation with all of the Agency's activities and initiatives directly supporting these two goals:

#### ***Public Safety:***

Decrease criminal activity among the supervised population (with a special emphasis on the high risk offenders) by increasing the number of offenders who successfully complete supervision and supporting their successful reintegration into society.

#### ***Fair Administration Of Justice:***

Support the fair administration of justice by providing timely and accurate information and recommendations to criminal justice decision-makers.

### *Outcomes*

The long-term outcomes toward which CSOSA directs its efforts are the successful completion of supervision and the reduction in recidivism among supervised individuals, particularly those persons assessed as high risk. The intermediate outcomes that support these long-term results track both criminal activity and factors related to progress in reintegration: risk level stability, rearrest, technical violations, drug use, employment/job retention, and education level.

## GOAL ONE: PUBLIC SAFETY

*Decrease criminal activity among the supervised population by increasing the number of offenders who successfully complete supervision and supporting their successful reintegration into society.*

Approximately 10,000 offenders enter CSOSA supervision each year. CSOSA assesses each new offender's risk of re-offending and their social/behavioral health needs and develops an individualized supervision strategy (Prescriptive Supervision Plan) that supports compliance with supervision conditions, positive behavioral change and successful supervision completion. To do so, CSOSA collaborates with offenders' families and the community, coordinates with treatment and other service providers, and partners with other governmental organizations. CSOSA's supervision strategies are designed to reduce criminal activity.

CSOSA defines successful completion of supervision as a termination or expiration of the supervision period without revocation by the releasing authority. Supervision planning is assessment driven and uses evidence-based interventions to stabilize and instill accountability in the offender population. The offenders' ongoing application of the knowledge and skills gained through the needed interventions along with the CSOs' close case supervision is designed to reduce recidivism and increase public safety.

### STRATEGIES

**1.1: Comprehensive Risk and Needs Assessment**

**1.2: Close Supervision**

**1.3: Appropriate Treatment and Support Services**

**1.4: Effective Partnerships**

#### *Strategy 1.1:*

*Assess an offender's risk and needs in a timely and effective manner to determine appropriate levels of supervision and the need for treatment and support services.*

Effective supervision requires an accurate understanding of the offender's level of risk and needs. CSOSA accomplishes this through the use of a validated risk and needs assessment instrument called the AUTO Screener. Offenders are assessed prior to beginning supervision or shortly thereafter, and periodically throughout the supervision term.

Once the initial assessment is complete, the CSO develops, in conjunction with the offender, a Prescriptive Supervision (case management) Plan which provides a road map for the supervision officer and offender to follow during the course of supervision.

Continual assessment ensures that CSOSA responds appropriately to changes in the offender's risk level and/or need for treatment or support services. This flexibility is critical to preventing recidivism and supporting effective reintegration.

#### *Activities: Timely completion of the AUTO Screener*

- Use of validated assessment instrument to determine the intensity of supervision and types of services offenders should receive;
- Assign supervision level according to risk and connect offenders with services based on identified needs, and
- Regularly validate assessment tool to ensure reliability.

**ACTIVITIES: *Timely completion of Prescriptive Supervision Plan***

- Develop a Prescriptive Supervision Plan (PSP);
- Prioritize needs and goals and establish target dates for completion of PSP items; and
- Update the PSP as required.

**ACTIVITIES: *Timely completion of initial Drug Testing***

- Conduct drug tests on incoming offenders;
- Record baseline results of drug tests; and
- Conduct continuous monitoring of drug test results.

**ACTIVITIES: *Timely completion of Accountability Contract***

- Complete the Accountability Contract with each offender;
- Engage offenders in setting and updating goals;
- Incorporate input from families, victims, law enforcement, and corrections officials;
- Communicate supervision requirements;
- Review assessment information;
- Explain reasoning for plan adjustments; and
- Obtain offender sign off on and provide the offender with a copy.

**How do we measure performance?**

1.1.1 Each eligible offender's risk level is assessed at intake;

1.1.2 The AUTO-Screener risk assessment and needs determination tool is completed by the supervision CSO within 25 days of offender intake;

1.1.3 The Accountability Contract for each offender is completed within 25 working days of offender intake;

1.1.4 Each offender is reassessed using the AUTO Screener to determine any change in risk level or needs at intervals no greater than 180 days throughout the period of supervision;

1.1.5 The risk and needs assessment tool is validated every two years; and

1.1.6 Drug tests are conducted at intake.

**STRATEGY 1.2:**

*Provide close supervision of assessed offenders through effective case management practices including incentives for compliance, immediate graduated sanctions for violations of release conditions and ongoing drug testing and monitoring.*

At the start of supervision, the offender enters into an Accountability Contract with the CSO that reinforces compliance with the supervision conditions set forth by the releasing authority. The Accountability Contract establishes clear sanctions for non-compliance and incentives for maintaining supervision compliance. Supervision field offices, located in the communities where offenders live, support frequent interaction between offenders and CSOs, access to support services, regular drug testing, and community outreach.

**ACTIVITIES : *Closely supervise offenders consistent with their risk levels***

- Conduct face-to-face contact with offenders at their homes and workplaces;
- Develop and foster relationships with family members;
- Conduct community outreach and target community contacts;
- Operate satellite offices in the community;
- Provide opportunities to fulfill community service requirements; and
- Share information and conduct accountability tours with law enforcement partners.

**ACTIVITIES : *Drug Testing***

- Conduct scheduled/random urine sample
- Collect samples, certify results, and perform urine quality control
- Maintain strict chain of custody procedures.

***ACTIVITIES : Respond to violations with swift and certain sanctions***

- Establish clear penalties for violations of the Accountability Contract;
- Impose graduated sanctions proportional to the severity of the violation; and
- Suspend high risk, non-compliant offenders from the community.

***ACTIVITIES : Provide an incentive system to encourage compliance with supervision conditions***

- Award certificates of achievement;
- Recommend removal of special conditions;
- Assign offenders to Kiosk reporting as appropriate; and
- Recommend early termination of supervision as appropriate.

***STRATEGY 1.3:***

*Provide appropriate treatment and support services as determined by the risk and needs assessment to assist offenders in maintaining compliance and reintegrating into the community.*

CSOSA provides or maintains contracts and partnerships with service providers to deliver needed interventions to assist offenders to maintain compliance and successfully reintegrate into the community. These interventions include, but are not limited to, drug treatment, education and vocational training, victim support, mentoring, employment services, transitional housing, day reporting, night and weekend group sessions and other pro-social supports.

Offenders undergo a comprehensive battery of psychological, substance abuse, educational, vocational and/or physical assessments conducted by trained clinicians. Each clinician prepares a discipline-specific plan that addresses the offender's primary needs listed in the Prescriptive Supervision Plan. The assessments are designed to identify the appropriate interventions to stabilize the offender's risk and support successful reintegration.

***ACTIVITY : Ensure offenders are referred and approved for treatment and support programs consistent with the program requirements.***

- Make timely referrals to recommended interventions;
- Evaluate referrals for appropriateness;
- Match offenders with the appropriate intervention; and
- Monitor timely processing and placement of offenders in treatment and support services.

***ACTIVITY: Enhance offender support systems***

- Guide offenders to establish pro-social mentoring relationships;
- Support reestablishment of family relationships;
- Provide opportunities for education, vocational training and employment;
- Provide opportunities for stable housing;
- Deliver cognitive-behavioral interventions;
- Provide housing support; and
- Provide effective substance abuse treatment.

**How do we measure performance?**

1.2.1 All eligible offenders are drug tested at least once per month;

1.2.2 An Alleged Violation Report (AVR) is submitted within three calendar days of loss of contact designation for an offender;

1.2.3 Timely and accurate sanctions are imposed in accordance with policy for each documented violation of the Accountability Contract;

1.2.4 An Alleged Violation Report (AVR) is submitted to the releasing authority within three business days of re-arrest notification;

1.2.5 Eligible offenders are placed on Kiosk reporting; and

1.2.6 Community service is completed within one year of the offender completing orientation.

**ACTIVITY: Conduct assessments and prepare intervention plans that target the offenders' assessed needs.**

- Conduct assessments;
- Develop intervention plan and identify resources that address the offender's risk level/needs and other inputs; and
- Implement intervention plans that use evidence-based practices designed to motivate offenders to make and maintain positive life changes.

**ACTIVITY: Place offenders in appropriate programs that are consistent with their assessed needs.**

- Coordinate placements with outside referral sources for ancillary services as needed;
- Conduct inspections that measure the quality of the programs offered; and
- Provide ongoing monitoring the effectiveness of the intervention;



*Csosa's Reentry And Sanctions Center*



### How do we measure performance?

1.3.1 Offenders referred to substance abuse treatment are placed in treatment within 30 calendar days of CSO referral to Central Intervention Team (CIT) for placement.

1.3.2 Offenders referred to domestic violence treatment satisfactorily complete the Domestic Violence Intervention Program (DVIP);

1.3.3 Offenders placed in vocational programs satisfactorily complete the prescribed programs;

1.3.4 Offenders placed in contractual substance abuse treatment satisfactorily complete the prescribed programs;

1.3.5 Offenders placed in the Re-entry and Sanctions Center (RSC) satisfactorily complete the prescribed 28-day treatment readiness program;

1.3.6 Offenders completing the RSC satisfactorily complete their prescribed treatment continuum and;

1.3.7 Offenders referred to contractual transitional housing are placed within 30 calendar days of CSO referral to CIT for placement.

### **STRATEGY 1.4:**

*Establish partnerships with federal and local government agencies, faith institutions, and community organizations to facilitate close supervision of offenders in the community.*

A cornerstone of CSOSA's public safety strategy has been to forge partnerships with city agencies, social service providers, businesses, the faith community and individual community members. CSOSA recognizes that collaboration is important in the offender reintegration process as both internal and external resources are used. These community partnerships provide services and programs that support the offender's successful reintegration and maximize the utilization of available community resources to address the needs of offenders who demonstrate the desire and ability to live by the community's rules. These partnerships also create opportunities for offenders to connect to natural support systems in the community.



***ACTIVITY : Build relationships with community members and organizations to enhance and expand intervention capacity.***

- Develop opportunities to promote offender employability;
- Develop and maintain pro-social community supports;
- Conduct community service and community outreach activities;
- Facilitate and participate in community-based partnership meetings; and
- Provide support group assistance on victimization and make referrals to appropriate treatment services.

How do we measure performance?

1.4.1 At least five new agreements will be established each fiscal year with organizations to provide job training, housing, education or other services for offenders;

1.4.2 At least one new agreement will be established and maintained annually with organizations through which offenders can fulfill community service requirements;

1.4.3 Each offender classified to intensive or maximum supervision has his/her case presented at Metropolitan Police Department (MPD) partnership meetings, within 60 days of the classification;

1.4.4 Joint MPD Accountability Tours for maximum/intensive cases are conducted within 90 calendar days of AUTO-Screener assessment of supervision level.

1.4.5 One Community Justice Advisory Network (CJAN) meeting will be conducted in each police district quarterly.



## GOAL TWO: THE FAIR ADMINISTRATION OF JUSTICE

*Support the fair administration of justice by providing timely and accurate information and meaningful recommendations to criminal justice decision-makers.*

CSOSA is committed to supporting the fair administration of justice. This goal includes providing decision makers with timely, unbiased, and accurate information. CSOSA's objective is to respond to all inquiries and requests made by the releasing authorities, law enforcement agencies, Congress, and the public with well prepared and useful information.



### STRATEGY

#### 2.1: Provide timely and accurate information to decision-makers

##### *Strategy 2.1:*

*Provide timely and accurate information to decision-makers*

CSOSA provides timely and accurate information with meaningful recommendations to criminal justice decision-makers so they may determine the appropriate release conditions and/or disposition of cases. Types of information provided include, but are not limited to, status reports and assessments, notification of absconding, pre- and post-sentencing reports, AVRs and the submission of early termination packages.

##### ***ACTIVITY: Conduct investigations and report findings***

- Conduct pre- and post-sentence investigations; and
- Coordinate pre-release and home stabilization planning.

##### ***ACTIVITY: Report offender compliance with conditions set forth by releasing authorities***

- Report to releasing authorities on offender compliance; and
- Submit early termination request packages to the releasing authorities.

##### How do we measure performance?

2.1.1 Pre-sentence investigation reports, ordered by the Court, are completed and submitted by the assigned due date;

2.1.2 Pre-release investigations are completed and sent to United States Parole Commission (USPC) or Bureau of Prisons (BOP) within 45 calendar days of assignment; and

2.1.3 Early termination packages for eligible offenders are submitted to the releasing authority within 90 days of eligibility.

## HUMAN CAPITAL MANAGEMENT

A critical factor in CSOSA’s success in meeting the performance targets detailed in this Strategic Plan is the ability to attract, train, and manage a diverse workforce. The CSOSA Human Capital Plan supports the Agency’s Strategic Plan priorities through the Office of Human Resources (OHR). This Office is responsible for advancing human capital management and supporting the Agency’s most valuable resource – its employees. Over the next five years, OHR will continue to implement the strategies outlined in the Agency’s Human Capital Plan, including identifying and addressing mission critical skill gaps; implementing leadership development, succession planning and employee mentoring programs; and strengthening performance management systems to improve performance and reward exemplary achievement. Providing excellent customer service is a critical performance element for all CSOSA employees. It cascades down from the highest level of the Agency and is reflected in all of our activities.

CSOSA places high value on developing and maintaining a diverse workforce. Toward this end, OHR and the Office of Equal Employment Opportunity, Diversity and Special Programs will collaborate to conduct focused recruitment efforts geared toward under-represented groups, provide ongoing diversity training for all employees, and nurture an Agency-wide culture of inclusion. The Agency will continue to promote positive labor management relations through an active and effective Labor-Management Forum. The chart below outlines the primary objectives and strategies that will be implemented to support the Strategic Plan.

Human Capital Management Objectives	Strategies
Attract and hire highly qualified candidates.	Follow all OPM Hiring Reform initiatives. Promote understanding of the benefits of the revamped hiring process in attracting skilled, capable and dedicated future employees.
Retain mission critical employees for at least five years.	Enhance human capital initiatives to support work/life balance and improve employee satisfaction. Nurture a culture of excellence that encourages creativity and innovation.
Provide mechanisms for ongoing learning and knowledge sharing.	Provide ongoing training to meet existing and emerging Agency and employee development needs. Implement leadership development and succession management programs.
Promote and maintain a diverse workforce.	Identify barriers to recruitment of employees from under-represented groups. Collaborate with EEO to implement targeted recruitment efforts. Provide ongoing diversity training for all employees.
Improve labor-management relations.	Maintain an active Labor-Management Forum. Monitor employee grievance activity to determine areas for improvement. Solicit employee input in Agency decision making at the earliest opportunity.
Improve customer/client satisfaction	Solicit feedback from internal and external customers through annual surveys and other routine mechanisms.

## PROGRAM EVALUATIONS

CSOSA is committed to rigorous internal and external program evaluation. The development of an Enterprise Data Warehouse provides a platform for evaluation, and the Office of Research and Evaluation (ORE) provides in-house expertise both for conducting internal studies and collaborating with outside evaluators.



The following near-term projects are planned:

- **Effectiveness of Sanction-Based Substance Abuse Cohort Treatment.** This study will be a collaboration between The Urban Institute, Abt Associates, and CSOSA in response to a National Institute of Justice solicitation seeking evaluation of sanction-based treatment programs.
- **Validation of Multi-Dimensional Risk Screener.** CSOSA will test the effectiveness of using a single composite risk score based on four possible outcomes: violent arrest, any arrest, filing of an alleged violation report, and persistent drug use.
- **Multi-Cohort Recidivism Tracking.** In consultation with the Bureau of Justice Statistics, CSOSA has begun compiling yearly intake cohorts starting with FY 2005. CSOSA is tracking these cohorts and will report on recidivism patterns at 6, 12, 24, and 36 months for up to five cohorts simultaneously.
- **Effectiveness of Sanction Based Substance Abuse Treatment Among High Risk Offenders.** CSOSA's ORE will conduct an evaluation that focuses on the effectiveness of sanction-based substance abuse treatment among high risk offenders. Specifically, ORE will categorize offenders based on the combination of an offender's risk of committing a violent, weapon, or sex offense as well as their risk of persistent drug use within the first months of supervision. The evaluation will measure program completion rates by treatment modality.
- **Exploring the Differences in Recidivism Across the Risk Continuum.** Since 2004, CSOSA has tracked supervision failures among its entry cohorts along three distinct measures: a) supervision revocation and return to jail/prison following a technical violation or new arrest, b) any new arrest following supervision intake, and c) conviction for a new arrest that occurred following supervision intake. To better understand the patterns of supervision failure among it high risk offenders, CSOSA's ORE will conduct an evaluation that focuses on exploring the differences in supervision experiences among high risk and lower risk offenders, as well as the relationship between these experiences and patterns of supervision revocations.
- **Evaluation of Kiosk Reporting for Low-Risk Offenders.** CSOSA will evaluate its pilot program of Kiosk reporting for low-risk offenders. The agency will determine the viability of this approach for specific classes of low-risk offenders, excluding those supervised on mental health, sex offender, and domestic violence teams.
- **Ethnographic Assessment of Programming Opportunities for High-Risk Offenders.** This study will involve in-depth interviews with two offender groups: (a) a group that by all accounts is one step removed from prison, and (b) a group that seems to have committed to changing their lifestyle. The study will analyze information provided by these offenders with respect to their knowledge, attitudes, beliefs, and practices that either derail their supervision experience or change their trajectory toward a more productive life course. The study draws on recommendations of the American Psychological Association and National Research Council regarding the use of narrative analysis in developing treatment programs.

## CONCLUSION

CSOSA seeks to impact the confidence in the criminal justice system at its highest level, by showing its dependability and capability to change the behavior of individuals under its supervision. Strategies and interventions, supported by evidence-based best practices, have been designed to achieve this outcome. They were developed using the empirical results of a large body of professional research and the successful implementation of similar programs in other areas. However, CSOSA does not have unilateral authority to ensure the ultimate implementation of the strategies.



CSOSA performs its functions as part of the larger criminal justice system. Agency activities are designed to support the courts, the US Parole Commission, and in a larger sense, the Congress and the community. Specifically, the success of the strategies presented in this strategic plan depends on CSOSA obtaining:

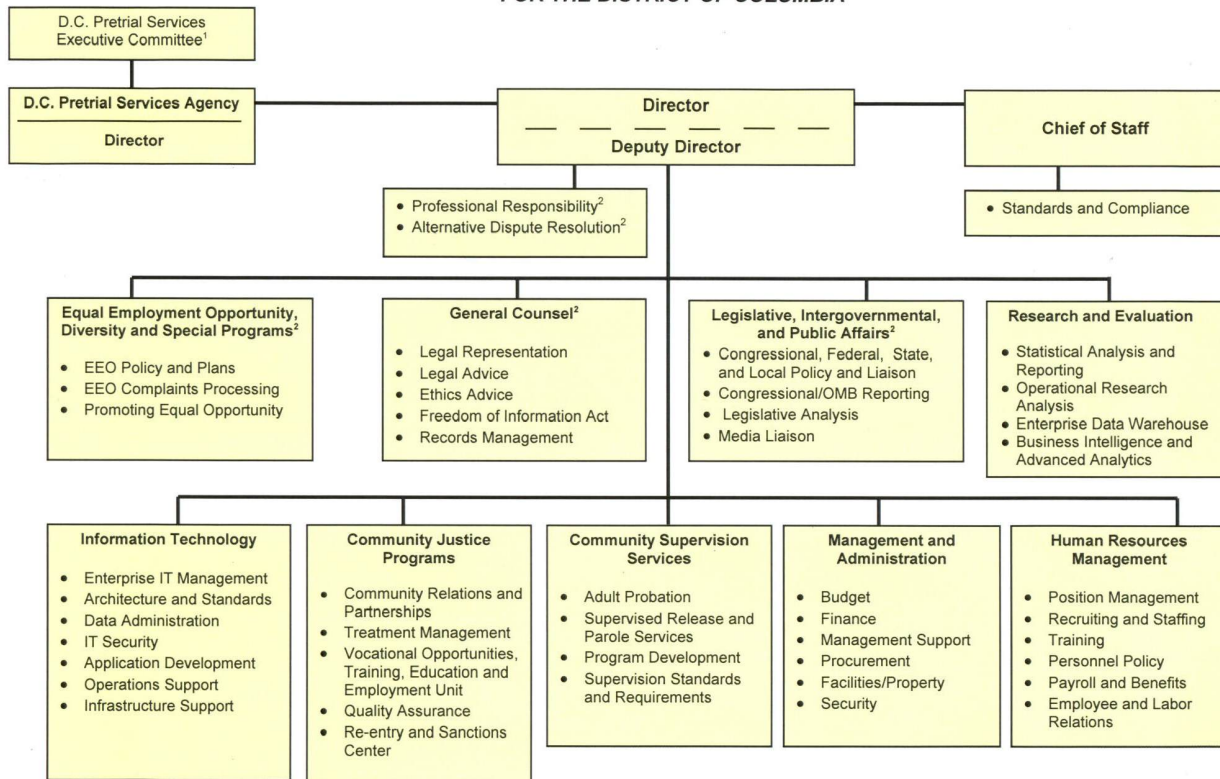
- Support from the Courts and the U.S. Parole Commission for the sanctions and incentives process;
- Support from the community for the agency's community supervision program and partnership strategy; and
- Resources to further implement these strategies and increase the opportunities and supports available to supervised offenders.



Although these factors are outside of CSOSA's direct control, they are not beyond our span of influence. It is highly unlikely that the releasing authorities will completely reject the graduated sanctions and incentives scheme; that all community leaders will decline to establish partnerships; or that CSOSA will receive no funding for additional needed programs. Instead, CSOSA is likely to have varying degrees of success in each of these areas. These external factors are best influenced by demonstrating successful results, by maintaining an internal climate of fiscal responsibility and by remaining focused on increasing public safety through community supervision.

APPENDIX A - ORGANIZATIONAL CHART

**COURT SERVICES AND OFFENDER SUPERVISION AGENCY  
FOR THE DISTRICT OF COLUMBIA**



<sup>1</sup>The Executive Committee consists of the four chief judges of the trial and appellate courts of the District of Columbia, the US Attorney, the Public Defender, and the CSOSA Director.

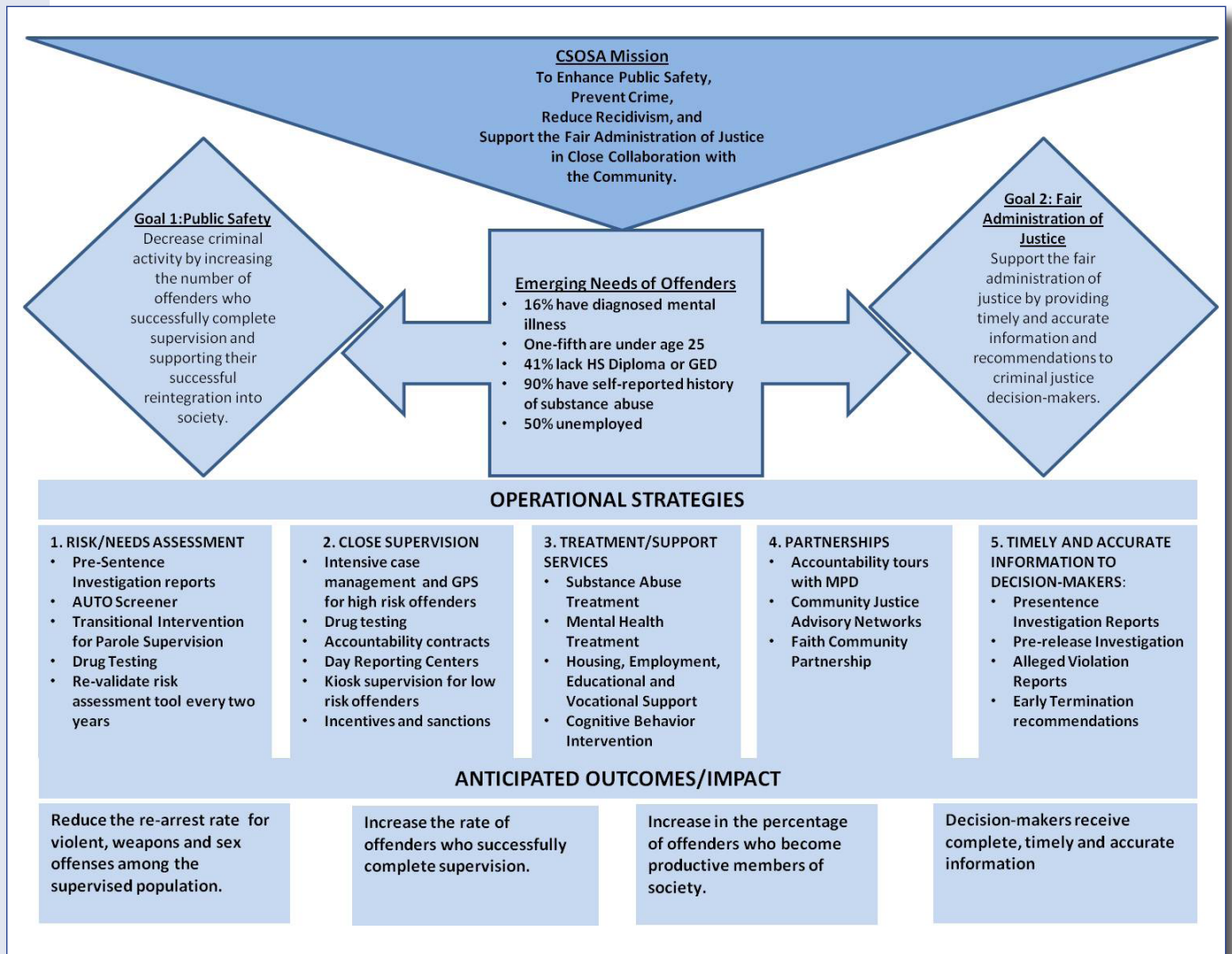
<sup>2</sup>These functions are also performed for the Pretrial Services Agency, as appropriate.

*Nancy M. Ware*  
Nancy M. Ware, Director  
2/15/12  
Date

## APPENDIX B - REFERENCES

- *Assessing CSOSA's Implementation of Its Strategy for Closely Supervising Criminal Offenders in the Community*, July 2007, Abt Associates.
- *Case Studies of Successful Offender Reentry*, November 2006, CSOSA, Office of Research and Evaluation.
- *Drug Treatment Continuums at CSOSA: Relationship between Program Attrition and Relapse*, 2008.
- *Evaluation of CSOSA's Domestic Violence Intervention Program Model*, November 2007, Oliver, William PhD; Williams, Oliver PhD; Pope, Marcus Med.
- *Final Report of the Re-entry and Sanctions Center Ethnography*, 2006, University of Maryland Cultural System Analysis Group.
- *Factors Contributing to Program Completion for Offenders in Outpatient Substance Abuse Treatment*, 2009, CSOSA Office of Research & Evaluation.
- *The Violence Reduction Program Ethnography*, 2007, CSOSA and the University of Maryland College Park.
- *CSOSA's FY07 – 09 EEO Trend Analysis*, 2009, CSOSA Office of Research & Evaluation.
- *A Mixed Method Analysis of the CSOSA Drug Treatment Recommendations and Placement Process*, December 2007, CSOSA Office of Research and Evaluation.
- *Safety Focus Group Report*, August 2009, CSOSA Office of Research and Evaluation.
- *Sanctioning Offenders: How Well Has the Graduated Sanctions Matrix Been Implemented at CSOSA*, April 2008, Abt Associates.
- *Simulated Evidence on the Effectiveness of Passive Supervision Strategies*, October 2009, Singh Bhati, Avinash PhD, The Urban Institute.
- *Validating the Auto Screener Volume 1 CSO Perceptions*, September 2009, The Urban Institute.
- *Validating the Auto Screener Volume 2 Technical Report*, September 2009, The Urban Institute.
- *Court Services and Offender Supervision Agency draft Human Capital Strategic Plan, FY2011 – 2013*, June 2009.

# APPENDIX C - LOGIC MODEL





## APPENDIX D - PERFORMANCE MEASURES

**Goal 1: PUBLIC SAFETY:** Decrease criminal activity among the supervised population by increasing the percent of offenders who successfully complete supervision and support their successful reintegration into society.

**Strategy1.1:** *Assess an offender's risk and needs in a timely and effective manner to determine appropriate levels of supervision and the need for support services, treatment and support services.*

Performance Measures	FY 2011 –2014 Target
1.1.1 Each eligible offender's risk level is assessed at intake.	85% by FY 2012-13
1.1.2 The AUTO Screener risk assessment and needs determination tool is completed by the supervision CSO within 25 working days of offender intake.	85%
1.1.3 The Accountability Contract for each offender is completed within 25 working days of offender intake.	65% by 2012-2013
1.1.4 Each offender is reassessed using the AUTO Screener to determine any change in risk level or needs at intervals no greater than 180 calendar days throughout the period of supervision.	85%
1.1.5 The risk and needs assessment tool is validated every two years.	100%
1.1.6 Drug tests are conducted at intake.	80%

## APPENDIX D - PERFORMANCE MEASURES

<p><b>Goal 1: PUBLIC SAFETY:</b> Decrease criminal activity among the supervised population by increasing the percent of offenders who successfully complete supervision and supporting their successful reintegration into society.</p>	
<p><i>Strategy 1.2: Provide close community supervision of assessed offenders through effective case management practices including incentives for compliance, immediate graduated sanctions for violations of release conditions, and ongoing drug testing and monitoring.</i></p>	
Performance Measure	FY 2011 –2014 Target
1.2.1 All eligible offenders are drug tested at least once per month.	75%
1.2.2 An Alleged Violation Report (AVR) is requested within three calendar days of loss of contact for an submitted offender.	75%
1.2.3 Timely and appropriate sanctions are imposed in accordance with policy for documented violations of the Accountability Contract.	2012-1013
1.2.4 An Alleged Violation Reports (AVR) is submitted to the releasing authority within three business days of rearrest notification.	75%
1.2.5 Eligible offenders are placed on Kiosk reporting.	70%
1.2.6 Community service is completed within one year of the offender completing orientation.	60%

## APPENDIX D - PERFORMANCE MEASURES

**Goal 1: PUBLIC SAFETY:** Decrease criminal activity among the supervised population by increasing the percent of offenders who successfully complete supervision and supporting their successful reintegration into society.

***Strategy1.3:** Provide appropriate treatment and support services as determined by the risk and needs assessment, to assist offenders in maintaining compliance and reintegrating into the community.*

<b>Performance Measure</b>	<b>FY 2011 –2014 Target</b>
1.3.1 Offenders referred to substance abuse treatment are placed in treatment within 30 calendar days of CSO referral to the Central Intervention Team (CIT) for placement.	80%
1.3.2 Offenders referred to domestic violence treatment satisfactorily complete the Domestic Violence Intervention Program (DVIP).	80%
1.3.3 Offenders placed in vocational programs satisfactorily complete the prescribed programs.	65%
1.3.4 Offenders placed in contractual substance abuse treatment satisfactorily complete the prescribed programs.	65%
1.3.5 Offenders placed in the Re-entry and Sanctions Center (RSC) satisfactorily complete the prescribed 28-day program.	80%
1.3.6 Offenders completing RSC satisfactorily complete their prescribed intervention plan.	70%
1.3.7 Offenders referred to contractual transitional housing are placed within 30 calendar days from CSO referral to CIT for placement.	80%

## APPENDIX D - PERFORMANCE MEASURES

<p><b>Goal 1: PUBLIC SAFETY:</b> Decrease criminal activity among the supervised population by increasing the percent of offenders who successfully complete supervision and supporting their successful reintegration into society.</p>	
<p><i>Strategy 1.4: Establish partnerships with federal and local government agencies, faith institutions and community organizations to facilitate close supervision of offenders in the community.</i></p>	
Performance Measures	FY 2011 –2014 Target
1.4.1 At least five new agreements each fiscal year will be established with organizations to provide job training, housing, education or other services for offenders.	90%
1.4.2 At least one new agreement will be established and maintained annually with organizations through which offenders can fulfill community service requirements.	90%
1.4.3 Each offender classified to intensive or maximum supervision has his/her case presented at Metropolitan Police Department (MPD) partnership meetings within 60 calendar days of the classification.	2012
1.4.4 Joint MPD Accountability Tours for maximum/intensive cases are conducted within 90 calendar days from assessment of supervision level using the AUTO Screener.	75%
1.4.5 One Community Justice Advisory Network (CJAN) meeting will be conducted in each police district quarterly.	90%

## APPENDIX D - PERFORMANCE MEASURES

**Goal 2: THE FAIR ADMINISTRATION OF JUSTICE:** Support the fair administration of justice by providing timely and accurate information and recommendations to criminal justice decision-makers.

**Strategy 2.1:** Provide timely and accurate information to decision-makers

Performance Measures	FY 2011 –2014 Target
2.1.1 Pre-sentence investigation reports, ordered by the Court, are completed and submitted by the assigned due date.	95%
2.1.2 Pre-release investigations are completed and sent to United States Parole Commission (USPC) or Bureau of Prisons (BOP) within 45 calendar days of assignment.	95%
2.1.3 Early termination packages for eligible offenders are submitted to the releasing authority within 90 days of eligibility.	80%



**CSOSA'S  
Human Capital Plan  
Annual OMB Budget Submissions  
External Stakeholder Feedback  
can be found on the CSOSA Website**

**[www.csosa.gov](http://www.csosa.gov)**

Court Services and Offender Supervision Agency  
For the District of Columbia  
633 Indiana Avenue N.W.  
Washington, DC 20004-2902  
(202) 220-5300