



D.C. PRETRIAL SERVICES AGENCY
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The Advocate

September 2006

COMMUNITY
ACCOUNTABILITY
JUSTICE

~ CONTENTS ~

TSP INFORMATION

F&A UPDATES

OPERATIONS NEWS

INTRODUCING RAD

SUBSTANCE ABUSE TREATMENT
AND MENTAL HEALTH SERVICES
INTEGRATION TASKFORCE

SUPERVISION NEWS

ADDICTION AND THE JUSTICE SYSTEM:
DECIPHERING THE MAZE

ISSUES OF LIFE:
DOMESTIC VIOLENCE

DISC WORKSHOP

MENTORING

RUNNING FOR A PURPOSE

CAREER MANAGEMENT SYSTEM

PSA'S MISSION

To assess, supervise and provide services for defendants, and collaborate with the justice community, to assist the courts in making pretrial release decisions. We promote community safety and return to court while honoring the constitutional presumption of innocence.



Susan W. Shaffer
Director

FROM THE DIRECTOR

One of the new kids on the PSA block, our office of Research, Analysis and Development, under the leadership of Spurgeon (Kenny) Kennedy, is already moving toward its goal of promoting informed action and innovative thinking within PSA. Kenny has assembled a strong team that is committed to advancing best practices for pretrial assessment, supervision and treatment, and he has arranged for visits from a number of notable outside researchers to help us look at what evidence based practices mean to the pretrial field. Because the principles for effective community corrections programs have been developed in the context of supervising convicted offenders, the challenge of our field is to critically evaluate how these practices can be applied to the pretrial defendant who is presumed innocent. As you can imagine, many of the principles would seem to be clearly applicable to us. For instance, it seems to me that we instinctively have done some variant of motivational interviewing at PSA, as our focus has always been on reaching to the defendant's strengths to encourage candor and compliance. In our diagnostic interviews and treatment assessments we know the importance of asking questions in a way that will best elicit a truthful response. We know that an affirming approach generally works better than an authoritarian tone, and

we also know the importance of clear guidelines and graduated sanctions and incentives. In our treatment programs we have long been working on cognitive structuring with the defendants so that they better understand how their thoughts effect their actions in the world of drugs. What we have not yet done is to figure out how some of these concepts can be utilized in all areas of PSA practice—is there a role for cognitive structuring in high risk supervision? Even though we cannot discuss the current charge with the defendant, or the defendant's attitude about the pending charge, can we not review his or her history of convictions and talk about how he/she can best avoid people, places and things that may lend themselves to the individual ending up in the criminal justice system?

The challenge to our field is to critically evaluate all of the best practices from the good work in community corrections and determine if and how they can be applied to the pretrial defendant. I am convinced that most of the principles are applicable, but some may need tailoring in order to honor our bedrock principles. I would like to see us more formally incorporate motivational interviewing into our training program, as it is a skill that cannot help but be useful in all areas of our work. The community corrections field has found that the relationship with the supervising officer is fundamentally important to the success of the offender, and I am convinced that

is often the case in the pretrial arena as well. Some pretrial practitioners have disregarded this as a fundamental principle for our field, believing that the length of supervision in a probation or parole case makes for a much different mix than the comparatively brief time a defendant is under pretrial supervision. Although it may be that very brief contacts with a defendant do not make or break his or her success, I suspect that the importance of a respectful and supportive relationship, even of short duration, may prove to be more important than many realize in encouraging a defendant's candor and his or her accountability to pretrial responsibilities.

As an agency that is lucky enough to have more resources and a much higher percentage of defendants on pretrial release than is the case in most jurisdictions, we have a responsibility to assist in leading the pretrial field in looking at all of these arenas and helping shape the pretrial agenda nationally. I understand that some of this will be under discussion at the upcoming NAPSA Annual meeting in Nashville, and I urge those of you who are there to take advantage of any workshops on these issues. In the meantime, take a look at the PSA data that follows, which I find very interesting. I have provided it for citation in the ABA Pretrial Release Standards commentary, as, again, not many jurisdictions have the advantages we do in being able to report out data. Look particularly at the percentage of our defendant population that was subject to drug testing in FY 2005 and see that 52% tested positive once, 41% tested positive twice, and 32% tested positive three times or more. Without a closer look we cannot necessarily conclude "what works", but it should feel rewarding to you to see that some kind of oversight seems to be making a difference for those defendants who are able to stop using drugs without treatment. Not only does this conserve our treatment resources for those most in need, it is consistent with our approach to impose the least restrictive conditions consistent with public safety and return to court. We are committed to improving our ability to mine our data so that we can begin to truly assess what does work and how we can move our field forward.

**Response to Request for Information
(August 28, 2006)**

**Fail-To-Appear and Rearrest Data for
Defendants under Pretrial Supervision**

For FY 2005, the percentage of cases in which a defendant failed to appear for at least one court hearing:

- any defendant 9%
- drug-user 13%
- non-drug-user 6%

For the first three quarters of FY 2006, the percentage of cases in which a defendant failed to appear for at least one court hearing:

- any defendant 11%
- drug-user 15%
- non-drug-user 6%

For FY 2005, the percentage of all PSA defendants rearrested for:

- any crime 13%
- violent crime 3%
- drug crime 4%

For the first three quarters of FY 2006, the percentage of all PSA defendants rearrested for:

- any crime 10%
- violent crime 1%
- drug crime 1%



For FY 2005, the percentage of drug-using defendants rearrested for:

- any crime 20%
- violent crime 4%
- drug crime 7%

For the first three quarters of FY 2006, the percentage of drug-using defendants rearrested for:

- any crime 16%
- violent crime 1%
- drug crime 1%

For FY 2005, the percentage of non-drug-using defendants rearrested for:

- any crime 6%
- violent crime 1%
- drug crime 1%

**For the first three quarters of FY 2006,
the percentage of non-drug-using defendants
rearrested for:**

- any crime 5%
- violent crime 1%
- drug crime 1%

Positive Drug Test Rates for Defendants under Pretrial Supervision

Percent of supervised population with drug test requirement (excludes lock-up tests):

- In FY 2005, 62% (13,356) of PSA's supervised population (n=21,373) had a random drug test, a placement or evaluation test, or were subject to surveillance testing.
- In the first three quarters of FY 2006, 63% (11,826) of PSA's supervised population (n=18,779) had a random drug test, a placement or evaluation test, or were subject to surveillance testing.

Percent of total supervised population (n=21,373) testing positive in FY 2005 (excludes lock-up tests):

- 33% (6,962) of the supervised population tested positive at least once.
- 25% (5,439) of the supervised population tested positive at least twice.
- 20% (4,306) of the supervised population tested positive three times or more.

Percent of total supervised population (n=18,779) testing positive in the first three quarters of FY 2006 (excludes lock-up tests):

- 29% (5,376) of the supervised population tested positive at least once.
- 22% (4,137) of the supervised population tested positive at least twice.
- 17% (3,206) of the supervised population tested positive three times or more.

Percent of population subject to drug testing (n=13,356 and excludes lock-up tests) who tested positive in FY 2005:

- 52% (6,962) of the drug testing population tested positive at least once.
- 41% (5,439) of the drug testing population tested positive at least twice.
- 32% (4,306) of the drug testing population tested positive three times or more.

Percent of population subject to drug testing (n= 11,826 and excludes lock-up tests) who tested positive in the first three quarters of FY 2006:

- 45% (5,376) of the drug testing population tested positive at least once.
- 35% (4,137) of the drug testing population tested positive at least twice.
- 27% (3,206) of the drug testing population tested positive three times or more.

(Please note – all FY 2006 data reported above is subject to increase given the results of data from the final quarter of FY 2006)

Reduction in drug use for FY 2005:

- 81% of defendants who were in substance abuse treatment had a lower percentage of noncompliant drug tests after treatment than before treatment. Defendants who had been in treatment for less than two weeks were excluded from the sample as were defendants who had fewer than four drug tests "before" and/or less than four drug tests "after."



Cliff Keenan
Deputy Director

Hello, PSA! I hope that you and yours have been having a great summer – I sure know it's been a busy one for most of us (and maybe that's why it's gone by so fast)! As some of you already know, I've reconvened the "Roundtables" in order to meet with as many of you as possible. I very much appreciate being able to share with you my thoughts, ideas, and aspirations for PSA, and very much enjoy hearing the same from you. My focus this time has been on PSA's revised mission and vision statements, which are below. Please take a moment to read them (either again or, shudder, for the first time).

MISSION - To assess, supervise, and provide services for defendants, and collaborate with the justice community, to assist the courts in making pretrial release decisions. We promote community safety and return to court while honoring the constitutional presumption of innocence.

VISION - To thrive as a leader within the justice system by developing an empowered workforce that embodies integrity, excellence, accountability, and innovation in the delivery of the highest quality services.

I have been (rightfully!) accused of not doing enough to promote our revised mission and vision with staff, to make sure that staff appreciates the importance that these concepts bring to the work we all do day in and day out. That is something I hope to do over the coming months because if you carefully read our vision, you will see that the way PSA will "thrive as a leader" is through an **"empowered workforce"** that embodies integrity, excellence, accountability and innovation" in all aspects of the work we do. We need to "empower" you, so beginning today, I challenge all of us to do what we each need to do in order to realize that vision. As I've said on many occasions, our work is too important - to the community, to the court, and to every individual defendant with whom we come into contact - to not be doing our very best in all of its aspects. Beginning today, we must all keep our focus on realizing our vision in accomplishing our mission. Help us get there by doing your part. Thanks very much, and as always, keep up the great work that you're doing -- it's too important to do otherwise!

*One day, you'll want to hear someone say
"have a wonderful retirement."*



Romeyn Rowlson
Sr. Human Resources Spec.

The Thrift Savings Plan (TSP) is a defined contribution retirement savings plan for Federal employees – you can only contribute a certain amount. It is not a defined benefit contributory retirement system like the Civil Service Retirement System (CSRS) – you don't receive a set amount when you retire. If you are covered by the Civil Service Retirement System (CSRS), the TSP is a nice supplement to your CSRS annuity. If you are in the Federal Employees' Retirement System (FERS), the TSP is one part of a three-tier retirement package that also includes your FERS basic annuity and Social Security – it is by far the most important part.

Regardless of your retirement system, participating in the TSP can significantly increase your retirement income, but starting early is important. Contributing early gives the money in your account more time to increase in value through the compounding of earnings. It is also extremely important, if you are covered by FERS, to contribute the maximum amount allowable for the bulk of your career. Financial planners state Americans need help in making their retirement savings last a lifetime - or face a high risk of not having enough income in retirement to allow them to maintain their standard of living. Do you really want to retire comfortably some day? Don't be on the outside looking in.



In planning for retirement, remember this important point: No credit card debt! If you have credit card debt you are not ready for retirement. Your retirement nest egg doesn't hatch overnight. It takes time to grow and needs to be protected, so contribute freely and choose your funds wisely. For more information concerning your retirement, go to <http://www.opm.gov/retire/index.asp>, www.mymoney.gov, or <http://www.tsp.gov>.

I hope you find this information helpful. If you have any questions, please call me on 220-5678 or e-mail me at Romeyn.Rowlson@csosa.gov.

Office of Finance and Administration



Johnny Cahn
F&A Director

First the bad news! At this writing, F&A's hard working Deputy Director, Eric Kravchick is leaving us. Eric has accepted a position (with a promotion) with the Defense Intelligence Agency (DIA). For "security reasons" he informs me that he is unable to tell us what he will be doing there; however, he has already been told that he will be traveling to South America and Europe! Eric's contributions to F&A and to PSA on the Agency level have been extraordinary. Eric lives in a world of compliance with OMB directives, rush projects, audit recommendations, GAAP, GAAS, FAIR, FMFIA and a host of other governmental acronyms that would constitute an insurmountable hurdle to anyone less dedicated and skilled. His loss will be material to PSA but the nation will benefit from his skill and enthusiasm when he puts those fine attributes to work in direct support of our military men and women. We will miss Eric and we will be hard pressed to find a suitable replacement!

And the good news! Alma Bell-Billups has been promoted to the Accounting Officer position within F&A. No one is more capable or deserving of that position and it was management's great pleasure to make that selection. Alma has been a steadfast presence in F&A and it is particularly heartwarming to see that kind of loyalty and devotion rewarded. Also, F&A will be welcoming a new internal auditor/compliance officer to a newly established audit position. Wanda Vazquez joins us from her current position as a contractor with the Head Start program at HHS (Health and Human Services). She will have a challenging assignment in establishing a formal internal control program and learning the inner workings of PSA as well as developing her own audit and compliance skills. We look forward to working with Wanda.

Progress is being made daily with respect to our facilities projects. New quarters for PSA's staff in Federal District Court at 333 Constitution Avenue will be turned over to us on September 8th. We will install new furniture and fixtures during the following week and expect to have staff move to the second floor suite the following week. The refurbishing of work area C-225 at the Moultrie Courthouse (500 Indiana Avenue) will begin during the last week of August and is scheduled to be completed during the last week of September. The work will progress in three stages and will be confined, to the greatest extent possible, to weekends. Our investment in this workspace will be significant; PSA's employees working in that area deserve the best possible working conditions, and we are determined to deliver!

The new official PSA apparel (shirts and jackets) have been delivered. The initial distribution will be to law enforcement staff who were fitted during the Spring. We have seen the actual shirts and they look great. The vendor will soon make a website available where non-law enforcement staff can purchase shirts at their own expense; I will certainly be buying some for me! Note that the apparel can be worn for work-related purposes only. Further guidance will be forthcoming.



As always, F&A is here to support PSA's employees. If you have suggestions for improving our level of service to you, I encourage you to let us know.



Kim M. Whatley
Operations Director

News From Operations

On July 10, 2006, I celebrated my three month anniversary at PSA. Since I arrived, there has never been a dull moment. I continue to make visits to the various units and offices when my schedule permits. I really enjoy meeting and talking with staff. Everyone has a lot of good ideas and you continue to impress me with your dedication. Please don't hesitate to stop me when you see me and introduce (or in some cases re-introduce) yourself to me. Also, please join me in welcoming back Michelle Consuegra and thanking Malaika Williams for all of her hard work these past few months as acting branch manager. I also want to thank Leontyne Fredericks (and welcome her back) for stepping up to fill in for Malaika in District Court for a few weeks. Congratulations to Staci Burrough on being selected as Supervisor, GSU Team 2; Kori Spriggs, Acting Supervisor, GSU Team 2 (while Staci is on maternity leave); and Nshombia Jones, Acting Supervisor, GSU Team 1.

There is a lot of activity underway in Operations and I wanted to take this opportunity to report on our progress. I am happy to report for example that the PRISM Advisory Board will soon be up and running. Under the capable leadership of Special Assistant Steve Bell and with the support of our Operations deputy directors, a board meeting will soon be scheduled. In the meantime, a number of minor PRISM programming changes that have been pending for some time have been completed and [have or] will soon be released.

Our two process studies (for the Diagnostic Unit and the Drug Testing and Compliance Unit) are in the final stages. Working with our partners in RAD (Research, Analysis & Development), comprehensive reports will be released highlighting a number of short-term and long-term recommendations designed to improve the work flow. Staff from these units have submitted great ideas and our job now is to bring all those ideas together and prioritize them. We also continue to evaluate our options for the midnight shift in Diagnostic. A draft report has been prepared and a number of short-term and long-term recommendations are being considered. As promised, the report has been released to all Diagnostic staff and I will convene meetings to discuss the report and its implications. Also, some of the short-term recommendations are already being implemented. So please stay tuned.

We also recently established an Officer Safety Work Group and we've had two meetings. Officers, representing all branches and most units, on the work group will be developing an in-house officer safety program. This will include the development of policies and procedures on safety that are designed to meet the very unique needs of PSA and duties that officers perform both in the office and at the cell blocks. Our goal is to deliver a pilot training program later this fall.

We continue to make quality of our work products a top priority. With the assistance of RAD, we are examining current quality control measures to see how we might make interim improvements until permanent quality control measurements can be developed and implemented.

We are also moving aggressively to bring new staff on board. We are likely to make selections for our current vacancies later this summer and new vacancies will likely emerge requiring aggressive recruitment externally. Human Resources will actively reach out to Spanish-speaking groups and associations so that we can attract more Spanish-speaking officers to join our ranks.



Finally, I believe we are working very hard to improve Agency-wide communication on all fronts. This includes both formal and informal communication, up and down the chain-of-command, across branches and units, and among staff. This process is ongoing and requires some discipline. But, I am committed to improving communication.

Changes and improvements may appear to be slow coming, but know that there is a lot going on as we continue to refine our priorities and planning process. I hope you will continue to support us as we move to define and evolve into the PSA of the Future!



Spurgeon Kennedy
RAD Director

Introducing RAD

In April, PSA merged Strategic Planning, Analysis and Evaluation and the Office of Operations' Program and Policy Development and Special Projects Managers into a new Office under the PSA Deputy Director. Research, Analysis and Development's (RAD) mission is to promote more informed action within PSA by leading the Agency's strategic planning, research, and program and policy development efforts. RAD also encourages innovative thinking within the Agency to advance best practices in risk assessment, supervision and treatment. RAD staff includes Policy Analysts Rebecca Childress, Michael Kainu and Sharon Banks and Policy and Program Development Managers Brian Rybicki, Michelle Amos and Sherma Almeida.

RAD's objectives outline the work the Office will undertake in the coming months. These include:

1. Leading efforts to develop best practices for pretrial risk assessment, supervision and treatment.
2. Improving the delivery and presentation of management instructions and policies throughout the Agency.
3. Guiding the development of PSA's strategic planning, guidelines and policies.
4. Spearheading efforts to keep the Agency analysis and evaluation-focused.
5. Synthesizing and analyzing performance measure and operational data to help Agency management make more informed and objective decisions.
6. Fostering relationships within the research/evaluation community that promote collaborative research.
7. Facilitating objective Agency-wide quality assurance and quality control procedure.
8. Assisting Offices in developing, implementing and monitoring action plans.
9. Identifying local and national best practices that may be appropriate for the Agency.
10. Recognizing and using the strengths of Agency staff to help PSA achieve its overall mission and vision.

RAD has assisted other Offices in several areas since its inception, including helping Operations in mission critical areas such as staff safety, quality assurance procedure, and reviews of various unit functions. RAD also has assumed the lead on PSA's Research and Review Committee, Continuity of Operations Plan and development of future budgeting items and priorities. Over the coming months, the Office will focus on reviewing the impact of current management instructions on staff performance, determining ways to better present policy statements and management instructions to staff, and working with other Agency Offices to determine how best RAD may be of service to them.



We hope RAD becomes a valuable resource to PSA in helping the Agency meet its mission and objectives and helping PSA and the entire local criminal justice system become more analysis-driven and best practices driven. It should be fun.



Claire Johnson
Dir., Justice &
Community Relations

Substance Abuse Treatment and Mental Health Services Integration Taskforce

When it comes to the needs of mentally-ill defendants, PSA continues to forge ahead as a leader in the justice community. The latest endeavor to serve this special population is through our role in the Substance Abuse Treatment and Mental Health Services Integration Taskforce (the Taskforce). The Taskforce, under the auspices of the Criminal Justice Coordinating Council (CJCC), is co-chaired by Susie Shaffer and Brenda Donald Walker, the District's Deputy Mayor for Children, Youth, Families and Elders. The Taskforce's purpose is to identify the critical challenges and gaps that hinder access to services for mentally ill and dually-diagnosed individuals who are criminally involved, and to find solutions to keep this population out of the justice system and get them better connected with the services they need.

Susie as the Co-Chair, has the unique opportunity to serve in a neutral role and invoke the full support of the CJCC to convene the key principals with the goal of creating a strategic plan and implementing it. Trudy Mitchell-Gilkey and I, along with LaToya Wesley from the CJCC, took the lead in providing staff support to the Taskforce. The work of the Taskforce has been fast-paced and very action-oriented, and there have been several meaningful results worthy of noting.

First, a little background on the issues. As we know all too well, substance abuse and mental health issues are primary contributors to the revolving door of the criminal justice system. The people who end up in the courts and the jails are often District residents who are or should be under the care of the District's Addiction Prevention and Recovery Administration (APRA) or Department of Mental Health (DMH). Since the responsibility to serve these residents does not begin or end at the door of the criminal justice system, it is in everyone's interests to work together to find better ways to serve them. This effort revolves around more effectively integrating APRA and DMH into the criminal justice process.

The Taskforce's initial task was to review the current challenges the agencies face, gaps that exist, and suggestions that might lead to solutions or improvements. This was accomplished through conducting interviews with the directors and key managers of agencies that impact and are impacted by this issue, including the Superior Court, Metropolitan Police Department, Office of the Attorney General, Department of Corrections, APRA, DMH and CSOSA. Comments on the challenges, gaps and suggestions for improvement were prepared in a report that was organized according to where the issues occur in the criminal justice process – at arrest/pre-booking, community supervision and treatment, jail, or post-release/aftercare. The Preliminary Taskforce Report identified 17 challenges and gaps and 32 suggestions for addressing them. It initially was disseminated among those who participated in the interviews, but quickly became a topic of discussion and was requested by many groups and individuals in the justice and social service arena.

Next, to follow-up on the initial interviews, we undertook an extensive effort to gather more detailed comments to elaborate on the topics in the Preliminary Report. We methodically solicited additional comments from those who originally were interviewed, as well as others whom we know are active and knowledgeable in this arena – about 50 people in total representing 15 entities. The purpose here was to prepare a very detailed and comprehensive reference document to inform the principals in their strategic planning decisions. A summary is provided below, but I encourage you to read the full report. Let me know if you are interested in receiving it.

The first phase focused on diverting the mentally ill from the criminal justice system to the mental health system, in lieu of arrest. The key areas of interest for strategic planning were to explore various models and best practices to develop a comprehensive approach to police responses to individuals with mental illness. Those interviewed also noted the great need to build up outreach teams from various critical agencies to assist the police with urgent, community-based crisis services, including beds for those needing stabilization and connection or reconnection to core service agencies. Related to this is the need to equip CPEP and DMH crisis beds with ability to handle persons whose behavior does not require proceeding with the criminal justice process of arrest and booking. Another prominent issue was the need to move appropriate low level, quality of life incidents directly to CPEP instead of the criminal justice system, from there linking them directly to core service agencies after stabilization.

The second phase, which was the most expansive, focused on those individuals who are under community supervision and in need of treatment. The key challenges identified included the need to expedite criminal justice system referrals to DMH and APRA. Suggestions to accomplish this included consid-

Continued on next page...



Eric Holder
Branch Mgr., Supervision

Supervision News!

I will start my article with the “Three Cs of Growth” — *Choice* – it allows you to start growing, *Change* – it allows you to keep growing, and *Climate* – it allows you to enjoy growing.

Three or four months ago, I made a “*Choice*” to leave treatment and return to supervision. I must say that the growth process has begun and I look forward to learning new things from the Supervision Branch staff.

We are currently experiencing a tremendous “*Change*” in the Supervision Branch. We have a new supervisor and two acting supervisors. So we welcome Staci Burrough as the new supervisor for GSU Team #2, Nshombia Jones as the acting supervisor for Team #1, and Kori Spriggs as the acting supervisor for GSU Team #2 during Staci Burroughs’ expected maternity leave. We also say farewell to Michael Kainu. We congratulate him on his new position with RAD. The Branch wishes you well.

The most important element in my move to supervision is the “*Climate*”. Everyone has gone out of their way to make me feel at home and welcomed. The staff has made my transition back to supervision fun and enlightening. I look forward to our Branch meetings. The staff in supervision is tremendously talented and dedicated to PSA’s mission. Stay tuned for additional updates from the Supervision Branch.

Continued from previous page... eration to redesign processing procedures such as DMH’s Access Helpline for the court-involved population. Another area of consideration was developing a protocol designed to address the criminal justice population differently, more intensively, as these residents are often at “the end of the line” and in need of immediate services when they end up in the criminal justice system. Suggestions were also offered for simplifying the referral processes, such as for emergency crisis beds, so that unnecessary encumbrances to access are removed.

As in the first phase, emphasis was placed on developing an MOU for expediting referrals from the Court and/or the Office of the Attorney General to DMH and APRA for persons charged with DC Misdemeanors (quality of life crimes) and Traffic offenses. A suggestion that had strong interest was placing DMH and APRA resources at the courthouse for “one stop” shopping with immediate assessments and services for mentally ill and substance abusing persons charged with low level offenses.

Many also emphasized the need for specialized training and support to designated core service agencies and ACT teams on the needs of the criminal justice population and the requirements of the criminal justice system for appropriate compliance information.

Comments for the third phase, which focused on those who are in the DC Jail, emphasized developing a comprehensive system to assess and treat mentally ill and substance abusing inmates and move them as appropriate to community-based services. An important aspect of this would be to develop electronic interfaces between the Jail’s computer network and DMH and APRA computer networks so that information can be shared quickly.

The fourth phase focused on those individuals who no longer are involved in the justice system and not under any form of supervision, though still in need of services. Comments emphasized the need to develop an appropriate mechanism to maintain services started in earlier phases of criminal justice supervision and ensure continued service delivery of needed resources to assist the individual in not again coming into the criminal justice system on a new charge. The key to accomplishing this is to ensure smooth transfer of primary responsibility from the criminal justice system to DMH, APRA, and appropriate support services without forcing individual to “start over” with new assessments, referrals, and treatment regimens. The need for developing housing options was noted as critical to all phases of the process.

The culmination of the Taskforce’s work thus far was the convening of a Roundtable Discussion of the principals held on August, 30, 2006. This three-hour meeting was a rich, solution-focused dialogue among the principals whose agencies have an impact on or are impacted by the issues at hand. While we know that all of the challenges and gaps cannot be addressed in one meeting, the intent here was to identify priorities around which to get buy-in from the essential partners and build consensus on certain issues. For each of the phases, the group identified and agreed upon several clear action items to pursue with deadlines to reconvene and report out within the next 60 days. The next step for the Taskforce is to keep the momentum going in order to make headway on the tasks that were identified at the Roundtable.



Rashida Mims
Special Asst., Treatment

Addiction and the Justice System: Deciphering the Maze

Commentary

The Road to Recovery

Web Event Season continued its ground breaking programming with "Addiction and the Justice System: Deciphering the Maze". This sixty minute program combines a taped studio panel discussion with case studies from the field to celebrate those in recovery from substance misuse and to applaud the work of treatment professionals nationally and here at the D.C. Pretrial Services Agency.

Seeking and receiving treatment services can be a difficult process for anyone struggling with addiction. Well, compound that struggle with being arrested and entering the justice system. For many the process is overwhelming. This program explores addiction treatment services and interventions at each segment of the justice system.

Larry Wilson, Supervisory Therapist, Jail Addiction Services, Montgomery County Department of Health and Human Services describes what happens at the intake and assessment phase in his jail based program. Judge Karen Freeman-Wilson, CEO of the National Association of Drug Court Professionals provides a very detailed description of the role Drug Courts play. Anthony Perkins, Incarceration Committee Chairman, Oxford House World Council, speaks from personal experience about the importance of recovery housing in the continuum of care. And, Dr. Allen Noonan, Dean, School of Public Health and Policy, Morgan State University rounds out the distinguished panel by sharing his insights and experiences honed from his 30 year career as a public health professional.

Just about fifteen minutes into the program the focus shifts. It moves away from the panel and picks-up right here at 633 Indiana Avenue, highlighting PSA's Treatment Branch. During this segment Terrence Walton, Treatment Branch Manager, provides a candid overview of our mission as a criminal justice agency. Shareda Smith and Antonio Green, Treatment PSO's, share their experiences as treatment professionals. You will also be drawn into the personal success stories offered by former Treatment Branch defendants.

If you haven't taken the Training Department up on the offer to receive an in service training hour by viewing this very compelling web cast, I urge you to do so.

I'll leave you with this very memorable quote by Terrence Walton taken from the web cast. CSAT used this quote in both the web cast and in its advertising trailer. I think this says it all:

I believe our communities are safer when individuals are treated for their addiction.

Here's the web site again.

www.recoverymonth.gov/2006/multimedia

Health Unit News

Hepatitis vaccinations and tuberculosis (TB) screenings are available through the Federal Occupational Health Program located at the Health Unit, 333 Constitution Avenue NW,
First Floor - (202) 219-4739.
Contact Claudine Cuffee (202) 220-5672
prior to your visit.

Schedule an appointment for Cardiac Risk Profiles.



Take care of YOURSELF and YOUR HEALTH with this easy step. Find out your cholesterol numbers and how much risk you have in experiencing a heart attack.

Call (202) 219-4739.

It's free to all PSA, CSOSA
and Courthouse employees.



Linda Christian, Editor
Special Asst., Office of the Dir.

Issues of Life: Domestic Violence

Domestic violence is a crime! At first blush you may think “well everyone knows that.” However, it is my hope that this article will get into the hands of someone who doesn’t know but needs to – and finds the way of escape.

Domestic violence is when someone uses physical, sexual, emotional, psychological, verbal or economic attacks to achieve compliance from or power and control over their intimate partner. Anyone can be a victim of domestic violence; it can (and does) happen in male and female relationships as well as with same sex partners. Both males and females can be batterers, but batterers are overwhelmingly male. Some signs to be aware of are extreme jealousy and possessiveness, controlling behavior, verbal abuse, threats of violence, and any use of force during an argument. Battering is not a mental illness or an anger management issue. It is a learned behavioral choice. Batterers choose violence and they batter because they can.

Domestic Violence Facts

- Domestic violence is the leading cause of injury to women age 15-44.
- 90-95% of domestic violence victims are women.
- One study found that 19% of 9th-12th grade girls reported being physically and/or sexually abused by a dating partner.
- In one study, 27% of domestic homicide victims were children.
- In DC, only about half of domestic violence incidents are reported to police.
- 49% of the violent crime calls received by the DC Metropolitan Police Department in 2000 were for domestic violence incidents.
- In 2004, over 60% of 911 calls were incidents of domestic violence.

Early in relationships, victims of domestic violence tend to stay because they love their partner, believe their partner will change, and they are embarrassed and afraid. Later in the relationship, victims stay because they believe their partner loves and needs them; they believe they cannot support themselves, and they are confused and increasingly afraid of their partner’s behavior. Finally, victims stay because the partner threatens to kill them, the children, or their family members. They have developed low self-esteem, believe they cannot survive alone, become depressed and immobile—decisions are extremely difficult. They are very confused and believe they are without options; they have developed serious emotional and physical problems, and become suicidal and/or homicidal.

Effects of domestic violence on adults include death, disabling injuries, depression, difficulty in obtaining and keeping employment, breakup of the family, and recurrence of violent behavior with a new partner. Some effects on children include death by homicide or suicide, low self-esteem, depression, aggressive behavior, poor school adjustment, delinquency, and runaway episodes.

One of the facilitators at the recent PSA-sponsored Domestic Violence Workshop presented by *My Sister’s Place* said that one in three women are, have been or will be victims of domestic violence. Think about it – *1, 2, YOU! 1, 2, HER! 1, 2, ME!* Is your daughter a victim? Your sister? Your neighbor? Your co-worker? The woman you sat beside in church on Sunday? You?

Help is available! It is vitally important for victims to understand that this crime against them will continue unless they, their loved ones, friends, and/or other caring person take steps to stop it. Don’t keep quiet - tell somebody. Call the police. Locally, you can call the 24-hour hotline at *My Sister’s Place* (202) 529-5991. *My Sister’s Place* can provide immediate advice, medical and housing referrals. The National Domestic Violence Hotline telephone number is 1-800-799-SAFE (1-800-799-7233).

October is Domestic Violence Awareness Month. Let’s be actively aware.

Statistics and other information taken from workshop materials provided by *My Sister’s Place, Inc.*



Norma Scott
HR Specialist
Training and Career Dev.

DISC Workshop Participants Flaunt their *Behavioral Style*

On July 13, twelve brave souls gathered in the Training and Career Development Center to explore their behavioral styles using the DISC behavioral style assessment instrument!

The DISC instrument is based on theories of personality developed by Carl Jung, the famous psychiatrist, who postulated that there are basically four personality types. The DISC instrument measures how much an individual displays behavior characteristic of each of these four types:

- D** measures how directly individuals attack problems and how directive individuals are when seeking results.
- I** measures how strongly relationships figure in an individual's life and how much of a "people person" he or she is.
- S** measures how individuals deal with pace and work rhythms, how much stability and routine an individual requires to be effective.
- C** measures how much an individual respects rules and regulations and how high an individual's personal standards are set.

People usually score markedly higher on one of these criteria than the other three. This indicates which of the four personality types is dominant in them, i.e., they tend to exhibit the sorts of behaviors characteristic of one particular type more often than the others. You may have heard DISC workshop participants joking about someone being a "High D" (very directive, almost bossy), or a "High I" (chatty, enthusiastic, positive), or a "High S" (methodical, steady, reliable), or a "High C" (meticulous, perfectionist).

Our workshop participants were interested in understanding their own styles based on the DISC instrument results, but also showed keen interest in understanding the behavioral styles of others. We saw first-hand how the four distinct behavioral styles affect our daily interactions. We discussed strategies for accommodating others' styles to promote more effective communication.

Before we knew it, it was time for participants to demonstrate what they had learned about the four styles with a behavioral style fashion show! Participants worked in groups with those who had the same predominant behavioral style. They designed a t-shirt that characterized their behavioral style. Once designed, they designated one of their group to wear the t-shirt in a DISC style fashion show! Another member of the group described the core DISC style the t-shirt portrayed and why the elements of this style are essential to building the perfect team!

As you can see from the photos, much fun was had by all! We left the workshop with a better understanding of one another and with one major insight—all of the behavioral styles are terrific! Diversity in style is the spice of life and makes the world go 'round! No work team is complete without a fine blend of all four personality types!



The DISC is about working together!
Renee Donoho and Michelle Robillard
design the 'High I' t-shirt.



Denittra Fairley models the indomitable 'High D'.



Roger Hernandez, Social Services and Assessment
Center, takes to the Cat Walk to Model the 'High S'.



Michelle Robillard, Diagnostic Team 2,
models the 'High I' style!



Bonita Massey, Training and Career
Development Center, demonstrates
the characteristics of the 'High C'.

Mentoring at PSA: The Circle Widens!



Opening Remarks from Cliff Keenan, Deputy Director, PSA

On July 27, PSA recognized the participants of the Second Iteration of the Agency Mentoring Program with an awards ceremony. Cliff Keenan, the PSA Deputy Director and our new Mentoring Senior Steering Committee Chair, opened the ceremony. He spoke of the learning that had occurred and the excellent opportunities a vigorous mentoring program offers to prospective protégés.

It was a time to look at what we (mentors and protégés) had accomplished. Sixteen mentors and 22 protégés completed the year-long program. The mentors and protégés of the Second Iteration continued to meet the high standards set by our Pilot Program group! Many protégés from the pilot group returned as high performing mentors in the second iteration. Seasoned mentors from the Pilot group continued their contributions as guides, coaches and teachers.



Kim Whatley, Director of Operations, presenting protégés with Certificates of Completion

To date, we have had 24 employees function as mentors and 37 employees complete the program as protégés. A total of 61 PSA employees have been involved in the mentoring experience. Many of the Second Iteration protégés present at the ceremony had already expressed interest in being mentors in our Third Iteration. The mentoring circle widens. Our Third Iteration (beginning in September) will result in 15 new protégés added to the circle!

As mentors and protégés spoke out about their experiences, I heard a tremendous commitment to the Agency and its mission and an affirmation of the participants' personal growth through the program! Mentors *and* protégés attested to having experienced this growth. There was both lateral and upward movement for many protégés this year. The group assembled at the awards ceremony had experienced a rich year with many personal and professional challenges. Cliff mentioned the PRISM 2.0 implementation, IJIS and other Agency initiatives that had challenged mentors and protégés. The mentors and protégés prevailed together.

For the future, as PSA continues its growth as a learning organization, we will continue to leverage our mentoring expertise to better support one another and the critical goals and objectives of our Agency's mission. Let the mentoring circle grow!

Second Iteration mentors and protégés, we salute you!



Proteges of the Second Iteration: Committed Learners



Mentors of the Second Iteration: Teachers, Guides, Coaches

Running for a Purpose



Katina Palmer
PSO, Drug Court

Hello everyone. I currently work in the infamous Drug Court Unit of PSA as a Pretrial Services Officer/Substance Abuse Case Manager. This long title is to denote the multi-faceted work that this unit completes on a daily basis. This unit is tasked to assist clients in the areas of: Substance Abuse, Criminal/Legal Issues, Psychological, Medical, Personal/Social, Literacy/Academic, and Vocational/Career Development, in addition to supervising clients under PSA supervision. My exposure to the plight of our clients' needs beyond the criminal justice system has expanded during my three and half-years with PSA. The motto of many treatment providers is to treat the whole person and not just one symptom. Sometimes as case managers we get it right and sometimes clients' needs may extend beyond the services that PSA can realistically address. Hence, the title of this article, "Running for a Purpose."

As we all know, HIV is one of the leading medical issues for people in the United States, let alone in the District of Columbia. The CDC (Centers for Disease Control) estimates that approximately 40,000 persons in the United States become infected with HIV each year. At the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the US were living with HIV and about one-fourth have not yet been diagnosed and are unaware of their infection. In 2004, the largest estimated proportion of HIV/AIDS diagnoses were for men who have sex with men (MSM), followed by adults and adolescents infected through heterosexual contact.

This information has a direct impact on the clients that PSA serves. First, many clients have a drug testing condition as a part of their release and supervision. And, it is required that clients who currently take any prescribed medications must report the information to ensure that the medicine does not impact his/her drug testing compliance. Second, clients in the Treatment Branch are asked about their medical status during their admission into the programs and before treatment plan completion to ensure that clients are compliant with the medical regimen and to provide assistance with addressing a medical issue. Now, this may sound easy enough but the reality of the situation is that a lot of clients are truly unaware of their medical profile for a host of reasons like lack of medical insurance, stigma attached to having certain medical problems, denial, and just plain embarrassment of having potential medical conditions that could have been prevented or detected in the early stages of transmission.

Among diseases that disproportionately affect African Americans, HIV/AIDS has had a particularly devastating effect. At every stage—from HIV diagnosis through the death of persons with AIDS—the hardest-hit racial or ethnic group is African American. Overall, even though African Americans make up only approximately 13% of the US population, one-half of the estimated new numbers of HIV/AIDS diagnoses in the United States in 2004 were for African Americans. AIDS has become a leading cause of death for African Americans. In 2002 (the most recent year for which data are available), HIV/AIDS was the second leading cause of death for all African Americans aged 35–44. In the same year, HIV/AIDS was the number one cause of death for African American women aged 25–34. The cumulative toll (from the beginning of the epidemic through 2004) of AIDS is sobering.

- Of the almost 1 million cases of AIDS diagnosed in the United States and its dependencies, possessions, and associated nations, 40% were in African Americans.
- Of the more than half a million people with AIDS who have died, 38% were African Americans.

In 2002, HIV/AIDS was the number one cause of death for African American women aged 25-34.

It is not an exaggeration to say that HIV/AIDS is an epidemic in the African American community.

Quick Facts:

- African Americans have accounted for 40% of AIDS diagnoses since the beginning of the epidemic.
- African Americans do not live as long as people in other racial or ethnic groups who have AIDS.
- In 2004, more African American children (under the age of 13) were living with AIDS than were children of all other races and ethnicities living with AIDS combined.

Given the facts of HIV, I was encouraged to participate in a program that is attempting to help as many people as possible detect and obtain treatment for this horrific disease. The National AIDS Marathon is a program facilitated every year to raise awareness and funds for people impacted by HIV. The program provides testing, counseling, and treatment services across the states to persons who become infected with HIV regardless of how the disease is contracted. Specifically, I am training for the Marine Corps Marathon on October 29, 2006 (running for the AIDS Marathon). This marathon is providing me the opportunity to help community-based programs have the funds to provide the necessary services for people in the

continued on next page...



Stephanie Burkhalter
Human Resources Specialist
Training & Career Dev.

The Career Management System Policies and You

WOW. We did it. Kudos to each of you! I bet you never thought that a policy class could be so much fun and rewarding. As you quickly learned, the class was all about you and how the Agency is committed to your professional development.

For many of you, I'm sure this class was right on time as we have recently been presented with several opportunities for advancement. Are you ready for them? Are you prepared? Remember, "Success happens where preparation and opportunity meet." (John Maxwell, Developing the Leader Within You.) If you weren't ready this time, we are here to help you take control of your destiny!

Career Management Tips

Start with your VALUES! Remember that the most fulfilling careers are those that are consistent with your values.

Develop your VISION- what do you want to be doing five years from now?

Once you have your vision, identify the GOALS you need to accomplish in order to reach your vision.

SMART Model for Setting Goals — Specific, Measurable, Observable, Realistic and have a Target.

Example — "I will complete one graduate level Human Resources Management course at George Washington University by August 2007."

Next, identify the Strategies (the actual things you can do) to help reach your goals.

Example — "I will apply for Tuition Reimbursement in the Spring 2007."

Hungry for more? An Employee Development Action Plan (EDAP) will help you along your path to career development; keep an eye out for upcoming EDAP workshops.

Also, watch for the Leadership Potential Program announcement coming this Fall!

Happy Developing.

(continued from previous page...)

community, including our PSA clients. By raising awareness, I am making an impact on a professional and personal level. After all, part of PSA's mission is to provide professional interventions that address substance abuse, employment, housing, medical, educational, and mental health issues that afford defendants the opportunity for personal improvement and decrease the likelihood of criminal behavior. And what better way to assist the Agency in meeting its goal but through hands-on involvement in the community that is both visible and tangible by a marathon runner who works for PSA. As a participant, I began training on May 3, 2006, to complete a 26.2 miles race on behalf of the National AIDS program. To find out more, please feel free to contact me.



All statistical information was obtained from the CDC webpage at: <http://www.cdc.gov/hiv/topics/aa/index.htm>

******* FEDERAL OCCUPATIONAL HEALTH*******
EMPLOYEE ASSISTANCE PROGRAM
NEW ONLINE STRESS MANAGEMENT PRESENTATION

Stressed-out?? Although stress is a part of day-to-day life, too much stress can lead to health, interpersonal, and emotional problems, as well as productivity losses at the workplace. FOH is pleased to announce that we have developed an extensive online presentation, *Stress Management: Building Resiliency*, to help minimize and manage stress. It includes an engaging audio-visual presentation and very practical and helpful handouts that can be downloaded and printed. The presentation is online which allows participants to view it in one sitting, as well as to go back to it repeatedly to review certain sections and practice specific stress management techniques. And, although the presentation can be especially useful during times of increased stress, it contains tools, techniques, and information on ways to build resiliency to the effects of stress, so it can be of value to all employees and their family members at any point in time. The presentation can be accessed at www.foh4you.com. Under *Spotlight On* in the top right of the home page, click on *Stress Management Online Presentation* or click on *Stress Management: Building Resiliency* under the *My Benefits* section of the home page.



A MESSAGE FROM THE OFFICE OF PERSONNEL MANAGEMENT...

COMING SOON

The Federal Employees Dental and Vision Insurance Program (FEDVIP)

Federal and USPS employees eligible for the Federal Employee's Health Benefit (FEHB) program (whether enrolled or not) and annuitants will be able to enroll in dental and/or vision insurance this Fall, **with coverage effective December 31, 2006.**

The FEDVIP open season will be held at the same time as the FEHB and Federal Flexible Spending Account (FSAFEDS) open season – **November 13 – December 11, 2006.**

Premiums are enrollee-pay-all and will be deducted pre-tax. Enrollments will be available as self only, self plus one, and self and family.

We're working on the operational aspects of the program right now. We have not signed contracts with any vendors yet. The educational campaign has not yet started and brochures and guides are not yet available. We don't have rate information yet.

There will be an extensive informational campaign prior to and during the Open Season.

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