



**OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018
CHICAGO, ILLINOIS 60602-1375
(312) 603-5370

THIS PURCHASE ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, SHIPPING PAPERS AND
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO
816238

West Care Foundation Inc
P O Box 94738
Las Vegas NV 89193

DATE
1/13/2010
F.O.B. POINT

PURCHASE ORDER NO.
170759 - 000- OP
REQUISITION NO.
00088566 OC

COOK COUNTY FEIN: 36-6006541
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Sheriff - Department of Corrections
Department of Corrections Complex
2600 C. California Avenue
Chicago IL 60608-5146

DELIVERY INSTRUCTIONS

attn: Bill Wuchner 773-869-6201

DEPT NO 2390966	Page 1 of 1
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LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Substance Abuse Treatment SUBSTANCE ABUSE TREATMENT PROGRAM AS PER CONTRACT 09-41-321 AUTHORIZED BY COUNTY BOARD 11/04/2009 CONTRACT PERIOD 01/01/2010 THROUGH 12/31/2012 AMOUNT AUTHORIZED \$1,844,401.00 AMOUNT ENCUMBERED THIS PO \$50,000.00 BALANCE TO FOLLOW ON SEPARATE PO REQ 02390005	.00 LO	50,000.0000	50,000.00	2390966.521320
***** Total Order *****				50,000.00	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)

I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

Authorized Signature: _____

Date: _____

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.

PURCHASING AGENT

Date:

[Signature] 1-13-10

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

(Handwritten signature)

Purchase Order Number

170759

Requisition # **OC 88566**

Contract # **09-41-321**

Open Date

Ship To: 8000932

Sheriff - Department of Correc
Department of Corrections Comp
2600 C. California Avenue
Chicago IL 60608-5146

Delivery Instructions:
attn: Bill Wuchner
773-869-6201

Supplier: 816238

West Care Foundation Inc
P O Box 94738
Las Vegas NV 89193

Buyer Number 299999 TEAM LEAD MAILBOX
Bid/Sole Src Code 2390966
Business Unit

Internal Req Number 102390005
Board App Date & Item Ed. Approved 11/4/09 Item #49
Requisition Date 11/5/2009
Date Needed 12/20/2009

One Time Purchase Yes No Covers Need for _____ months. Specific Period of time _____ thru _____

Prior Contract No. _____

Expiration Date _____

Emergency No. _____

Line # Commodity Description

Bal on Hand

Quantity UOM

Est. Unit Cost

Extended Cost

Business Unit and Object Account

1.000 578 Substance Abuse Treatment to the detainees of the Cook

< >

LO

50,000.0000

50,000.00

2390966.521320

County Department of Corrections.

Approved by the Board 11/4/09 Item #49

Three year contract

Contract period: 1/1/2010-12/31/2012

Total awarded amount : \$1,844,401.00

Amount to encumbered on this PO \$50,000

Total of Items Ordered 50,000.00

RECEIVED
OFFICE OF THE
PURCHASING AGENT

09 NOV -6 AM 11:45

CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the dept. no., account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER

(Handwritten signature)
BUREAU or DEPARTMENT HEAD

ACCT # _____

DATE _____

BY _____

(Handwritten signature)
1/13/10

POST BOARD AGENDA

APPROVED
BY THE BOARD OF COOK COUNTY COMMISSIONERS
NOV 04 2009

OFFICE OF THE SHERIFF
DEPARTMENT OF CORRECTIONS

PROPOSED CONTRACT

Transmitting a Communication, dated October 21, 2009 from

THOMAS J. DART, Sheriff of Cook County

by

ALEXIS HERRERA, Chief Financial Officer

requesting authorization for the Purchasing Agent to enter into a contract with West Care Foundation, Inc., Chicago, Illinois, to provide substance abuse treatment to the detainees of the Cook County Sheriff's Department of Corrections.

Reason: West Care Foundation, Inc. is recommended based upon the result of a Request for Proposal (RFP) process. The Sheriff's Office in conjunction with the Purchasing Agent conducted an RFP (#09-50-1033P) process with the goal of awarding a contract. There were four (4) respondents to this RFP. West Care Foundation, Inc. was chosen based upon their response to the specific criteria requested and scoring of the selection committee.

Estimated Fiscal Impact: \$ 1,844,401.00 (FY 2010: \$563,566.40; FY 2011: \$640,417.30; and FY 2012: \$640,417.30). Contract period: January 1, 2010 through December 31, 2012. (239-298 Account). Requisition No. 02390005.

Approval of this item would commit Fiscal Years 2010, 2011 and 2012 funds.

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Request For Proposal No. 09-50-1033P

ATTACHMENT D: COST PROPOSAL FORM

PROPOSAL PAGE

The Proposer declares that they have carefully examined the Request for Proposal documents in its entirety, including any Addendums issued pursuant thereto for SUBSTANCE ABUSE TREATMENT PROGRAM as prepared by Cook County and has become familiar with all of the conditions under which it must be carried out and understands that by submitting proposed pricing on these pages, Proposer waives all right to plead any misunderstanding regarding the same.

ITEM NO.	UNIT OF MEASURE	DESCRIPTION
1.	EACH 5,112	COUNSELING SESSION (INDIVIDUAL), MALE DETAINEE, AS PER SPECIFICATIONS HEREIN. \$67.09/EA. \$342,975/TOTAL
2.	EACH 2,592	GROUP SESSION, AS PER SPECIFICATIONS HEREIN. \$396.96/EA. \$1,028,926/TOTAL
3.	EACH 2,700	ASSESSMENT, INDIVIDUAL FOR DETAINEE SUBCONTRACTED PER COURT ORDER TO TASC, AS PER SPECIFICATIONS HEREIN. \$175.00/EA. \$472,500/TOTAL
GRAND TOTAL:		\$ <u>1,844,401</u>

DELIVERY/SERVICE DATE: Immediately upon finalization of contract documents to the complete satisfaction of the County and the Board.

(NUMBER OF CALENDAR DAYS AFTER AWARD OF RFP)

ATTACHMENT D: COST PROPOSAL FORM- REVISED

Disclaimer: The above units of measure are based on the current program population of 142 individual sessions per month. This number may fluctuate between 140-190 as needs of the program change. Please develop your proposal based on the above units of measure; however provide a cost scale to address this possible fluctuation*.

*As per the Addendum issued on June 2, 2009 for the cost proposal form revision, WestCare has presented a proposed unit cost **for individual sessions** for the Cook County Substance Abuse Treatment Program clients of **\$67.09**. This rate will be in effect when 142 clients or less are in treatment. However, given the extreme need for services, we will work closely with Cook County to provide individual treatment services to an additional number of clients up to a capacity of 190. In this case, the proposed individual session unit cost would **decrease to \$39.64** when more than 142 clients (**143-190 clients**) are in treatment, an extreme cost savings for Cook County. The overall result will **save Cook County additional individual session charges** since this unit cost will not be exceeded in cases when clients receive more than the required individual sessions each month. WestCare and Cook County believe that the individual treatment needs of the client are paramount, and in many cases *a client will receive more than one group session in a month's time for the same rate and charge.*

Likewise, the unit cost for **group sessions** proposed is **\$396.96 (\$22.05/client)** to serve **up to 142 clients** in treatment. When this number is exceeded and **143 or more clients (up to 190 clients)** are in treatment, the group session unit cost will remain the same, but WestCare proposes to charge \$7.00 per client over 142 for processing fees and documentation per group session attended.

Individual assessments will be provided through a subcontract with TASC. Units of service for assessments exceeding a 142 capacity will need to be negotiated with Cook County.

Note: If the client population exceeds 142, WestCare proposes to identify "on call" substance abuse counselors in order to meet the 1:25 counselor/client ratio and a minimum of 1x per month individual counseling session as per the RFP requirement.



June 9, 2009

Alexis Herrera
Chief Financial Officer
Cook County Sheriff's Office
69 West Washington, Suite 1410
Chicago, IL 60602

Re: Leslie Balonick as an authorized representative of WestCare Foundation

Dear Ms. Herrera:

Please let this correspondence served to document that Leslie Balonick is a Senior Vice President of WestCare Foundation and an authorized representative as lead officer in the State of Illinois where WestCare is registered to do business. As such, Ms. Balonick is authorized to sign official documents and forms for bids and proposal submissions such as the one being submitted to you today for the Cook County Sheriff's Department of Corrections-Substance Abuse Treatment Program.

Thank you for your consideration and please feel free to call me with any questions.

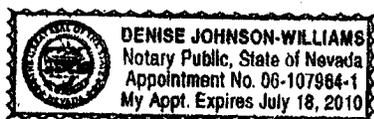
Sincerely,

Peter Ventrella
Executive Vice President and Chief Financial Officer

Cc: Shawn Jenkins
Leslie Balonick

State of Nevada
County of Clark

This instrument was acknowledged before me on 6/10/09 by
Peter Ventrella



**WestCare Illinois
Cook County Substance Abuse Treatment Program**

Average # Participants/Day per RFP: **142**
 Average Days in Program per RFP Addendum: **90**
 Total Estimated Annual Participants: **576**

PERSONNEL SERVICE:	FTE
Program Director	1 1 FTE
Senior Counselor	1 1 FTE
SA Counselors	3 3 FTE
Intake Counselor	1 1 FTE
Overtime	N/A
	6

FRINGE BENEFIT: 20.9% of Total Personnel
Total Personnel & Fringe: \$ 206,057

TRAVEL/TRAINING:
 Local Travel-Trainings & Meetings 100 miles/month
 Staff Training 6 FTE @ \$600 annually
TOTAL TRAVEL/TRAINING: \$ 3,155

CONTRACTUAL:
 TASC Per Quote - \$175/Assessment
 Deer Rehab Services Int'l Inc. Certified Substance Abuse Counselor
 Evaluator Dr. Art Luigio
TOTAL CONTRACTUAL: \$ 47,813

EQUIPMENT:
 Computers \$900 estimate per computer & cabling
 Scantron ES 2010/ScanBook \$4555 year 1 per quote
 Cell Phone (Program Director) \$50/each
TOTAL EQUIPMENT: \$ 2,501

Jeannette Robinson



Individual Sessions	Group Sessions	Individual Assessments	Total Cost
Item #1	Item #2	Item #3	
\$ 44,818	\$ 134,454	\$ -	\$ 179,272
\$ 28,591	\$ 85,772	\$ -	\$ 114,363
\$ 77,704	\$ 233,111	\$ -	\$ 310,814
\$ 19,323	\$ 57,970	\$ -	\$ 77,293
\$ -	\$ -	\$ -	\$ -
\$ 170,436	\$ 511,307	\$ -	\$ 681,743
\$ 35,621	\$ 106,863	\$ -	\$ 142,484
\$ 206,057	\$ 618,170	\$ -	\$ 824,227

\$ 455	\$ 1,364	\$ -	\$ 1,818
\$ 2,700	\$ 8,100	\$ -	\$ 10,800
\$ 3,155	\$ 9,464	\$ -	\$ 12,618
\$ 32,813	\$ 98,438	\$ 472,500	\$ 472,500
\$ 15,000	\$ 45,000	\$ 472,500	\$ 131,250
\$ 47,813	\$ 143,438	\$ 472,500	\$ 663,750

\$ 1,350	\$ 4,050	\$ -	\$ 5,400
\$ 1,139	\$ 3,416	\$ -	\$ 4,555
\$ 13	\$ 38	\$ -	\$ 50
\$ 2,501	\$ 7,504	\$ -	\$ 10,005

Ann Baker
 11/10/09

SUPPLIES:

Office Supplies/Consumables

Inkjet Cartridges \$1000/annually
 Paper, pens, files, post it & desk commodities: \$500/month
 TCJ Survey Scantron Forms \$1220/annually
 Postage & Shipping (including over night) \$200/month

Educational Materials/Curriculum

TOTAL SUPPLIES:

	Individual Sessions	Group Sessions	Individual Assessments	Total Cost
	\$ 750	\$ 2,250		\$ 3,000
	\$ 4,500	\$ 13,500		\$ 18,000
	\$ 915	\$ 2,745		\$ 3,660
	\$ 1,800	\$ 5,400		\$ 7,200
	\$ 5,762	\$ 17,285		\$ 23,047
TOTAL SUPPLIES:	\$ 13,727	\$ 41,180	\$ -	\$ 54,907

OTHER COSTS:

Property Rent N/A - provided by DOC
 Utilities N/A - provided by DOC
 Communications: Telephone N/A - provided by DOC
 Comm.: Cell Phone (1) \$55/month (\$55/month/Cell Service)
 Communications: Internet \$500/month - Years 2 & 3
 Printing of Client Manuals/Certificates \$250/month
 Copier Lease \$450/month
 Staff Recruitment (Background Checks) N/A - provided by DOC
 Staff Recruitment (Ads) \$700
 Food for Staff Meetings \$750
 Building Repairs & Maintenance \$1000/annually
 Liability Insurance N/A - provided by DOC
 Licensing \$1000/month
 \$300/annually

	Individual Sessions	Group Sessions	Individual Assessments	Total Cost
	\$ -	\$ -		\$ -
	\$ -	\$ -		\$ -
	\$ -	\$ -		\$ -
	\$ 495	\$ 1,485		\$ 1,980
	\$ 3,000	\$ 9,000		\$ 12,000
	\$ 2,250	\$ 6,750		\$ 9,000
	\$ 4,050	\$ 12,150		\$ 16,200
	\$ -	\$ -		\$ -
	\$ 700	\$ 2,100		\$ 2,800
	\$ 750	\$ 2,250		\$ 3,000
	\$ 9,000	\$ 27,000		\$ 36,000
	\$ 75	\$ 225		\$ 300
	\$ 20,320	\$ 60,960	\$ -	\$ 81,280
TOTAL OTHER:	\$ 87,515	\$ 262,545	\$ 472,500	\$ 822,560

TOTAL DIRECT COSTS:

27% Federally Approved Indirect Cost Rate

Only requesting 12%

	\$ 293,572	\$ 880,715	\$ 472,500	\$ 1,646,787
	\$ 49,404	\$ 148,211	\$ -	\$ 197,614
TOTAL DIRECT COSTS:	\$ 342,975	\$ 1,028,926	\$ 472,500	\$ 1,844,401

TOTAL PROGRAM COST:

UNIT OF MEASURE PER COST PROPOSAL OVER 3 YEARS: 5112

2592

2700

UNIT COST PER COST PROPOSAL:

\$ 67.09

\$ 396.96

\$ 175.00

UNIT COST PER 18 CLIENTS IN GROUP @ 142 CENSUS:

\$ 22.05



TODD H. STROGER, PRESIDENT
BOARD OF COUNTY COMMISSIONERS

CARMEN K. TRICHE-COLVIN
PURCHASING AGENT

COUNTY OF COOK
OFFICE OF THE PURCHASING AGENT

118 NORTH CLARK STREET
CHICAGO, ILLINOIS 60602
(312) 603-5370

February 4, 2010

WestCare Foundation, Inc.
P. O. Box 94738
Las Vegas, NV 89193
Attn: Richard Steinberg

Ref: Contract No: 09-41-321

Enclosed please find your copy of the above referenced contract.

This contract has been approved by the Board of Commissioners and signed by the proper officials on behalf of Cook County.

Cordially,

A handwritten signature in cursive script that reads "Carmen K. Triche-Colvin".

Carmen K. Triche-Colvin
Purchasing Agent

CKTC/cm

Enclosure

Cc: Alexis Herrera



CONTRACT FOR SERVICE

DOCUMENT NO. 09-41-321



**SUBSTANCE ABUSE TREATMENT PROGRAM
FOR
COOK COUNTY SHERIFF – DEPARTMENT OF CORRECTIONS**

WITH: WEST CARE FOUNDATION, INC.

**BOARD OF COMMISSIONERS
COUNTY OF COOK
TODD H. STROGER, PRESIDENT**

**ISSUED BY THE
OFFICE OF THE PURCHASING AGENT**

RECEIVED
OFFICE OF THE
PURCHASING AGENT

09 DEC -8 AM 9:24

APPROVED BY BOARD OF
COOK COUNTY COMMISSIONERS

JAN 12 2010

COM _____

CONTRACT FOR SERVICE
PART I
AGREEMENT

This CONTRACT, is made and entered into by and between the County of Cook, a public body corporate of the State of Illinois, hereinafter the "County and **WEST CARE FOUNDATION, INC.** hereinafter the "Contractor", pursuant to authorization by Cook County Board of Commissioners on the 4TH day of NOVEMBER, 2009, as evidenced by the Board letter attached hereto as EXHIBIT "A."

WHEREAS, the County is responsible for procuring services for, **COOK COUNTY SHERIFF - DEPARTMENT OF CORRECTIONS** (hereinafter the "Using Department");

WHEREAS, the Using Department requires the following services, **SUBSTANCE ABUSE TREATMENT PROGRAM:**

WHEREAS, the Contractor is able and willing to provide such services, hereafter referred to as the "Work Program" as required by the County, upon the terms and conditions hereinafter provided and in consideration for the fees set forth herein;

NOW, THEREFORE, in consideration of the premises and the mutual undertakings herein set forth, the parties agree as follows:

I. WORK PROGRAM

The Contractor agrees to perform the following services:

AS SET FORTH IN EXHIBIT "B"

II. CONTRACT PERIOD

This Contract shall be for a period of **thirty-six (36) months** effective after proper execution of the Contract by the County.

III. PAYMENT

All charges shall not exceed the amount of **\$1,844,401.00** and shall be paid in accordance with Exhibit "A." Invoices in triplicate on County Invoice Form 29A shall be, submitted by the Contractor to the Using Department when requesting payment. The County shall have the right to examine the books of the Contractor for the purpose of auditing the same with reference to all charges made to the County.

In the event the Contractor receives payment under the Contract, reimbursement for which is later disallowed by the County, the Contractor shall promptly refund the disallowed amount to the County on request, or at the County's option, the County may credit the amount disallowed from the next payment due or to become due to the Contractor under any contract with the County.

IV. GENERAL CONDITIONS

This Contract incorporates and is subject to the provisions attached hereto as Part II, General Conditions, and Contract for Service and is incorporated herein by this reference. Contractor's attention is specially directed to GC-01, Subcontracting or Assignment of Contract Funds.

V. EXHIBITS

This Contract incorporates the following Contractor Documentation:

1. Exhibit "B"

Notwithstanding such incorporation, none of the terms set forth in any Exhibit which conflicts with the express terms of this Contract or its General Conditions shall be deemed or construed to supersede the terms of this Contract or its General Conditions.

**GENERAL CONDITIONS
SUPPLY/SERVICE
SOLE SOURCE**

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**GENERAL CONDITIONS
SUPPLY/SERVICE
SOLE SOURCE**

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GC-01 SUBCONTRACTING OR ASSIGNMENT OF CONTRACT OR CONTRACT FUNDS

Once awarded, this Contract shall not be subcontracted or assigned, in whole or in part, without the advance written approval of the Purchasing Agent, which approval shall be granted or withheld at the sole discretion of the Purchasing Agent. In no case, however, shall such approval relieve the Contractor from its obligations or change the terms of the Contract. The Contractor shall not transfer or assign any Contract funds or any interest therein due or to become due without the advance written approval of the Purchasing Agent. The unauthorized subcontracting or assignment of the Contract, in whole or in part, or the unauthorized transfer or assignment of any Contract funds, either in whole or in part, or any interest therein, which shall be due or are to become due the Contractor shall have no effect on the County and are null and void.

Prior to the commencement of the Contract, the Contractor shall identify in writing to the Purchasing Agent the any and all subcontractors it intends to use in the performance of the Contract. The Purchasing Agent shall have the right to disapprove any subcontractor. Identification of subcontractors to the Purchasing Agent shall be in addition to any communications with County offices other than the Purchasing Agent. All subcontractors shall be subject to the terms of this Contract. Contractor shall incorporate into all subcontracts all of the provisions of the Contract which affect such subcontract. Copies of subcontracts shall be provided to the Purchasing Agent upon request.

The Contractor must disclose the name and business address of each subcontractor, attorney, lobbyist, accountant, consultant and any other person or entity whom the Contractor has retained or expects to retain in connection with the Matter, as well as the nature of the relationship, and the total amount of the fees paid or estimated to be paid. The Contractor is not required to disclose employees who are paid or estimated to be paid. The Contractor is not required to disclose employees who are paid solely through the contractor's regular payroll. "Lobbyist" means any person or entity who undertakes to influence any legislation or administrative action on behalf of any person or entity other than: (1) a not-for-profit entity, on an unpaid basis, or (2), himself. "Lobbyist" also means any person or entity any part of whose duties as an employee of another includes undertaking to influence any legislative or administrative action. If the Contractor is uncertain whether a disclosure is required under this Section, the Contractor must either ask the County, whether disclosure is required or make the disclosure.

The County reserves the right to prohibit any person from entering any County facility for any reason. All contractors and subcontractors of the Contractor shall be accountable to the Director of the Using Department or his designee while on any County property and shall abide by all rules and regulations imposed by the County.

GC-02 PERSONNEL

The quality, experience and availability of personnel employed by the Contractor is of the essence. The Contractor shall provide the County with a list of all key personnel to be used on the project and their designated assignment. The list shall include the qualifications of each person named. The County may at any time request, in writing, the Contractor to remove any of the Contractor's assigned personnel for cause and forthwith furnish to the County other acceptable personnel with thirty (30) days of notification. Notwithstanding the County's approval of Contractor's personnel, the Contractor shall be fully responsible to County for all work performed pursuant to this Contract by Contractor's employees, subcontractors or others who may be retained by the Contractor with the approval of the County.

GC-03 INSURANCE

Contractor shall purchase and maintain at all times during the term of this Contract insurance coverage which is satisfactory to the County and will satisfactorily insure the Contractor against claims and liabilities which arise or could arise because of the performance or nonperformance of the Contract. All insurance required hereunder shall meet the requirements of the County's Department of Risk Management and shall name the County as an additional insured unless such designation is unavailable due to commercial practices in the insurance industry as to a particular type of coverage. With the exception of certificates required to be submitted with the Proposal, Contract shall deliver to the County satisfactory certificates evidencing compliance with this insurance provision prior to commencing performance under the Contract.

GC-04 INSPECTION AND RESPONSIBILITY

At any and at all times during the term of the Contract and at any location where the Contract is performed, the County shall have a right to inspect any Deliverables provided in carrying out this Contract. The Contractor shall be solely responsible for the quality and standards of all Deliverables furnished under this Contract. Deliverables may be rejected by the Purchasing Agent and/or the Director of the Using Department if they fail to meet Contract requirements or are provided in a manner which does not meet Contract requirements. In the event of such rejection, Deliverables shall be replaced and/or re-performed by the Contractor promptly and at no additional cost to the County. Any Deliverables rejected shall be removed within a reasonable time from the premises of the County at the entire expense of the Contractor, after notice has been given by the County to the Contractor that such Deliverables have been rejected.

GC-05 INDEMNIFICATION

The Contractor covenants and agrees to indemnify and save harmless the County and its commissioners, officials, employees, agents and representatives, and their respective heirs, successors and assigns, from and against any and all costs, expenses, attorney's fees, losses, damages and liabilities incurred or suffered directly or indirectly from or attributable to any claims arising out of or incident to the performance or nonperformance of the Contract by the Contractor, or the acts or omissions of the officers, agents, employees, contractors, subcontractors, licensees or invitees of the Contractor. The Contractor expressly understands and agrees that any Performance Bond or insurance protection required of the Contractor, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify the County as hereinabove provided.

GC-06 PAYMENT

All invoices submitted by the Contractor shall be in accordance with the cost provisions contained in the Contract Documents and shall contain a detailed description of the Deliverables for which payment is requested. All invoices shall reflect the amounts invoiced by and the amounts paid to the Contractor as of the date of the invoice, and shall be submitted together with a properly completed County Voucher form (29A). Invoices for new charges shall not include "past due" amounts, if any, which amounts must be set forth on a separate invoice. No payments shall be made with respect to invoices which do not include the County Voucher form or which otherwise fail to comply with the requirements of this paragraph. Contractor shall not be entitled to invoice the County for any late fees or other penalties.

GC-07 PREPAID FEES

In the event this Contract is terminated by either party, for cause or otherwise, and the County has prepaid for any Deliverables, Contractor shall refund to the County, on a prorated basis to the effective date of termination, all amounts prepaid for Deliverables not actually provided as of the effective date of the termination. The refund shall be made within fourteen (14) days of the effective date of termination.

GC-08 TAXES

Federal Excise Tax does not apply to materials purchased by the County by virtue of Exemption Certificate No. 36-75-0038K. Illinois Retailers' Occupation Tax, Use Tax and Municipal Retailers' Occupation Tax do not apply to deliverables, materials or services purchased by the County by virtue of statute. The price or prices quoted herein shall include any and all other federal and/or state, direct and/or indirect taxes which apply to this Contract. The County's State of Illinois Sales Tax Exemption Identification No. is E-9998-2013-05.

GC-09 PRICE REDUCTION

If at any time after the contract award, Contractor makes a general price reduction in the price of any of the Deliverables, the equivalent price reduction based on similar quantities and/or considerations shall apply to this Contract for the duration of the Contract period. For purposes of this Section GC-09, Price Reduction, a general price reduction shall include reductions in the effective price charged by Contractor by reason of rebates, financial incentives, discounts, value points or other benefits with respect to the purchase of the Deliverables. Such price reductions shall be effective at the same time and in the same manner as the reduction Contractor makes in the price of the Deliverables to its prospective customers generally.

GC-10 CONTRACTOR CREDITS

To the extent the Contractor gives credits toward future purchases of goods or services, financial incentives, discounts, value points or other benefits based on the purchase of the materials or services provided for under this Contract, such credits belong to the County and not any specific using department. Contractor shall reflect any such credits on its invoices and in the amounts it invoices the County.

GC-11 DISPUTES

Any dispute arising under the Contract between the County and Contractor shall be decided by the Purchasing Agent. The complaining party shall submit a written statement detailing the dispute and specifying the specific relevant Contract provision(s) to the Purchasing Agent. Upon request of the Purchasing Agent, the party complained against shall respond to the complaint in writing within five days of such request. The Purchasing Agent will reduce his decision to writing and mail or otherwise furnish a copy thereof to the Contractor and the Director of the Using Department. The decision of the Purchasing Agent will be final and binding. Dispute resolution as provided herein shall be a condition precedent to any other action at law or in equity. However, unless a notice is issued by the Purchasing Agent indicating that additional time is required to review a dispute, the parties may exercise their contractual remedies, if any, if no decision is made within sixty (60) days following notification to the Purchasing Agent of a dispute. No inference shall be drawn from the absence of a decision by the Purchasing Agent. Notwithstanding a dispute, Contractor shall continue to discharge all its obligations, duties and responsibilities set forth in the Contract during any dispute resolution proceeding unless otherwise agreed to by the County in writing.

GC-12 DEFAULT

Contractor shall be in default hereunder in the event of a material breach by Contractor of any term or condition of this Contract including, but not limited to, a representation or warranty, where Contractor has failed to cure such breach within ten (10) days after written notice of breach is given to Contractor by the County, setting forth the nature of such breach.

In the event Contractor shall breach any material terms or conditions of this Contract on more than one occasion during any twelve month period during the term hereof, or in the event Contractor expresses an unwillingness or inability to continue performing the Contract in accordance with its terms, the County may, at its option, declare the Contractor to be in default and the County shall be entitled to exercise all available remedies including, but not limited to, termination of the Contract, without affording the Contractor further opportunity to cure such breach. Failure of County to give written notice of breach to the Contractor shall not be deemed to be a waiver of the County's right to assert such breach at a later time, should the Contractor commit a subsequent breach of this Contract.

County shall be in default hereunder if any material breach of the Contract by County occurs which is not cured by the County within ninety (90) days after written notice has been given by Contractor to the County, setting forth the nature of such breach.

GC-13 COUNTY'S REMEDIES

Following notice of material breach to Contractor, the County reserves the right to withhold payments otherwise owed to Contractor until such time as Contractor has cured the breach.

If the Contractor fails to remedy a material breach during the ten (10) day cure period pursuant to General Condition GC-12, Default, or if Contractor commits a subsequent material breach within a twelve month period or expresses an unwillingness or inability to continue performing the Contract in accordance with its terms, the County shall have the right to terminate this Contract upon written notice to the Contractor which shall set forth the effective date of such termination.

In addition, the County shall have the right to pursue all remedies in law or equity.

GC-14 CONTRACTOR'S REMEDIES

If the County has been notified of breach and fails to remedy the breach during the ninety(90) day cure period pursuant to General Condition GC-12, Default, the Contractor shall have the right to terminate this Contract upon not less than thirty (30) days prior written notice to the County, which notice shall set forth the effective date of termination.

Contractor shall have the right to pursue all remedies available in law or equity. In all cases the Contractor's damages shall be those actual provable damages not to exceed the amount of the Contract as awarded by the Cook County Board of Commissioners less all amounts paid to Contractor. In no event shall Contractor be entitled to any consequential damages. Irrespective of the exercise of remedies hereunder, Contractor shall not disrupt the County's operations or repossess any component thereof.

GC-15 DELAYS

Contractor agrees that no charges or claims for damages shall be made by Contractor for any delays or hindrances from any cause whatsoever during the progress of any portion of this Contract.

GC-16 MODIFICATIONS AND AMENDMENTS

The parties may from time to time during the term of the Contract make modifications and amendments to the Contract but only as provided in this section. Such modifications and amendments shall only be made by mutual agreement in writing. Modifications and amendments which individually or cumulatively result in additional cost of \$1,000.00 or greater or which extend the term of the Contract by thirty (30) days or more shall not be deemed as authorized without the approval of the Cook County Board of Commissioners. Modifications and amendments which increase cost by less than \$1,000.00 or which do not extend the term of the Contract by more than thirty (30) days may only be made with the written approval of the Purchasing Agent.

Subject to the foregoing, the Director of the Using Department may, by written order, make changes with respect to the dates of delivery and places of performance of the Contract, provided that any such changes shall not increase the Contract price or the time required for Contract performance.

Contractor is hereby notified that, except for modifications and amendments which are made in accordance with this Section GC-16, Modifications and Amendments, no County department or employee thereof has authority to make any modification or amendment to this Contract.

GC-17 PATENTS, COPYRIGHTS AND LICENSES

Contractor shall furnish the Director of the Using Department with all licenses required for the County to utilize any software, including firmware or middleware, provided by Contractor as part of the Deliverables. Such licenses shall be clearly marked with a reference to the number of this County Contract. Contractor shall also furnish a copy of such licenses to the Purchasing Agent. Unless otherwise stated in these Contract documents, such licenses shall be perpetual and shall not limit the number of persons who may utilize the software on behalf of the County.

Contractor agrees to hold harmless and indemnify the County, its officers, agents, employees and affiliates from and defend, at its own expense (including reasonable attorneys', accountants' and consultants' fees), any suit or proceeding brought against County based upon a claim that the ownership and/or use of equipment, hardware and software or any part thereof provided to the County or utilized in performing Contractor's services constitutes an infringement of any patent, copyright or license or any other property right.

In the event the use of any equipment, hardware or software or any part thereof is enjoined, Contractor with all reasonable speed and due diligence shall provide or otherwise secure for County, at the Contractor's election, one of the following: the right to continue use of the equipment, hardware or software; an equivalent system having the Specifications as provided in this Contract; or Contractor shall modify the system or its component parts so that they become non-infringing while performing in a substantially similar manner to the original system, meeting the requirements of this Contract.

GC-18 COMPLIANCE WITH THE LAWS

The Contractor shall observe and comply with the laws, ordinances, regulations and codes of the Federal, State, County and other local government agencies which may in any manner affect the performance of the Contract including, but not limited to, those County Ordinances set forth in the Certifications attached hereto and incorporated herein. Assurance of compliance with this requirement by the Contractor's employees, agents or subcontractors shall be the responsibility of the Contractor.

The Contractor shall secure and pay for all federal, state and local licenses, permits and fees required hereunder.

GC-19 MINORITY AND WOMEN BUSINESS ENTERPRISES

COOK COUNTY ORDINANCE CHAPTER 10-43.7 PROFESSIONAL AND CONSULTING SERVICE AND SOLE SOURCE

I. POLICY AND GOALS

- A. It is the policy of the County of Cook to prevent discrimination in the award of or participation in the County contracts and to eliminate arbitrary barriers for participation, as both prime and subcontractors, in such contracts by local businesses certified as Minority Business Enterprises (MBE) and Women- Owned Business Enterprises (WBE). In furtherance of this policy, the Cook County Board of Commissioners has adopted a Minority-and-Women-Owned Business Enterprise Ordinance (the "Ordinance") which establishes a "best efforts" goal of awarding not less than thirty-five percent (35%) of the annual total dollar amount of professional, consulting service and sole source contracts and agreements to certified MBEs and WBEs.
- B. A Proposer may achieve the MBE/WBE participation goals by its status as a MBE or WBE; by entering into a joint venture with one or more MBEs and/or WBEs; by subcontracting a portion of the work to one or more MBEs or WBEs; by entering into a Mentor-Protégé Agreement with a MBE or WBE; by the indirect participation of MBEs or WBEs in other aspects of the Proposer's business; or by a combination of the foregoing.
- C. A Waiver Request must be submitted with the Proposal, documenting the inability of the Proposer to meet the goals, and providing written evidence of "Good Faith Efforts," to obtain goals.
- D. A Proposer's failure to carry out its MBE/WBE commitments in the course of performance on a contract shall constitute a material breach of the contract, and if such breach is not appropriately cured, may result in the termination of the contract or such other remedies authorized by the Ordinance as the County deems appropriate.

II. REQUIRED SUBMITTALS

To be considered responsive to the requirements of the Ordinance, a Proposer shall submit Items A, B and C listed below. All documentation submitted shall be reviewed by the Contract Compliance Administrator. Failure to submit one of the items required shall be cause to consider a contract non-responsive to the Ordinance goals and may be rejected.

A. MBE/WBE Participation Documentation

Each Proposer shall submit supporting documentation which evidences efforts taken to achieve the County's "best efforts" MBE/WBE participation goals. Such documentation shall include:

- 1. A **Utilization Plan** identifying all firms intended to be utilized to fulfill the goals; the MBE/WBE status of each firm; the name, address, e-mail address and telephone number of the contact person for each MBE/WBE firm; the dollar value of the goods and services to be provided by the MBE/WBE firm; and the dollar value expressed as a percentage (%) of the total value of the purposed contract. (See Section I)

GC-19 MINORITY AND WOMEN BUSINESS ENTERPRISES

COOK COUNTY ORDINANCE CHAPTER 10-43.7 PROFESSIONAL AND CONSULTING SERVICE AND SOLE SOURCE (CON'T.)

2. A **Letter of Intent** for each MBE/WBE containing specific information regarding goods to be provided or services to be performed by the MBE/WBE; the dollar value of the goods or services, the percentage (%) of the dollar value; and the original signatures of the appropriate officer for both the Proposer and the MBE/WBE. (See Exhibit II)
3. Current **Letter of Certification** for each MBE/WBE firm. Acceptable certifying agencies are: Cook County, Illinois Unified Certification Program (IUCP) and U. S. Small Business Administration. (SBA) (8A) or any other governmental body or agency approved by the Contract Compliance Administrator as applying certification standards substantially similar to those applied by the County of Cook may also be accepted.
4. **Waiver/Goal Reduction Petition** must be included at the time of the submission of the Proposal document. Where the Proposer does not include all documentation in support of the Petition at the time of submission, such documentation must be submitted to the Office of Contract Compliance not less than three (3) business days after the submission date.

The Contract Compliance Administrator retains the right to reject the certification of any MBE or WBE on the ground that it does not meet the County's definition of a MBE or WBE.

B. Use of MBE/WBE Professionals

Each Proposer shall submit with its proposal, a statement which discloses how it intends to maximize the use of minority and women professionals in the course of performing the contract.

C. Affirmative Action Plan

Each Proposer shall submit a copy of its current EEO-1 Report and a copy of its current Letter of Compliance from the United States Department of Labor, Office of Federal Contract Compliance Programs. Absent a Letter from OFCCP, the Proposer shall submit a written report of the inclusion of minority and women professional in the workforce of their company.

III. NON-COMPLIANCE

Where the County of Cook determines that the Proposer has failed to comply with its contractual commitments or any portion of the Ordinance, it will notify the contractor of such non-compliance and may take any and all appropriate actions as set forth within the Ordinance.

GC-19 MINORITY AND WOMEN BUSINESS ENTERPRISES
COOK COUNTY ORDINANCE CHAPTER 10-43.7 PROFESSIONAL AND CONSULTING
SERVICE AND SOLE SOURCE (CON'T.)

IV. REPORTING/RECORD KEEPING REQUIREMENTS

The Proposer is required to comply with the reporting and record-keeping requirements as set forth in the Ordinance and as established by the Contract Compliance Administrator. Upon award of a contract, The Proposer is responsible for acquiring all necessary Office of Contract Compliance reporting and record-keeping forms as made available in the Office of Contract Compliance

The Office of Contract Compliance will notify each Contractor and Sub-Contractor upon award of a contract of their reporting obligations (Vendor Notification Letter)

The Office of Contract Compliance will notify each MBE/WBE Sub-Contractor of the award of a contract to a Prime Contractor, the MBE/WBE dollar amount of participation and the percentage (%) amount of participation. The Sub- Contractors will be required to submit on a timely basis, Sub-Contractors Payment Affidavits (see forms section) with proof of payment or money paid to them by the Prime Contractor.

The Office of Contract Compliance requests payment affidavits and proof of payment to MBE/WBE Sub-Contractors as follows:

1. **Annual Contracts:** monthly reporting from both Prime and Sub-Contractors.
2. **Multi Year Contracts:** quarterly reporting from both Prime and Sub-Contractors including proof of payments.
3. **One time purchases** require verification of proof of payment **immediately**.

Failure to comply with this section will be reviewed as non-compliance as stated under Section III. Non-Compliance.

V. EQUAL EMPLOYMENT OPPORTUNITY

Compliance with MBE and WBE requirements will not diminish or supplant Equal Employment Opportunity and Civil Rights provisions as otherwise required by law as they relate to contractor and subcontractor obligations.

Any questions regarding this document should be directed to:

Betty Hancock Perry
Administrator
Cook County Office of Contract Compliance
118 N. Clark Street – Room 1020
Chicago, Illinois 60602
(312)603-5502

GC-20 MATERIAL DATA SAFETY SHEET

Where required under the Illinois "Toxic Substance Disclosure To Employees Act", Illinois Compiled Statutes, 2002, 820 ILCS 255/1, Contractor shall submit with each delivery of Deliverables, a Material Safety Data Sheet.

GC-21 CONDUCT OF THE CONTRACTOR

The Contractor agrees to inform the County on a timely basis of all of the Contractor's interests, if any, which are or which the Contractor reasonably believes may be incompatible with any interest of the County. The Contractor shall take notice of and comply with the Cook County Lobbyist Registration Ordinance (No. 93-0-22, 6-22-93). Neither the Contractor nor any of its employees, agents or subcontractors shall use for business or personal gain, or make other improper use of, confidential information which is acquired in connection with the Contract. To the extent Contractor will have access to the County's protected health information in performing its responsibilities under this Contract, Contractor shall contact the Chief Privacy Officer for the Using Department(s) and shall execute the County's business associate agreement prior to performing any responsibilities which involve access to protected health information.

GC-22 ACCIDENT REPORTS

Contractor shall provide the Purchasing Agent and the Director of the Using Department with prompt written notification (no later than twenty-four (24) hours) of any occurrence, on County premises or otherwise, which pertains in any way to this Contract and which results in either bodily injury to employees or third parties or property damage. The report shall include the name of person(s) injured, if any; name of the injured person's employer, if any; the date, time and location of the occurrence; description of the extent of injury and/or damage; the name(s) of witnesses; the names of any providers known to have provided treatment for injuries sustained; and such other information as may be required by the County. The Contractor shall notify the local police regarding any occurrence requiring an official police record. The report submitted to the County should indicate whether the police were notified and, if so, the number of the police report.

GC-23 USE OF COUNTY PREMISES AND RESOURCES

Contractor shall confer with the Director of the Using Department to ascertain full knowledge of all rules and regulations of the County facilities relative to this Contract and shall cause all of its employees, agents and subcontractors to comply therewith. The Contractor shall confine the operations of its employees, agents and subcontractors on County premises to the performance of the Contract consistent with limits indicated by laws, ordinances, permits and/or direction of the Director of the Using Department and shall not encumber the premises with materials or debris. In performing the Contract, the Contractor shall not cause or permit a condition that endangers the safety of others and shall not load or permit any part of a structure to be loaded with a weight that will endanger the safety of the structure or any persons.

GC-24 TERMINATION FOR CONVENIENCE AND SUSPENSION OF CONTRACT

The County may terminate this Contract, or any portion, at any time by notice in writing from the County to the Contractor. Unless otherwise stated in the notice, the effective date of such termination shall be three business days after the date the notice of termination is mailed by the County. If the County elects to terminate the Contract in full, unless otherwise specified in the notice of termination, the Contractor shall immediately cease performance and shall promptly tender to the County all Deliverables, whether completed or in process. If the County elects to terminate the Contract in part, unless otherwise specified in the notice of partial termination, the Contractor shall immediately cease performance of those portions of the Contract which are terminated and shall promptly tender to the County all Deliverables relating to said portions of the Contract, whether completed or in process. Contractor shall refrain from incurring any further costs with respect to portions of the Contract which are terminated except as specifically approved by the Purchasing Agent.

GC-25 GENERAL NOTICE

All notices required pursuant to this Contract shall be in writing and addressed to the parties at their respective addresses set forth below. All such notices shall be deemed duly given if hand delivered or if deposited in the United States mail, postage prepaid, registered or certified, return receipt requested. Notice as provided herein does not waive service of summons or process.

TO THE COUNTY:

COOK COUNTY PURCHASING AGENT
118 North Clark Street. Room 1018
Chicago, Illinois 60602
(Include County Contract Number in all notices)

TO THE CONTRACTOR:

At address provided on the Execution Pages or as otherwise indicated in writing to County Purchasing Agent in a written document which, in bold face type, references the name of the Contractor, the County Contract Number and states "NOTIFICATION OF CHANGE IN ADDRESS."

GC-26 GUARANTEES AND WARRANTIES

The Contractor shall furnish all guarantees and warranties applicable to the Deliverables to the Director of the Using Department prior to or at the time of delivery. All Deliverables shall be covered by the most favorable commercial warranties and guarantees the Contractor gives to any customer for the same or substantially similar Deliverables or Services. The rights and remedies so provided shall be in addition to and shall not limit any rights afforded to County under this Contract.

To the extent Contractor provides Deliverables manufactured by another entity, Contractor shall transfer original product warranty and any rights to manufacturer's related services to the County and shall submit all appropriate documentation of said transfer to the Director of the Using Department prior to or at the time the Contractor tenders the Deliverables.

GC-27 STANDARD OF DELIVERABLES

Except as may be expressly stated in the Special Conditions or Specifications of this Contract, only new, originally manufactured Deliverables will be accepted by the County. The County will not accept any Deliverables that have been refurbished, rebuilt, restored or renovated in any manner. In addition, experimental materials will not be acceptable. Deliverables not produced by regular production methods and/or which have not been offered for sale to the public through accepted industry trade channels for a reasonable period of time prior to the commencement of the Contract will be considered experimental.

GC-28 DELIVERY

All Contract Goods shipped to the County shall be shipped F.O.B., DESTINATION, FREIGHT PREPAID. Arrangements shall be made in advance by the Contractor in order that the County may arrange for receipt of the materials.

Truck deliveries will be accepted before 3:00 P.M. on weekdays only. No deliveries will be accepted on Saturdays, Sundays or County Holidays. The County is not responsible for delivery delays due to waiting times for loading and unloading at dock locations.

The quantity of Contract Goods delivered by truck will be ascertained from a weight certificate issued by a duly licensed Public Weight-Master. In the case of delivery by rail, weight will be ascertained from bill of lading from originating line, but the County reserves the right to re-weigh at the nearest available railroad scale.

The County reserves the right to add new delivery locations or delete previously listed delivery locations as required during the Contract period. The only restriction regarding the County's right to add new delivery locations shall be that any new or additional location shall be within the geographical boundaries of the County of Cook.

GC-29 QUANTITIES

Any quantities of indicated in the Proposal Pages for the performance of the Contract are estimates for the purpose of determining an approximate total Contract amount and may not be the actual quantities required by the County during the term of the Contract. The County reserves the right to increase or decrease such quantities at the Contract price to correspond to the actual needs of the County. If the County increases the quantities required, any such increase shall be subject to an agreed written amendment in the Contract Amount. The County will be obligated to order and pay for only such quantities as are from time to time ordered, delivered, and accepted on purchase orders issued by the Purchasing Agent.

GC-30 CONTRACT INTERPRETATION

Whenever the singular is used herein, the masculine, feminine and neuter gender shall be deemed to include the others. The headings of articles, paragraphs and sections in this Contract are included for convenience only and shall not be considered by either party in construing the meaning of this Contract. If any provision or clause of this Contract shall be held to be invalid, such provision or clause shall be deleted from the Contract and the Contract shall be construed to give effect to the remaining portions thereof.

This Contract shall be interpreted and construed based upon the following order of precedence of component parts. Such order of precedence shall govern to resolve all cases of conflict, ambiguity or inconsistency.

1. Addenda, if any.
2. Execution Forms
3. Specification.
4. Special Conditions.
5. General Conditions.
6. Instruction to Bidders.
7. Legal Advertisement.
8. Bid Proposal.

GC-31 CONFIDENTIALITY AND OWNERSHIP OF DOCUMENTS

Contractor acknowledges and agrees that information regarding this Contract is confidential and shall not be disclosed, directly, indirectly or by implication, or be used by Contractor in any way, whether during the term of this Contract or at any time thereafter, except solely as required in the course of Contractor's performance hereunder. Contractor shall comply with the applicable privacy laws and regulations affecting County and will not disclose any of County's records, materials, or other data to any third party. Contractor shall not have the right to compile and distribute statistical analyses and reports utilizing data derived from information or data obtained from County without the prior written approval of County. In the event such approval is given, any such reports published and distributed by Contractor shall be furnished to County without charge.

All documents, data, studies, reports, work product or product created as a result of the performance of the Contract (the "Documents") shall be included in the Deliverables and shall be the property of the County of Cook. It shall be a breach of this Contract for the Contractor to reproduce or use any documents, data, studies, reports, work product or product obtained from the County of Cook or any Documents created hereby, whether such reproduction or use is for Contractor's own purposes or for those of any third party. During the performance of the Contract Contractor shall be responsible of any loss or damage to the Documents while they are in Contractor's possession, and any such loss or damage shall be restored at the expense of the Contractor. The County and its designees shall be afforded full access to the Documents and the work at all times.

GC-32 AUDIT; EXAMINATION OF RECORDS

The Contractor agrees that the Cook County Auditor or any of its duly authorized representatives shall, until expiration of three (3) years after the final payment under the Contract, have access and the right to examine any books, documents, papers, canceled checks, bank statements, purveyor's and other invoices, and records of the Contractor related to the Contract, or to Contractor's compliance with any term, condition or provision thereof. The Contractor shall be responsible for establishing and maintaining records sufficient to document the costs associated with performance under the terms of this Contract.

The Contractor further agrees that it shall include in all of its subcontracts hereunder a provision to the effect that the subcontractor agrees that the Cook County Auditor or any of its duly authorized representatives shall, until expiration of three (3) years after final payment under the subcontract, have access and the right to examine any books, documents, papers, canceled checks, bank statements, purveyor's and other invoices and records of such subcontractor involving transactions relating to the subcontract, or to such subcontractor's compliance with any term, condition or provision thereunder or under the Contract.

In the event the Contractor receives payment under the Contract, reimbursement for which is later disallowed by the County, the Contractor shall promptly refund the disallowed amount to the County on request, or at the County's option, the County may credit the amount disallowed from the next payment due or to become due to the Contractor under any contract with the County.

GC-32 AUDIT; EXAMINATION OF RECORDS (CON'T.)

To the extent this Contract pertains to Deliverables which may be reimbursable under the Medicaid or Medicare Programs, Contractor shall retain and make available upon request, for a period of four (4) years after furnishing services pursuant to this Agreement, the contract, books, documents and records which are necessary to certify the nature and extent of the costs of such services if requested by the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives. If Contractor carries out any of its duties under the Agreement through a subcontract with a related organization involving a value of cost of \$10,000.00 or more over a 12 month period, Contractor will cause such subcontract to contain a clause to the effect that, until the expiration of four years after the furnishing of any service pursuant to said subcontract, the related organization will make available upon request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of said subcontract and any books, documents, records and other data of said related organization that are necessary to certify the nature and extent of such costs. This paragraph relating to the retention and production of documents is included because of possible application of Section 1861(v)(1)(I) of the Social Security Act to this Agreement; if this Section should be found to be inapplicable, then this paragraph shall be deemed inoperative and without force and effect.

GC-33 GOVERNING LAW

This Contract shall be governed by and construed under the laws of the State of Illinois. The Contractor irrevocably agrees that, subject to the County's sole and absolute election to the contrary, any action or proceeding in any way, manner or respect arising out of the Contract, or arising from any dispute or controversy arising in connection with or related to the Contract, shall be litigated only in courts within the Circuit Court of Cook County in the City of Chicago, County of Cook, State of Illinois, and the Contractor consents and submits to the jurisdiction thereof. In accordance with these provisions, Contractor waives any right it may have to transfer or change the venue of any litigation brought against it by the County pursuant to this Contract.

GC-34 WAIVER

No term or provision of this Contract shall be deemed waived and no breach consented to unless such waiver or consent shall be in writing and signed by the party claimed to have waived or consented. The waiver of any such provision shall be strictly limited to the identified provision.

GC-35 ENTIRE CONTRACT

It is expressly agreed that the provisions set forth in this Contract constitute all the understandings and agreements between the parties. Any prior agreements, promises, negotiations, or representations not expressly set forth in this Contract are of no force and effect.

GC-36 FORCE MAJEURE OR UNAVOIDABLE DELAYS

Neither Contractor nor County shall be liable for failing to fulfill any obligation under this Contract if such failure is caused by an event beyond such party's reasonable control which is not caused by such party's fault or negligence. Such events shall be limited to acts of God, acts of war, fires, lightning, floods, epidemics, or riots.

GC-37 INDEPENDENT CONTRACTOR STATUS; NO THIRD PARTY BENEFICIARIES

The Contractor and its employees, agents and subcontractors are, for all purposes arising out of the Contract, independent contractors and not employees of the County. It is expressly understood and agreed that neither the Contractor nor Contractor's employees, agents or subcontractors shall be entitled to any benefit to which County employees may be entitled including, but not limited to, overtime or unemployment compensation, insurance or retirement benefits, workers' compensation or occupational disease benefits or other compensation or leave arrangements.

Nothing contained herein shall be deemed or construed by the parties hereto, or by any third party, as creating the relationship of principal and agent or of partnership or of joint venturer or any relationship between the parties hereto other than that of independent contractors. Nothing herein shall be construed to confer upon any third parties the status of third party beneficiary.

GC-38 COOPERATION WITH INSPECTOR GENERAL

Persons or businesses seeking County contracts are required to abide by all of the applicable provisions of the Office of the Independent Inspector General Ordinance (Section 2-281 et. seq. of the Cook County Code of Ordinances). Failure to cooperate as required may result in monetary and/or other penalties.

Contractors, subcontractors, licensees, grantees or persons or businesses who have a County contract, grant, license, or certification of eligibility for County contracts shall abide by all of the applicable provisions of the Office of the Independent Inspector General Ordinance. Failure to cooperate as required may result in monetary and/or other penalties.

END OF SECTION

Cook County Jail Population Information

According to the Illinois Criminal Justice Information Authority (ICJIA),¹ in 2003, the average daily population of the Cook County Jail was 12,778 inmates. Pretrial detainees (those individuals who have been arrested for a crime and are awaiting trial) accounted for a relatively steady percentage of the average daily population at 98 percent. On the other hand, sentenced offenders (those offenders who have been convicted and sentenced to the county jail) accounted for only 2 percent. When an inmate is convicted and given a sentence in excess of one year, he is transported to the Illinois Department of Corrections to serve the time in a state prison.

In 2003, felony and misdemeanor court filings accounted for 16 percent of all filings in Cook County's courts (civil, traffic, family, and other). The number of felony filings was 37,913 and the number of misdemeanor filings was 256,097. Admissions from Cook County to DOC were:

- 22 percent violent offenders,
- 25 percent property offenders, and
- **48 percent drug offenders.**

In 2003 in Cook County there were 67,988 arrests for total drug offenses (including violations of Illinois' Cannabis Control Act, Controlled Substances Act, Drug Paraphernalia Control Act, and the Hypodermic Syringes and Needles Act). Controlled substances for which persons were arrested included primarily powder cocaine and crack cocaine, methamphetamine, and heroin.

Between 1997 and 2007, while arrests for other crimes were decreasing in Cook County, drug arrests tended to increase.²

- Total index offense rates (both violent and property) decreased 19 percent.
- Violent index offense rates decreased 44 percent.
- Property index offenses rates decreased 33 percent.
- Violent index arrest rates decreased 27 percent.
- Property index arrest rates decreased 48 percent.
- Drug index arrest rates decreased less than 1 percent.
- Cannabis arrest rates **increased** 87 percent.
- Controlled substances arrest rates **increased** 37 percent.
- Drug paraphernalia arrest rates **increased** 60 percent.
- Felony court filing rates decreased 11 percent.
- Misdemeanor court filing rates increased 10 percent.

Currently, the Cook County Jail has an average daily population of 9,000 inmates. The majority of inmates at the Jail (more than 90 percent) are held on a pre-trial basis (they are detained at the

¹ Research and Analysis Unit (2004). *A Profile of the Cook County Criminal and Juvenile Justice System*. Illinois Criminal Justice Information Authority.

² Devitt, C., Hughes, E., Phillips, I. (2009). *Justice Assistance Grant Planning Materials: Illinois crimes and criminal justice trends, 1997-2007*. Research and Analysis Unit, Illinois Criminal Justice Information Authority.

Jail while their trials are conducted in the county court system). Information that is relevant to providing treatment to this population includes:

- 67% are African American;
- 90% of arrestees test positive for an illegal drug: roughly 50% for marijuana, 40% for cocaine and 20% for opiates;
- 10% of inmates receive psychotropic medications for mental illness.

Participant Profile. The following discussion is provided to provide a framework for the types of services that WestCare is proposing to provide to detainees in the Impact Program at the Cook County Jail. The discussion draws on research and data on various offender populations including prisoners in jails and prisons.

All stages of the treatment process—engagement, treatment, and transition to community-based services **requires understanding of the special characteristics** of the incarcerated population. In general, problems that disproportionately affect the offender population are substance abuse and mental disorders, poor education and low reading abilities, lack of employment skills and poor work history, high rates of infectious diseases such as HIV and other health problems, and histories of violence. These social and psychological factors must be considered in treatment planning and service delivery, as well as individual factors such as age, gender, culture of reference, personality, patterns of alcohol and other drug (AOD) abuse, and mental functioning. Offenders have a wide range of problems, assets, coping abilities, and family and community support systems.

Substance Abuse History. In Cook County, 90% of arrestees test positive for illicit drugs, and 48% of arrests in 2003 were for drug offenses. Nationwide, of the state prison inmates who expected to be released in 1999, 84% reported that they were involved with alcohol or drugs at the time of their offense, 45% were under the influence when they committed their crime, and 21% committed their offense for money to buy drugs.³

People who are chemically dependent commit crimes related to their use of alcohol or drugs or in support of their addiction. Use of AOD interferes with the ability to think clearly, control feelings, and regulate behaviors, especially under stress. AOD damages basic personality traits, and dependency systematically destroys meaning and purpose in life as the addiction worsens.

Many chemically dependent offenders were raised in families that did not provide proper support, guidance, and values, resulting in the development of self-defeating personality styles that interfere with their ability to recover. Personality is the habitual way of thinking, feeling, acting, and relating to others that develops in childhood and continues in adulthood. Personality develops as a result of an interaction between genetically inherited traits and family environment.

Growing up in a dysfunctional family causes a person to have a distorted view of the world. He learns coping methods that may be unacceptable in society. It is also likely that a dysfunctional family is unable to provide guidance or foster the development of social and occupational skills

³ ONDCP (2003). *Drug data summary*. Drug Policy Information Clearinghouse Fact Sheet. Washington, D.C., Office of National Drug Control Policy.

that allow the person to fully participate in society. This lack of skills and distorted personality functioning may lead to addictive behaviors.

Educational Backgrounds, Unemployment, Poverty. Few inmates have marketable employment skills or sufficient literacy to become gainfully employed. According to Bureau of Justice Statistics (BJS) 33% of all prisoners were unemployed at the time of their most recent arrest, and just 60% of inmates had a GED or high school diploma (compared to 85% in the general population).⁴ Illiteracy and poor school performance are not causes of criminal behavior, but persons in prison often have received an inadequate education or exhibit poor literacy skills. Nationwide, 19% of adult state prisoners are illiterate and 40% are functionally illiterate.⁵ Research has shown an inverse relationship between recidivism and education: inmates with higher education levels are less likely to be rearrested or re-imprisoned.⁶

Physical Impairment and Mental Disabilities. Prison inmates may have biological health problems that may increase their probability of criminal behavior, or their lifestyle may have contributed to poor health, specifically substance abuse histories, risk-taking behaviors, or poor access to health care. The BJS reported that nearly one-third of all state inmates reported having some physical impairment or mental condition (e.g., attention deficit disorder). Researchers have noted that inmates with disabilities have a more difficult time adjusting to prison, more likely to be injured or victimized in prison, and more likely to be sexually assaulted.⁷

In a BJS survey, 44% of state jail inmates reported having medical problems, with arthritis (15%) and hypertension (14%) being the most common ailments reported.⁸ Many inmates have been involved in activities that put them at risk for HIV and Hepatitis B & C such as injection drug use, high risk of sexual behaviors, tattooing, and fighting. Additionally, others have serious physical illnesses such as hyperglycemia, heart disease, prior head trauma, epilepsy, or diabetes. These individuals will require consistent support and evaluation, and in some cases special accommodations for their illness, such as modified programming, modified program facilities, or symptom-aware staff.

Physical Problems--HIV/AIDS and Other Infectious Diseases. Communicable diseases are problematic for inmates because infections move quickly among prisoners in close quarters. According to an evaluation conducted for Congress by the National Commission on Correctional Health Care, during 1997 between 20 and 26% of the nation's individuals living with HIV/AIDS, 29-32% of the people with hepatitis C, and 38% of those with tuberculosis were released from a correctional facility that year.⁹ In 2005, the CDC found the rate of tuberculosis in prison inmates

⁴ Petersilia, J. 2003. *When Prisoners Come Home: Parole and Prisoner Reentry*. Oxford University Press. NY, NY.

⁵ Rubenstein, G. 2001. *Getting to Work: How TANF Can Support Ex-Offender Parents in the Transition to Self-Sufficiency*. Washington, DC: Legal Action Center.

⁶ Gottfredson, D., D. Wilson, & S. Najaka. 2002. The Schools. In: *Crime: Public Policies for Crime Control*, edited by J.Q Wilson and J. Petersilia. San Francisco, CA: ICS Press.

⁷ Petersilia, J. 2003. *When Prisoners Come Home: Parole and Prisoner Reentry*. Oxford University Press. NY, NY.

⁸ BJS (1997). *Medical Problems of Prisoners*. U.S. Department of Justice.

<http://www.ojp.usdoj.gov/bjs/pub/html/mpp/mpp.htm#summary>

⁹ Hammett, T. P. Harmon, W. Rhodes (2002). The Burden of Infectious Disease among Inmates and Releasees from Correctional Facilities. In *The Health Status of Soon-to-be-Released Inmates*, 15-28, Vol. 2. Washington D.C.: National Institute of Justice.

to be six times that of the general population, and the rate of hepatitis infection is nine to ten times higher.¹⁰ CCDOC has indicated the need to address HIV/AIDS issues with inmates as a part of treatment education, counseling, and referral services for reentry planning.

Violence. Violence is an integral part of AOD-involved offenders' lives, as both perpetrators and victims. Anger is a learned expression and can become a routine, familiar, and predictable response to a variety of situations. Many inmates routinely use aggressive displays of anger and violence to solve their problems. Counseling provided in AOD treatment will focus on issues related to violence such as domestic violence, anger and impulse control, and a history of physical and sexual abuse. According to the ICJIA, 22 percent of inmates in the Cook County Jail in 2003 committed crimes against persons. Violence and anger are attributes of male substance abusers that must be addressed in any treatment program.

Sexual Abuse Histories. The Bureau of Justice Statistics (BJS) reports that 10% of men under correctional supervision said they had been physically or sexually abused, and 3% reported being raped before their incarceration. In the general population between 5 and 8% of males are abused as children, but 14% of male jail inmates reported that they had been abused as children.¹¹ That childhood sexual abuse has wide-ranging and long-term effects is hardly open to question -- it has been shown to result in such disorders as post-traumatic stress, depression, anxiety attacks, and sexual dysfunction. An additional and critical negative effect is the association between childhood abuse and adult substance abuse. Individuals who have been abused as children may later abuse alcohol or drugs in an effort to self-medicate or reduce the negative symptoms associated with the abuse. The BJS report also stated that illegal drug use and regular drinking were more common among abused state prison inmates than among prisoners who had not been abused.

Mental Illness. Inmates selected for the CCDOC Impact Unit may have non-severe mental health problems. Serious mental illness is highly correlated with substance dependency or abuse. The National Survey on Drug Use and Health found that more than 23 percent of adults in the general population who have a serious mental disorder also have a diagnosable substance abuse disorder.¹² The survey also found that 20% of adults with substance abuse/dependency also have a serious mental illness. Mental health problems are often long-term or lifetime afflictions, and as such are observed across all phases of an individual's progression through the criminal justice system: from inmate, to transitional treatment, to aftercare and community services. More than half of all prison and jail inmates, including 56% of state prisoners, were found to have a mental health problem in a study published by BJS; state prisoners reported symptoms of mania (43%), major depression (23%), and psychotic disorder (15%).¹³ The BJS study also found that mental

¹⁰ Centers for Disease Control and Prevention (2005). HIV/AIDS Surveillance Report, 2004. Vol. 16. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Available at www.cdc.gov/hiv/stats/hasrlink.htm.

¹¹ BJS (1999). Abuse reported by inmates and probationers. U.S. Department of Justice. <http://www.ojp.usdoj.gov/bjs/pub/press/parip.pr>

¹² Center for Substance Abuse Treatment (2005). *Substance Abuse Treatment for Persons with co-Occurring Disorders*. Treatment Improvement Protocol (TIP) Series, Number 42. DHHS Pub No. (SMA) 05-3992. Washington, DC: US Government Printing Office.

¹³ BJS (2006). Mental Health Problems of Prison and Jail Inmates. U.S. Department of Justice. www.ojp.usdoj.gov/bjs/abstract/mhppji.htm

health problems were associated with violence, past criminal activity, substance abuse, and other social problems:

- 61% of state prisoners with a mental health problem had a current of past violent offense;
- 25% had served three or more prior sentences;
- 74% were dependent on or abusing drugs or alcohol;
- 13% had been homeless before their incarceration.

3.03.1 PROJECT DESCRIPTION

WestCare is proposing to develop and operate an intensive chemical dependency program in a **Therapeutic Community (TC)** setting located in Division 4 at the Cook County Department of Corrections (CCDOC); this program is formally known as The Impact Program. The proposed WestCare Substance Abuse Treatment Program (CCSATP) will serve male detainees and have a maximum duration of 120 days. The WestCare program design will help clients eliminate destructive anti-social behaviors, develop non-threatening communication skills, and learn pro-social behaviors that will lead to reduced substance abuse, criminal activity, and recidivism rates.

WestCare is proposing a model of seamless transitions for participants, from assessment and intake, to TC treatment, to transitional services allied with CCDOC, TASC, and community-based providers (CBPs) for a comprehensive treatment experience. This model will be fulfilled through the following **objectives**:

1. Individual **assessments** to determine extent and severity of the AOD disorder, assess areas of medical, employment, drug/alcohol use, legal, family history, family/social relationships, and psychiatric status, and monitor motivation.
2. Initial and continuous **treatment planning** to identify needs, program requirements and expectations for participation, consequences for non-participation, positive urinalysis, or violations of rules; WestCare will create a **record keeping system** and maintain **records** in a confidential manner, including intake, assessment, attendance, and other services for each participant.
3. Use motivational strategies to engage, **actively involve**, and retain participants in treatment programming.
4. Provide up to 120 days of in-jail TC **treatment services** that incorporate research-based practices to address topics on chemical dependency, life skills, recovery process and relapse prevention, job readiness, stress management, parenting, violence, HIV transmission and prevention, and other health issues related to substance abuse.
5. Provide **17.5 hours of treatment activity to each participant each week**, and **one individual session** each month.
6. Maintain a **24:1 participant to counselor ratio**, with a program capacity of 192 participants.
7. The treatment schedule will **allow time for clients to participate in other assistance activities**, such as GED or medical services.
8. Participate in **pre-release planning and reentry/transition services**, coordinated with the CCDOC institutional staff, TASC, A Safe Haven, the AIDS Foundation of Chicago, community-based providers, and others that optimize participation in continuing care services.
9. Establish a system of **quality assurance and evaluation**.

These services will result in participants achieving their goals of abstinence, learning pro-social behaviors, and successfully reintegrating with their families and communities.

ASSESSMENT

It is understood that TASC will provide the initial clinical assessment using the TASC Adult Intake Interview. TASC will provide assessment results to WestCare, and WestCare will review the results of the assessment with the participant and maintain a copy in the clinical file. WestCare will use additional assessment tools including the ASI, TCU-CEST, TCU-CTS, and IPASS, and incorporate any previous legal and treatment history from CCDOC staff (following confidentiality guidelines). Assessments and intake interviews will be conducted face-to-face in private interviews by a trained Intake/Transition Counselor, who will tailor the interview process to the inmate's level of literacy, verbal communication, and listening skills. Information from CCDOC on the results of any literacy tests will be used to adjust the assessment process for each inmate. Staff will be trained in cultural competencies to reduce bias and discrimination and to increase rapport and understanding, including cultural issues, sexual orientation and identity, poverty and socioeconomic status, religious beliefs, and physical or health disabilities.

TASC Adult Intake Interview. TASC adapted the TCU (Texas Christian University) Drug Screen, with permission, for use in Illinois (a copy is in the appendix). The TCU Drug Screen is a clinical (DSM-based) tool to screen for offender drug use problem severity and treatment needs. This brief self-administered assessment yields a drug problem severity score (range 0-9) that, along with providing drug use and treatment history information, helps guide treatment decisions. Its credibility in comparative studies with other assessments has made it a leading diagnostic tool that is administered currently to a large percentage of all prison admissions in the U.S.

ASI. As an admission assessment, WestCare will administer the *Addiction Severity Index (ASI)*, a 161-item multidimensional structured clinical interview designed to collect information about substance abuse and client functioning in various life areas: medical, employment, alcohol, drug, legal, family/social, and psychiatric problems. The ASI is considered appropriate for adults of either gender, for most levels of socioeconomic status, and most literacy levels. WestCare uses the ASI, or a version of the ASI, in nearly all of its treatment programs nationwide. If CCDOC provides Internet access at the Impact Unit, WestCare will upload ASI information into a web-based electronic database.

TCU CEST. WestCare will assess participants using the *Texas Christian University Client Evaluation of Self and Treatment (TCU-CEST)* and *Criminal Thinking Scales (TCU-CTS)*, with CCDOC approval. This assessment includes scales for psychological adjustment, social functioning, and motivation. These scales also provide a baseline for monitoring offender performance and psychosocial changes during treatment. The TCU-CEST will be administered at intervals, which may include at admission, during treatment, and prior to discharge.

The TCU-CEST is a validated instrument that is useful for monitoring drug-abuse-treatment delivery and progress. It measures client motivation, psychosocial and cognitive functioning, and other treatment-process dynamics. As part of the National Institute on Drug Abuse Criminal

Justice Drug Abuse Treatment Studies project for examining client-performance indicators for treatment of correctional populations, the psychometric properties of TCU's Criminal Justice Client Evaluation of Self and Treatment (TCU-CEST) were examined. Overall, the client assessment demonstrated good reliabilities evaluated at the individual and program levels and in test—retest administrations. In addition, evidence for construct validity was favorable. It was concluded by NIDA that the TCU-CEST is a brief yet comprehensive instrument that effectively and efficiently measures client needs and functioning at intake and also is appropriate for use during treatment to monitor progress over time in corrections-based drug-treatment programs.

TCU CTS. The TCU Criminal Thinking Scales (TCU-CTS) is a brief and cost-effective criminal thinking instrument intended to measure criminal thinking, a dynamic type of cognitive risk that has been correlated with static risk factors such as prior incarceration. Criminal thinking constructs, including antisocial attitudes, can be the target of intervention for treatment programs, including drug abuse treatment, seeking to change behavior and improve outcomes for offenders. This instrument was designed initially to be used in a prison-based residential drug abuse treatment program using a cognitive-based curriculum targeting drug use and criminal activity. The 37-item instrument includes scales to measure Entitlement, Justification, Personal Irresponsibility, Power Orientation, Cold Heartedness, and Criminal Rationalization. Research results indicate that the TCU-CTS can be used as part of a larger measurement system designed to examine treatment progress and program effectiveness. When repeatedly administered over the course of treatment, the instrument provides programs with a method to document the impact of interventions and change in offender thinking and attitudes that have been associated with drug use and criminal activity.

IPASS. The Inmate Pre-Release Assessment (IPASS) The Inmate Prerelease Assessment (IPASS) was developed specifically as a measure of post-release risk for prison-based, substance-abuse-treatment graduates. By taking into account historical drug use and criminal activity of inmates as well as their performance during prison-based treatment, the IPASS provides a "priority" score indicating the relative need for more (versus less) intensive treatment services on release. With regard to construct validity, psychometric properties ranged from good to excellent. The IPASS scales also showed strong internal consistency, with coefficient alphas greater than .80 for the TCU Drug Screen, Client Evaluation of Treatment, and Counselor Evaluation of Client scales.¹⁴ If awarded, WestCare will explore with CCDOC the possibility of using the IPASS as part of risk assessment, administered by TASC and shared with WestCare counselors to help guide reentry/transitional planning and treatment recommendations.

TREATMENT PLANNING

Intake and Client Registration. The Intake/Transition Counselor will complete all intake forms required by CCDOC, and will complete the admissions process for WestCare including registration of each participant in the centralized **WestCare electronic data system**. The required registration elements include participant CCDOC number, program name, participant first name and surname, and unique participant identification number.

¹⁴ Farabee, David, Kevin Knight, Bryan Garner, and Stacy Calhoun. "The Inmate Prerelease Assessment for Reentry Planning." *Criminal Justice and Behavior* 34 (2007): 1188-1197.

Participant CCDOC number.

The CCDOC Daily Movement Sheet will indicate the assignment of an inmate to the Impact Program. WestCare will create a database for the CCSATP as a resource to track and monitor participant activity and services. Within 24 hours each assigned participant will be entered into the data system and a clinical file will be opened. The data system will generate a label for the file, with his CCDOC number, full name (first and last), and WestCare program identification number.

Program name.

The program name will combine the elements of the names of the treatment program (WestCare CCSATP), the institution (CCJ-for Cook County Jail), and the CCDOC generated vendor identification number (e.g., 1173). In this example, the name of the program the client is assigned to in the data system will be WestCare CCSATP @ CCJ 1173 (WestCare Therapeutic Community Substance Abuse Treatment Program at Cook County Jail 1173).

Participant first name and surname.

The participant's full legal name is provided on the Daily Movement Sheet and will be entered into the data system, which generates a label for the Counselor to use on the Clinical File. The participant's full name will be used on all documents in the Clinical File from intake through transition to community based providers or TASC (e.g., assessments, treatment plan, Certificates of Completion, and Transition Plan). The participant name will be verified during routine stages of processing paperwork (intake, assessment and re-assessment, treatment plan reviews, aftercare). If the name is incorrect, it will be corrected in the data system, and all paper documents in the clinical file will be reprinted and resigned.

Unique participant identification number.

Each participant will receive a unique identification number that is based on data in the data system and partially computer generated at random. The data system will create the number using the participant's last initial-first initial-six digit entry date-three character campus name-four digit random number. Thus, an inmate named Juan Montes admitted to the WestCare CCSATP at CCJ on July 15, 2009 may have the unique designation MJ-071509-CCJ-8340.

The Intake/Transition Counselor assembles the participant file and includes relevant documents provided by CCDOC, Client Registration and Intake forms, the assessment results from TASC and any other assessments that have been completed.

NOTE: If WestCare is awarded this contract, the Intake/Transition Counselor will review the clinical files of current participants, document the contents including any previous assessments, make a case note that documents the file review, and register the client in the WestCare electronic data system.

Treatment Plans. Written treatment plans will be developed according to inmate need for services identified in the assessment processes and intake interviews. The treatment plan will include CCDOC required elements, services the participant will receive, as well as requirements and expectations for participation and the consequences for nonparticipation or rules violations.

The client's primary Counselor will prepare the treatment plan with input from the detainee, following client-centered guidelines, which include strengths, needs, abilities and preferences in the words of the client. Treatment plans will be approved and monitored by the Counselor II or Program Director. The Intake/Transition Counselor will contribute information from intake interviews, assessments (TCU CEST, TCU CTS, ASI, and the IPASS if it is used), and as needed during preparation for transition to aftercare (transition planning begins during the treatment planning process). The treatment plan will define WestCare's program requirements and expectations for participation, the consequences of nonparticipation or violations. The treatment plan for each participant will be comprehensive, identifying an approach for sequencing resources and activities, and identifying benchmarks of progress to guide evaluation by treatment staff. Written treatment plans include the following elements:

Participant needs assessment.

The needs assessment process is an unstructured interview between the Counselor and the client, with the client participating in setting treatment goals and objectives that are based on their own best interests. Participants identify their weaknesses and their strengths. **Strengths** can be recognized and used in treatment planning without neglecting deficits or decreasing the necessary emphasis on accountability and responsibility. Offenders tend to exaggerate or minimize their strengths. Assisting participants in identifying and getting an accurate assessment of their personal strengths and needs should emphasize, but not be limited to, those that are relevant to recovery. Strengths assessment often begins by determining what interests or inspires the inmate or by identifying those things in which the inmate has a sense of pride.

WestCare uses the SNAP (Strengths, Needs, Action, and Plans) needs assessment form, which is included within the treatment plan form. Areas addressed in the needs assessment include issues of alcohol and other drug use; health or mental health issues; **family issues**; work history and vocational issues; legal; psychological, emotional, and world-view concerns; **spirituality**; education and basic life skills; socio-economic characteristics, lifestyle, and current legal status; and use of institutional resources.

Participant goals and objectives.

During a personal interview, the Counselor and participant review the assessment results (TASC Adult Intake Interview, and TCU-CEST, TCU-CTS, ASI and IPASS if approved by CCDOC) to develop short term and long term goals, and objectives that are clearly stated. Therapeutic goals must translate into behavioral indicators that can be measured to determine progress. Although the client participates in the setting of goals, he does not dictate them. The goals must conform to the limitations imposed by the CCDOC, which has jurisdiction over the detainee. However, the institutional staff understands the incremental nature of change and the necessity of individualized objectives for the AOD abusing offender.

Objectives to meet goals will have time frames with realistic end points, and will be specific, measurable, and quantitative. Treatment plans will help clients set goals and objectives for the present reality of their legal status, and formulate post-release plans. Goals and objectives may include commitments to remain abstinent, participate in treatment services and aftercare, improve communication skills, attend 12 step self-help groups, develop interpersonal and

conflict resolution skills, and develop positive skills for successful living. Each set of goals and objectives in the identified problem areas of the treatment plan will be linked to a specific Action Plan for the purpose of verifying minimum completion requirements.

Specific services and activities to be delivered to that individual.

Services and activities are based on the intensity of the treatment model and are written as the action planning portion of the treatment plan. The treatment plan will specify the number of hours of face-to-face services the detainee will participate in each day, the types of treatment services, as well as the expected duration of treatment. **WestCare uses a menu of curriculums, and selects specific topics and curriculums to meet the needs of offenders in the group (it is possible that a client will not participate in all curriculums described in this proposal).** All participants will receive an average of **17.5 hours of program services each week** for the duration of their assignment to the WestCare CCSATP. Program activities include therapeutic group counseling, curriculum-based psychoeducational groups, individual counseling, TC community meetings and seminars, on-going assessment and treatment planning, and participation in community reentry planning. Treatment topics will include chemical dependency, life skills, recovery process and relapse prevention, job readiness, stress management, parenting, violence/domestic violence, HIV/AIDS transmission and prevention, and other health issues related to substance abuse. Each participant will receive at least **1 session of individual counseling per month.** Participants will be trained in 12-step and other self-help group programming.

Each participant will receive a monthly schedule of their treatment groups, individual counseling, self-help groups, and other program activities. To **record services and activities**, staff complete scan sheets with full rosters of current participants. On that sheet staff checks the session type (e.g., individual, group, continuance). The participants find their coded designation on the scan sheet (names are not used for confidentiality) and sign their names on the corresponding signature line. That sheet is scanned into WestCare's tracking system to create an electronic copy, and the hard copy is filed in the paper records. The number of face-to-face hours is documented on the treatment plan each month.

Beginning and ending dates, frequency, signatures and dates of signatures of the participant and WestCare staff person for each service and/or activity.

The treatment plan will give beginning and ending dates and frequency of services that are methods to achieve identified objectives, which are linked to a goal. The participant and Counselor sign the plan and any amendments. Treatment plans are reviewed with the inmate at regular intervals (60 days) to review progress and amend the plan if needed. Goals, objectives, time frames, methods, and frequency of activities may be revised. The updated plan is signed and include in the clinical file.

Requirements and Expectations for Participation. WestCare has basic guidelines for participant behavior regarding following instructions, timeliness, completing assignments, and group interaction; compliance issues such as not using AOD, submitting to drug tests; and making a genuine effort to participate in the therapeutic community substance abuse treatment program. Expectations are listed on a participant agreement **in the treatment plan**, and the participant initials each of the listed expectations and signs the agreement.

Therapeutic communities have distinctive components of privileges and sanctions, which are the community's responses to how the individual meets its expectations. These responses are either social approval in the form of positive peer support and verbal affirmation, or are disapproval in the form of criticism and correction. Staff will employ a formal system of community privileges and sanctions (approved by CCDOC), and participants will begin training on the peer-based informal system of verbal affirmations and correctives.

Consequences for CCDOC Rules Violations.

WestCare abides by the rules of the institution, enforcing those rules above all others. WestCare believes that its program has a positive impact on the unit, reducing negative behavior. WestCare works as a team with CCDOC staff to intervene and enforce accountability for behavior, with consequences that are in agreement with CCDOC expectations. WestCare works with Cook County DOC staff to enforce CCDOC rules. Whenever a participant violates a CCDOC rule, WestCare follows the institutional protocol to report the violation and enforce the consequences.

Consequences for Violation of WestCare Rules.

The treatment plan will be custom tailored to the inmate as much as institutional and contract limitation allow. The plan will be designed to address expectations for participation and consequences of nonparticipation—these expectations are in alignment with the rules of Therapeutic Communities (TCs), to prepare the inmate for success in an in-jail or community-based treatment program.¹⁵ Inmates will be expected to learn, participate in activities, and follow the code of rules and regulations for TCs, which define the boundaries of physical and psychological safety of the community. (Privileges earned by participation are discussed in the following section on incentives, although privileges and sanctions are viewed as one interrelated system.) Violations and infractions of rules lead to informal sanctions from peers, or formal sanctions or disciplinary actions delivered by WestCare or institutional staff.

Cardinal Rules address behaviors for which there is near zero tolerance in the community. In a community-based program these behaviors would likely result in automatic discharge, and in the WestCare CCSATP consequences will be coordinated with institutional staff.

- No physical violence, threats of physical violence, or intimidation against any person
- No drug, alcohol, or related paraphernalia
- No weapons
- No sexual acting out, including romantic or sexual physical conduct

Major Rules address behaviors that can be tolerated only within narrow limits or not at all and include expressions of gang membership. These antisocial behaviors are not expected to completely cease from one day participation in the program but their potential threat to the community results in severe disciplinary sanctions.

- No stealing or other criminal activity
- No vandalizing or destroying property
- No contraband

¹⁵ De Leon, G. (2000). *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company.
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House Rules address the behaviors and attitudes that are viewed as typical socialization problems to be modified. The rules more closely represent the norms, values, and expectations of daily life in the community. Adherence to these is necessary to preserve safety, orderly living in the community and to structure recovery and personal growth. Infractions of the house rules are expected in the trial and error learning process.

- Acceptance of authority
- Punctuality (being on time)
- Appropriate appearance
- No impulsive behavior
- Proper manners
- No lending or borrowing

Consequences for Nonparticipation.

In the development of the treatment plan, inmates are made aware of the consequences of noncompliance with the rules and nonparticipation in the program. It is important for clients to know what the results of noncompliance and poor progress are and to understand the penalties for breaking rules that are intended to guide behavior. The objective of disciplinary actions is to employ the least severe sanction to achieve maximal learning. The basic purpose of a disciplinary action is to provide a learning experience that compels inmates to attend to their own conduct, reflect on their own motivation, feel some consequences of their own behavior, and consider alternative forms of acting under similar situations. TC sanctions that will be employed by staff include verbal correctives such as instructions, and reprimands; disciplinary actions, which are learning experiences such as essays and physical workouts, demotions, speaking bans during sessions, and loss of privileges. Disciplinary actions for major infractions, such as removing the inmate from the program, will be coordinated with CCDOC.

- *Instructions* are usually one-to one conversations with the participant based on observations of the resident's negative or unacceptable behavior.
- *Reprimands*, the most severe verbal correctives, are delivered by staff for repeated negative behavior or attitudes. The content of the reprimand is illuminating and instructive, identifying the behavior confronted and an explanation of why it is negative or unacceptable, clarifies how the behavior is self-defeating, impedes growth and recovery, and how the behavior is destructive if left unchanged. The reprimand also includes positive alternative ways of behaving in similar situations.
- *Learning experiences* are actions employed to address less serious negative behaviors for persistent noncompliance with community expectations. Learning experiences may include essays, community apologies, and strenuous physical workouts.
- *Demotions* may be used if the inmate has been assigned a function within the SAP structure.
- *Speaking bans* are implemented to interrupt negative communications among particular pairs or groups of inmates. Inmates are suggestible to any communication that offers escape from the demands of the program, and they are particularly vulnerable to these early in treatment or in periods of change. The explicit lesson of the ban is to discourage negativity by contamination.

- *Loss of privileges* is a disciplinary technique that may be employed depending on the infraction, whether the inmate has privileges that may be withheld, and other factors (loss of privileges is a learning experience only if the inmate feels an emotional reaction to the loss).
- *CCDOC sanctions* may include withholding privileges or requesting the court to extend the participants jail time if the inmate fails to complete required programming. Sanctions may also include involuntary discharge from the CCSATP.

Therapeutic communities employ involvement of resident peers in the disciplinary system. In peer self-management, peers are instructed and expected to detect infractions, confront these, and actively support the implementation of all forms of sanctions.

Treatment Plan Summary. The treatment plan guides treatment in-custody and gives direction to treatment in the community during reintegration. It is revised periodically to reflect changing circumstances and needs of the participant, and to reflect changes in motivation, readiness, and commitment to recovery and treatment as assessed by the TCU CEST. This dynamic planning process is important to move the participant from jail-based programming to aftercare programming. The updated plan allows transition staff to make decisions about appropriate treatment matching, and to secure other services that meet the participant's needs at the time of release. WestCare has active liaisons with community treatment and social service agencies (including TASC, A Safe Haven, the AIDS Foundation of Chicago, and Central Intake), and will take into consideration a broad range of issues, including the crimes for which the offender was arrested for and detained pending disposition and/or sentencing, **medical concerns including possible HIV infection**, mental health problems, employment, and housing needs. This approach has been found to increase retention in treatment and improve long-term treatment outcomes.¹⁶

MOTIVATE, INVOLVE, AND RETAIN PARTICIPANTS

WestCare uses various strategies to motivate, involve and retain participants, including motivational strategies, brief interventions, and incentives. WestCare recognizes that motivation is an integral part of treatment programming and understands that program engagement must last throughout the program from intake to release. WestCare's curriculum includes methods and exercises that engage and encourage each participant in the in-jail portion of the program as well as their transition to continuing care.

Motivational Enhancement Therapy. MET is a treatment level intervention associated with increased participation in treatment and positive treatment outcomes. MET is based on principles of **cognitive and social** psychology. The counselor seeks to develop a discrepancy in the client's perceptions between current behavior and personal goals, eliciting from the client self-motivational statements of desire and commitment for change. MET has been widely researched by the National Institute on Drug Abuse (NIDA),¹⁷ and is based on Prochaska and

¹⁶ Center for Substance Abuse Treatment (1999). *Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System*. Treatment Improvement Protocol Series, TIP 17. DHHS Publication No. (SMA) 03-3804. Washington DC: U.S. Government Printing Office

¹⁷ Miller, W.R. (2000). *Motivation Enhancement Therapy: Description of Counseling Approach*, In *Approaches to Drug Abuse Counseling*, edited by J Boren, L Onken, and K. Carroll. National Institute on Drug Abuse, NIH Publication.

DiClemente's work applying change theory to addictive behavior.¹⁸ Motivational interventions will be used throughout the treatment continuum: by the Intake/Transition Counselor during intake interviews and assessments to overcome **denial**; as a counseling style throughout the process of change to increase participation and to overcome client defensiveness and **resistance**; and to engage clients to facilitate referrals to community-based treatment. MET has been proven effective with severely substance-dependent populations; with users of alcohol, cocaine, heroin, and marijuana; and with persons from a range of socioeconomic statuses and cultural backgrounds including Hispanics and African Americans.¹⁹ WestCare seeks an **outcome of positive behavioral changes** and use of MET will assist participants in becoming responsible for changing their own behavior, which will result in reduced use of substances and associated high risk behaviors.

Motivational Interviewing. Historically, WestCare has integrated the spirit and evidenced based practices, tools and techniques from the Motivational Interviewing (MI) model pioneered by Dr. William R. Miller. These fundamental concepts and approaches were elaborated by his work with Dr. Stephen Rollnick. MI is more of an interpersonal style. This style is a balance of directive and client-centered components that are shaped by fundamental understanding of what triggers change. It is not restricted to formal counseling settings. The components of MI are:

1. Express Empathy:

WestCare's philosophy embodies the concept of expressing and developing empathy and empathic communication skills from the initial meeting to completion of WestCare program services. Developing the capacity for empathy is a critical element in the WestCare whole person education model in overcoming substance abuse and criminality. WestCare's approach in teaching all participants the motivational interviewing skill of empathic communication involves incorporating the spirit and techniques of MI in daily curriculum sessions and other available program services. This is an effective method for teaching **non-threatening communication skills**.

Empathy is expressed through skillful reflective listening in which the counselor seeks to understand the client's feelings and perspectives without judging, criticizing or blaming. An empathic counselor seeks to build a working therapeutic alliance and supports the patient's self-esteem, which further promotes change. Within Community we:

- 1) Develop **authentic relationships** based on personal authority, trust, and demonstration;
- 2) Learn to affect change without violence and to contribute to society from a position of dignity. This tradition is evidenced in that the staff is trained to demonstrate expected behaviors. Specifically, in a morning meeting there may be a game. Staff is expected to participate in the game in the same way participants are expected to; and
- 3) Learn that our WestCare communities are sanctuaries where it is physically and psychologically safe to express the reality of our experiences without fear. Together we

¹⁸ Prochaska, J.O., and DiClemente, C.C. (1992). Stages of change in the modification of problem behaviors. In: Hersen, M.; Eisler, R.M.; and Miller, P.M., eds. *Progress in Behavior Modification*. Sycamore, IL: Sycamore Publishing Company, pp 184-214.

¹⁹ Center for Substance Abuse Treatment (1999). *Enhancing Motivation for Change in Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) Series, Number 35. DHHS Pub No. (SMA) 03-3811. Washington, DC: US Government Printing Office.

examine who we have been, who we are, and what our intentions are for tomorrow. This is reflected in staff listening to participants and respecting their need to determine how much they may want to disclose to others after they have just completed their initial intake assessment privately with the staff.

2. Develop Discrepancy:

The WestCare treatment model integrates styles and practices of MI in the program services and approach that promote discrepancy in the program participants. WestCare recognizes that discrepancy is related to the importance of change. WestCare's philosophy and teaching practices recognize that participants are motivated to change through the perceived discrepancy between their current behavior and the important personal goals and values they want to have. Throughout all phases of a participant's treatment they will be engaged in various settings that promote and amplify this discrepancy, which increases motivation to change.

3. Roll With Resistance:

WestCare's model integrates the MI style and approach in various aspects of program services. Philosophically, WestCare understands and develops tools, exercises and techniques aimed at using a participant's resistance as a doorway to empowering them to change. The WestCare approach of being a self help and mutual help oriented program demonstrates the use of techniques, counseling styles and the use of the community to assist participants into looking into their personal behaviors and developing problem solving methods they devise to change their behavior.

4. Support Self-Efficacy:

The WestCare model integrates the use of this MI concept in the program services offered to all participants in that it is a self-help and mutual help model that emphasizes that the individual and collective participants beliefs that the possibility of change must emanate from the participant (s) the change is intended for. This is characterized in the philosophy and approach that WestCare programs are schools for Moral Development based on Dr. Lawrence Kohlberg's model that identifies that the conditions that facilitate change must include: credible role models, sustained responsibility and conflict.

Brief Interventions. WestCare staff will use brief interventions to increase voluntary acceptance of treatment and to increase retention of inmates in the in-custody treatment component. Brief interventions are those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his substance abuse. It is a very useful tool for counselors to motivate reluctant individuals and to engage participants in recovery, keeping motivation and retention at high levels through completion. Use of brief interventions requires an understanding of motivation theory, adherence to some basic

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FRAMES:

- **Feedback:** an assessment given to the individual about their current risk or status.
- **Responsibility:** the individual is responsible for his/her own behavior change.
- **Advice:** a clear statement to the individual to change their problem behavior.
- **Menu:** offering the individual different options or strategies for change.
- **Empathy** in the therapeutic relationship.
- **Self-efficacy:** emphasizing that individuals are capable of making changes.

underlying principles, and consistently following basic steps.

Techniques used in the engagement process will vary based on individual motivating factors. Engagement includes a personalized relationship with the individual, a focus on the stated needs of the individual and brief interventions appropriate to the client's stage of change. Effective brief interventions are marked by a quick assessment of the client's stage of readiness, a strategy to assist the client to progress to the next stage, and implementing that strategy without succumbing to distraction. Goals for brief interventions can be as simple as attending an orientation group, or developing an alliance between the participant and Counselor. The key to a successful brief intervention is to extract a single, measurable behavioral change that allows the participant to experience a small, incremental success. These small successes usually lead to more successes.²⁰

Brief interventions are not a substitute for treatment, but are useful to engage clients in specific aspects of treatment. They can also help potential clients move toward seeking treatment, and can serve as a temporary measure for a client on a waiting list. There are six elements that are critical to a brief intervention that have been described in Miller and Sanchez, and are summarized as the acronym FRAMES.²¹

A brief intervention is based on the stages of change, incorporates FRAMES, and consists of five steps that should be consistently used by the interventionist:

- (1) Introducing the issue in the context of the client's health;
- (2) Screening, evaluating, and assessing;
- (3) Providing feedback;
- (4) Talking about change and setting goals; and
- (5) Summarizing and reaching closure.

Counselors may employ these strategies while engaging inmates during the screening and intake activities, but do not need to use all five components in any given session. However, the process should be consistent and there should be a well-defined reason for eliminating steps in the brief intervention process. All WestCare counseling staff will be trained in the theory and techniques of brief interventions.

Incentives. In an effort to provide clients and staff with a new vocabulary for positive change, WestCare uses various techniques, events, and incentives, **which will be used with CCDOC prior permission**

THE SIX STAGES OF CHANGE ARE:

The six stages of change are: 1. Precontemplation, 2. Contemplation, 3. Preparation, 4. Action, 5. Maintenance, and 6. Relapse. Each stage involves particular behavioral changes and strategies to facilitate these changes.

²⁰ Barry, K.L., Consensus Panel Chair (1999). *Brief Interventions and Brief Therapies for Substance Abuse*. Center for Substance Abuse Treatment, Treatment Improvement Protocol Series, TIP 34. DHHS Publication No. 03-3810.

²¹ Miller, W.R., and Sanchez, V.C. (1994). Motivating young adults for treatment and lifestyle change. In: Howard, G.S., and Nathan, P.E., eds. *Alcohol Use and Misuse by Young Adults*. Notre Dame, IN. University of Notre Dame Press.

to retain clients in the program. Incentives by definition are designed to keep someone looking for the next right thing to do. We envision that through "catching someone doing something good" we will foster an environment where we are able to motivate volunteers for the program and engage participants to stay in treatment and complete the program. Through a conscience shift in thinking from punitive to positive we will enhance our efforts to *Uplift the Human Spirit*.

- Informational materials including a brochure and newsletter are distributed, which explain the program to the participant and family members; and in the newsletter, recognition is given to participants (with their written permission) who receive certificates of completion.
- Individual Assistance is given to Participants in Lockdown. Due to gang activity lockdowns are inevitable and cause disruption to the treatment process. WestCare keeps participants on lockdown status motivated by providing individualized services on a weekly basis, delivering homework to them in their cells, giving them instructions, and providing an overview of what was accomplished in the TC program that week. Though this is not an ideal way to provide services it keeps participants motivated, informed, and assured that that they are still part of the treatment program.
- WestCare will host Christmas and Thanksgiving activities and celebrates other cultural holidays such as Cinco de Mayo or Juneteenth, celebrations of Black History Month, Martin Luther King Day, Veterans Day, and July 4th. September 16th, Mexican Independence Day. WestCare is mindful of the cultural, religious, and ethnic diversity of participants. Activities and curriculum exercises are inclusive of all these levels of diversity. By acknowledging these elements, participants learn to celebrate their differences and begin to acknowledge their similarities in healthy, prosocial ways.
- Participants who make personal progress in the community are rewarded with more important or respected TC responsibilities and roles in the community
- "Family Day" is held bi-annually throughout the year. Family members are welcomed and encouraged to support the inmate during treatment.
- Use of certificates at various treatment milestones (Phase change, sobriety dates, completion of first 60 days of treatment and program completion at 120 days), 12-step, anger management, parenting classes, reentry.
- **Community events** for clients who complete the Orientation Phase: Choosing Movies for the next movie day, talent shows or other recreation selected by participants and allowed by CCDOC.
- Issuance of **recovery materials** (Big Books, other 12-step material, bookmarkers) at various milestones.
- **Graduation ceremonies** that are attended by treatment and CCDOC staff, Community provider/appropriate case manager.
- Encourage and support **mentors** to support other participants.
- Develop a **speakers bureau** of special outside guests and ex-offenders who have successfully recovered who are available to come to the program to talk about their recovery, and who have been cleared by CCDOC.
- **Verbal Special Strokes** during group sessions, morning meeting, and in the halls. Special strokes can be given by and to staff and clients alike.
- **Special Stokes Certificates** presented to peers, co workers and clients by all parties, **BAD Award- Behavior, Attitude, Development Award**.
- **Special Stroke Board** for clients to commend their associates with positive feedback

- Presentation of **certificates** with the WestCare embossed logo to recognize Client of the Week, Most Improved, Perfect Attendance in Groups, Spiritual Leadership, changing Phases and completion of the program.
- **Individual incentives** may be issued by counselors to clients who are working hard on their treatment plan issues, maintain clean rooms/areas, have perfect attendance, keep a job function for 60 days. These include stickers, certificates, or stationary.
- **Praise** positive efforts for the whole TC occurs every Friday at the Community Check In.
- Hosting a recreational event, playing cards and board games, bingo, or watching a movie.

WestCare is also willing to develop increased motivational incentives with approval of the CCDOC.

TREATMENT SERVICES

WestCare is experienced at blending treatment models and therapeutic approaches to optimize each participant's success in treatment. In its Therapeutic Community, WestCare treats addiction as the primary problem, but also addresses the related issues that men may have surrounding their addiction—anger and hostility, problems with family and relationships, antisocial attitudes and beliefs, criminal behavior, mental health problems, health problems, history of sexual abuse and trauma, and lack of education and low literacy skills. In developing the Therapeutic Community Model every aspect of the person's life—behavioral, social, medical, cognitive, vocational, and educational—must be addressed in the recovery process. Cognitive Behavioral Therapy (CBT) and social learning approaches are used to help participants change their behavior, attitudes, and sense of self. Counselors are trained in motivational strategies to therapeutically help participants become invested in the change process. Combining these models and therapeutic approaches, treatment maintains an empathetic perspective on men's experiences that underlie their substance abuse and criminal behaviors, helping them to make constructive changes that will lead to self-efficacy and personal responsibility.

During orientation to the program, participants will be given a "**Client Orientation Handbook**" that WestCare will develop specifically for the CCSATP. It will include an overview of WestCare and its therapeutic model, expectations for participation, TC language, and other guidelines. A copy of the Client Orientation Handbook developed for the Sheridan Correctional Center is included in the appendix as an example.

CCDOC has organized the Impact Unit as four totally separate Housing Units (pods), and each pod has the capacity for 48 clients with no interaction among detainees in the four pods. This arrangement requires that each pod have its own "TC" structure. WestCare is proposing that one pod be designated an orientation unit and that the TC house coordinators and possibly the ramrods or department heads be viewed as the "Pace Setters" and be allowed to participate in a special clinical group once a week to focus on leadership challenges and reentry issues. The Program Director will facilitate this group.

Therapeutic Community Concepts. At WestCare, the Therapeutic Community treatment model is its social and psychological environment. Each component of the environment reflects

an understanding of the TC perspective and each is used to transmit community teachings, promote affiliation, and self-change.

- A setting that maintains social and psychological separateness to remove the addict from the physical, social, and psychological surroundings previously associated with his loss of control and dysfunctional negative lifestyle.
- A social organization that is structured, has systematized activities, formal communication procedures, and a daily regime of structured activities.
- A peer work structure and hierarchy of roles within the TC.
- TC staff that is responsible for the management and quality assurance of the program, with an explicit boundary between peers and staff.
- Peers are the primary change agent in this social learning program, reinforcing the norms and values of right living. Learning to live successfully in the program is learning how to live effectively in the world outside of the program.
- Relationship problems and issues are used to stimulate self-examination and teach social and interpersonal skills in encounter groups and special sessions.
- Participants move through structured stages of induction (orientation), treatment, and re-entry designed to facilitate successful social reintegration.

WestCare's Therapeutic Community program will use materials that are developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The curriculum incorporates all best practices commonly acknowledged in TC work, specifically the essential TC elements described by **Dr. George De Leon**, and positive outcomes from projects that have used these curriculum materials have been extensively published. The therapeutic community has been successfully used in community-based and prison/jail-based treatment programs for decades, effectively reducing recidivism, enhancing retention, promoting public safety, and motivating the incarcerated to pursue further treatment.

WestCare will introduce participants to the Therapeutic Community through theory, experiential exercises, membership feedback, role development, open communication and the establishment of groundwork for the formation of authentic relationships.

WestCare Philosophy: WestCare devotes our best collective and individual efforts to uplift the human spirit by consistently improving, expanding and strengthening the quality, efficacy and cost-effectiveness of everything we do. Through our efforts, we expect to help individuals reclaim their lives, and we expect to make our communities safer by reducing criminal behavior. We expect to reduce costs to taxpayers, by helping each person we serve become productive members of their community. Through our continuous focus on improvement, we expect to provide treatment services that adopt the most successful, most comprehensive approaches to service delivery.

WestCare's philosophy is in alignment with the TC perspective, which views substance abuse as a complex disorder of the whole person, reflecting problems in conduct, attitudes, moods, values,

MISSION:

WestCare empowers everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers and communities.

and emotional management. All of the TC elements are intended to facilitate individual changes in lifestyle and identity.

Approach to Services: All WestCare program activities and interactions, singly and in combination, are designed to produce change. Interventions are grouped into four categories—community enhancement (to promote affiliation with the TC community), therapeutic/educative (to promote expression and instruction), community/clinical management (to maintain personal and physical safety), and vocational (roles in the facility and preparation for employment at release). Examples of tools for change are didactic teaching, experiential learning, seminars, ceremonies, encounter groups or conflict resolution groups, workshops, and personal assignments. The WestCare approach is described below: Participant Roles, Membership Feedback, Participant as a Role Model, Collective formats for Guiding Individual Change, Shared Norms and Values, Structure and Systems, Open Communication, and Relationships.

1. Participant Roles

In WestCare's approach, inmates can be expected to assume a variety of social roles, which can be broadly categorized as community member and functional roles. Member roles vary in different job functions such as worker, manager, and staff person, as well as in interpersonal roles as friend, group member, peer leader, student, tutor, sponsor or big brother, and counselor. The roles require members to change behaviors, attitudes, emotional management, and values as they relate to others.

Community member is defined by the expectations concerning peer responsibilities to each other and to the community. Three prominent community member roles are peers as managers, peers as siblings (big brother or sister), and peers as role models. In the role of community members as managers, TC residents have informal authority in their community management role, and are expected to confront or report negative behavior, and any failure to do so is seen as condoning the negative behavior—condoning is an equally negative behavior. In the community management role, residents are expected to observe peers and the community, provide feedback to others, or explain to peers and staff why they haven't been observing or acting. Ignoring signs of difficulty is considered irresponsible, and condoning. The basic assumption underlying peer-community accountability is that the recovery of each individual is related to the recovery of all peers.

Functional Roles. Although inmates have no formal authority over each other, they are trained to handle increasing amounts of authority through their job functions and under staff supervision, and are given duties to supervise and manage the work of other residents, confronting negative behaviors and attitudes and reporting these to staff. Resident inmates are also expected to act as peer tutors, as students, and as teachers—exhibiting proper habits and attitudes—as they move up in the peer hierarchy and move through the stages of the program.

WestCare TC Job Responsibilities. In conjunction with programming, clients will receive a job assignment within the TC. As clients progress through treatment phases, they should assume more responsibility in their work assignments. Work is a primary tool for teaching personal responsibility and accountability in the TC. Upon entry to the CCSATP, all clients will be assigned a job. Job functions to maintain the TC community are listed below.

- *Coordinator*. The coordinator has the responsibility to oversee and make sure that the house functions properly and in accordance with the CCDOC rule system, as well as the rules of the program/therapeutic community. Coordinators are responsible for "pulling duty." Duty shifts are usually for half days, a.m. or p.m. When a coordinator is not present to pull his duty, he must make sure that he turns the house over to another coordinator or department head before he leaves the unit.

- *Department Heads*. The department heads work with the coordinator over their specific departments, i.e., Service Crew, Creative Energies, and Orientation. Department heads act as assistants to Coordinators, making sure that the departments are running smoothly. Department heads pass along information/instructions to crew members functioning within their particular crews. The department head should report to the coordinator any and all problems or necessary changes and suggestions regarding their particular department's functioning.

- *Ramrods* act and work as liaisons between the department heads and coordinators of their respective departments and report in that order as well. Ramrods pass along information and instructions to crew members functioning within their particular crews and are available to their crew at all times. They are the first level of managers that crew members report to within the structure of their chain of command. Ramrods oversee all functioning of crew members making sure that directions and procedural issues are carried out, and report any problems directly to the department head.

- *Crew members* are responsible for executing the various functions of their particular crews, i.e., Service Crew, Support Team, Creative Energies, and Orientation.

- *Creative Energies'* primary responsibility is to schedule activities for the TC family: structuring client seminars and plays; making sure that the family's hall is appropriately decorated with signs, concepts, family songs, and the WestCare philosophy; making sure that the family's structure board is correct and up to date; making sure that the family is kept abreast of current events, including support group information; and keeping up with all family members' birthdays for birthday songs and celebrations.

- The *Service Crew* is responsible for the cleanliness of the house. Working on the Service Crew builds character as every new family member is assigned to the crew and begins functioning immediately after arriving on any particular unit. Duties on the Service Crew include sweeping, mopping, dusting, emptying of garbage receptacles, and cleaning the bathrooms on a daily basis.

In the TC, peers influence each other through their participation in various social and interpersonal roles. Roles are collections of related behaviors and attitudes that can be learned rapidly as a role assignment. The continual exchanging of roles provides opportunities for mutual learning and is a method for changing the whole person.

2. Membership Feedback

In the WestCare approach, members are taught how to provide constructive feedback. Teaching is done by both example (role plays) and instruction, showing inmates how to work, act as siblings, pull-up others, reach out and pull-in, monitor, and not condone negative behaviors. In

their role of community manager, peers display accountability to each other and the community as communicators and monitors.

As communicators, peers are expected to provide feedback and share information to facilitate the process of change in each member. Peer feedback consists of authentic reactions concerning the observed behavior and attitudes of individuals, in the form of sharing feelings, affirmations, suggestions, or criticisms. Specific forms of peer communication that must be learned by the membership in its management role are pull-ups, push-ups, and pulling-in others.

- *Pull-ups:* Peers are expected to remind members of lapses in expected behaviors or attitudes, including any drop in motivation, lack of energy, withdrawal, sluggish work performance, negative talk or disrespect. The explicit intent of a pull-up is to raise the member's awareness of behaviors or attitudes that should change. An additional benefit of a pull-up is that it reinforces changes in those who deliver them.

- *Push-ups:* Residents are expected to provide positive feedback to each other at every appropriate opportunity. The explicit intent of the push-up is to encourage or affirm any sign of progress in a peer. Implicitly, push-ups balance pull-ups and other verbal correctives. As with all peer feedback, push-ups serve as self-reinforcers.

- *Pulling-in others:* Residents are also expected to reach out to others and "pull them in," particularly newcomers, to help them affiliate with the community. Pull-ins are words and actions that encourage residents to remain in the program and participate in the process, and counter any sign of non-affiliation.

A primary source of instruction and support for individual change is the membership's observations and authentic reactions to the individual. Providing such continual feedback is the shared responsibility of all participants. Whether positive or negative, membership feedback will be expressed with responsible concern.

3. Participant As A Role Model.

In the WestCare **approach**, the strength of the community as a context for social learning depends on its role models, and all members are expected to be models of personal change. The three broad attributes that typify residents learning to be role models are "*act as if, responsible concern, and seek and assume.*" Role models act "as if" when they behave as the person they should be, rather than the person they have been. Role models are taught to display self-motivation, commitment to work and other goals, positive regard for staff as authority, and an optimistic outlook. Acting as if is not just an exercise in conformity, but also an essential tool for complete psychological change. Feelings, insights, and altered self-perceptions often follow rather than precede behavior change.

Showing responsible concern requires a willingness to confront others whose behavior is not in keeping with the expectations and rules of the TC, the precepts of recovery, or the values of right living. Role models are obligated to be aware of the attitudes and performance of peers, to confront negative signs, and must remain aware of their own behavior.

Role models seek and assume—this means that they initiate rather than follow, volunteer rather than wait to be recruited, reach out to offer understanding, and help without being asked, extend their efforts beyond the expected requirements, and willingly take on responsibility.

Each participant strives to be a *role model* of the change process. Along with their responsibility to provide feedback to others as to what they must change, members must also provide examples of *how* they can change.

4. Collective Formats For Guiding Individual Change

Groups in TCs are smaller units of the larger peer community. TCs use group process to meet different psychological and educational needs, and what residents learn about themselves in the groups is practiced in their various community roles. In the WestCare approach, different formats of groups are used to address various personal issues, ensuring that there is an appropriate time and place to reflect on concepts, learn skills, express feelings, resolve conflicts, or be introspective. In the WestCare TC, the roles of peers and staff, the group rules, and the tools of group process distinguish the formats of groups.

- The primary responsibility for the conduct of most groups rests with staff, whose role is to act as facilitators in encounters, as teachers or guides in tutorials, and as managers and counselors in seminars. All groups use a mutual self-help approach, and the process involves peers interacting, sharing, suggesting, instructing, and confronting each other.

- The rules are uniform across all groups in the TC, and inmates will learn the rules and guidelines through written materials and orientation sessions, and through recitation. The main safety rules prohibit physical violence and verbal or gestures that threaten violence, and cultural pejoratives. TC members are cautioned against disclosing the contents of the groups to anyone outside the group, as it is the responsibility of the individual to share authentic personal information with the larger community.

- There are two main classes of group tools—provocative tools and evocative tools. Provocative tools, which are less supportive and more confrontational, are used to penetrate denial and break down deviant coping strategies such as lying. Inmates will be cautioned that their provocative elements should be focused on specific behaviors and attitudes, and not used to attack the person. Evocative tools, which are more supportive and facilitative (identification, compassion, empathy and affirmation), are used to facilitate self-disclosure and participation.

The TC workshop is a didactic teaching format intended to provide skills training. Workshops will be used extensively in the WestCare TC to prepare the inmate for re-entry and for living in the larger society. The workshops will include the orientation to TCs, and also curriculum based education on relapse prevention, motivation for continued treatment, cognitive skills, communicable diseases, conflict resolution, fundamental social skills, personal moral development, self-help groups, and emotional survival.

The experiences essential to recovery and personal growth unfold through social interactions. Therefore, education, training, and therapeutic activities occur in groups, meetings, seminars, job functions, and recreation. The individual engages in the process of change primarily with other

peers. These collective formats incorporate the empirically demonstrated power of cohorts, teams, and groups in enhancing learning and change.

5. Shared Norms And Values

In the WestCare approach, inmates will receive instruction during workshop groups on how sobriety is a prerequisite for right living. Living right in the TC means abiding by community (and institutional) rules; remaining sober; participating in daily groups, meetings, work and educational functions; meeting obligations; maintaining a clean physical space and personal hygiene; acting responsibly to self, others, and the community; and displaying socialized behavior such as civility, manners, respect, and keeping agreements. Living right also involves role modeling TC values of honesty, self-reliance, responsible concern, work ethic, and learning as a value. It is the daily practice of living right that evolves toward a changed lifestyle and identity. There are specific values that guide right living, including:

- *Truth and honesty* (in work and deed). Dishonesty has been integral to the substance abusers' disorder and negative identity, thus learning about honesty is fundamental to recovery. Dishonesty also leads to social and personal isolation in a peer community. The pre-treatment program will stress the importance of directly expressing honest feelings and reactions, which is necessary for self-examination and growth.
- *Responsible concern* instructs residents to assume some responsibility for the recovery of their peers, and to embrace the idea that monitoring, challenging, and affirming others in their struggle to recover is caring about them.
- *Learning* is a central value in the TC, and education is stressed for its relevance to recovery—as a tool to advance personal growth, understand feelings, and learn self-management.

Many TC residents have a poor or erratic work history. Work is a critical therapeutic and educational activity in the TC. Teaching the *work ethic* embraces the entire TC perspective, particularly the view of the whole person, and emphasizes good habits, self-reliance and earned rewards, high standards, pride in performance, and personal commitment in effort. In a TC, the inmate learns the necessity of earning rewards, the value of learning, personal accountability, economic self reliance, responsible concern towards peers and family, community involvement, and good citizenry. Application of the work ethic concept will become paramount during the transition back to the community.

6. Structure And Systems.

Consistent with the WestCare TC self-help approach, all inmates are responsible for the daily management of the community. Community management tasks will include cleaning, activities, maintenance, coordinating schedules, and preparatory chores for groups, meetings, and seminar activities. In the TC, the various work roles mediate essential educational and therapeutic effects. Job functions strengthen affiliation with the program through participation, provide opportunities for skill development, and foster self-examination and personal growth through performance challenge and program responsibility. The scope and depth work assignments depend upon participant resources (levels of psychological function, social, and life skills). WestCare further structures the TC with a system of privileges and sanctions, a weekly schedule

of activities and groups, group and participation rules, assignment to static groups, assignment to a counselor's caseload, and job descriptions for staff and participant positions.

Job functions and prescribed procedures strengthen self-help and are vehicles for teaching self-development. Learning and growth occurs through following procedures and systems and in behaving as a responsible member of the community upon whom others are dependent. The system of privileges and sanctions maintain the order and safety of the community and facilitates individual change through consequential learning.

7. Open Communication

In the WestCare approach, communication in the TC can be formal or informal, and can occur in open or closed spaces. Workshops are examples of formal communications in open settings, and the face-to-face assessments are formal communications in closed settings. Formal communication and reporting procedures are essential to the functioning of the TC. Informal communications may be shared with peers or staff, but confidentiality of sensitive issues is expected to be maintained. The confidentiality rule is not intended to shield the individual from the general community. In fact, being open to, known and accepted by the community is essential to the recovery process. However, the individual is the one who must choose to share authentic personal information with the larger community. For each individual, developing community intimacy is a gradual evolution associated with increased trust and affiliation. This emerges from continual and safe peer interactions in the daily regime, and from participation in the changing composition of groups.

8. Relationships

Inmates either have been socially isolated or have had past relationships that can be generally characterized as unhealthy or self-destructive. The disordered lifestyles of substance abusers alienate them from friends and family. In the WestCare approach to recovery, relating to, and caring for others are essential for changing antisocial patterns and social withdrawal. Within the TC community, inmates may develop attachments to individual peers and staff members, and develop positive affiliation with the peer community. Social relationships and caring experiences are fundamental in the use of community as method to facilitate the process of change. They balance the confrontational, judgmental, and instructional elements that are used to modify behavior and attitudes. Resident inmates can hear the challenges, criticisms, and judgments of peers, and accept the sanctions, disciplinary, and corrective responses of the community only if they feel the concern and compassion of the community and perceive themselves as understood and accepted by others.

The social relatedness and caring experiences are integral in establishing attachments with drug-free peers. New individual and collective attachments counter the historically self-defeating influence of negative peer groups. They also reverse the disaffiliation and isolation that characterize many substance abusers. Attachments teach those in recovery how to positively use people to interrupt personal crisis or stress that could lead to relapse.

SCOPE, DURATION, INTENSITY OF TREATMENT

The WestCare CCSATP will provide programming to inmates in segregated housing units (pods) at Cook County Jail. This setting maintains the social and psychological separateness that

removes the addict from the physical, social, and psychological surroundings that are associated with his loss of control and dysfunctional negative lifestyle, and allows him to affiliate with peers in the TC community. Participants will be provided with a maximum of **120 days** of in-jail **TC treatment services** that incorporate research-based practices to address topics on chemical dependency, life skills, recovery process and relapse prevention, job readiness, stress management, parenting, violence and domestic violence, HIV transmission and prevention, and other health issues related to substance abuse. WestCare recognizes that some participants will be available for the full 120 day program, and other detainees will be available for a shorter (indeterminate) period of time because they are in pre-trial status and may get bonded out, may be tried and found not guilty, or may get a disposition to treatment/probation. WestCare has included curriculums with various numbers of sessions, curriculums with stand alone sessions (do not build on previous work), and flexible curriculums to meet the anticipated variability in detainee length of time in the CCSATP.

Each participant will attend **17.5 hours** of program activity each week, with additional hours for AA/NA support groups provided by the institution in the evening or on weekends. WestCare will maintain a **25:1 participant to counselor ratio** with a program capacity of **142 participants** (program may be expanded as per the addendum). WestCare staff members are physically present during structured program services, and groups are small enough to promote the participation and safety of group members. Groups are held to illustrate the TC's basic teachings of compassion and responsible concern, the necessity for confronting reality, absolute honesty, and self-awareness.

The treatment schedule will be designed to provide services **five days a week**, Monday through Friday. Groups that engage participants in confronting individual values and behaviors will have no more than **24 participants in a group**. Didactic groups, seminars, and community meetings are larger groups and will include all residents in the pod. WestCare will also incorporate some smaller, more focused groups for specific populations with a group size of 10 for maximum therapeutic benefit.

A basic component of the TC model is a social organization that is structured, has systematized activities, formal communication procedures, and a daily regime of structured activities. The WestCare model of structured TC groups, schedules and activities is designed to reinforce this basic TC concept. The structured schedule of activities allows programming **5 days a week**, with 2 shifts each day—one in the morning (Shift A) and one in the afternoon (Shift B). **Each shift lasts 3.5 hours**, with 30 minutes for lunch, and men are assigned to one shift or the other. During intake interviews, men are assigned to groups, with consideration of During the 3.5-hour shifts, inmates participate in WestCare TC services, as outlined in the "**Typical Weekly Schedule.**"

The weekly schedule for 17.5 hours of direct services includes substance abuse education, rehabilitative services, counseling, social and recreational activities, and substance abuse treatment planning. Treatment planning, individual counseling, and advocacy and referral are scheduled as needed and received individually.

Proposed WestCare TC Weekly Schedule

17.5 + contact hours per week, 5 days per

	Monday	Tuesday	Wed.	Thursday	Friday
8:00 AM	Community Meeting	Community Meeting	Community Meeting	Community Meeting	Community Meeting
8:30 AM to 10:30 AM	Basic TC Concepts; Substance Abuse Education; HIV; Vocational & Life Skills; Stress Management	Anger Management; Parenting Class; Re-Entry Process; Violence; Positive Reflection	Therapeutic Groups	Basic TC Concepts; Substance Abuse Education; HIV; Vocational & Life Skills; Stress Management	Social Recreational Individual sessions, Treatment Planning, Initial Assessments
10:30 AM to 11:30 AM	Basic TC Concepts; Substance Abuse Education; HIV; Vocational & Life Skills; Stress Management	Anger Management; Parenting Class; Re-Entry Process; Violence; Positive Reflection	Therapeutic Groups	Therapeutic Groups	Social Recreational Individual sessions, Treatment Planning, Initial Assessments

(Afternoon) Shift - 3.5 hours and no more than 24 participants in each therapeutic group activity

17.5 + contact hours per week, 5 days per

12:00 PM to 2:00 PM	Basic TC Concepts; Substance Abuse Education; HIV; Vocational & Life Skills; Stress Management	Anger Management; Parenting Class; Re-Entry Process; Violence; Positive Reflection	Therapeutic Groups	Basic TC Concepts; Substance Abuse Education; HIV; Vocational & Life Skills; Stress Management	Social Recreational Individual sessions, Treatment Planning, Initial Assessments
2:30 PM to 4:00 PM	Basic TC Concepts; Substance Abuse Education; HIV; Vocational & Life Skills; Stress Management	Anger Management; Parenting Class; Re-Entry Process; Violence; Positive Reflection	Therapeutic Groups	Therapeutic Groups	Social Recreational Individual sessions, Treatment Planning, Initial Assessments
Evening	Support Groups (AA/NA)	Support Groups (AA/NA)	Support Groups (AA/NA)	Support Groups (AA/NA)	Support Groups (AA/NA)

Support groups are in the evening, as allowed by CCDOC, and are not staff supervised

The weekly schedule is constructed to **allow time for clients to participate in other assistance activities**, such as GED or medical services. Participants that are assigned to the morning shift "A" from 8:00 to 11:45 am are available for other assistance or institutional activities in the afternoon. Participants that are assigned to the afternoon shift "B" from 12:15 noon to 4:00 pm are available for other assistance or institutional activities in the morning.

AFTERCARE PLANNING

WestCare will participate in **pre-release planning and reentry/transition services**, coordinated with the CCDOC institutional staff, TASC, A Safe Haven, the AIDS foundation of Chicago, Central Intake (funded by DASA), community-based providers, and others that optimize participation in continuing care services. Many offenders are eligible for and receive TASC case management services at release. However, there are detainees that are ineligible (some crimes prohibit a TASC disposition) but will be ordered into the Impact Program by a Judge while they are on pre-trial status. Some of these detainees may welcome the opportunity to participate in treatment, while others are service resistant. WestCare and its community partners, including a Safe Haven, the AIDS Foundation of Chicago, and Central Intake will diligently work to engage these participants, develop effective aftercare plans, and place them in essential services in the community at release. Since most detainees are released to areas that include **Lawndale, Austin, Garfield Park and Englewood**, a specific effort will be made to develop resources in these areas.

WestCare Experience in Offender Aftercare Programs. Within the WestCare CCSATP, the primary goal is to reduce the incidence of both relapse and recidivism among participants, and to promote pro-social behavior that will enable participants to exhibit satisfactory conduct within the facility and on probation, leading to successful re-integration in the community. In custody substance abuse treatment is the first step toward a lifetime recovery process. Successful outcomes are more likely realized when custodial treatment includes educational and vocational elements and is followed immediately by long-term community based residential aftercare services.

WestCare has been a leader and innovator in the development and implementation of parolee case management systems in California, and is a provider of TC substance abuse treatment to inmates in prisons and jails in several states. As such, WestCare is uniquely positioned as a treatment provider and case management agency to identify and resolve critical issues that affect re-arrest, violation of probation, and recidivism rates.

For the past 11 years WestCare has been a leading provider of prisoner reentry services in the California Department of Corrections and Rehabilitation, coordinating placement of parolees from 43 in-prison substance abuse treatment programs, and providing services coordination, advocacy, and transportation to an average of 1,081 parolees on a daily basis. For nearly 3 years WestCare has been the contract TC treatment provider at the 950-bed Sheridan Correctional Center in Illinois, participating in transitional planning with IDOC, TASC, Safer Foundation, the Illinois Valley Community College, the Illinois Manufacturing Foundation, the National Homebuilders Association, and the Community Support Advisory Councils to ensure communication and collaboration between all stakeholders. This close collaboration facilitates

the successful transition of inmates out of the Sheridan therapeutic community treatment program and back into the community.

Goals of Transition Planning. WestCare will use its experience in working with offenders to keep Cook County jail inmates engaged in their recovery and sobriety, and will extend its energy and commitment to CCDOC's goal to promote inmate pro-social behavior and to reduce relapse and recidivism rates by increasing and strengthening the individual's participation in aftercare.

WestCare will achieve its goal through the following objectives:

1. Make aftercare a prime discussion point for each participant beginning at the time of admission to the CCSATP program.
2. WestCare will work with TASC, the Courts, and CCDOC to share information on participant progress in a collaborative and timely manner.
3. Assist each participant to develop a sound and practical personalized transition plan.
4. Prior to discharge, WestCare will work with TASC, A Safe Haven, the AIDS Foundation of Chicago, Central Intake and participants to identify community-based aftercare services in the neighborhoods where they will reside.
5. Work with TASC, A Safe Haven, the AIDS Foundation of Chicago, and Central Intake to establish a jointly developed aftercare plan that will place treatment program graduates in an appropriate treatment program at release from the jail.
6. Conduct exit interviews with participants to assess treatment program effectiveness as well as discuss any additional advocacy and referral services required.

Collaboration is critical for successful societal re-integration. To be successful, clients must be:

- Made aware of treatment options and assessed for treatment eligibility;
- Matched to the appropriate program and transitioned into the appropriate phase;
- Processed through the institution and into the community; and,
- Transported to the aftercare facility in a timely fashion.

WestCare understands that in order to achieve the desired results of recidivism reduction and introducing its participants back into the community as productive members of society, there must be strong collaboration between CCDCO, WestCare, TASC, and community-based providers such as A Safe Haven, the AIDS Foundation of Chicago, Central Intake and other collaborators. As the in-jail treatment provider, WestCare will proficiently apply its knowledge, experience and ability to enhance the way aftercare is promoted inside the jail. WestCare will utilize a team approach using staff from CCDOC, WestCare, TASC, the AIDS Foundation, and community-based providers to work toward the common goal of aftercare placement and retention in treatment. WestCare staff is keenly aware that there are differences among the community-based providers concerning treatment approaches and methodologies, as well as differential availability of treatment and other services in the various neighborhoods of Cook County. WestCare will utilize this knowledge to help inform effective placements of participants. WestCare has strong alliances with community-based providers and will use these relationships to produce results. WestCare has designed a Therapeutic Community for CCDOC that will increase retention in a long-term in-custody program, and successfully motivates men to transition into and participate in community-based aftercare. WestCare's program goals have

resulted in reduced substance abuse, reduced criminal activity, and consequently reduced recidivism rates in other programs such as at the Sheridan Correctional Center.

Cook County Provider Network. WestCare will use its extensive experience developing provider networks to facilitate a preferred "Cook County Provider Network" that will ensure the availability of critical services across Cook County to meet the multiple needs of offenders at the time of reentry. These services will address substance abuse and relapse prevention, medical and health care, HIV/AIDS, employment, housing, and other needs. WestCare has identified four primary partners and we will host networking meeting to expand the provider base and include other agencies. Upon award WestCare will define linkage agreements in Memorandums of Agreement, and will meet at least quarterly with partners to share information and review progress. Representatives of Cook County Jail and the Cermak Health Services of Cook County will also be invited to attend coordination meetings and participate in the Provider Network. Cermak Health Services is an affiliate of the Cook County Bureau of Health Services and provides an array of on-site ambulatory and infirmary health services to detainees, including medical and mental health screenings.

At this preliminary phase of planning, WestCare has established a working relationship with these primary partners:

- 1) TASC will provide all initial clinical assessments and select program participants for the Cook County Jail Impact Program; they will also be responsible for providing linkage into a community treatment program and TASC case management services for those clients that are sentenced to TASC probation.
- 2) A Safe Haven is a WestCare community partner that will provide firm linkage for Recovery Home services and out-patient treatment upon discharge; be a part of the discharge multidisciplinary staffings; provide case management services; and provide transportation to the community-based program if indicated.
- 3) The AIDS Foundation of Chicago provides case management and other services to offenders with HIV/AIDS. By participating in WestCare's CCSATP discharge multidisciplinary staffings they will have access to detainees prior to release, the opportunity to establish trust and develop a therapeutic relationship, participate in the development of the reentry transition plan, and be prepared to provide initial intensive case management upon release.
- 4) Central Intake will support the project via their 800 number, which helps link persons with substance abuse problems to community services. Central Intake is administered by Caratus (a nonprofit) to do medical screening for all DASA licensed programs in Chicago/Cook County and the Collar counties. Central Intake is funded by DASA and has 70 to 80 linkage agreements to Chicago area community substance abuse providers.

To further enhance the collaboration among all partners in the CCDOC Substance Abuse Treatment Program, WestCare will host at least bi-monthly **integration meetings**. These meetings, which will include WestCare, CCDOC, TASC, Cermak Health Services, representatives from the jail's Chaplains, and community based providers, will assure

communication among all partners as well as provide a forum to discuss any issues, barriers or ideas to improve treatment services.

During the exit interview, the Intake/Transition Counselor will assess the participant's risk using the IPASS and will also assess their time in the program, achievements, level of motivation, release conditions, and personal goals. The Intake/Transition Counselor will then work with TASC and the Provider Network to develop a list of potential aftercare options. Continuing care in community-based treatment should be **based on the participant's stage of treatment.**

TEN STAGES OF TREATMENT	
STAGE 1 – DENIAL	Active abuse and/or associated problems, with no problem recognition or problem acceptance.
STAGE 2 – AMBIVALENCE	Some problem recognition, but inconsistent acceptance.
STAGE 3 – MOTIVATION (EXTRINSIC)	Some recognition and acceptance of drug use and associated problems, but attributed to external influences and not seen as reasons for seeking change.
STAGE 4 – MOTIVATION (INTRINSIC)	Acceptance of drug use and associated problems, and an expressed desire to change based on positive and negative inner reasons.
STAGE 5 – READINESS FOR CHANGE	Willingness to seek change options which are not treatment related.
STAGE 6 – READINESS FOR TREATMENT	Rejection of all other options for change except treatment.
STAGE 7 – DE-ADDICTION	Detachment from active drug use; pharmacological and behavioral detoxification.
STAGE 8 – ABSTINENCE	Stabilized drug freedom for a continuous period, usually beyond the individual's longest historical period of drug freedom.
STAGE 9 – CONTINUANCE	Sobriety plus personal resolve to acquire or maintain the behavior, attitudes, and values associated with the drug free lifestyle.
STAGE 10 – INTEGRATION and IDENTITY CHANGE	The interrelation of treatment influences, recovery stage experiences, and broader life experiences resulting in self-influenced change in social and personal identity.

Community-Based Resources

Primary partners that will be used to provide recovery maintenance services are *A Safe Haven* and for persons with HIV/AIDS, the AIDS Foundation of Chicago. Case managers from these programs will be included in multi-disciplinary staffings prior to release to arrange case management services for individuals eligible for their services. The appendix includes a comprehensive list of referral resources in the Chicago area, and additional partners will be recruited for WestCare's Provider Network for the CCDOC program.

A Safe Haven

Safe Haven is a licensed Recovery Home operator that provides services to offenders at the time of transition into the community. *Safe Haven's* primary mission is to provide a sober living alternative and affordable housing to people in early recovery from alcoholism and drug addiction and to provide supportive services and education that allows the Safe Haven resident the best possible chance to maintain long-term recovery.

Safe Haven has 15 years operating experience. Safe Haven provides over 550 recovery beds in the Chicago area and has provided a sober living alternative to over ten thousand people in early recovery from alcoholism and drug addiction; with an unprecedented success rate of over 71% of its residents maintaining sobriety and successfully re-entering the independent living community.

The individuals served by *Safe Haven* are composed of many different "sub-populations" of people in recovery. Some of the groups presently served by Safe Haven are:

- Persons impacted with HIV and AIDS

- Former CHA tenants with substance abuse issues
- Homeless, indigent males
- Women with children
- TANF clients
- Criminal Justice clientele

Using its experience in the addiction recovery field *Safe Haven* has been able to design programs to meet the special needs of each population. *Safe Haven* will provide a comprehensive approach to servicing the impacted individual affected by alcohol and substance abuse by coordinating various ancillary services through our vast linkage networks and utilization of already existing social service agencies.

Safe Haven has established a reputation of working in partnership with both governmental and private agencies to provide success oriented solutions to those suffering from alcohol and substance addictions. *Safe Haven* is currently working with criminal justice agencies (Cook County and Illinois Department of Corrections), the State of Illinois, Department of Human Services, Division of Alcoholism and Substance Abuse, (Department of Children and Family Services, Temporary Assistance to Needy Family, Male Family Reunification Initiative, etc), Chicago Department of Public Health (Male Reunification Initiative) and other agencies to develop, implement and manage programs that meet the needs of many special populations.

The following activities are currently provided by *A Safe Haven* in **neighborhoods throughout Chicago**:

- Orientation – this group is a recovery coaching module that explains the services that *Safe Haven* provides and how the clients may benefit from them. Expectations of the clients are also explained and discussed in this group.
- Community Group – this group involves life skills training and recovery coaching and consists of residents and staff coming together to discuss what is going on in the recovery community (facility). This group is facilitated by the residents and assisted by staff. New residents are introduced and welcomed. Apartment Representatives (Peer Role Models) are introduced followed by introductions staff.
- Job leads are announced by working residents and staff (Recovery Coaching). Recovery events are announced (picnics, conferences, sober parties, etc.). Rules that have been broken are addressed by staff. The staff restates rules and proper behavior and residents are asked to remedy rule infractions by attending Orientation Group or some relative activity (12-step meeting, 12-step work, etc.).
- Residents suggest recovery related activities that they wish to participate in as a group. Staff assists them with accomplishing their objectives (Coaching). The Community Group last one hour and ends with the Third Step Prayer.
- A.A. Meetings (on-site) – this activity is chaired by the residents, assisted by outside A.A. members and staff, to assist in developing their recovery network and practice A.A.

protocol and agendas. The resident uses their sponsors to assist in bringing in other recovering people (having a minimum of one year sobriety) to speak.

- Apartment Representative Night Out – this activity consists of 3 to 4 residents from the same apartment deciding on what Wednesday night 12-step meetings that they will attend together for the month. Safe Haven provides monthly meeting forms to track client participation (Peer Mentoring).
- Recovery Education (Recovery Coaching) – this group is done on a weekly basis with the purpose of engaging residents to help strengthen their recovery skills (personal efficacy) and also to build their recovery support network.
- Life Skills Training – this group sessions address daily living issues and needs such as, 12-step etiquette, Hepatitis C education, time management, household management (home improvement) skills, coping skills, etc.
- All groups and activities are held weekly and tracked for resident participation by use of sign-in forms.
- Home Improvement Component – each resident is assigned a clean-up detail in their apartment (living room, bathroom or kitchen). All details are rotated weekly. In addition, clients are assigned an outside clean-up detail (bi-weekly) which consists of cleaning and general up-keep practices. All details are performed on Monday, Wednesday and Friday of each week (Life Skills).
- Each resident is provided a minimum of 3 hours recovery coaching, 1 hour Peer Mentoring (resident or sponsor) and 2 hours Life Skills by staff on a weekly basis.

The AIDS Foundation of Chicago.

The mission of the AIDS Foundation of Chicago (AFC) is to lead the fight against HIV/AIDS and improve the lives of people affected by the epidemic. Founded in 1985, AFC collaborates with community organizations to develop and improve HIV/AIDS services; funds and coordinates prevention, care, and advocacy projects; and champions effective, compassionate HIV/AIDS policy.

AFC convenes a coalition known as the Service Providers Council (SPC), to provide leadership in coordinating the metropolitan area's growing and complex system of HIV/AIDS prevention and care. The only coalition of its kind in the country, the SPC consists of 9 committees, including HIV Prevention & Care, Housing, and Policy. Comprised of community agencies and clients from more than 150 agencies, these committees plan conferences, trainings, and workshops for hundreds of HIV service providers and case managers each year.

Since the inception of its grantmaking program in 1988, AFC has awarded local organizations nearly \$18 million in private philanthropic support to conduct HIV/AIDS prevention and care activities across the metropolitan area. In its most recent grantmaking cycle, completed in June

2008, AFC granted more than \$1.7 million to local HIV/AIDS programs. More than 60% of these funds support community-based agencies serving and governed by people of color. AFC also assists more than 5,000 people living with HIV through the administration, development, and evaluation of a coordinated case management system, which was established by AFC in 1989. Through this system, 150 case managers at 39 local agencies link individuals and families with a wide range of necessary services and available resources, including emergency financial assistance, long-term rent subsidies, and transportation services. In addition, AFC manages and distributes federal funds for primary medical care, housing, substance abuse, food, mental health treatment, and other services, reaching an additional 3,000 people affected by HIV/AIDS.

Corrections Overview:

In Illinois, the adult incarcerated population measures slightly over 43,000, according to the Illinois Department of Corrections, with an adult parole population of nearly 32,000. The majority of Illinois adult inmates are black (63%), following by white (26%) and Hispanic (11%). HIV/AIDS continues to plague our jails and prisons. According to a March 2002 report entitled "The Health Status of Soon-to-be- Released Inmates", between 20-26% of all Americans living with HIV/AIDS have spent time in the correctional systems.

The AFC Corrections and Supportive Services Initiative (ACSSI) reconvened in December 2006 with funding provided by the Illinois Department of Public Health (IDPH) to provide intensive case management and supportive services including housing to individuals living with HIV/AIDS that have been **recently released from incarceration**. The Initiative is an intensive program that will ensure that individuals recently released from prison and living with HIV/AIDS have access to healthcare, supportive services including case management and support groups, employment training and readiness, and Housing. The collaborative agencies are Austin Health Center, Christian Community Health Center, South Side Help Center, Haymarket Center, and The Core Center. Each of the agencies has a full time case manager to support 20-25 clients each with the intensive case management services.

The Initiative is also working with Chicago House Social Service Agency and their I-FOUR employment project to provide intensive job training services to clients that will need to seek employment. In Addition, AFC is working with The Men and Women in Prison Ministries who will provide life skills workshops, family support groups, and outreach and education.

Through intensive case management AFC links this hard to reach and transient population with ongoing care and prevention services. The model includes contact with the client while the client is still incarcerated, and upon release, contacts include home visits, office visits, telephone calls and escorts to service appointments.

Once the client maintains a level of stability in the key areas of life; housing, income, medical care, mental health and substance use, they will be transitioned into Ryan White case management.

AFC Intensive Case Management Program for Incarcerated Individuals:

AFC coordinates and supports community-based intensive case management to formerly incarcerated individuals. Since 1989, AFC has managed a coordinated system of case

management for people living with HIV/AIDS in the Chicago metropolitan area which today consists of nearly 160 case managers at 55 organizations throughout the region. Intensive case management for formerly incarcerated individuals has been included in the system since the original SPNS project began in 1999. With the only coordinated case management system in the nation, AFC has built a national model for ensuring that people living with HIV have access to the services and support they need to thrive. Corrections Case Management Services are provided to individuals living with HIV/AIDS that have been recently released from incarceration from prison and or/jail (within the past six months to a year and not already receiving case management services).

The agencies that will provide intensive case management services and supportive services through this project include:

- **Austin Health Center (AHC – CBC Initiative)** will provide intensive case management services to formerly incarcerated individuals living with HIV. Founded in 1999, AHC has worked tirelessly to respond to the lack of primary care services located on the Westside of Chicago. Services include primary HIV/AIDS medical care, case management, mental health and psychiatric care, prevention for positives, social support groups, and nutritional and pharmacological consultations specifically designed for people living with HIV. The current focus of the Austin Initiative includes an emphasis on care for existing HIV population and integrating prevention and care, linking people to care earlier, rather than during the later, advanced stages of the disease process. The Austin CBC Initiative has established a leadership role in the fight against HIV/AIDS and has continuously designed innovative programs to meet the needs of the community including a broad new testing campaign to increase the number of people who are unaware of their status.
- **Chicago House and Social Service Agency** was founded in 1985 as the first housing provider for men and women living with AIDS. However, as the HIV population continues to grow, it has been critical that the HIV service system provide innovative programs to foster independence and self-sufficiency. The I-FOUR Employment Program provides employment services and transitional jobs that help men and women living with HIV return to work and increase their income.
- **CORE Center** will provide intensive case management and health care to HIV-positive detainees leaving Cook County Jail. Founded by the Cook County Bureau of Health Services and Rush University Medical Center, the Ruth M. Rothstein CORE Center (CORE Center) is a four story, 60,000 square foot facility that provides a comprehensive range of outpatient care to individuals and families affected by HIV/AIDS and other infectious diseases. Clinics at the CORE Center addressing the specific needs of HIV-infected individuals include those for men, women, children, expectant mothers, adolescents, persons with limited English proficiency, and HIV+ people transitioning from Correctional Health care.
- **Christian Community Health Center** will provide intensive case management services to formerly incarcerated individuals. Founded in 1991, CCHC is a federally qualified

health center with a strong history of serving people living with and at risk for HIV. CCHC has been providing intensive case management services to formerly incarcerated persons living with HIV since 1999 and has significant expertise in this arena.

- **Haymarket Center (HC)** will provide intensive case management services and set-aside treatment beds for clients enrolled in this project. HC was founded in 1975, as a non-profit agency, to bring about a change in the public perception of alcoholism and its treatment. Since then, HC has grown into the largest not-for-profit community-based adult detoxification, residential, and outpatient substance abuse treatment facility in Chicago, serving 18,000 clients each year. HC serves primarily homeless, indigent, and ex-offender populations from the south and west side communities of Chicago, providing services that range from short-term detoxification to long-term supportive housing. Considering the link between addiction and HIV/AIDS, HIV prevention services are a critical component of and completely integrated into all programs at HC.
- **Men and Women in Prison Ministries (MWPM)** will work with discharge planners at Cook County Jail and the Illinois Department of Corrections to provide information and referral services to detainees living with and at HIV risk for HIV prior to their release through distribution of their referral packet. The packet, specifically tailored for men and women, includes a comprehensive statewide directory of services for formerly incarcerated persons as well as HIV prevention information and supplies. Founded in 1982, the primary goal of the organization has always been to increase awareness of HIV/AIDS and provided support to incarcerated populations, their families and the community at large. MWPM has a respected presence in the communities it serves, a respect that has been earned by providing self-help and outreach services effectively and consistently.
- **South Side Help Center (SSHC)** will provide intensive case management to formerly incarcerated individuals living with HIV. SSHC was born from one goal to educate the religious community so that they would be sensitive to the spiritual needs of people dying from HIV/AIDS. Since that beginning 20 years ago, SSHC's services have grown far beyond HIV prevention, and now include direct care services and a full range of HIV prevention programs targeting men, women and youth, capacity building programs and youth programs.

QUALITY ASSURANCE AND EVALUATION

WestCare will establish a system of **quality assurance and evaluation**, which is described in Section 3.03.1.6.

3.03.1.2 PROGRAM CURRICULUM

The proposed program's weekly schedule is presented above in the Project Description and it shows how inmates will participate in 17.5 hours of program services per week. Treatment will include at least three 2-hour therapeutic groups each week, at least one individual counseling session with the Primary Counselor each month, daily morning meetings, daily educational groups, and opportunities to participate in support groups.

a. Intake Interviews.

WestCare understands that the CCDOC and TASC are responsible for conducting the initial interviews of all participants, and TASC will determine which inmates are appropriate for admission. WestCare is proposing the TASC also administer the IPASS in preparation for client reentry. The WestCare Intake/Transition Counselor will complete the intake process, interview clients, administer the TCU-CEST, TCU-CTS, ASI, and possibly the IPASS, gather information, and assist in developing the treatment plan.

b. Initial Assessment Evaluation

CCDOC and TASC will screen, evaluate, and select potential program participants for the Therapeutic Community substance abuse treatment program. The program is designed to accommodate 142 participants (and may be expanded as per the addendum), **ages 17 and older**, held in the Cook County Department of Corrections. Participants will have a history of substance abuse and, in some cases, mental health disorders; traditionally less than 5% of detainees have been **court-ordered** to participate. CCDOC and TASC will evaluate inmates with mental illness and taking **psychotropic** medications for determination of eligibility for the program. WestCare understands that TASC will complete the TCU Adult Intake **assessment** of inmates for this program and provide the results of assessment to WestCare. The TCU Adult Intake is useful for the initial assessment evaluation of each participant, including emotional behavior and social aspects such as environment, home, childhood history, financial status, peers, family history, health assessment, and ethnic/cultural factors. No participant will be denied admission based on an inmate's **physical impairment**. WestCare will make appropriate modifications or accommodations to assist persons with physical disabilities. For example, written materials will be read to those with visual problems.

c. Orientation Phase.

Orientation is expected to be completed within a 14-day period, which includes intake, assessment, treatment planning, initial reentry planning, and orientation groups. WestCare is proposing that an **Orientation Unit** (pod) be established for all incoming inmates to receive their orientation information and activities. In this way, the CCSATP will be positioned to absorb an additional influx of clients (above the base capacity of 142 participants). As participants complete their orientation phase, they will be transferred into other pods for treatment and reentry phase activities. During orientation groups, WestCare Counselors seek to (1) establish rapport with participants, (2) introduce them to the reasoning behind treatments used including the TC, CBT, coping skills training, 12-Step programs, and other therapies (3) provide guidelines for participation, and (4) discuss group etiquette.

1. To build **rapport**, the Counselors introduce themselves, encourage participants to discuss their substance abuse patterns and motivation, and discuss the rationale for treatment and what the groups will be like.
2. To explain the **rationale for treatment**, the Counselor will start with a social learning explanation of substance abuse, illustrating points by drawing on what the clients have said to describe their substance abuse patterns and motivation. This discussion will cover patterns in substance use behaviors, triggers in the environment, the beliefs people develop regarding their use of substances, and developing coping skills as an alternative

- behavior. The explanation also covers how treatment works and boosts motivation by expressing confidence the participants' ability to do well in treatment.
3. The **guidelines** include a discussion of commitment from participants and ground rules, which include attendance at all groups (a participant may withdraw from the program but must first discuss this decision with the Counselor); be on-time (prompt) for groups and individual appointments; remain abstinent through the duration of treatment; and complete all homework assignments. These and other ground rules are identified in the treatment plan, which the participants signs indicating agreement to the rules.
 4. To help the group attain its goals, commonly observed rules of **etiquette** include giving respect to all members of the group; everyone participates (but not at the same time); avoid being judgmental or giving advice; and keep information in the group confidential.

As part of the 14-day orientation process, WestCare Counselors will meet with participants in groups to thoroughly explain the WestCare Therapeutic Community approach, program rules and regulations, expectations of participants to comply with rules, consequences for noncompliance, types of treatment services, number of hours of participation and length of the program, and benefits of participation. All program participants **must agree** to be a part of the treatment program, to cooperate with WestCare staff, and to observe the rules and regulations of WestCare and the CCDOC.

The plan of curriculum is specifically developed for incarcerated male offenders with substance abuse histories. In this 120 day program, the TC activities are divided into three Phases:

Phase I: Orientation or Induction. This phase will last about 14 days

Phase II: Primary Treatment. This phase will last about 76 days.

Phase III: Reentry. This phase will last about 30 days

Phase I: Orientation or Induction.

During the **orientation** groups, WestCare Counselors seek to establish rapport with participants, introduce them to the reasoning behind various treatment approaches, provide guidelines for participation, discuss group etiquette, and introduce them to the basic concepts of the TC. Inmates are given an introduction to the community in terms of norms and basic expectations for participation in the WestCare TC. The primary objective is to create participant "buy-in" to the process of change and recovery. This is Module 1 in the curriculum material presented to new participants in the Therapeutic Community. The student workbook itself is given to participants after their acceptance in their final TC paneling (interview), symbolizing their immediate immersion into the work of change, and also their transition into the format of community work. This orientation lays out basic expectations in terms of participation, behavioral and physical standards in appearance and personal areas, and appropriate contact with significant others in the larger community. Also, during this time the treatment plan is written, reentry planning is initiated, and inmates participate in all daily activities including work, meetings, educational groups, seminars, and recreation.

Orientation is particularly important because many inmates have not been drug or alcohol free for more than a few days at a time and find the social and psychological structure and

expectations of the program stressful. They may experience crisis or anxiety about the TC process and their roles in the community.

At the end of orientation, participants must pass a test on TC rules and expectations before advancing to Phase II. This may be done as an interview with the inmate, staff, and a core group of senior participants. The inmate must demonstrate:

- Understanding of TC policies, procedures, philosophy, and expectations
- Trusting relationships with at least some of his peers and TC staff members
- An initial understanding of his circumstances and the need for support and assistance in recovery
- An understanding of the TC view of substance use disorder as a disorder of the whole person
- A beginning understanding of what is needed for recovery
- A willingness to commit to the recovery process, including agreeing to remain in treatment
- Some self-discipline

Phase II: Primary Treatment.

During primary treatment, inmates are expected to increase their participation in TC activities and are accountable for their actions by peers and staff members. They are assigned to increasingly complex jobs and are expected to establish a positive work attitude. The inmate participates in groups that are becoming increasingly intense, and in seminars with an increasingly wider variety of topics that are related to accepting responsibility for behavior, adopting new behaviors, and right living. Staff members promote the community-as-method approach and facilitate the self-help and mutual self-help processes.

To demonstrate that he has successfully met the goals of Phase II the inmate is expected to

- Conform to the rules and procedures of the TC
- Participate consistently in daily activities
- Acknowledge the seriousness of his substance use and other problems
- Accept increasing responsibility in work assignments
- Set a positive example for other residents
- Accept TC staff members as rational authorities
- Accept responsibility for his behavior, problem, and solutions
- Earn increasingly more privileges and hold increasingly responsible jobs
- Be an active participant in group sessions and meetings and frequently co-facilitate groups with other senior residents

Phase III: Reentry.

In Phase III participants prepare to separate from the TC and reenter the mainstream community. They are focusing on their psychological and social skills to prevent relapse after they leave the TC, and working with WestCare staff and TASC staff (if assigned to TASC) to plan for vocational and educational development. They are also working on improving family

relationships, have identified a stable living environment for post-release, and have identified a community-based treatment program in their home neighborhood.

To demonstrate that he has successfully met the goals of Phase III the inmate is expected to

- Have a deeper understanding of the circumstances and situations that make them vulnerable to relapse
- Have an established supportive social network of family and peers in the outside community
- Perform daily living skills such as money management, parenting, and health maintenance
- Work with TASC staff and/or WestCare TC staff to make an aftercare plan

By the end of Phase III participants are expected to maintain abstinence outside the facility and cope with social situations and feelings that could trigger drug or alcohol use. After completing all phases of the program, inmates are eligible for graduation.

d. Group Treatment

To be effective, WestCare uses many **types of groups** for the purposes of education, confrontation, discussion, accountability, and treatment. WestCare also uses a variety of **teaching and learning formats** to appeal to the different learning styles of offenders.

Types of Groups. Being “in group” provides a common purpose and setting, and models and treatment tools reinforce the potential for active social learning. Group members use the concepts and tools of the environment to learn and teach new and positive behaviors and attitudes. Inmates will learn about the different groups, their purposes, and how to participate in them. Groups that actively engage participants in confronting the individual values and behaviors contributing to the substance abuse and criminality **will have no more than 24 participants, will be facilitated by one Counselor, and last 2 to 3 hours.** Larger groups will be used for community meetings, seminars, recreation activities, and educational topics.

WestCare is also proposing to develop smaller groups of about 10 participants to focus on specific therapeutic activities. For example, we have had success using a peer leader model with **young adult men** engaged in groups guided by the “Men’s Work” curriculum, a gender responsive approach to helping men understand how males are socialized in society to not express feelings. The program helps build trust among men in the group as they learn to communicate and get in touch with their feelings. The group is peer lead and will be co-facilitated by the Program Director.

Counseling Groups are a structured format that combines education about specific topics with an interactive group process. The experiences essential to recovery and personal growth unfold through social interactions. Therefore, therapeutic activities occur in assigned groups. In group, the individual engages in the process of change primarily with other peers. This format incorporates the empirically demonstrated power of cohorts, teams, and groups in enhancing learning and change.

Upon admission into the program, clients will be assigned to a group and within that group the client may be assigned to an afternoon or evening group to ensure that each group size does not exceed the maximum level of 24 participants. The scheduled Group, day(s), and hour(s) will remain the same throughout the program unless the client's Counselor has approved a transfer to another Group, in writing. Through assignment to a fixed group, the participants develop trust, supportive relationships, and a therapeutic bond; in some respects the counseling group becomes a substitute family that may be healthier than a client's family of origin. Also the group provides structure and discipline that are often lacking in the lives of substance abusers.

Counseling groups have specific purposes. Skills development groups are used to cultivate the skills needed to attain and sustain abstinence, such as anger management or learning coping skills. Cognitive-behavioral groups are used to help clients alter the thoughts and actions that lead to substance abuse. Interpersonal process groups address major developmental issues (such as trauma or violence) that have contributed to addiction or interfere with recovery. Relapse prevention groups help clients maintain abstinence or minimize the impact of relapse—these groups usually combine cognitive behavioral techniques with skills training. In each type of group, clients experience positive peer support, a reduced sense of isolation, real-life examples of people in recovery, shared experiences from peers in coping with substance abuse and related life problems, peer confrontation, and peer feedback that hopefully results in the support and encouragement needed to break free from substance abuse.

Encounter Groups are the cornerstone of group process in the TC. Although often intense and profoundly therapeutic, the basic objective of an encounter group is to heighten individual awareness of specific attitudes or behavioral patterns that should be modified. Although the focus is on the individual, the encounter is also a unique community forum in which the group process is utilized to resolve a variety of individual and collective issues.

Seminars are both community enhancement and clinical management activities. It has an education format that emphasizes altering conceptual and communication skills. Many substance abusers at in-prison TCs have histories of educational deficits, learning difficulty, hyperactivity, and inability to listen or pay attention. The seminar format attempts to train attention, listening, and speaking skills. The classroom setting, rules, and regulations require that thoughts, ideas, and verbal expression are validated and accepted with little or no criticism to build self-esteem. At WestCare, seminar topics are based on clinical recovery issues, such as anger management, parenting, social skills, job retention skills, life skills, and intimate relationships. Seminars also include themes of social integration to expose participants to mainstream people and issues.

Substance Abuse Education groups. Dependency on alcohol or other drugs creates problems in a person's physical, psychological, and social functioning; therefore treatment must be designed to work in all three areas. Substance abuse is multidimensional in nature and there is no unique pattern of alcoholism or drug addiction. A broad base of education is necessary to help clients understand the effects of a variety of drugs, the impact of drug abuse across all areas of their life, and the lifestyle changes that are essential for recovery. In substance abuse education classes participants focus on psychoeducational issues and skill building.

Community Meetings will convene every day at 8:00 for the "A" shift and after lunch for the "B" shift. The meeting is brief (30 minutes) and the purpose is to initiate the activities of the day in a positive manner, to alter negative social images in a playful way, and strengthen awareness of the program as a community. The community meeting provides a forum for teaching the entire community to act as if they are positive, motivated to engage the day, and optimistic about the future. This meeting is also used to transacting the business of the TC. The main function of the meeting is community management, including assignment to encounters, job changes, and routine information for the day (word of the day, hear relevant news article, general announcements or changes to program schedule). Curriculum presentations take place here as well.

Self-Help Support Groups are both a philosophy and a requirement for recovery to occur. Consistent with its view of the disorder and the person, individuals assume primary responsibility for their recovery. Self-help recovery means that individuals make the main contribution to the change process, and mutual self-help means that individuals assume responsibility for the recovery of their peers in order to maintain their own recovery. Participants will receive training in the principles of self-help support groups and will be assisted to establish a variety of self-help programs which may include AA, NA, or fellowships for persons with co-occurring substance abuse and mental disorders, or other topics such as support for persons with HIV or peer support groups for fathers. Traditional self-help 12-step programs are based on themes of a higher power and spirituality. Other 12-step options include SMART Recovery, which is a peer support group based on cognitive-behavioral principles of Rational Emotive Behavioral Therapy. While the WestCare Counselors will help organize the groups, train participants in group facilitation skills, and provide literature, it is the individuals in recovery who lead these groups, usually in the evening or on weekends.

Multimodal Teaching and Learning Formats. Participants come to the institution with varying cultural and ethnic backgrounds as well as levels of education and general styles of learning. Many of them have poor reading or learning skills in general. In order to accommodate these different levels of education, learning styles, and cultural and ethnic backgrounds the curriculum is delivered using various formats to pique student interest in the material, to achieve participant buy-in, and ultimately to ensure that participants gain the skills to be successful in their goals.

WestCare uses a variety of curriculum-based teaching material. The counselors are provided with demonstrator guides that provide a step-by-step explanation for how each task is implemented including:

- Delivery methods that are used in the task;
- Explanations of how to facilitate the variety of delivery methods (Teaching Tools);
- Conceptual context behind each of the tasks.

Each task requires a different combination of the following learning and teaching formats:

For students that require concrete experiences and active experimentation, or a more hands-on learning style, the curriculum material is delivered using the following learning formats:

- DVD Media: Film is a powerful teaching tool because it connects ideas with emotions and people learn and remember best when their feelings are activated. (WestCare will obtain prior approval from CCDOC for each film).
- Experiential Learning: Students are asked to participate in an activity that physically demonstrates the concept that is being taught. Experiential learning emphasizes active learning instead of teaching, and ultimately makes the students more responsible for their learning.
- Role Development: The ultimate purpose of role playing is to learn, usually from one's mistakes. It engages students to become active participants in the learning process.
- Ceremonies: Ceremonies are non-confrontational collective formats for individual change. They engage the participant on both a cognitive and emotional level. Ceremonies are used to recognize progress in a formal and positive way, or to formally acknowledge an event has taken place, to celebrate anniversaries, and to dedicate a specific group to a special person in a participant's life.
- Games/Activities: Games and activities are used as non-threatening ways to identify feelings that participants may have never articulated, create buy in, overcome prejudices, reduce defensiveness, and help the participant look at his experience from a different perspective.
- Talent Shows/Skits: Talent Shows are performance-oriented tools used to showcase talents possessed by individual participants such as singing, rapping, dancing, playing instruments, and acting. The purpose is to emphasize the participants' positive traits. Talent shows also offer participants an opportunity to have fun without drugs or alcohol. Skits provide pro-social experiential learning and role development for those performing, and help the participants develop an appreciation for each other.

For participants whose learning style requires reflective observation, meaning that they learn by watching others or developing observations about their own experiences, the curriculum material is delivered using the following learning formats:

- Therapy Groups: Therapy Groups will consist of a combination of games, activities and group circles that create an emotional climate where participants begin to explore, acknowledge and confront behaviors and conflicts in a non-threatening manner.
- Personal Assignments: These assignments are designed to be completed outside of the groups; they are essentially, 'homework.' These assignments require participants to reflect on the topic discussed during that day's task and apply it to the assignment.
- Writing Assignments: Participants' workbooks include assignments that require journaling and personal reflection that are to be completed in class. These exercises are particularly useful to students who are not as comfortable contributing verbally. (Demonstrators are always cognizant of those participants who do not read and write well, or have disabilities, and will assign buddies within the class to aid those who do not write well).

For students that learn by creating theories to explain their observations (abstract conceptualization), the curriculum material is delivered using the following teaching formats:

- Didactic Teaching: Didactic teaching is an element of most tasks. It is almost always combined with other learning tools and is usually delivered in short segments of no more than ten minutes. The formal classroom setting is one in which the majority of

participants have failed. To that end, the classroom is not arranged in a traditional manner (rows of chairs with participants looking at the back of each others heads) but rather in a circular setting.

- **PowerPoint Presentations:** PowerPoint is a visual aid that assists in didactic teaching and seminars and is used to provide standardized information to help illustrate specific concepts.
- **Student Presentations:** Student presentations focus on the personal history and behavior of the student, and the specific work that they need to do to move towards citizenship and pro-social values.
- **Small Group Team Assignments:** Group presentations are a gauge for the counselors to observe the level of learning/integration of the students in their group. Students are typically divided into small groups or teams by the counselor—usually with other participants who might not usually team up together.
- **Cultural Diversity:** WestCare is extremely mindful of the cultural, religious and ethnic diversity of offender and detainee populations. The curriculum exercises are inclusive of all of these levels of diversity. Cultural diversity is acknowledged not only in terms of Anglo, African-American, Asian-American, Hispanic, Native American cultures but in terms of the convict culture, how inmates do their time, gang culture, and the culture of degradation and poverty from which many of the accused come. By acknowledging all of these elements participants not only celebrate their differences but begin to acknowledge their similarities in a healthy pro-social way. This is critical in a correctional environment due to the widely held racial tensions that exist.

e. Individual Counseling

Individual services are based on the client's individualized needs and goals. **Individual counseling** is a form of interpersonal therapy focusing on improving a participant's level of functioning in the areas of reality testing, behavior, emotional expression, and interpersonal relationships. Individual counseling is provided by the assigned Primary Counselor as well as the Intake/Transition Counselor. Individual work with participants includes completing assessments, **treatment planning sessions** and plan reviews, **relapse prevention planning**, discharge and reentry planning, and personal counseling. Individual needs and progress may be re-assessed using the TCU-CEST and CTS, and the treatment plan is reviewed with the participant by the Primary Counselor. Staff is trained in specific techniques such as Motivational Enhancement Therapies, motivational interviewing, brief interventions, family and relationship issues, and trauma issues. Counseling is based on trust and relationship-building therefore clients are matched to a Primary Counselor following a review of the TCU Adult Intake and the determination of cultural needs. The client is also surveyed one week into treatment to assess their level of comfort and satisfaction with services and they are given an opportunity to voice concerns.

f. Skills Building

In **skill building groups** men will learn about specific drugs of abuse, patterns of use, and the process of addiction; denial; recovery process; effects on human behavior, relationships, mental health, and health including HIV; relationship between substance abuse and criminal behavior; roles and purposes of self-help programs; stress management; interpersonal communication skills

and other life skills; and related issues. **Evidence-based curriculums** will be used to increase participant knowledge and change attitudes regarding substance use and abuse.

Several curriculums used by WestCare are useful for teaching the skill building topics described in this section, and are also designed to address issues of problem solving, criminal thinking, values and other topics described below under "G. Conflict/Violence Prevention." These include the "Therapeutic Community" Manual, and "Criminal conduct and Substance Abuse Treatment."

Substance Abuse Groups. WestCare provides didactic education on the health effects and legal repercussions of substance abuse, and also the relationship between mental illness and substance abuse. WestCare's approach is to use cognitive behavior therapy, behavioral techniques, and teaching tools that focus on helping participants identify and reduce habits that are imbedded in their drug using lifestyles and replacing these with new habits and activities that benefit/reward their recovery oriented lifestyle. These rewards may take the form of improved physical health, being part of a healthy functional family, employment success, vocational and educational opportunities, spiritual growth/fitness, and engagement in a healthy support network that includes **12 step** and other restorative paradigms. These groups also incorporate issues of **medication management**, coping skills, and stigma as needed in **discharge planning**.

Relapse Prevention. The WestCare approach to relapse prevention is (1) counselors teach participants to develop new **coping skills** and strategies, (2) participants develop a **relapse prevention plan**, and (3) participants attend **12-step self help groups** in the institution and are encouraged to continue this practice in aftercare. The goal is to have participants integrate coping skills into their daily lives and the coping skills then become the foundation of their personal recovery process. These coping skills teach new conditioned responses they can execute when faced with high risk situations where they are most likely to relapse into substance use or other negative behaviors.

1. Several techniques are used to help participants develop **coping skills**. For example all participants write an autobiography/chronology of their lives. Participants are then asked to review their autobiography and outline the "high risk behaviors and situations" they were exposed to up to the present, who was present when you engaged in these behaviors or during these situations, and what was your response (specific behaviors). This exercise helps participants get a good view of their lives, identify things that trigger them and how they behaved/responded. They then to develop a new conditioned response and give them a personal recovery road map. Exercises and assignments such as these help participants identify people, places, and things they do not need to be around. This is an easy exercise that personalizes the need to develop specific coping skills and strategies – in essence—they develop a new conditioned response system.

Throughout the program participants receive exercises, seminars, alternative therapies (i.e. the teaching of relaxation techniques), promotion of physical exercise, good nutrition and overall methods to reduce stress and build in coping skills to reduce stress and maladaptive behaviors and increase their tool box of coping skills and practice these skills individually and with peers.

Participants will role play high risk situations/behaviors that they review analyze and discuss as a group, identifying triggers the person is experiencing.

Journaling is another effective coping skill that WestCare incorporates into treatment. Participants write in their workbooks daily. This account helps them begin to review their day, identify stressors and their responses to these stressors. This aids the individual in identifying the "triggers" that impact their behaviors and slows them down long enough to critique their responses. Having them clearly identify stressors and triggers provides the opening to develop coping skills to clearly identify problem. Identifying that situation and developing a plan to cope with this problem reinforces their goal to remain substance free.

2. Each participant develops a **relapse prevention plan**, which is focused and goal oriented towards abstinence. Each participant's primary goal is to abstain from substance use/abuse/dependency and criminality. The participant has an active role in this process and works with the counselor to develop a concrete plan with clear objectives and methods to remain substance free. Committing to a treatment plan and experiencing success from abstaining from substances enhances motivation. Even if someone experiences a relapse, a return to a concrete plan is essential to recovery. It also fosters "buy in" from the participant in their treatment process.
3. WestCare teaches the importance of a "sponsor" and active participation in these programs (Actively doing the 12 Steps, regular attendance at meetings and obtaining a "sponsor") to help motivate abstinence among participants. Participants will have opportunities to attend **12-step** and other self-help groups (meetings occur in the jail and 12 step leaders must be approved by Cook County DOC).

Substance Abuse Education. In substance abuse education classes men will learn about specific drugs of abuse, patterns of use, and the process of addiction; effects on human behavior, relationships, mental health, and health; relationship between substance abuse and criminal behavior; and related issues. A variety of resources will be used to increase participant knowledge and change attitudes regarding substance use and abuse. The following are topics that will be covered.

- Alcohol, Tobacco, and Other Drug (ATOD) Education; education on the disease concept and social/behavioral learning concept; physiological and psychological effects of alcohol and drugs; recovery process; relapse prevention, medical aspects of addiction, social/legal consequences, and use of support groups.
- Developing communication and decision making skills: assertiveness training; goal setting; conflict resolution; emotional literacy and social skills development.
- Exploring feelings and emotions; the relationship between substance abuse, mental illness, hopelessness and helplessness; and psychological issues.
- Strengthening relationships with friends and family; resisting negative peer pressure.
- Dealing with anger, domestic violence, trauma, and the cycle of violence.
- Health, personal hygiene, sex education, HIV/AIDS awareness, smoking cessation
- Career Awareness/Job Readiness
- Physical Education/Recreation/Leisure Activities/Stress management.

- Parenting skills development.

Substance abuse education classes will cover the pharmacological and clinical aspects of all specific drugs of abuse: alcohol; sedative-hypnotic and anxiolytic agents; stimulants—amphetamines and cocaine; cannabis and hallucinogens; opioids; nicotine; and other drugs of abuse—inhalants, designer drugs, and steroids.

Health Education. Education will be provided on health issues, tobacco cessation, and HIV prevention education. Men participate in health issues groups to enhance their understanding about implications of drug use on health, information on the relationship between risk behavior and transmission of infectious diseases (e.g., HIV/AIDS, TB, STDs, HVC) and methods of risk reduction and safer sex. Health education may also cover tobacco cessation.

Stress Management Training. Being well involves living well. Helping individuals to experience an intrinsic sense of well-being may contribute to this and consequently to a reduction in behaviors that cause harm to self and others. WestCare views clients not as “addicts” primarily in need of drug counseling, but as complex human beings in search of physical, emotional, social, and spiritual well-being. Relaxation strategies are used to help men achieve inner peace amidst a sometimes chaotic environment. Stress management techniques include a visualization strategy focusing on relaxation and health promotion that is read aloud by a counselor or played to the group via audio tape. Management of stress and connection with an inner source of serenity is a topic covered in various contexts in many substance abuse treatment group sessions. Clients’ **spiritual and religious beliefs** are respected and integrated with treatment to facilitate health promotion and improved quality of life. Stress can impair concentration, increase cognitive dysfunction, and potentially lead to relapse. To further reduce stress, therapeutic recreational activities are incorporated into the program design.

Social and Life Skills Training. WestCare’s teaching methods/techniques include extensive training in numerous interpersonal skills and the strategies to assist participants in expanding and building authentic long-term drug-free relationships and healthy social support systems. Several curriculums lay the groundwork for building strong healthy support systems and enduring relationships. This is intended to begin the introspective process of examining how current social skills (or lack thereof) were formed and developed in the context of the social environment during formative years. Example tasks include identifying various social situations such as formal dinners, funerals, high school class reunion, etc., and then they identify social skills that may be necessary in each situation. In this way, participants are introduced to the concept of what interpersonal functioning is, why it is important and what is necessary to develop these skills. Social skills development, which is defined as training in prosocial behaviors, interpreting social cues, or taking another persons’ feelings into account also helps reduce habits that were associated with a drug-using lifestyle. WestCare’s approach to social skills development is creating groups and activities that focus on how to (1) interact with family members and (2) peers.

1. In regard to their families, groups will include discussion of healthy family dynamics, roles in your family, communication and honesty with family members and helping address family issues in group and individual sessions including topics such as role playing, how to

spend quality time with family, or understanding where you come from. This includes use of CBT methods such as writing exercises, skits and role playing to assist the participants in actual situations they may encounter when they return to their families.

WestCare programs encourage the involvement of significant others and families in the individual participants treatment process (e.g., Family Day is held twice a year at the Pleasant Valley State Prison, which has been a huge success with a turnout of up to 150 family members to learn how they can support their son/father husband in recovery). Research indicates that a person's family (if healthy or can become healthy) is a very strong motivation for abstinence. Participants are asked to examine their relationship with each family member by doing written exercises, discussing their family with peers and staff, and attending groups on healthy communication, healthy and unhealthy relationships, and boundaries in relationships.

2. The program will promote friendships/relationships among peers who interact for an extended period of time. Having consistent interaction in various settings builds the foundation for developing positive social support networks. These groups have commonalities and consistent participants in each group. This gives them an opportunity to develop trust, honest communication and self disclosure, and long term drug free relationships. These types of relationships with particular individuals and peers are essential to encourage the participant to engage and remain in the change process. Relationships developed in treatment are the basis for the social network needed to sustain recovery beyond treatment.

12-Step Self Help Groups. Twelve-Step programs are based on principles and methods originally developed by Alcoholics Anonymous (AA) and extended to Narcotics Anonymous (NA). AA is not a treatment method, but a fellowship of peers, connected by their common addiction, which is guided by the 12 Steps and traditions. The only stated requirement for admission is a desire to stop drinking/using drugs. AA makes no commitment to a particular causal model of addiction; rather, it limits its schema to the concepts of loss of control and denial. AA emphasizes two themes in its program:

- **Spirituality: Belief in a "Higher Power," which is defined by the individual and which represents faith and hope for recovery.**
- Pragmatism: Belief in doing "whatever works" for the individual, meaning doing whatever it takes in order to avoid taking the first drink.

The 12-Step maintenance program has two major goals: Acceptance and Surrender. Members accept that they suffer from the chronic and progressive illness of alcoholism/addiction, accept that they have lost the ability to control their drinking or drug use, and accept that since there is no effective cure for addiction, the only viable alternative is complete abstinence from the use of alcohol/drugs. Surrender is an acknowledgement on the part of the member that there is hope for recovery (sustained sobriety) but only through accepting the reality of loss of control and by having faith that some Higher Power can help the individual whose own willpower has been defeated by alcoholism/drug addiction. The member also acknowledges that the fellowship of AA/NA has helped millions of addicts to sustain their sobriety and that their best chance for success is to follow the AA path.

The objectives of the 12 Step maintenance program are congruent with the AA view of alcoholism. In the following domains, members need to be able to:

Cognitive:

- Understand some of the ways in which their thinking has been affected by alcoholism/addiction.
- Understand how their thinking may reflect **denial** (“stinking thinking”) and thereby contribute to continued drinking/drug abuse and resistance to acceptance.
- See the connection between their substance dependence and negative consequences that result from it. These consequences may be physical, social, legal, psychological, financial, or spiritual.

Emotional:

- Understand the AA view of emotions and how certain emotional states (e.g., **anger**) can lead to substance abuse.
- Be informed regarding practical ways to deal with emotions so as to minimize the risks of substance abuse.

Behavioral:

- Understand how the cunning and powerful illness of addiction has affected their whole lives and how many of their existing or old habits have supported their continued addiction.
- Turn to the fellowship of AA/NA to make use of its resources and practical wisdom in order to change their addictive behavior.
- “Get active” in AA as a means of sustaining their sobriety.

Social:

- Attend and participate regularly in AA meetings of various kinds, including AA sponsored **social activities**.
- Obtain and develop a relationship with an AA/NA sponsor.
- Access AA whenever they experience the urge to drink or relapse.
- Reevaluate their relationships with “enablers” and fellow alcoholics.

Spiritual:

- Experience hope that they can arrest their alcoholism.
- Develop a belief and trust in a higher power greater than ones own willpower.
- Acknowledge character defects, including specific immoral or unethical acts, and harm done to others as a result of their alcoholism.

Each 12-Step maintenance meeting has an agenda and follows a prescribed pattern. Members will be encouraged to keep a personal journal; sessions include specific recovery tasks (suggestions for reading and action between sessions); and the Counselors will suggest reading material drawn from AA texts (“Big Book” or other AA publications).

THE FOLLOWING EVIDENCE-BASED CURRICULUMS WILL BE USED TO IN SKILL BUILDING GROUPS:

THERAPEUTIC COMMUNITY CURRICULUM

TC orientation, treatment, and reentry methods follow the “Therapeutic Community Curriculum (TCC) Trainer’s Manual” and “Participant’s Manual” that were prepared by JBS International Substance Abuse Treatment Program for Cook County Sheriff’s Department of Corrections
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for the Substance Abuse and Mental Health Services Administration (DHHS Publication No. (SMA) 06-4121, 2006). *The Therapeutic Community: Theory, Model, and Method*, by George De Leon, Ph.D., was used as a primary source of information for the development of this curriculum, with permission from Springer Publishing Company in New York and support from Dr. De Leon. WestCare's approach to the essential TC concepts is described above in Section 3.03.1 Project Description. The TCC comprises 11 modules designed to allow for flexible delivery schedules, over weeks or months. The TCC includes

- A mixture of presentations, discussions, and exercises to simulate the self-help and mutual self-help learning process used in TCs
- Frequent use of a static small-group exercise format
- Time for participants to reflect on and write their thoughts and feelings in personal journals
- An assessment of learning to be completed by participants in their small groups at the end of each session.

HOLISTIC HEALTH RECOVERY PROGRAM (HHRP)

The HHRP is a Centers for Disease Control and Prevention Model Program, developed and evaluated by Psychiatrists at Yale University.²² It is a 12-session, manual-guided, group-level program for **HIV-infected and HIV-negative drug users**. Drug users are at risk of HIV because of injecting drug use and also have exposure to blood borne pathogens because of other risky behaviors, including tattooing and body piercing with shared needles, and unprotected sex with multiple partners.

The HHRP program's specific goals are developed along a continuum of **risk-reduction strategies**--abstinence from illicit drug use or from sexual risk behaviors, reduced drug use, reduced risk for HIV transmission, and **improved medical, psychological, and social functioning**. The program recognizes that clients may have drug-related cognitive deficits, and materials are presented in a way to minimize the effects of cognitive difficulties.

The HHRP takes a **harm-reduction** approach to behavior change. Risk behaviors are viewed as being sustained by hopelessness in the face of a life-threatening illness for those who are HIV positive and high levels of stress, psychiatric disorders, and medical and social problems for others. Acquiring and retaining skills needed for change, and retention in the program are assisted by Counselors who are empathetic and directive in a nonconfrontational setting in which structure and consistency are emphasized. Program training strategies increase retention by using methods that meet the psychiatric and neuropsychological needs present in clients with substance abuse issues—the HHRP sessions use multiple teaching strategies so all persons can learn, regardless of learning style. These strategies include:

- Multimodal presentation of materials, including oral discussion, visual (Power Point slides, videos, charts, and written material), and experiential skill-building (games, practice, role playing) modalities.
- Frequent Reviews to facilitate learning and retention.

²² Margolin A., Avants, S.K., Warburton, L.A., Hawkins, K.A., & Shi, J. (2003). A randomized clinical trial of a manual-guided risk reduction intervention for HIV-positive injection drug users. *Health Psychology, 22*(2), 223-228.
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- Reduction of fatigue and distraction with frequent breaks, multimodal presentations, and reduction of outside noise and distractions.
- Consistency in meeting times and places, provision of an agenda, and following the same structured format.
- Assessment and Feedback of knowledge and skills gained allows participants to evaluate different teaching strategies and gives a chance for additional practice of new skills.
- Generalizing the information to the life situations of group members is accomplished through the use of a Memory Book System to improve retention of session material.
- Learning By Doing activities appropriate to the group topic and aid in skills acquisition, retention and self-confidence.
- Providing immediate feedback during games to reinforce appropriate behaviors, discourage less helpful behaviors, and increase self-esteem and self-confidence; and use of Group treatment enables clients to practice and strengthen generalizable social behaviors, reduces feelings of isolation, and provides a sense of interpersonal support from persons with similar life circumstances.
- Incentives (small rewards such as condoms) are provided to encourage engagement and retention.

The HHRP can be implemented as a 12-week curriculum, to small groups meeting once a week for two hours, or groups can meet for an hour once a week for 24 weeks. The WestCare Counselor will be assisted by a Senior Program participant, who will manage audio visual material or flipcharts. In addition to attending curriculum-based groups, each participant will review progress in this health-based curriculum in an initial and month individual session. Each session has a **post-session quiz** to help participants and the facilitators to assess the acquisition of basic concepts covered in the group. A comprehensive post-program quiz is administered to assess longer-term skill acquisition.

LIFE SKILLS FOR VOCATIONAL SUCCESS

Participants will receive specific training to prepare them for transitioning back into their communities when they are discharged from the program and enter aftercare. Basic vocational and life management skills are taught using *Life Skills for Vocational Success*, by Bart Trench and Workshops, Inc., and these materials are integrated into other **education** and behavioral component of the program. The curriculum assumes that participants have already received training in daily living skills to become more independent. It is designed to address the needs of people with varying strengths and deficits, and is geared toward people with mental disabilities (mental illness, learning disability), a **substance abuse history**, or life experiences that have interfered with the development of life management and vocational skills needed for independence. The training plans in this manual are devised to provide advanced training for those people who are preparing to go to work, but need further training to be successful on the job. Examples of some of the topics covered in these classes are:

SOCIAL SKILLS:

Communication Styles. Communication topics include body language, active listening, and assertiveness. These skills are learned through modeling and role play.

- **Body Language.** Men learn to identify the differences between good body language and bad body language during conversations, or when taking instructions or receiving criticism from a supervisor. Good body language involves keeping good personal space, making eye contact, sitting or standing up straight, and looking interested, as opposed to bad body language behaviors of staring at the floor, scowling, fidgeting, or slouching.
- **Active Listening.** Effective listening skills take practice and effort, and are more difficult for lower-functioning individuals. Participants will learn techniques for active listening: stop other activities or distractions, look at the speaker, let the speaker know if you don't understand, use clarifying phrases to reflect understanding, and don't interrupt the speaker.
- **Assertiveness.** Participants will learn refusal assertiveness skills that are used to keep from being taken advantage of or doing something harmful such as drug use; assertively expressing both positive and negative feelings; and making requests.

Anger Management. This is a critical life skill for participants in treatment and is addressed as a separate group as well as in the re-entry program. In this group the participants work on understanding the events and cues that trigger angry/violent outburst and develop a plan for controlling or expressing their anger in a nondestructive way. They learn how to change the cycle of anger and violence through "thought stopping," assertiveness training, development of conflict resolution skills, and how past learning can influence current behavior.

Conflict Resolution. WestCare seeks to promote better relationships and social skills by helping participants understand how to develop and maintain friendships, as well as work relationships, the importance of communication, assertiveness, problem solving, anger management, and conflict resolution. We will teach self-control and responsible behavior through negotiation and compromise in a positive peer culture. Steps to resolve a conflict include controlling emotions, identifying the reason for the conflict, expressing feelings and the reasons for those feelings, using listening skills to understand the other person, identifying alternatives for resolving the conflict, and detaching from the situation if needed.

Family Relationships. A recurring theme in the lives of people with substance abuse disorders is a lack of healthy relationships. Classes on family relationships include discussion of family roles and responsibilities, and how these become altered by drug and alcohol abuse. Perspectives include parents, siblings, extended family, and children.

Leisure Skills. Participants need healthy (non-drug-using) ways of socializing, interacting, and structuring free time. A poor social life contributes to unhappiness, which can become destructive to the home and work environments. This class is used to discuss factors involved in developing a meaningful social life—when is there free time in the daily schedule, money in the budget for leisure activities, using leisure time to meet people and build friendships, and alternative activities that are available locally.

DECISION-MAKING SKILLS

Decision Making. Decision making is a problem solving process. Basic problem solving processes are practiced in class and consist of defining the problem, developing alternative

solutions, making a decision and executing it, and evaluating the outcome. The class also covers solving a problem during a crisis, which usually in a result of putting off a tough decision until it is a crisis.

EMPLOYABILITY

Soft Skills. These **employment** skills include time management, proper attire, social skills in the work place, acting appropriately on the job, sexual behavior in the workplace, productivity and quality on the job, good attitude, adapting to change, safety on the job, and following the chain of command.

Etiquette. Etiquette is a discussion of basic manners, style, and poise where participants learn everyday social skills and manners that help to build self-confidence. This class covers Grooming, Social Etiquette and Table Manners.

MONEY MANAGEMENT

Money Management. Good money management skills are critical to successfully managing a household, reducing stress, and raising a family. Money management classes include the following topics:

- **Financial Resources:** As a group activity, participants will research and identify local money management resources for banking, budgeting money, getting out of debt, and credit resources. They also learn how to use bank services, open checking and savings accounts, make deposits, write checks and use a debit card.
- **Understanding a Paycheck:** Participants learn to differentiate between gross income and net income, how to calculate gross pay, understand deductions (withholding taxes, FICA, unemployment tax, worker's compensation), and identify fringe benefits (health insurance, retirement) on a paycheck. Discussions also cover overtime pay, use of vacation and sick days.
- **Credit.** These classes cover basic information about using credit appropriately; how interest is figured; and how to apply for credit, borrow money, and pay it back. The class covers how to obtain a credit report, the necessity of good credit to buy a house or a car, the dangers of credit cards or unscrupulous lenders, and how bad credit can affect future purchasing power.
- **Budgets.** Participants learn how to figure their monthly take home pay, keep track of money spent in a month, identify categories of expenses, and develop a household budget. Monthly budgets are then turned into annual budgets.
- **Paying Bills.** In this class participants learn skills for writing a check, recording the check in a check register, fill out and include the payment stub, and mailing payments on time.

HEALTH

Health. Classes on health include physical fitness, nutrition, stress management, hygiene, and sexually transmitted disease.

- **Physical fitness.** Participants learn to identify the benefits of being physically active and fit on physical health and appearance, mental alertness, reducing stress, and increasing energy levels. Instructions are given for how to start an exercise program, including progression, regularity, overload, variety, recovery, balance, and

specificity. The components of fitness are reviewed—cardiovascular, strength and endurance, and flexibility.

- **Nutrition.** Participants learn about proper nutrition, the composition of foods (carbohydrates, proteins, fats), and how to read food labels.
- **Stress Management.** The physical and mental processes of stress, how to improve coping skills, and how to cope with stress in the workplace.
- **Hygiene.** Hygiene is taught in the context of personal care (brushing teeth, washing hair, bathing). Good hygiene habits are fundamental to getting and keeping a job.

RESPONSIBILITY

Personal Organization. Participants are taught how to obtain and maintain records of important personal documents, such original copies of their birth certificates, Social Security Cards, and other forms of identification; get a driver's license and price insurance; make a list of important phone numbers.

Use Community Resources. Includes information on how to access **education**, social services, recreation center and other community facilities; look up resources in the phone book; learn best places to shop for food, clothing, furniture, or household goods; read a map, use the transit system, and read bus schedules; get a library card and use services.

Household Management. Learn how to make menus and food budgets; cooking; learn the fundamentals of nutrition; learn how to shop and cook efficiently with food stamps and WIC products; how to use a stove and microwave, and to thoroughly clean them.

g. Conflict/Violence Prevention.

WestCare will provide instruction and training on criminal thinking, gangs, values and moral development; anger management; non-threatening communication skills and conflict resolution; problem solving; victimization issues, coping with stress and much more. The WestCare approach is designed to give offenders the basic skills needed for self-improvement and change, and to enable inmates to act on their commitment to making positive changes. Building interpersonal and intrapersonal skills assists the offender to make changes in thoughts, feelings, and behavior that lead to AOD abuse and criminal conduct. The curriculums selected for use at the CCDOC, combined with WestCare's approach and methods, will comprehensively address critical factors for adult detainees, as described below.

Cognitive Skills. WestCare's approach will be to (1) provide training on general thinking and decision-making skills such as to stop and think before acting, generate alternative solutions, evaluate consequences, and make decisions about appropriate behavior; and (2) use decision-making exercises to increase skills.

WestCare's groups will use techniques that are interactive and promote participant engagement by asking them to specifically identify how they think, how their thinking may be flawed/distorted, and suggestions by staff and peers regarding alternate thoughts and solutions. This motivates abstinence because the groups are forums to engage and interact with participants who are at varying stages of recovery. Senior members are role models for the newer members by sharing their experience, strength, and hope about how changing their impulsive behaviors

have led them to abstinence. Credible role models serve as external motivation to stay substance free and hopefully inspire others and lead them to develop their own personal coping skills and intrinsic motivations to remain substance free.

WestCare uses written decision-making exercises that teach participants to slow down, think and write down the potential benefits and consequences of decisions they make. This decisional analysis helps to clarify what the individual stands to lose or gain by continued substance abuse. Specifically, this is used to address impulsive decision making, cognitive distortions and criminal addictive thinking.

Cognitive Restructuring. Offenders tend to be under-socialized, lacking the values, attitudes, reasoning and social skills which are required for prosocial adjustment. These skills deficits can be overcome through training and educational programs. Models that use cognitive training focus on modifying the impulsive, egocentric, illogical and rigid thinking of offenders and teaches them to stop and think before they act, consider the consequences of their behavior, conceptualize alternative ways of responding to interpersonal problems and consider the impact of their behavior on other people (including their **victims**)

In groups, WestCare's approach will be to emphasize group discussion, role playing, games, puzzles, and reasoning exercises that are designed to build skills and be fun for the program participants. The sessions will be grouped into subject modules to address social-cognitive deficits simultaneously and to teach specific skills, with overlap into other skills. Offenders will develop thinking skills that enable them to increase their range of options when faced with issues that have caused them problems in the past. Cognitive restructuring groups will cover (1) **social-cognitive skills**, (2) **problem-solving**, (3) **creative thinking**, and (4) **critical reasoning**.

1. Numerous exercises will be presented throughout the groups to learn and practice the social-cognitive skill targeted for that session, however, participants will also be expected to use skills acquired in previous sessions, which is an opportunity to review skills and practice them in tandem with new skills. Sequencing of skills follows both learning and motivation theory, and there is a purposeful attempt to move participants through the "stages of change" —from accepting the existence of a problem, decision making about choices, taking action, maintaining new behaviors, and preventing relapse through learning to monitor and self-correct thinking in new situations.
2. Offenders will be trained to develop cognitive skills related to problem solving. Within these sessions, offenders will be taught to recognize when a problem exists, define a problem verbally, identify feelings associated with problems, separate facts from opinions, assemble necessary information to generate alternative problem solutions, consider all of the consequences, and select the best solution.
3. Group sessions will develop cognitive skills related to creative thinking. Offenders will be helped to identify the basic cognitive deficits in their ability to develop alternative views of situations and alternative methods of solving problems or achieving goals.
4. Advanced groups will focus on developing cognitive skills related to critical reasoning. In these sessions, offenders will be taught to think carefully, logically, and rationally. These groups are designed to increase offenders' intellectual curiosity, objectivity, flexibility, sound judgment, open-mindedness, decisiveness, and respect for other points of view.

Interpersonal Problem Solving. Problem-solving skills are critical for dealing with interpersonal conflict and peer pressure. WestCare's approach is to (1) teach basic problem-solving processes, (2) emphasize pro-social skills needed to build and maintain healthy interpersonal relationships and (3) practice conflict resolution skills.

1. Basic problem solving processes are practiced in class and consist of defining the problem, developing alternative solutions, making a decision and executing it, and evaluating the outcome. The class also covers solving a problem during a crisis, which usually in a result of putting off a tough decision until it is a crisis.
2. WestCare promotes better relationships and social skills by helping men understand how to develop and maintain friendships, as well as work relationships, the importance of communication, assertiveness, problem solving, anger management, and conflict resolution. We will teach self-control and responsible behavior through negotiation and compromise in a positive peer culture. Other CBT techniques that improve interpersonal functioning are:
 - Learning how to apologize.
 - Promoting group process verses selfishness and disregard for others.
 - Norms and values regarding grooming and dress, and maintaining program areas also promote interpersonal functioning and improve social supports. These simple social expectations and adherence to the shared values are the foundation of positive social support networks that support a drug free lifestyle.
3. Steps to resolve a conflict include controlling emotions, identifying the reason for the conflict, expressing feelings and the reasons for those feelings, using listening skills to understand the other person, identifying alternatives for resolving the conflict, and detaching from the situation if needed. Other CBT techniques that are used to resolve conflicts are:
 - Structured mediation to address any conflicts and issues regarding peer pressure (positive and negative) with peers.
 - Decisional analysis through the use of "T-Bars" where participants are required to think through issues and decisions and the consequences of various choices.

Anger Control. This is a critical life skill for men in treatment and WestCare's approach is to address anger using CBT groups. In these groups men begin to understand the events and cues that trigger angry/violent outburst and develop a plan for controlling or expressing their anger in a nondestructive way. They learn how to change the cycle of anger and violence through "thought stopping," assertiveness training, development of conflict resolution skills, and how past learning can influence current behavior.

CBT methods involve the participant identifying the negative behaviors and bad habits that they demonstrated while they were using substances. Self inventory exercises are used to help participants examine their moral inventory or anger inventory (how they acted when they were angry). The goal is that once the participant can identify their bad habit they can replace it with a new behavior.

Moral Reasoning. WestCare creates a treatment environment for moral development that supports the practices of positive social skills and activities, which reap great rewards for the

participant. In WestCare's approach, participants engage in assignments and groups in which they personalize past behaviors and articulate new behaviors and attitudes they need to develop. This cannot be accomplished by preaching morality or stating directly what correct values are. Instead, change is accomplished by encouraging offenders to look at their belief systems, provoking them to examine their views, seeking alternatives, and suggesting other ways to consider situations and problems. Sessions build on previous work to learn cognitive skills, where participants learn that thoughts cause feelings and actions, and that attitudes and beliefs are the basis of our thinking. Moral reasoning builds on these concepts by clarifying that values and morals are important pieces of our beliefs and attitudes. Participants will do exercises that illustrate the value of change, the value of freedom, the importance of positive relationships with others and with your community, and the value of being concerned about other people. The goals are for participants to understand the meaning of values and morals, identify their own set of values and morals and compare these to what they see as the standards of the community and society.

WestCare will use the following **evidence-based curriculums** to teach methods of **conflict and violence prevention**, as well as **substance abuse, criminal thinking, values, relapse prevention, and more**:

CRIMINAL CONDUCT AND SUBSTANCE ABUSE TREATMENT:

STRATEGIES FOR SELF-IMPROVEMENT AND CHANGE, by Kenneth Wanberg and Harvey Milkman. This curriculum and participant workbook offer a standardized, structured approach to the treatment of substance abusing offenders that blends a number of evidence-based approaches that are proven effective for changing the behaviors of individuals who have both problems of substance abuse and criminal behavior. The curriculum draws on years of research and makes use of state-of-the-art techniques for treatment, such as: cognitive therapy and CBT; the stages of change treatment model; and **relapse prevention** and assessment measures for individualizing treatment within a group. These materials use a humanistic approach that helps motivate clients to change negative self-concepts and help break patterns of **substance abuse and criminal conduct**.

The curriculum encompasses the topics of communication, problem solving, anger management, aggression/violence, relationships, cognitive skills, values and moral development, substance abuse education, relapse prevention, and more.

WestCare uses a variety of techniques to teach offenders social-cognitive skills that are socially and emotionally rewarding, promote self-efficacy in pursuing pro-social goals, and assist them to construct a new reality. WestCare uses a cognitive-behavioral approach to teach male offenders to become more reflective than reactive, more anticipatory and deliberate in their responses to potential difficulties, more problem-solving oriented and solution-focused, more actively considerate of the views of others and the impact of their behavior on others, and more flexible, open-minded, reasoned, and deliberate in their thinking.

Cognitive skills exercises focus on problem solving, creative thinking, social skills, assertive expression, negotiation skills, emotions management, values reasoning, and critical reasoning. Teaching techniques used include:

- Role-plays to illustrate the specific nature of the skill;
- Modeling or explanation of the skill;
- Rehearsal, examples, or repetitive practice;
- Feedback to clarify, evaluate, or reinforce performance;
- Integration—understanding linkages with other skills;
- Generalization—encouraging participants to generalize homework assignments to real life situations.

The *Criminal Conduct and Substance Abuse Treatment* curriculum can be implemented in two or three sessions each week, and modified for longer or shorter durations to meet offenders' specific needs. By attending six hours of group each week, the curriculum can be completed in the 120 day program.

MEN'S WORK: HOW TO STOP THE VIOLENCE

THAT TEARS OUR LIVES APART, by Paul Kivel, helps men understand the consequences of their **violent behaviors** and gives them the tools to make choices other than violence. The text and exercises help men learn the roots of male violence, the role of violence in their lives, and actions they can take to change their responses today. This curriculum challenges men to look at their own lives for the ways they are abusive or disrespectful to women, to reach out to other men to change the culture of violence, and to model and teach their sons a way of relating to others that is based on respect, mutuality, equality, and caring.

WestCare is also proposing to use a peer leader model with **young adult men** engaged in small groups and guided by the "Men's Work" curriculum, a gender responsive approach to helping men understand how males are socialized in society to not express feelings. The program helps build trust among men in the group as they learn to communicate and get in touch with their feelings. The group is peer lead and will be co-facilitated by the Program Director. At the conclusion of the final group session the participants will complete a Satisfaction Survey, which is included in Appendix VII. Assessment Tools.

DOMESTIC VIOLENCE

Deer Rehabilitation Services, Inc., will be subcontracted by WestCare to provide one position in the CCSATP. This position is the Intake/Transition Counselor and in addition to other duties, this position will provide domestic violence groups for abusers/perpetrators of domestic violence at the CCSATP. This Domestic Violence Program is Department of Human Services Statewide Protocol Approved. Using a combination of lecture, demonstration and experiential exercises, participants learn to identify their belief systems about women and men in our society and how those belief systems drive their behavior towards women, children and other men. In addition, men learn and discuss how privilege and power promote discrimination, oppression and ultimately violence towards women.

The goals of the program are for men to

- Become conscious of their beliefs, choices and behaviors.
- Take responsibility for their actions, and hold themselves accountable to the process of living non-violently through equality and respect for all people regardless of race, sex, sexual orientation, or socio-economic status.

While this domestic violence program is designed to provide the tools for any perpetrator of domestic violence to live non-violently (regardless of race or ethnic background), we specialize in working with perpetrators of domestic violence who are African American. Using a combination of the Duluth model, Right Thinking (our accountability based system) and culturally competent language, we examine the origin of belief systems and how those beliefs support their behaviors. Men also learn and discuss the ism's (racism, sexism, ageism and classism) and discuss the infamous "Biblical Batterer" (the individual that believes the Bible justifies power and control). Through this process, we provide the tools that men need to choose a life of non-violent living.

ANGER MANAGEMENT FOR SUBSTANCE ABUSE AND MENTAL HEALTH CLIENTS: A COGNITIVE BEHAVIORAL THERAPY MANUAL

Anger management is a critical life skill for men in treatment and is addressed as a separate group. The 12-session curriculum used is SAMHSA's "*Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual*." In this group participants begin to understand the events and cues that trigger angry/violent outburst and develop a plan for controlling or expressing their anger in a nondestructive way. They learn how to change the cycle of anger and violence through "thought stopping," assertiveness training, development of conflict resolution skills, and how past learning can influence current behavior.

UNDERSTANDING AND REDUCING ANGRY FEELINGS

This TCU manual includes a series of "topic-focused modular applications" designed particularly for counselors and group facilitators working in substance abuse treatment programs.²³ The collection of applications contains focused, easily accessible, and brief adaptive strategies for engaging clients in discussions and activities on *anger management*. The intervention consists of four sessions: understanding anger, managing anger in relationships, mapping worksheets and the aggression cycle.

UNLOCK YOUR THINKING, OPEN YOUR MIND

This manual includes a series of "topic-focused modular applications" designed particularly for counselors and group facilitators working in substance abuse treatment programs.²⁴ The collection of applications contains focused, easily accessible, and brief adaptive strategies for engaging clients in discussions and activities on *thinking patterns that can hamper behavior change*. The four sessions are:

• **Feelings, Thoughts, and Mind Traps.** This session features a leader's script, with notes, worksheets, and handouts for leading a discussion on the interplay of feelings, thoughts, and "mind traps" (i.e., cognitive distortions) that can threaten recovery. Participants are invited to think about how they know the difference between what they are feeling and thinking, and how feeling-based distortions can get in the way of productive communication. Materials for a "mini-lecture" highlight common mind traps and introduce ideas for recognizing them and changing thinking patterns.

²³ Bartholomew, N. G., & Simpson, D. D. (2005). *Understanding and Reducing Angry Feelings*. Fort Worth: Texas Christian University, Institute of Behavioral Research. Available: the IBR Website: www.ibr.tcu.edu.

²⁴ Bartholomew, N. G., & Simpson, D. D. (2005). *Unlock Your Thinking, Open Your Mind*. Fort Worth: Texas Christian University, Institute of Behavioral Research. Available: the IBR Website: www.ibr.tcu.edu.

•**Road Block to Healthy Thinking.** This session features a leader's script, with notes, worksheets, and handouts for leading a discussion about how the use of thinking errors ("cognitive distortions") can interfere with healthy thinking if left unchecked. Participants are introduced to common thinking patterns that lead to frustration, distortion, and avoidance of personal responsibility. Materials for a "mini-lecture" highlight healthy and unhealthy "ways of thinking" and teach participants strategies for recognizing and challenging thinking errors.

•**Thinking and Behavior Cycles.** This session features a leader's script, with notes, worksheets, and handouts for leading a discussion on the nature of behavior cycles and the interplay of thoughts and feelings that fuel cycles of unwanted behaviors or relapse. Materials highlight the structure of many types of "cyclical" behaviors and participants are invited to identify the thinking patterns associated with their own previous cycles of drug abuse and/or criminal activity and to plan strategies for interrupting future cycles before they begin.

•**Mapping Worksheets.** Each mapping worksheet follows a "fill in the blank" format to encourage participants to consider various cognitive aspects of how we respond to feelings. Once participants complete their worksheet, group discussions and commentary on the causes and effects of their specific focus on thoughts and actions.

h. Family Systems and Parenting.

To foster nurturing relationships between inmates and their families, WestCare's family program will incorporate (1) a fatherhood program using InsideOut Dads support groups, (2) Parenting skills training using the "Nurturing Parent" curriculum, and (2) Family education that is offered during visitation and on Family Day. Family relationships are also emphasized through curriculum discussions and are incorporated in group discussions. Specific topics on family issues include emotional intimacy, the dynamics of family violence, and reconnecting with family. Participants are encouraged to contact family members and, improve relationships, and repair damaged connections. The WestCare TC will develop a quarterly newsletter that explains the goals of the program, how it works, and gives an overview of the TC. Inmates may distribute the newsletter to their family members to share information, and encourage them to join activities while the inmate is incarcerated and after release.

INSIDEOUT DADS

InsideOut Dads was developed as a prison-based **fatherhood program** (originally was titled *Long Distance Dads*) for offenders and it is used by WestCare at the Sheridan Correctional Facility in Illinois and in several state prisons in California (Avenal and Pleasant Valley). It was designed by Dr. Randell Turner and 10 prison inmates. The program now runs in all 21 male correctional facilities in Pennsylvania and federal, state, and county prisons in 18 states including Utah, Wisconsin, Iowa, Illinois, North Carolina, Michigan, California, Virginia, Minnesota and Massachusetts, as well as in Canada and Great Britain. WestCare uses this program in its Sheridan in-prison Therapeutic Community in Illinois, and will train participants as peer leaders

to facilitate groups together with staff. The program has been evaluated by Penn State University and found effective as a support group for incarcerated fathers.²⁵

All eligible detainees will be permitted to participate in *InsideOut Dad*. Men do not need to be fathers in order to participate (men may become parents or step fathers after release). The 12-week character-based curriculum is a support group facilitated by trained inmate peer leaders. Sessions focus on issues of character, developing the father-child relationship, communication, and anger management. The class meets once a week for two hours. Peer leaders meet weekly with counseling staff to review the previous week's session and prepare for the next.

Additionally, the InsideOut Dads program has an evaluation component tied into it. All participants will be required to partake in a pre- and post- survey to assess how their parenting skills changed as a result of participating in the program.

NURTURING PARENTING PROGRAM

The WestCare Parenting Training program is designed to develop positive parenting skills and an increased awareness of familial responsibilities through education, skills training, group therapy, problem solving, and therapeutic experiences. Family relationships are emphasized through curriculum discussions and are incorporated in group discussions. Specific topics on family issues include emotional intimacy, the dynamics of family violence, and reconnecting with family. Participants are encouraged to contact family members and, improve relationships, and repair damaged connections.

Children of incarcerated parents are at increased risk for educational, social, and emotional problems. Often incarcerated parents: 1) have limited interaction with their children, impeding the development of positive parent/child relationships; 2) lack parent education and functional role models, leaving them ill-prepared to emotionally and financially support their children; 3) have difficulty interacting effectively with their children's non-incarcerated parent to make parenting decisions together; and 4) lack access to community support systems that encourage and sustain their positive, effective parenting upon re-entry into society. Families with incarcerated parents address such multiple challenges as single parenting, stigma, legal challenges, lack of child care, and poverty. WestCare will assess each offender who has children or step-children using the *Parenting Stress Index* (a self-report instrument) to identify the offender's level of stress around parenting and childrearing issues.

The **Nurturing Parenting Program** is a 15-week curriculum developed to address the issues of families in recovery for **alcohol and drug abuse, parents incarcerated for crimes against society, and families identified as abusive or neglectful**. The *Nurturing Parenting Programs* were developed by Stephen Bavolek, Ph.D., and are validated, family-centered programs designed to build nurturing skills as **alternatives to abusive parenting** and child rearing attitudes and practices. The programs include parenting skills and self-nurturing activities, practice exercises, family nurturing time, and teaches age appropriate activities for children. Based on a re-parenting philosophy, the program includes cognitive and affective activities

²⁵ Penn State Erie, The Behrend College's Center for Organizational Research & Evaluation (2001). *Final Report of the Process Evaluation of the Long Distance Dad's Program*. Submitted to Pennsylvania Commission on Crime and Delinquency. <http://www.pccd.state.pa.us/pccd/lib/pccd/stats/ldd%20full%20report.pdf>

designed to build self-awareness, positive self-concept/self-esteem and empathy, to teach **alternatives to yelling and hitting**, enhance family communication and awareness of needs, replace abusive behavior with nurturing, promote healthy physical and emotional development, and teach appropriate role and developmental expectations. This program helps parents and their children to overcome problems resulting from **separation issues** due to the father's incarceration or the child's placement in foster care.

The format for each structured parent group is as follows:

- a. Icebreaker and Check-In. Fathers share their thoughts and feelings, and the group facilitator introduces the concept for the session. A practice check-in allows parents the opportunity to share their successes in trying out new concepts and skills during visiting hours.
- b. Parenting Skills Activities. Parenting skills, nurturing routines, and behavior encouragement techniques are presented through videos, discussion, art activities, and role-playing. Fathers are given exercises related to the session concept to practice with their children during visitation.
- c. Self-Nurturing Activities. Fathers increase their self-awareness and self-growth and learn ways to nurture themselves through group discussion, videos, role-playing, and art activities.

i. Spirituality and Resiliency

WestCare encourages participant to draw on their inner strengths and spirituality as a resource in recovery. One way to encourage participants to pursue their own religious customs is through education on 12-step programs. Also, CCDOC maintains ongoing affiliations with major faith groups that provide volunteers to meet the expressed religious preferences of inmates. Religious services are held daily in every division of the jail, with 20 chaplains providing services and counseling to detainees. WestCare welcomes the involvement of these volunteers and chaplains and will invite them as guest speakers in various groups.

j. Vocational Development

WestCare understands that vocational development will be coordinated through the CCDOC and the Chicago Board of Education. The Chicago Public Schools and Citywide Community College offer grammar, high school, special education, and college classes, Adult Basic Education, and GED preparation. Also, PACE staff and volunteers teach academic and computer literacy skills to detainees, provide counseling, and give seminars on single-parenting and prevention. WestCare will encourage inmates to participate in educational and vocational programs, and allows time in the schedule for them to do so.

k. Discharge Planning

Instruction on Medication. Detainees with serious mental illness are housed separately and receive medical and other services from CCDOC. Inmates with co-occurring disorders may participate in the WestCare CCSATP if selected by CCDOC and TASC. WestCare's policy is to facilitate access to substance abuse treatment by the mentally ill by encouraging clients to engage in treatment, and to manage their symptoms through use of prescribed medications rather than self medicating with drugs and alcohol. Clients taking prescription medications are encouraged to reduce use of medications in situations where that is a feasible option, by improving their

problem solving and coping skills. This is accomplished using various group sessions, role-playing activities and experiential training, recreational and social activities, individual and family counseling, and training/education. WestCare will also coordinate therapy with other mental health providers (at DOC and through referrals when the client is released) to help the client maintain a stable level of functioning and prevent further deterioration of mental status.

Therapeutic Transition to the Community or Other Facility. Incarceration has the effect of fracturing individuals' social supports, familial bonds and links to the community, and this creates additional obstacles and barriers to participation and retention in community-based in treatment programs and other reentry services. Therefore seamless transitions from in-custody programs to CBPs are essential to retaining participants in aftercare, effecting long-term behavioral change, and reducing return to custody rates.

Community reentry planning services occur at the point of transition from the jail to the community. WestCare will collaborate with CCDOC, TASC, and a Preferred Provider Network to create a seamless transitional service framework, using interdisciplinary staffings to coordinate services for each client, and integration meetings to coordinate services between organizations (e.g., identify gaps in service types or availability, eligibility problems, etc).

The participant must be able to visualize the post-jail experience as a genuine continuation of the in-jail program, which places the burden on WestCare, TASC, and community-based providers (CBPs) to ensure the system remains a true continuum. This requires collaboration and careful assessment by WestCare and TASC of the participant's treatment stage and assessed substance abuse problems and the CBP's ability to provide treatment at the participant's stage level and need for services. WestCare has been fostering this type of collaborative approach for the past eleven years. It is important to know the CBP's treatment focus, whether it provides TC or TC-like services, provides culturally and linguistically appropriate services for limited-English-speaking individuals, how long the non-communication period is in a residential program, whether a residential facility coeducational or not, how many people share a room, is clothing provided, and are other services, such as vocational assistance and family counseling, available. Being able to match the probationer to a program that meets his needs and life goals increases the participant's motivation to enter and remain in the program. Through this seamless collaboration, the participant will have placement in an appropriate aftercare facility as well as a plan for long-term housing, social security support, referrals for employment, training, and education, veteran's assistance, medical assistance, legal, and other **assistance mapped out** in the personal transition plan of the participant.

The TCU manual "**Mapping Your Reentry Plan: Heading Home**" will be used to guide clients in developing a personal transition/reentry plan.²⁶ The manual is a collection of applications with adaptive strategies for engaging clients in discussions and activities by utilizing a collaborative, mapping-based intervention for helping clients identify goals for reentry and aftercare. The approach uses node-link mapping, structured maps for reentry planning, and feedback from a dynamic assessment of client progress to help guide planning. This approach

²⁶ Bartholomew, N. G., Dansereau, D. F., Knight K., & Simpson, D. D. (2007). *Mapping your reentry plan: Heading home*. Fort Worth: Texas Christian University, Institute of Behavioral Research. Available: the IBR Web site: www.ibr.tcu.edu.

highlights the importance of developing the counselor-client relationship through collaboration. A thoughtful reentry plan with realistic and measurable goals helps focus the working relationship on a more hopeful tomorrow. This manual assists treatment staff with simple, yet effective strategies to strengthen motivation and engagement in reentry planning and can be completed in four sessions.

Some specific components of the reentry planning process are as follows:

Coordination to ensure aftercare treatment: Several studies have supported the long-term efficacy of post-prison/jail, residential aftercare and treatment services in the reduction of recidivism and relapse. To this end, WestCare works with participants to get them to agree to participate in aftercare and will also coordinate with TASC, A Safe Haven, the AIDS Foundation, and Central Intake to secure appropriate placements. WestCare will cooperate in completing all paperwork necessary for immediate placement in continuing care treatment upon release. This is the highest priority in the Reentry Plan.

In developing transitional plans and services for inmates, WestCare's goal is to place all eligible program participants in community-based substance abuse treatment, with continued participation in support groups and access to necessary community resources as identified in the aftercare plan. WestCare will achieve its goal through the following objectives:

1. Make aftercare a prime discussion point for each participant beginning with admission to the CCSATP program.
2. Work with TASC and community providers to share information in a collaborative and timely manner.
3. Collaborate with TASC, CCDOC, and AFC to develop a sound and practical personalized transition plan for each participant.
4. Work with participants before they are discharged to engage them with the community-based services (such as Safe Haven or AFC) where they may reside.
5. Establish and maintain jointly developed aftercare plans that will place graduates by utilizing referrals and treatment matching.

Transportation to Aftercare: WestCare works with institutional officials, TASC, and the community based provider up until the moment of release to ensure that the individual is picked up and transported to the appropriate treatment center. This transfer from facility to appropriate treatment is coordinated through an orchestrated effort of the Program Director, the Probation Officer, CCDOC, the aftercare provider, and the client. When the client indicates the desire for continued treatment, an appropriate treatment center is identified and appropriate arrangements for admission are completed. Upon time of release, the client is offered travel assistance to the treatment center. Recovery maintenance programs such as Safe Haven, the AIDS Foundation, and TASC will provide transportation assistance to inmates when they are released.

Personal plan: Participants fill out a personal transition/reentry plan, which is a detailed explanation of their short and long term plans and goals upon release. This includes information about where they will go, how they will support themselves, who they will live with, and how they will comply with conditions of parole.

Family Relationships: There should be a clear understanding of the dynamics amongst and between the participant and family members, including spouse or significant other and children. There should be a plan, with both goals and objectives, in how the participant will improve these relationships or stay at a distance from the negative, drug involved or criminal activity of family members. Engaging the family and significant other early in treatment provides the participant with a better opportunity to establish and work on repairing these important relationships.

Conditions of Probation: Conditions of probation must be known and included in the Re-Entry plan. Conditions of probation can include specific classes or counseling that need to be completed, restitution, and no contact stipulations.

Housing: WestCare ensures that participants have an established physical address prior to release. If the participant is not going directly to a residential aftercare facility, WestCare will work with the participant to identify drug-free housing, such as A Safe Haven Recovery Homes.

Prosocial Support Networks: This includes planning for developing and improving relationships with family and children, managing child support and custody, attending family counseling, how to address unhealthy relationships and finding support services for others. Other support networks include information on 12-Step meetings and how to get a sponsor, how to enroll in a job readiness programs.

Relapse Prevention and Planning: This is a large part of the overall treatment program. Throughout the program individuals develop a relapse prevention plan, identify triggers, and develop coping skills that are important to maintaining abstinence and avoiding criminal behavior.

Continuing Education: This includes providing information on how the inmate can receive literacy training, English as a Second Language, GED Preparation, GED acquisition, post secondary education including vocational education, 2 year, 4 year and post-graduate degrees.

Personal Documentation: While birth certificates, social security cards, driver's license are typically applied for and secured during probation, WestCare makes sure that the reentry plan list needed documents as well as agencies that can assist in securing these documents.

Job Readiness: During treatment participants learn about preparing a resume, personal planning, and maintaining a disciplined schedule. As part of the reentry plan, WestCare provides linkages with employment services, job and skills training, vocational rehabilitation depending on the individual's needs.

Legal Advocacy Services: WestCare provides information regarding organizations that provide such services for individual's who will need them.

Health Care: This includes linkages and resources for primary health care, mental health services, HIV/AIDS education and other health needs.

Basic Life Skills: During treatment participants learn about budgeting, parenting, using public transportation as well as conflict/resolution and anger management skills.

l. Information Dissemination

WestCare will assist CCDOC in exhibiting and disseminating information and educational materials, including films and videotapes dealing with the nature and effects of drug abuse and dependency, the criminal justice system, and the relationship between crime and substance abuse. Some of the videos will include:

- “Therapeutic Community: History and Overview,” narrated by David Deitch, provides an overview of the history and evolution of the TC and introduces the TC model. (Available through the CSAT Mid-America Addiction Technology Transfer Center (www.mattc.org)).
- “Therapeutic Community: Theory and Research,” narrated by George De Leon, Ph.D., presents the theoretical foundation and research associated with the TC model. (Available through the CSAT Mid-America Addiction Technology Transfer Center (www.mattc.org)).
- “Men’s Work,” by Paul Kivel, provides realistic dramatizations, role plays, and activities help men recognize violence in everyday situations, and recognize and choose alternatives to violence.

m. Exit Evaluation

WestCare will utilize its Client Perception Survey as the exit evaluation assessment. The WestCare Client Perception Survey will be administered to all planned discharges of the Substance Abuse Treatment program. This survey, which consists of ten questions and a space for comments, gives the client the opportunity to rate the quality of the program and the program staff. Results from the WestCare Client Perception Survey will be scored, aggregated and reported quarterly and will help inform any performance improvement. A copy of the Client Perception Survey is included in Appendix VII. Assessment Tools.

WestCare is also proposing to use a peer leader model with **young adult men** engaged in small groups and guided by the “Men’s Work” curriculum, a gender responsive approach to helping men understand how males are socialized in society to not express feelings. The program helps build trust among men in the group as they learn to communicate and get in touch with their feelings. The group is peer lead and will be co-facilitated by the Program Director. At the conclusion of the final group session the participants will complete a **Satisfaction Survey**, which is included in Appendix VII. Assessment Tools.

3.03.1.3 SERVICE LOCATION

WestCare acknowledges that all services will be made at the Cook County Department of Corrections (CCDOC), 2700 South California, Chicago, Illinois. Services will be provided during the hours of operation, currently 8 a.m. to 4 p.m., from Monday to Friday.

3.03.1.4 PROGRAM OPERATIONS

WestCare will provide services according to schedules established by CCDOC, including maximum number of hours for on-site program services for participants and daily schedules. Currently CCDOC requires that the Contractor will provide a maximum of 40 on-site hours per week, will provide program services Monday through Friday, and hours of operation will be from 8 a.m. to 4 p.m. WestCare acknowledges that CCDOC may change the programming schedules.

3.03.1.5 INSPECTION SERVICES

WestCare will fully cooperate with reviews of services by the county or CCDCO and inspections by the State Board of Health or any other agency or party authorized or directed by the County of Cook. WestCare has been licensed by DASA to provide substance abuse treatment services in Illinois for more than two continuous years (A copy of the License is in the appendix). WestCare's proposed treatment program will be licensed by DASA.

3.03.1.6 INDEPENDENT EVALUATION OF PROGRAM

Evaluation Management: A team of researchers will conduct an independent evaluation of the CCDOC/SATP. The team will adhere to a participatory evaluation model that recognizes the importance of working closely with WestCare staff, CCDOC officials, and service providers throughout the course of the evaluation. The team will consist of a project manager and an on-site research assistant who will collect and enter data and work with the lead evaluator to regularly communicate practice-relevant findings to program staff. The lead evaluator will be Dr. Lurigio, a professor at Loyola University Chicago and the President of REALE Consultants, Inc. Dr. Lurigio is a nationally renowned researcher with nearly 30 years of program evaluation experience in the court and criminal justice systems, including studies of the effectiveness of jail-based drug treatment programs. He has been the lead evaluator on numerous CSAP, CSAT, NIJ, and NIDA projects. He also has been the Principal Investigator on grants that were funded by the City of Chicago, Cook County, and the State of Illinois.

The evaluation will study the implementation and outcomes of the program as well as generate critical information about program clients and services that will help to communicate real-time information that can be employed to guarantee that the program is remaining true to its original design and operating to achieve its primary goals and objectives. Therefore, the process and outcome evaluations will be significant components of this project, measuring the fidelity, efficiency, and effectiveness of SATP. Dr. Lurigio will oversee all aspects of the evaluation and be the primary author of all evaluation reports.

Process Evaluation: The process evaluation (PE) will examine whether SATP's services were delivered in a timely, efficient, and coordinated manner. It will also gauge whether evidence-based practices were implemented and sustained with fidelity, use consumer input to test program effectiveness, and contribute to performance improvement activities. The PE also will guide the interpretation of outcomes by providing critical contextual information related to programmatic strengths and weaknesses, the intensity and dosage of services, and client-level factors related to differential outcomes. The PE will consist of five components.

(1) Implementation Fidelity: Within 30 days of the award, WestCare will assemble an Implementation Planning Committee (IPC) to create the implementation plan, enumerate action steps, and establish target dates and responsibilities for achieving those action steps. The evaluation team's project manager and research assistant will be members of the IPC. The PE will assess program fidelity by monitoring adherence to the implementation plan and documenting deviations or barriers to program implementation. The evaluation team will provide regular feedback to the program staff to ensure efficient and timely implementation of services and to assist in amending the implementation plan as necessary.

(2) Fidelity Monitoring: EBP monitoring will certify that each practice was implemented as designed and will document program modifications as well as the reasons for those modifications. In addition, EBP monitoring will record which staff members provided what services, which clients received what services as well as the intensity and dosage of services. This will be accomplished by: (1) initial staff training on the EBPs and provision of booster sessions, as needed; (2) weekly supervision; (3) monthly review of clinical records and program memoranda (4) direct, structured observations of program activities. In addition, SATP service providers will be interviewed quarterly to explore their perceptions of the implementation process, including barriers to implementation and working relationships with TASC assessment staff and detention officers. The evaluators will discuss the findings with program staff to assist them in adjusting the program components in order to bring them closer to their articulation in the original model.

(3) Client Perceptions: The assessment of clients' perceptions will be a critical component of the evaluation. This aspect of the PE will determine whether the program is meeting consumers' needs and expectations and will quickly identify areas for performance improvement. The clients will complete perception surveys to determine their views of and satisfaction with services. The project manager will administer these surveys anonymously to protect consumer identity and minimize client bias in responding. The evaluation team will present these results in a biannual report for the program staff. The program will use the criterion of 80% satisfaction level to identify those areas that require improvement or enhancement.

(4) Target Population Characteristics and Referral Sources: The final component of the PE will involve a detailed description of the treatment population to document that the target population is being served. In addition, a careful review of referral sources will be conducted throughout the study as well as an analysis of policy and procedural changes that affected the program's target population and the resources. The relationship between clients' demographic and other characteristics (e.g. race, primary drug, etc.) and attrition rates will be examined in order to determine the need for program adjustments in order to better engage all clients. In addition, client characteristics and referral sources will be tracked throughout the evaluation to help illuminate trends in both.

5) Cost Analysis: A per-person cost analysis was conducted for the development of the project to create a reasonable budget. This cost is justifiable considering the breadth and intensity of services provided and the average length of stay for each client. The evaluation team will monitor costs quarterly. For any deviations in costs that fall above the cost band, the lead

evaluator will work with the program to identify reasons for the deviation and realign actual costs.

Outcome Evaluation: The Outcome Evaluation (OE) will focus on the effectiveness of the program in achieving proposed client outcomes. Specifically, the OE for this project will focus on the program's ability to prevent alcohol and drug use relapse, reduce criminal thinking, enhance social and psychological functioning, increase risk behavior knowledge, and increase vocational, employment, and living skills.

Evaluation Design: The evaluation will use a pretest-posttest design to explore program effectiveness. Clients will complete pretests and posttests in the form of interviews and questionnaires that are considered state-of-the-art assessment tools in substance abuse treatment programs: Texas Christian University's Packet of Assessment Tools and WestCare's extensive portfolio of client evaluation tools. In combination, these assessment instruments adhere to the Joint Commission standards and elements of performance identified for "Clients receiving addiction services" (Behavioral Health Care Manual 2009, Standards 3.60, 3.70, and 3.80, pages PC 22-23). The evaluation project manager will administer the assessments at intake and discharge, which can occur at any time during the treatment process. Discharge decisions are usually made on the basis of administrative rather than clinical considerations. The project manager will be trained in administering the instruments and will work with the research assistant in entering and cleaning data. The monitoring of interviewer drift (i.e., failure to follow standardized interview procedures) also is important. Therefore, the lead evaluator will conduct periodic reliability checks and will supervise the project manager throughout the interview process.

Data Management: The evaluation team will maintain a separate evaluation file for each client admitted to the program. This file will contain demographic characteristics and the assessment instruments. The project manager will be responsible for scoring the instruments. The lead evaluator will develop an SPSS database specific to the project. The database will capture all demographic data, admission and discharge information, service delivery information, and results from the data collection instruments. Within 7 days from administration of the questionnaires, the project manager will enter the data into the SPSS database. The lead evaluator will monitor the data collection and entry process and will address any deviations from the schedule with the project manager during weekly supervision meetings. The lead evaluator will review and clean the database quarterly. The lead evaluator also will identify missing data points and inconsistencies in data entry. In collaboration with the project manager, on-site research liaison, and program staff, the lead evaluator will resolve inconsistencies and missing data points through review of clinical and evaluation records.

Data Analysis: Data will be analyzed in two stages. The first will involve validity checks to minimize outcome analysis bias and to prevent non-interpretable results. The second will involve interaction analysis to determine if client characteristics interact with the treatments to influence outcomes. In preparation for the primary outcome analyses, dropout rates will be examined in order to determine if there are differential outcomes for clients who do not complete the program compared to those who do, threatening the integrity of the conclusions from the primary outcome analyses. The analysis will employ baseline and follow-up data to compare completers and non-

completers on the dependent variables. If this analysis does not produce significant differences, the main analyses will be unbiased. If there are significant differences, results will be reported separately for each group. The OE will demonstrate the effectiveness of the model through an analysis of change on multiple outcome measures. Data will consist of information from admission and discharge. Descriptive analyses for each variable will identify data-entry errors, out-of-range values, and inconsistent data. Potential data entry errors or values falling out-of-range will be crosschecked and corrected. If verification or correction of a value is not possible, then the value will be coded as "missing." Although the primary analyses are isolated to the admission and discharge comparisons, WestCare will collaborate and work closely with CCDOC to assist with the tracking and follow-up of clients post-discharge to determine criminal recidivism rates among those who complete and do not complete the program.

Data Interpretation and Reporting: To enhance the accurate and meaningful interpretation of the analyses, the evaluation will go beyond a reliance on statistical significance to use process information and clinical knowledge to make certain that the results are clinically meaningful. The lead evaluator also will collaborate with program staff to assist in the interpretation data because they often have useful insights and direct knowledge of program operations that could help better explain the findings. Further, the lead evaluator will conduct a series of focus groups with current clients to assist with interpreting the findings. Consumers have different perceptions about services than evaluators and staff members and understand subtle nuances in the program that can explain the findings and their practical implications.

Data Use and Interpretation for Continuous Performance Improvement. WestCare believes that data-driven decisions are the foundation for making service and performance changes and that Performance Improvement is a continuous process. WestCare's performance improvement process adheres to the standards and elements of performance identified by the Joint Commission in the Improving Organizational Performance chapter (Behavioral Health Care Manual 2009, pages PI 1-6). WestCare consistently collects and aggregates data to identify opportunities for improvement, identify changes that lead to improvement, or sustain improvement. At a minimum, performance improvement data is collected on staff opinion and needs; client perceptions of needs, program quality, and service effectiveness; and client outcomes of care and treatment. At least quarterly, this data is aggregated, analyzed, and interpreted to ensure attainment of process and outcome objectives and to identify areas for improvement. WestCare also examines the data over time to look for undesirable trends or patterns that may indicate a performance improvement opportunity. Analytic results for the program also are compared to available local, state, and national data to determine significant variance or to identify additional needs for performance improvement. When a performance improvement opportunity is identified, WestCare utilizes a systematic, organization-wide Performance Improvement cycle known as PDSA (Plan-Do-Study-Act), a dynamic cycle recognized by the Joint Commission as a model process for improvement. This strategy uses the following process: (1) **PLAN** the improvement, including identifying the opportunity, defining objectives, and identifying performance indicators; (2) **DO** the improvement process, including collecting and analyzing data and implementing change strategies; (3) **STUDY** the result, including understanding the source of errors, reviewing the re-measurement data, and determining whether the results were better, worse or lateral; and (4) **ACT** to hold the gain and to improve the process. Furthermore, WestCare uses the Rapid Cycle Testing of change, a

nationally recognized evidence-based performance improvement process. This method of testing ensures efficiency in testing and implementation and reduces the risk of changes based on theories, hunches, and ideals. It also ensures that only those changes that make a "real" difference are maintained. The basic tenets of Rapid Cycle Testing include:

1. Using planned, sequential multiple cycles
2. Changing only one factor or element at a time in each cycle
3. Implementing change on a small scale
4. Testing each change/cycle rapidly (3-4 weeks)
5. Maintaining or sustaining only those changes that work
6. Eliminating those changes that do not produce the desired result

3.03.1.7 PROPOSER QUALIFICATIONS

WestCare Key Staff Expertise. West Care's professional staff is highly qualified and has extensive programmatic experience in the areas of criminal justice project administration, substance abuse/case management project administration, and contract/grant administration. WestCare's key administrative personnel include:

- **Richard Steinberg**, President and CEO, who has more than 45 years experience administering substance abuse treatment and criminal justice projects;
- **Shawn A. Jenkins**, Chief Operating Officer, who has more than 18 years experience administering criminal justice projects that include substance abuse services and case management of substance abuse services; and
- **Peter Ventrella**, CPA, Chief Financial Officer, who has 23 years experience administering agreements/contracts/grants for correctional and community projects whose total annual funding is equal to or greater that the project being bid.
- **Leslie Balonick**, Senior Vice President who has experience in Policy and Program Development for the Illinois Department of Corrections and has 30 years experience in the behavioral health field and correctional therapeutic communities.
- **Robert Wiley, Proposed Program Director**, has 25 years management experience, including directing Therapeutic Substance Abuse Treatment programs for offender populations, programs to treat persons at risk of HIV, and other human services.
- **Dawn Ruzich**, Evaluator for the WestCare Foundation's programs in Georgia and Illinois, has been with WestCare for two years. She holds a Master of Public Policy from the University of Chicago, where she graduated with honors.

WestCare Licensing and Experience in Illinois. WestCare has been licensed by DASA to provide substance abuse treatment services in Illinois **for more than two continuous years** (a copy of the License is in the appendix). WestCare's proposed treatment program will be licensed by DASA.

In November 2006 WestCare entered into partnership with the Illinois Department of Corrections (IDOC) to provide substance abuse treatment services at the **Sheridan Correctional Center** in Sheridan, IL. WestCare provides a licensed totally dedicated adult male 950 **bed in-prison therapeutic community substance abuse program** using a three phase (orientation, treatment and prerelease reentry/reintegration) modified therapeutic community model. WestCare has a long history of implementing therapeutic community programs and other

evidenced-based practices that are informed and guided by current research. WestCare utilizes a framework for our therapeutic communities that motivates and engages the participants from intake to release and encourages them to transition into continued treatment in the community.

WestCare works in conjunction with IDOC administrative, security, program, and support staff through regular meetings, development of shared procedures, and planned cross trainings to achieve a seamless and well-articulated set of expectations for both staff and inmate participants. WestCare values our Sheridan partnerships and has a commitment to work closely with IDOC, TASC, Safer Foundation, the Illinois Valley Community College, the Illinois Manufacturing Foundation, the National Homebuilders Association, and others to ensure communication and collaboration between all stakeholders.

WestCare is committed to the continued evaluation of the focus, intensity and effectiveness of the treatment model in order to ensure it is accommodating the realistic/practical treatment and cultural needs of men at Sheridan. Best Practice clinical and behavioral approaches used at Sheridan include:

- Therapeutic Community in isolated treatment units (Community as primary agent of change)
- Emphasis of the community is on the healthy, positive development of all aspects of its members
- Treatment that lasts long enough to produce behavioral change
- Comprehensive and meaningful assessment
- Individual Treatment Plans
- Treatment that targets factors that are associated with criminal behavior
- Cognitive Behavior Treatment
- Family Education/counseling
- Balance of rewards and sanctions that encourage prosocial behavior and treatment
- Use of self-help groups and social/recreational learning opportunities
- Quality improvement and Program evaluation
- Cross Training
- Coordinated approach to continuity of care/community transitioning

WestCare Experience with Offenders, Jail-Based Programs, and Therapeutic Communities

WestCare has **36 years experience operating substance abuse treatment programs, 21 years experience working with correctional populations** in a variety of settings including in-prison and in-jail therapeutic community substance abuse treatment, and **15 years experience in parolee case management, transportation, and placement** in community-based treatment. WestCare provides substance abuse services to an average of 3,500 adult and adolescent offenders daily. Of those offenders served daily, approximately 1,500 receive services in secure State prisons or County jails, and in-custody Community-Correctional facilities. WestCare staff members enter jails and prisons in Illinois, California, Arizona, Nevada, Kentucky, and Florida on a daily basis to provide services that include assessment, treatment, coordination, case management, and transitional planning for male and female offenders being released to residential and outpatient community treatment.

WestCare has extensive experience administering programs, contracts, and grants related to **substance abuse treatment services and criminality**. WestCare's experience includes case management services to parolees; substance abuse treatment services to inmates in secure state prisons, jails, and detentions centers; community-based correctional facilities; and community-based treatment services to offenders. Table 1 lists key WestCare contracts, the sources of funding, the services provided, and the length of time services have been funded.

TABLE 1. KEY WESTCARE CONTRACTS RELATED TO SUBSTANCE ABUSE SERVICES FOR OFFENDERS		
SOURCE OF FUNDING	SERVICES PROVIDED	YEARS FUNDED
Jails/Detention Centers Secure Substance Abuse Treatment for Inmates		
Monroe County Sheriff's Office, Key West Florida	In-Jail TC substance abuse treatment program for male and female offenders	11 years
Pike County Jail, Kentucky	In-Jail TC substance abuse treatment program for male and female offenders	3 years
Floyd County Jail, Kentucky	In-jail TC substance abuse treatment program for male and female offenders	3 years
Boyd County Jail, Kentucky	In-jail TC substance abuse treatment program for male and female offenders	New
State of Georgia	Augusta State Juvenile Detention Facility Substance Abuse Treatment Services	1.5 years
Kings County, CA	Y-Max Juvenile Corrections Substance Abuse Treatment Services	2 years
State Prison Secure Substance Abuse Treatment for Inmates		
CDCR (California Dept. of Corrections and Rehabilitation)	IPSUDTP at Pleasant Valley State Prison, Therapeutic Community treatment	3 years
Illinois Dept. of Corrections	Sheridan Correctional Center, Therapeutic Community treatment	2 years
CDCR	IPSUDTP at Avenal State Prison, Therapeutic Community treatment	1 year
Community-Based Correctional Facilities Substance Abuse Treatment for Inmates		
CDCR	Family Foundations Program Fresno- Community Corrections Facility, Gender Responsive, Trauma-Informed, Therapeutic Community treatment for pregnant and parenting women in custody of CDCR	2 years
CDCR	Family Foundations Program San Diego- Community Corrections Facility, Gender Responsive, Trauma-Informed, Therapeutic Community treatment for pregnant and parenting women inmates in custody of CDCR	1 year
CDCR	Bakersfield Drug Treatment Furlough Program-- Therapeutic Community treatment for male inmates in custody of CDCR	5 years
Case Management Services for Parolees		
CDCR	Region I SASCA (Substance Abuse Services Coordinating Agency) Contractor—parolee case management and transportation	11 years
Fresno County Dept of Behavioral Health	Central Valley Network – Parolee Service Network (PSN) – in Fresno—parolee case management and transportation	15 years
CDCR	Parolee Substance Abuse Network (PSAP or ESATCU) Contractor for Region I Parole Units—parolee case management and transportation	5 years
CDCR	In-Custody Drug Treatment Program (ICDTP or SATCU) Contractor for Region I—parolee case management and transportation	5 years

WestCare meets and exceeds CCDOC expectations for experience in the administration of contracts and grants related to substance abuse services and criminality. WestCare's administrators are responsible for all administrative functions of a project **including fiscal, accounting, budgeting, personnel, and contract/grant management**. Examples of the scale and scope of these programs are provided below.

WestCare Experience – Substance Abuse Treatment in Jails/Detention Centers:

- Key West Jail – Florida: WestCare operates a 69 bed, in-jail substance abuse TC treatment program for men and women offenders incarcerated within the Monroe County Detention Center in Key West, Florida. The program has been operational for eleven years and is funded by the Monroe County Sheriff's office. This jail based program provides substance abuse treatment for inmates for up to six months. This program has been in operation since 1998.
- Pike County Detention Center – Kentucky: WestCare operates a 32-bed modified Therapeutic Community for men and women offenders in a secure, county-operated Jail Facility, in Pikeville, Kentucky, since 2006.
- Floyd County Detention Center – Kentucky: WestCare operates a 24-bed modified Therapeutic Community for men and women offenders in a secure, county-operated Jail Facility, in Prestonberg, Kentucky, since 2006.
- Boyd County Detention Center – Kentucky: WestCare operates a 36-bed modified Therapeutic Community for men and women offenders in a secure, county-operated Jail Facility, in Catlettsburg, Kentucky, since 2009.
- Augusta Juvenile Detention Center. WestCare operates a 30-bed intensive residential treatment program for male juveniles in the custody of the Georgia Department of Juvenile Justice, providing substance abuse treatment, education, health services, and mental health services in the secure, state-operated Juvenile Detention Facility, in Augusta, Georgia, since 2007.
- Y-Max Juvenile Detention Center. WestCare operates a 20-bed intensive residential treatment program for male juveniles in the custody of the Kings County, providing substance abuse treatment services in the secure, county-operated Juvenile Detention Facility in Hanford, California, since 2007.

WestCare Experience- Substance Abuse Treatment in State Prisons:

- Pleasant Valley State Prison (PVSP)—California. WestCare has used research-based clinical best practices and behavioral approaches to provide Therapeutic Community substance abuse treatment in a 200 bed in-prison program in Facility B for adult males in Coalinga, since April 2006.
- Avenal State Prison (ASP)—California. WestCare has used research-based clinical best practices and behavioral approaches (TC, CBT, MI, MET) to provide services in this In-Prison Substance Use Disorder Treatment Program, in a 250 bed in-prison program for adult males in Avenal, since 2008.

- Sheridan Correctional Center – Illinois. Sheridan is a fully dedicated Drug Treatment Prison that uses a Therapeutic Community model for adult male substance abusing inmates. Program participants completed 9 to 24 months of intensive substance abuse treatment, and participate in various vocational and educational programming while incarcerated and following release. This facility is one of the largest of its kind in the U.S., with an average daily population of 950. WestCare uses research-based clinical and behavioral approaches to provide substance abuse treatment using a three phase Therapeutic Community model. WestCare has operated this program since September 2006.

**WestCare Experience- Substance Abuse Treatment
in Community-Based Correctional Facilities for Inmates:**

- Family Foundations Program – Fresno: WestCare provides comprehensive substance abuse programming, administrative services, and correctional services (security) in a 75-bed gender-responsive and trauma-informed holistic health model Community Correction Facility for pregnant and parenting women in the custody of CDCR, since July 2007.

- Family Foundations Program – San Diego: WestCare provides comprehensive substance abuse programming, administrative services, and correctional services (security) in a 75-bed gender-responsive and trauma-informed holistic health model Community Correction Facility for pregnant and parenting women in the custody of CDCR, since April 2008.

- Drug Treatment Furlough – Bakersfield. The Drug Treatment Furlough (DTF) Program in Bakersfield provides residential Therapeutic Community substance abuse treatment to in-custody inmates. Treatment services are provided in a residential setting that follows corrections guidelines, including the presence of an on-site parole agent, participant counts four times per day (unauthorized absence is an escape and is treated as such), and 24 hour per day and 7-days a week supervision. WestCare operates the 62-bed facility and provides the Therapeutic Community treatment program. WestCare has operated this program since 1998.

**WestCare Experience in Substance Abuse Case Management
Services Coordination to Parolees:**

- Region I SASCA was initially implemented in July 1998. For the past 11 years WestCare has coordinated placement of parolees from 43 in-prison substance abuse use disorder treatment programs (IPSUDTPs) who are returning to this 33-county Region, and currently provides services coordination, advocacy, and transportation to an average of **1,081 parolees on a daily basis**. In FY 2007-2008, WestCare case managed **4,993 parolees** including 1,875 parolees referred from the IPSUDTPs, and made **6,242 participant placements**. WestCare has worked hand-in-hand with CDCR-DARS (Division of Addiction and Recovery Services) to create a successful and comprehensive model that provides seamless transition from in-custody programs to community-based services

- The Regional Coordinating Agency (RCA) was inaugurated in 1996. As a partner in RCA with Phoenix House and Walden House, WestCare played an integral role in working out day-to-day issues and establishing procedures and protocols for parolee case management, transportation, coordination between the SAPs (in-prison substance abuse programs), parole agents, community-based providers, and DARS – essentially laying the groundwork that was

continued through the SASCA's. Under RCA, WestCare developed and operated a statewide transportation system for taking parolees from the prison gate to the doors of residential and sober living facilities. RCA services were absorbed into WestCare's Region I SASCA contract.

- The Central Valley Network (CVN). For the past 15 years, WestCare has been a contractor for the Parolee Service Network (PSN) for the Central Valley. Initially, WestCare provided pre-release planning, case management, and treatment services to approximately 75 civil addicts returning each year to Fresno County from the California Rehabilitation Center (CRC) at Norco. This project was so successful that in 2001 it was expanded to include Sacramento and Kern County, to include felon parolees in addition to civil addicts. Under PSN contracts WestCare case managed 74 participants in Sacramento in FY 2008, and provided treatment services to 195 PSN clients in Fresno and Kern counties.

- Parolee Substance Abuse Program (PSAP). In 1994, WestCare began providing services coordination, advocacy, and transportation to Region I parolees released from the Folsom Transitional Treatment Facility following in-custody treatment for drug or alcohol related parole violations. Services were provided to 579 parolees in FY 2008 under this contract.

- In-Custody Drug Treatment Program (ICDTP I). In 2004, WestCare began providing services coordination, advocacy, and transportation to ICDTP participants released from the Tulare, Kern, Sacramento, and Merced County Jails. Services were provided to 1,069 parolees in FY 2008 under this contract.

- In-Community Drug Treatment Program (ICDTP II). ICDTP II participants are transported by CDCR from a DRU (Decentralized Revocation Unit) site within Region I to receive community-based treatment. In FY 2008, WestCare provided services coordination to 66 ICDTP II participants in placement in community-based facilities.

- Mandatory Conditions of Parole (MCOP). In FY 2008, WestCare provided services coordination, advocacy, and transportation to 87 MCOP inmates paroling from the California Rehabilitation Center for males and the Valley State Prison for Women.

- SB1453. In FY 2008, WestCare provided services coordination, advocacy, and transportation to 582 SB1453 inmates paroling from the DARS sanctioned substance abuse treatment programs.

In Summary, WestCare experience with offenders includes:

- **36 years experience developing, implementing, and operating substance abuse treatment services;**
- **21 years experience working with adult (female and male) offender populations in a variety of settings including secure State prisons or County jails and in-custody Community-Correctional Facilities; and**
- **15 years experience case-managing aftercare services to parolees.**

WestCare provides services to offenders at multiple stages of their involvement with the criminal justice system, including in-prison and in-jail treatment and transitional services for inmates, case managed continuing care for parolees/probationers, and community-based treatment and other human services to support offenders and their families. By filling the roles of an in-prison/jail contractor and a case management provider at reentry, WestCare is uniquely

positioned to address some critical issues and provide a continuity of care that reduces return to custody rates. WestCare has been a leader and innovator in the development and implementation of parolee case management systems, extending its energy and commitment to promote inmate prosocial behavior and to reduce relapse and recidivism rates by increasing and strengthening the individual's participation in aftercare.

Contact Information

The following contact information is provided for entities that contract with WestCare to provide **adult therapeutic community substance abuse treatment services in jails, prisons, and community correctional facilities.**

1) Warden Michael Rothwell
Sheridan Correctional Center
4017 E. 2063rd Road
Sheridan, IL 60551
(815) 496-2181, X 2001
Michael.rothwell@doc.illinois.gov

2) Pike County Detention Center
Rodney Scott, Jailer (that's what the "lead" administrator for County Jails is called in Kentucky)
17 Division Street
Pikeville, Kentucky 41501
(606) 432-6291

3) PVSP State Prison
Warden James Yates
California Department of Corrections
Pleasant Valley State Prison
P.O. Box 8500
Coalinga, California, 93210
559.935.4950

4) Avenal State Prison
Warden James D. Hartley
California Department of Corrections and Rehabilitation
#1 Kings Way
Avenal, CA 93204
(559) 386-0587

5) Bakersfield DTF
Thomas Powers, Director Division of Addiction and Recovery Services
California Department of Corrections and Rehabilitation
Division of Addiction and Recovery Services
PO Box 942883
94283-0001
(916) 327-3707

6) Fresno FFP

Thomas Powers, Director Division of Addiction and Recovery Services
Female Offenders Programs and Services (FOPS)
California Department of Corrections and Rehabilitation
Division of Addiction and Recovery Services
PO Box 942883 94283-0001
(916) 327-3707

7) San Diego FFP

Thomas Powers, Director Division of Addiction and Recovery Services
Female Offenders Programs and Services (FOPS)
California Department of Corrections and Rehabilitation
Division of Addiction and Recovery Services
PO Box 942883 94283-0001
(916) 327-3707

8) Monroe County Detention Center

Dave Owens
Simonton, Key West, Florida
305-292-4482. Fax – 305-292-4515

9) Floyd County Detention Center

Roger Webb, Jailer
151 S. Central Ave.
Prestonsburg, KY 41653
606-886-8021

10) Boyd County Detention Center

Joe Burchett, Jailer
2714 Louisa Street
Catlettsburg, KY 41129
(This is a new 36 bed program)

Documentation

- (a) The appendix contains a copy of the WestCare license issued by DASA
- (b) Key corporate officers and management professionals are listed above and their resumes are in the appendix.
- (c) Robert Wiley is the proposed Program Director and his resume and certifications are in the appendix.

3.03.1.8 PROGRAM PARTICIPANTS

CCDOC and TASC will screen, evaluate, and select potential program participants for the Therapeutic Community substance abuse treatment program. The program participants will include **142 male detainees, ages 17 and older**, held in the Cook County Department of Corrections. Participants will have a history of substance abuse and, in some cases, non-severe mental health problems; less than 5% of detainees may be **court-ordered** to participate.

CCDOC and TASC will evaluate detainees with mental illness and taking **psychotropic** medications for determination of eligibility for the program. TASC will conduct an **assessment** of detainees for this program using the TASC Adult Intake Interview (a copy is in the appendix), and provide the results of assessment to WestCare. No detainee will be denied admission based on an inmate's **physical impairment**. WestCare will make appropriate modifications or accommodations to assist persons with physical disabilities. For example, written materials will be read to those with visual problems.

3.03.1.9 PROGRAM PERSONNEL

In order to meet the requirements of this current RFP (09-50-1033P) ratio of 25:1, upon notice of an award, WestCare will immediately notify its Human Resources Department to begin the hiring process and to identify potential staff members from internal programs, which will allow for rapid filling of vacant positions and contractual compliance. WestCare will employ sufficient program and support staff to operate the proposed WestCare CCSATP in Cook County, as described in this RFP. These positions are enumerated in the Line Item Budget and displayed on the Organization Chart in Section 2. Full-time positions include a Program Director, Supervising Counselor II, one Intake/Transition Counselor, and four Counselors.

WestCare staff at the proposed CCSATP will report to work and keep normal work schedules, specified by CCDOC as 8 am to 4 pm, Monday to Friday. If a **lockdown occurs**, staff will continue to work their normal hours, unless directed by the institution to vacate the premises. At other institutional treatment programs, WestCare Counselors visit inmates individually during lockdowns, providing one-on-one services and taking homework assignments to inmates to maintain their connection to the program. WestCare **observes the same holidays** as CCDOC.

WestCare will meet CCDOC's requirement to hire competent, well-trained personnel to perform the functions of the program. All personnel providing clinical services shall meet regulatory qualification requirements, including licensing, certification, or accreditation as required by law. As per DASA regulations and CCDOC policy, counselors may work in treatment programs, under appropriate supervision, for up to two years while obtaining certification.

Methods of Complying with Staffing Requirements: The proposed project has 8 FTEs of which **6 are counselor positions, which meets the minimum requirements of the 25:1 staffing ratio**. In addition, the proposed Program Director will also provide **coverage** for groups in the case of a vacancy or illness, will implement specialized small therapeutic groups, and will assist with groups when the number of participants exceeds 150. The specifications for key positions follow this page and include:

- position specification,
- statement of duties and,
- minimum qualifications

For the following personnel Classifications:

- Program Director
- Supervising Counselor II
- Intake/Transition Counselor

- Counselor

A. PROGRAM DIRECTOR

The individual in this position is responsible for providing the clinical and administrative programmatic leadership and oversight for the program. They are responsible for the coordination of client care by collaborating with multidisciplinary professionals to provide and facilitate services. This position is also responsible for **maintaining the administrative integrity of the program at all times**, under the supervision of the WestCare Senior Vice President Leslie Balonick, MA, CRADC. WestCare acknowledges that if CCDOC is not satisfied with the performance of the Program Director, The CCDOC has the right to request removal of the Program Director.

Statement of Duties:

The Program Director is responsible for providing the clinical and administrative programmatic leadership and oversight for the program and is responsible for the coordination of participant care by collaborating with multidisciplinary professionals to provide and facilitate services.

Essential job functions include the following:

- Maintain direct communications with the CCDOC and submit all reports as required under the contract. Provide clinical and administrative leadership and supervision to the program.
- Function as a liaison between CCDOC, the Warden, TASC, and the Senior Vice President.
- Responsible for the selection and training of WestCare staff, monitoring program effectiveness, coordinating invoicing, submitting monthly reports to CCDOC and working with TASC on managing the placement of CCSATP participants into community-based substance abuse services programs.
- Provide coverage for groups in the case of a vacancy or illness, implement specialized small therapeutic groups, may carry a small caseload, and assist with groups when the number of participants exceeds 142.
- Coordinate with external groups and agencies in promoting inter-organizational collaboration and facilitating placement of CCSATP graduates after program completion.
- Attend CCDOC meetings as required.
- Participate in design and implementation of research, and cooperate in program evaluation and outcome studies.
- Designate a representative to participate in a committee to recommend common data elements, formats, and forms to the Evaluator, and to work cooperatively on an electronic system of data, reports, and record keeping.
- Arrange for staff development, education, and training activities.
- Implement Quality Assurance and Utilization Review systems that monitor the effectiveness of program services.
- Assist in the development of program fiscal and budgetary tracking systems and implementation as well as provide the oversight and management of operating budget and program fiscal expenditures.
- Monitor compliance with all required standards, regulations, state, and federal guidelines.
- Develop, implement, and monitor procedures to meet agency policies and contract management including the preparation of comprehensive reports for funding sources.

Minimum Qualifications:

The Program Director will have specific training in behavioral health services and a minimum of five years management experience with a jail or corrections-based substance abuse treatment program. The Program Director will possess a Bachelor's degree in Social Sciences (Addiction Counseling, Criminal Justice, Social Work, Psychology or a related field). The Program Director must have working knowledge of substance abuse programs and treatment; relapse prevention; 12-Step programs; cognitive behavioral treatment, psycho-educational interventions, and the TC model.

Other qualifications include management and administrative experience and capabilities; knowledge of chemical dependency, substance abuse and personality dynamics of the substance abuser; experience in staff supervision, hiring, evaluation, and staff development; program implementation, monitoring and contract compliance; fiscal accountability. Essential job qualifications include:

- A minimum of five (5) years experience managing a substance abuse program with criminal justice populations;
- Management and administrative experience and capabilities;
- Experience in program implementation, monitoring and contract compliance and fiscal responsibility is required;
- Must possess knowledge of chemical dependency, substance abuse and personality dynamics of the substance abuser;
- Experience in staff supervision, hiring, evaluation and staff development;
- Knowledge of state and federal regulations;
- Must have the ability to obtain institutional clearance; and
- CPR Certification, First Aid Certification and an Annual Tuberculosis test.

Education:

- Graduation from an accredited four-year college with a degree in Addiction Counseling, Criminal Justice, Social Work, Psychology, or a related field.

SUPERVISING COUNSELOR II

Individual in this position is responsible for the day-to-day assessment and treatment program functions, clinical staff supervision, providing clinical services, and flow of program activities.

Statement of Duties:

The Supervising Counselor is a full time position responsible for day-to-day assessment and program functions, clinical staff supervision, and flow of CCSATP activities. Essential job functions include:

- Responsible for managing the day-to-day functions of the CCSATP, including the supervision of Transition/Continuing Care Counselor, and Counselors.
- Supervise the scheduling of participants in CCSATP activities, including assessments and treatment groups.
- Coordinate with CCDOC and institutional staff to assign inmates into groups to avoid potential conflicts.

- Audit active participant files to ensure all files are completed and are accurate, according to WestCare and CCDOC guidelines, and records are securely stored.
- Ensure WestCare complies with HIPAA regulations and other federal, state, and local policies, rules, and standards regarding the protection of paper- and computer-based information and its transfer between WestCare, other programs, and CCDOC.
- Ensure that all participant data (characteristics and hours of participation in services) are accurately entered into the WestCare database and reported to CCDOC.
- Provide all duties of a counselor with a full caseload including daily treatment and curriculum-based education groups on the basic concepts of therapeutic communities, emotional incarceration, relapse prevention, motivation for treatment and the stages of change, communicable diseases, cognitive skills, violence and domestic violence, conflict resolution, fundamental social skills, and personal moral development;
- Act as liaison with institutional staff.
- Participate in inmate institutional hearings.
- Manage staff training schedules including new employee orientation and training.
- Develop Counselor training programs to include Therapeutic Community Concepts, Relapse Prevention, Motivation and Brief Interventions, Stages of Change, Communicable Diseases, treatment of criminal populations (cognitive skills, **conflict resolution**, social skills, moral development, anger management, violence reduction, etc), cultural competency, and facilitation of self-help groups.
- Develop Counselor training schedules for assessment tools (TCU CEST, TCU CTS, ASI, IPASS) and developing treatment plans.
- Ensure smooth flow of educational groups and seminars, and evaluate Counselor presentation skills and assessment skills.
- Conduct weekly staff meetings.
- Prepare and submit required reports.
- The Supervising Counselor will conduct periodic peer chart reviews, during which Counselors review one another's charts and correct deficiencies and omissions.
- The Supervising Counselor will work with WestCare's Quality Assurance (QA) Team to review the records system semi-annually, selecting a representative sample of files and other records at random and review them for accuracy and completeness. The QA Team submits written reports to the Vice President; rating compliance, noting deficiencies, and proposing recommendations for changes or improvements. Participant files are made available to CCDOC upon request for its quality management reviews. In all cases, participant confidentiality is protected in accordance with the requirements of CFR 42, Part II and HIPAA (Health Insurance Portability and Accountability Act) regulations.

Minimum Qualifications:

The Supervising Counselor will have a four (4)-year degree in Behavioral Sciences or related field **and** two (2) years of full time experience providing and or supervising counseling staff in substance abuse programs for the criminal justice population. The Supervising Counselor shall be a certified substance abuse counselor, as per DASA. Essential job qualifications include:

- A minimum of two (2) years experience in clinical supervision of counselors for +treatment planning and services is required;
- Certified Substance Abuse Counselor.

- Must possess knowledge of chemical dependency, substance abuse and personality dynamics of the substance abuser including knowledge of cultural and criminal sub-cultures;
- Experience in training and evaluating employees including evaluating counselors' abilities to facilitate and manage classroom environments and present information;
- Experience developing schedules for groups and staffing schedules;
- Must possess excellent documentation and communication skills;
- Must have the ability to obtain prison clearance;
- A valid California driver's license; and
- CPR Certification, First Aid Certification and an Annual Tuberculosis test.

Education:

- Graduation from an accredited college with a Bachelor's Degree in Behavioral Sciences or related field.
- Two (2) years cumulative of full-time experience supervising counseling staff in substance abuse programs for the criminal justice population.

B. INTAKE/TRANSITION COUNSELOR

Individual in this position is responsible for intake/screening/evaluation services, including conducting the in-take interviews of program participants; making the initial screening of program participants; and conducting exit-program evaluations of all participants to obtain information relating to the effectiveness of the program, ways in which the program can be improved. The individual in this position will coordinate with TASC on developing transition plans for inmates who have received treatment services and are being transferred into a community based treatment setting or other placement, and receiving aftercare services.

Statement of Duties:

The full time Intake/Transition Counselor provides information and guidance to participants regarding the continuing care phase of the substance abuse program services. The Intake/Transition Counselor works with the participant, the Supervising Counselor, Program Counselors, TASC and CCDOC representatives, and community-based service providers such as Safe Haven to develop a reentry plan. The Intake/Transition Counselor will collaborate in obtaining continuing care services for participants such as residential, outpatient, and transitional living programs, and other community services. Essential job functions include:

- Obtain the completed assessment from TASC and complete TCU, TCU CTS, ASI, and other assessments as requested, (e.g., IPASS), interview participants at entry and exit, compile information from assessments for substance abuse problems, motivation and readiness for treatment, and related bio-psychosocial problems to assist counselors to develop treatment plans for each inmate;
- Develop collaborative relationships and transition protocols with TASC and the network of community-based substance abuse treatment providers including Safe Haven and AFC;
- Coordinate with the assigned CCDOC staff to ensure appropriate planning, placement and completion of institutional Forms;
- Provide duties of a Counselor and carry a caseload as needed, including daily treatment and curriculum-based education groups on the basic concepts of therapeutic communities,

emotional incarceration, relapse prevention, motivation for treatment and the stages of change, communicable diseases, cognitive skills, violence and domestic violence, conflict resolution, fundamental social skills, and personal moral development;

- Data entry and client tracking;
- Conduct an interview with each inmate prior to release to provide information on the pending release and receiving treatment program, review goals in the inmate's community service plan, and to psychologically prepare the individual for the release process and integration back into the community;
- Attend all required staff development training and WestCare in-service training such as conducting assessments, clinical skills, developing service plans, basic TC concepts, emotional incarceration, relapse prevention, motivation for treatment and stages of change, cognitive skills, **conflict resolution**, social skills, moral development, communicable diseases, and self-help groups;
- Attend staffings and weekly staff meetings;
- Embrace and embody the mission, vision, guiding principles, clinical vision and goals of WestCare Foundation; and
- Perform any other duties as assigned.

Minimum Qualifications Include:

The Intake/Transition Counselor will possess an Associate Degree in social work or related field and at least and two (2) years of experience within substance abuse treatment and recovery services to the criminal justice population is required. Essential qualities include:

- Experience consisting of two (2) years of providing direct substance abuse counseling services to the criminal justice population;
- Knowledge of offender populations, criminal subcultures, and cultural differences, substance abuse assessment tools, Therapeutic Community concepts, and familiarity with operations of TASC;
- Within 24 months of hire must be certified in substance abuse services
- Must have the ability to obtain institutional clearance; and
- CPR Certification, First Aid Certification and an Annual Tuberculosis test.

Education:

- Associate Degree in social work or related field.

C. COUNSELORS/GROUP DISCUSSION LEADERS

Individuals in this position are responsible for the delivery of face-to-face CCSATP activities and services to clients participating in the program, and consulting with outside drug abuse agencies when necessary.

Statement of Duties:

Counselors are responsible for the delivery of the face-to-face CCSATP activities to the inmates participating in the program. The Counselor shall conduct group and individual meetings; evaluate the progress of the participants assigned to their substance abuse program services groups; work directly with the inmates to develop and implement CCSATP services plans and Reentry Plans for continued community substance abuse program activities; and work with the

inmate to create a support network for the offender's pending return to the community. Essential job functions include:

- Initiate and sustain each individual's motivation to participate in treatment, using techniques of engagement including therapeutic relationships, motivational interviewing, individual counseling, and brief interventions based on the stages of change;
- Develop a comprehensive treatment plan for each inmate that includes the results of assessments, and short and long term treatment goals and objectives of the inmate (the service plan is developed with the input of the inmate, but within the limitations imposed by the CCDOC);
- Provide daily treatment and curriculum-based education groups on the basic concepts of therapeutic communities, emotional incarceration, relapse prevention, motivation for treatment and the stages of change, communicable diseases, cognitive skills, violence and domestic violence, conflict resolution, fundamental social skills, and personal moral development;
- Assist inmates in the development of self-help groups, such as AA/NA, which offer inmates an opportunity to support one another in recovery;
- Maintenance of individual client treatment files in accordance with agency policies and procedures, including documentation of vocational/educational activities as well as all other pertinent documentation and ensure files are securely stored;
- General inmate supervision including planning and scheduling therapeutic activities;
- Maintain all information according to the laws of confidentiality as required by the Federal Register, General Provisions, Title 42, Chapter 1, Part 2, which prohibits making disclosures without the specific written consent of the client, or as otherwise permitted by such regulations;
- Obtain a signed release of confidential information (disclosure form) from each inmate authorizing CCDOC to review case files for quality assurance reviews and evaluation of WestCare performance, and maintain as a part of the client file;
- Maintain thorough records of each inmate's participation, including Participant CCDOC Number, unique identifier for the WestCare CCSATP Program, beginning and ending dates of service; number of hours of participation, and number of days of participation;
- Submit all individual client data on a weekly basis for entry into the WestCare database;
- Attend all required staff development training, including WestCare in-service training such as conducting assessments, clinical skills, developing service plans, basic TC concepts, emotional incarceration, relapse prevention, motivation for treatment and stages of change, cognitive skills, **conflict resolution**, social skills, moral development, communicable diseases, and self-help groups;
- Embrace and embody the mission, vision, guiding principles, clinical vision and goals of WestCare Foundation.

Minimum Qualifications:

- Experience consisting of one (1) year of providing direct substance abuse counseling services to the criminal justice population is preferred;
- Knowledge of offender populations, criminal subcultures, and cultural differences, substance abuse assessment tools, Therapeutic Community concepts;
- Within 24 months of hire must be certified in substance abuse services.

- Registration in drug and alcohol counseling with a State of Illinois approved certifying organization is required, within 30 days of hire;
- Must have the ability to obtain institutional clearance; and
- CPR Certification, First Aid Certification and an Annual Tuberculosis test.

Education:

- Graduation from an accredited four-year college with a degree in Addiction Counseling, Criminal Justice, Social Work, Psychology or a related field is preferred;
- A High School diploma or equivalent is required.

D. STAFFING PLAN

WestCare’s organizational structure and chain of command is described and displayed in the two organizational charts in Section 2. Chart One illustrates WestCare National and how WestCare Illinois fits within the regional management structure. Charts Two illustrates the proposed CCDOC substance abuse treatment program management structure. Senior Vice-President Leslie Balonick, assisted by other corporate officials, is responsible for start up and staffing the proposed therapeutic community treatment program. Their resumes are in the appendix.

WestCare will have on file at the facility written job descriptions that describe duties for all employees working in the facility and the educational and experience requirements for each position. Job descriptions are attached to “Section 3.03.1.9 Program Personnel.”

WestCare assures CCDOC that all professional staff hired for this program will meet all federal, state, and local requirements for licensing, registration, or certification as required for the position, including certification for conflict resolution training.

CCSATP STAFFING PLAN	
Position	FTE
Program Director Robert Wiley (Resume in appendix)	1
Supervising Counselor II	1
Intake/Transition Counselor	1
Counselors (1 FTE is Contractual)	4

WestCare will provide a staffing plan for the Cook County Substance Abuse Treatment Program (CCSATP) Administration at the beginning of the contract year (estimated July 1, 2009) and when any changes occur, a new staffing plan including position, title, and salary. WestCare assures CCDOC that it will maintain a counselor caseload ratio of one clinical staff person (Counselor II, Counselor I, Intake/Transition Counselor) to 25 clients.

Filling Vacancies. WestCare’s Human Resources Department advertises openings externally with electronic job services; newspapers; area colleges and universities; print and broadcast media, including those targeting ethnic communities; civic, professional, and services organizations; and staffing resource organizations in order to attract qualified candidates who represent participants’ ethnic, cultural, and socioeconomic diversity. At the same time, the Personnel Office circulates notice of the vacancy and the application procedures internally to all

WestCare units and program sites. Notifications remain posted until the closing date for the receipt of applications. During start up, the Senior Vice President will have overall responsibility for staff selection, with assistance from the Program Director. After the program is operational the Program Director will have overall responsibility for staff selection. The WestCare Human Resources Department screens applicant resumes to determine whether they meet minimum qualifications. The process for selection is:

- The Program Director will conduct preliminary interviews for Counselor I and II positions.
- The Program Director will interview qualified applicants, assess their approaches to substance abuse services, case management, and treatment for offender populations, and confirm the applicant possesses the requisite knowledge, skills, abilities, experience, and education to fulfill the requirements of the position. During the interview process, applicants will be asked to demonstrate practical skills, including interviewing techniques for specific situations or the development of a sample treatment plan.
- The Program Director will consult with Senior Vice-President Leslie Balonick regarding staff selections and finalizes the hiring process, which includes a pre-employment drug test, a criminal history screening, a TB test and physical exam. After the screening process is completed, the new hire is scheduled for orientation and training.
- Any vacancies in the approved staffing plan will be filled by a qualified employee within 60 days of the vacancy occurring. If it appears that a position will be open longer than 60 days, WestCare will immediately notify the CCDOC. All employees must possess the appropriate certification, licensure, or registration for their position.

Training. The goal of training is to ensure provision of quality care by investing in the professional development of staff, by providing training in basic information needed to carry out their duties, as well as a program of on-going continuing education in substance abuse treatment and criminal justice issues. WestCare believes the most effective case management teams are made up of individuals that possess a variety of skills and knowledge gained through life and professional experience, and through training. WestCare assesses all new hires in a holistic manner, and develops an individual training plan that considers the skill set that is most useful for each position. The WestCare training program is comprehensive in that it combines **initial orientation** to their job and working in a correctional environment, **in-service training** components that contribute to professional development and skills enhancements, and training in the **Therapeutic Community** model.

Initial Training--Orientation.

Initial training is required at the time of hire and on-going in-service training is provided at regular intervals thereafter to ensure she/he grows with the job and maintains treatment credentials. Qualified staff is the heart of any successful program and WestCare's Staff Competency and Training Program is designed to improve the quality of staff throughout the agency. Well-trained staff becomes an invaluable resource, solving the numerous problems inherent in any project implementation. WestCare provides a 40-hour Orientation Training program for all new employees. This training is a combination of classroom, didactic and modeling training that occurs while shadowing a senior staff member.

Prior to performing their duties, the orientation/training of all new and continuing staff members will include, at a minimum:

- CCDOC Rules
- Policies and Procedure Compliance
- Client Grievance Policies and Procedures and Client Rights
- Confidentiality of client-identifying information (42 CFR and HIPAA)
- Emergency and Evacuation Procedures
- Standards of Conduct

Within 90 days of employment, employees will receive the following training:

- Abuse, Neglect, and Exploitation (8 hours)
- HIV, Hepatitis B and C (8 hours, and annual updates thereafter)
- First Aid and CPR Certification
- Non-violent Crisis Intervention (4 hours initially and 2 hour updates annually thereafter)
- Restraint and Seclusion (4 hours initially and 4 hours annually)
- Intake, Screening, and Assessment (8 hours, and 8 hours annually)

WestCare's In-Jail Orientation Training addresses the following areas:

- Initial Orientation to the Institution: This is accomplished through collaborative efforts between WestCare and Institution staff and varies by institution.
- Security Issues for Jail/Prison Treatment Staff: This in-depth training expands on the institution orientation provided by In-Service Training. This training gives the background of long-established rules, and helps staff adjust to the institutional culture. Topics to be covered in this training include:
 - Over familiarization with inmates, personal boundary issues.
 - Security issues- locking doors, use of personal alarms, what to do when an alarm sounds.
 - Interacting with CCDOC personnel, point persons in the institution, knowing the institution's staffing pattern.
 - The dangers of revealing personal information regarding relatives/significant others in prison, how to mesh TC principles of sharing with CCDOC rules, providing personal support using a general, historical perspective
 - Inmate/staff dynamics to avoid.
 - What to bring in, not to bring in to the institution.

In-Service Training

WestCare is committed to staff development through training, and has developed policies to ensure that staff has comprehensive, on-going, high quality training opportunities. WestCare has developed a staff-based Competency Assessment Instrument to assess each staff member's strengths and areas that need development. Once the supervisor and supervisee complete this assessment, an individual Staff Development Plan is completed to outline the individual's training plan. WestCare provides each staff person with a minimum of 30 hours of annual in-

service training, or more (usually 8 hours per month), depending on contract requirements and staff needs. WestCare keeps a calendar of annual In-service Trainings, which cover topics that meet various contractual training requirements as well as licensing, certification, and accreditation requirements. All staff members are encouraged to attend training, and many staff members are required to attend based on their specific job responsibilities and their Individual Staff Training Plan.

Staff need for training is documented on the Individual Staff Training Plan Agreement and participation in training is documented on an Individual Record of Training form, which is completed for each attended training/seminar/workshop, and is placed in their personnel file. Training tracks are developed for professionals and paraprofessionals, and for persons working in incarcerated and non-incarcerated settings. Unique tracks for counselors, case managers, therapists, and managers will be provided. All staff completes annual staff training plans, which are kept in staff personnel files. These plans give staff an opportunity to identify areas in which they need assistance. In addition, annual staff evaluations provide a forum for identifying needed training.

All staff licensed or certified by the appropriate accrediting bodies are subject to periodic training to maintain their licensure/certification status. Ongoing assurance of certification is included in staff training opportunities, both on and off-site. Other credentialed staff, including licensed counselors, is required to participate in staff training in areas in which they have demonstrated mastery. These include training in various assessment and screening tools, case file maintenance, data collection, treatment planning, counseling techniques, first aid and CPR, case management, custody issues and transition planning for community placement. Unlicensed treatment staff (Counselor I) will be afforded opportunities for practicum and counselor intern training and supervision to assist them in preparing for DASA approved certification.

WestCare is an established and experienced provider of substance abuse education programs for counselor certification. Training is provided by qualified internal staff, by professionals in the community, through on-line training courses, and attending continuing education courses in the community. Training topics are tailored to the needs of the program and its staff.

The administrative infrastructure of WestCare is stretching to meet the challenge of training a growing criminal justice treatment workforce. To this end, WestCare has identified, created and provided/continues to provide effective training in criminal justice related areas as well as creating a 'Basic Clinical Training' by creating 'Areas of Specialization', which are 'Training Tracks' designed to address issues relevant in serving clients within correctional settings.

- Presenting Educational Didactic Curriculum: Educational sessions cover a wide range of topics. Counselors will receive training in the role of instructor, and how it differs from process group facilitation. Presentation skills will be practiced, with staff participating in mock class sessions as both student and instructor. The training will include how to use varying teaching formats to involve all members of the class, and how to document participant progress.

- The TC Milieu in Prison: This training will cover the culture of WestCare's TC in the incarcerated setting, including traditional TC practices and methods and how they can be implemented at the institution. Topics will include: the history of the TC, the 24-hour treatment

milieu, WestCare “family” dynamics, accountability and responsibility, confronting negative behavior and promoting pro-social behavior, using peers as the force of change, how to use the group setting, facilitation versus control, the use of TC rules and Institution interventions.

- The Big Picture: This training provides an overview of the WestCare and Institution continuum of care, and the meaningful outcome measures that are the goals of both systems. It helps staff put administrative requirements into perspective, answering such questions as: Why is community placement for graduates so important? How does the community services plan influence the in-prison treatment plan? How can communication between program staff and institution personnel further our mission? How will modeling of self-discipline, orderliness and respect affect WestCare in the corrections system? Why is paperwork important?

- Mental Health Issues in Treatment: Dual diagnosed participants most often fall through the cracks between treatment and mental health services delivery systems. This training introduces the most recent information on dual diagnoses treatment methods. Important points covered include: DSM-IV diagnoses and what they mean, identification of mental disorders, medication issues, modification of TC tools, integrating mental health participants into the TC family, assessment of community based services for mental health needs.

- Administrative Training: All clinical staff have administrative responsibilities, including recording progress notes, completing admission and discharge forms, and Institution-specific forms, among many others. Administrative training also prepares staff for management and supervisory duties, and educates them on the professional expectations of the workplace. Administrative training available to WestCare staff include: Human Resources, Certification, Professionalism & Ethics, Staff Responsibilities, Institution-Specific Paperwork, Supervising Residents, Progressive Discipline, Confidentiality, Policies & Procedures, Dual-Diagnosis Treatment Issues, Abuse Reporting, and Time Management.

Start Up Plan. WestCare has effectively managed start-up operations in seven states and the US Virgin Islands. A successful bid by WestCare will result in a rapid project start-up on an expedited schedule, which will take 60 days to complete. WestCare transition staff will simultaneously recruit, hire, and train staff while completing all work necessary for program development and commencement of operations.

Proposed Start Up Plan (Assumes contract execution date of July 1, 2009)

<u>Activity</u>	<u>Date Completed</u>
Contracted Awarded to WestCare	July 1, 2009
Recruit, hire staff	August 1, 2009
Clearance from CCDOC (temporary ID)	August 7, 2009
Train staff	August 15, 2009
Licensure from DASA	August 30, 2009
Program Development Completed	August 30, 2009
Begin inmate orientation to WestCare CCSATP	September 1, 2009
Fully Operational	September 1, 2009

Hiring Process: WestCare is proposing to use an existing and previously used recruitment and staffing plan for the program outlined in this proposal. Staff recruitment will be spearheaded by Senior Vice President Leslie Balonick, located in Chicago, with support for start-up staffing to be provided by Human Resources at the National Foundation Office in Las Vegas. WestCare has utilized a similar plan with much success at the Sheridan Correctional Center in Illinois. First, upon notification of award, Robert Wiley will be offered the Program Director position, with CCDOC approval. Second, all **existing qualified staff** will be given the opportunity for **priority interviews for positions** within the new program. These interviews will occur prior to the start of the search for newly created positions, or positions that were vacated as a result of the transition between service providers. Once this process is complete, the following steps will be taken to ensure all needed staff are available to operate the program. These steps include:

- The Director of HR (Human Resources) and the Program Director will post notices in local newspapers, county area periodicals, with local colleges and universities in the area, and on WestCare's intranet. A focus will be placed on retaining current staff as appropriate.

- The Director of HR and Program Director will screen and interview candidates, and administer a position-based skills assessment. Successful candidates are forwarded to Senior Vice President Leslie Balonick.

- The Senior Vice President will review applications and interview notes. Qualified Counselors (Certified and non-Certified Counselors) will be hired at the Program Director's discretion. The Counselor II position will be re-interviewed by the Senior Vice President.

- Upon Senior Vice President approval, the staff will be enrolled in WestCare's new hire training program.

- Positions will be filled within one month of award. Upon contract commencement, WestCare will have staffed and trained all full-time positions.

- CCDOC Clearance—DOC will provide a temporary ID/pass until the staff member is cleared through the background check process.

This process is outlined in detail in tabular format, which is displayed below:

<u>Week One</u>	<ul style="list-style-type: none"> • Upon award notification, WestCare will initiate necessary actions to recruit and hire staff to initiate a new program. • WestCare HR Director will contact appropriate prison and community administrators for voluntary intra-agency transfers. • WestCare HR Director will make arrangements for interview locations.
<u>Week Two</u>	<ul style="list-style-type: none"> • Applications that have been received will be ranked against minimum qualifications. • Qualified applications will be scheduled for interviews, including staff of previous contractor. • First round of interviews will be held.

**Week
Three**

- WestCare HR Director will determine there are enough qualified/interested applicants to fill vacancies. If not steps will be taken to increase advertisements, bring in WestCare staff from other programs/regions, and/or hire subcontractors who are pre-screened.
- Second round of interviews and job offers.
- Successful new hires will begin process of background checks, drug tests, fingerprinting, new hire paperwork, etc
- Continue interviews if necessary

**Week
Four**

- Schedule new staff members for new employee orientation and appropriate training program.
- End of Week Four Program fully staffed.

Program and Staff Development: WestCare will effectively implement the start-up of the TC program from its administrative headquarters in Chicago. Upon award, Senior Vice President Leslie Balonick will provide onsite oversight of the transition. Once established, the campus will transition into WestCare's established system of management oversight and staff/program development.

Program Development: WestCare's regional staff for fiscal, administrative, clinical, and operational issues will travel to the Chicago campus and assist in establishing required protocols for their focus area. The Program Director and other pertinent administrative staff will receive training at on policies and procedures. After three successful quality assurance reviews, the campus will be moved into the routine oversight cycle of QA reviews, which are routed through headquarters.

Staff Development: Staff will be scheduled for new hire training (this also pertains to existing staff who are hired into WestCare's program), and undergo immersion training on the curriculums. Treatment and administrative staff will obtain 40 hours of in-house orientation training and 30 hours of continuing education per year. Ongoing training will be monitored through headquarters.

If WestCare is awarded this contract, WestCare will:

- Prioritize participants for assessment/intake based on projected release dates, and arrange for an assessment to take place with five days of operational start-up.
- Meet with CCDOC to review its current record system, and arrange for the copying of all existing participant records.
- Obtain an export of all available participant data and integrate it into the WestCare Data Tracking System within 14 days of start-up.

WestCare will address additional needs as they arise and work jointly with CCDOC to resolve them smoothly and expeditiously, bearing in mind the participants' best interest. To facilitate start-up, an overview of the WestCare curriculum as well as ancillary materials will be provided to the whole population along with an introduction to WestCare's history and treatment philosophy. To circumvent or minimize issues related to start-up, the expectations of structure

and systems will be heavily emphasized in the first few weeks. In order to accommodate any issues or questions, WestCare will work with participants to ensure that the weekly schedule is clearly articulated and will discuss in detail the format of the WestCare in-jail TC. It is in this way that WestCare will work to ensure that participants are eased into the new program without difficulty.

3.01.1.10 EQUIPMENT AND SUPPLIES

WestCare understands that it is entitled to use office equipment located in office space provided by the CCDOC. Any equipment provided to WestCare shall remain the property of the County and WestCare shall use such equipment in a safe manner and keep such equipment in good repair (normal wear and tear expected.) WestCare is required to maintain its own equipment. Any County owned equipment will be maintained by Cook County unless damaged by avoidable abuse. Cook County will replace Cook County equipment as feasible. Other than County supplied equipment, WestCare shall have full responsibility for supplying all other equipment and supplies necessary to operate the program, including materials supplied to program participants. The CCDOC will supply one desk, one desk chair, one file cabinet, and two guest chairs for each of the three offices to be used for this contract. Copiers, fax machines, printers, etc. must be supplied by WestCare. There are no networking capabilities using co-location environment. Internet access and dial-up are not currently available, but WestCare understands that it is contemplated by CCDOC before the end of the contract period.

3.03.1.11 PROGRAM MEETINGS

WestCare understands that WestCare, the CCDOC, and Cermak Health Services may hold meetings to discuss the progress of the program. Such meetings will be called at the discretion of the CCDOC when deemed necessary. As described previously, WestCare is proposing the implementation of at least bi-monthly “**integration meetings**” between WestCare, CCDOC, Cermak Health Services, TASC, and Community Based Providers.

3.03.1.12 REPORTS AND RECORDS

Regular program reports are necessary to inform stakeholders of achievements, problems and quantifiable progress. These reports are valuable reference tools that also serve to disseminate information about the program to outside parties. As such, information needs to be collected, analyzed and disseminated in a responsible manner. WestCare maintains data in inmate files (paper) and in WestCare’s electronic tracking and reporting system. WestCare employs strict quality assurance procedures to ensure that data is not compromised and client-identifying information is not disclosed.

A. Reports. WestCare assures CCDOC that it will provide all required or requested reports in the time period specified and will maintain required records in a confidential manner. Reports will be provided in the format requested—written or electronic, concerning the following areas:

- (1) Assessment summary and service plan prior to placement of participant in the program;
- (2) Weekly progress reports of participants;

- (3) Incident reporting affecting WestCare and The Department of Corrections personnel, program operation;
- (4) Current lists of on-site Contractor personnel;
- (5) Caseload list listing participants and daily program schedule for each participant.

WestCare will provide the CCDOC with additional information or reports related to the program, as requested. WestCare understands that the County may withhold the Contractor's payment if all necessary reports are not submitted in a timely way.

B. Records. WestCare will maintain both electronic and paper files on each participant who enters the CCSATP treatment services. Physical and electronic file protection is a priority for WestCare and security is maintained through both physical and procedural methods. Participant files and client-identifying data, along with the agency's MIS, will be maintained in offices with doors that lock, in locked file cabinets in secure areas of those offices. Access to participant files is limited to treatment staff when charting, filing, or conducting plan reviews, and authorized CCDOC representatives during quality management reviews. No participant will have access to information from any participant file other than his own and then only during case plan reviews. Inmate/parolee participant files include, at a minimum:

- WestCare's screening results of the Program participant;
- Attendance records;
- Other services provided by WestCare to the participant;
- Exit-program evaluation Assessment information;
- Treatment Plans and revisions;
- Date of release and placement in community-based services;
- Identification of services provided in the community;
- The release of information (disclosure) form, which is discussed below;
- Other inmate participant information that CCDOC may reasonably require.

All records shall be kept confidential pursuant to General Condition GC-17, Confidentiality and Ownership of Documents. All records and reports shall be handled in a manner consistent with any relevant requirements of HIPAA. WestCare trains staff on HIPAA and 42 CFR, Part II, "Confidentiality of Alcohol and Drug Abuse Patient Records." **Confidentiality and patient information** protection involve law, client trust and good therapeutic practice. Confidentiality training includes an overview of the law and how it is implemented through signed releases and other practices, and staff is trained how to protect participant confidentiality in day-to-day operations and in cases involving third-party requests for information.

WestCare ensures that all participants sign an appropriate Release of Information authorizing the release of appropriate confidential information to CCDOC, TASC, the CBP, and the evaluation contractor. Signed Release of Information forms are maintained by WestCare in the client file. The QA process verifies the maintenance of these Releases of Information. WestCare will comply with all CCDOC information technology standards requirements regarding information security and confidentiality.

3.03.1.13 HEALTH AND SAFETY

WestCare recognizes the importance of safety for all workers and participants, and accident prevention is an integral part of WestCare's operations. WestCare prioritizes conducting the work of the contract in a safe and practical manner.

3.03.1.14 INSURANCE

Prior to commencement of work, WestCare will secure and maintain all insurances specified by Cook County in subsection 3.03.1.14. WestCare is covered for required general liability insurance (see example of policy coverage in this section), worker's compensation insurance and professional insurance at appropriate limits. No automobile liability coverage is applicable to this contract since no vehicles are being requested for this project. Finally, additional names of the insureds will be added to the general liability coverage policy as follows: The County of Cook, Illinois and The Employees of Cook County. The County will be "held harmless" in these matters and will no policy clauses will be detrimental to the County under this contract.

EXHIBIT "A"

POST BOARD AGENDA

APPROVED BY THE BOARD OF COOK COUNTY COMMISSIONERS NOV 04 2009
--

OFFICE OF THE SHERIFF
DEPARTMENT OF CORRECTIONS

PROPOSED CONTRACT

Transmitting a Communication, dated October 21, 2009 from

THOMAS J. DART, Sheriff of Cook County
by
ALEXIS HERRERA, Chief Financial Officer

requesting authorization for the Purchasing Agent to enter into a contract with West Care Foundation, Inc., Chicago, Illinois, to provide substance abuse treatment to the detainees of the Cook County Sheriff's Department of Corrections.

Reason: West Care Foundation, Inc. is recommended based upon the result of a Request for Proposal (RFP) process. The Sheriff's Office in conjunction with the Purchasing Agent conducted an RFP (#09-50-1033P) process with the goal of awarding a contract. There were four (4) respondents to this RFP. West Care Foundation, Inc. was chosen based upon their response to the specific criteria requested and scoring of the selection committee.

Estimated Fiscal Impact: \$ 1,844,401.00 (FY 2010: \$563,566.40; FY 2011: \$640,417.30; and FY 2012: \$640,417.30). Contract period: January 1, 2010 through December 31, 2012. (239-298 Account). Requisition No. 02390005.

Approval of this item would commit Fiscal Years 2010, 2011 and 2012 funds.

SPECIFICATIONS AND AGREEMENT

The undersigned declares that he has carefully examined the Agreement Form, General and Special Conditions and Specifications identified as Document Number **09-41-321** for **SUBSTANCE ABUSE TREATMENT PROGRAM** for **COOK COUNTY SHERIFF – DEPARTMENT OF CORRECTIONS** as prepared by Cook County and that he has familiarized himself with all of the conditions under which it must be carried out and understands that by this agreement he waives all right to plead any misunderstanding regarding the same.

<u>ITEM NO.</u>	<u>UNIT OF MEASURE</u>	<u>QTY.</u>	<u>DESCRIPTION</u>
1.	JOB	1	SUBSTANCE ABUSE TREATMENT PROGRAM AS PER EXHIBIT "A" HEREIN.
			<u>\$1,844,401.00/JOB</u>
			<u>\$1,844,401.00/TOTAL</u>

GRAND TOTAL
NOT TO EXCEED: \$1,844,401.00

NOTE: DO NOT SERVICE UNTIL NOTIFIED BY DEPARTMENT.
CONTRACT PERIOD: JANUARY 1, 2010 THROUGH DECEMBER 31, 2012

Request For Proposal No. 09-50-1033P

ATTACHMENT D: COST PROPOSAL FORM

PROPOSAL PAGE

The Proposer declares that they have carefully examined the Request for Proposal documents in its entirety, including any Addendums issued pursuant thereto for SUBSTANCE ABUSE TREATMENT PROGRAM as prepared by Cook County and has become familiar with all of the conditions under which it must be carried out and understands that by submitting proposed pricing on these pages, Proposer waives all right to plead any misunderstanding regarding the same.

ITEM NO.	UNIT OF MEASURE	DESCRIPTION
1.	EACH 5,112	COUNSELING SESSION (INDIVIDUAL), MALE DETAINEE, AS PER SPECIFICATIONS HEREIN. \$67.09/EA. \$342,975/TOTAL
2.	EACH 2,592	GROUP SESSION, AS PER SPECIFICATIONS HEREIN. \$396.96/EA. \$1,028,926/TOTAL
3.	EACH 2,700	ASSESSMENT, INDIVIDUAL FOR DETAINEE SUBCONTRACTED PER COURT ORDER TO TASC, AS PER SPECIFICATIONS HEREIN. \$175.00/EA. \$472,500/TOTAL
GRAND TOTAL:	\$	<u>1,844,401</u>

DELIVERY/SERVICE DATE: Immediately upon finalization of contract documents to the complete satisfaction of the County and the Board.

(NUMBER OF CALENDAR DAYS AFTER AWARD OF RFP)

DOCUMENT NO.09-41-321

EXHIBIT "B"

**WestCare Illinois
Cook County Substance Abuse Treatment Program**

Average # Participants/Day per RFP: **142**
 Average Days in Program per RFP Addendum: **90**
 Total Estimated Annual Participants: **576**

PERSONNEL SERVICE:	FTE
Program Director	1
Senior Counselor	1
SA Counselors	3
Intake Counselor	1
Overtime	N/A
	<u>6</u>

FRINGE BENEFIT: 20.9% of Total Personnel

Total Personnel & Fringe: \$ 206,057

TRAVEL/TRAINING:

Local Travel-Trainings & Meetings
 Staff Training

100 miles/month
 6 FTE @ \$600 annually

TOTAL TRAVEL/TRAINING:

CONTRACTUAL:

TASC
 Deer Rehab Services Int'l Inc.
 Evaluator

Per Quote - \$175/Assessment
 Certified Substance Abuse Counselor
 Dr. Art Luigio

TOTAL CONTRACTUAL:

EQUIPMENT:

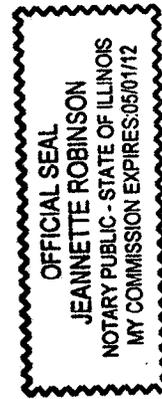
Computers
 Scantron ES 2010/ScanBook
 Cell Phone (Program Director)

\$900 estimate per computer & cabling
 \$4555 year 1 per quote
 \$50/each

TOTAL EQUIPMENT:

Individual Sessions Item #1	Group Sessions Item #2	Individual Assessments Item #3	Total Cost
\$ 44,818	\$ 134,454		\$ 179,272
\$ 28,591	\$ 85,772		\$ 114,363
\$ 77,704	\$ 233,111		\$ 310,814
\$ 19,323	\$ 57,970		\$ 77,293
\$ 170,436	\$ 511,307	\$ -	\$ 681,743
\$ 35,621	\$ 106,863	\$ -	\$ 142,484
\$ 206,057	\$ 618,170	\$ -	\$ 824,227
\$ 455	\$ 1,364		\$ 1,818
\$ 2,700	\$ 8,100		\$ 10,800
\$ 3,155	\$ 9,464	\$ -	\$ 12,618
\$ 32,813	\$ 98,438	\$ 472,500	\$ 472,500
\$ 15,000	\$ 45,000		\$ 131,250
\$ 47,813	\$ 143,438	\$ 472,500	\$ 663,750
\$ 1,350	\$ 4,050		\$ 5,400
\$ 1,139	\$ 3,416		\$ 4,555
\$ 13	\$ 38		\$ 50
\$ 2,501	\$ 7,504	\$ -	\$ 10,005

Jeannette Robinson



Alex Bahl
 11/10/09

SUPPLIES:

Office Supplies/Consumables

Inkjet Cartridges \$1000/annually
 Paper, pens, files, post it & desk commodities \$500/month
 TCU Survey Scantron Forms \$1220/annually
 Postage & Shipping (including over night) \$200/month

Educational Materials/Curriculum

TOTAL SUPPLIES:

OTHER COSTS:

Property Rent N/A - provided by DOC
 Utilities N/A - provided by DOC
 Communications: Telephone N/A - provided by DOC
 Comm.: Cell Phone (1) \$55/month (\$55/month/Cell Service)
 Communications: Internet \$500/month - Years 2 & 3
 Printing of Client Manuals/Certificates \$250/month
 Copier Lease \$450/month
 Staff Recruitment (Background Checks) N/A - provided by DOC
 Staff Recruitment (Ads) \$1000/annually
 Food for Staff Meetings N/A - provided by DOC
 Building Repairs & Maintenance \$1000/month
 Liability Insurance \$300/annually
 Licensing

TOTAL OTHER COSTS:

	Individual Sessions	Group Sessions	Individual Assessments	Total Cost
	\$ 750	\$ 2,250		\$ 3,000
	\$ 4,500	\$ 13,500		\$ 18,000
	\$ 915	\$ 2,745		\$ 3,660
	\$ 1,800	\$ 5,400		\$ 7,200
	\$ 5,762	\$ 17,285		\$ 54,907
	\$ 13,727	\$ 41,180	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ 495	\$ 1,485		\$ 1,980
	\$ 3,000	\$ 9,000		\$ 12,000
	\$ 2,250	\$ 6,750		\$ 9,000
	\$ 4,050	\$ 12,150		\$ 16,200
	\$ -	\$ -	\$ -	\$ -
	\$ 700	\$ 2,100		\$ 2,800
	\$ 750	\$ 2,250		\$ 3,000
	\$ -	\$ -	\$ -	\$ -
	\$ 9,000	\$ 27,000		\$ 36,000
	\$ 75	\$ 225		\$ 300
	\$ 20,320	\$ 60,960	\$ -	\$ 81,280
TOTAL OTHER:	\$ 87,515	\$ 262,545	\$ 472,500	\$ 822,560
TOTAL DIRECT COSTS:	\$ 293,572	\$ 880,715	\$ 472,500	\$ 1,646,787
	\$ 49,404	\$ 148,211	\$ -	\$ 197,614
	\$ 342,975	\$ 1,028,926	\$ 472,500	\$ 1,844,401
UNIT OF MEASURE PER COST PROPOSAL OVER 3 YEARS:	5112	2592	2700	
UNIT COST PER COST PROPOSAL:	\$ 67.09	\$ 396.96	\$ 175.00	
UNIT COST PER 18 CLIENTS IN GROUP @ 142 CENSUS:		\$ 22.05		

INDIRECT:

27% Federally Approved Indirect Cost Rate

Only requesting 12%

UNIT OF MEASURE PER COST PROPOSAL OVER 3 YEARS: 5112

UNIT COST PER COST PROPOSAL: \$ 67.09

UNIT COST PER 18 CLIENTS IN GROUP @ 142 CENSUS: \$ 22.05

ATTACHMENT D: COST PROPOSAL FORM- REVISED

Disclaimer: The above units of measure are based on the current program population of 142 individual sessions per month. This number may fluctuate between 140-190 as needs of the program change. Please develop your proposal based on the above units of measure; however provide a cost scale to address this possible fluctuation*.

*As per the Addendum issued on June 2, 2009 for the cost proposal form revision, WestCare has presented a proposed unit cost for **individual sessions** for the Cook County Substance Abuse Treatment Program clients of **\$67.09**. This rate will be in effect when 142 clients or less are in treatment. However, given the extreme need for services, we will work closely with Cook County to provide individual treatment services to an additional number of clients up to a capacity of 190. In this case, the proposed individual session unit cost would **decrease to \$39.64** when more than 142 clients (**143-190 clients**) are in treatment, an extreme cost savings for Cook County. The overall result will **save Cook County additional individual session charges** since this unit cost will not be exceeded in cases when clients receive more than the required individual sessions each month. WestCare and Cook County believe that the individual treatment needs of the client are paramount, and in many cases *a client will receive more than one group session in a month's time for the same rate and charge.*

Likewise, the unit cost for **group sessions** proposed is **\$396.96 (\$22.05/client)** to serve **up to 142 clients** in treatment. When this number is exceeded and **143 or more clients (up to 190 clients)** are in treatment, the group session unit cost will remain the same, but WestCare proposes to charge \$7.00 per client over 142 for processing fees and documentation per group session attended.

Individual assessments will be provided through a subcontract with TASC. Units of service for assessments exceeding a 142 capacity will need to be negotiated with Cook County.

Note: If the client population exceeds 142, WestCare proposes to identify "on call" substance abuse counselors in order to meet the 1:25 counselor/client ratio and a minimum of 1x per month individual counseling session as per the RFP requirement.

**ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX**

Section	Description	Pages
Instructions	Instructions for Completion of EDS	EDS i - iii
1	MBE/WBE Utilization Plan	EDS 1,2
2	Letter of Intent	EDS 3, 4
3	Petition for Reduction/Waiver of MBE/WBE Participation Goals	EDS 5, 6
4	Certifications	EDS 7, 8
5	Economic and Other Disclosures, Affidavit of Child Support Obligations and Disclosure of Ownership Interest	EDS 9 - 13
6	Sole Proprietor Signature Page	EDS 14a/b/c
7	Partnership Signature Page	EDS 15/a/b/c
8	Corporation Signature Page	EDS 16a/b/c
9	Cook County Signature Page	EDS 17

**INSTRUCTIONS FOR COMPLETION OF
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT**

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every party responding to a Request for Proposals or Request for Qualifications ("Proposer"), and others as required by the Purchasing Agent. If the Undersigned is awarded a contract pursuant to the procurement process for which this EDS was submitted (the "Contract"), this Economic Disclosure Statement and Execution Document shall stand as the Undersigned's execution of the Contract.

Definitions. Capitalized terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, or other documents, as applicable.

"Affiliated Entity" means a person or entity that, directly or indirectly: controls the Bidder, is controlled by the Bidder, or is, with the Bidder, under common control of another person or entity. Indicia of control include, without limitation, interlocking management or ownership; identity of interests among family members; shared facilities and equipment; common use of employees; and organization of a business entity following the ineligibility of a business entity to do business with the County under the standards set forth in the Certifications included in this EDS, using substantially the same management, ownership or principals as the ineligible entity.

"Bidder," "Proposer," "Undersigned," or "Applicant," is the person or entity executing this EDS. Upon award and execution of a Contract by the County, the Bidder, Proposer, Undersigned or Applicant, as the case may be, shall become the Contractor or Contracting Party.

"Proposal," for purposes of this EDS, is the Undersigned's complete response to an RFP/RFQ, or if no RFQ/RFP was issued by the County, the "Proposal" is such other proposal, quote or offer submitted by the Undersigned, and in any event a "Proposal" includes this EDS.

"Code" means the Code of Ordinances, Cook County, Illinois available through the Cook County Clerk's Office website (<http://www.cookctyclerk.com/sub/ordinances.asp>). This page can also be accessed by going to www.cookctyclerk.com, clicking on the tab labeled "County Board Proceedings," and then clicking on the link to "Cook County Ordinances."

"Contractor" or "Contracting Party" means the Bidder, Proposer or Applicant with whom the County has entered into a Contract.

"EDS" means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

"Lobby" or "lobbying" means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

"Lobbyist" means any person or entity who lobbies.

"Prohibited Acts" means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

Sections 1 through 3: MBE/WBE Documentation. Sections 1 and 2 must be completed in order to satisfy the requirements of the County's MBE/WBE Ordinance, as set forth in the Contract Documents, if applicable. If the Undersigned believes a waiver is appropriate and necessary, Section 3, the Petition for Waiver of MBE/WBE Participation must be completed.

Section 4: Certifications. Section 4 sets forth certifications that are required for contracting parties under the Code. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

Section 5: Economic and Other Disclosures Statement. Section 5 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Undersigned to the warranties, representations, agreements and acknowledgements contained therein.

Sections 6, 7, 8: Execution Forms. The Bidder executes this EDS, and the Contract, by completing and signing three copies of the appropriate Signature Page. Section 6 is the form for a sole proprietor; Section 7 is the form for a partnership or joint venture; and Section 8 is the form for a corporation. Proper execution requires **THREE ORIGINALS**; therefore, the appropriate Signature Page must be filled in, three copies made, and all three copies must be properly signed, notarized and submitted. The forms may be printed and completed by typing or hand writing the information required. The County is in the process of converting these forms into a format that may be downloaded and completed on the user's computer. Once this feature is available, those having the necessary software may follow the instructions set forth below under the heading "Instructions for Completing PDF Forms."

Required Updates. The information provided in this EDS will be kept current. In the event of any change in any information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Undersigned will supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is requested.

Additional Information. The County's Governmental Ethics and Campaign Financing Ordinances, impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit our web-site at www.cookcountygov.com and go to the Ethics Department link. The Bidder must comply fully with the applicable ordinances.

MBE/WBE UTILIZATION PLAN

Section 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions.

I. BIDDER/PROPOSER MBE/WBE STATUS: (check the appropriate line)

- Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of appropriate Letter of Certification.)
- Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs, (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available from the Office of Contract Compliance.)
- Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either Directly or Indirectly in the performance of the Contract. (If so, complete Sections II and III).

II. Direct Participation of MBE/WBE Firms

MBEs/WBEs will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Deer Rehabilitation, Inc

Address: 3936 W. Roosevelt Rd. Chicago, IL 60604

E-mail: deerehabservices@sbcglobal.net

Contact Person: Dennis Deer Phone: (773) 826-0398

Dollar Amount Participation: \$ 43,750

Percent Amount of Participation: 7% %

*Letter of Intent attached? Yes No

*Letter of Certification attached? Yes No

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: \$ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached? Yes _____ No _____

*Letter of Certification attached? Yes _____ No _____

Attach additional sheets as needed.

***Where goals have not been achieved through Direct Participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission.**

II. Indirect Participation of MBE/WBE Firms

NOTE: This section need not be completed if the MBE/WBE goals have been met through Direct Participation. However, Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Deer Rehabilitation Services, Inc

Address: 3936 W. Roosevelt Rd Chicago, IL 60604

E-mail: deerehabservices@sbcglobal.net

Contact Person: Dennis Deer Phone: (773) 826-0398

Dollar Amount Participation: \$ 43,750

Percent Amount of Participation: 7% %

*Letter of Intent attached? Yes X No _____

*Letter of Certification attached? Yes X No _____

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: \$ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached? Yes _____ No _____

*Letter of Certification attached? Yes _____ No _____

Attach additional sheets as needed.

*All Letters of Intent, Letters of Certification and documentation of Good Faith Efforts omitted from this bid/proposal must be submitted to the Office of Contract Compliance so as to assure receipt by the Contract Compliance Administrator not later than three (3) business days after bid opening or proposal due date.

COOK COUNTY LETTER OF INTENT
(Section 2)

FROM MBE/WBE TO PERFORM AS SUBCONTRACTOR, SUPPLIER AND/OR CONSULTANT

Contract Title & Number: Substance Abuse Treatment Program ; RFP # 09 - 50 - 1033P

From: Deer Rehabilitation Services, Inc
(MBE/WBE Firm)

To: West Care and the County of Cook
(Bidder/Proposer Firm)

The Undersigned is prepared to provide the following services, supplies and project in connection with the above named contract (the "Contract"):

Each service performed and /or item supplied will be detailed under Description of Service/Supply and Project with all services/items totaled under Fee/Cost to equal the full dollar amount of the Letter of Intent. **All services performed and/or supplies provided must be directly related to this specific Cook County contract and must not include any services/supplies related to any other government contract.**

Description of Service/Supply/Project	Fee/Cost	
1. Substance Abuse Treatment Counselor position & fringe	\$ 40,250	%
2. Training & Support	\$ 3,500	%
3. _____	\$ _____	%
4. _____	\$ _____	%
Total: \$ 43,750		7%

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/Supply and Fee/Cost were completed.

Upon Penalty of perjury, I Dennis Deer (print name)

the President (title) and duly authorized representative

of the Deer Rehabilitation Services, Inc (MBE/WBE firm) affirm

that the foregoing information is true and correct and the services, supplies, and/or project indicated above will be

supplies/performed for the above indicated total dollar amount \$ 43,750.00 which represents the

above indicated total percentage 7 % for the contract amount \$ 614,801.00


(Signature of affiant)

11/04/09
(Date)

Subscribed and sworn to before me this _____ day of _____, 20____

(Notary's Signature)

(Notary Seal)

COOK COUNTY LETTER OF INTENT
FROM BIDDER OR PROPOSER TO COOK COUNTY

Upon penalty of perjury, Dennis Deec (print name),
the President (title) and duly authorized
representative of Deer Rehabilitation Services, Inc (Bidder Proposer firm),

affirm that the foregoing information is true and correct and the services, supplies, and/or project indicated above will
be supplied/performed for the above indicated total dollar amount \$ 43,750.00, which represents the
above indicated total percentage 7 % for the contract amount \$ 614,801.00.

[Signature]
(Signature of affiant)

11 / 4 / 09
(Date)

Subscribed and sworn to before me this 4 day of November, 2009.

[Signature]
(Notary's Signature)

(Notary Seal)



PETITION FOR WAIVER OF MBE/WBE PARTICIPATION
(SECTION 3)

A. BIDDER/PROPOSER HEREBY REQUESTS:

FULL MBE WAIVER

FULL WBE WAIVER

REDUCTION (PARTIAL MBE and/or WBE PARTICIPATION)

_____ % of Reduction for MBE Participation

_____ % of Reduction for WBE Participation

B. REASON FOR FULL/REDUCTION WAIVER REQUEST

Bidder/Proposer shall check each item applicable to its reason for a waiver request. **Additionally, supporting documentation shall be submitted with this request. If such supporting documentation cannot be submitted with bid/proposal/quotation, such documentation shall be submitted directly to the Office of Contract Compliance no later than three (3) days from the date of submission date.**

1) lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract **(please explain)**

2) the specifications and necessary requirements for performing the Contract make it impossible or economically infeasible to divide the Contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation **(please explain)**

3) price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid **(please explain)**

4) there are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms **(please explain)**

C. GOOD FAITH EFFORTS TO OBTAIN MBE/WBE PARTICIPATION

Bidder/Proposer shall check each item applicable to its reason for a waiver request. **Additionally, supporting documentation shall be submitted with this request. If such supporting documentation cannot be submitted with bid/proposal/quotation, such documentation shall be submitted directly to the Office of Contract Compliance no later than three (3) days from the date of submission date.**

- 1) Made timely written solicitation to identified MBEs and WBEs for utilization of goods and/or services; and provided MBEs and WBEs with a timely opportunity to review and obtain relevant specifications, terms and conditions of the proposal to enable MBEs and WBEs to prepare an informed response to solicitation **(please attach)**

- 2) Followed up initial solicitation of MBEs and WBEs to determine if firms are interested in doing business **(please attach)**

- 3) Advertised in a timely manner in one or more daily newspapers and/or trade publication for MBEs and WBEs for supply of goods and services **(please attach)**

- 4) Use the services and assistance of the Office of Contract Compliance Staff **(please explain)**

- 5) Engaged MBEs & WBEs for indirect participation **(please explain)**

D. OTHER RELEVANT INFORMATION

Attach any other documentation relative to Good Faith Efforts in complying with MBE/WBE participation.

**CERTIFICATIONS
(SECTION 4)**

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE UNDERSIGNED IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE UNDERSIGNED THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE UNDERSIGNED IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE UNDERSIGNED SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

- 1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.*;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.*;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20 % or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE UNDERSIGNED HEREBY CERTIFIES THAT: The Undersigned has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Undersigned has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Undersigned would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE UNDERSIGNED HEREBY CERTIFIES THAT: *In accordance with 720 ILCS 5/33 E-11, neither the Undersigned nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.*

C. DRUG FREE WORKPLACE ACT

THE UNDERSIGNED HEREBY CERTIFIES THAT: The Undersigned will provide a drug free workplace, as required by Public Act 86-1459 (30 ILCS 580/2-11).

D. DELINQUENCY IN PAYMENT OF TAXES

THE UNDERSIGNED HEREBY CERTIFIES THAT: *The Undersigned is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, by a local municipality, or by the Illinois Department of Revenue, which such tax or fee is delinquent, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-129.*

E. HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq.*).

F. ILLINOIS HUMAN RIGHTS ACT

THE UNDERSIGNED HEREBY CERTIFIES THAT: *It is in compliance with the the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.*

G. MACBRIDE PRINCIPLES, CODE CHAPTER 34, SECTION 34-132

If the primary contractor currently conducts business operations in Northern Ireland, or will conduct business during the projected duration of a County contract, the primary contractor shall make all reasonable and good faith efforts to conduct any such business operations in Northern Ireland in accordance with the MacBride Principles for Northern Ireland as defined in Illinois Public Act 85-1390.

H. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-127;

The Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is determined from time to time by, and is available from, the Chief Financial Officer of the County.

For purposes of this EDS Section 4, H, "Contract" means any written agreement whereby the County is committed to or does expend funds in connection with the agreement or subcontract thereof. The term "Contract" as used in this EDS, Section 4, I, specifically excludes contracts with the following:

- 1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);
- 2) Community Development Block Grants;
- 3) President's Office of Employment Training;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Correction inmates.

**REQUIRED DISCLOSURES
(SECTION 5)**

1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons or entities that have made lobbying contacts on your behalf with respect to this contract:

Name	Address
<u>n/a</u>	

2. LOCAL BUSINESS PREFERENCE DISCLOSURE; CODE, CHAPTER 34, SECTION 34-151(p);

"Local Business" shall mean a person authorized to transact business in this State and having a bona fide establishment for transacting business located within Cook County at which it was actually transacting business on the date when any competitive solicitation for a public contract is first advertised or announced and further which employs the majority of its regular, full time work force within Cook County, including a foreign corporation duly authorized to transact business in this State and which has a bona fide establishment for transacting business located within Cook County at which it was actually transacting business on the date when any competitive solicitation for a public contract is first advertised or announced and further which employs the majority of its regular, full time work force within Cook County.

a) Is Bidder a "Local Business" as defined above?

Yes: X No: _____

b) If yes, list business address(es) within Cook County:

203 N. HASALLE Street - Suite 2100
CHICAGO, ILLINOIS 60601

c) Does Bidder employ the majority of its regular full-time workforce within Cook County?

Yes: _____ No: X

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (PREFERENCE (CODE, CHAPTER 34, SECTION 34-366)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege. All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS and complete the following, based upon the definitions and other information included in such Affidavit:

X Applicant has no "Substantial Owner."

OR

_____ The Cook County Affidavit of Child Support Obligations has been completed by all "Substantial Owners" and is attached to this EDS.

4. REAL ESTATE OWNERSHIP DISCLOSURES.

The Undersigned must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Undersigned in Cook County:

PERMANENT INDEX NUMBER(S): _____ *n/a*

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

- b) The Undersigned owns no real estate in Cook County.

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

If the Undersigned is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Undersigned must explain below:

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Undersigned certified to all Certifications and other statements contained in this EDS.

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
	n/a	
_____	_____	_____
_____	_____	_____

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
	n/a	
_____	_____	_____
_____	_____	_____

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
	n/a		
_____	_____	_____	_____
_____	_____	_____	_____

Declaration (check the applicable box):

- [] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- [] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Name of Authorized Applicant/Holder Representative (please print or type) Title

Signature Date

E-mail address Phone Number

Subscribed to and sworn before me
this _____ day of _____, 20__.

My commission expires:

X _____
Notary Public Signature

Notary Seal

SUBCONTRACTING OR ASSIGNMENT OF CONTRACT OR CONTRACT FUNDS

Name: TASC

Business: Assessment, Referral and Case Managemnt

Relationship to Contractor: proposed sub-contractor

(Subcontractor, Attorney or Lobbyist, etc., please indicate fees to be paid or to be retained or anticipated).

Fees: \$157,500 (annual)

SUBCONTRACTING OR ASSIGNMENT OF CONTRACT OR CONTRACT FUNDS

Name: Deer Rehabilitation Services, Inc

Business: Substance Abuse, Domestic Violence, Training

Relationship to Contractor: proposed sub-contractor

(Subcontractor, Attorney or Lobbyist, etc., please indicate fees to be paid or to be retained or anticipated).

Fees: \$ 43,750 (annual)

SUBCONTRACTING OR ASSIGNMENT OF CONTRACT OR CONTRACT FUNDS

Name: Dr. Art Lurigio - Reale, Inc

Business: Evaluation

Relationship to Contractor: proposed sub-contractor

(Subcontractor, Attorney or Lobbyist, etc., please indicate fees to be paid or to be retained or anticipated).

Fees: \$ 20,000 (annual)

SIGNATURE BY A SOLE PROPRIETOR
(SECTION 6)

The Undersigned hereby certifies and warrants: that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Purchasing Agent in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: _____ *n/a*

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

FEIN/SSN: _____

COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SOLE PROPRIETOR'S SIGNATURE: _____ *n/a*

PRINT NAME: _____

DATE: _____

Subscribed to and sworn before me this

_____ day of _____, 20____.

My commission expires:

X _____
Notary Public Signature

Notary Seal

CERTIFICATION

Under penalty of perjury, the person signing below warrants that he/she is authorized to execute this EDS on behalf of the Contracting Party and warrants that all certifications and statements contained in this EDS are true, accurate and complete as of the date furnished to the County.

WestCare Foundation

Print or type name of Contracting Party _____

By: Leslie Balonick _____

Leslie Balonick

Print or type name of person signing _____

Senior Vice President

Print or type title of person signing _____

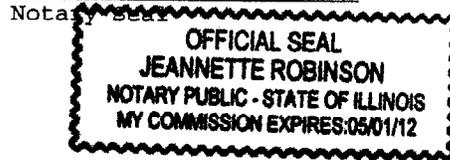
June 10, 2009

Date _____

Signed and sworn to before me this 10 day of June, 2009

Jeannette Robinson
Notary Public Signature

Commission Expires: 05/01/12





June 9, 2009

Alexis Herrera
Chief Financial Officer
Cook County Sheriff's Office
69 West Washington, Suite 1410
Chicago, IL 60602

Re: Leslie Balonick as an authorized representative of WestCare Foundation

Dear Ms. Herrera:

Please let this correspondence served to document that Leslie Balonick is a Senior Vice President of WestCare Foundation and an authorized representative as lead officer in the State of Illinois where WestCare is registered to do business. As such, Ms. Balonick is authorized to sign official documents and forms for bids and proposal submissions such as the one being submitted to you today for the Cook County Sheriff's Department of Corrections-Substance Abuse Treatment Program.

Thank you for your consideration and please feel free to call me with any questions.

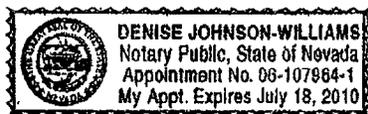
Sincerely,

Peter Ventrella
Executive Vice President and Chief Financial Officer

Cc: Shawn Jenkins
Leslie Balonick

State of Nevada
County of Clark

This instrument was acknowledged before me on 6/10/09 by Peter Ventrella
Peter Ventrella



SIGNATURE BY A CORPORATION
(SECTION 8)

The Undersigned hereby certifies and warrants: that all of the statements, certifications, and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; and that all of the facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Purchasing Agent in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: WestCare Foundation Inc

BUSINESS ADDRESS: P.O. Box 94738
Las Vegas, NV 89193-4738

BUSINESS TELEPHONE: (702) 385-2090 FAX NUMBER: (702) 385-3360

CONTACT PERSON: Peter Ventrella

FEIN: 86-0852629 *IL CORPORATE FILE NUMBER: 01049735

LIST THE FOLLOWING CORPORATE OFFICERS:

PRESIDENT: Richard E Steinberg VICE PRESIDENT: _____

Asst SECRETARY: Peter Ventrella TREASURER: Tex King

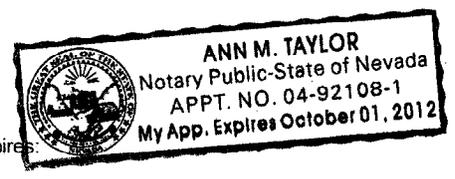
**SIGNATURE OF PRESIDENT: Richard E. Steinberg

ATTEST: [Signature] (CORPORATE SECRETARY)

Subscribed and sworn to before me this
4th day of December, 2009

X Ann M. Taylor
Notary Public Signature

My commission expires: 10/1/12
Notary Seal



* If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

** In the event that this Signature Page is signed by any persons than the President and Secretary, attach either a certified copy of the corporate by-laws, resolution or other authorization by the corporation, authorizing such persons to sign the Signature Page on behalf of the corporation.

COOK COUNTY SIGNATURE PAGE
(SECTION 9)

ON BEHALF OF THE COUNTY OF COOK, A BODY POLITIC AND CORPORATE OF THE STATE OF ILLINOIS, THIS CONTRACT IS HEREBY EXECUTED BY:

Todd A. Sherr

PRESIDENT, COOK COUNTY BOARD OF COMMISSIONERS

Carmen K. Trike-Claire

COOK COUNTY PURCHASING AGENT

Christine M. Klautz

COOK COUNTY COMPTROLLER

DATED AT CHICAGO, ILLINOIS THIS 4th DAY OF November, 2009

IN THE CASE OF A ~~RF~~ PROPOSAL, THE COUNTY HEREBY ACCEPTS:

THE FOREGOING ~~RF~~ PROPOSAL AS IDENTIFIED IN THE CONTRACT DOCUMENTS FOR CONTRACT NUMBER
09-41-321

OR

ITEM(S), SECTION(S), PART(S): _____

TOTAL AMOUNT OF CONTRACT: \$ 1,844,401.00
(DOLLARS AND CENTS)

FUND CHARGEABLE: _____

APPROVED BY BOARD OF
COOK COUNTY COMMISSIONERS

JAN 12 2010

APPROVED AS TO FORM:

[Signature]

ASSISTANT STATE'S ATTORNEY

COM _____