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PRESIDENT'S MESSAGE

As Americans cast their votes for the next President of the United States, several states are in the midst of a financial crisis. Many of your jurisdictions may be experiencing furloughs and layoffs as well as other fiscal concerns. In Pennsylvania, a perfect storm has gathered to include a significant budget deficit, the need to implement a huge criminal justice legislative package, and a mandated review of our corrections and probation and parole system as a result of two separate parolee shootings of police officers.

A proactive exhibition of competent leadership and management skills is called for and must be obvious to staff. Setting the course and navigating the ship through white water is necessary as compared to allowing the winds of change to control your fate. This involves meeting the current challenges head on — possibly shifting existing resources — and determining which priorities will move ahead and those that will have their motor choked.

Developing leaders to address numerous, complex, and high level problems has been a hallmark of the Executive Orientation Program since its inception in 1997. The successful program — a joint initiative of the National Association of Probation Executives, National Institute of Corrections, and Sam Houston State University — exposes new probation executives from



across the country to a diverse set of skills required to perform at the top of your organization. Curricula topics include data driven strategic planning, budgeting, media relations and presentation skills, organizational culture and leadership issues, ethics, the political environment, management through teams, and human resource issues. As probation executives, we are fortunate that such a program exists to mentor those who will assume future leadership roles. Having personally benefited from attending this program, I strongly urge you to nominate your colleagues to participate.

Our business of probation and parole requires frequent examination of our mission and the means used to achieve it. We must be constantly making adjustments to produce improved outcomes that will weather routine or spontaneous scrutiny. It is with optimism that we move forward, confident that our profession's journey to implement evidence-based practices is affirming to others.

Let us be thankful for the opportunities and resources provided and continually re-dedicate ourselves to "do the best we can with the tools we have." Best wishes for a safe, balanced, and fulfilling holiday season.

John Tuttle
President

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BUILDING A SEAMLESS SYSTEM OF CARE FOR SUBSTANCE ABUSE SERVICES IN NEBRASKA: THE IMPLEMENTATION OF THE STANDARDIZED MODEL FOR DELIVERY OF SUBSTANCE ABUSE SERVICES

by

Denise C. Herz, Ph.D.

Introduction

In response to growing concerns over rising offender populations and costs in the Nebraska Department of Correctional Services, the Nebraska State Legislature formed the Community Corrections Working Group in 2001. The purpose of the Working Group was to examine the role that community corrections should play in Nebraska's criminal justice system and to offer key policies and recommendations to implement such programming. This effort resulted in several legislative initiatives, including the creation of the Community Corrections Council (Legislative Bill 46; Neb. Rev. Stat. §§ 47-619 - 47-633).

Since its creation in 2003, the Council has stressed the need for system coordination regardless of branch of government (i.e., interagency collaboration) to address a wide variety of issues presented by offenders. One key issue recognized by both the Working Group and the Community Corrections Council was the need for offender substance abuse treatment. In particular, the Working Group emphasized the need to implement the Standardized Model (Herz and Vincent, 1999; Herz, 2000) in order to bring consistency and accountability to the delivery of substance abusing offenders throughout the state. The Community Corrections Council maintained this position and formed the Justice Behavioral Health Committee to oversee and monitor the implementation of the model. Additionally, the Nebraska Supreme Court issued a Court Rule institutionalizing the Standardized Model in November 2005.

The Court Rule officially recognized the Substance Abuse Task Force's proposed Standardized Model as the Standardized Model for Delivery of Substance Abuse Services and required that all substance abuse evaluations and treatment referrals ordered for adult felony drug offenders comply with the minimum standards of the Model beginning January 1, 2006, if "all or any portion of the cost for such evaluation or treatment referral is reimbursed by funds provided pursuant to Neb. Rev. Stat. § 29-2262.07 or state funds appropriated to the Community Corrections Council for substance abuse treatment" (Nebraska Supreme Court, 2005).

The purpose of this paper is to provide an overview of the Standardized Model for Delivery of Substance Abuse Services and to summarize the developments related to implementing the Model and its contribution to building a substance abuse system of care within Nebraska's Probation System and as part of a sentencing continuum.

The Substance Abuse Task Force

Overview

In 1999, the Nebraska Legislature passed LB 865 requiring the Governor to appoint a Substance Abuse Task Force to examine the need for and access to substance abuse treatment within the

criminal and juvenile justice systems. In sum, the Task Force concluded that (1) substance abuse treatment was an effective way to enhance public safety; (2) the current availability of appropriate treatment was not adequate to address the need among offenders; (3) identifying offenders who need treatment was inconsistent in process and quality; (4) access to services was fragmented and inefficient; and (4) treatment resources were often not available to justice agencies (Herz & Vincent, 1999). The Task Force also stressed the need to build a coordinated system of substance abuse treatment care. Specifically, the Task Force developed and recommended statewide implementation of the Standardized Model, which was developed by its Standardization Subcommittee.

Background

The impetus for LB 865 was generated by a "grassroots" effort initiated by several criminal justice professionals representing both state and federal criminal justice agencies and by private providers in 1995. Eventually, this group named themselves the Criminal Justice Coordinated Response Team and developed a presentation to increase Nebraska State Senators' awareness of substance abuse problems among offenders. Their strategy was productive. Several Senators, led by Senator Nancy Thompson, agreed to introduce and support LB 865 in the 1999 Legislative Session. The bill was passed, and the Governor subsequently appointed the Task Force.

The Substance Abuse Task Force began meeting in September 1999 under the direction of Kathy Seacrest, Director of Region II. As part of its work, the Task Force formed the Standardization Subcommittee, which attracted over 40 providers and criminal justice professionals who voluntarily agreed to participate in this effort. In addition, representatives from the Nebraska Department of Health and Human Services, Division of Behavioral Health played a significant role in this process. Table 1 provides an overview of the major developments related to the Standardized Model since 1995.

Overview of the Standardized Model for Delivery of Substance Abuse Services

The principal goals of the Standardized Model for Delivery of Substance Abuse Services are to:

1. To ensure that all offenders are consistently and accurately screened and evaluated (when necessary) for substance abuse/dependency;
2. To ensure that all substance abusing offenders are consistently and accurately assessed for risk of re-offending;
3. To coordinate and formalize information sharing between the judiciary, probation, other justice agencies, and providers of screening and risk and/or substance abuse assessments; and

Table 1
Summary of Major Developments Related to the Standardized Model Delivery of Substance Abuse Services, 1995-2005

Model Delivery of Substance Abuse Services, 1995-2005	
Year	Description of Development
1995	Criminal Justice Coordinating Council (CJCC) formed by criminal justice professionals
1998	CJCC presented slideshow to State Senators
1999	State Senators passed LB 865, creating the Substance Abuse Taskforce
1999	Task Force work began in September and Standardization Subcommittee began meeting in October
2000	Task Force Report submitted to Governor and Legislature in January
2000-02	Standardized Model is finalized
2002	Trainings on Model held in Omaha, Lincoln, and North Platte; the Standardized Model is implemented in pilot areas
2002-04	Governor appointed a Working Group—led by Kathy Seacrest, Director, Region II, and Chris Petersen, Policy Cabinet Secretary, Nebraska Department of Health and Services—to continue the development of an infrastructure to support the Standardized Model
2005	Nebraska Supreme Court issued a Court Rule regarding mandatory use of Standardized Model for Delivery of Substance Abuse Services for felony adult drug offenders beginning January 1, 2006

justice agency to complete a *Standardized Risk Assessment for Substance Abusing Offenders Reporting Form* to summarize the information collected from adult and juvenile justice agency risk assessment tools. This form, in turn, is provided (through court order or release signature) to the substance abuse provider conducting the evaluation.

Stage 3

The final stage of the Model involves the substance abuse evaluation. The Model stipulates that substance abuse professionals complete a substance abuse evaluation in order to increase the likelihood of consistent and accurate diagnoses and treatment recommendations. It is important to note that the requirements in this stage are intended to supplement the evaluator’s professional experience rather than dictate it. All substance abuse evaluations for offenders must include (1) the Addiction Severity Index (ASI) for adults or the Comprehensive Adolescent Severity Inventory (CASI) for juveniles, (2) one additional tool of the provider’s choice, and (3) the completion of the *Standardized Substance Abuse Evaluation Reporting Format*. The standardized reporting format ensures that the evaluation

4. To integrate levels of treatment care with offender accountability through the use of and attention to criminogenic risk and need factors.

This Standardized Model is comprised of three interrelated stages:

Stage 1

This stage requires that all offenders be screened for substance abuse as early in the criminal/ juvenile justice process as possible. The purpose of screening is to determine the presence of a current substance abuse problem and identify the need for further evaluation. The tool selected for this stage of the Model was the Simple Screening Instrument (SSI), which was developed by a Center for Substance Abuse Treatment (CSAT) workgroup. This stage requires the use of the SSI but does not prohibit the use of additional screening tools. Criminal and juvenile justice agencies are responsible for administering the SSI (i.e., probation officers, parole officers, case managers, and other justice professionals).

Stage 2

This stage occurs when an offender scores in the SSI problem area. In this case, the offender is referred for further evaluation by a substance abuse professional. The criminal justice agency referring the offender is required to complete a risk assessment prior to the substance abuse evaluation and communicate that information to the substance abuse evaluator. Currently, justice agencies utilize different risk assessment tools. Until these tools are standardized across agencies, the Model requires the referring

agency to complete a *Standardized Risk Assessment for Substance Abusing Offenders Reporting Form* to summarize the information collected from adult and juvenile justice agency risk assessment tools. This form, in turn, is provided (through court order or release signature) to the substance abuse provider conducting the evaluation.

ation is reflective of professional standards and “best practices,” comprehensive, and consistent in terminology. If the risk assessment is not completed prior to the evaluation, the Model also requires that the evaluator review the completed risk form and modify his/her evaluations before submitting the final report to the court.

Additional key components of the Standardized Model include the mandatory use of Registered Substance Abuse Providers for evaluations and treatment, the use of standardized level of care terminology for substance abuse treatment, and mandatory certification on the Standardized Model for criminal justice personnel.

“Registered Provider” refers to an individual or agency who/ that has a clear understanding of the Standardized Model and:

1. Agrees to adhere to all elements of the model;
2. Holds a valid license, which includes within its scope of practice the ability to administer substance abuse evaluations and/or treatment;
3. Completes a basic education class on the relationship between criminogenic factors and offending and maintains this knowledge with 12 hours of continuing education training every two years thereafter; and
4. Registers his/her/its services with and is approved by the Nebraska Office of Probation Administration.

Completion of substance abuse evaluations and the provision of treatment are limited to Registered Providers in the Standardized Model. Additionally, Registered Providers must use the

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Substance Abuse Services for Adult Criminal Justice Clients Continuum of Care and Substance Abuse Services for Juvenile Justice Clients Continuum of Care to indicate what type of services an offender needs. These documents contain terminology based on a crosswalk of terms used by all justice agencies and behavioral health oversight agencies. The creation of standardized terminology represented a significant step in getting all decision-makers and providers “on the same page” within and between jurisdictions across the state.

Finally, the Standardized Model requires all criminal justice personnel to complete training on the Model protocol.

Developments Related to the Standardized Model for Delivery of Substance Abuse Services

Implementation of the Standardized Model for Delivery of Substance Abuse Services is intended to increase the amount of clear communication across agencies and to improve the development of comprehensive case plans for offenders with substance abuse problems. Thus, it represents a critical step in developing Nebraska’s Community Corrections System of Care.

Increasingly, the importance of system collaboration is recognized not only as more efficient but also more effective (Taxman, 1998; NIDA, 2007; CSAT, 2005a; CSAT, 2005b). Consistent with these principles, the Office of Probation Administration has adopted and is in the process of implementing Evidence-Based Practice: An Integrated Model, which requires systems to integrate organizational development, collaboration, and evidence-based practices (EBP) (NIC/CJI, 2004). Probation’s use of the Integrated Approach enhances the criminal justice system’s ability to fully and successfully implement the Standardized Model for Delivery of Substance Abuse Services because it creates the agency infrastructure to support a seamless system of substance abuse treatment care. To better understand Nebraska’s progress in this area, the accomplishments related to each area of the Model are described below:

Organizational Development

The first step in developing a seamless system of care is to create an organizational structure that will support the demands of such a system. At least four aspects of an agency’s organizational structure are significant in this process: Priorities in staffing, the utility of its information system, access to funding for treatment, and training to support initiatives. Accomplishments in these areas include:

- Since January 2005, the Nebraska Office of Probation Administration created the following positions to facilitate interagency communication and collaboration: Deputy Administrator in charge of Community Corrections Programming, Community Corrections Coordinator, Justice Systems Treatment Specialist, and Statewide Drug Testing Program Coordinator.
- The Administrative Office of the Courts/Judicial Branch Education hired a Probation Education Manager to design and conduct evidence-based management training for Probation staff throughout the state.
- Using the Uniform Data Analysis Fund, created by the Community Corrections Act, the Nebraska Probation Management Information System (NPMIS) recently added an entry portal for Registered Substance Abuse Service Providers.

This update allows providers to log on to the system and electronically connect to their clients. After making this link, providers can enter evaluation recommendations, monthly progress reports, and discharge summaries that are accessible immediately to probation officers.

- The Offender Fee for Service Voucher Program was developed in 2004 and implemented in 2006 to provide financial assistance for substance abuse evaluations and treatment for offenders. The program uses a combination of appropriations from Nebraska’s general fund with fees collected from offenders to generate a pool of funds from which Probation and Parole can use to pay for offender evaluations and treatment services. The Fee for Service concept was modeled after an existing Division of Behavioral Health Services Contract Program entitled: Rural Mental Health Voucher Program. The program is administered under the Nebraska Office of Probation Administration, as recommended by the Voucher Subcommittee of the Community Corrections Council. In 2006, Probation and Parole were authorized to spend \$4.5 million on adult offender treatment (50% from the general fund; 50% offender fees) through this program.
- The Nebraska Office of Probation Administration has provided training on the Level of Service/Case Management Inventory (LS/CMI) risk assessment tools for adults and the Youth Level of Service/Case Management Inventory (YLS/CMI) for juveniles to probation officers across the state. Additionally, it provided training on Motivational Interviewing (MI) (Miller & Rollnick, 2002) and Stages of Change to probation and parole officers throughout the state.

Collaboration

The second component to Probation’s integrated approach is collaboration. Improved communication and collaboration with both criminal justice agencies (i.e., courts, Department of Correctional Services, Parole) and behavioral health agencies (i.e., Nebraska Health and Human Services (HHSS) Division of Behavioral Health and providers) is instrumental to making a seamless system of treatment care possible. Developments in this area include:

- Signed memorandums of agreement by the Office of Probation Administration, the Department of Correctional Services, and Department of Health and Human Services Division of Behavioral Services supported the initial development of the Standardized Model for Delivery of Substance Abuse Services.
- The Division of Behavioral Health has provided training on the Model’s required substance abuse evaluation tools to 983 providers (654 providers on the Addiction Severity Index and 329 on the Comprehensive Adolescent Severity Inventory).
- To date, trainings have resulted in 470 providers completing the Standardized Model requirements and becoming Registered Providers with the Nebraska Office of Probation Administration. Additionally, Probation staff has worked with staff from the Division of Behavioral Health to standardize definitions of level of care. Use of these definitions is now required by the Standardized Model for Delivery of Substance Abuse Services in order to ensure that the same language regarding treatment is used throughout the state.

- The Nebraska Office of Probation Administration has actively engaged with the Nebraska Department of Correctional Services, Adult Parole Administration to hold joint trainings and to participate in supervision programs such as the Specialized Substance Abuse Supervision Program (SSAS) and the Secure Continuous Remote Alcohol Monitoring (SCRAM) Study.
- The Community Corrections Council formed the Justice Behavioral Health Committee, which is a multidisciplinary committee charged with overseeing interagency collaboration, implementation of the community corrections model, and application of the Standardized Model to substance abuse and mental health.
- The Community Corrections Council (CCC) established a Voucher Subcommittee comprised of the Executive Director for CCC, Executive Policy Analyst for CCC, Office of Probation Administration's Deputy Administrator for Community Corrections Programming and the Justice Treatment Systems Specialist, Statewide Coordinator of Problem-Solving Courts, a representative from the Behavioral Health Regions, a representative from the Office of Parole Administration, a representative from the Department of Health and Human Services Division of Behavioral Services, and a representative of the provider community to oversee the implementation of the Fee for Service Voucher Program.
- Contractual agreements between the Nebraska Office of Probation Administration and the Nebraska Department of Correctional Services have extended voucher payments to parolees. As a result of collaboration between the Nebraska Office of Probation Administration and the Nebraska Department of Correctional Services, the level of treatment services available at the Work Ethic Camp (WEC) has been elevated to short-term residential services.
- All six Behavioral Health Regions have signed memorandums of agreements with the Nebraska Office of Probation Administration to support the operation of the voucher system.
- The Nebraska State Patrol facilitated small grant funding to juvenile drug courts for the prevention and treatment of methamphetamine.
- Most recently, multiple agencies worked together to organize the *Community Corrections and Substance Abuse Treatment: An Effective Strategy for Crime Control Conference*. The conference was held in May 2007 and was sponsored by the Administrative Office of Probation (AOP), the Nebraska State Patrol, Administrative Office of the Courts (AOC) Judicial Branch Education, AOC/AOP Drug Courts, Heartland Family Services, Nebraska Behavioral Health Regions, BryanLGH Medical Center, Community Corrections Council, Blue Valley Mental Health, Nebraska Health and Human Services/Division of Behavioral Health, the Nebraska Counselors' Association, and the Nebraska Crime Commission. A total of 465 professionals attended the conference, representing law enforcement, problem-solving courts, probation, corrections, parole, behavioral health providers, and the judiciary.

Evidenced-Based Practices (EBP)

The third component to probation's use of an Evidence-Based Practice: An Integrated Approach is the use of Evidence-Based

Practices (EBP) related to improving correctional practice. Developments related to this part of the approach include:

- The Level of Service/Case Management Inventory (LS/CMI) (i.e., a standardized risk assessment tool) is currently being piloted in every district across the state for adult Class I Misdemeanor offenders and all adult felony offenders.
- Since July 2006, the Nebraska Office of Probation Administration instituted a policy that requires all probation districts in Nebraska to utilize the Youth Level of Service/Case Management Inventory (YLS/CMI) for juvenile offenders. Furthermore, the use of the YLS/CMI is currently being coordinated between probation and the Department of Health and Human Services/Office of Juvenile Services. This development marks the first effort to coordinate policy and procedure between these two agencies.
- Seven Day and Evening Reporting Centers have been established to provide a "one-stop shop" for a range of state and local services. A total of thirty services or programs are offered at the reporting centers, but not all of the services are offered in each reporting center. As of May 1, 2007, all seven reporting centers provided cognitive groups, life skills training, and drug testing. Four centers provided educational services, three provided mental health services, and three provided vocational services. Centers in Douglas and Sarpy counties also provide Pre-Treatment Groups.
- The Specialized Substance Abuse Supervision (SSAS) Program is an intensive intervention and supervision program that incorporates close case management with drug/alcohol treatment and targeted programming. An individualized approach to each offender is taken according to the offender's risk/needs and progress. The use of graduated incentives and sanctions are used to address compliance. Only well-trained and highly skilled probation officers staff SSAS.
- A pilot study for the use of the Secure Continuous Remote Alcohol Monitoring (SCRAM) for any offender was implemented in February 2006. This program uses SCRAM Transdermal Alcohol Testing technology to monitor any offender convicted of an alcohol or other drug related crimes. The use of SCRAM is often thought of for offenders convicted of driving under the influence, but relapse among drug offenders is often preceded by alcohol use and therefore is equally beneficial. The Court or Parole Board may order SCRAM for any offender; however, payment for a condition of probation or parole when using SCRAM may not exceed 120 days. In practice, any confirmed detection of alcohol use is reported to the offender's supervising officer as well as the Court/Parole Board within 24 hours.
- There are currently 20 problem-solving courts throughout Nebraska. The supervision component for 12 of these courts is based within Probation. In July 2007, the Nebraska Supreme Court adopted the Rule Governing Establishment and Operation of Drug Courts in an effort to bring consistency to drug courts in Nebraska.
- The Probation Administration, Division of Community Corrections assists specialized programs in acquiring incentives for participating offenders using the Increase Positive Reinforcement Incentive Project. The funds for this project are provided from offender fees, and are available to all SSAS sites, Intensive Supervision Probation (ISP) Regions,

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and Probation-supervised problem-solving courts. To access these funds, sites must apply by describing how the incentives will be disbursed using strategies consistent with evidence-based principles (NIC / CJI, 2004) to encourage behavior change among offenders. Site awards may not exceed \$1,000 per applicant. These funds, in turn, may be used to purchase items such as certificates, movie passes, hair cuts, dental services, etc.

Impact of the Standardized Model for Delivery of Substance Abuse Services

The evidence-based principles (NIC / CJI, 2004) adopted by the Nebraska Office of Probation Administration require systems to measure relevant practices and provide measurement feedback. Since many of the developments described previously are in their infancy, it is not surprising that the availability of evaluation research results is minimal. Preliminary data, however, provide some insight into the effectiveness of these approaches.

- A Registered Provider Fee for Service Survey was conducted in January 2007 (N=116) and showed that 63% of providers in urban areas had increased their capacity for services in the past year; 50% of rural providers increased their capacity; and 60% of providers serving both urban and rural areas increased their capacity.
- The Department of Correctional Services' (DCS) admissions decreased 8% between 2006 and 2007. Additionally, there was a 12% drop for first-time Felony Drug Offenders and a reduction of 16% for Felony Drug Offenders with sentences of three years or less. Conversely, there was a 3% increase in the number of Felony Drug Offenders sentenced to Probation (Community Corrections Council, June 20, 2006). DCS attributes the downward trend to at least two possible reasons: 1) An increase in parole numbers, and 2) successful efforts by the Community Corrections Council and Nebraska State Probation's SSAS program to divert offenders from correctional placement when appropriate.
- The American Probation and Parole Association (APPA) requested to use the Standardized Model for Delivery of Substance Abuse Services as a "best practices" model.

Additionally, a research study is currently under discussion to assess the effectiveness of the SSAS unit. Further research has been discussed and is part of the "Next Steps" in the process of creating the seamless system of care for substance abuse services.

Next Steps

Despite Nebraska's accomplishments related to implementing the Standardized Model for Delivery of Substance Abuse Services as well as all the initiatives previously listed, more work related to policy development, implementation, and evaluation is necessary to successfully build a seamless system of care for substance abuse services.

From a policy perspective, Standardized Model data should be used to impact state and federal substance abuse allocations and to further encourage interagency agreements for collaboration.

From an implementation perspective, additional efforts are needed to ensure:

- All agencies enforce and maintain the fidelity of the Standardized Model;
- All required instruments and communication documents are available electronically (i.e., a Standardized Model Web site to facilitate its use);
- Efforts to use best practice and evidenced-based programming by justice agencies and substance abuse providers (e.g., cognitive behavioral therapy programming, treatment lengths and stays, using appropriate treatment models for methamphetamine users) are expanded; and
- Lessons learned from this effort are used to expand the continuum of care to include parallel initiatives related to evaluation and treatment of offenders with mental health problems and sex offenders.

From an evaluation perspective, it is critical to build a research agenda that will document:

- The impact of using the Standardized Model for Delivery of Substance Abuse Services on reducing recidivism;
- The effectiveness of specific treatment modalities on reducing recidivism;
- The impact of formally integrating treatment and supervision on reducing recidivism; and
- The cost/benefit ratio related to using the Standardized Model for Delivery of Substance Abuse Services.

Conclusion

All the efforts and initiatives described in this report were generated for a single goal: To reduce recidivism in order to improve public safety. Effectively reducing recidivism requires criminal justice systems to collaborate internally as well as with other human service systems. Increasing public safety is synonymous with increasing the health and well-being of offenders and the communities in which they live. While this approach has more utility than incapacitation, it requires a tremendous amount of interagency and intersystem collaboration and commitment to the development of an effective community corrections continuum.

The Standardized Model for Delivery of Substance Abuse Services has evolved significantly since its inception. The original idea was to simply rethink the process by which substance abuse was identified and treated within the criminal justice system. Not only did the Task Force accomplish this task, it created a model that required treatment and justice professionals to work together. The process of developing the Standardized Model was built on partnerships between justice professionals and treatment providers. Furthermore, the Model was not developed by agency administrators and handed down; rather, it was created by individuals dealing with these problems on a daily basis and handed up to administrators. It represents a "cutting edge" response to problems that have plagued criminal justice systems for decades, and it reflects solutions that are practical and feasible.

The key to Nebraska's success with the Standardized Model for Delivery of Substance Abuse Services rests in the combination of vision, leadership, commitment, and openness. This combination helped identify and address obstacles to interagency collaboration, overcome differences and misunderstandings due to terminology differences across systems, and reduce, if not rid of, turf boundaries between agencies and systems.

In summary, to improve public safety the justice system must effectively address offender substance abuse. To effectively address offender substance abuse, Nebraska must continue its commitment to the following principles:

- The need for supervision and treatment must be identified accurately by assessing risk and need with standardized tools;
- The appropriate level of supervision and treatment must be integrated and matched to offender risks and needs;
- Evidence-based programming must be used when available;
- Communication across agencies (within criminal justice and between criminal justice and behavioral health treatment) must be formalized; and
- Outcomes must be measured and used to demonstrate progress to the community and to continuously improve system responses.

The only way to accomplish these principles is to institute a process that will produce consistent and accurate information and to facilitate cross-discipline education that will foster and support partnerships between justice personnel and treatment providers.

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EXERCISING THERAPEUTIC JURISPRUDENCE IN AN URBAN FELONY COURT: THE COOK COUNTY MENTAL HEALTH COURT PROGRAM

by

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Abstract

This paper focuses on a court-based innovation for criminally involved individuals afflicted with schizophrenia, bipolar disorder, or major depression — chronic brain diseases that cause extreme distress and interfere with social functioning and emotional adjustment (American Psychiatric Association, 2004; Gamble & Brennan, 2005). The paper describes a recently developed — but fast-growing — strategy for dealing with the challenges of people with serious mental illness during the pre- and post-adjudication stages of the criminal justice process: Mental Health Courts (MHCs). The article briefly explores the historical and legal underpinnings of MHCs as well as their defining elements and operations. It also presents the results of a preliminary study of Cook County's (Chicago) MHC operations and effectiveness. Using probation as a platform, this highly collaborative program manages a felony-only caseload of offenders with extensive criminal histories and co-occurring psychiatric and substance use disorders.

Exercising Therapeutic Jurisprudence in an Urban Felony Court: The Cook County Mental Health Court Program

Fundamental changes in mental health laws and policies have brought criminal justice professionals into contact with people with serious mental illnesses (PSMI) at every stage of the criminal justice process. Police arrest PSMI because few other options are readily available when handling their disruptive public behavior or obtaining much-needed treatment or housing for them (Teplin, 2000). Jail and prison administrators struggle to treat and protect the mentally ill, and judges grapple with a paucity of sentencing alternatives for PSMI who fall outside of narrowly defined forensic categories (e.g., guilty but mentally ill). Meanwhile, probation and parole officers scramble not only to obtain scarce community services and treatments for PSMI, but also to fit them into standard correctional programs and monitor them with traditional case management strategies (Lurigio & Swartz, 2000). When the mentally ill are placed under community supervision, their disorders interfere with their ability to comply with the conditions of release and compound the difficulties of prisoner reentry (Council of State and Local Governments, 2002).

In light of this situation, the current article discusses a court innovation for adult probationers afflicted with serious psychiatric disorders, such as schizophrenia, bipolar disorder, or major depression — chronic brain diseases that cause extreme distress and interfere with social functioning and emotional adjustment (American Psychiatric Association, 2004; Gamble & Brennan, 2005). To this end, the article describes a recently developed and evolving — but fast-growing — strategy for working with

PSMI at the pre- and post-adjudication stages of the criminal justice process: Mental Health Courts (MHCs). To develop a more comprehensive understanding of MHCs, this article briefly explores their historical and legal underpinnings as well as their defining elements and operations. It further presents the results of a preliminary study of Cook County's (Chicago) MHC's operations and effectiveness, including data garnered from interviews with program staff. Using probation as a platform, this highly collaborative program manages a caseload of felony probationers who have extensive criminal histories and serious psychiatric disorders.

Historical Underpinnings

MHCs were developed in response to a growing awareness that substantial numbers of PSMI were appearing before criminal court judges (Bernstein & Seltzer, 2003). Evidence suggests that between 15 and 20 percent of the correctional population suffers from a serious mental illness — a percentage that is substantially higher than the representation of PSMI in the general population (Ditton, 1999). However, very few of these individuals either meet the standard for incompetency or insanity or have their illnesses addressed in sentencing or court supervision plans. As the Council of State and Local Governments (2002, p. 5) observed, "People with mental illness are falling through the cracks of this country's social safety net and are landing in the criminal justice system at an alarming rate." Consequently, PSMI repeatedly cycle through the criminal justice system — in part, because of the court's failure to recognize psychiatric illness as a factor that contributes to their continued criminal activity (Lurigio & Swartz, 2000).

Mental health advocates, social scientists, and legal scholars have called for the creation of specialized programs that could respond justly, humanely, and effectively to PSMI at every stage of the legal process — from arrest to re-entry from prison (Lurigio & Swartz, 2000). Two converging legal trends have spurred the development of MHC as an appropriate mechanism for handling the problems of criminally involved PSMI: therapeutic jurisprudence and the drug court movement. The former established the conceptual groundwork for specialized courts while the latter created, tested, and refined the elements of specialized court operations (Watson, Hanrahan, Luchins, & Lurigio, 2001).

Therapeutic Jurisprudence

The term *therapeutic jurisprudence* (TJ) first appeared in the legal literature in the late 1980s in the context of mental health law. TJ is defined as "the study of the extent to which substantive rules, legal procedures, and the roles of lawyers and judges produce therapeutic or anti-therapeutic consequences for individuals involved in the legal process" (Hora, Schma, & Rosenthal, 1999, p. 440). Since its introduction, TJ has emerged as a framework

for examining an extensive array of legal subjects, including the response of the criminal court system to the problems and needs of PSMI as well as how court decisions can affect therapeutic outcomes.

Legal scholars view TJ as the application of social scientific theories and methodologies from a variety of disciplines for the purpose of understanding and promoting the psychological well-being of participants in the legal process. As previously suggested, TJ recognizes that the law and legal actors, as well as legal rules and procedures, can all have therapeutic (favorable and healthy) or anti-therapeutic (unfavorable and unhealthy) consequences for individuals affected by the court's proceedings and decisions (Wexler & Winick, 1996).

The concept of TJ promotes the court's adoption of proactive, hands-on, and results-oriented problem-solving practices that are responsive to the emotional needs and social problems of legal consumers. TJ conceives the law as a social force and judges as therapeutic agents who exercise the court's authority by enhancing clients' human and social capital and focusing on their individual rights while ensuring that justice is served in every case (Wexler & Winick, 1996). The National Association for Court Management and the National Center for State Courts have touted TJ as a leading paradigm for delivering court services (Schma, 2005).

Drug Treatment Courts

The most recent war on drugs, launched with the passage of the Anti-Drug Abuse Act of 1988, led to a massive influx of offenders at every stage of the criminal justice process, contributing to overtaxed court dockets and unprecedented prison overcrowding (Lurigio, 2003). Specialized drug treatment courts (DTCs) were implemented in response to the tidal wave of drug offenders and their tendency to churn through the criminal justice and treatment systems (Lurigio, 2000). Such drug courts were based on several major premises and included basic procedures that were subsequently incorporated by MHCs, including specialized court dockets, graduated sanctions for noncompliance with court mandates, and a team approach to monitoring cases (Cooper, 1998; Drug Courts Program Office, 1997).

DTCs view addiction as a chronic brain disease that intensifies criminal behavior. During recovery, relapses are expected and afford opportunities for personal growth and sobriety. DTCs integrate treatment with rehabilitative services and other court-ordered conditions of supervision. When successfully treated, individuals with addiction are less likely to be rearrested or reincarcerated (Lurigio, 2000). DTCs use legal coercion to keep offenders engaged in treatment programs. Judges exercise their moral and legal authority in overseeing the recovery process and take a strong interest in each offender's sobriety.

Dade County's Felony Drug Court (Miami) was the first DTC in the nation. Situated in Florida's Eleventh Judicial Circuit, the court first heard cases in 1989 and was widely praised for its inventive procedures and emphasis on teamwork, cooperation, and collaboration among members of the courtroom work group (Davis, Smith, & Lurigio, 1994). Grounded in the concept of TJ, its philosophy and operational design became the template for future DTCs (Florida's Eleventh Judicial Circuit, 2007). Based on the premise that addiction is a disease that fosters criminal behavior, the court is highly treatment-oriented and supportive of clients' recovery. Defendants are neither prosecuted nor punished for having a substance use disorder. Instead, the court brokers

drug treatment and other services in order to help offenders achieve stable lives through sobriety (Drug Courts Program Office, 1997).

In general, the defining components of DTC are consistent with the Miami-Dade prototype (Canadian Centre on Substance Abuse, 2007; Mugford & Weekes, 2006). For example, the Drug Courts Program Office of the United States Department of Justice (1997) and the National Association of Drug Court Professionals enumerated the following key components of DTC, which have also become the *modus operandi* of MHC (Drug Strategies, 1999):

- clients are promptly identified and immediately placed in treatment;
- a team of judges, attorneys, probation officers, and treatment providers enact non-adversarial court proceedings that vigorously protect the due process rights of defendants and offenders;
- judges have regular contact with clients in status hearings or other types of court calls;
- clients are intensively monitored and subjected to random drug testing;
- treatment and other interventions lie on a continuum of care and are evidence-based, comprehensive, and integrated for individuals with co-occurring psychiatric disorders;
- contingencies of rewards and punishments reinforce clients' compliance with treatment and other conditions of program participation;
- program staff maintain close working relationships with community service providers and healthcare agencies;
- ongoing evaluations examine the program planning and implementation process as well as measure the accomplishment of the program's objectives and goals; and
- program staff remains current with the latest advances in offender drug treatment and case management strategies through participation in training and continuing education sessions.

The creation of MHC benefited from the political appeal and reported success of DTC. Although the quality of the research undertaken to evaluate DTC has been questionable, most reviews of such evaluations have established its effectiveness in decreasing recidivism, saving taxpayer dollars, and increasing retention in treatment (National Drug Court Institute, 2004). In a review of the research on drug courts, Marlowe, DeMatteo, and Festinger (2003) stated that "we know that drug courts outperform virtually all other strategies that have been attempted for drug-involved offenders" (p. 126).

As the number of DTCs increased, so did the number of defendants in those courts who had mental health problems. In response to the growing presence of PSMI on court dockets, several jurisdictions — including Honolulu, Hawaii, and Ithaca, New York — installed mental health tracks within their DTCs. Similarly, the DTC in Lane County, Oregon, created two mental health tracks: one for PSMI and another for clients with personality disorders consisting of characterological problems and destructive behavior patterns that affect people's relationships and overall functioning (American Psychiatric Association, 2004). San Bernardino County, California, has separate drug and mental health courts, although the same judge presides over both (Rabasca, 2000). In the late 1990s, other jurisdictions began implementing independent MHCs.

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In summary, the DTC model has transformed specialized criminal courts from an adversarial and legalistic to a therapeutic and rehabilitative orientation, thereby laying the foundation for MHCs (Fulton-Hora, 2002). DTCs and MHCs embrace a common mission and non-adversarial approach toward working with offenders who have psychiatric illnesses. Teams of judges, prosecutors, defense attorneys, probation officers, and service providers carry out a coordinated case management plan focusing on treatment and holding offenders accountable through graduated sanctions for rule infractions; the plan rewards offenders who successfully complete the program through a reduction in sentences and dismissal of charges (Belenko, 1998).

Cook County Mental Health Court Program

Program Overview

The Cook County Mental Health Court Program (CCMHCP) is built on a continuum of services and dedicated to the rehabilitation and recovery of PSMI. The program's clients are probation-eligible defendants held in the Cook County Jail while their cases await adjudication. After sentencing, these individuals are evaluated for supervision and linked to community-based treatment and other services — efforts intended to reduce subsequent arrests, incarcerations, and hospitalizations. The program's caseload consists of felony probationers with mental illness, most of whom have co-occurring substance use disorders. Program staff supports clients by engaging them in programming and by responding swiftly to their multifaceted problems and needs. CCMHCP staff employs a variety of interventions and wrap-around services that aim to avoid more restrictive levels of care for their clients as well as further penetration into the criminal justice system.

The staff of the jail's medical unit, known as Cermak Health Services, treats an average of 1,000 detainees with serious mental illness on a daily basis. Many of those who receive psychiatric services in the jail are either sentenced or released into the community without medication or other services for alleviating their psychiatric and substance use disorders. Untreated mentally ill offenders are more likely than those with no mental illness to be rearrested and reincarcerated; they are also more likely to be readmitted to psychiatric hospitals (Lurigio & Lewis, 1987).

Designed to fill gaps in services for PSMI, the CCMHCP was initiated in two felony courtrooms in the court system's Criminal Division. The Cook County Court's Criminal Division is one of the largest in the nation; the sheer volume of cases involving PSMI would overwhelm the capacity of a single, specialized court. Thus, the CCMHCP was launched as a system-wide initiative rather than as a stand-alone specialized court program, which would be severely limited in its ability to monitor or serve a large number of clients. Testing the program in two courtrooms allows for honing its operations and procedures before it is implemented system-wide. The experience of implementation is being used to create standard operating procedures for managing PSMI whose cases can appear in any courtroom in the Cook County Criminal Court System. Through incremental expansion, the goal of the program's founders is to fashion a court system informed about mental illness and guided by the principle of therapeutic jurisprudence in all its proceedings and decisions.

CCMHCP judges exercise therapeutic jurisprudence by ordering mandatory psychiatric treatment, behavioral healthcare, and recovery management services, which include long-term treat-

ment and follow-up care that recognize the chronicity of serious mental illness. In addition, the program employs case monitoring and client advocacy strategies that have proved successful with criminally involved PSMI. These strategies incorporate illness recovery and management techniques that foster client responsibility, self-sufficiency, and habilitation as well as integrated treatment programs for psychiatric and substance use disorders for clients with co-occurring addiction.

Partnerships and Objectives

Leaders in the mental health and criminal justice systems developed the CCMHCP through a historic collaboration. Since its inception, the program has been guided by a Steering Committee, led by the Honorable Timothy Evans, Chief Judge of the Cook County Courts; the Honorable Paul Biebel, the Presiding Judge of the Cook County Court Criminal Division; and Pam Rodriguez, Executive Vice President of Treatment Alternatives for Safe Communities (TASC). Representatives from several public and private entities participated in the planning of the program, including the Cook County Adult Probation Department (Mental Health Unit), the Cook County State's Attorney's Office, the Cook County Public Defender's Office, the Illinois Department of Human Services' Division of Mental Health (DMH) and Department of Alcohol and Substance Abuse (DASA), the Chicago Police Department (CPD), Loyola University Chicago, and the National Alliance for the Mentally Ill of Greater Chicago (NAMI-GC) as well as community-based mental health treatment providers from the City of Chicago, Cook County, and the State of Illinois (Lurigio, 2004).

CCMHCP's major goal is to reduce psychiatric and criminal recidivism among high-risk probationers. The primary objectives of the program include forging enduring linkages between the court and mental health systems, formulating effective strategies to assist clients to remain in compliance with program mandates, adopting best practice models of clinical and correctional services, helping PSMI live more independent and productive lives, and engaging stakeholders from the criminal justice and mental health systems in a series of cross-training events that emphasize the challenges of working with criminally involved PSMI.

CCMHCP's Steering Committee garnered funds, created a strategic plan, and drafted policies, procedures, and protocols for the program. The Steering Committee convenes monthly to monitor program progress and discuss program-related issues, building on lessons learned from current practices in order to chart the future direction of the program. Through this process, CCMHCP partners have been able to address collectively the need for streamlining operations and using staff time and program resources more efficiently. Monthly meetings are also opportunities for learning about clients' needs and exploring cutting-edge interventions, practices, and other components of recovery for PSMI in the criminal justice system.

Early Program Changes

The CCMHCP became operational in April 2004. In its first year of implementation, it held an open house to showcase the program and to explore better ways to integrate services and bring new partners to the initiative. Invitees included judges, court professionals, probation administrators, and substance abuse and mental health treatment providers. During its first year of services, program administrators and staff recommended a number of procedural changes. For example, the program's

supervisory phases (from more- to less-intensive monitoring) were modified, as were the sanctions and incentives employed to encourage program compliance. In addition, program administrators crafted memoranda of understanding with drug treatment and mental health professionals to improve communication between the two groups and enhance the delivery and continuity of client services.

In addition, during the program's first year of operations, TASC hired a case aide to assist the program's clinical case manager. The case aide's primary function is to chaperone CCMHCP clients to their initial appointments for their social security benefits, mental health services, and substance abuse treatment. The addition of the case aide to the program has allowed the TASC case manager to spend more time supporting client engagement in court-ordered services and serving as a liaison between the courts and community-based treatment providers.

Team Approach

The CCMHCP is administered by a team of specially trained professionals who perform specific duties in the program, such as assessment, case management, and court advocacy. In both courts, the team consists of a permanently assigned judge, state's attorney, public defender, probation officer, and TASC case manager who work with state-funded service providers and Chicago police officers. The team approach acknowledges the multifariousness of clients' problems and underscores the importance of coordinating case management activities. In each courtroom, members of the team assume complementary and supportive roles in monitoring, evaluating, and encouraging clients' participation in treatment. Through individualized court hearings, judges and other team members have frequent, therapeutic, and supportive contacts with program clients. The following description of the team draws on interviews with staff in each of the partner agencies.

TASC case managers. Operating in every county in the state, TASC delivers direct services each year to more than 35,000 Illinois offenders with behavioral health issues. It provides comprehensive recovery management services for people with substance use disorders who are referred or mandated to treatment by corrections, criminal justice, child welfare, and other public systems. Its staff brings to the CCMHCP expertise in addiction and unique skills in spanning the boundaries between the criminal justice and drug treatment systems. TASC has been responsible for launching systemic changes in the court and criminal systems in Illinois for more than 30 years, especially through its advocacy for criminally involved people with addiction.

TASC case managers perform comprehensive evaluations and develop individualized service plans that include matching clients with specific levels of substance abuse treatment. Case management plans can also include referrals to culturally sensitive social services, such as housing, employment, childcare, and family reintegration programs. TASC case managers assist CCMHCP clients in their attempts to navigate complex service systems as well as facilitate their access and entry into services; their protocols vary in intensity based on a client's particular needs and progress in the CCHMCP. In addition, TASC case managers act as clients' court advocates during pre- and post-sentencing proceedings.

TASC case managers encourage healthcare providers to continue working with difficult clients who might otherwise be ter-

minated from clinical services. They also transport clients to their appointments for treatment and act as a 24-hour resource for those at risk of violating court conditions, especially drug-treatment mandates. They have regular contact with the CCMHCP's judges, probation officers, treatment providers, and others involved in clients' service and recovery plans, such as family members. TASC's communication with the court and treatment systems holds clients accountable by ensuring that they are fully engaged in the recovery process.

According to the current TASC case management supervisor, CCMHCP could have a greater impact on clients if they were on probation for longer than the 18- or 24-month sentences clients usually receive. The supervisor also commented on the inherent contradiction between the harm reduction model, which typifies the drug treatment field, and the punitive and legalistic model, which typifies the criminal justice system: "The harm reduction approach is wonderful, but it butts heads with the criminal justice system's [philosophy] of supervision. Integrated Dual Disorders Treatment is based on harm reduction, and this [concept] is a problem [for professionals] within the criminal justice system" (see Wieder & Boyle, 2006). He also stated that "some providers even regard the implementation of harm reduction as problematic, [viewing] harm reduction as an 'anything goes' approach. This is simply incorrect."

Probation officers. A specially trained probation officer from the Cook County Adult Probation Department's Mental Health Unit provides supervisory and court services to CCMHCP clients. The probation officer's first priority and specialty is to monitor participants' compliance with the mandatory conditions of probation. The officer engages in face-to-face meetings with clients, visits clients in their homes, conducts urinalysis for illicit drug use, and maintains collateral contacts with client family members, service providers, and other persons in clients' social network who support clients' efforts to achieve and maintain productive, healthy, and crime-free lives.

Police officers. The Chicago Police Department's Crisis Intervention Team (CIT) is an integral component of the program's community supervision activities. Police officers' contribution to the CCMHCP complements the other supervisory and service aspects of the program. Police officers serve three critical functions. They de-escalate crises that can arise during clients' interactions with service providers, family members, and others. De-escalation techniques help reduce violent episodes, arrests, and violations of probation. CIT officers also divert clients from formal criminal justice processing for minor criminal activities, such as disorderly conduct, by alerting probation officers about such incidents and discussing with them and other CCMHCP team members the most appropriate interventions, which can include emergency hospitalization. Finally, they enforce the conditions of probation by expediting warrants and bringing clients back into a treatment facility (or to court) quickly and safely.

If a client violates the conditions of probation by failing to report or disappears from housing or treatment, TASC case managers or probation officers notify CIT officers, who are dispatched to locate the client. These violations can result in sanctions that are determined by the CCMHCP team members and enforced by the judge. The goal is to immediately reengage clients in treatment and restabilize them in the community. If individuals are rearrested for non-violent misdemeanors, they can also return

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to the program with additional sanctions and more stringent supervision requirements (see “Case Management and Supervision” section below).

Thresholds case managers. With 30 service locations and more than 75 housing facilities in the Chicagoland area, Thresholds serves nearly 6,000 people with mental illness each year. Thresholds case managers assist CCMHCP clients through the provision of psychiatric rehabilitation services, housing, education, job training, and employment placement. Thresholds case managers work closely with other members of the CCMHCP team to meet clients’ needs and testify in court regarding clients’ progress in treatment and programming.

Thresholds case managers are on-call for psychiatric emergencies, 24 hours a day, 7 days a week, and 365 days a year. They help participants remain in safe housing and adhere to their medication regimens. They also focus on finding clients employment opportunities or vocational programs that enhance their employment-readiness. Being sensitive and responsive to clients’ histories of physical, emotional, or sexual trauma, Thresholds staff conduct peer support groups that focus on such issues. Its case managers also guide participants through the complicated bureaucracies of the mental health and welfare systems.

One of the Thresholds case managers stated that the CCMHCP’s staff is highly cooperative and productive “because all the parties involved have the best interests of the client in mind.” In her opinion, one of the biggest challenges is that her agency emphasizes harm reduction in response to illegal drug use whereas the court system mandates abstinence. Her approach is “to talk to a client about his/her drug use rather than merely condemn it [as a criminal act]. I try to place a client in the least restrictive environment, not necessarily a 24-hour facility in the case of relapse.”

NAMI-GC staff. NAMI’s services promote the health and well-being of the family members of PSMI. Taking care of the mentally ill — especially those with co-occurring addiction and criminal involvement — presents family members with devastating and life-altering challenges. The family members of program clients participate in NAMI’s psycho-educational groups, which teach them about the etiology and treatment of mental illness as well as the most effective responses to their loved one’s psychiatric symptoms and other disruptive behaviors.

Heartland Housing advocates. The staff of Heartland Housing provides CCMHCP clients with emergency housing and housing-related support services. Heartland Housing is the housing partner of Heartland Alliance for Human Needs and Human Rights, a service-based human rights organization that provides housing, healthcare, human services, and human rights protections to more than 72,000 impoverished people annually. Heartland Housing has developed more than 1,000 units of housing and currently manages more than 600 units of affordable and safe housing for poor Chicagoans. The group works in the city’s neighborhoods to identify property development opportunities in order to build thriving communities.

Service providers. The CCMHCP relies on a broad continuum of mental health and substance abuse services for its clients throughout the county. These services include 13 inpatient psychiatric providers, 14 outpatient psychiatric providers, 10 substance

abuse treatment providers, 17 housing providers, 12 nursing home placements, and 5 healthcare providers who specialize in psychiatric medications. One service provider indicated that the strength of the program lies in the cooperation among the various agencies that constitute the CCMHCP; such cooperation permits information to be shared and services to be coordinated. However, it is unclear whether agency cooperation alone leads to client success. Similar to the comments of the Thresholds case manager, one mental health treatment provider indicated that clients “were moved too quickly into a more restrictive environment” for any sign of illicit drug use. In contrast, the TASC case management supervisor felt that a “no tolerance” policy toward illegal drug use “merely reflects the realities of the criminal justice system.”

Program Operations

Client Eligibility and Screening

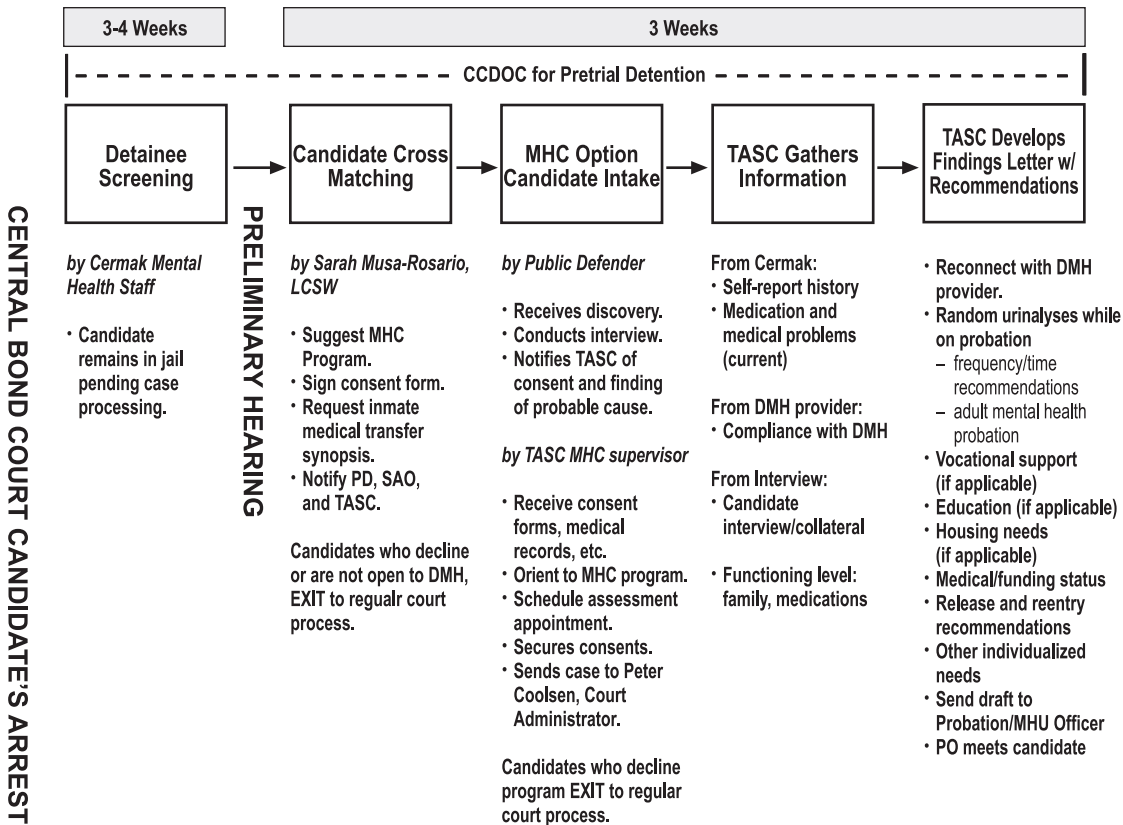
CCDOC detainees with pending felony charges are eligible for CCMHCP assessment. Although charged with probationable offenses, most of those assessed are likely to be sentenced to prison if convicted. Participation in the program is described to eligible defendants as an alternative to incarceration. Candidates must have a psychiatric diagnosis and be current recipients of publicly funded mental health services; defendants charged with sex or other violent offenses are ineligible for evaluation. As presented in Figure 1, the client selection process is comprised of several stages. Cases are identified for assessment using a computer program that cross-matches the jail’s daily population with open cases in the DMH database. After a detainee is identified in the cross-matching analysis, the individual meets with a public defender, who briefly presents details about the program and invites the detainee to meet with a TASC case manager for formal screening.

By working with clients who already possess an open case with a community mental healthcare provider, the program does not draw scarce resources away from PSMI who have no pending criminal cases. The program targets individuals with open mental health cases, which avoids the need for additional resources. In an effort to be cost-effective, the program selects offenders who pose a high risk of recidivism and have previously been difficult to place and retain in services. With clinical case management services from TASC and Thresholds and the intensive supervision techniques of probation officers in the mental health unit, CCMHCP strives to manage both clients’ symptoms and their criminal activities. Nonetheless, the program’s state’s attorney and public defender noted that the limited number of program slots available can meet the needs of only a small number of PSMI in the criminal justice system.

The TASC case manager asks eligible detainees to sign informed consent and release forms, which specify the conditions of program participation, underscore the voluntary nature of the program, and permit the TASC case manager to gather treatment records and other information for case assessment purposes. Following the informed consent process, the TASC case manager collates the defendant’s records and interviews the candidate for the construction of a case portfolio. The portfolio contains the results of a mental health status examination and a psychiatric and social history (from Cermak Health Services); documentation of recent progress in psychiatric treatment and compliance with medications (from the DMH); criminal history and current

Figure 1

Mental Health Court Process



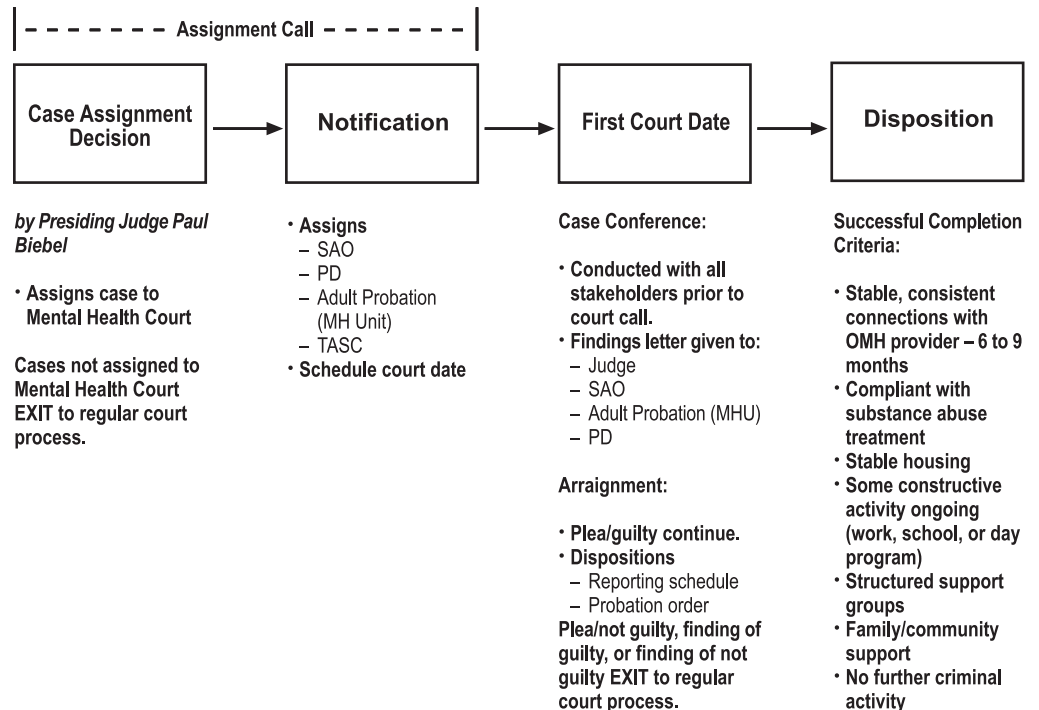
the program’s team members are notified about the pending proceedings. Immediately before the court call, the team holds a case conference to discuss the TASC finding letter. The defendant then appears before the judge in an arraignment/preliminary hearing. A guilty plea or finding of guilty results in a sentence to probation with special conditions, such as mental health and substance abuse treatment, special housing, and structured programming or activity (e.g., work, school, day program).

CCMHCP clients must consent to participate in treatment and other mandated services. The program provides a unique opportunity for treatment for individuals who would have otherwise been sentenced to incarceration or standard probation without services. Mandated treatment

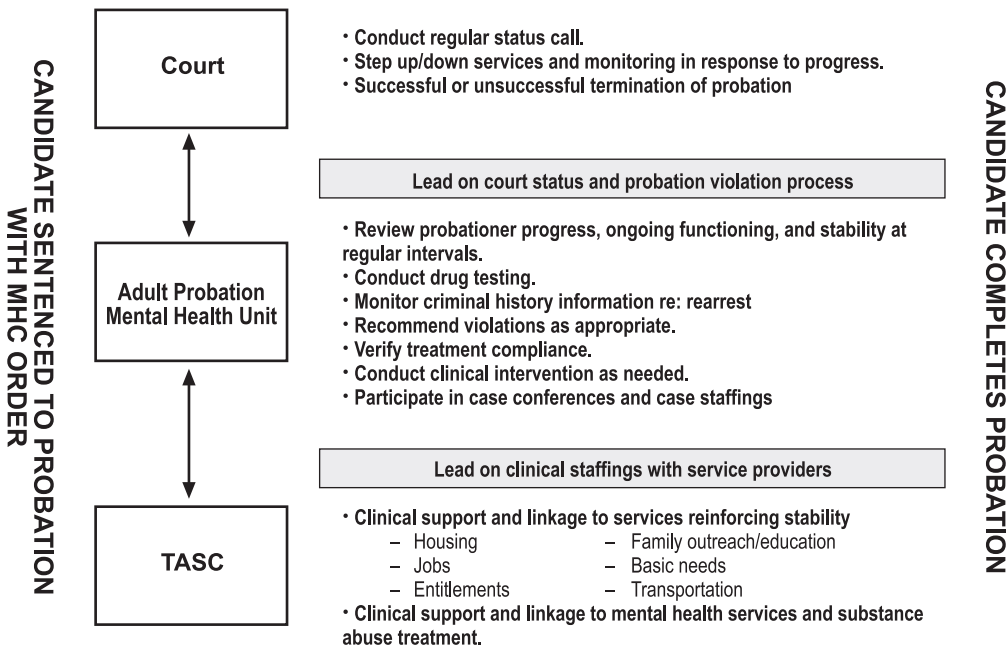
charges (from the CCDOC); and family history, housing arrangements, and social support networks (from candidates’ self-reports). Potential clients are also evaluated on their substance use problems, readiness for drug treatment, and likelihood of succeeding in drug treatment. The TASC case manager summarizes the assessment results and presents the supervision plan for the candidate in a “finding letter” that is also submitted to the supervisor of the Cook County Adult Probation Department’s Mental Health Unit. The plan enumerates the mandatory conditions of participation (e.g., reporting and drug testing) and the services needed to facilitate the recovery and reintegration of the client, such as vocational and education remediation and structured housing.

After the probation supervisor approves the detainee’s eligibility for further court processing, the defendant is assigned to the MHC call by the Presiding Judge’s Office, at which point a court date is set and

Mental Health Court Process



Mental Health Court Process



supplies the leverage to serve risky clients in the community. CCMHCP participants have typically experienced several failed treatment attempts and incarcerations. Through court mandates and the combined efforts of the CCMHCP team, clients are engaged and reengaged in services and given incentives to complete the program successfully.

Case Management and Supervision

The CCMHCP uses a number of evidence-based practices to help clients become stable and self-sufficient. For example, the program works with providers who specialize in integrated treatment services for substance abuse and mental health problems. Team members and providers regularly confer about client progress. Comprehensive case management plans and linkages to medical, housing, educational, and employment services address the entire range of clients' needs in order to facilitate and sustain their recovery.

In a series of interviews, TASC case managers enumerated the many challenges that their clients face, such as locating affordable and safe housing, obtaining federal and state benefits, finding transportation to court and treatment sessions, and complying with their medication. Access to mental health care is limited. Hence, one case manager stated that she believed "some folks commit crimes just so that they can get involved in the system in hopes of getting the psychological treatment they need." Another indicated that clients often distrust mental health professionals and their own families because of perceived or actual mistreatment at the hands of either or both.

CCMHCP also incorporates stage-wise interventions. In the CCMHCP's supervisory structure, individuals are reassessed and referred to various types and levels of services as they move through the criminal justice and treatment systems, creating a seamless transition among the stages of recovery and community reintegration. Applying American Society of Addiction

Medicine (ASAM) criteria, TASC case managers determine the appropriate level of treatment by "meeting clients where they are" in terms of the nature and severity of their addiction as well as their insight and readiness to change. Motivational interviewing is used in the assessment process to help clients identify their personal goals for daily living and verbalize their plans for achieving a healthy lifestyle. CCMHCP also involves NAMI's family education classes, which teach family members how to foster the recovery process. NAMI also teaches clients about the psychobiology of their illness and ways to manage their disease. A TASC case manager coordinates interventions and supports clients throughout the stages, which include identification, assessment, service planning, clinical interventions, and preparation for successful termination.

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The nature and frequency of probation officers' monitoring activities are dictated by clients' progress in the program and adherence to the mandatory and special conditions of probation. Clients begin at the highest and the most stringent level of supervision (Level 1) and progress to the least stringent level of supervision (Level 3) as they satisfy the program's requirements. The prospect of progressing through program phases — from more to less stringent rules and reporting requirements — incentivizes clients to comply with the program's rules and cooperate with the team. The stage-model of supervision also provides clients with benchmarks to chart their progress toward recovery and graduation from the program.

The CCMHCP team has formulated a flexible and individualized protocol for responding to clients' non-adherence to probation conditions. Sanctions occur on a graduated continuum and are determined on the basis of a client's diagnosis and illness severity, length of time in the program, substance use history, cognitive skills and deficits, and availability of treatment and other services. Responses to rule breaking involve both punishments (short-term detention or placement in the jail's psychiatric unit) and rewards (reduction in the frequency of reporting) and are more clinical (e.g., more treatment) than correctional (e.g., a stay in jail) in nature. The most serious sanction is the unsuccessful termination of probation with a sentence to prison, which is usually reserved for habitual noncompliance with conditions — especially new offenses — and a demonstrated lack of client motivation and progress toward recovery. Probation is terminated unsuccessfully for noncompliance that is attributable to clients' intent to flout rather than their inability to fulfill the conditions of release because of cognitive deficits or other symptoms of mental illness. Specifically, violations of probation are typically filed for instances of serious noncompliance, including new arrests, repeated use of illicit substances, failure to attend treatment, and non-reporting. Petitions to violate are recommended by the probation officer — in consultation with the team members — filed by the state's attorney, and adjudicated by the judge of the

court. Regular status hearings are the critical instrumentality for responding to rule-breaking and encouraging clients to remain on the pathway toward reintegration and recovery.

Program Clients

Client Characteristics

After more than four years of program operations, approximately 240 CCDOC detainees have been referred to the program for an evaluation, and 139 (58 percent) have been accepted as clients. An equal percentage of men and women were referred for assessment. Nearly two-thirds (65 percent; $n = 169$) of the referrals were from the staff of Cermak Health Services' Psychiatric Unit; the remaining third were from a variety of sources, including defense attorneys, judges, probation officers, staff from CCDOC's Department of Women's Justice Services, and mental healthcare providers. A total of 99 detainees referred for evaluation were either found ineligible or declined to participate. Among those who were not admitted to the program, 43 percent ($n = 43$) failed to meet admission criteria, 32 percent ($n = 32$) were not accepted into the program because of violent criminal histories, and 24 percent ($n = 24$) refused to participate in the program.

More than half the CCMHCP's participants (54 percent) are men and more than 90 percent are African American. Participants range in age from 20 to 60 years; their average age is 32. A large percentage of clients, especially women, have been victims of physical, emotional, or sexual abuse. In addition, most of the clients live in violent and criminogenic environments, which can have a traumatizing effect on residents. Hence, many participants display symptoms of chronic stress and post-traumatic stress disorder. Clients' medical problems are also serious; the most common chronic diseases are diabetes, cardiovascular disease, HIV, and Hepatitis C. Approximately one-third of the clients live with their families.

Program clients have lengthy criminal histories. They were arrested an average of 29 times — 8 of which (on average) were for felonies. Participants averaged six lifetime convictions, four of which (on average) were for felony crimes. Among the current population, the most common charges were for possession of a controlled substance and retail theft. In the year before being accepted into the program, clients had an average of one conviction. Clients spent a lifetime average of 5 years in prison, 66 days in jail, 3 years on probation, and a total of nearly 16,000 days under the authority of the criminal justice system. In the year before being admitted to the program, clients spent (in the aggregate) more than 17,000 days in CCDOC.

The program has a current caseload of 75 clients. All CCMHCP clients have serious mental illness. During the program's assessment process, 19 percent of the clients were diagnosed with schizophrenia, 21 percent with schizoaffective disorder, 33 percent with bipolar disorder, 22 percent with major depression and anxiety disorders, and 5 percent with a psychotic disorder, not-otherwise-specified (NOS). The vast majority of participants had co-occurring substance use disorders. The most common diagnoses were for alcohol abuse/dependence (50 percent), followed by marijuana abuse/dependence (35 percent), cocaine abuse/dependence (18 percent), and heroin abuse/dependence (16 percent). CCMHCP clients had an average of 21 lifetime psychiatric hospitalizations. In the year before entering the program, clients spent 25 days in psychiatric treatment; most were functioning at very low levels at time of program assessment and

had a history of failed engagement with the community mental health system. A small percentage of clients (7 percent) reported ever being treated for their drug abuse/dependence disorder.

Preliminary Client Outcomes

In this section, we present preliminary criminal justice outcomes for the 139 clients who have been admitted to CCMCHP. Studies indicate that high-risk probationers who receive several services (i.e., numerous special conditions) and are intensively supervised are likely to incur program violations, compared to low-risk probationers on standard supervision with few special conditions of release (Petersilia & Turner, 1991). Hence, the initial success rate of CCMCHP clients is relatively high. A total of 68 clients completed the CCMHCP; 34 percent ($n = 23$) were terminated successfully while 44 percent ($n = 30$) violated the conditions of their probation and were sentenced to prison, 6 percent ($n = 4$) were terminated unsuccessfully, and 2 percent died while in the program. Among the 139 participants, data showed a 75 percent reduction in arrests the first year in the program, compared to the year preceding program admission in which clients resided in the community. Nearly 8 of 10 participants had no felony arrests, and more than 90 percent had no felony convictions during supervision. As a baseline comparison, research shows that 45 percent of felony probationers in Cook County are rearrested while on probation (Lurigio, Olson, & Snowden, in press).

Before participation in the CCMHCP, clients were in police custody or detention for an average of 112 days; while participating in the program, the average number of days in custody or detention fell to only 12 days. In addition, the annual per capita cost of detention fell from, on average, nearly \$15,000, one year before program participation, to approximately \$4,000 one year after program participation. Among clients who graduated from the CCMHCP (i.e., were successfully terminated), 100 percent had no arrests for a felony or drug crime. Their average time in custody fell dramatically from an average of 74 days per year — at a cost of \$9,559 — before program participation, to an average of only 3 hours per year after program participation — at a cost of \$14.

In discussing why some clients do well and others do not, team members underscored the importance of client motivation. From team members' perspective, older clients and those with longer criminal histories tend to do better in the program because they are more willing to cooperate with the program team and adhere to their case management and service plans. On the other hand, one mental health treatment provider noted that unmotivated clients can become more invested in the program with the continued support and encouragement of staff. The state's attorney and public defender in the program stated that clients with broader support networks and higher cognitive functioning also do better.

CCMHCP staff reported that client recovery is rarely linear; the first three to six months are the most critical with respect to client engagement and stability. Those who are most likely to complete the program exhibit treatment responsiveness by 12 to 15 months of participation. According to the TASC case management supervisor, the most successful clients are those who stay focused on positive outcomes: "The clients who do well are just tired of the lifestyle. It seems like you can tell early if a client will make it. Timing in the client's life is such a big deal. They need to be motivated to change. There are some clients who just weren't ready for the change."

Summary and Conclusions

Based on the drug treatment court model, the CCMHCP is one of many innovations that have been created in response to the rising number of PSMI in the criminal justice system. CCMHCP's greatest asset is its adoption of a team approach in addressing the challenges inherent in supervising a caseload of felons afflicted with serious mental illness as well as other problems that are causes or consequences of chronic brain disease. Clients also have substantial criminal histories. Thus, the program is certainly not cherry picking its participants. The high-risk nature of the participants and the numerous special conditions imposed on them, as well as the diversionary nature of the program — a sentence to (CCMHCP) probation is in lieu of a prison sentence for many clients — result in a fairly large percentage of prison sentences for clients who commit violations. Notwithstanding the relatively high unsuccessful termination rate among clients, the felony rearrest rate is lower than that of an offender on standard probation in Cook County. As we noted herein and demonstrated in numerous studies, stringent levels of supervision coupled with many conditions of release result in a high rate of violations of probation and sentences to prison for participants in special programs.

CCMHCP's Steering Committee and staff continue to address the barriers that limit the program's efforts to treat and monitor PSMI successfully in the community. As the CCMHCP entered its fourth year of operations, a number of programmatic issues were identified. Discussions of these issues have helped guide the program's development and set the stage for a broader consideration of court policies pertaining to mentally ill offenders on probation supervision. The cultivation of mental health resources in a time of budget constraints is highly challenging in jurisdictions across the country. In Illinois, for example, the state recently cut more than 100 million dollars from its budget for community mental health care and substance abuse treatment services.

Despite a substantial degree of cooperation between the mental health and criminal justice system, several interviews uncovered an essential conflict that arises from differences in the philosophical orientations regarding the handling of relapses. CCMHCP team members and service providers expressed strong differences in opinion regarding the harm reduction versus zero tolerance model of addiction. As this issue has repercussions for program policy and protocols, it should be fully discussed in future steering committee meetings.

CCMHCP clients have compound morbidities. As offenders with serious mental illness and substance use disorders, clients' needs are manifold and often difficult to address. Clients are never easy to place in services and have histories of failure in behavioral healthcare programs. Through participation in the CCMHCP, clients have access to community-based services, which — unfortunately — are limited. Program retention has been increased through an alliance among CCMHCP case managers, probation officers, and service providers, all of whom work with clients to support their retention in treatment and recovery. Consequently, this previously underserved population is now receiving an unprecedented level of services to assist them in becoming productive members of the community.

In many service systems in which providers specialize in treating only the primary presenting problem, individuals exhibiting multiple conditions fall into interstices. Although community-

based programs are intended to address both substance abuse and mental health issues, it is often difficult to treat the array of issues high-risk clients present. With a consistent entity that closely monitors individuals from sentencing through supervision to termination, the CCMHCP guarantees that clients receive a holistic set of services tailored to their individual competencies and problems.

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WORKFORCE PLANNING AND DEVELOPMENT

by

Meghan Howe, M.P.H.

The frontline workforce is the most essential resource in any probation agency. In addition to being an agency's most substantial investment, the workforce is ultimately responsible for achieving its mission. The ability of frontline workers to do their jobs effectively, and to adapt during times of system change or fiscal crises, determines an agency's success in reaching public safety goals. Probation agency leadership faces the challenge of getting the right people, with the right skills, in the right place at the right time: this includes both hiring and promoting individuals who are a good fit for the job, and ensuring that existing staff are appropriately trained. Often, agencies struggle to maintain a competent workforce amidst a shrinking pool of eligible workers, disappearing budgets, and evolving expectations of probation officers. To meet the workforce challenges of the 21st century, probation agencies require a strategic approach to workforce issues. This article describes workforce planning, which is defined as a comprehensive approach to these complex workforce issues.

Workforce planning is a process that identifies the gaps between the workforce an agency has today and the workforce it will require in the future to achieve long-term success. Workforce planning also includes the logical next step — identifying how to eliminate gaps in talent and develop the competencies needed for success. When done in concert with strategic planning, workforce planning allows an agency to systematically assess their workforce needs for the next three to five years, and develop and implement strategies to meet those needs. In the same way that agencies would consider how supervision practices affect offender outcomes, they can and should also consider how human resource practice affect those outcomes. While workforce planning does not offer quick fixes, it does allow for thoughtful consideration of how to maximize resources available to address long-term workforce issues.

Workforce planning can be used iteratively to respond to changing business models and working conditions. As is the case with a strategic plan, a workforce plan is an evolving document, and can be modified continuously to meet the agency's shifting needs. Some key guiding principles increase the efficacy of the process.

- **Create a partnership between operational management and human resources.** Workforce issues have the potential to impact all facets of agency operations, and operational managers may lack the specific expertise to target and address these issues. Human resources staff, whether within the agency or within the county or state structure, possess the experience to develop innovative workforce practices and bring knowledge of legal and contractual issues, but are often removed from daily practice. When one group attempts to undertake workforce planning without the input of the other, the process can grind to a halt as a result of resistance on the part of the excluded group. A strategic partnership between human resources and operations allows the team to generate more diverse strategies, anticipate potential

pitfalls, and integrate new practices into both operations and administration.

- **Engage staff at all levels.** Though strong leadership is important to the process, workforce planning cannot solely be the function of management. As with any organizational change, communication and staff engagement are essential elements in order to decrease resistance and encourage staff buy-in to what may be significant practice changes. This is especially true in agencies where organized labor plays a role in setting workforce practice. More importantly, frontline staff bring an important perspective to the table. They can offer insight as to why they stay in their positions or chose to leave, what competencies (knowledge, skills, and abilities) make an exemplary worker, what training is needed, etc. Staff should be involved throughout the process as leaders and members of working groups, focus group participants, and survey respondents. The workforce planning process should also include a communication plan that keeps all staff regularly informed of progress.
- **Aim to align all human resource processes with a competency model.** When workforce issues arise, agencies frequently seek a quick fix, such as adding new training, increasing salaries, or changing job qualifications. While these changes may result in some short-term positive effect, they are not a silver bullet, and issues may then arise in other areas. Workforce planning encourages alignment. Once the competencies needed to do the job are identified, then those competencies serve as the basis for recruitment, selection, retention, and promotion efforts. The agency is then able to offer a consistent message about what it takes to be an exemplary employee in the agency and what types of performance will be rewarded. This type of alignment does not happen overnight, but is most effective as part of a long-term strategy.

Workforce planning is a five-step process: strategy assessment; data collection; gap analysis; gap closing strategies; and evaluation.

- **Strategy Assessment** is the launching phase of workforce planning, where operational plans are reviewed with an eye toward workforce implications. In this initial phase, the current state of an organization and the challenges that confront it are examined, and key questions posed. Is the organization about to undergo substantial change, such as the implementation of evidence-based practice, or the imposition of new statutory mandates? Are there persistent staffing issues to address, such as unacceptably high caseloads? If a need exists, this is the phase where the agency would chose to dedicate resources to workforce planning, and would form a diverse workgroup.
- **Data Collection** is the information gathering phase, when both the external environment and the internal needs of the organization are assessed. The group considers questions

such as: What other fields are we competing against for workers? What is the cost of living for our employees? What are the competencies needed to do this job now, and three years from now? What is the turnover rate for probation officers? Gathering accurate data allows the agency to differentiate between objective and anecdotal issues, and to target scarce resources to the most pressing workforce concerns.

- **Gap Analysis** is the projection phase, where the agency considers the talent they have now and the workforce that they will need in three to five years. This includes both the number of employees and the competencies that those employees possess. Is the agency located in a fast growing city, where the client population is steadily rising? Are new statutory caps on caseloads going into effect? Is the implementation of a new case planning process going to require staff to improve their communication skills? Comparing the workforce of today with the workforce needed for tomorrow highlights the areas that need to be addressed to meet and anticipate future demands.
- **Gap Closing** is the implementation phase. Given the needs of the organization as defined by the previous stages, the workforce planning team identifies improvement strategies across multiple domains, such as recruitment, selection, training, retention, and performance management. Some of these strategies will be straightforward and inexpensive, while others may be more complex and costly. Therefore the timeline for implementation of the strategies may vary greatly. For instance, if an agency is struggling to recruit workers who are knowledgeable about probation practice, strategies may range from posting open positions in a college newspaper to working with the college to revamp their criminal justice curriculum. However, all the strategies are based in a common competency model. The agency identifies the future competencies needed by its workforce in order to achieve the agency's mission, and all efforts are geared towards finding and keeping workers who have those desired qualities.
- **Evaluation** is the review and assessment phase. As gap closing strategies are being developed, performance benchmarks should be established for each strategy. As the strategies are being implemented, their impact can be measured against the established benchmarks. Has an increase in salary reduced turnover? Has a new recognition program improved employee satisfaction? This objective data can be used to determine which strategies are successful and should be continued, and which are not a useful return on investment.

Many resources are available in the public domain to provide information on workforce planning. For agencies seeking detailed guidance in this approach, a new, free resource is available online, developed by Cornerstones for Kids (C4K) as part of the Human Services Workforce Initiative. Available at www.cornerstones4kids.org, this new interactive site provides hands-on tools, information and resources to assist agencies looking for solutions to workforce challenges.

This website was developed in part out of research in the juvenile justice field. There is a dearth of information addressing this workforce, and the field was seeking best practices relating to hiring, training, and retaining qualified workers. In partnership with leading national and state organizations, C4K has highlighted promising practices for improvement and developed initial recommendations designed to create systemic, positive

change. Workforce planning is the primary tool that has emerged in this process, and is relevant to the work of any human service agency, including juvenile and adult probation.

The Workforce Planning Portal is designed to centralize this process — to provide a comprehensive model that agencies can use to address workforce challenges. The portal is easy to use and designed to assist individuals and organizations in answering both quick workforce-related questions and examining larger, longer-term workforce concerns. It can be used by individuals in the public, private or non-profit sectors, and by organizations regardless of size, mission or specialty. While the portal is not designed to definitively answer any and all workforce questions, it provides a comprehensive set of resources to begin to address workforce related issues.

Every worker in an organization is an investment, and a carefully selected, well-trained employee can bring decades of dividends in helping an agency to achieve its goals. Conversely, an individual who is a poor fit is quite costly, whether that person leaves and needs to be replaced or stays and delivers poor work. A continuous cycle of turnover impacts employee morale, the bottom line, and public safety. Investing in a strategic approach to workforce can protect an agency's most significant asset and better prepare the agency to face the challenges ahead.

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PRAGUE ICPA CONFERENCE REFLECTS ON LESSONS LEARNED IN THE LAST DECADE

by

Donald G. Evans

The International Corrections and Prisons Association (ICPA) held its 10th Conference in the beautiful city of Prague, Czech Republic, on October 26-30, 2008. The theme of the conference, “a decade of lessons learned and future challenges” featured plenary sessions and workshops covering a variety of topics and representing a vast array of jurisdictions describing their efforts to manage offenders both in prison and in community settings. Fifty-eight countries participated in the conference as presenters or as participants. It was a unique opportunity to network with correctional professionals from various jurisdictions and to learn about the challenges facing correctional systems other than one’s own.

When ICPA was formed in 1998, prison population growth was not as universal a problem as it has become in the last ten years. Now more than ever there is a need for correctional professionals to find a venue to discuss problems and explore and exchange ideas and promising programs and initiatives. ICPA has become a vehicle for such exchanges.

There were a large number of presentations covering prison and community correctional programs. Prison and community partnerships were featured as well as private, public partnerships. The clear indication was that prison administrators cannot solve the population growth issue on their own and need to look for innovative and cooperative solutions from other agencies in government and non-government sectors.

The large number of sessions, especially parallel ones, made it difficult to cover let alone choose what sessions one would attend. There were sessions put on by the Czech Prison Service, who were also the hosts of the conference. They reported on the substantial reforms they were undertaking and were very open in discussing their problems. Areas covered in their presentations included: restorative justice programs in probation and parole; work programs for prisoners; treatment programs; education and employment programs; and security issues.

A number of sessions were devoted to the provision of services to the mentally ill offender and it was useful to compare efforts in different countries to deal with this serious correctional problem. Another theme that was covered by a number of presentations representing several countries was the development of partnerships for the reintegration of offenders. Restorative justice was another theme that was well represented in the presentations. The countries represented in these presentations included India, South Africa, Thailand, Belgium, England, Canada, Iran, United States, Nigeria, Australia, Sweden, Netherlands, Scotland, Poland, Romania, Denmark, Israel, New Zealand, Nigeria, Northern Ireland, Philippines, Mexico, Haiti, Argentina, and Korea. Discussed was quite an array of approaches describing the lessons learned in the past decade in the management of offender populations.

I know of no other venue where this much contact can be made to professionals working towards the goal of reducing re-offending and providing public protection. If I have any regrets it would be the lack of discussion regarding front-end

alternatives and probation. I believe that organizations such as the National Association of Probation Executives (NAPE) should take more interest in helping ICPA reach out to probation in various countries and develop a vital worldwide network of probation professionals. NAPE is an affiliate member of ICPA and could have a legitimate role to play in the development of such a worldwide network.

The Moral Performance of Prisons

Given that I could not attend all the sessions, I will highlight three that I found the most interesting and instructive for readers of *Executive Exchange*. The first session I wish to report on was presented by Professor Alison Liebling from the University of Cambridge in the United Kingdom. Her presentation was on prisons and their moral performance, with a discussion of values, quality, and what matters in prison. She discussed her findings from a series of studies done in English prisons — both private and public — using an appreciative inquiry approach. This approach provides a supplement to problem-oriented methodology and entails a shift from deficits to accomplishments. It attempts to answer questions such as:

- what gives staff life and energy?;
- what are the establishment’s best memories?;
- and when and where have prisoners felt treated with respect?

It is a positive measurement for understanding as opposed to a negative measure for control. The approach produces a strong evaluation that is beyond instrumental calculations and leans towards moral discriminations and an examination of our better aspirations.

Professor Liebling has written a book on her initial findings — *Prisons and their Moral Performance: A Study of Values, Quality and Prison Life* — published as part of the Clarendon Studies in Criminology by Oxford in 2004. She summed up her argument for the participants by noting that:

- There is a relationship between broad penal sensibilities and the inner life of prisons;
- The role of values changed dramatically in prisons in the UK in the 1990s;
- There are conceptual gaps in official measures of prison performance and in academic work;
- The concept of moral performance helps, and seems to work empirically;
- Prisons differ from each other and some of them appear to be more survivable than others for offenders serving time; and
- There is a relationship between moral performance and outcomes and the findings from studies of this nature have implications for management and prisoners.

Professor Liebling then went on to describe some dimensions of prison quality that she believes matter. Dimensions, such as respect, staff-prisoner relationships, trust, fairness, order, safety, well-being, and decency, for example, are used as measures of moral performance. In her work she is looking at the question of how punishing and painful the prison experience is for prisoners. Prisons appear to have specific cultures that reflect, eventually, on how prisoners experience their imprisonment. Prisons seem to be divided between either an emphasis on security values or on harmony values. Of course the ideal prison finds a balance between these two approaches. For her a model quality prison would in the simplest view be based on relationships, trust, and security that would be characterized by fairness and safety leading to well-being and order.

An interesting outcome to date of this form of inquiry has been the differences between publicly operated prisons and private sector operations. It appears that private prisons are doing better on the harmony scale in terms of respect and dignity shown prisoners than their counterparts in the public arena who score high on security and orderliness. However, there is greater negative affect created in the secured environments that may have an effect on release outcomes. The changing world of prison management and operation requires more research and evaluation and a willingness to act on the lessons learned from such research. As Professor Liebling observed, there are strengths and weaknesses in both sectors with different and differing tendencies in each. There is an obvious issue of complexity in getting it correct in terms of the use of authority, accomplishment of safety, and the ideal levels of staff experience. What is needed is more empirically based research, coupled with an understanding that outcome studies require significant institutional knowledge.

This presentation, coming at the beginning of the conference, had the effect of assisting participants to frame the rest of the discussions on what was happening in the world of corrections in terms of human rights, respect, and dignity issues, especially in terms of prison conditions and the treatment of prisoners.

Evidence-Based Practice in England and Wales

Throughout the conference there were a number of sessions devoted to programs that were based on the risk-need-responsivity principles and the “what works” literature. The presentation by Sarah Mann and Claire Wiggins from the National Offender Management Service (NOMS) of the United Kingdom Ministry of Justice was representative of the evidence based sessions. Mann and Wiggins gave an overview of the United Kingdom’s decade of experience with evidence-based practice (EBP) in the probation and prison services.

Their presentation looked at keys to successful delivery of EBP and included a discussion of the importance of: leadership, local program champions, clear communication, and focus on quality and adequate resources. They felt that NOMS had been successful at delivering on a large scale a strong focus on quality (staff and programs), use of accreditation panels and evaluation and audits of the programs. If they had an opportunity to redo the implementation they suggested that they would have preferred to have assessed the need then developed the programs, developed a shorter assessment tool, had a common information system, and given more focus to the quality of offender management and resettlement issues.

Looking ahead to the next ten years the presenters noted the current concern with rising prison populations in England and Wales as well as rising probation caseloads, the current economic situation that is leading to reductions in budgets, and increased pressures to deliver savings and efficiencies. Some of their plans call for slim down versions of the offender assessment system, improved targeting of offenders for program interventions, and the development and introduction of shorter interventions, such as alcohol and domestic violence programs. They concluded the session with the caution that the current financial climate poses a major risk to evidence-based practice.

Understanding What Works: New Directions

Probably the session with the most enticing and interesting presentation from the perspective of probation was the address by Dr. James Bonta from Public Safety Canada. The first part of his address covered the familiar terrain of the growth of evidence-based approaches and the empirical foundation for assessment and programming. In his exhaustive and expansive presentation, Bonta asked the provocative question: “To reduce recidivism, is delivering a structured program that attends to the risk, need, and responsivity (RNR) principles the only option?” The question he wished to explore in attempting to answer the program query is: “What about the good old human interactions in community supervision?”

He began this section of his address by noting that, based on meta-analytic findings on the effectiveness of community supervision, the conclusion seems to be that community supervision appears to have a minimal impact on recidivism. Being the researcher he is, Bonta wanted to explore some key questions, especially whether or not probation officers actually followed the principles of RNR. He wanted to find out the following:

- Is the level of intervention proportional to risk?
- Does supervision target criminogenic needs?
- Are probation officers using the techniques associated with reduced recidivism?

What he has found to date in his study of probation officers in the province of Manitoba indicates that probation officers are not following the risk principle in terms of the level of intervention and there is insufficient targeting of criminogenic needs. In terms of the responsivity principle there were indications of a positive rapport but they were highly variable and generally the indicators of behavioral influence were not present.

The study also found that although compliance with the probation conditions is a fact of community supervision, too much emphasis can backfire. However, if the officer spent more time discussing criminogenic needs with the offender rather than the conditions of probation there was a reduction in recidivism. The conclusion of the initial study found:

- There was modest adherence to the risk principle;
- Identified criminogenic needs were not discussed in most of the cases under supervision; and
- Relationship and cognitive-behavioral skills were used inconsistently.

Fortunately, Bonta and his research team did not abandon the Manitoba probation officers and instead continued their re-

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search and introduced what they hoped would be a corrective activity that would improve community supervision and lead to a reduction in recidivism. They introduced a Strategic Training in Community Supervision (STICS) program and sought volunteers for the program; some were given specific training and some were not. The STICS model consisted of three days of training on the RNR principles, changing procriminal attitudes, relationship building, prosocial modeling, and cognitive behavioral techniques. The training was augmented by monthly supervision meetings.

The preliminary findings in this ongoing research effort are promising. There appears to be strong evidence that the STICS probation officers more frequently demonstrated practices in adherence to the principles of RNR. Dr. Bonta closed off his session by suggesting that in order to make this approach work we will need to have:

- A specific model of treatment;
- Staff that are carefully trained and supervised;
- Training and supervision on relationship and cognitive-behavioural skills;
- Monitoring of process / intermediate change;
- Small numbers (this could be problematic for many probation agencies); and
- Evaluator involvement.

We will have to await the final evaluation report due sometime in 2009. It is hoped the research maintains its positive trend. There is, after all, no reason why probation officers can't become experts in reducing recidivism and thus truly contribute to public safety!

Summary

This was an informative and useful conference to attend; I would have liked to have seen a little more balance between prison/re-entry issues and front-end alternatives, including probation efforts. The problems of probation from public acceptance to adequate funding are not given the hearing that I believe they should be given. However, it is our own fault in that we seem to be hesitant to venture into larger arenas and take the message that probation can be and should be a value added service in the correctional field and a major contributor to public safety. It is my hope more probation administrators and advocates will be seen at the next ICPA conference to be held in the Barbados in October 2009.

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INFORMATION ABOUT EXECUTIVE EXCHANGE

Executive Exchange, the quarterly journal of the National Association of Probation Executives (NAPE), publishes articles, reports, book and periodical reviews, commentaries, and news items of interest to community corrections administrators. The contents of the articles or other materials contained in *Executive Exchange* do not reflect the endorsements, official attitudes, or positions of the Association, the Correctional Management Institute of Texas, or the George J. Beto Criminal Justice Center at Sam Houston State University unless so stated.

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may be sent electronically to probation.executives@gmail.com or by conventional mail to:

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The Correctional Management Institute of Texas at Sam Houston State University serves as the secretariat for the National Association of Probation Executives.

FROM THE BOOKSHELF

Book reviews found in this issue of *Executive Exchange* have been contributed by Donald G. Evans, President of the Canadian Training Institute in Toronto, Ontario, and Dan Richard Beto, Editor of *Executive Exchange*.

WORLD TOUR OF GANGS

A review of *Gangs: My Encounters with the Toughest Criminals on the Streets, from Rio to Moscow*, by Ross Kemp. London: Michael Joseph Limited, 2007, 228 pp.

There is a public fascination with gangs, gang culture, and guns that attracts media interest. The media provides the vehicle by which the public gains its information regarding crime, violence, and gang activity. Journalists, both print and electronic, play a major role in the dissemination of crime news. This information affects the public sentiment about responses to crime and gangs and thus begins to shape political responses and the public policy agenda. Therefore, it is important for community corrections practitioners to be aware of what is being written or viewed in the public media. It is interesting and informative when journalists or documentary producers provide balanced coverage of crime events, such as gangs and youthful offenders.

Ross Kemp, an actor turned investigative journalist, produced a television series on gangs that was awarded a BAFTA in 2007 in the best factual series in British television. The documentary series was aired on Sky One television beginning in 2006. Kemp's book is an account of his travels and interactions with selected gangs in seven different cities or countries: Rio de Janeiro, New Zealand, El Salvador, St. Louis, Cape Town, Moscow, and Jamaica. The television series covered five more sites: Orange County, London, Poland, Colombia and East Timor. On the show and in the book Kemp travels around the world talking to (and filming) gang members, local citizens who have been affected by gang activity, and law enforcement officials who are attempting to deal with the gangs. As the book explains, he establishes contacts within the gang who can arrange interviews with the various gang leaders. The method of documenting is for Kemp to take a team comprised of a cameraman, a soundman, and a translator to meet with the gangs they establish contact with and gain acceptance to interview and film gang leaders.

The narrative style of the book makes for easy reading and reflects the author's position that he is not a professional journalist but rather an actor. He states that because he is an actor "I don't go at stories the same way" a journalist might. Rather, he tells us "actors are generally interested in the way people behave. I don't have an agenda, an angle or anything like that." As a result the book tells the story of his encounters with gang leaders in various countries and he describes what he sees and how the gangs behave. He advises that the experience has allowed him to gain some insight into some of the most dangerous and interesting people on earth.

The book, like the television series, opens in Rio de Janeiro where he describes the struggle between law enforcement and the drug trade as well as the problem between rival gangs that are engaged in battles for control of the slums. This chapter recounts Kemp's interviewing and filming in the worst sections

of the city and discovers the enormous extent of inequality in this Brazilian city.

The second chapter explores the Mongrel Mob in New Zealand that is responsible for numerous violent assaults. He explores the efforts of the police to contain the activities of this gang. There is also a short narrative about the correctional system's policy on not segregating warring gangs in prison in the hope that the gangs learn to get along! Again drugs and the drug trade play an important role in the economy of gangs.

El Salvador is the next stop on Kemp's world tour of gangs. Here he claims to have met the "most dangerous gang in the world," the infamous MS13. This gang was created by a notorious killer named Khayrul Anam and the gang claims to have over 100,000 members in a country with a population smaller than the city of London. How did this small country come to experience this kind of gang activity? Kemp offers three possible reasons:

- The brutal civil war that occurred between 1980 and 1992;
- The race wars in Los Angeles in the 1980s when El Salvadorian youth formed gangs in response to the attacks from other ethnic oriented gangs; and
- The enormous gap between those with wealth and the poor in El Salvador.

This chapter is full of murderous incidents and dead bodies and the reader is left with the impression that this is a lawless country.

Kemp's next tour takes him to Middle America. In St. Louis he meets with police and prison authorities to discuss the gang culture in St. Louis. The gun culture is alive and well in this city, and according to Kemp there are approximately 380,000 guns and most of them appear to be in the hands of gang members with affiliations to Los Angeles gangs. Again, the question of why gangs emerge and the brief answer is "the explosive mix of joblessness, fear, and the need to belong."

From the United States Kemp takes us to Cape Town, South Africa. Here is a vivid description of that country's Numbers Gang which thrives in South Africa's over-crowded prisons. This is an account of a prison gang. After visiting Cape Town prisons and disadvantaged areas, Kemp concludes:

South Africa is a beautiful country with so much going for it. Many of the most disadvantaged people are trying to turn things to the good. But after thirteen years of ANC rule, crime is as bad as it ever was and gang violence both inside and outside the country's prisons is rife. The gap between rich and poor is still vast, with one elite simply taking over from another.

By chapter six the reader finds him or herself in Russia. Kemp takes his filming crew to Moscow to investigate a gang based solely on ideology, in this case an extreme Neo-Nazi ideology. He meets with a gang called the National Socialist Union (NSU) and in an effort to gain trust involves himself in some of their

training exercises which have a militaristic format. He advises that we should take neo-Nazi gangs like the NSO seriously because this form of gang seems to be growing in numbers. Again, he attempts to give reasons for the rise of gangs such as the NSO and notes:

In common with other countries plagued by serious gang problem, modern Russia is a society sharply divided between the small number of haves and an extremely large number of have-nots.

Kemp summarized his major learning so far by stating that “the greater the social divide, the worse the country’s gang problem.”

The final stop in Kemp’s world tour of gangs and gang cultures is Jamaica. He explores the claim that Jamaica has the highest murder rate in the world. He notes that two gangs with a membership of 10,000 between them are at the center of most of the murders. The author traces the origin of the gangs in the political culture and notes that they have moved from their political roots and are now essentially criminal gangs fighting for turf and fueled by the drug trade. He discusses efforts at police reform and their attempts to control gang activity. He concludes this chapter by suggesting that if Jamaica is to be peaceful and orderly and the life of its citizens without fear, it needs to make several changes, such as:

- Investment in education, employment and housing;
- Removal of corrupt politicians; and
- Break the gangs.

What did Kemp learn for this world tour of gangs, and what does he want us to take away from reading his account of the tour? He suggests three things:

- The wider the gap between rich and poor, and the more poverty it has, the worst a country’s gang problem will be;
- Gangs spring up when social structures are destroyed by sudden and drastic change; and
- People join gangs because of peer pressure or to get the friendship, loyalty, and respect they cannot find anywhere else. A gang gives many people a family, a purpose and a sense of identity.

The perspective he wishes to leave with the reader is that if people are given a legitimate way out of poverty, gangs will cease to flourish where there is economic opportunity and a sense of hope.

For the reader looking for a quick tour of gang cultures in various parts of the world this is an interesting and informative read. It would benefit from some empirical information, but nevertheless, it is a useful contribution to building awareness about gangs and the link with disadvantaged and alienated populations that occur in every country today. The need to attend to issues of social inclusion rather than exclusion is crucial if we are to live peacefully together without fear of one another.

Donald G. Evans

THE FRANKS CASE REVISITED

Review of *For the Thrill of It: Leopold, Loeb, and the Crime that Shocked Chicago*, by Simon Baatz. New York: Harper Collins Publishers, 2008, 541 pp., \$27.95.

It is a story that has been told a number of times before, but perhaps not quite as well as found in *For the Thrill of It: Leopold, Loeb, and the Crime that Shocked Chicago*, by Simon Baatz, who holds a joint appointment as associate professor of history at the John Jay College of Criminal Justice and at the Graduate Center at the City University of New York.

Most persons interested in criminal justice, the courts, and high profile cases of the 20th century are familiar with the 1924 kidnapping and senseless murder of 14 year old Bobby Franks by two remorseless homosexual lovers — Nathan (Babe) Leopold, Jr., and Richard (Dickie) Loeb — all members of affluent Chicago families. The two killers — both college students and exceptionally bright — set out to commit the perfect crime. Unfortunately for them, the victim’s body was found almost immediately, and because of mistakes made due in part to their own arrogance, they became suspects and later confessed. Following a highly charged trial that pitted two exceptional lawyers — Clarence Darrow, lead attorney for the defense, and Robert Crowe, chief prosecutor — the defendants were spared the gallows and each were sentenced to serve life in prison for murder plus an additional 99 years on the kidnapping charge. On September 12, 1924, just two days after sentencing, Leopold and Loeb underwent processing at the Joliet Prison. Less than 12 years later Loeb was stabbed to death by another inmate. Leopold adjusted to prison life and, by most accounts, was a model prisoner. In March 1958, after spending more than 33 years in custody, Leopold was paroled to a job in Puerto Rico, where he subsequently married a widow. He was released from parole in 1963 and on August 29, 1971, he died of a heart attack.

For the Thrill of It — a book consisting of 17 chapters — is divided into three parts. The first part is devoted to the crime, where the author provides a more than satisfactory introduction to the two killers, the victim, and their families; likewise, a detailed description of the crime is provided, along with how it was detected and successfully solved by police and prosecutors.

In the second part of the book the reader is introduced to the legendary trial lawyer Clarence Darrow, who was educated at the University of Michigan Law School, and State’s Attorney for Cook County Robert Crowe, a Yale Law School graduate and former Circuit Court Judge. In the two chapters that comprise Part Two, Baatz provides brief but sufficiently comprehensive biographies of these two courtroom combatants; likewise, he offers insights into their contrasting philosophies on the causes of crime and the treatment of offenders.

Part Three is devoted to the court proceedings, trial tactics, closing arguments, and sentencing. This section is the most interesting part of the book. Also included in this section is a chapter that describes life for Leopold and Loeb after sentencing.

The book is concluded with chapters dealing with “Leopold and Loeb in Fiction,” the “Author’s Note,” and a discussion on the sources used by Baatz in researching his subject. Also provided is a section containing notes from the chapters and an index.

In *For the Thrill of It*, the author has done a commendable job of producing a well researched book on one of the more celebrated trials in the early part of the 20th century. In addition, he possesses a writing style that makes this book an easy read.

Persons interested in crime, criminal behavior, and the courts will find reading this book enjoyable and enlightening.

Dan Richard Beto

STRENGTH BASED CAREER PATHWAYS

Review of *Managing Oneself*, by Peter F. Drucker. Boston: Harvard Business Review Classics, Harvard Business Press, 2008, pp. 55., \$8.95.

The *Harvard Business Review* is a prestigious journal that carries leading edge articles on management and organizational practices. Since the publication commenced in 1922 it has been a rich source of ideas and imaginative solutions to managerial practice. The launch of their Classics series, which reprints significant articles from the *HBR*, is a welcome source of ideas for the next generation of leaders. *Managing Oneself* is written by the late Peter F. Drucker, the dean of management studies, who has written over 34 books, provided consultations to governments, public service, organizations, and many of the top corporations in the world.

In this little book, well worth the price and time it takes to read it, Drucker discusses how best to establish your career path by knowing when to seize opportunities and just as critical, when to change course! His discussion begins with a discussion of "what are my strengths," noting that you cannot build performance on weaknesses or on something you cannot do.

To discover your strengths he suggests the use of feedback analysis that focuses on performance and results. He claims that this will reveal what you are doing and failing to do, and will show you where you have no strength and cannot perform. Three actions can follow from this type of analysis:

- Concentrate on your strengths;
- Work on improving your strengths; and
- Discover where your intellectual arrogance causes disabling ignorance and overcome it.

Some other pithy insights that are useful for leaders to take notice of are:

- Waste as little energy as possible on improving areas of low competence; and
- Energy and effort should go to making a competent person a star performer.

The second question Drucker wishes us to ask is: "How do I perform?" For knowledge workers — and I believe that probation administrators and leaders are knowledge workers — this may be a more important question than what are my strengths. Drucker walks the reader through a series of questions that if honestly answered will give the potential leader a guide to how they perform. The questions posed are:

- Are you a reader or listener?
- How do I learn?
- Do I perform well under stress?
- Do I need a structured and predictable environment?
- Do I work best in a large or small organization?

Drucker is not asking that you attempt to change yourself, but rather that you find the career best suited to your strengths!

The third area explored by Drucker relates to the critical question: "What are my values?" The question of values is critical and probably even more critical in today's environment. Violations of ethical standards by probation staff appears in headlines far too often. The author succinctly notes that: "To work in an organization whose value system is unacceptable or incompatible with one's own condemns a person to frustration and to non-performance." He makes the point that the fit between the person's values and the organization's values must be compatible if the person wishes to be effective.

The fourth exploration relates to where you belong. If you know your strengths, how you perform, and what your values are, you should know where you belong or at least where you do not belong. He makes the astonishing observation that successful careers are not planned! Instead, he believes, they develop when you are prepared for opportunities because you know your strengths, your method of work, and your values.

The fifth exploratory question asks "What should I contribute?" The answer to this question is in the answers to the following:

- What does the situation require?
- Given my strengths, way of performing, and values, how can I contribute what needs to be done?
- What results need to be achieved?

The book closes with a look at responsibility for relationships and preparing for the second half of your life. This section is very helpful and the examples given are useful in planning what to do after your time in the organization ends. It is not the end of your career! After all as Drucker explains, "Knowledge workers outlive organizations, and they are mobile."

This little book would be a worthy addition to the leader's bookshelf because it would be useful to read and reread at intervals to help with career course correction and to recognizing how best to work with others and in the identification of organizations that are suited to your strengths, ways of working, and your values.

Donald G. Evans

NEWS FROM THE FIELD

PROBATION CHIEFS RECOGNIZED BY THE ADMINISTRATIVE OFFICE OF THE U.S. COURTS

Reported in the August 2008 edition of *The Third Branch*, the monthly newsletter of the Federal Courts, are the recipients of the 2008 Director's Awards, given annually by the Director of the Administrative Office of the U.S. Courts in recognition of the contributions of Federal Judiciary members. This year's winners were recognized for their outstanding leadership, for excellence in court operations, and, in one group award, for their extraordinary response to a critical situation.

"Every day, there are many in the Judiciary who contribute to the mission of the federal courts," said Administrative Office Director **James C. Duff**. "But it is especially gratifying to recognize the outstanding efforts of these eight individuals who are improving operations and services and who demonstrate their leadership."

Particularly noteworthy is the Award for Extraordinary Actions, which is given to a Judiciary employee who has exhibited bravery and concern for others in the face of adverse conditions, displayed creativity and resourcefulness in a critical situation, or ensured that the Judiciary's mission is met during an emergency.

This year the award was jointly presented to Chief U.S. Probation Officer **Doug Burris** of the Eastern District of Missouri, and Chief U.S. Probation Officer **Greg Forest** of the Western District of North Carolina. They were recognized for the planning and hosting of "crack summits" in Charlotte, North Carolina, on January 17-18, and in St. Louis, Missouri, on January 24-25, 2008.

Within weeks of the U.S. Sentencing Commission's vote to amend retroactively the sentencing guidelines for crack cocaine offenses, the district courts had to prepare for an influx of 20,000 retroactivity cases. The crack summits, which drew more than 600 judges, prosecutors, defenders, clerks, and probation officers, brought all stakeholders to the table to establish local processes for retroactivity cases that would permit districts to plan and allocate their resources in sensible and efficient ways. Burris and Forest exhibited vision and judgment, leadership and consideration of others, and creativity and resourcefulness in their planning and organization. Both crack summits were unqualified successes and played an essential role in ensuring the Judiciary's ability to meet the many challenges imposed by retroactivity.

PRISONERS WITH MINOR CHILDREN: A SERIOUS SOCIAL PROBLEM

An estimated 809,800 prisoners of the 1,518,535 held in the nation's prison at midyear 2007 were parents of minor children, according to a report by the Justice Department's Bureau of Justice Statistics (BJS) released on August 26, 2008. Parents in prison — 52 percent of state inmates and 63 percent of federal inmates — reported having an estimated 1,706,600 minor children. Among state inmates, the percent of parents in prison decreased from 55 percent in 1997 but has remained stable for federal inmates.

About 2.3 percent of the 74 million children in the U.S. resident population who were under the age of 18 on July 1, 2007, had a parent in prison. Black and Hispanic children were about eight and three times, respectively, more likely than white children

to have a parent in prison. Among minor children in the U.S. resident population, 6.7 percent of black children, 2.4 percent of Hispanic children, and 0.9 percent of white children had a parent in prison. State inmates who were parents reported that nearly a quarter of their children were age four or younger and reported having two children on average.

Among fathers in state and federal prisons, more than four in ten were black, about three in ten were white, and about two in ten were Hispanic. Among mothers, 48 percent were white, 28 percent were black, and 17 percent were Hispanic.

State inmates age 25 to 34 (64 percent) were most likely to report being a parent, those age 55 or older (13 percent) were the least likely. Hispanic (57 percent) and black (54 percent) state inmates were more likely to report being a parent than white (46 percent) inmates. Findings were similar among men held in state prison, while the likelihood of being a parent did not vary by race among women.

Among male state inmates, public-order (60 percent) and drug (59 percent) offenders were more likely than violent (47 percent) and property (48 percent) offenders to be fathers. In state prison, inmates with a criminal history (53 percent) were more likely to report being a parent than those without a criminal history (48 percent).

About two-thirds (64 percent) of mothers held in state prison and nearly half (47 percent) of fathers reported living with their minor children either in the month before arrest or just prior to incarceration. Among state inmates, mothers (42 percent) were two and a half times more likely than fathers (17 percent) to report living in a single-parent household in the month before their arrest.

Among parents living with their minor children prior to incarceration, more than three-quarters (77 percent) of mothers compared to just over a quarter (26 percent) of fathers reported providing most of the daily care of their children. More than half of mothers (52 percent) and fathers (54 percent) held in state prison reported providing primary financial support to their minor children.

Eighty-five percent of mothers and 78 percent of fathers in state prison reported having contact with a child (minor or adult) since admission to prison. About half (47 percent) of parents who expected to be released within six months reported at least weekly contact compared to 39 percent with 12 to 59 months, and 32 percent with 60 or more months.

Among parents in state prison, nine percent reported homelessness in the year before arrest, 20 percent had a history of physical or sexual abuse, 41 percent had a current medical problem, 57 percent had a mental health problem, and 67 percent met the criteria for substance dependence or abuse. Seven in ten parents in state prison who met the criteria for substance dependence or abuse reported ever being in a program or receiving treatment for alcohol or drug abuse; more than four in ten received treatment since admission. Forty-six percent of parents who had a mental health problem reported ever having treatment; 31 percent had received treatment since admission.

Among parents held in state prison, over half (57 percent) had attended self-help or improvement classes since admission. Mothers (27 percent) were about two and a half times more likely than fathers (11 percent) to attend parenting or child-rearing classes.

The report, *Parents in Prison and Their Minor Children* (NCJ 222984), was written by BJS statisticians Lauren E. Glaze and Laura M. Maruschak. This report can be found at <http://www.ojp.usdoj.gov/bjs/abstract/pptmc.htm>.

NYC PROBATION HOSTS INTERNATIONAL VISITORS

In the third week of September 2008, the New York City Department of Probation hosted high-level visitors from Italy and Great Britain who were briefed on some of the important innovations underway at the agency.

On Tuesday, September 16, 2008, **Riccardo Turrini Vita**, the Vice President of the European Probation Conference (CEP) and Director General of Community Sanctions in Italy, along with **Sebastiano Ardita**, Director General for Inmates and Treatment, visited the headquarters in Lower Manhattan where they met with Commissioner **Richard Levy**.

Levy gave an overview of the Department's adult supervision function as well as an explanation of the roles of Federal and local community corrections in the United States. The Italian visitors were particularly interested in the automated kiosks that are used to take monthly reports from low-risk probationers and STARS, a system similar to the NYPD's CompStat that is used to make monthly performance evaluations.

The kiosks have enabled the Department to focus maximum attention on those probationers deemed most at risk for committing new, violent crimes. Caseloads for these high-risk probationers have been reduced from as high as 200 to less than 60. The STARS system, used to evaluate both the adult and juvenile services, was created to ensure that the Department is succeeding in its primary mission of promoting public safety. Commissioner **Martin Horn** has often said, "If we can't reduce the number of crimes committed by probationers, then the tax dollars that fund probation should be used somewhere else."

That same week, the Department hosted **Tim Kyle**, the District Manager for Probation in Manchester, England, and Assistant Chief Officer **Richard Barnes**. The British visitors, who were particularly interested in gang enforcement and the supervision of sex offenders, spent three days as guests of NYC Probation.

They first met with the Assistant Commissioner for Adult Services **Jane Imbasciani** in Manhattan and had the opportunity to observe the kiosk system in operation. On the second day Intel Director **Barbara Bonura** and officers in her unit met with the British visitors before taking them to meet with HIDTA (High Drug Trafficking Area) officers at the NYPD headquarters. HIDTA is a federal program that coordinates inter-agency response to drug trafficking.

On the final day they visited Rikers Island, where they met with correction officers that specialized in gang enforcement. They also met with Commissioner Levy at Probation headquarters.

Later that day Commissioner Horn and other probation officials held a briefing for **Nick Herbert**, Britain's shadow Justice Secretary and a Member of Parliament, at the Manhattan Adult Reporting Center. Herbert observed the kiosk reporting and was given a detailed briefing on the efforts underway to make better use of computer technology. These efforts include the use of computer mapping to track probationer activity and trends and the development of a new case management system that will enable the agency to more easily share information with other city agencies, such as the Administration for Children's Services, and other partners in

the criminal justice system. This system is now in user acceptance testing and should be deployed later this year.

EXECUTIVE DEVELOPMENT PROGRAM HELD

On September 7-11, 2008, another Executive Development Program for newly appointed probation and parole executives was held on the campus of Sam Houston State University in Huntsville, Texas. This highly successful program, offered since 1997, is a joint project of the National Institute of Corrections, National Association of Probation Executives, and the Correctional Management Institute of Texas.

Participants in this program included: **Anne T. Barker**, Chief Probation and Parole Officer from Warsaw, Virginia; **Ronald J. Broich**, Chief Probation Officer in Omaha, Nebraska; **Wendy Goodman**, Chief Probation and Parole Officer from Charlottesville, Virginia; **Michael P. Gordon**, Chief Adult Probation and Parole Officer in King of Prussia, Pennsylvania; **Gwyn L. Green**, Probation Director from Danville, Indiana; **Bill Gurule**, Chief Probation Officer in Alamosa, Colorado; **Lee Ann Hamilton**, District Manager from Pocatello, Idaho; **Kim R. Harvey**, District Manager in Caldwell, Idaho; **Angela Hayes**, Chief Probation Officer from Mason, Ohio; **Stephen N. Holmes, Sr.**, Chief Probation and Parole Officer in Chester, Virginia; **Mack Jenkins**, Chief Probation Officer from San Diego, California; **Mark E. Krueger**, Probation Director in Ottawa, Illinois; **Delcy G. Scull**, Juvenile Probation Director from Bisbee, Arizona; **Ted Smietana**, Director of Community Corrections in McMinnville, Oregon; **Les "Barney" Tomanek**, Deputy Director from Dickinson, North Dakota; and **Cindy Winn**, Chief Probation Officer in Flagstaff, Arizona.

Topics covered included management and leadership issues, organizational culture, strategic planning, human resource issues, politics and the political environment, legal issues, media relations and presentation skills, teamwork, ethics, and security issues.

Faculty members, all members of the National Association of Probation Executives, included: **Dot Faust**, Correctional Program Specialist with the National Institute of Corrections in Washington, DC; **Marcus Hodges**, Chief Probation and Parole Officer in Fredericksburg, Virginia; **Martin J. Krizay**, Chief Adult Probation Officer for Yuma, Arizona; **Rocco A. Pozzi**, Commissioner of Westchester County Department of Probation in White Plains, New York; and **Cherie Townsend**, Executive Director of the Texas Youth Commission in Austin. **Christie Davidson**, Assistant Director of the Correctional Management Institute of Texas, and **Phillip Lyons**, Professor in the College of Criminal Justice, also provided program deliverables.

TYC REMOVED FROM CONSERVATORSHIP

On October 14, 2008, Governor **Rick Perry** issued a proclamation removing the Texas Youth Commission (TYC) from conservatorship and named **Cherie Townsend** Executive Commissioner of the agency.

TYC was placed in conservatorship in March 2007 after officials received allegations of abuse and reports of failures and wrong-doings by commission staff.

"This has been a long and difficult road for the agency, but the culture at TYC today is substantially different today than it was 18 months ago when we placed TYC in conservatorship," Governor Perry said. "Not only have we put measures in place — such as

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the creation of an Office of Ombudsman, Special Prosecution Unit, and Office of Inspector General — to deter future problems, the conservator has implemented reforms spelled out in TYC reform legislation passed during the 2007 session.”

The governor said he is confident that Ms. Townsend, who has a wealth of meaningful juvenile justice experience in Texas, Arizona, and Nevada, will maintain credibility and sustain effective agency operations within the Commission. Townsend has served as Executive Director of TYC since October 1.

Townsend’s experience in juvenile justice spans more than three decades, including previous positions at TYC. She most recently served as Director of the Clark County Juvenile Court Services in Las Vegas where she was responsible for the leadership, planning, management, and delivery of court services in one of the fastest growing counties in the United States. Prior to that, she served as Director of Juvenile Court Services for the Superior Court of Arizona’s Juvenile Court Center in Maricopa County.

Townsend is also a past President of the National Association of Probation Executives and is highly respected in the community corrections profession.

Senate Bill 103, the TYC reform legislation, changed the governing structure of the agency to an Executive Commissioner with an appointed advisory board. The Governor is expected to announce his appointees to the board shortly. The Texas Youth Commission provides for the care, custody, rehabilitation and reestablishment of Texas’ most chronically delinquent and serious juvenile offenders, ages 10 to 19.

NEW JUVENILE JUSTICE PUBLICATION ISSUED

The Brookings Institution and Princeton University have published *Juvenile Justice*, which represents the Fall 2008 issue of *The Future of Children*, a journal devoted to issues relating to America’s youth. Found in this issue are the following articles:

“Adolescent Development and the Regulation of Youth Crime,” by **Elizabeth S. Scott**, the Harold R. Medina Professor of Law at Columbia Law School, and **Laurence Steinberg**, Distinguished University Professor and Laura H. Carnell Professor of Psychology at Temple University;

“Improving Professional Judgments of Risk and Amiability in Juvenile Justice,” by **Edward P. Mulvey**, professor of psychiatry at the University of Pittsburgh School of Medicine, and **Anne-Marie R. Iselin**, a post-doctoral research fellow with the Western Psychiatric Research and Clinic at the University of Pittsburgh School of Medicine;

“Disproportionate Minority Contact,” by **Alex R. Pi-querro**, professor of criminology and criminal justice at the University of Maryland–College Park;

“Juvenile Crime and Criminal Justice: Resolving Border Disputes,” by **Jeffrey Fagan**, professor of law and public health at Columbia University;

“Understanding the Female Offender,” by **Elizabeth Cauffman**, associate professor in psychology and social behavior at the University of California–Irvine;

“Adolescent Offenders with Mental Disorders,” by **Thomas Grisso**, professor of psychiatry (clinical psychology) at the University of Massachusetts Medical School;

“Juvenile Justice and Substance Use,” by **Laurie Chassin**, professor of psychology at Arizona State University; and

“Prevention and Intervention Programs for Juvenile Offenders,” by **Peter Greenwood**, Executive Director of the Association for the Advancement of Evidence-Based Practice.

The entire publication may be accessed by visiting The Future of Children website: http://www.futureofchildren.org/usr_doc/Justice_08_02.pdf.

LIVERS TO SERVE AS DIRECTOR OF LOUISIANA OFFICE OF JUVENILE JUSTICE

On October 23, 2008, Louisiana Governor **Bobby Jindal** announced that **Mary Livers**, originally of Shreveport, will now serve as the Director of the Louisiana Office of Juvenile Justice (OJJ). Livers was appointed Interim Director of the Office of Juvenile Justice (formerly called the Office of Youth Development) on July 29, 2008.

Governor Jindal said, “During the time she served as Interim Director of the Office of Juvenile Justice, Dr. Livers’ decades of corrections experience in states all across the country has certainly shown in her strong performance here in Louisiana. Dr. Livers knows the many real challenges facing our juvenile justice system, and she will not waver in her steadfast commitment to the safety of our communities and the wellbeing of our children who need help reforming their lives in order to have the opportunity to achieve their dreams — an opportunity all of our Louisiana children deserve.”

Senator **Don Cravins** said, “Mary Livers has the experience and the dedication needed to reenergize the juvenile justice system in our state, so we can encourage these kids to get back on track by pursuing educational opportunities and becoming a productive part of their community.”

Louisiana District Attorneys Association Executive Director **E. Pete Adams** said, “The District Attorneys support the appointment of Dr. Livers as Director of OJJ. During her tenure as Interim Director she has demonstrated the ability and inspired the confidence necessary to do the job.”

Before her service in Louisiana, Livers served four years in the Maryland Department of Public Safety and Correctional Services as the deputy secretary of operations, and the chief of staff. Livers also served in a variety of leadership roles with the Oklahoma Department of Corrections for 19 years, where she became the associate director and chief advisor to the director. As second-in-command of Oklahoma’s correctional system, Livers oversaw 17 correctional institutions, as well as inmate classification, industry and agricultural services, accreditation and procedures, environmental health, safety, and sanitation.

Livers began her career in the Arkansas Department of Corrections, serving in a variety of capacities, including as assistant warden.

Livers is a member of the American Correctional Association (ACA), and served a term on the organization’s Board of Gover-

nors. She is also a charter member of the Association of Women Executives in Corrections. She received her doctorate degree in adult and higher education, with staff development and training specialties from Oklahoma University in 2001. Livers also holds a master's degree in social work and a bachelor's degree in general studies from Louisiana State University.

NEW PROBATION CHIEFS NAMED IN NEBRASKA

As part of a reorganization within the Nebraska Probation System, three new Chief Probation Officers have been named, effective November 1, 2008.

Linda Buehler has been appointed Chief Probation Officer for the new Probation District 12 in Gering.

The new probation district was formed as a result of the Nebraska Supreme Court authorizing the realignment of probation districts to coincide with the district court judicial districts in order to provide more efficient, quality services and support to each judicial district.

The new Probation District 12 encompasses Sioux, Dawes, Sheridan, Box Butte, Scotts Bluff, Morrill, Garden, Banner, Kimball, Cheyenne, Grant and Deuel counties all of which make up the current Twelfth Judicial District.

Buehler began her employment with the Nebraska Probation System as a probation officer in Gering in October 1995, was appointed Coordinator of the intensive supervision probation program in March of 2007 and appointed Chief Deputy in August.

Throughout her probation career, Buehler has received training in leadership management, officer safety, drug recognition, sex offender, personality disorders, domestic violence, electronic monitoring, motivational interviewing, Moral Reconation Therapy, and assessment instruments.

Buehler graduated from Chadron State College with a bachelor's degree in criminal justice and a minor in business administration. She has also served on the district's evidence-based practices implementation team as well as Probation's Community Corrections Programs Committee.

Clay Schutz has been appointed Chief Probation Officer for the new Probation District 9 in Grand Island. Probation District 9 encompasses Buffalo and Hall counties, which make up the current Ninth Judicial District.

Schutz started work with the Nebraska Probation System as a probation officer in January 1997. He was an intensive supervision probation officer from October 2005 to September 2006, and at the time of his appointment he was a senior probation officer.

He graduated from Kearney State College with a bachelor's degree in criminal justice. Schutz was one of two officers chosen by probation administration in 1990 to participate in the National Institute of Corrections Training for Trainers Program.

As a certified trainer, he has been involved in the development of lesson plans used for training of new and veteran officers. One of Schutz's recent projects includes the initial and follow-up training of the Youth Level of Service instrument for probation officers across the state. He has also served on the probation system's juvenile and training committees.

Tara Sprigler-Price has been appointed the new Chief Probation Officer for Probation District 8 in O'Neill. The new Probation District 8 encompasses Cherry, Keya Paha, Boyd, Brown, Rock, Holt, Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, and Howard counties all of which make up the current 8th Judicial District.

Sprigler-Price began her employment with the Nebraska Probation System as a probation officer in O'Neill in July 1987 and was appointed Senior Probation Officer in January 1994. In 2000 she was awarded Probation's LaDonna Snell Award for outstanding line officer of the year. Sprigler-Price currently serves on Probation's Training Committee and Interstate Compact Committee. During her probation career she has sought to improve the image of probation with offenders, the public, law enforcement, and other stakeholders. Sprigler-Price has been trained in motivational interviewing, substance abuse, the National Institute of Corrections Foundation Skills for Trainers, Moral Reconation Therapy, and Level of Service/Case Management and other assessment instruments.

Sprigler-Price graduated from Chadron State College with a bachelor's degree in criminal justice and a minor in corrections and law enforcement. She is also a trainer for new probation officers as well as serves on Probation's Training Committee.

FUTURE TRENDS IN STATE COURTS

The National Center for State Courts has recently released *Future Trends in State Courts 2008*. This year's edition marks the series' 20th anniversary and is available from the Center's Knowledge and Information Services. The publication contains a number of articles dealing with a variety of topics, including a 20th anniversary perspective, technology, judicial access, financial issues, problem solving issues, and judicial administration.

For a copy of the publication call (800) 616-6164. The publication is also available at <http://www.ncsconline.org/WC/Publications/Trends/2008/Trends2008.pdf>.

BARTOSH APPOINTED CHIEF IN NORTHAMPTON COUNTY, PENNSYLVANIA

On October 20, 2008, **Marie D. Bartosh** was appointed Chief Adult Probation Officer for the Northampton County Adult Probation and Parole Department in Easton, Pennsylvania. Bartosh, who earned a bachelor's degree in sociology from Case Western Reserve University in Cleveland, Ohio, and a master's degree in criminal justice from Marywood College in Scranton, Pennsylvania, has been with the department since January 1991. During her tenure with the department she has held positions of increasing responsibility, including Intensive Supervision Officer and, more recently, GPS Coordinator.

PROBATION OFFICERS FROM POLAND PARTICIPATE IN EXCHANGE PROGRAM

During the Fall of 2008 two probation officers from Poland visited Texas as part of the exchange program developed between the National Association of Probation Executives and the Probation Officer Association of Wielkopolska.

From September 29 to October 11, 2008, **Michal Szykut**, a probation officer with the Court at Slupsk, was hosted by **Ray Garcia**, Deputy Director of the Harris County Community Supervision and Corrections Department in Houston, Texas. During his stay in Houston, Szykut observed the workings of the largest adult probation department in Texas and was exposed to all aspects of the criminal justice system. In addition, he was able to enjoy some Texas culture, with visits to San Antonio, New Braunfels, and Austin.

From October 2 to October 11, 2008, **Sylwia Stachowiak**, a probation officer for the Court at Poznan, was hosted by **David Baker**, Director of the Judicial District Community Supervision and Corrections Department for Walker, Grimes, Madison, and Leon Counties, in Huntsville, Texas, and **Chris Kowalski**, Program Coordinator with the Texas Probation Training Academy at Sam Houston State University. Stachowiak also enjoyed some Texas culture in San Antonio, Austin, and Bryan.

Other persons involved in making the exchange program experiences a success included: **Paul Kosierowski**, Member, NAPE International Committee; **Arlene Parchman**, Director of the Brazos County Community Supervision and Corrections Department; **Doug Dretke**, Executive Director of the Correctional Management Institute of Texas; **Dan Richard Beto**, Chair of the NAPE International Committee; **Christie Davidson**, Executive Director of the National Association of Probation Executives; and **Amanda Bilnoski**, Program Coordinator with the Texas Probation Training Academy.

KRIZAY APPOINTED CHIEF PROBATION OFFICER IN IMPERIAL COUNTY, CALIFORNIA

Martin Krizay, Treasurer of the National Association of Probation Executives, has been appointed Chief Probation Officer for Imperial County, California, effective December 1, 2008.

While the appointment is made by the County's Superior Court, the \$10 million Probation Department is funded and overseen by the County Board of Supervisors.

"Mr. Krizay will have an outstanding foundation to start from and his talents and attributes will help us continue the quest for excellence in our probation department," said Superior Court Judge **Juan Ulloa**.

Supervisors Chairman **Gary Wyatt** joined the judges in welcoming Krizay to the county. "Our board is looking forward to working with our new chief probation officer to address the various public safety challenges and opportunities facing our county," Wyatt said.

Krizay, longtime Chief Adult Probation Officer for Yuma County, Arizona, brings 28 years of experience in the field of community corrections. During his career, Krizay has served on numerous statewide committees to advance effective probation services in Arizona and other states. In addition, he has been a member of the faculty of the highly successful Executive Development Program, jointly offered by the National Institute of Corrections, National Association of Probation Executives, and the Correctional Management Institute of Texas at Sam Houston State University.

He earned a bachelor's degree in criminal justice from Arizona State University and a Master of Arts degree in organizational management from the University of Phoenix.

Andrew Gould, Presiding Judge of the Yuma County Superior Court, stated he is sorry to lose Krizay. "I know he will do great things in Imperial County."

"I am honored and privileged to be selected to lead a good probation department and make it better," Krizay said. "I am passionate about training education and effective practices as a means to provide public safety, excellent probation services, and improve our adult and juvenile justice system. I can't wait to start working with staff, other agencies, and members of the community."

SPECIAL ISSUE OF FEDERAL PROBATION PUBLISHED

The September 2008 edition of *Federal Probation* — the journal of correctional philosophy and practice published by the Administrative Office of the United States Courts — is a special issue devoted to the subject of "Moving with Research to Results."

Several members of NAPE contributed to this publication, which may be accessed online at <http://www.uscourts.gov/library/fpcontents.html>. This publication is well worth examining.

NAPE LISTSERV AND WEBSITE

Members of the National Association of Probation Executives should feel free to use the NAPE Listserv to pose questions or share information about relevant topics in the administration of community corrections agencies. Members wishing to send out information on this exclusive service may address emails to nape_members@shsu.edu.

At present there are over 200 members registered on the NAPE Listserv. Members who are not receiving this service but wish to should send an email to probation.executives@gmail.com, indicating a desire to be added to the NAPE Listserv. In addition, members who would like to update their email addresses, or add a second email address, should feel free to do so.

In keeping with the Association's policy not to accept advertisements in its publications, the NAPE Listserv will not, as reasonably possible, be used to promote products or services.

If you have not done so recently, please visit the NAPE website at www.napehome.org.

NATIONAL ASSOCIATION OF PROBATION EXECUTIVES

Who We Are

Founded in 1981, the National Association of Probation Executives is a professional organization representing the chief executive officers of local, county and state probation agencies. NAPE is dedicated to enhancing the professionalism and effectiveness in the field of probation by creating a national network for probation executives, bringing about positive change in the field, and making available a pool of experts in probation management, program development, training and research.

What We Do

- Assist in and conduct training sessions, conferences and workshops on timely subjects unique to the needs of probation executives.
- Provide technical assistance to national, state and local governments, as well as private institutions, that are committed to improving probation practices.
- Analyze relevant research relating to probation programs nationwide and publish position papers on our findings.
- Assist in the development of standards, training and accreditation procedures for probation agencies.
- Educate the general public on problems in the field of probation and their potential solutions.

Why Join

The National Association of Probation Executives offers you the chance to help build a national voice and power base for the field of probation and serves as your link with other probation leaders. Join with us and make your voice heard.

Types of Membership

Regular: Regular members must be employed full-time in an executive capacity by a probation agency or association. They must have at least two levels of professional staff under their supervision or be defined as executives by the director or chief probation officer of the agency.

Organizational: Organizational memberships are for probation and community corrections agencies. Any member organization may designate up to five administrative employees to receive the benefits of membership.

Corporate: Corporate memberships are for corporations doing business with probation and community corrections agencies or for individual sponsors.

Honorary: Honorary memberships are conferred by a two-thirds vote of the NAPE Board of Directors in recognition of an outstanding contribution to the field of probation or for special or long-term meritorious service to NAPE.

Subscriber: Subscribers are individuals whose work is related to the practice of probation.

Membership Application

NAME _____ TITLE _____

AGENCY _____

ADDRESS _____

TELEPHONE # _____ FAX # _____ E-MAIL _____

DATE OF APPLICATION _____

- | | | | | |
|--------------|----------------|--|---|--|
| <i>CHECK</i> | Regular | <input type="checkbox"/> \$ 50 / 1 year | <input type="checkbox"/> \$95 / 2 years | <input type="checkbox"/> \$140 / 3 years |
| | Organizational | <input type="checkbox"/> \$ 250 / 1 year | | |
| | Corporate | <input type="checkbox"/> \$ 500 / 1 year | | |

Please make check payable to **THE NATIONAL ASSOCIATION OF PROBATION EXECUTIVES** and mail to:

NAPE Secretariat
 ATTN: Christie Davidson
 Correctional Management Institute of Texas
 George J. Beto Criminal Justice Center
 Sam Houston State University
 Huntsville, Texas 77341-2296
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