

Pretrial Services Agency

for the District of Columbia



Congressional Budget Justification and Performance Budget Request Fiscal Year 2015

March 2014

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Pretrial Services Agency Fiscal Year 2015 Budget Request

The Pretrial Services Agency for the District of Columbia (PSA) assists judicial officers in both the Superior Court of the District of Columbia and the United States District Court for the District of Columbia by conducting a risk assessment for every arrested person who will be presented in court and formulating release or detention recommendations based upon the arrestee's demographic information, criminal history, and substance use and/or mental health information. For defendants who are placed on conditional release pending trial, PSA provides supervision and treatment services that reasonably assure that they return to court and do not engage in criminal activity pending their trial and/or sentencing. The result is that, in the District of Columbia (D.C. or District), unnecessary pretrial detention is minimized, jail crowding is reduced, public safety is increased and, most significantly, the pretrial release process is administered fairly.

PSA was created by an act of Congress (the *District of Columbia Bail Agency Act*) in 1967. Under the *National Capital Revitalization and Self-Government Improvement Act of 1997*, PSA was established as an independent entity within the Court Services and Offender Supervision Agency (CSOSA) in the Executive Branch of the Federal Government. Since its inception as a federal agency, PSA has sharpened its mission and vision and committed itself to being driven by performance and measured by results.

Defendants are placed in PSA supervision programs during the pretrial release period based on the release conditions ordered by the Court. During FY 2013, PSA supervised 20,184 defendants, including 15,639 defendants who were placed in supervision during the year and 4,545 whose supervision continued from FY 2012.

PSA's FY 2015 President's Budget (PB) provides for the performance of its mission critical functions in the most efficient, cost-effective manner. In FY 2015, PSA will further its strategic objective of being a performance-based, evidence-driven organization that can directly link costs and outcomes. PSA will continue to improve its identification and supervision of defendants who pose a higher risk of pretrial failure, and work with local justice and community partners to expand services and support for persons with substance use disorders and mental health needs. PSA will emphasize evidence-based operational and management techniques and place a high value on human capital to improve quality. Most importantly, PSA will continue its 47-year commitment to providing excellent service to the District of Columbia through a strong sense of mission, a dedicated and professional staff, and collaboration with our justice and community partners.

PSA's FY 2015 PB request is \$60,845,000, including 372 FTE, a net increase of \$1,630,000, or 2.8 percent, above the FY 2014 Enacted Budget.

The FY 2015 PB reflects a net increase of \$157,000 to partially backfill vacancies, and resources totaling \$873,000 to fund FY 2015 non-payroll and payroll cost increases. Resources are requested for non-payroll cost categories including rent, contracts, supplies, materials, equipment and utilities. Funds are also requested for the anticipated FY 2015 pay raise of one (1) percent estimated to be effective January 2015 through September 2015, and for the increase in agency contributions to Federal Employee Retirement System (FERS) plans (per Section 32.3, OMB Circular A-11). The FY 2015 PB projects an increase of 7 FTE as vacant positions are hired with requested resources.

The FY 2015 PB includes an increase of \$600,000 in program changes to restore PSA's Contract Drug Treatment budget to the FY 2011 level (\$2.3M).

Summary of Changes

FY 2015 President's Budget (PB) Submission			
	Positions	FTE	Amount \$(000)
FY 2014 Enacted	376	365	59,215
Adjustments to Base (ATB):			
Partially Backfill Vacancies	0	7	157
FY 2015 Pay Raise and Benefit Cost Increase	0	0	609
FY 2015 Non-pay Inflation	0	0	264
Sub-Total, Adjustments to FY 2014 Enacted	0	7	1,030
FY 2015 Base	376	372	60,245
FY 2015 Program Changes:			
Contract Drug Treatment	0	0	600
Sub-Total, FY 2015 Program Changes	0	0	600
Total Changes	0	7	1,630
FY 2015 PB Request	376	372	60,845
Increase above FY 2014 Enacted	0	7	1,630
Percent Increase above FY 2014 Enacted	0.0%	1.9%	2.8%

Note: PSA projects FY 2015 FTE to total 372. Projected FY 2015 FTE reflect anticipated temporary lapses in authorized on-board FTP staff due to normal attrition.

Program Justification Changes

Requested Program Increase: **+\$600,000** **0 Positions** **0 FTE**

Justification for Program Increase		
Strategic Goal 3 – Integrate treatment and pro-social interventions into supervision to support court appearance and enhance public safety.		
Program Area	Increase in Positions/FTE	Increase in Funding
Contract Drug Treatment Funding	0	+\$600,000
Total Requested Program Increase	0	+\$600,000

PSA requests \$600,000 in FY 2015 resources to restore its Contract Drug Treatment budget to the FY 2011 level (\$2.3M). In FY 2012, PSA reduced its Contract Drug Treatment budget from \$2.3M to \$1.7M as a result of two fiscal years of flat budgets and continued cost increases. In FY 2013, due to Sequestration, PSA's Contract Drug Treatment budget was reduced by an additional \$400K to \$1.3M. The FY 2014 Enacted Budget restored the Sequestration reductions, thereby increasing PSA's Contract Drug Treatment budget to the FY 2012 enacted level.

Since receiving the FY 2014 Enacted Budget in January 2014, PSA has begun to restore its Contract Drug Treatment program back to the FY 2012 level. While this funding level will help to minimize many of the adverse impacts experienced in FY 2013 as a result of the Sequestration Order, the recent and expected demand for treatment services by the defendant population can no longer be met at this same funding level.

Background

A significant number of defendants under PSA supervision have substance use disorder treatment needs. To mitigate the public safety risk posed by this population and to help assure their return to court, PSA developed a contract-funded continuum of care to supplement the treatment services that it provides in-house and those provided by the District of Columbia and surrounding jurisdictions. The introduction of this continuum of care reduced delays in coordinating services for defendants through outside providers and supports the operation of two specialty courts, the Superior Court Drug Intervention Program (Drug Court) and the Mental Health Community Court.

In any given fiscal year, PSA conducts clinical assessments that identify approximately 1,800 supervised defendants who require intensive substance use disorder treatment services to help mitigate their safety risk. Of this number, approximately 40 percent require residential treatment, while the remaining 60 percent require intensive outpatient treatment.

PSA's in-house treatment program meets a fraction of this demand by serving a large percentage of defendants in need of intensive outpatient services. The Agency relies on contract drug

treatment funding to meet the need for residential, as well as intensive outpatient treatment service needs that exceed its in-house treatment capacity.

Insufficient contract drug treatment funding can result in placement delays, modified treatment services, and increased use of pre-treatment services, including the Re-Entry and Sanctions Center (RSC) operated by the CSOSA Community Supervision Program (CSP). Such impacts came to fruition in FY 2013 when PSA's funding was significantly reduced as a result of the Sequestration Order.

In FY 2013, PSA opted to provide modified treatment services for some defendants. For example, between April 1, 2013 and September 30, 2013, 70 defendants in need of long-term (60- or 90-day) residential treatment were instead placed into short-term (30-day) services. This represents 30 percent of all defendants placed into residential treatment during this period.

During the last six months of FY 2013, although not clinically advisable, PSA treated mentally ill defendants with co-occurring substance use disorders in its in-house program. This population would typically be serviced through the contract drug treatment services. This in-house programming does not meet the American Society of Addiction Medicine (ASAM)-recommended minimum of nine treatment hours per week for the mentally ill population. Instead, PSA provided an average of six hours per week of treatment for this population.

Also during FY 2013, 1,279 defendants were assessed to need outpatient treatment. Because of the funding limitations, PSA relied upon defendants' ability to self-pay and local government-funded sources to provide treatment. While some defendants were not placed into outpatient treatment for reasons unrelated to funding, it is noteworthy that 475 of these defendants were never placed into treatment as recommended.

Lastly, while use of the RSC can be an effective stopgap measure, the program is designed to provide assessment and treatment readiness programming and is not designed to serve as an alternative to residential or intensive outpatient treatment.

Justification of Request

During FY 2013, PSA estimated that 70 percent, or 1,275, of the defendants assessed to need substance use disorder treatment each year are considered as higher risk and/or higher needs defendants due to their criminal history and/or substance use history.

Although each defendant's treatment needs are likely greater than what can be addressed during a single treatment episode, each defendant typically receives one treatment placement during the relatively short pretrial supervision period.

PSA requires the ability to make approximately 510 residential placements and 765 intensive outpatient placements per year, for a total of 1,275 placements. PSA's in-house program meets approximately 95 percent of the intensive outpatient need (727), leaving an unmet need for approximately 510 residential and 38 intensive outpatient placements. Using FY 2013 costs for these services, meeting this need would require an annual contract treatment budget of \$2.3M. At

the current funding level, this would mean an increase of \$600,000 to meet the demand for treatment services.

Additionally, in FY 2013, 597 defendants charged with an impaired driving offense (e.g., driving under the influence, driving while intoxicated) were assessed to need treatment services. While PSA administers supervision and drug testing services for these defendants, PSA cannot deliver or provide treatment services for this population. In these cases, PSA is forced to rely on self-pay and local government sources to meet the treatment needs of these defendants. While most of these defendants are eventually placed in some level of treatment, defendants typically encounter significant delays in securing those placements, are provided services at a lower clinical level than that identified in the assessment, and have no way of providing PSA information relative to the quality of care or their compliance with program requirements.

This increase in treatment funding will allow PSA to place more defendants into appropriate treatment services, thereby increasing the likelihood of successful completion of pretrial supervision. If PSA does not receive the requested increase, the impacts will be similar to what resulted in FY 2013 – placement delays, modified treatment services, increased use of pre-treatment services, and some defendants not receiving recommended treatment services. Some defendants in need of treatment will be required to seek services through the District of Columbia Addiction Prevention and Recovery Administration, which has experienced budget reductions in recent years that have significantly reduced the availability of treatment. In addition, without the increase, PSA's ability to support the successful Drug Court and Mental Health Community Court will be significantly impaired.

PSA Program Purpose

Mission, Vision and Goals

PSA's *mission* is to promote pretrial justice and enhance community safety.

Our *vision* is to thrive as a leader within the justice system through a diverse, inclusive and empowered workforce that embodies integrity, excellence, accountability, and innovation in the delivery of the highest quality services.

Adherence to CSOSA Strategic Goals

PSA supports the CSOSA strategic goals of 1) Establishing strict accountability and preventing the population supervised from engaging in criminal activity; 2) Delivering preventative interventions to the population supervised based on assessed need; and 3) Supporting the fair administration of justice by providing accurate information and meaningful recommendations to criminal justice decision-makers.

Strategic Outcomes

Consistent with its mission—and the legal status of pretrial defendants—PSA's three key strategic outcomes are:

- ✓ *Minimizing rearrests* among defendants released while pending trial to help assure public safety.
- ✓ *Reducing failures to appear for scheduled court appearances* to help promote more efficient administration of justice.
- ✓ *Maximizing the number of defendants who remain on release at the conclusion of their pretrial status with no pending requests for removal or revocation at the conclusion of their pretrial status* to encourage defendant accountability.

Strategic Goals

To translate the strategic goals and outcomes into operational terms, PSA has adopted four *Strategic Goals* and one *Management Goal* that are linked to the outcomes of promoting public safety, court appearance and defendant accountability.

Strategic Goal 1 – Help judicial officers make informed release and detention decisions throughout the pretrial period. PSA promotes informed and effective release determinations by formulating and recommending the least restrictive release conditions to reasonably assure that the defendant will appear for scheduled court dates and not pose a threat to any person or to the community while on release.

Strategic Goal 2 – Supervise defendants to support court appearance and enhance public safety. PSA effectively monitors or supervises pretrial defendants—consistent with the court-ordered release conditions—to promote court appearance and public safety.

Strategic Goal 3 – Integrate treatment and pro-social interventions into supervision to support court appearance and enhance public safety. PSA provides or makes referrals to effective substance use disorder, mental health, and social services to encourage compliance with release conditions, thereby enhancing public safety and supporting court appearance.

Strategic Goal 4 – Partner with stakeholders to address defendant needs and produce better system outcomes. PSA’s partnerships with the justice system agencies, local government and private social service providers, and the community enhance its ability to provide effective community supervision, enforce accountability of defendant conduct, and support public safety.

Management Goal 1 – Maintain a results-driven culture. PSA strives to be a performance-based, results-oriented organization that can directly link costs to outcomes. PSA’s performance-based culture stresses employee results (measured through employee satisfaction and performance ratings), organization results (measured by appropriate outcome and performance measures), and customer results (measured by customer satisfaction with Agency performance and products).

Performance Outcomes

PSA measures achievement of its critical outcomes through three measures:

1. The percentage of defendants who remain arrest-free during the pretrial release period.
2. The percentage of defendants who make all scheduled court appearances during the pretrial period.
3. The percentage of defendants who remain on release at the conclusion of their pretrial period without a pending request for removal or revocation due to non-compliance.

PSA Performance Outcomes

OUTCOMES	FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2013- 2016 Target
Percentage of Defendants Who Remain Arrest-free During the Pretrial Release Period						
Any crimes	88%	88%	88%	89%	90%	88%
Violent crimes	98%	97%	99%	99%	>99%	98%
Percentage of Defendants Who Make All Scheduled Court Appearances During the Pretrial Period						
Any defendants	88%	88%	88%	89%	88%	87%
Percentage of Defendants Who Remain on Release at the Conclusion of Their Pretrial Status Without a Pending Request for Removal or Revocation Due to Non-compliance						
	N/A	83%	88%	88%	87%	73% *

* Target revised from 73% to 85% beginning in FY 2014.

Organizational Structure

PSA's organizational structure supports the effective management of risk assessment, drug testing, supervision, and treatment services for pretrial defendants, and performance of a variety of other management and administrative functions. Under the direction of the Associate Director for Operations, the Court Services, Supervision and Treatment Programs carry out PSA's court- and defendant-related operations. All management, program development and administrative support functions, including forensic toxicology services, are performed under the oversight of the Office of the Director.

Court Services Program

The **Court Services Program** consists of the Diagnostic Unit, the Release Services Unit, and the Drug Testing and Compliance Unit.

The *Diagnostic Unit* interviews defendants arrested and detained on criminal charges in the D.C. Superior Court, formulates release recommendations based on a comprehensive, scientifically validated risk assessment, and provides the recommendations to judicial officers in a pretrial services report (PSR). The pre-release process includes an extensive background investigation, during which information collected in defendant interviews is verified and criminal history information is gathered and analyzed. This information is used to assess each defendant's risk and to make an individualized recommendation to the judicial officer for either pretrial release or detention at arraignment. Diagnostic Unit staff appears in court during each arraignment to provide information upon request by the judiciary and to facilitate the placement of defendants released into various PSA supervision programs. The Diagnostic Unit also conducts investigations for arrestees being considered by the arresting law enforcement agency for release on citation (so they will not be detained pending their first appearance before a judicial officer) and schedules citation arraignment dates.

Following a defendant's release onto pretrial supervision with PSA, the *Release Services Unit* conducts a post-release interview that includes a review of the defendant's release conditions and an explanation of the penalties that could result from non-compliance, failure to appear, and rearrest. This Unit also investigates outstanding bench warrants to re-establish contact with defendants who have failed to appear for court. When preparing the surrender of defendants to the Court, the Unit conducts a new risk assessment to determine whether additional release conditions are warranted should the defendant be released following surrender. The Unit prevents the issuance of bench warrants by verifying defendants' inability to appear in court (*e.g.*, due to incarceration in another jurisdiction or hospitalization) and notifying the Court. The Unit is also responsible for conducting criminal history investigations and preparing PSRs for non-criminal D.C. Code violation and traffic lock-ups.

The *Drug Testing and Compliance Unit (DTCU)* collects urine and oral fluid samples for analysis from defendants detained prior to arraignment, defendants who have been ordered to drug test as a condition of pretrial release, and respondents with matters in D.C. Family Court. Because a substantial number of criminal defendants have substance use disorders that must be addressed to

mitigate their risk to public safety, drug testing provides vital data that informs judiciary release decisions and PSA supervision approaches.

Supervision Program

The **Supervision Program** consists of the General Supervision Unit, the High Intensity Supervision Program, and the United States (U.S.) District Court Unit.

The *General Supervision Unit (GSU)* supervises the majority of defendants released by D.C. Superior Court to PSA on conditional release. Release conditions may include orders to stay away from designated people and places; regular in-person or telephone contact with PSA; drug testing; and referrals for treatment assessment and program placement. GSU Pretrial Services Officers (PSOs) ensure that current and relevant information regarding compliance is continuously available to the Court. PSOs use a variety of case management techniques to encourage defendant compliance with release conditions. If the defendant cannot be brought into compliance through these efforts, the PSO sends a violation report to the Court, including specific recommendations, such as substance use disorder treatment or mental health treatment, designed to address the non-compliance. GSU PSOs, through two teams of designated Court Representative PSOs, also provide daily courtroom support to judicial officers to ensure placement of defendants into appropriate pretrial programs.

Defendants under GSU supervision have been charged with offenses ranging from serious misdemeanors to dangerous and/or violent felonies. Many defendants are statutorily eligible for pretrial detention based on their charge (*e.g.*, robbery, burglary, aggravated assault) or criminal history (*e.g.*, they are arrested while on release in a pending case or on probation). However, the Court can determine, after considering PSA's risk assessment and release recommendations, that supervised release in the community under extensive conditions is appropriate and cost effective. In such cases, the Court's expectation is that PSA will closely supervise compliance with release conditions and promptly report any non-compliance to the Court.

GSU also supervises defendants placed into the D.C. Department of Corrections work release (halfway house) program when the Court orders additional conditions, such as drug testing.

The *U.S. District Court Unit* conducts pre-release assessment and investigation services for federal defendants similar to those conducted in the Diagnostic Unit. In addition to those responsibilities, the Unit supervises released defendants and convicted persons pending surrender for service of their sentences. Like their counterparts in the D.C. Superior Court, PSOs in the U. S. District Court Unit notify U.S. District Court judges and magistrate judges of violations of release conditions in federal criminal cases.

The *High Intensity Supervision Program (HISP)* supervises high risk defendants who have supervision-related failures from other PSA units; are charged with violent misdemeanors and felonies; were initially detained but are now eligible for release; or are compliant with halfway house conditions of work release and are now appropriate for placement back into the community. Supervision requirements include face-to-face contact and drug testing at least once per week, and

a daily electronically monitored curfew. If the Court orders the defendant to stay away from a location, that condition is monitored by Global Positioning Surveillance (GPS) equipment.

The program consists of two phases, the Community Supervision phase and the Home Confinement phase. During the Community Supervision phase, defendants are monitored for compliance with curfew requirements and are required to report to PSA at least weekly for drug testing and meetings with their designated PSO. Home Confinement is intended primarily as a graduated sanction for defendants who violate the program requirements under the Community Supervision phase. However, the Court may opt to order a defendant directly into Home Confinement and require the defendant to demonstrate compliance before graduating down to the Community Supervision phase. During Home Confinement, defendants are subject to up to 21 days of 24-hour electronically monitored curfew. They are allowed to leave their homes only for work, to attend school, to report to PSA for face-to-face contacts and drug testing, and for other pre-approved purposes. Defendants are returned to Community Supervision once they have completed the 21 days without incurring any infractions. Due to the heightened risk associated with this population, PSA reports all program violations to the Court within an expedited timeframe.

Treatment Program

The **Treatment Program** is staffed by PSOs experienced in supervising and providing services for defendants with substance use and/or mental health disorders. It includes the Superior Court Drug Intervention Program (Drug Court), the Sanction-Based Treatment Track, the Specialized Supervision Unit, the D.C. Misdemeanor and Traffic Initiative (DCMTI), and the Social Services and Assessment Center.

Drug Court is a treatment/supervision program that implements an evidence-based model for treating defendants with substance use disorders. Drug Court PSOs are clinically credentialed and provide both supervision and treatment services. Generally, Drug Court targets defendants charged with non-violent offenses. Participants in the program appear frequently before the Drug Court judge, submit to random drug testing, participate in substance use disorder treatment, and agree to immediate administrative or court-imposed sanctions for non-compliance with program requirements. The program incorporates contingency management (*i.e.*, incentives and sanctions) to modify behavior. Sanctions range from administrative or treatment responses, such as additional groups or writing assignments, to judicially-imposed jail sanctions. Incentives, such as judicial verbal acknowledgement and nominal value tokens, are provided in response to positive behavior. Program completion can result in dismissal of a misdemeanor case and reduction of felony charges to misdemeanor convictions through amended sentencing agreements.

The *Sanction-Based Treatment Track (SBTT)* is intended for defendants not eligible for Drug Court but includes many features of that program. Defendants in SBTT receive the same treatment options and are subject to the same administrative and judicially-imposed sanctions as Drug Court defendants. SBTT defendants may also receive incentives for positive behavior. However, these incentives are more limited and less immediate than those awarded in Drug Court. Unlike Drug Court, SBTT defendants have limited judicial interaction (except when being sanctioned) and are not eligible for case dismissal or other favorable case disposition upon successful completion.

The *Specialized Supervision Unit (SSU)* provides critical supervision and case management services for defendants with severe and persistent mental health disorders, as well as those dually diagnosed with both mental illness and substance use disorders. The SSU ensures that these defendants are linked with community-based mental health treatment through the D.C. Department of Mental Health and similar agencies in Maryland and Virginia. Personnel in this unit have mental health expertise and/or specialized experience in working effectively with the mentally-ill and dually-diagnosed defendants. The SSU plays a vital role in supporting the Mental Health Community Court (MHCC), which is a partnership among PSA, the D.C. Superior Court, U.S. Attorney's Office, and local defense bar created to provide an alternative to traditional case processing for appropriate defendants with mental health issues. The MHCC is available to eligible defendants charged with either misdemeanors or felonies and enables positive defendant judicial interaction and full participation in mental health services. PSA's participation in the MHCC includes assessing and recommending eligible defendants for participation, providing close supervision and connection to mental health and substance use disorder treatment, and reporting compliance to the Court.

The *D.C. Misdemeanor and Traffic Initiative (DCMTI)* provides supervision, connection to substance use disorder and/or mental health treatment, and encourages compliance with treatment for defendants charged with certain impaired driving-related and other D.C. Code offenses prosecuted by the Office of the Attorney General for the District of Columbia. The unit primarily serves treatment-needy defendants charged with Driving Under the Influence (DUI), Operating While Impaired (OWI), and Driving While Intoxicated (DWI). Other eligible defendants include those charged with reckless driving, aggressive panhandling, indecent exposure, and fleeing from a police officer, if they are found to require substance use disorder and/or mental health treatment.

The *Social Services and Assessment Center (SSAC)* conducts substance use disorder and mental health assessments and provides social service referrals for defendants under pretrial supervision. These services are provided in response to court-ordered release conditions and/or as the result of a PSO determining that services may be needed to enable release condition compliance. The SSAC conducts approximately 177 substance use disorder assessments or re-assessments per month. The SSAC also assesses defendants suspected of experiencing mental illness. Staff in the SSAC identify and maintain information on available treatment, employment, education, housing and other social services that may be utilized by defendants in meeting pretrial release obligations or achieving life stability.

Forensic Toxicology Services

The Office of Forensic Toxicology Services (OFTS) processes urine specimens and conducts drug testing for pretrial defendants under PSA's supervision and offenders under the CSOSA Community Supervision Program (CSP) (*i.e.*, persons on probation, parole, and supervised release), as well as respondents ordered into testing by the D.C. Superior Court Family Division. Each sample is tested for three to seven drugs and all positive samples are retested. Gas chromatograph/mass spectrometry (GC/MS) analyses are conducted to confirm test results and provide affirmation of the identity of a drug when results are challenged. Toxicologists conduct levels analysis to determine drug concentrations. These interpretations are essential to the courts

for determining continued drug use by a defendant. Expert witness court testimony and forensic consultations are also provided to assist the judicial officers.

OFTS conducts forensic research that leads directly to practical enhancements in drug testing, improves strategies in surveillance monitoring, develops beneficial bi-directional partnerships with the scientific and social research community, and introduces cutting edge technologies that improve efficiency, reduce cost and enhance Agency stature.

Management, Program Development and Administrative Support

The following areas within the Agency provide management, program development, and frontline operations support:¹

- Justice and Community Relations
- Finance and Administration
- Human Capital Management and Training
- Information Technology
- Strategic Development

¹ Certain functions are performed by CSOSA for PSA, including those of the Office of General Counsel; Legislative, Intergovernmental, Public Affairs; Equal Employment Opportunity; Diversity and Special Programs; and Professional Responsibility.

Resource Requirements by Strategic Goal

Consistent with the *Government Performance and Results Modernization Act of 2010*, (P.L.111-352), PSA's outcome and performance measure targets for FY 2013 through FY 2016 are based on the Agency's actual performance over the past five fiscal years, as well as the Agency's expectations of what constitutes appropriate targets and quality performance measures in its critical success factors of risk assessment, supervision, substance use disorder treatment and/or mental health treatment integration, and partnerships.

Performance Measures

PSA incorporated the following revisions in its outcome and performance measure definitions and targets beginning in FY 2014. The targets reflect improvements in data collection under the Agency's operational information system and enhanced capacity to track, report, and analyze data and trends. These revisions better align outcome and performance measurement with PSA's stated mission, vision, objectives, and strategic goals.

Revisions to Outcome Measures

Current Measure	Revised Measure
<i>1. The percentage of defendants rearrested for violent or drug crimes during the period of pretrial supervision</i>	<i>1. The percentage of defendants who remain on pretrial release without being arrested on a new criminal offense</i>

By broadening this outcome measure to include all arrests (versus the current measure that only considers violent or drug arrests), the revised measure better emphasizes PSA's mission to promote public safety by minimizing the risk of *any* criminal arrests by pretrial defendants. Further, overall rearrest rates traditionally have been the safety outcome PSA has reported publicly. The current outcome measure calculation only includes new papered arrests within the District of Columbia. Beginning in FY2014, PSA will add arrests outside of the District of Columbia for which there is an offense date, charge type and filing information.

Current Measure	Revised Measure
<i>2. The percentage of cases in which a defendant failed to appear for at least one court hearing</i>	<i>2. The percentage of defendants who make all scheduled court appearances during the pretrial period.</i>

The suggested wording better reflects PSA's objective to promote court appearance among released defendants and conforms to recommended wording of this outcome for pretrial services programs.²

² National Institute of Corrections. (2001). *Measuring What Matters: Suggested Outcome and Performance Measures for the Pretrial Services Field*. Washington, D.C.: National Institute of Corrections.

Outcome Measure	Current Target	Revised Target
<i>3. Percentage of defendants who remain on release at the conclusion of their pretrial status without a pending request for removal or revocation due to non-compliance</i>	73%	85%

PSA has recorded actual results of 83 percent, 88 percent and 88 percent from FYs 2010-2012. The recommended 85 percent target for FYs 2014-2016 is more consistent with these observed results. It also reflects the expected change in PSA's supervision population, given the growth in cases with personal recognizance without conditions releases—double the rate of FY 2010 and FY 2011—that in previous fiscal years would have been ordered to PSA supervision.

Revisions to Performance Measures

Current Measure	Revision
<i>3.4 Percentage of defendants connected to educational or employment services following assessment by the Social Services and Assessment Center</i>	<i>PSA will discontinue this performance measure as of FY 2014. The data presented here mostly are administrative and not tied to mission-critical activities.</i>

PSA's operational strategic goals span PSA's major functions and are linked to the strategic outcomes of reducing rearrest and failure to appear for court. The resource requirements for each operational strategy and associated activities form the basis for the FY 2015 Budget Request.

FY 2015 Budget Distribution By Program Office and Performance Measure

(Dollars in thousands)

Performance Measure	Diagnostic	Diagnostic Evening/ Midnight	U.S. District Court	GSU	HISP	Work Release	Court Representatives	SSU	SSAC	Drug Court (SCDIP)	DCMTI	Contract Treatment	DTCU	OTIS	Totals
1.1 - Risk Assessment	2,526	1,501	373										279	176	4,855
1.2 - Initial Release Recommendation	2,465	987	372										558	293	4,675
2.1 - Compliance with Release Conditions	616	1,716	652	4,724	2,460	272	627	1,629		935	130		1,394	1,990	17,145
2.2 - Sanctions for Non-compliance			279	3,697	1,594	149	3,346	434		1,113	519				11,131
3.1 - Substance Use Disorder Assessment			37	1,027	137	9	126	54	1,442		649				3,481
3.2 - Placement in Drug Treatment			37		91	9		869		1,514	779				3,299
3.3 - Reduction in Drug Use			56		91	0		271		757	130	2,167	3,123	3,218	9,813
3.4 - Mental Health Assessment			19	616	46	5	42	109	981		130				1,948
3.5 - Connection to Mental Health Services	308				91			1,900	433	89	233	114			3,168
4.1 - Partnerships	246	86	37	205	45	9	42	163	29	44	26	0	223	175	1,330
Totals	6,161	4,290	1,862	10,269	4,555	453	4,183	5,429	2,885	4,452	2,596	2,281	5,577	5,852	60,845

Analysis by Goals

(Dollars in thousands)

	FY 2013 Actual	FY 2014 Enacted	ATBs	Program Changes	FY 2015 PB	Change from FY 2014 Enacted
Strategic Goal 1: Help judicial officers make informed release and detention decisions throughout the pretrial period.						
Major Activities: Diagnostics, Risk Assessments, Drug Testing, Court Reports						
\$000	8,972	9,390	138		9,528	138
FTE	61	63	1		64	1
Strategic Goal 2: Supervise defendants to support court appearance and enhance public safety.						
Major Activities: Monitoring, Supervision, Drug Testing, Sanctions						
\$000	26,043	27,585	692		28,277	692
FTE	166	173	4		177	4
Strategic Goal 3: Integrate treatment and pro-social interventions into supervision to support court appearances and enhance public safety.						
Major Activities: Supervision, Treatment, Sanctions						
\$000	18,964	20,932	176	600	21,708	776
FTE	115	121	1	0	122	1
Strategic Goal 4: Partner with stakeholders to address defendant needs and produce better system outcomes.						
Major Activities: Supervision through community linkages						
\$000	1,221	1,308	24		1,332	24
FTE	8	8	1		9	1
Total \$000	55,200	59,215	1,030	600	60,845	1,630
FTE	350	365	7	0	372	7

Strategic Goals

Strategic Goal 1 – Help judicial officers make informed release and detention decisions throughout the pretrial period.

Program Summary – Strategic Goal 1

PSA operates as an independent component of the criminal justice system. The Agency promotes informed and effective release determinations by formulating and recommending the least restrictive release conditions to reasonably assure that the defendant will appear for scheduled court dates and not pose a threat to any person or to the community while on release.

The foundation of effective pretrial supervision is based upon appropriate release conditions. The pretrial services report (PSR), or “bail report,” prepared by PSA provides much of the information the judicial officer uses to determine a defendant’s risk to the community and to determine what level of supervision, if any, the defendant requires. The bail report includes prior and current criminal history, lock-up drug test results, risk assessment, treatment needs and verified defendant information (residence, employment status, community ties, etc.).

PSA’s pre-release process assesses both risk of rearrest and failure to appear for scheduled court appearances. The assessment process has two components:

Risk Assessment: PSA uses a risk assessment instrument that examines relevant defendant data to help identify the most appropriate supervision levels for released defendants. The assessment scores various risk measures specific to the District’s defendant population (*e.g.*, previous failure to appear for court, previous dangerous and violent convictions in the past 10 years, suspected substance use disorder, current relationship to the criminal justice system, among numerous others). It then generates a score that assigns defendants to different risk categories and corresponding supervision assignments to help reduce the risk of failure to appear in court and rearrest.

Recommendation to the Court: PSA makes recommendations for release or detention based on risk determination. If release is recommended, the Agency recommends the least restrictive conditions for each defendant given the need for public safety and reasonable assurance that the defendant will return to court. When warranted, PSA recommends to the Court a variety of release conditions including, but not limited to, drug testing, substance use disorder treatment, mental health treatment, orders to stay-away from specified persons or places, regular and frequent face-to-face contact with a PSO, halfway house placement, GPS and electronic monitoring.

Performance Measures - Strategic Goal 1

Measures		FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2013 - 2016 Target
1.1	Percentage of defendants who are assessed for risk of failure to appear and rearrests	98%	99%	98%	99%	99%	96%
1.2	Percentage of defendants for whom PSA identifies eligibility for appropriate appearance and safety-based detention hearings	NA	96%	95%	95%	95%	94%

FY 2013 Accomplishments - Strategic Goal 1

- ✓ Prepared timely pretrial services reports (PSRs) for 13,641 of the 13,688 cases (over 99 percent) papered by the U.S. Attorney's Office.
- ✓ Interviewed defendants in 10,625 papered cases (78 percent).
- ✓ Conducted 381 failure-to-appear investigations. Staff attempted to contact defendants, verified the reason for the failure to appear, and submitted a report to the assigned calendar judge outlining the investigation results and making a recommendation for court action. Court Services staff facilitated the surrender to court of 165 defendants who missed scheduled court dates and had outstanding bench warrants issued.
- ✓ Prepared 1,354 updated PSRs for defendants who were held for a preliminary/detention hearing following their initial appearance.
- ✓ Implemented new procedures that require PSOs to provide the Court with information on all prior papered arrests (rather than just convictions) at detention hearings for defendants charged with violent and weapons offenses.

FY 2014 – 2015 Program Enhancements – Strategic Goal 1

PSA is committed to adopting evidence-based practices in all mission critical and work management areas. Evidence-based practices, or EBPs, are processes and strategies shown through extensive research to improve community supervision and correctional outcomes, such as reduced recidivism.³ One PSA priority goal has been to incorporate a scientifically validated risk

³ Criminal Justice Institute. (2004). *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Washington, DC: National Institute of Corrections. Van Nostrand, M. and Keebler, G. (2007). "Our Journey Toward Pretrial Justice." *Federal Probation*, Volume 71, Number 2 pp. 20-25. The Pew Center on the States. (2008). *Putting Public Safety First: 13 Strategies for Successful Supervision and Reentry*. Washington, D.C.: The Pew Charitable Trust. Evidence-based practices include: using actuarial risk and needs assessments; incorporating enhanced intrinsic motivation in community

assessment instrument into diagnostic protocols. The new risk assessment instrument, which was deployed in December 2013, will help ensure that designations of risk levels are based on factors shown to have an empirical relationship to pretrial misconduct and improve PSA's identification of defendants that require little or no supervision and those needing higher levels of supervision and services while awaiting trial. The validated instrument will also permit better targeting of supervision and treatment resources to defendants who are not eligible for detention by statute, but who present a greater probability of failure to appear or rearrest. In addition, the actuarial assessment's background design and programming will allow PSA to add and test the predictive power of newly-identified variables against failure to appear and rearrest.

PSA will conduct an impact review of the new risk assessment to gauge the instrument's effect on assignment of defendants into supervision and non-supervision categories, subsequent Agency recommendations, court-ordered defendant assignments to supervision and non-supervision categories, failure rates, and staff and stakeholder opinions about the new assessment procedure.

Strategic Goal 2 – Supervise defendants to support court appearance and enhance public safety.

Program Summary – Strategic Goal 2

PSA effectively monitors or supervises pretrial defendants—consistent with the court-ordered release conditions—to promote court appearance and public safety.

PSA supervises defendants in accordance with release conditions that are designed to minimize risk to the community and maximize return to court. PSA focuses its supervision resources on defendants most at risk of violating their release conditions and employs graduated levels of supervision consistent with the defendant's identified risk level. Very low risk defendants (those released without conditions) receive only notification of court dates. Fairly low risk defendants are placed in monitoring programs that require limited contact with PSA. Medium risk defendants are placed under PSA's extensive supervision and maintain regular contact through drug testing and/or reporting to a PSO. High risk defendants may be subject to frequent contact with an assigned PSO and drug testing, curfew, electronic monitoring, substance use disorder treatment or other conditions.

PSA's monitoring and supervision has multiple components:

Notification of Upcoming Court Dates: In order to minimize failures to appear, automated notification letters are mailed to defendants once PSA is notified by the court system of upcoming court appearance dates. Defendants are also required to confirm the date of their next scheduled

supervision; targeting supervision interventions to assessed risk and needs levels; prioritizing supervision and treatment resources for higher risk offenders; responsiveness to defendant/offender temperament, learning style, motivation, culture, and gender; structuring 40-70 percent of high-risk individual's time for three to nine months; using Cognitive Behavioral treatment methods; increasing positive reinforcement; engaging ongoing support in natural communities; measuring relevant processes and practices; and providing measurement feedback.

court appearance during each contact with PSA (drug testing or case management contact). PSA sends nearly 80,000 notification letters annually.

Appropriate Supervision: Defendants who are appropriately supervised are held accountable to the Court. PSA's supervision strategy includes promoting swift and effective consequences for violation of release conditions, and promoting incentives for defendants who consistently obey release conditions.

Swift response to non-compliance with release conditions is at the heart of effective case management. PSA uses graduated sanctions in an attempt to modify a defendant's behavior and focuses on modifying the behaviors most closely associated with a return to criminal activity or failure to appear for court. Failure to appear for a supervisory contact, a resumption of drug use, absconding from substance use disorder treatment or mental health services, and other condition violations can be precursors to serious criminal activity. Responding quickly to non-compliance is directly related to meeting the goals of reducing failures to appear and protecting the public. When violations of conditions are detected, PSA employs all available administrative sanctions, informs the Court and, when warranted, seeks judicial sanctions, including revocation of release.

Numerous studies have documented the power of incentives to change behavior.⁴ Common incentives recommended by PSA include: reduction in the number of contacts required; reduction in the frequency of drug testing; and placement in less intensive treatment or supervision programs.

Caseload Management

Caseload size affects the quality of supervision. Successful pretrial supervision hinges on the ability of the PSO to respond quickly to violations of the conditions of release. Ensuring that caseloads remain within manageable ranges allows sanctions to be administered swiftly in order to prompt changes in behavior.

Lower overall caseloads and improved matching of defendant risk to supervision levels allows PSA to focus more of its resources on medium to higher-risk defendants in both supervision and treatment program areas. This targeted, evidence-based approach allows the Agency to meet its mission critical goals and objectives.

Current PSA supervision caseloads are profiled in the following chart.

⁴ Finigan, M.W. et al. (2007). *Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs*. Washington, D.C.: United States Department of Justice, National Institute of Justice. Meyer, W. (2007). Developing and Delivering Incentives and Sanctions. Alexandria, VA: National Drug Court Institute. Lindquist, C., et. al. (2006). Sanctions and Rewards in Drug Court Programs: Implementation, Perceived Efficacy and Decision Making" *Journal of Drug Issues* Volume 36(1), pp.119-144. Marlowe, Douglas B. and Kimberly C. Kirby. (2000). "Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research," *National Drug Court Institute Review*, Vol. 2, No. 1. Alexandria, VA: National Drug Court Institute. Harrell, A. and Roman, J. (2001). "Reducing Drug Use and Crime Among Offenders: The impact of graduated sanctions. *Journal of Drug Issues* (Vol. 31(1) pp. 207-232).

PSA Supervision Caseload Ratios
As of September 30, 2013

Category	PSOs	Cases-Defendants Based	Ratios	Functional Description
General Supervision				
Extensive Supervision	35	2,322	1:66	Medium-to-high risk defendants with drug testing, stay away, and reporting conditions
Condition Monitoring/ Courtroom Support ^{Note 1}	4	359	1:90	Low risk defendants requiring minimal level supervision
High Intensity Supervision (HISP)	16	367	1:23	High-risk defendants placed on electronic surveillance or home confinement
Halfway House (Work Release)	2	66	1:33	High-risk defendants ordered to the Department of Corrections halfway house; supervision may include other conditions
U.S. District Court	6	170	1:28	Felony and misdemeanor defendants charged in U.S. District Court
Subtotal – General Supervision	63	3,284		
Treatment				
Extensive Treatment ^{Note 2}	19	549	1:29	High-risk defendants ordered to substance use disorder and/or mental health treatment
Specialized Supervision Unit (SSU)	18	681	1:38	
Subtotal –Treatment	37	1,230		
Total	100	4,514	1:45	
Released on Personal Recognizance without Supervision		1,853		

^{Note 1} A total of 14 PSOs are assigned to the Condition Monitoring/Courtroom Support category. Most of the PSOs spend the majority of their time serving as Court Representatives to provide daily courtroom support to judicial officers to ensure defendants are placed in appropriate programs, and in addition; they carry a partial supervision caseload.

^{Note 2} Includes totals from SCDIP, DCMTI, and SBTT.

PSA experienced a near 13 percent drop in new case placements in FY 2012 from FY 2011. The biggest decreases were in our in-house treatment programs and the D.C. Department of Corrections' halfway house program.

This reduction was attributed to three factors. First, PSA's "customer courts"— the D.C. Superior Court and the U.S. District Court — experienced sharp reductions in case filings in FY 2012. PSA data show that the Superior Court handled 18 percent fewer cases in FY 2012 while the U.S. District Court's caseload dropped by almost 13 percent. Second, both courts significantly reduced

their case processing time. Superior Court reduced misdemeanor case times by 18 percent (136 days to 166 days) and felony cases by 30 percent (156 days compared to 226 days).⁵

Lastly, the Metropolitan Police Department (MPD) revised its criteria for citation release, making more lower-risk arrestees eligible for release directly from the stationhouse. This change greatly increased the number of citation releases and the subsequent number of defendants continued on personal recognizance (PR) after their initial court appearance. Releases on PR without PSA supervision more than doubled in FY 2012 over FY 2011.

As a result of these factors, in FY 2013, PSA recorded a 4 percent decrease in its General Supervision daily caseload, composed of low to moderate-risk defendants, and increases in daily caseloads for HISP (7.3 percent), SSU (10.6 percent), and Drug Court (12.8 percent).

Drug Testing, Forensic Analysis and Testimony

PSA's in-house laboratory (Lab), operated by the Office of Forensic Toxicology Services (OFTS), conducts drug testing for pretrial defendants under PSA's supervision, offenders under the CSOSA CSP (i.e., persons on probation, parole, and supervised release), as well as respondents ordered into testing by the D.C. Superior Court Family Division. The Lab is certified by the U.S. Department of Health and Human Services as being in compliance with the Clinical Laboratory Improvement Amendments (CLIA) standards. It is staffed by professionals with credentials in forensic toxicology, forensic science, medical technology, chemistry and biology.

PSA's operation of an on-site laboratory in the D.C. Superior Court permits same-day turnaround time for drug test results in pretrial cases allowing for test results from lock-up to be presented to judicial officers at defendant arraignments and presentments. The OFTS can perform "spot" tests ordered by a judicial officer within a two-hour time frame through state-of-the art testing and management information systems. The OFTS performs tests on tens of thousands of samples each month, which translates to millions of analyses for various drugs each year. Lab personnel interpret results for new or residual use for over 2,000 individuals each month. When requested, the Lab's toxicologists and chemists provide expert testimony in support of analytical results.

The OFTS forensic research arm is at the forefront of identifying emerging illicit drug use trends in the District. For instance, using its sophisticated instrumentation, such as GC/MS/MS (tandem gas chromatography mass spectrometry), OFTS identified and characterized Levamisole in the urine samples of some defendants and offenders who tested positive for cocaine use. Levamisole has been identified as a cutting agent that has resulted in serious health consequences, including death, for persons who used it. PSA placed notices about this information in each of its treatment program waiting areas. The OFTS technology has also been used in the identification of buprenorphine (Suboxone, Subutex), designer stimulants (bath salts), and other, less common, drugs in urine samples collected.

⁵ Superior Court of the District of Columbia.

Performance Measures - Strategic Goal 2

Measures		FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2013 - 2016 Target
2.1	Percentage of defendants who are in compliance with release conditions at the end of the supervision period	78%	79%	78%	79%	78%	77%
2.2	Percentage of defendants whose non-compliance is addressed by PSA either through the use of an administrative sanction or through recommendation for judicial action: ^{Note1} - drug testing violations - contact violations - sanction-based treatment program violations - electronic monitoring violations	97%	93%	89%	92%	98%	80%
		87%	85%	84%	87%	97%	70%
		76%	72%	84%	93%	65%	80%
		99%	85%	97%	99%	85%	92%

^{Note 1} In FY 2013, PSA revised its policy for staff responses to infractions of the electronic surveillance and substance use disorder treatment conditions. The new protocols call for more specific and frequent responses than the prior policy. The results reported reflect the early results of compliance with the new requirements. PSA continues to provide training to staff and expects to meet the targets for this measure by the end of FY 2014.

FY 2013 Accomplishments – Strategic Goal 2

- ✓ Supervised 1,155 higher risk defendants under electronic monitoring (EM) surveillance.
- ✓ Successfully closed out cases for 454 HISP defendants. This means that the defendants' cases were closed without the defendants incurring any unexcused failures to appear, papered rearrests or requests for removal from PSA supervision.
- ✓ Collaborated with CSOSA, the Department of Youth Rehabilitation Services (DYRS), Court Social Services and Department of Child and Family Services to improve monitoring of dually-supervised defendants. Objectives are to reduce duplicate supervision and service provision, enhance communication between case managers, provide regular reporting of defendant compliance to all supervision agencies, and improve management of all agencies' resources.
- ✓ Enhanced communication capabilities and efficiency of operations by allowing the U.S. Probation Office access to PRISM to obtain real time pretrial data. PSA expects to gain access

to Probation's automated system which will allow D.C. pretrial data to be shared on a national basis similar to other federal jurisdictions.

Drug Testing

- ✓ Conducted 2,598,858 drug tests on 405,898 urine samples of persons on pretrial release probation, parole, and supervised release, as well as for persons (juveniles and adults) whose matters are handled in the Family Court. These results are critical to assessing risk and needs levels.
- ✓ Performed over 23,366 levels analyses which aid in the determination of continuing drug use and performed 8,991 GC/MS confirmation tests.
- ✓ Provided expert witness testimony in over 100 cases to interpret drug test results in the face of challenges by defendants, as well as during Drug Court daily pre-court interdisciplinary team meetings.
- ✓ Introduced the 6-Acetylmorphine Assay (6-AM Assay) into the routine drug test panel. This assay specifically tests specimens for heroin use. The introduction of the assay has greatly improved the efficiency in detecting heroin use and providing prompt services to our stakeholders.

FY 2014 – 2015 Program Enhancements – Strategic Goal 2

PSA will explore evidence-based supervision techniques to reduce recidivism among youthful defendants (under the age of 21). Addressing “dynamic” criminogenic factors early in an individual’s development can reduce future recidivism by 10 to 30 percent. PSA will identify evidence-based strategies to add to its current case management of youthful defendants that can help reduce future criminality and be employed within the relatively short time frame of pretrial supervision.

PSA stakeholders identified several defendant populations they believe will need additional PSA supervision or support over the next four years, including veterans and defendants charged with domestic violence, prostitution or felony sex offenses. Internal agency data show that defendants charged with domestic violence offenses have similar rearrest rates to other supervised defendants, but tend to be rearrested faster and more often for victim-related crimes. However, there are no recognized “best practices” for managing these defendants pretrial. This also is true of strategies to manage defendants charged with sex offenses. PSA will determine the proportion of its supervised defendants that are charged with domestic violence or sex offenses as well those identified as veterans or transgendered, gauge their levels of risk and need, and compare these levels to the current populations supervised by the Supervision and Treatment Programs. If the data indicate a need to do so, PSA will develop specialized supervision options for these populations into its current supervision and treatment protocols.

Drug Testing

PSA will implement a pilot study to test for Ethylglucuronide (EtG) in specimens. Testing for EtG will allow PSA to detect alcohol use three to four days prior to specimen collection and will address issues arising from alcohol production by fermentation in subjects who are diabetic.

In FY 2013, PSA participated in the Office of National Drug Control Policy (ONDCP)-funded study entitled, *Development of a Community Drug Early Warning System (CDEWS) for Tracking Emerging Drugs in the Criminal Justice Population*, in collaboration with the University of Maryland's Center for Substance Abuse Research (CESAR). The purpose of the study is to update defendant/offender drug testing protocols in order to track new emerging drugs and to ensure that drug monitoring programs are testing for the licit and illicit drugs most often used by defendants/offenders. Nine hundred (900) specimens collected by PSA were randomly selected and sent to an independent laboratory to be tested for an expanded panel of more than 30 drugs, including synthetic cannabinoids. From this study, it was concluded that synthetic cannabinoids, such as K2/Spice, are emerging drugs in the District.

Through PSA-independent research, OFTS detected the use of synthetic cannabinoids among the defendant and offender populations and investigated approaches to expand testing capabilities to monitor the prevalence of the use of synthetic cannabinoids. OFTS partnered with the District of Columbia's Office of the Chief Medical Examiner (OCME) to research and develop methods for analyzing and characterizing the identities of these emerging new drugs and their urinary metabolites. Selected urine specimens are sent to the OCME for testing and analysis based on a court order or a caseworker's determination that specimens are suspected of testing positive for synthetics. Since the inception of this program with OCME, approximately 37 percent of the specimens tested positive for synthetic cannabinoids. Of major importance is the fact that three new varieties of the synthetic cannabinoids were identified. These varieties (XLR-11, UR-144, and 5-fluoro-PB-22 metabolite) have been identified as emerging drugs used in other parts of the nation as well. Additionally, a limited number of specimens suspected of being positive for synthetics were outsourced for testing using LC/MS/MS (liquid chromatography-tandem mass spectrometry) analysis.

PSA continues to explore options for developing a rapid and low-cost system for monitoring the use of these substances and for identifying emerging drugs at the local community level as emphasized in the Community Drug Early Warning System: The CDEWS Pilot Project report issued by ONDCP in September 2013.

Strategic Goal 3 – Integrate treatment and pro-social interventions into supervision to support court appearance and enhance public safety.

Program Summary – Strategic Goal 3

PSA directly provides or makes referrals to effective substance use disorder, mental health, and social services that will assist in reasonably assuring that defendants return to court and do not pose a danger to the community.

PSA is committed to reducing drug-involved defendant rearrest and failure-to-appear rates through four core activities: 1) identifying and addressing illicit drug use, problematic alcohol use, and other criminogenic needs; 2) delivering and facilitating evidence-based substance use disorder treatment; 3) using motivational strategies and program incentives to encourage treatment initiation, engagement and retention; and 4) establishing swift and certain consequences for continued drug use.

Drug use and mental health issues can both contribute to public safety and flight risks. PSA has developed specialized supervision programs that include treatment as an essential component for defendants with substance use disorders, mental health disorders, or both (referred to as “dual diagnosis”). Treatment, either for substance use or mental health disorders, is provided as a supplement to – and never in lieu of – supervision. Just as defendants are assigned to supervision levels based on risk, they are assigned to supervision units that provide treatment based both on risk and need. Defendants placed in these programs have drug testing, contact, and other release conditions and are held accountable for compliance with the same.

Court-supervised, evidence-based treatment is one of the most effective tools for breaking the cycle of substance involvement and crime. In addition to public safety benefits, the community also benefits from the cost savings of providing supervision with appropriate treatment in lieu of incarceration. A study conducted by the Department of Justice found that drug courts significantly reduce drug use, crime, and costs.⁶ PSA operates a model Drug Court and other sanction-based treatment programs which utilize research-supported techniques as a mechanism for enhancing community safety.

PSA’s specialized treatment and supervision programs offer defendants access to various treatment levels of care, modalities and interventions. Each unit provides centralized case management of defendants, with Drug Court also providing direct treatment services. This organizational structure facilitates specialized supervision practices and consistent responses to positive and problem behaviors, which lead to better interim outcomes for defendants. In addition to drug use, other factors such as unemployment, low educational attainment, and homelessness can contribute to criminal activity. PSA is looking to build relationships with a broad range of service providers to address needs that may impact criminal behavior or to provide support to defendants. Treatment and support services are provided in the following four areas:

Substance Use Disorder⁷: PSA responds to drug use by referring defendants to appropriate internal or external treatment services. For certain categories of defendants, PSA provides both close supervision and in-house treatment. For others, PSA refers and places defendants in sanction-based residential treatment via contract-funded providers while continuing to provide supervision. If

⁶Rossman, S., Roman, J., Zweig, J., Rempel, M., & Lindquist, C., (2011). *The Multi-Site Adult Drug Court Evaluation: Executive Summary*. Urban Institute, June 1, 2011.

⁷American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Substance use disorder in DSM-5 combines DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe. www.dsm5.org.

sanction-based treatment is not available or is not ordered by the Court, PSA provides supervision and refers defendants to community-based providers, as available. Community services are limited, however, and are not optimal for higher risk defendants who require close monitoring.

Social Services: Research supports the premise that employment can contribute to a reduction in recidivism. Recognizing this, PSA utilizes its SSAC to coordinate referrals to external employment and social services for defendants on the “front end” of the criminal justice system and begin the process through which defendants may be able to secure gainful employment.

Peer Recovery Support: A growing body of research has demonstrated the utility of peer support networks (e.g., Alcoholics Anonymous) in helping to achieve treatment goals and initiate recovery. Government, research, and clinical professionals are coalescing around a Recovery-Oriented System of Care (ROSC) approach to substance use disorders and mental health-related public health issues. The ROSC views both substance use and mental health disorders recovery as best facilitated by a chronic care, community-centered approach that utilizes an array of professional, non-professional, and peer-related services that span a lifetime. PSA is actively involved in engaging defendants in a ROSC by introducing defendants to peer support groups during PSA in-house treatment, referring defendants to an array of community-based services that support recovery throughout supervision, and requiring peer support group participation for defendants in the final phase of in-house treatment.

Mental Health: Many defendants in the D.C. criminal justice population have mental health problems severe enough to affect their ability to appear in court and to remain arrest-free. Based on surveys in jail systems across the country, it is expected that over 15 percent of defendants have a serious mental illness. Many of these defendants are in need of substance use disorder treatment as well. PSA’s Specialized Supervision Units address the needs of this dually-diagnosed population by providing specialized supervision and by arranging for needed mental health and substance use disorder treatment services.

Performance Measures - Strategic Goal 3

Measures		FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2013 - 2016 Target
3.1	Percentage of referred defendants who are assessed for substance use disorder treatment	99%	99%	97%	96%	96%	95%
3.2	Percentage of eligible assessed defendants placed in substance use disorder treatment programs <small>Note 1</small>	52%	53%	50%	49%	52%	50%
3.3	Percentage of defendants who have a reduction in drug usage following placement in a sanction-based treatment program	74%	80%	84%	85%	83%	74%
3.4	Percentage of defendants connected to educational or employment services following assessment by the SSAC <small>Note 2</small>	100%	89%	97%	94%	90%	92%
3.5	Percentage of referred defendants who are assessed or screened for mental health treatment	98%	92%	95%	95%	96%	95%
3.6	Percentage of service-eligible assessed defendants connected to mental health services	98%	93%	82%	85%	88%	80%

Note 1 A relatively low placement target has been established due to the voluntary nature of substance use disorder treatment and other defendant-specific factors that complicate or delay placement. An analysis of a sample of treatment-needy defendants found the most common reasons for lack of placement include: defendants failing to report to treatment as agreed; defendants declining treatment; and defendant mental health needs that de-prioritize substance use disorder treatment placement.

Note 2 PSA will discontinue this performance measure as of FY 2014. The data presented here mostly are administrative and not tied to mission-critical activities.

FY 2013 Accomplishments - Strategic Goal 3

- ✓ Ninety-six defendants successfully graduated from Drug Court, with 63 defendants charged with misdemeanors having their cases nolled due to Drug Court participation.
- ✓ Ninety-six percent of defendants remained arrest free during their participation in Drug Court. Ninety-two percent of defendants completing Drug Court made all scheduled court appearances, remained arrest free and did not have a pending request for removal at disposition.
- ✓ Screened 96 percent respectively of defendants referred for substance use disorder treatment assessments (2,099 of 2,182) and mental health assessments (2,868 of 2,987).
- ✓ Defendants with substance use disorders present significantly greater risks of non-compliance during the pretrial period. To mitigate this risk, PSA completed extensive evaluations of its Drug Court program and internal treatment programs to ensure that its limited resources are

used in the most efficacious ways. These evaluations led to the adoption of evidence-based changes in both the Drug Court and internal programs that are designed to ensure more tailored and effective management of populations with substance use disorders.

- PSA and the D.C. Superior Court continued their efforts to revamp the resource-intensive Drug Court program to target defendants considered to pose greater risk to public safety and in greatest need of substance use disorder treatment services. PSA focuses efforts on defendants who are assessed to need intensive outpatient treatment or residential treatment. On-site intensive outpatient treatment services were added which include a minimum of nine (9) hours per week of group therapy and education for trauma-impacted clients and others living with mental disorders or co-occurring substance use and mental disorders. This program services up to 25 defendants at one time.
 - PSA discontinued its New Directions treatment program and began placing eligible defendants into the enhanced, evidence-based Drug Court model to allow for closer judicial oversight, judicial sanctions, and multi-disciplinary team staffing.
 - Consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) endorsement of medication-assisted treatment, PSA and the D.C. Superior Court began permitting defendants being treated in methadone maintenance programs or with Buprenorphine to be admitted into Drug Court.
- ✓ Continued to use and refine the enhanced automated case management modules to facilitate supervision of defendants participating in internal and external treatment programs.
- ✓ PSA supervised 622 defendants in the Mental Health Diversion Court (MHDC), 522 of who were placed during the fiscal year. There were 272 defendants placed onto diversion agreements during the fiscal year and 160 defendants had their cases dismissed due to successful completion of diversion requirements.
- ✓ Began training PSA staff in Mental Health First Aid (MHFA), by recruiting two staff members to become certified MHFA instructors and conducting two pilot classes through which 40 individuals received training.

FY 2014 – 2015 Program Enhancements – Strategic Goal 3

PSA will continue to assess the efficacy of Treatment Program enhancements. The Agency will evaluate the outcomes of implementing recommended changes to its Drug Court program which were based on the FY 2010 independent study conducted by a Drug Court assessment team. The evaluation design will include a process component to determine whether recommended enhancements actually were implemented according to the original assessment team's recommendations and an evaluation component to measure change in Drug Court enrollment and participant composition, defendant compliance to treatment requirements, program completion rates, and rearrests and recidivism. This evaluation will also lead to

enhancing PSA's management strategy to ensure incentives, sanctions, and treatment interventions are swift and most appropriate in responding to defendant behavior. PSA's SSU provides critical supervision and case management services for defendants with severe and persistent mental health disorders, as well as those dually diagnosed with both mental illness and substance use disorders. PSA will develop and implement protocols for identifying and responding to those defendants who are at risk of harming themselves, or others, as a result of mental illness or distress.

Strategic Goal 4 – Partner with stakeholders to address defendant needs and produce better system outcomes.

Program Summary

PSA's partnerships with the judicial system, local government, law enforcement and the community enhance its ability to provide effective community supervision, enforce accountability, increase community awareness of PSA's public safety role, and develop opportunities for defendants under pretrial supervision and pretrial diversion.

It is through partnerships with the Courts, the United States Attorney's Office (USAO), the Office of the Attorney General for the District of Columbia (OAG), the District's Criminal Justice Coordinating Council (CJCC), various D.C. government agencies, and non-profit community-based organizations that PSA can effectuate close supervision to assure that defendants will return to court and not be a danger to the community while on pretrial release. In addition, treatment and social service options are developed and/or expanded to enhance PSA's ability to address the social problems that contribute to criminal behavior, thereby increasing a defendant's likelihood of success while under pretrial supervision. In order for partnerships to be viable, PSA proactively identifies initiatives, seeks partnering entities, and collaborates with stakeholders to develop goals, objectives, and implementation plans.

Performance Measures - Strategic Goal 4

Measure		FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2012 - 2016 Target
4.1	Number of agreements established and maintained with organizations and/or agencies to provide education, employment, or treatment related services or through which defendants can fulfill community service requirements	19	20	22	20	20	20

FY 2013 Accomplishments - Strategic Goal 4

- ✓ Represented the D.C. criminal justice system, in a city-wide effort to develop a Recovery-Oriented System of Care action plan by participating in the Bringing Recovery Supports to Scale Technical Assistance Center Strategy Policy Academy.

Management Goal - Maintain a results-driven culture.

PSA added this Management Goal to its *FY 2014-2018 Strategic Plan* and will operationalize objectives here beginning in FY 2014. This goal emphasizes employee results (measured through employee satisfaction and performance ratings), organization results (measured by appropriate outcome and performance measures), and customer results (measured by customer satisfaction with Agency performance and products).

Beginning in FY 2014, objectives under the Management Goal will include:

- ✓ Achievement of all annual outcome measures and 90 percent of performance measures.
- ✓ Achievement of at least 80 percent in employee satisfaction ratings in Leadership and Knowledge Management, Talent Management, Job Satisfaction, and Results-Oriented Performance Culture areas.
- ✓ Achievement of at least 80 percent in judicial satisfaction on provision of PSA services, usefulness and quality of PSA reports, and staff professionalism.

Supporting Materials

FY 2013 Accomplishments

Strategic Human Capital Management

- ✓ Submitted the Agency's second Performance Appraisal Assessment Tool (PAAT) which OPM uses to score PSA's performance management system for General Schedule employees.
- ✓ Continued to foster effective labor-management partnerships. This includes bi-weekly forum meetings between union representatives and agency leadership, pre-decisional union involvement in both organizational improvements and policy development, and one-on-one meetings with senior staff and union leadership to resolve potential issues.
- ✓ Collaborated with CSOSA to support Special Emphasis Committees and Equal Employment Opportunity initiatives.
- ✓ Continued to manage a Training and Career Development program committed to developing a workforce capable of effectively responding to current and future demands in administering pretrial services:
 - New agency supervisors were mentored by experienced supervisors/managers.
 - Thirty employees participated in the Agency's mentoring program.
 - Nineteen employees participated in various developmental programs, to include OPM's LEAD Certificate Program, the Graduate School Executive Leadership Program and PSA's internal Substance Abuse Treatment Training Program (SATTP).
 - Over 146 internal training courses were offered to include, but not limited to, SATTP classes, PRISM training, new hire training, supervisory development training, and other mandatory training. Training was offered both on-site and online. Over 4,900 completions were recorded, including over 1,700 for online courses.
 - 270 employees received training in diversity and inclusion.
 - Human Resources personnel and managers received training on hiring disable veterans and applicants with targeted disabilities.
 - Three executive/senior leaders received executive leadership coaching,
- ✓ Developed a shadowing program which offers employees the opportunity to observe other employees to gain a better understanding of the various duties performed at the Agency.
- ✓ Successfully collaborated with the Small Agency Council, the Public Defender Service and CSOSA in the sharing of training resources (e.g., offered enrollment to one another's on-site training courses).

Employee Wellness Program

- ✓ Continued participation in the Federal Occupational Health's (FOH) Employee Assistance Program (EAP). This is a professional resource providing the agency problem solving, coaching, training, information, consultation, counseling, resource identification, and support for all employees.
- ✓ Completed the first full year of the child care subsidy program, which helps employees offset expenses associated with caring for infants and school-aged children.
- ✓ Developed a policy on addressing domestic violence, sexual assault and stalking issues in the workplace. Began identifying training resources for managers, supervisors and employees and developing more effective methods of marketing available resources for victims and their families.

Business Processes and Information Technology

- ✓ Implemented upgrade to Pretrial Real-time Information System Manager (PRISM):
 - The diagnostic module in PRISM incorporates the validated risk assessment instrument to improve PSA's ability to predict defendant misconduct and target appropriate supervision resources.
 - Expands delivery of information on prior arrests resulting in dismissals or acquittals for defendants charged with violent felonies or felony weapons offenses to judicial officers in detention hearing courts.
 - Provides reporting of defendant compliance with court-ordered conditions of release and faster and more accurate reporting of check-ins for defendants required to drug test.

Strategic Planning

- ✓ Developed and submitted for OMB's approval the revised *FY 2014-2018 Strategic Plan*.

Financial Statement Audit

- ✓ PSA received an “unqualified” (clean) opinion on the FY 2013 financial statements. The independent auditing firm KPMG found no significant issues or material weaknesses, and verified that PSA’s financial records accurately reflected the financial condition of the Agency.

Budget Display

**SALARIES and EXPENSES
SUMMARY OF REQUIREMENTS by GRADE and OBJECT CLASS**
(Dollars in Thousands)

Grade	2013 Actual		FY 2014 Enacted		FY 2015 PB		Variance	
	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount
	2	348	3	422	3	518	0	96
SES								
GS-15	11	1,632	11	1,640	11	1,658	0	18
GS-14	23	2,911	24	2,960	24	2,992	0	32
GS-13	51	5,342	53	5,532	54	5,697	1	165
GS-12	185	16,082	189	16,126	192	16,560	3	434
GS-11	18	1,184	19	1,236	20	1,316	1	80
GS-10	0	0	0	0	0	0	0	0
GS-09	11	677	13	787	14	856	1	69
GS-08	13	746	13	743	13	751	0	8
GS-07	35	1,808	37	1,881	38	1,953	1	72
GS-06	1	38	2	77	2	78	0	1
GS-05	0	0	0	0	0	0	0	0
Total Appropriated FTE	350	30,768	364	31,404	371	32,379	7	975
Object Class								
11.1 Full-time Permanent								
	350	30,768	364	31,404	371	32,379	7	975
11.3 Other than Full-time Permanent								
	0	25	1	59	1	60	0	1
11.5 Other Personnel Compensation								
	0	328	0	499		508	0	9
12.0 Personnel Benefits								
	0	12,801	0	13,125		13,941	0	816
Personnel Costs	350	43,922	365	45,087	372	46,888	7	1,801
21.0 Travel and Transportation of Persons								
		48		80		82		2
22.0 Transportation of Things								
		9		1		1		0
23.1 Rental Payments to GSA								
		2,499		2,727		3,058		331
23.2 Rental Payments to Others								
		2,139		2,019		1,893		-126
23.3 Communications, Utilities & Misc. Charges								
		624		633		645		12
24.0 Printing and Reproduction								
		18		26		30		4
25.1 Advisory and Assistance Services								
		45		1,082		582		-500
25.2 Other Services from non-Federal Sources								
		3,824		4,591		5,154		564
25.3 Other Goods/Services from Federal Sources								
		808		1,063		1,083		20
25.4 Operation and Maintenance of Facilities								
		4		32		33		1
25.6 Medical Care								
		63		0		0		0
25.7 Operation and Maintenance of Equipment								
		234		238		243		5
25.8 Subsistence and Support of Persons								
		11		0		0		0
26.0 Supplies and Materials								
		682		886		903		17
31.0 Equipment								
		270		750		250		-500
32.0 Land and Structures								
		0		0		0		0
Non-Personnel Costs		11,278		14,128		13,957		-171
TOTAL	350	55,200	365	59,215	372	60,845	7	1,630