

PROFESSIONAL SERVICES AGREEMENT

13-11-12721

**CONTINUUM OF CARE SUBSTANCE ABUSE
AND MENTAL HEALTH TREATMENT PROGRAM**

BETWEEN



COOK COUNTY GOVERNMENT

COOK COUNTY SHERIFF'S OFFICE

AND

WESTCARE ILLINOIS, INC

APPROVED BY BOARD OF
COOK COUNTY COMMISSIONERS

DEC 04 2013

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PROFESSIONAL SERVICES AGREEMENT

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AGREEMENT

This Agreement is made and entered into by and between the County of Cook, a public body corporate of the State of Illinois, on behalf of Office of the Chief Procurement Officer hereinafter referred to as "County" and WestCare Illinois, Inc. doing business as a corporation of the State of Illinois hereinafter referred to as "Consultant", pursuant to authorization by the Cook County Board of Commissioners on December 4, 2013, as evidenced by Board Authorization letter attached hereto as EXHIBIT "4".

BACKGROUND

The County of Cook issued a Request for Proposals "RFP" for Continuum of Care Substance Abuse and Mental Health Treatment Program. Proposals were evaluated in accordance with the evaluation criteria published in the RFP. The Consultant was selected based on the proposal submitted and evaluated by the County representatives.

Consultant represents that it has the professional experience and expertise to provide the necessary services and further warrants that it is ready, willing and able to perform in accordance with the terms and conditions as set forth in this Agreement.

NOW, THEREFORE, the County and Consultant agree as follows:

TERMS AND CONDITIONS

ARTICLE 1) INCORPORATION OF BACKGROUND

The Background information set forth above is incorporated by reference as if fully set forth here.

ARTICLE 2) DEFINITIONS

a) Definitions

The following words and phrases have the following meanings for purposes of this Agreement:

"Additional Services" means those services which are within the general scope of Services of this Agreement, but beyond the description of services required under Article 3, and all services reasonably necessary to complete the Additional Services to the standards of performance

required by this Agreement. Any Additional Services requested by the Department require the approval of the Chief Procurement Officer in a written modification to this Agreement before Consultant is obligated to perform those Additional Services and before the County becomes obligated to pay for those Additional Services.

"Agreement" means this Professional Services Agreement, including all exhibits attached to it and incorporated in it by reference, and all amendments, modifications or revisions made in accordance with its terms.

"Chief Procurement Officer" means the Chief Procurement Officer for the County of Cook and any representative duly authorized in writing to act on his behalf.

"Department" means the Cook County Using Department.

"Services" means, collectively, the services, duties and responsibilities described in Article 3 of this Agreement and any and all work necessary to complete them or carry them out fully and to the standard of performance required in this Agreement.

"Subcontractor" means any person or entity with whom Consultant contracts to provide any part of the Services, including subcontractors and subconsultants of any tier, suppliers and materials providers, whether or not in privity with Consultant.

b) Interpretation

i) The term **"include"** (in all its forms) means "include, without limitation" unless the context clearly states otherwise.

ii) All references in this Agreement to Articles, Sections or Exhibits, unless otherwise expressed or indicated are to the Articles, Sections or Exhibits of this Agreement.

iii) Words importing persons include firms, associations, partnerships, trusts, corporations and other legal entities, including public bodies, as well as natural persons.

iv) Any headings preceding the text of the Articles and Sections of this Agreement, and any table of contents or marginal notes appended to it, are solely for convenience or reference and do not constitute a part of this Agreement, nor do they affect the meaning, construction or effect of this Agreement.

v) Words importing the singular include the plural and vice versa. Words of the masculine gender include the correlative words of the feminine and neuter genders.

vi) All references to a number of days mean calendar days, unless expressly indicated otherwise.

c) Incorporation of Exhibits

The following attached Exhibits are made a part of this Agreement:

Exhibit 1	Scope of Services
Exhibit 2	Schedule of Compensation
Exhibit 3	Evidence of Insurance
Exhibit 4	Board Authorization

ARTICLE 3) DUTIES AND RESPONSIBILITIES OF CONSULTANT

a) Scope of Services

This description of Services is intended to be general in nature and is neither a complete description of Consultant's Services nor a limitation on the Services that Consultant is to provide under this Agreement. Consultant must provide the Services in accordance with the standards of performance set forth in Section 3c. The Services that Consultant must provide include, but are not limited to, those described in Exhibit 1, Scope of Services and Time Limits for Performance, which is attached to this Agreement and incorporated by reference as if fully set forth here.

b) Deliverables

In carrying out its Services, Consultant must prepare or provide to the County various Deliverables. "**Deliverables**" include work product, such as written reviews, recommendations, reports and analyses, produced by Consultant for the County.

The County may reject Deliverables that do not include relevant information or data, or do not include all documents or other materials specified in this Agreement or reasonably necessary for the purpose for which the County made this Agreement or for which the County intends to use the Deliverables. If the County determines that Consultant has failed to comply with the foregoing standards, it has 30 days from the discovery to notify Consultant of its failure. If Consultant does not correct the failure, if it is possible to do so, within 30 days after receipt of notice from the County specifying the failure, then the County, by written notice, may treat the failure as a default of this Agreement under Article 9.

Partial or incomplete Deliverables may be accepted for review only when required for a specific and well-defined purpose and when consented to in advance by the County. Such Deliverables will not be considered as satisfying the requirements of this Agreement and partial or incomplete Deliverables in no way relieve Consultant of its commitments under this Agreement.

c) Standard of Performance

Consultant must perform all Services required of it under this Agreement with that degree of skill, care and diligence normally shown by a consultant performing services of a scope and purpose and magnitude comparable with the nature of the Services to be provided under this Agreement. Consultant acknowledges that it is entrusted with or has access to valuable and confidential information and records of the County and with respect to that information, Consultant agrees to be held to the standard of care of a fiduciary.

Consultant must assure that all Services that require the exercise of professional skills or judgment are accomplished by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law. Consultant must provide copies of any such licenses. Consultant remains responsible for the professional and technical accuracy of all Services or Deliverables furnished, whether by Consultant or its Subcontractors or others on its behalf. All Deliverables must be prepared in a form and content satisfactory to the Department and delivered in a timely manner consistent with the requirements of this Agreement.

If Consultant fails to comply with the foregoing standards, Consultant must perform again, at its own expense, all Services required to be re-performed as a direct or indirect result of that failure. Any review, approval, acceptance or payment for any of the Services by the County does not relieve Consultant of its responsibility for the professional skill and care and technical accuracy of its Services and Deliverables. This provision in no way limits the County's rights against Consultant either under this Agreement, at law or in equity.

d) Personnel

i) Adequate Staffing

Consultant must, upon receiving a fully executed copy of this Agreement, assign and maintain during the term of this Agreement and any extension of it an adequate staff of competent personnel that is fully equipped, licensed as appropriate, available as needed, qualified and assigned exclusively to perform the Services. Consultant must include among its staff the Key Personnel and positions as identified below. The level of staffing may be revised from time to time by notice in writing from Consultant to the County and with written consent of the County, which consent the County will not withhold unreasonably. If the County fails to object to the revision within 14 days after receiving the notice, then the revision will be considered accepted by the County.

ii) **Key Personnel**

Consultant must not reassign or replace Key Personnel without the written consent of the County, which consent the County will not unreasonably withhold. "Key Personnel" means those job titles and the persons assigned to those positions in accordance with the provisions of this Section 3.d(ii). The Department may at any time in writing notify Consultant that the County will no longer accept performance of Services under this Agreement by one or more Key Personnel listed. Upon that notice Consultant must immediately suspend the services of the key person or persons and must replace him or them in accordance with the terms of this Agreement. A list of Key Personnel is found in Exhibit 1, Scope of Services.

iii) **Salaries and Wages**

Consultant and Subcontractors must pay all salaries and wages due all employees performing Services under this Agreement unconditionally and at least once a month without deduction or rebate on any account, except only for those payroll deductions that are mandatory by law or are permitted under applicable law and regulations. If in the performance of this Agreement Consultant underpays any such salaries or wages, the Comptroller for the County may withhold, out of payments due to Consultant, an amount sufficient to pay to employees underpaid the difference between the salaries or wages required to be paid under this Agreement and the salaries or wages actually paid these employees for the total number of hours worked. The amounts withheld may be disbursed by the Comptroller for and on account of Consultant to the respective employees to whom they are due. The parties acknowledge that this Section 3.4(c) is solely for the benefit of the County and that it does not grant any third party beneficiary rights.

e) **Minority and Women's Business Enterprises Commitment**

In the performance of this Agreement, including the procurement and lease of materials or equipment, Consultant must abide by the minority and women's business enterprise commitment requirements of the Cook County Ordinance, (Article IV, Section 34-267 through 272) except to the extent waived by the Compliance Director. Consultant's completed MBE/WBE Utilization Plan evidencing its compliance with this requirement are a part of this Agreement, in Section 1 of the Economic Disclosure Statement, upon acceptance by the Compliance Director. Consultant must utilize minority and women's business enterprises at the greater of the amounts committed to by the Consultant for this Agreement in accordance with Section 1 of the Economic Disclosure Statement.

f) Insurance

Consultant must provide and maintain at Consultant's own expense, during the term of this Agreement and any time period following expiration if Consultant is required to return and perform any of the Services or Additional Services under this Agreement, the insurance coverages and requirements specified below, insuring all operations related to this Agreement.

i) Insurance To Be Provided

(1) Workers Compensation and Employers Liability

Workers Compensation Insurance, as prescribed by applicable law, covering all employees who are to provide a service under this Agreement and Employers Liability coverage with limits of not less than \$500,000 each accident or illness.

(2) Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent with limits of not less than \$2,000,000 per occurrence for bodily injury, personal injury and property damage liability. Coverages must include the following: All premises and operations, products/completed operations, separation of insureds, defense and contractual liability (with no limitation endorsement). Cook County is to be named as an additional insured on a primary, non-contributory basis for any liability arising directly or indirectly from the Services.

Subcontractors performing Services for Consultant must maintain limits of not less than \$1,000,000 with the same terms in this Section 3.6(a)(ii).

(3) Automobile Liability (Primary and Umbrella)

When any motor vehicles (owned, non-owned and hired) are used in connection with Services to be performed, Consultant must provide Automobile Liability Insurance with limits of not less than \$1,000,000 per occurrence limit, for bodily injury and property damage. The County is to be named as an additional insured on a primary, non-contributory basis.

(4) Professional Liability

When any professional consultants perform Services in connection with this Agreement, Professional Liability Insurance covering acts, errors or omissions must be maintained with limits of not less than \$2,000,000. Coverage must include contractual liability. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede, start of

Services on this Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of 2 years.

Subcontractors performing Services for Consultant must maintain limits of not less than \$1,000,000 with the same terms in this Section 3.6(a)(iv).

(5) Valuable Papers

When any designs, drawings, specifications and documents are produced or used under this Agreement, Valuable Papers Insurance must be maintained in an amount to insure against any loss whatsoever, and must have limits sufficient to pay for the re-creation and reconstruction of such records.

ii) **Additional Requirements**

(1) Consultant must furnish the County of Cook, Cook County, Office of the Chief Procurement Officer, 118 N, Clark St., Room 1018, Chicago, IL 60602, original Certificates of Insurance, or such similar evidence, to be in force on the date of this Agreement, and Renewal Certificates of Insurance, or such similar evidence, if the coverages have an expiration or renewal date occurring during the term of this Agreement. Consultant must submit evidence of insurance on the County Insurance Certificate Form (copy attached as Exhibit 3) or equivalent prior to Agreement award. The receipt of any certificate does not constitute agreement by the County that the insurance requirements in this Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all Agreement requirements. The failure of the County to obtain certificates or other insurance evidence from Consultant is not a waiver by the County of any requirements for Consultant to obtain and maintain the specified coverages. Consultant must advise all insurers of the provisions in this Agreement regarding insurance. Non-conforming insurance does not relieve Consultant of the obligation to provide insurance as specified in this Agreement. Nonfulfillment of the insurance conditions may constitute a violation of this Agreement, and the County retains the right to terminate this Agreement or to suspend this Agreement until proper evidence of insurance is provided.

(1) The insurance must provide for 60 days prior written notice to be given to the County in the event coverage is substantially changed, canceled or non-renewed. All deductibles or self-insured retentions on referenced insurance coverages must be borne by Consultant. Consultant agrees that insurers waive their rights of subrogation against the County of Cook, its employees, elected officials, agents or representatives.

(2) The coverages and limits furnished by Consultant in no way limit Consultant's liabilities and responsibilities specified within this Agreement or by law. Any insurance or self-insurance programs maintained by the County of Cook apply in excess of and do not contribute with insurance provided by Consultant under this Agreement.

(3) The required insurance is not limited by any limitations expressed in the indemnification language in this Agreement or any limitation placed on the indemnity in this Agreement given as a matter of law.

(4) Consultant must require all Subcontractors to provide the insurance required in this Agreement, or Consultant may provide the coverages for Subcontractors. All Subcontractors are subject to the same insurance requirements as Consultant unless otherwise specified in this Agreement. If Consultant or Subcontractor desires additional coverages, the party desiring the additional coverages is responsible for its acquisition and cost.

(5) The County's Risk Management Office maintains the right to modify, delete, alter or change these requirements. "**Risk Management Office**" means the Risk Management Office, which is under the direction of the Director of Risk Management and is charged with reviewing and analyzing insurance and related liability matters for the County.

g) 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.

h) 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.

i) Patents, Copyrights and Licenses

If applicable, Contractor shall furnish the Chief Procurement Officer 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 Chief Procurement Officer. 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.

j) Examination of Records and Audits

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.

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.

k) 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 Chief Procurement Officer, which approval shall be granted or withheld at the sole discretion of the Chief Procurement Officer. 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 Chief Procurement Officer. 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 Chief Procurement Officer the names of any and all subcontractors it intends to use in the performance of the Contract. The Chief Procurement Officer shall have the right to disapprove any subcontractor. Identification of subcontractors to the Chief Procurement Officer shall be in addition to any communications with County offices other than the Chief Procurement Officer. 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 Chief Procurement Officer 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 Chief Procurement Officer or his designee while on any County property and shall abide by all rules and regulations imposed by the County.

ARTICLE 4) TERM OF PERFORMANCE

a) Term of Performance

This Agreement takes effect when approved by the Cook County Board and its term shall begin on January 1, 2014 ("**Effective Date**") and continue until December 31, 2016 or until this Agreement is terminated in accordance with its terms, whichever occurs first.

b) Timeliness of Performance

i) Consultant must provide the Services and Deliverables within the term and within the time limits required under this Agreement, pursuant to the provisions of Section 4.a and Exhibit 1. Further, Consultant acknowledges that TIME IS OF THE ESSENCE and that the failure of Consultant to comply with the time limits described in this Section 4.2 may result in economic or other losses to the County.

ii) Neither Consultant nor Consultant's agents, employees or Subcontractors are entitled to any damages from the County, nor is any party entitled to be reimbursed by the County, for damages, charges or other losses or expenses incurred by Consultant by reason of delays or hindrances in the performance of the Services, whether or not caused by the County.

c) Agreement Extension Option

The Chief Procurement Officer may at any time before this Agreement expires elect to extend this Agreement for up to three (3) additional one-year periods under the same terms and conditions as this original Agreement, except as provided otherwise in this Agreement, by notice in writing to Consultant. After notification by the Chief Procurement Officer, this Agreement must be modified to reflect the time extension in accordance with the provisions of Section 10.c.

ARTICLE 5) COMPENSATION

a) Basis of Payment

The County will pay Consultant according to the Schedule of Compensation in the attached Exhibit 2 for the successful completion of services.

b) Method of Payment

All invoices submitted by the Contractor shall be in accordance with the cost provisions according to the Schedule of Compensation in the attached Exhibit 2. The invoices 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.

c) Funding

The source of funds for payments under this Agreement is identified in Exhibit 2, Schedule of Compensation. Payments under this Agreement must not exceed the dollar amount shown in Exhibit 2 without a written amendment in accordance with Section 10.c.

d) Non-Appropriation

If no funds or insufficient funds are appropriated and budgeted in any fiscal period of the County for payments to be made under this Agreement, then the County will notify Consultant in writing of that occurrence, and this Agreement will terminate on the earlier of the last day of the fiscal period for which sufficient appropriation was made or whenever the funds appropriated for payment under this Agreement are exhausted. Payments for Services completed to the date of notification will be made to Consultant. No payments will be made or due to Consultant and under this Agreement beyond those amounts appropriated and budgeted by the County to fund payments under this Agreement.

e) 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.

f) 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 5.f., 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.

g) 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.

ARTICLE 6) DISPUTES

Any dispute arising under the Contract between the County and Contractor shall first be presented to the Chief Procurement Officer. The complaining party shall submit a written statement detailing the dispute and specifying the specific relevant Contract provision(s) to the Chief Procurement Officer. Upon request of the Chief Procurement Officer, the party complained against shall respond to the complaint in writing within five days of such request. The Chief Procurement Officer will reduce her decision to writing and mail or otherwise furnish a copy thereof to the Contractor. 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 Chief Procurement Officer 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 Chief Procurement Officer of a dispute. No inference shall be drawn from the absence of a decision by the Chief Procurement Officer. 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. Neither party hereto waves any rights in law or equity provided the condition precedent and process set forth herein is met.

ARTICLE 7) COMPLIANCE WITH ALL 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.

ARTICLE 8) SPECIAL CONDITIONS

a) Warranties and Representations

In connection with signing and carrying out this Agreement, Consultant:

- i) warrants that Consultant is appropriately licensed under Illinois law to perform the Services required under this Agreement and will perform no Services for which a professional license is required by law and for which Consultant is not appropriately licensed;
- ii) warrants it is financially solvent; it and each of its employees, agents and Subcontractors of any tier are competent to perform the Services required under this Agreement; and Consultant is legally authorized to execute and perform or cause to be performed this Agreement under the terms and conditions stated in this Agreement;
- iii) warrants that it will not knowingly use the services of any ineligible consultant or Subcontractor for any purpose in the performance of its Services under this Agreement;
- iv) warrants that Consultant and its Subcontractors are not in default at the time this Agreement is signed, and have not been considered by the Chief Procurement Officer to have, within 5 years immediately preceding the date of this Agreement, been found to be in default on any contract awarded by the County ;
- v) represents that it has carefully examined and analyzed the provisions and requirements of this Agreement; it understands the nature of the Services required; from its own analysis it has satisfied itself as to the nature of all things needed for the performance of this Agreement; this Agreement is feasible of performance in accordance with all of its provisions and requirements, and Consultant warrants it can and will perform, or cause to be performed, the Services in strict accordance with the provisions and requirements of this Agreement;
- vi) represents that Consultant and, to the best of its knowledge, its Subcontractors are not in violation of the provisions of the Illinois Criminal Code, 720 ILCS 5/33E as amended, and the Illinois Municipal Code, 65 ILCS 5/11-42.1-1; and
- vii) acknowledges that any certification, affidavit or acknowledgment made under oath in connection with this Agreement is made under penalty of perjury and, if false, is also cause for termination under Sections 9.1 and 9.3.

b) Ethics

- i) In addition to the foregoing warranties and representations, Consultant warrants:

(1) no officer, agent or employee of the County is employed by Consultant or has a financial interest directly or indirectly in this Agreement or the compensation to be paid under this Agreement except as may be permitted in writing by the Board of Ethics.

(2) no payment, gratuity or offer of employment will be made in connection with this Agreement by or on behalf of any Subcontractors to the prime Consultant or higher tier Subcontractors or anyone associated with them, as an inducement for the award of a subcontract or order.

c) Joint and Several Liability

If Consultant, or its successors or assigns, if any, is comprised of more than one individual or other legal entity (or a combination of them), then under this Agreement, each and without limitation every obligation or undertaking in this Agreement to be fulfilled or performed by Consultant is the joint and several obligation or undertaking of each such individual or other legal entity.

d) Business Documents

At the request of the County, Consultant must provide copies of its latest articles of incorporation, by-laws and resolutions, or partnership or joint venture agreement, as applicable.

e) Conflicts of Interest

i) No member of the governing body of the County or other unit of government and no other officer, employee or agent of the County or other unit of government who exercises any functions or responsibilities in connection with the Services to which this Agreement pertains is permitted to have any personal interest, direct or indirect, in this Agreement. No member of or delegate to the Congress of the United States or the Illinois General Assembly and no Commissioner of the Cook County Board or County employee is allowed to be admitted to any share or part of this Agreement or to any financial benefit to arise from it.

ii) Consultant covenants that it, and to the best of its knowledge, its Subcontractors if any (collectively, "**Consulting Parties**"), presently have no direct or indirect interest and will not acquire any interest, direct or indirect, in any project or contract that would conflict in any manner or degree with the performance of its Services under this Agreement.

iii) Upon the request of the County, Consultant must disclose to the County its past client list and the names of any clients with whom it has an ongoing relationship. Consultant is not permitted to perform any Services for the County on applications or other documents submitted to the County by any of Consultant's past or present clients. If Consultant becomes aware of a

conflict, it must immediately stop work on the assignment causing the conflict and notify the County.

iv) Without limiting the foregoing, if the Consulting Parties assist the County in determining the advisability or feasibility of a project or in recommending, researching, preparing, drafting or issuing a request for proposals or bid specifications for a project, the Consulting Parties must not participate, directly or indirectly, as a prime, subcontractor or joint venturer in that project or in the preparation of a proposal or bid for that project during the term of this Agreement or afterwards. The Consulting Parties may, however, assist the County in reviewing the proposals or bids for the project if none of the Consulting Parties have a relationship with the persons or entities that submitted the proposals or bids for that project.

v) The Consultant further covenants that, in the performance of this Agreement, no person having any conflicting interest will be assigned to perform any Services or have access to any confidential information, as defined in Section 3.11 of this Agreement. If the County, by the Chief Procurement Officer in his reasonable judgment, determines that any of Consultant's Services for others conflict with the Services Consultant is to render for the County under this Agreement, Consultant must terminate such other services immediately upon request of the County.

vi) Furthermore, if any federal funds are to be used to compensate or reimburse Consultant under this Agreement, Consultant represents that it is and will remain in compliance with federal restrictions on lobbying set forth in Section 319 of the Department of the Interior and Related Agencies Appropriations Act for Fiscal year 1990, 31 U.S.C. § 1352, and related rules and regulations set forth at 54 Fed. Reg. 52,309 ff. (1989), as amended. If federal funds are to be used, Consultant must execute a Certification Regarding Lobbying, which will be attached as an exhibit and incorporated by reference as if fully set forth here.

f) Non-Liability of Public Officials

Consultant and any assignee or Subcontractor of Consultant must not charge any official, employee or agent of the County personally with any liability or expenses of defense or hold any official, employee or agent of the County personally liable to them under any term or provision of this Agreement or because of the County's execution, attempted execution or any breach of this Agreement.

ARTICLE 9) EVENTS OF DEFAULT, REMEDIES, TERMINATION, SUSPENSION AND RIGHT TO OFFSET

a) Events of Default Defined

The following constitute events of default:

- i) Any material misrepresentation, whether negligent or willful and whether in the inducement or in the performance, made by Consultant to the County.
- ii) Consultant's material failure to perform any of its obligations under this Agreement including the following:
 - (a) Failure due to a reason or circumstances within Consultant's reasonable control to perform the Services with sufficient personnel and equipment or with sufficient material to ensure the performance of the Services;
 - (b) Failure to perform the Services in a manner reasonably satisfactory to the Chief Procurement Officer or inability to perform the Services satisfactorily as a result of insolvency, filing for bankruptcy or assignment for the benefit of creditors;
 - (c) Failure to promptly re-perform within a reasonable time Services that were rejected as erroneous or unsatisfactory;
 - (d) Discontinuance of the Services for reasons within Consultant's reasonable control; and
 - (e) Failure to comply with any other material term of this Agreement, including the provisions concerning insurance and nondiscrimination.
- iii) Any change in ownership or control of Consultant without the prior written approval of the Chief Procurement Officer, which approval the Chief Procurement Officer will not unreasonably withhold.
- iv) Consultant's default under any other agreement it may presently have or may enter into with the County during the life of this Agreement. Consultant acknowledges and agrees that in the event of a default under this Agreement the County may also declare a default under any such other Agreements.
- (v) Failure to comply with Section 7a. in the performance of the Agreement.

(vi) Consultant's repeated or continued violations of County ordinances unrelated to performance under the Agreement that in the opinion of the Chief Procurement Officer indicate a willful or reckless disregard for County laws and regulations.

b) Remedies

The occurrence of any event of default permits the County, at the County's sole option, to declare Consultant in default. The Chief Procurement Officer may in his sole discretion give Consultant an opportunity to cure the default within a certain period of time, which period of time must not exceed 30 days, unless extended by the Chief Procurement Officer. Whether to declare Consultant in default is within the sole discretion of the Chief Procurement Officer and neither that decision nor the factual basis for it is subject to review or challenge under the Disputes provision of this Agreement.

The Chief Procurement Officer will give Consultant written notice of the default, either in the form of a cure notice ("**Cure Notice**"), or, if no opportunity to cure will be granted, a default notice ("**Default Notice**"). If the Chief Procurement Officer gives a Default Notice, he will also indicate any present intent he may have to terminate this Agreement, and the decision to terminate (but not the decision not to terminate) is final and effective upon giving the notice. The Chief Procurement Officer may give a Default Notice if Consultant fails to effect a cure within the cure period given in a Cure Notice. When a Default Notice with intent to terminate is given as provided in this Section 9.b and Article 11, Consultant must discontinue any Services, unless otherwise directed in the notice, and deliver all materials accumulated in the performance of this Agreement, whether completed or in the process, to the County. After giving a Default Notice, the County may invoke any or all of the following remedies:

- i) The right to take over and complete the Services, or any part of them, at Consultant's expense and as agent for Consultant, either directly or through others, and bill Consultant for the cost of the Services, and Consultant must pay the difference between the total amount of this bill and the amount the County would have paid Consultant under the terms and conditions of this Agreement for the Services that were assumed by the County as agent for the Consultant under this Section 9.2;
- ii) The right to terminate this Agreement as to any or all of the Services yet to be performed effective at a time specified by the County;
- iii) The right of specific performance, an injunction or any other appropriate equitable remedy;
- iv) The right to money damages;

- v) The right to withhold all or any part of Consultant's compensation under this Agreement;
- vi) The right to consider Consultant non-responsible in future contracts to be awarded by the County.

If the Chief Procurement Officer considers it to be in the County's best interests, he may elect not to declare default or to terminate this Agreement. The parties acknowledge that this provision is solely for the benefit of the County and that if the County permits Consultant to continue to provide the Services despite one or more events of default, Consultant is in no way relieved of any of its responsibilities, duties or obligations under this Agreement, nor does the County waive or relinquish any of its rights.

The remedies under the terms of this Agreement are not intended to be exclusive of any other remedies provided, but each and every such remedy is cumulative and is in addition to any other remedies, existing now or later, at law, in equity or by statute. No delay or omission to exercise any right or power accruing upon any event of default impairs any such right or power, nor is it a waiver of any event of default nor acquiescence in it, and every such right and power may be exercised from time to time and as often as the County considers expedient.

c) Early Termination

In addition to termination under Sections 9.1 and 9.2 of this Agreement, the County may terminate this Agreement, or all or any portion of the Services to be performed under it, at any time by a notice in writing from the County to Consultant. The County will give notice to Consultant in accordance with the provisions of Article 11. The effective date of termination will be the date the notice is received by Consultant or the date stated in the notice, whichever is later. If the County elects to terminate this Agreement in full, all Services to be provided under it must cease and all materials that may have been accumulated in performing this Agreement, whether completed or in the process, must be delivered to the County effective 10 days after the date the notice is considered received as provided under Article 11 of this Agreement (if no date is given) or upon the effective date stated in the notice.

After the notice is received, Consultant must restrict its activities, and those of its Subcontractors, to winding down any reports, analyses, or other activities previously begun. No costs incurred after the effective date of the termination are allowed. Payment for any Services actually and satisfactorily performed before the effective date of the termination is on the same basis as set forth in Article 5, but if any compensation is described or provided for on the basis of a period longer than 10 days, then the compensation must be prorated accordingly. No amount of compensation, however, is permitted for anticipated profits on unperformed Services. The County and Consultant must attempt to agree on the amount of compensation to be paid to Consultant, but if not agreed on, the dispute must be settled in accordance with Article 6 of this Agreement. The payment so made to Consultant is in full settlement for all Services satisfactorily performed under this Agreement.

Consultant must include in its contracts with Subcontractors an early termination provision in form and substance equivalent to this early termination provision to prevent claims against the County arising from termination of subcontracts after the early termination. Consultant will not be entitled to make any early termination claims against the County resulting from any Subcontractor's claims against Consultant or the County to the extent inconsistent with this provision.

If the County's election to terminate this Agreement for default under Sections 9.1 and 9.2 is determined in a court of competent jurisdiction to have been wrongful, then in that case the termination is to be considered to be an early termination under this Section 9.3.

d) Suspension

The County may at any time request that Consultant suspend its Services, or any part of them, by giving 15 days prior written notice to Consultant or upon informal oral, or even no notice, in the event of emergency. No costs incurred after the effective date of such suspension are allowed. Consultant must promptly resume its performance of the Services under the same terms and conditions as stated in this Agreement upon written notice by the Chief Procurement Officer and such equitable extension of time as may be mutually agreed upon by the Chief Procurement Officer and Consultant when necessary for continuation or completion of Services. Any additional costs or expenses actually incurred by Consultant as a result of recommencing the Services must be treated in accordance with the compensation provisions under Article 5 of this Agreement.

No suspension of this Agreement is permitted in the aggregate to exceed a period of 45 days within any one year of this Agreement. If the total number of days of suspension exceeds 45 days, Consultant by written notice may treat the suspension as an early termination of this Agreement under Section 9.3.

e) Right to Offset

i) In connection with performance under this Agreement:

The County may offset any excess costs incurred:

(i) if the County terminates this Agreement for default or any other reason resulting from Consultant's performance or non-performance;

(ii) if the County exercises any of its remedies under Section 9.2 of this Agreement; or

(iii) if the County has any credits due or has made any overpayments under this Agreement.

The County may offset these excess costs by use of any payment due for Services completed before the County terminated this Agreement or before the County exercised any remedies. If the amount offset is insufficient to cover those excess costs, Consultant is liable for and must promptly remit to the County the balance upon written demand for it. This right to offset is in addition to and not a limitation of any other remedies available to the County.

f.) 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.

g.) 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.

ARTICLE 10) GENERAL CONDITIONS

a) Entire Agreement

i) General

This Agreement, and the exhibits attached to it and incorporated in it, constitute the entire agreement between the parties and no other warranties, inducements, considerations, promises or interpretations are implied or impressed upon this Agreement that are not expressly addressed in this Agreement.

ii) No Collateral Agreements

Consultant acknowledges that, except only for those representations, statements or promises expressly contained in this Agreement and any exhibits attached to it and incorporated by reference in it, no representation, statement or promise, oral or in writing, of any kind whatsoever, by the County, its officials, agents or employees, has induced Consultant to enter

into this Agreement or has been relied upon by Consultant, including any with reference to: (i) the meaning, correctness, suitability or completeness of any provisions or requirements of this Agreement; (ii) the nature of the Services to be performed; (iii) the nature, quantity, quality or volume of any materials, equipment, labor and other facilities needed for the performance of this Agreement; (iv) the general conditions which may in any way affect this Agreement or its performance; (v) the compensation provisions of this Agreement; or (vi) any other matters, whether similar to or different from those referred to in (i) through (vi) immediately above, affecting or having any connection with this Agreement, its negotiation, any discussions of its performance or those employed or connected or concerned with it.

iii) **No Omissions**

Consultant acknowledges that Consultant was given an opportunity to review all documents forming this Agreement before signing this Agreement in order that it might request inclusion in this Agreement of any statement, representation, promise or provision that it desired or on that it wished to place reliance. Consultant did so review those documents, and either every such statement, representation, promise or provision has been included in this Agreement or else, if omitted, Consultant relinquishes the benefit of any such omitted statement, representation, promise or provision and is willing to perform this Agreement in its entirety without claiming reliance on it or making any other claim on account of its omission.

b) **Counterparts**

This Agreement is comprised of several identical counterparts, each to be fully signed by the parties and each to be considered an original having identical legal effect.

c) **Modifications and Amendments**

The parties may 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.

In the case of Contracts not approved by the Board, the Chief Procurement Officer may amend a contract provided that any such amendment does not extend the Contract by more than one (1) year, and further provided that the total cost of all such amendments does not increase the total amount of the Contract beyond \$150,000. Such action may only be made with the advance written approval of the Chief Procurement Officer. If the amendment extends the Contract beyond one (1) year or increases the total award amount beyond \$150,000, then Board approval will be required.

No County department or employee thereof has authority to make any modifications or amendments to this Contract. Any modifications or amendments to this Contract made without the express written approval of the Chief Procurement Officer is void and unenforceable.

Consultant is hereby notified that, except for modifications and amendments which are made in accordance with this Section 10.c., Modifications and Amendments, no County department or employee thereof has authority to make any modification or amendment to this Contract.

d) Governing Law and Jurisdiction

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, 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.

e) Severability

If any provision of this Agreement is held or considered to be or is in fact invalid, illegal, inoperative or unenforceable as applied in any particular case in any jurisdiction or in all cases because it conflicts with any other provision or provisions of this Agreement or of any constitution, statute, ordinance, rule of law or public policy, or for any other reason, those circumstances do not have the effect of rendering the provision in question invalid, illegal, inoperative or unenforceable in any other case or circumstances, or of rendering any other provision or provisions in this Agreement invalid, illegal, inoperative or unenforceable to any extent whatsoever. The invalidity, illegality, inoperativeness or unenforceability of any one or more phrases, sentences, clauses or sections in this Agreement does not affect the remaining portions of this Agreement or any part of it.

f) Assigns

All of the terms and conditions of this Agreement are binding upon and inure to the benefit of the parties and their respective legal representatives, successors and assigns.

g) Cooperation

Consultant must at all times cooperate fully with the County and act in the County's best interests. If this Agreement is terminated for any reason, or if it is to expire on its own terms, Consultant must make every effort to assure an orderly transition to another provider of the Services, if any, orderly demobilization of its own operations in connection with the Services, uninterrupted provision of Services during any transition period and must otherwise comply with the reasonable requests and requirements of the Department in connection with the termination or expiration.

h) Waiver

Nothing in this Agreement authorizes the waiver of a requirement or condition contrary to law or ordinance or that would result in or promote the violation of any federal, state or local law or ordinance.

Whenever under this Agreement the County by a proper authority waives Consultant's performance in any respect or waives a requirement or condition to either the County's or Consultant's performance, the waiver so granted, whether express or implied, only applies to the particular instance and is not a waiver forever or for subsequent instances of the performance, requirement or condition. No such waiver is a modification of this Agreement regardless of the number of times the County may have waived the performance, requirement or condition. Such waivers must be provided to Consultant in writing.

i) Independent Contractor

This Agreement is not intended to and will not constitute, create, give rise to, or otherwise recognize a joint venture, partnership, corporation or other formal business association or organization of any kind between Consultant and the County. The rights and the obligations of the parties are only those expressly set forth in this Agreement. Consultant must perform under this Agreement as an independent contractor and not as a representative, employee, agent, or partner of the County.

This Agreement is between the County and an independent contractor and, if Consultant is an individual, nothing provided for under this Agreement constitutes or implies an employer-employee relationship such that:

- i) The County will not be liable under or by reason of this Agreement for the payment of any compensation award or damages in connection with the Consultant performing the Services required under this Agreement.

ii) Consultant is not entitled to membership in the County Pension Fund, Group Medical Insurance Program, Group Dental Program, Group Vision Care, Group Life Insurance Program, Deferred Income Program, vacation, sick leave, extended sick leave, or any other benefits ordinarily provided to individuals employed and paid through the regular payrolls of the County.

iii) The County is not required to deduct or withhold any taxes, FICA or other deductions from any compensation provided to the Consultant.

j) Governmental Joint Purchasing Agreement

Pursuant to Section 4 of the Illinois Governmental Joint Purchasing Act (30 ILCS 525) and the Joint Purchase Agreement approved by the Cook County Board of Commissioners (April 9, 1965), other units of government may purchase goods or services under this contract.

ARTICLE 11) NOTICES

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.

If to the County: Cook County Sheriff's Office
50 W. Washington Street, Room 704
Chicago, Illinois 60602
Attention: Alexis Herrera, CFO

and

Cook County Chief Procurement Officer
118 North Clark Street, Room 1018
Chicago, Illinois 60602
(Include County Contract Number on all notices)

If to Consultant: WestCare Illinois, Inc.
1100 W. Cermak Road, Suite B414
Chicago, Illinois 60608
Attention: Leslie Balonick, Senior Vice President

Changes in these addresses must be in writing and delivered in accordance with the provisions of this Article 11. Notices delivered by mail are considered received three days after mailing in accordance with this Article 11. Notices delivered personally are considered effective upon receipt. Refusal to accept delivery has the same effect as receipt.

ARTICLE 12) AUTHORITY

Execution of this Agreement by Consultant is authorized by a resolution of its Board of Directors, if a corporation, or similar governing document, and the signature(s) of each person signing on behalf of Consultant have been made with complete and full authority to commit Consultant to all terms and conditions of this Agreement, including each and every representation, certification and warranty contained in it, including the representations, certifications and warranties collectively incorporated by reference in it.

**ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX**

Section	Description	Pages
Instructions	Instructions for Completion of EDS	EDS i - ii
1	MBE/WBE Utilization Plan	EDS 1
2	Letter of Intent	EDS 2
3	Petition for Reduction/Waiver of MBE/WBE Participation Goals	EDS 3
4	Certifications	EDS 4, 5
5	Economic and Other Disclosures, Affidavit of Child Support Obligations and Disclosure of Ownership Interest	EDS 6 - 12
6	Sole Proprietor Signature Page	EDS 13a/b/c
7	Partnership Signature Page	EDS 14a/b/c
8	Limited Liability Corporation Signature Page	EDS 15a/b/c
9	Corporation Signature Page	EDS 16a/b/c
10	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 Chief Procurement Officer. 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.

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

Sections 6, 7, 8, 9: 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; Section 8 is the form for a Limited Liability Corporation, and Section 9 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.

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 Indirect Participation of MBE/WBE Firms

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. 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 that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Deer Rehabilitation, Inc.

Address: 3936 W. Roosevelt Rd. Chicago, IL 60624

E-mail: deerrehabservices@sbcglobal.net

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

Dollar Amount Participation: \$ 1,297,931.00 - Three year amount

Percent Amount of Participation: 9.85 %

*Letter of Intent attached?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
*Letter of Certification attached?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: \$ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*Letter of Certification attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Attach additional sheets as needed.

***Additionally, 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 the Bid Opening date.**

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Deer Rehabilitation Services, Inc.

Certifying Agency: Cook County Government

Address: 3936 W. Roosevelt Rd.

Certification Expiration Date: _____

City/State: Chicago, IL Zip: 60624

FEIN #: 2015229615

Phone: (773) 826-0398 Fax: _____

Contact Person: Dennis Deer

Email: deerrehabservices@sbcglobal.net

Contract #: RFP # 13-11-12721

Participation: Direct Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

No Yes - Please attach explanation. Proposed Subcontractor: _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Clinical Staff Services and Clinical Consult Training

1 Clinical Supervisor, 5 SA/MISA Counselors, and 1 Virtual High School Mentor

Indicate the Dollar Amount, or Percentage, and the Terms of Payment for the above-described Commodities/ Services:

\$1,297,931.00, 9.85%, Payable by Invoice on Monthly Basis

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

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.

[Signature]
Signature (M/WBE)

[Signature]
Signature (Prime Bidder/Proposer)

Dennis Deer

Leslie Balonick

Print Name

Print Name

Deer Rehabilitation Services, Inc.

WestCare Illinois, Inc.

Firm Name

Firm Name

Date

8/14/2013

Date

8/14/13

Subscribed and sworn before me

Subscribed and sworn before me

this 14th day of August, 2013.

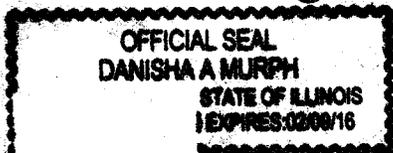
this 14 day of August, 2013.

Notary Public [Signature]

Notary Public [Signature]

SEAL

SEAL



EDS-2

7.10.13

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)

25.15 % 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

- (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) Used 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.



Deer (Re)habilitation Services Inc.

3936 W. Roosevelt Rd. Ste 201
Chicago, IL 60624

1455 S. Michigan Ste 230
Chicago, IL 60601

7222 W. Cermak Rd. 701A
North Riverside, IL 60130

Phone (773) 826-0398

Fax (773) 826-2327

Leslie Balonick
1100 W Cermak
Chicago, Il 60608

Dear Ms. Balonick,

Please find a copy of my MBE certification form. I am certified for the next 2 years but have to submit a no change affidavit each year at which time I receive an updated certification letter. I submitted my no change affidavit in early March. Typically this updated letter comes back fairly quickly. I spoke with Alethia Easley in the Contract Compliance Office for Cook County who informed me that due to changes, their office is severely back logged and that is the reason I have not received my updated letter as of yet.

Ms. Easley informed me to submit my existing letter with the request for proposal, along with this letter documenting that my information is submitted to the Contract Compliance office. In addition, she informed me that Anisha Kerr is my contract compliance officer should you have any questions. Thanking you in advance.

Sincerely,



Dr. Dennis Deer LCPC, CRC, CPAIP
President and Founder

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COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

LAVERNE HALL
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

March 20, 2012

Dr. Dennis Deer, President
Deer Rehabilitation Services, Inc.
3936 West Roosevelt Road
Chicago, IL 60624

Dear Mr. Deer:

Congratulations. We are pleased to inform you that Deer Rehabilitation Services, Inc. will maintain its certification as an MBE (6) by Cook County Government. This MBE (6) Certification must be revalidated annually.

Please use the enclosed Certificate of Certification as validation of your Cook County MBE status and area of specialty.

As a condition of continued Certification during this three (3) year period, you must file a "No-Change Affidavit" within sixty (60) business days prior to the date of annual expiration. A processing fee of \$50.00, payable to Cook County Department of Revenue is required with the No-Change Affidavit. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance within ten (10) days of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification.

Your firm's participation on Cook County contracts will be credited toward MBE (6) goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your area of specialty, credit toward MBE (6) goals will only be recognized for work done in the specialty category.

Thank you for your continued interest in Cook County Government's Minority and Women Business Enterprise Programs.

Sincerely,

A handwritten signature in cursive script that reads "Laverne Hall".

Laverne Hall
Director

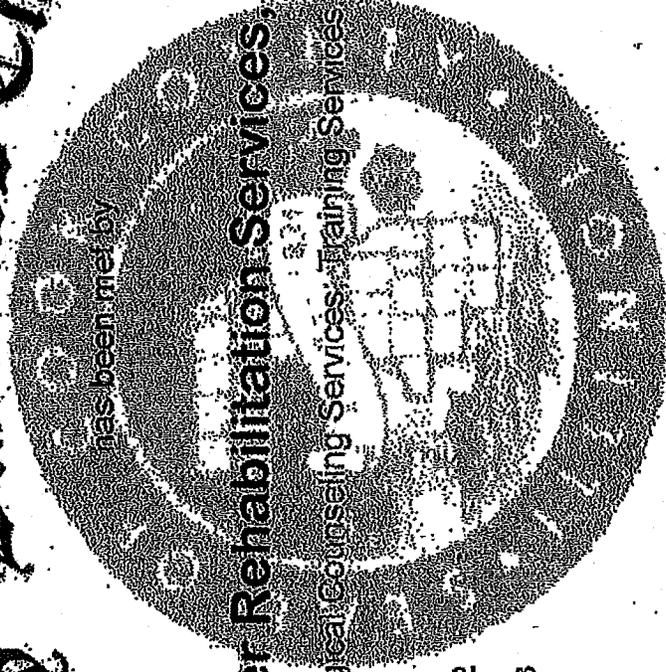
LH/ehw

Cook County Government

Office of Contract Compliance

certifies that the criteria for certification as a

Small Business Enterprise



Deer Rehabilitation Services, Inc.

Professional Services: Psychological Counseling Services, Training Services and Substance Abuse Counseling

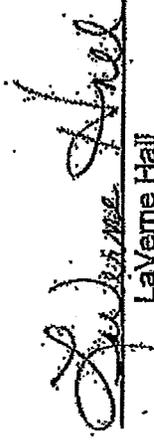
Issued Date: March 20, 2012

No Charge Affidavit Due: March 20, 2013

NIGP Code(s): 94876

Ethnicity Code: 6

County: Cook


Laverne Hall
Contract Compliance Director



Re: Cook County RFP No: 13-11-12721
MBE/WBE Partial Reduction Waiver Request
Good Faith Effort
3 pages

Partial MBE/WBE Partial Reduction Waiver Request

It is the policy of WestCare Illinois to encourage the maximum participation of minority and women-owned businesses and we continuously make all efforts reasonably necessary to ensure that minority-owned and women businesses are used as vendors. Likewise, WestCare strives to make business opportunities available to small business owned by U.S. military veterans. WestCare Illinois will continue to strive to engage minority, women-owned, small and emerging businesses in all facets of our business, however, despite our good faith effort, WestCare is unable to meet the 35% MBE/WBE utilization goal and is requesting a partial reduction waiver. The specifications and necessary requirements for performing the contract make it impossible to divide the contract to enable WestCare to utilize MBE/WBEs in accordance with the direct participation goal of 35%. After conducting the good faith effort, the Direct MBE/WBE participation for the bid is 9.85%.

Although WestCare is unable to meet the 35% goal for this bid, WestCare has an established commitment to diversity among its entire workforce and will continue this commitment in hiring and placing staff for the program. WestCare respects EEO Hiring and Fair Employment Practices requiring equal opportunity employment, and bars sexual harassment and discrimination. WestCare is mindful of the cultural, religious, and ethnic diversity of its service recipients and is committed to achieving and maintaining a diverse work force.

In Illinois and in 16 states and territories in the United States, WestCare is comprised of a workforce that is reflective of the diverse communities and individuals it serves. In all 16 states where WestCare operates, it hires professionals from the local community. Beyond geographic or cultural considerations, a large portion of WestCare's workforce is comprised of individuals who have overcome many of the challenges faced by the individuals they serve, thus creating a peer-to-peer experience that strengthens the therapeutic alliance between staff and their clients.

According to an EEOC report from June 2012, WestCare had 1,041 staff members nationally. Among the 1,041 staff members approximately 10 percent of the workforce are U.S. military veterans, 66 percent are females and 44 percent are males. In regards to race, 52% are minorities. In Illinois, WestCare has 92 employees, 61% are female employees and 39% are minorities. In the current Cook County Department of Corrections funded IMPACT program, with 7 employees, 100% of the seven employees are minority (1 female Latina and 6 African American males). In addition, we have two AmeriCorps workers assigned to the IMPACT program; both of whom are veterans and minorities).

As a nonprofit, WestCare is unable to be certified as an MBE/WBE regardless of the diversity of our workforce. The majority of funding (73%) requested through this grant will be for staff salaries and the majority of staff will be employees of WestCare. In good faith, WestCare selected portions of the work that could be made available to certified vendors. The following portions were chosen:

- Licensed and Certified Drug and Alcohol treatment training program services
- Licensed and Certified Mental Health treatment program services
- Licensed Toxicology Services
- Domestic Violence Training
- Office Supplies, Copy Machine, Computers, Computer equipment, housekeeping supplies

WestCare advertised in Crain's Business (Advertisement Attached) for qualified vendors to provide these portions of the work and provided timely and adequate information about the plans, specifications, and requirements of the contract. WestCare only received one inquiry – OnSite Mobile - as a result of our Crain Business ad for toxicology services from a WBE. OnSite only provides specimen collection services and confirmed that they send the specimen's to an outside certified laboratory that is not an MBE/WBE. We did NOT receive any additional inquiries from qualified MBE/WBE for:

- Licensed and Certified Drug and Alcohol treatment training program services
- Licensed and Certified Mental Health treatment program services
- Licensed Toxicology Services
- Domestic Violence Training
- Office Supplies, Copy Machine, Computers, Computer equipment, housekeeping supplies

Documentation of the WestCare good faith effort follows:

Timeline for MBE/WBE Good Faith Effort

Date	Activity
June 14	Contacted Warren Cooper of Accu-Lab, a Certified MBE, and informed him of the pre-bid meeting on June 21.
June 14	Contacted Dennis Deer of Deer Rehabilitation, a Certified MBE, and informed him of the pre-bid meeting on June 21
June 21	Requested further clarification from the County on drug testing procedures
June 23	Phone conversation with Warren Cooper of Accu-Lab
June 24	Phone conversation with Warren Cooper of Accu-Lab
June 24	Downloaded MBE/WBE information from the Cook County procurement site from the category: Health Services
June 24	Placed ad in Crain's business (Attached)
June 26	Phoned Deer Rehab, a certified MBE, to discuss Licensed and Certified Mental Health Treatment Program Services and Domestic Violence Training
Week of June 22	Phoned Accu-Lab, a certified MBE, to discuss drug testing services.
July 2	Received response to Crain's advertisement from OnSite Mobile Drug Testing, Inc. a Certified WBE for Drug and Alcohol Testing Services
July 19	Received answer from the County on drug testing procedures
July 1	Determined that Accu-lab could not perform the dip testing that results in an instant on-site result, only lab testing
July 1	Determined that OnSite Mobile could only perform specimen collection services and send specimens to an outside laboratory for confirmation. The laboratory that On-Site utilizes is not an MBE/WBE via phone conversation.
August 9	Developed scope of services for Deer Rehab.
August 12	Entered agreement with Deer Rehab to provide MISA/SA and domestic violence services, clinical consultation and employee training. (Letter of Intent Attached.)

Crain's Classifieds

For advertising information, contact Laura Warren at 773.814.3898
www.ChicagoBusiness.com

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On Behalf of the Court Appointed Receiver, Steven H. Baer of Rally Capital Services, LLC-HEBRON (IL Rt. 173 & Price Rd., W. of IL Rt. 47) 214 HOMESITES to be SOLD IN BULK Previously Valued Up to \$4,976,000 Suggested Opening Bid \$100,000 ONLINE BIDDING JULY 22-31, 2013

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For more info including onsite inspection dates
RICK LEVIN & ASSOC., INC. 312-440-2000
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Micky Gallas Properties - mgallas1@comcast.net
mickygallasproperties.com #328890 - 219-874-7070

Historic Executive Home ~ Long Beach, Indiana
One Hour East of Downtown Chicago

 The villa, Belle Casa, sits on a hill in historic Long Beach, Indiana, at Stop 20 on Lake Shore Drive right across the street from one of the most popular beaches of the area on Lake Michigan. This Spanish Colonial Revival villa was one of the very first permanent homes in Long Beach and was named by its original builder, a connected Chicago/Gioco politician.

Belle Casa received an extensive renovation in 2011. The main floor houses the massive step-down living room with a 20 foot barrel vaulted ceiling. The living room and attached alcove overlooks the beautiful Lake Michigan sunsets and outdoor veranda with panoramic views of Lake Michigan and the surrounding neighborhood. It all retains the unique 1920s feel but with updated everything! Offered at \$850,000.

Micky Gallas Properties - mgallas1@comcast.net
mickygallasproperties.com #328890 - 219-874-7070

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REQUEST FOR PROPOSALS

Sub-Bids Requested from Qualified Suppliers for: Licensed and Certified Drug and Alcohol treatment program training services. Licensed and Certified Mental Health treatment program services. Licensed Toxicology services. Domestic Violence training. And the following supplies: Office Supplies, Copy Machine, Computers, Computer Equipment, housekeeping supplies. This request for MBE/WBE participation is made in conjunction with the Cook County Department of Corrections.
Request for Proposal#13-11-12721
Issued on: June 13, 2013. Due Date: 4:00 p.m. Central Standard Time on: July 11, 2013
WestCare Illinois
1100 W. Cermak Road, #B414
Chicago, IL 60608
(312)568-7051 Attention: Nicole Munoz
nicole.munoz@westcare.com

SERVICES WANTED

Progressus Therapy, a nationwide provider of special education services, is responding to an RFP with Chicago Public Schools. We are looking for certified minority and women owned businesses to provide us with translation, criminal background screening and relocation services. If your company is certified MWBE by the City of Chicago and is qualified to provide these services, please contact Christina Damiano at 800-892-0640 x 255.

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Laura Warren • lwarren@crain.com

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Advanced Medical Frequency, Inc. 773-783-8888	MBE/WBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) Professional Services
Alexis Lybrook Taubert, Ph.d., Ltd. 773-227-7547	WBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) Professional Services
Allied Health Professional, Ltd. 847-266-1300	WBE	
Anne B. Barrett Consulting, LLC 847-385-8983	WBE	
Awakened Alternatives Enterprises, LLC 708-748-1520	MBE/WBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 952 HUMAN SERVICES 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Professional Services
Back to Health Chiropractic-Medical Cent 708-489-2225	MBE/WBE	
CHC Flu Shot Services Inc. 847-242-3377	MBE/WBE	
Chicago Medical Equipment and Supply Com 773-931-6793	MBE	465 HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES 475 HOSPITAL, SURGICAL, AND MEDICAL RELATED ACCESSORIES AND SUNDRY ITEMS 918 CONSULTING SERVICES 946 FINANCIAL SERVICES 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) Professional Services Regular Dealer
Chicago Radiation Oncology, S.C. 312-842-8600	MBE	

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<u>Comprehensive Therapeutics, Ltd. d/b/a T</u> 847-998-1188	WBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952)
<u>Cook County Radiation Oncology, S.C.</u> 312-864-3638	MBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952)
<u>Cook Radiation Oncology, S.C.</u> 312 864 3838		
<u>CP Professional Food Services, Inc.</u> 630-794-9622	MBE/WBE	
<u>Deer Rehabilitation Services</u> 773-826-0398	MBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) Professional Services
<u>Direct Medstaff Nursing, Inc.</u> 773-777-6611	MBE	
<u>Eligibility Services, Inc.</u> 214-561-1904	MBE	
<u>Elite Nurse Staffing Inc.</u> 573-447-4770	WBE	
<u>Emergency Medical Specialists, Ltd</u> 773-550-5550	MBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Professional Services
<u>Emergency Nursing Staffing Association I</u> 773-239-3672	WBE	

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Gareda Diversified Business Services, In 708-868-1300	MBE/WBE
Healthcare Transformation Group 214-808-5463	WBE
Home Health Medical, LLC 708-422-7758	MBE 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 952 HUMAN SERVICES Professional Services
Insurers Review Services, Inc. 312-938-0900	MBE 918 CONSULTING SERVICES 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 953 INSURANCE AND INSURANCE SERVICES, (ALL TYPES) Insurance (Employee Benefits, Risk Management, etc.)
M3 Medical Management Services, Ltd. 773-775-2800	MBE/WBE 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 958 MANAGEMENT SERVICES 961 MISCELLANEOUS SERVICES, NO. 1 (NOT OTHERWISE CLASSIFIED)
Medical Applications Specialists, Inc. 630-739-1373	MBE 918 CONSULTING SERVICES 920 DATA PROCESSING, COMPUTER, PROGRAMMING, AND SOFTWARE SERVICES 924 EDUCATIONAL/TRAINING SERVICES 938 EQUIPMENT MAINTENANCE AND REPAIR SERVICES FOR HOSPITAL, LABORATORY, AND TESTING EQUIPMENT 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952)
Occu-Sports Med Corp d/b/a Advanced Occu 312-258-0700	MBE 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) Professional Services
Pee Dee Kay, Inc. d/b/a Kedzie Madison D 773-722-2626	MBE 269 DRUGS AND PHARMACEUTICALS 475 HOSPITAL, SURGICAL, AND MEDICAL RELATED ACCESSORIES AND SUNDRY ITEMS 938 EQUIPMENT MAINTENANCE AND REPAIR SERVICES FOR HOSPITAL, LABORATORY, AND TESTING EQUIPMENT 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) Pharmaceutical
Physician Practice Resources Inc 7087202557	MBE/WBE 918 CONSULTING SERVICES 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Professional Services
Physician Practice Resources, Inc. 7087202557	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) Professional Services

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<u>Professional Nursing, Inc.</u> 312-521-7800	MBE/WBE	918 CONSULTING SERVICES 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Professional Services
<u>PSYCHEALTH, LTD</u> 847-864-4961	MBE/WBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 952 HUMAN SERVICES Professional Services
<u>Randolph Rx Pharmacy, Inc.</u> 773-434-7186	MBE/WBE	
<u>Reliable Healthcare Services, LLC</u> 708-283-8538	MBE/WBE	918 CONSULTING SERVICES 924 EDUCATIONAL/TRAINING SERVICES 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 952 HUMAN SERVICES 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Professional Services
<u>Risk & Insurance Management Services, In</u> 630-655-0800	MBE/WBE	918 CONSULTING SERVICES 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 952 HUMAN SERVICES 953 INSURANCE AND INSURANCE SERVICES, (ALL TYPES) 958 MANAGEMENT SERVICES 961 MISCELLANEOUS SERVICES, NO. 1 (NOT OTHERWISE CLASSIFIED) Consulting
<u>Rodgers Healthcare Consulting, Ltd.</u> 815-932-8100	MBE/WBE	
<u>Saunte Corporation d/b/a NJW Consulting</u> 312-857-1999	MBE/WBE	918 CONSULTING SERVICES 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 958 MANAGEMENT SERVICES 961 MISCELLANEOUS SERVICES, NO. 1 (NOT OTHERWISE CLASSIFIED) 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Consulting Professional Services
<u>SCR Medical Transportation, Inc.</u> 773-768-7000	MBE/WBE	
<u>Terry's Livery Service, Inc.</u> 708-709-0099	MBE/WBE	
<u>The Nurse Agency</u> 773-799-8200	WBE	918 CONSULTING SERVICES 948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Professional Services

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Vendor	Certificates	Industries
<u>Tropical Optical, Inc.</u> 773-762-5662	MBE/WBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952)
<u>Troy Q. Smith & Associates, Inc.</u> 630-544-5338	MBE	
<u>Veridikal, Inc.</u> 480-636-1830	WBE	
<u>Vision Health Management Systems, Inc.</u> 773-924-5234	MBE/WBE	948 HEALTH RELATED SERVICES (FOR HUMAN SERVICES SEE CLASS 952) Professional Services
<u>Vital Med Staffing, Inc.</u> 773-624-9700	MBE/WBE	

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Vendor	Certificates	Industries
American Product Distributors, Inc. 704-522-9411	MBE	037 AMUSEMENT, DECORATIONS, ENTERTAINMENT, GIFTS, TOYS, ETC. 155 BUILDINGS AND STRUCTURES: FABRICATED AND PREFABRICATED 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL
Atlas & Associates 708-525-4097	MBE	037 AMUSEMENT, DECORATIONS, ENTERTAINMENT, GIFTS, TOYS, ETC. 190 CHEMICALS AND SOLVENTS, COMMERCIAL (IN BULK) 465 HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL Regular Dealer
Babon Office Machines Co. 312-922-0566	WBE	600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 615 OFFICE SUPPLIES, GENERAL Supplies
BPC 773-568-9900	MBE/WBE	165 CAFETERIA AND KITCHEN EQUIPMENT, COMMERCIAL 206 COMPUTER HARDWARE AND PERIPHERALS FOR MINI AND MAIN FRAME COMPUTERS 385 FOODS, FROZEN 390 FOODS: PERISHABLE 393 FOODS: STAPLE GROCERY AND GROCER'S MISCELLANEOUS ITEMS 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL 645 PAPER, FOR OFFICE AND PRINT SHOP USE
CE Services, LLC 773-818-9166	MBE/WBE	
Dan's Printing & Office Supplies, Inc. 708-687-3055	WBE	425 FURNITURE: OFFICE 615 OFFICE SUPPLIES, GENERAL 915 COMMUNICATIONS AND MEDIA RELATED SERVICES 966 PRINTING AND TYPESETTING SERVICES Printing Regular Dealer
Erasermitt, Incorporated 312-842-2855	MBE	615 OFFICE SUPPLIES, GENERAL
Fleet USA, Inc. 847-681-2281	WBE	
In Stock Supply, Inc. 800-426-1775	WBE	200 CLOTHING: ATHLETIC, CASUAL, DRESS, UNIFORM, WEATHER AND WORK RELATED 206 COMPUTER HARDWARE AND PERIPHERALS FOR MINI AND MAIN FRAME COMPUTERS 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL
Inter-City Supply Co., Inc. 773-731-8007	MBE/WBE	165 CAFETERIA AND KITCHEN EQUIPMENT, COMMERCIAL 485 JANITORIAL SUPPLIES, GENERAL LINE 545 MACHINERY AND HARDWARE, INDUSTRIAL 600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 610 OFFICE SUPPLIES: CARBON PAPER AND RIBBONS, ALL TYPES 615 OFFICE SUPPLIES, GENERAL 620 OFFICE SUPPLIES: ERASERS, INKS, LEADS, PENS, PENCILS, ETC. 640 PAPER AND PLASTIC PRODUCTS, DISPOSABLE 665 PLASTICS, RESINS, FIBERGLASS: CONSTRUCTION, FORMING, LAMINATING, AND MOLDING EQUIPMENT, ACCESSORIES, AND SUPPLIES 735 RAGS, SHOP TOWELS, AND WIPING CLOTHS 918 CONSULTING SERVICES Regular Dealer



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Vendor	Certificates Industries
<u>Interstate Commodities Inc.</u> 708-567-3512	MBE 200 CLOTHING: ATHLETIC, CASUAL, DRESS, UNIFORM, WEATHER AND WORK RELATED 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL
<u>L.S. Supply Co.</u> 847-208-1152	MBE
<u>Logsdon Stationers, Inc. d/b/a Logsdon O</u> 847-593-8282	WBE 395 FORMS, CONTINUOUS: COMPUTER PAPER, FORM LABELS, SNAP-OUT FORMS, AND FOLDERS FOR FORMS 425 FURNITURE: OFFICE 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL 645 PAPER, FOR OFFICE AND PRINT SHOP USE Regular Dealer
<u>Magnetic Office Products</u> 312-233-0051	MBE
<u>Merchandise Distributors K.W. Inc.</u> 773-588-8088	MBE
<u>Multi-Products Distribution, Inc.</u> 630-893-9612	MBE/WBE 285 ELECTRICAL EQUIPMENT AND SUPPLIES (EXCEPT CABLE AND WIRE) 345 FIRST AID AND SAFETY EQUIPMENT AND SUPPLIES (EXCEPT NUCLEAR AND WELDING) 445 HAND TOOLS (POWERED AND NON-POWERED), ACCESSORIES AND SUPPLIES 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL 670 PLUMBING EQUIPMENT, FIXTURES, AND SUPPLIES 990 SECURITY, FIRE, SAFETY, AND EMERGENCY SERVICES (INCLUDING DISASTER DOCUMENT RECOVERY) Professional Services Regular Dealer
<u>Nova Stationers d/b/a Meadows Office Sup</u> 847-781-8850	MBE 206 COMPUTER HARDWARE AND PERIPHERALS FOR MINI AND MAIN FRAME COMPUTERS 425 FURNITURE: OFFICE 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL Regular Dealer
<u>O & M Enterprises</u> 847-258-4515	MBE/WBE 465 HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES 615 OFFICE SUPPLIES, GENERAL 953 INSURANCE AND INSURANCE SERVICES, (ALL TYPES) Insurance (Employee Benefits, Risk Management, etc.) Regular Dealer
<u>Phoenix Business Solutions, LLC</u> 708-388-1330	WBE 280 ELECTRICAL CABLES AND WRES (NOT ELECTRONIC) 285 ELECTRICAL EQUIPMENT AND SUPPLIES (EXCEPT CABLE AND WIRE) 425 FURNITURE: OFFICE 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL 910 BUILDING MAINTENANCE, INSTALLATION AND REPAIR SERVICES 914 CONSTRUCTION SERVICES, TRADE (NEW CONSTRUCTION) 915 COMMUNICATIONS AND MEDIA RELATED SERVICES Construction Consulting Regular Dealer
<u>Progressive Industries, Inc.</u> 773-763-9566	WBE MBE 037 AMUSEMENT, DECORATIONS, ENTERTAINMENT, GIFTS, TOYS, ETC. 060 AUTOMOTIVE AND TRAILER EQUIPMENT AND PARTS 200 CLOTHING: ATHLETIC, CASUAL, DRESS, UNIFORM, WEATHER AND WORK RELATED 204 COMPUTER HARDWARE AND PERIPHERALS FOR MICROCOMPUTERS 207 COMPUTER ACCESSORIES AND SUPPLIES 289 DRUGS AND PHARMACEUTICALS 345 FIRST AID AND SAFETY EQUIPMENT AND SUPPLIES (EXCEPT NUCLEAR AND WELDING) 425 FURNITURE: OFFICE 485 HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL 630 PAINT, PROTECTIVE COATINGS, VARNISH, WALLPAPER, AND RELATED PRODUCTS 720 PUMPING EQUIPMENT AND ACCESSORIES Commodities (Furniture, Uniforms, etc.) Facilities Janitorial Medical Equipment Medical Supplies Pharmaceutical Regular Dealer Supplies Transportation (Automotive) Utilities



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Vendor	Certificates	Industries
<u>Secure Products Corp.</u> 630-833-8281	WBE	600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 615 OFFICE SUPPLIES, GENERAL 616 OFFICE SUPPLIES, GENERAL, ENVIRONMENTALLY CERTIFIED BY AN AGENCY ACCEPTED CERTIFICATION ENTITY Regular Dealer Supplies
<u>Source One Office Products, Inc.</u> 847-429-9999	WBE	600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 605 OFFICE MECHANICAL AIDS, SMALL MACHINES, AND APPARATUS 610 OFFICE SUPPLIES: CARBON PAPER AND RIBBONS, ALL TYPES 615 OFFICE SUPPLIES, GENERAL 616 OFFICE SUPPLIES, GENERAL, ENVIRONMENTALLY CERTIFIED BY AN AGENCY ACCEPTED CERTIFICATION ENTITY 620 OFFICE SUPPLIES: ERASERS, INKS, LEADS, PENS, PENCILS, ETC. Regular Dealer
<u>I & N Chicago, Inc.</u> 312-641-5850	MBE	031 AIR CONDITIONING, HEATING, AND VENTILATING EQUIPMENT, PARTS AND ACCESSORIES (SEE CLASS 740 ALSO) 045 APPLIANCES AND EQUIPMENT, HOUSEHOLD TYPE 345 FIRST AID AND SAFETY EQUIPMENT AND SUPPLIES (EXCEPT NUCLEAR AND WELDING) 445 HAND TOOLS (POWERED AND NON-POWERED), ACCESSORIES AND SUPPLIES 485 JANITORIAL SUPPLIES, GENERAL LINE 557 MASS TRANSPORTATION - TRANSIT BUS ACCESSORIES AND PARTS 615 OFFICE SUPPLIES, GENERAL 635 PAINTING EQUIPMENT AND ACCESSORIES 640 PAPER AND PLASTIC PRODUCTS, DISPOSABLE Regular Dealer
<u>Total Document Solution</u> 224-534-7349	MBE	600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 615 OFFICE SUPPLIES, GENERAL 936 EQUIPMENT MAINTENANCE AND REPAIR SERVICES FOR GENERAL EQUIPMENT Commodities (Furniture, Uniforms, etc.) Supplies
<u>Tribune Products Company</u> 847-972-6110	MBE/WBE	037 AMUSEMENT, DECORATIONS, ENTERTAINMENT, GIFTS, TOYS, ETC. 425 FURNITURE: OFFICE 615 OFFICE SUPPLIES, GENERAL Regular Dealer
<u>United Business Solutions, LLC d/b/a Uni</u> 630-620-4000	MBE	600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 615 OFFICE SUPPLIES, GENERAL

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Vendor	Certificates Industries
<u>All American Paper Co.</u> 630-325-9720	WBE 485 JANITORIAL SUPPLIES, GENERAL LINE 640 PAPER AND PLASTIC PRODUCTS, DISPOSABLE Janitorial Regular Dealer Supplies
<u>Alpha Health Inc.</u> 630-595-3022	MBE 345 FIRST AID AND SAFETY EQUIPMENT AND SUPPLIES (EXCEPT NUCLEAR AND WELDING) 465 HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES 475 HOSPITAL, SURGICAL, AND MEDICAL RELATED ACCESSORIES AND SUNDRY ITEMS Medical Supplies Supplies
<u>Alta Packaging, Inc.</u> 847-657-8155	WBE 010 ACOUSTICAL TILE, INSULATING MATERIALS, AND SUPPLIES 578 MISCELLANEOUS PRODUCTS (NOT OTHERWISE CLASSIFIED) Supplies
<u>AREM Container & Supply Co.</u> 847-673-6184	WBE 485 JANITORIAL SUPPLIES, GENERAL LINE 640 PAPER AND PLASTIC PRODUCTS, DISPOSABLE 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Janitorial Regular Dealer Supplies
<u>B&L Distributors Inc</u> 708-361-2300	WBE 425 FURNITURE: OFFICE 485 JANITORIAL SUPPLIES, GENERAL LINE Supplies
<u>Bebon Office Machines Co.</u> 312-922-0566	WBE 600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 615 OFFICE SUPPLIES, GENERAL Supplies
<u>Commercial Industrial Services LLC</u> 877-767-0740	MBE 345 FIRST AID AND SAFETY EQUIPMENT AND SUPPLIES (EXCEPT NUCLEAR AND WELDING) 910 BUILDING MAINTENANCE, INSTALLATION AND REPAIR SERVICES 977 RENTAL OR LEASE SERVICES OF APPLIANCES, CAFETERIA, FILM, FURNITURE, HARDWARE, MUSICAL, SEWING, AND WINDOW AND FLOOR COVERINGS Facilities Supplies
<u>Jero Medical Equipment & Supplies, Inc.</u> 312-829-5376	MBE 465 HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES 475 HOSPITAL, SURGICAL, AND MEDICAL RELATED ACCESSORIES AND SUNDRY ITEMS 967 PRODUCTION AND MANUFACTURING SERVICES Regular Dealer Supplies
<u>MRK Group Ltd.</u> 847-468-1700	WBE 203 COMPUTER ACCESSORIES AND SUPPLIES, ENVIRONMENTALLY CERTIFIED BY AN AGENCY ACCEPTED CERTIFICATION ENTITY 204 COMPUTER HARDWARE AND PERIPHERALS FOR MICROCOMPUTERS 205 COMPUTER HARDWARE AND PERIPHERALS FOR MICROCOMPUTERS, ENVIRONMENTALLY CERTIFIED BY AN AGENCY ACCEPTED CERTIFICATION ENTITY 206 COMPUTER HARDWARE AND PERIPHERALS FOR MINI AND MAIN FRAME COMPUTERS 207 COMPUTER ACCESSORIES AND SUPPLIES Supplies
<u>Planned Packaging of Illinois Corp.</u> 815-277-5270	MBE 640 PAPER AND PLASTIC PRODUCTS, DISPOSABLE 962 MISCELLANEOUS SERVICES, NO. 2 (NOT OTHERWISE CLASSIFIED) Regular Dealer Supplies



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<u>Progressive Industries, Inc.</u> 773-783-9566	WBE 037 AMUSEMENT, DECORATIONS, ENTERTAINMENT, GIFTS, TOYS, ETC. MBE 060 AUTOMOTIVE AND TRAILER EQUIPMENT AND PARTS 200 CLOTHING: ATHLETIC, CASUAL, DRESS, UNIFORM, WEATHER AND WORK RELATED 204 COMPUTER HARDWARE AND PERIPHERALS FOR MICROCOMPUTERS 207 COMPUTER ACCESSORIES AND SUPPLIES 269 DRUGS AND PHARMACEUTICALS 345 FIRST AID AND SAFETY EQUIPMENT AND SUPPLIES (EXCEPT NUCLEAR AND WELDING) 425 FURNITURE: OFFICE 485 HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES 485 JANITORIAL SUPPLIES, GENERAL LINE 615 OFFICE SUPPLIES, GENERAL 630 PAINT, PROTECTIVE COATINGS, VARNISH, WALLPAPER, AND RELATED PRODUCTS 720 PUMPING EQUIPMENT AND ACCESSORIES Commodities (Furniture, Uniforms, etc.) Facilities Janitorial Medical Equipment Medical Supplies Pharmaceutical Regular Dealer Supplies Transportation (Automotive) Utilities
<u>RAE Products & Chemicals Corporation</u> 708-396-1984	WBE 485 JANITORIAL SUPPLIES, GENERAL LINE 550 MARKERS, PLAQUES AND TRAFFIC CONTROL DEVICES 630 PAINT, PROTECTIVE COATINGS, VARNISH, WALLPAPER, AND RELATED PRODUCTS 670 PLUMBING EQUIPMENT, FIXTURES, AND SUPPLIES 745 ROAD AND HIGHWAY BUILDING MATERIALS (ASPHALTIC) 885 WATER AND WASTEWATER TREATING CHEMICALS Regular Dealer Supplies
<u>Secure Products Corp.</u> 830-833-8281	WBE 600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 615 OFFICE SUPPLIES, GENERAL 616 OFFICE SUPPLIES, GENERAL, ENVIRONMENTALLY CERTIFIED BY AN AGENCY ACCEPTED CERTIFICATION ENTITY Regular Dealer Supplies
<u>Total Document Solution</u> 224-534-7349	MBE 600 OFFICE MACHINES, EQUIPMENT, AND ACCESSORIES 615 OFFICE SUPPLIES, GENERAL 936 EQUIPMENT MAINTENANCE AND REPAIR SERVICES FOR GENERAL EQUIPMENT Commodities (Furniture, Uniforms, etc.) Supplies
<u>Total Maintenance Concepts, Inc.</u> 830-350-2150	MBE 939 EQUIPMENT MAINTENANCE AND REPAIR SERVICES FOR COMPUTERS, OFFICE, PHOTOGRAPHIC, AND RADIO/TELEVISION EQUIPMENT Supplies

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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) Cook County Works Department;
- 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

N/A

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: No:

b) If yes, list business addresses within Cook County:

1100 W. Cermak Rd Suite B414

Chicago, IL 60608

c) Does Bidder employ the majority of its regular full-time workforce within Cook County?

Yes: No:

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 (EDS-8) and complete the following, based upon the definitions and other information included in such Affidavit.

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.

6. 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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. An individual or Legal Entity that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Leslie Balonick D/B/A: _____ EIN NO. 27-3984627

Street Address: 1100 W. Cermak Road #B414

City: Chicago State: IL Zip Code: 60608

Phone No.: (312) 568-7051

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) N/A - nonprofit

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.

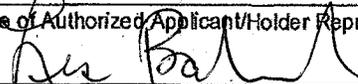
Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

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.

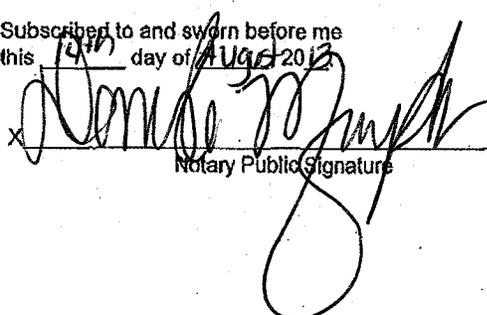
Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Declaration (check the applicable box):

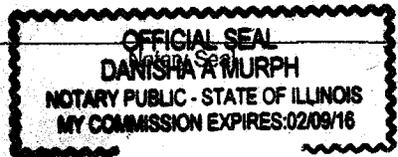
- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Leslie Balonick
Name of Authorized Applicant/Holder Representative (please print or type)

Signature
leslie.balonick@westcare.com
E-mail address

Sr. Vice President
Title
8/14/13
Date
(312) 568-7051
Phone Number

Subscribed to and sworn before me this 14th day of August 2013

Notary Public Signature

My commission expires: 2/9/2016





COOK COUNTY BOARD OF ETHICS

69 W. WASHINGTON STREET, SUITE 3040

CHICAGO, ILLINOIS 60602

312/603-4304

312/603-9988 FAX 312/603-1011 TT/TDD

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION:

Section 2-582 of the Cook County Ethics Ordinance requires any person or persons doing business with Cook County, upon execution of a contract with Cook County, to disclose to the Cook County Board of Ethics the existence of familial relationships they may have with all persons holding elective office in the State of Illinois, the County of Cook, or in any municipality within the County of Cook.

The disclosure required by this section shall be filed by January 1 of each calendar year or within thirty (30) days of the execution of any contract or lease. Any person filing a late disclosure statement after January 31 shall be assessed a late filing fee of \$100.00 per day that the disclosure is late. Any person found guilty of violating any provision of this section or knowingly filing a false, misleading, or incomplete disclosure to the Cook County Board of Ethics shall be prohibited, for a period of three (3) years, from engaging, directly or indirectly, in any business with Cook County. *Note:* Please see Chapter 2 Administration, Article VII Ethics, Section 2-582 of the Cook County Code to view the full provisions of this section.

If you have questions concerning this disclosure requirement, please call the Cook County Board of Ethics at (312) 603-4304.

Note: A current list of contractors doing business with Cook County is available via the Cook County Board of Ethics' website at:

http://www.cookcountygov.com/taxonomy/ethics/Listings/cc_ethics_VendorList_pdf

DEFINITIONS:

"*Calendar year*" means January 1 to December 31 of each year.

"*Doing business*" for this Ordinance provision means any one or any combination of leases, contracts, or purchases to or with Cook County or any Cook County agency in excess of \$25,000 in any calendar year.

"*Familial relationship*" means a person who is related to an official or employee as spouse or any of the following, whether by blood, marriage or adoption:

- | | | |
|-----------|-------------------|----------------|
| ▪ Parent | ▪ Grandparent | ▪ Stepfather |
| ▪ Child | ▪ Grandchild | ▪ Stepmother |
| ▪ Brother | ▪ Father-in-law | ▪ Stepson |
| ▪ Sister | ▪ Mother-in-law | ▪ Stepdaughter |
| ▪ Aunt | ▪ Son-in-law | ▪ Stepbrother |
| ▪ Uncle | ▪ Daughter-in-law | ▪ Stepsister |
| ▪ Niece | ▪ Brother-in-law | ▪ Half-brother |
| ▪ Nephew | ▪ Sister-in-law | ▪ Half-sister |

"*Person*" means any individual, entity, corporation, partnership, firm, association, union, trust, estate, as well as any parent or subsidiary of any of the foregoing, and whether or not operated for profit.

SWORN FAMILIAL RELATIONSHIP DISCLOSURE FORM

Pursuant to Section 2-582 of the Cook County Ethics Ordinance, any person* doing business* with Cook County must disclose, to the Cook County Board of Ethics, the existence of familial relationships* to any person holding elective office in the State of Illinois, Cook County, or in any municipality within Cook County. Please print your responses.

Name of Owner/Employee: Leslie Balonick Title: Sr. Vice President

Business Entity Name: WestCare Illinois, Inc. Phone: (312) 568-7051

Business Entity Address: 1100 W. Cermak Road #B414 Chicago, IL 60608

The following familial relationship exists between the owner or any employee of the business entity contracted to do business with Cook County and any person holding elective office in the State of Illinois, Cook County, or in any municipality within Cook County.

Owner/Employee Name:	Related to:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If more space is needed, attach an additional sheet following the above format.

There is *no* familial relationship that exists between the owner or any employee of the business entity contracted to do business with Cook County and any person holding elective office in the State of Illinois, Cook County, or in any municipality within Cook County.

To the best of my knowledge and belief, the information provided above is true and complete.

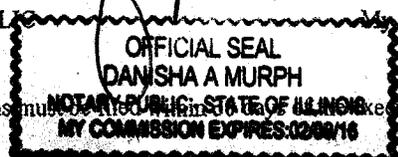
Leslie Balonick 8/17/13
Owner/Employee's Signature Date

Subscribe and sworn before me this 14th Day of August, 20 13

a Notary Public in and for Cook County

Danisha A. Murph
(Signature)

NOTARY PUBLIC
SEAL



My Commission expires 2/9/2016

Completed forms must be filed with the Secretary of the Cook County Board of Ethics in connection with any contract or lease with Cook County and should be mailed to:

Cook County Board of Ethics
69 West Washington Street,
Suite 3040
Chicago, Illinois 60602

**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 Chief Procurement Officer 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: _____

PRINT NAME: _____

DATE: _____

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

My commission expires:

X _____
Notary Public Signature

Notary Seal

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 Chief Procurement Officer 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: _____

PRINT NAME: _____

DATE: _____

Subscribed to and sworn before me this

_____ day of _____, 20__.

My commission expires:

X _____
Notary Public Signature

Notary Seal

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 Chief Procurement Officer 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: _____

PRINT NAME: _____

DATE: _____

Subscribed to and sworn before me this

_____ day of _____, 20____

My commission expires:

X _____
Notary Public Signature

Notary Seal

SIGNATURE BY A PARTNERSHIP (AND/OR A JOINT VENTURE)

(SECTION 7)

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 Chief Procurement Officer 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: J/A

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

CONTACT PERSON: _____ FEIN/SSN: _____

*COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SIGNATURE OF PARTNER AUTHORIZED TO EXECUTE CONTRACTS ON BEHALF OF PARTNERSHIP:

*BY: _____

Date: _____

Subscribed to and sworn before me this

_____ day of _____, 20__.

My commission expires:

X _____
Notary Public Signature

Notary Seal

* Attach hereto a partnership resolution or other document authorizing the individual signing this Signature Page to so sign on behalf of the Partnership.

SIGNATURE BY A PARTNERSHIP (AND/OR A JOINT VENTURE)
(SECTION 7)

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 Chief Procurement Officer 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: _____

CONTACT PERSON: _____ FEIN/SSN: _____

*COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SIGNATURE OF PARTNER AUTHORIZED TO EXECUTE CONTRACTS ON BEHALF OF PARTNERSHIP:

*BY: _____

Date: _____

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

My commission expires:

X _____
Notary Public Signature

Notary Seal

* Attach hereto a partnership resolution or other document authorizing the individual signing this Signature Page to so sign on behalf of the Partnership.

SIGNATURE BY A PARTNERSHIP (AND/OR A JOINT VENTURE)
(SECTION 7)

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BUSINESS NAME: N/A

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

CONTACT PERSON: _____ FEIN/SSN: _____

*COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SIGNATURE OF PARTNER AUTHORIZED TO EXECUTE CONTRACTS ON BEHALF OF PARTNERSHIP:

*BY: _____

Date: _____

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

My commission expires:

X _____
Notary Public Signature

Notary Seal

* Attach hereto a partnership resolution or other document authorizing the individual signing this Signature Page to so sign on behalf of the Partnership.

SIGNATURE BY A LIMITED LIABILITY 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 Procurement Director 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: _____

CONTACT PERSON: _____

FEIN: _____ * CORPORATE FILE NUMBER: _____

MANAGING MEMBER: _____ MANAGING MEMBER: _____

**SIGNATURE OF MANAGER: _____

ATTEST: _____

Subscribed and sworn to before me this

_____ day of _____, 20_____.

X _____
Notary Public Signature

Notary Seal

* If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

** Attach either a certified copy of the by-laws, articles, resolution or other authorization demonstrating such persons to sign the Signature Page on behalf of the LLC.

**SIGNATURE BY A LIMITED LIABILITY 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 Procurement Director 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: _____

CONTACT PERSON: _____

FEIN: _____ * CORPORATE FILE NUMBER: _____

MANAGING MEMBER: _____ MANAGING MEMBER: _____

**SIGNATURE OF MANAGER: _____

ATTEST: _____

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

X _____
Notary Public Signature

Notary Seal

- * If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.
- ** Attach either a certified copy of the by-laws, articles, resolution or other authorization demonstrating such persons to sign the Signature Page on behalf of the LLC.

**SIGNATURE BY A LIMITED LIABILITY 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 Procurement Director 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: _____

CONTACT PERSON: _____

FEIN: _____ * CORPORATE FILE NUMBER: _____

MANAGING MEMBER: _____ MANAGING MEMBER: _____

**SIGNATURE OF MANAGER: _____

ATTEST: _____

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

X _____
Notary Public Signature

Notary Seal

- * If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.
- ** Attach either a certified copy of the by-laws, articles, resolution or other authorization demonstrating such persons to sign the Signature Page on behalf of the LLC.



RESOLUTION WCIL 2012-03

RESOLUTION OF WESTCARE ILLINOIS, INC. BOARD OF DIRECTORS AUTHORIZING THE CONTRACTING POWERS OF THE OFFICERS OF THE CORPORATION.

WHEREAS, the following organizational resolution was passed at a regular meeting of the Directors of WestCare Illinois, Inc. (the "Corporation"), held on October 20, 2012, at which a quorum was present.

THEREFORE, BE IT RESOLVED that, subject to any Contract Policy as may be adopted by the Board, in its discretion, and in addition to those authorizations expressly set forth in Section 5 of *The Amended and Restated Bylaws of WestCare Illinois, Inc.* dated October 20, 2012, and unless otherwise limited or directed by the Board, the President, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, and Regional Senior Vice President be, and each of them hereby is, authorized to sign and execute in the name and on behalf of the Corporation all applications, contracts, licenses, permits, leases and other deeds and documents or instruments in writing of whatever nature that may be reasonably required in the ordinary course of business of the Corporation, and pursuant to the mission and purpose of the Corporation, and that may be necessary for, and incidental to, the lawful operation of the business of the Corporation, and to do such other acts and things as such officers deem necessary or advisable to fulfill such legal requirements as are applicable to the Corporation, its mission and purpose.

PASSED AND ADOPTED at its regular meeting of the Board of Directors of WestCare Illinois, Inc., held on this 20th day of October, 2012, by a unanimous vote:



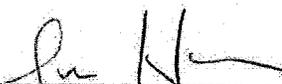
Tom Walsh, Chair
Board of Directors
WestCare Illinois, Inc.

October 20, 2012
Date



Richard Steinberg, President
Board of Directors
WestCare Illinois, Inc.

October 20, 2012
Date



Jim Hanna, Secretary
Board of Directors
WestCare Illinois, Inc.

October 20, 2012
Date

**SIGNATURE BY A CORPORATION
(SECTION 9)**

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 Chief Procurement Officer 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 ILLINOIS, INC

BUSINESS ADDRESS: 1100 W. CERMAK ROAD, # B4A
CHICAGO, IL 60608

BUSINESS TELEPHONE: (312) 568-7051 FAX NUMBER: (312) 243-4107

CONTACT PERSON: LESLIE BALONICK

FEIN: 27-3984627 *IL CORPORATE FILE NUMBER: 67571442

LIST THE FOLLOWING CORPORATE OFFICERS:

PRESIDENT: RICHARD STEINBERG VICE PRESIDENT: LESLIE BALONICK

SECRETARY: JIM HANNA TREASURER: TINA STILES

**SIGNATURE OF PRESIDENT: *Richard Steinberg*

ATTEST: *Jim Hanna* 11-13-2013 (CORPORATE SECRETARY)

JIM HANNA
Corporate Secretary WCIL
Attest under Resolution WCIL 2012-03

Subscribed and sworn to before me this
November day of 13, 2013.

My commission expires:

X *[Signature]*
Notary Public Signature



*. 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.

CONTRACT NO. 13-11-12721

EXHIBIT 1

Scope of Services

"Even now I still remember things. (The program) taught me skills on anger, listening, coping. Humbleness. Not so many fights."

—Quote from inmate in WestCare's Sheridan Correctional Center program, Illinois

SECTION 7.2.4 PLAN OF ACTION, IMPLEMENTATION AND SOLUTION

2.1 SCOPE OF SERVICES

WestCare will develop an enhanced comprehensive continuum of care (**Community Reintegration Center [CRC]**) that integrates specialized substance abuse and co-occurring services, case management, transitional and reentry services for male detainees at the IMPACT Program, Pre-Release Center (PRC), and the Day Reporting Center (DRC). WestCare's extensive experience and expertise will contribute to CCDOC's goals to assess each participant's needs and strengths, and develop asset-based approaches to treatment and skill building that target higher-risk participants with the appropriate dosage and sequencing of treatment and services in order to maximize rehabilitation benefits. These services offered by WestCare will result in a reduction in substance abuse and criminal activity, lower recidivism rates, improved mental health symptoms, and reintegration with family and community.

WestCare uses evidence-based treatment models, methods, curriculums, and assessments. The scope of services includes:

- Individual assessments and re-assessments to determine the extent and severity of substance abuse disorder and mental health problems, and assess areas of trauma and violence; education, income and employment; family/social/peer relationships, and fatherhood issues; spirituality; connection to social values; criminal thinking; psychological and social functioning, and monitor motivation and satisfaction.
- The WestCare Clinical Data System, a state-of-the art web-based data system that will be used to track participant characteristics, assessments, services, and outcomes, and contribute to program evaluation.
- A comprehensive **data collection plan**, quality assurance program, and a local evaluation design. Furthermore, Dr. Arthur Lurigio will provide an independent evaluation of the CRC program.
- Trauma-informed, gender-responsive treatment services provided within the context of a therapeutic and supportive environment, using appropriate evidence-based practices, assessments, and curriculums to meet the identified needs of participants.
- An Interdisciplinary Treatment Team engaging clients in treatment; providing an integrated process for assessments, treatment plans, and therapeutic services; and monitoring client progress.

- Reentry planning and services to ensure that clients are linked to appropriate support services and continuing care in the community, continuing during probationary status if applicable.

The project will include an on-site evaluation component to determine the efficiency and effectiveness of the program in reducing or eliminating substance use, reducing or eliminating mental health symptoms, preventing and reducing criminal recidivism, improving successful reintegration with family and the community, and breaking the cycle of criminality and substance addiction utilizing an integrated model of treatment embedded in evidence-based practices. The evaluation will be guided by Dr. Arthur Lurigio, with assistance from Dawn Ruzich, WestCare Director of Evaluation and Quality in the Central Region.

Reducing Recidivism Rates

WestCare will **track recidivism rates** among PRC, DRC, and IMPACT program participants. The evaluation team will measure recidivism by tracking readmissions to the jail among members of the cohort who are not sentenced to prison. Clients will be followed for at least 12 months; however, all efforts will be made to track clients from the time of their release from jail to the end of the grant funding period. Using the latest statistical techniques, which take into account time-to-recidivism as well as time-at-risk, the WestCare evaluation team will work closely with the data technicians in the jail as well as probation officers in order to document return to the Cook County Department of Corrections. If possible, WestCare will enter into a user agreement with the Illinois Criminal Justice Information Authority and the Illinois State Police that will allow us to track arrests through the Criminal History Record Information system.

An extensive body of research has demonstrated that treatment interventions in secure environments can **reduce recidivism** if they are based on the principles of risk (who to target) and need (what to target).¹ This approach is also referred to as the Risk, Needs, Responsivity Principle (RNR). Developed by Andrews and Bonta in 1990, RNR integrates the criminal conduct mindset into an understanding of how to reduce recidivism.² They identify three principles to guide the assessment and treatment of offenders to advance rehabilitation and reduce recidivism:³

1. **The Risk Principle:** high- to moderate-risk individuals should be prioritized for more structured and more intensive treatment and control programs to maximize outcomes; low-risk individuals should be prioritized when they have high criminogenic needs.
2. **The Need Principle:** Dynamic factors that drive involvement in offending (criminogenic needs) are assessed. Criminogenic needs are generally dynamic. Factors that affect psychosocial functioning such as mental health condition, housing stability, and educational attainment are important stabilizers and destabilizers and should be used to determine the level of need.

¹ Latessa, E.J. (February 24, 2011). *Understanding the risk and needs principles and their application to offender reentry*. PowerPoint lecture presented at Second Chance Act Conference, Washington, DC.

² Andrews, D.A. & Bonta, J. (1994). *The Psychology of Criminal Conduct*.

³ Andrews, D.A., Bonta, J., & Wormith, J.S. (2006). The Recent Past and Near Future of Risk and/or Need Assessment. *Crime and Delinquency*, 52 (1).

3. **The Responsivity Principle:** programming is maximized when treatments are responsive to the risk and needs of individual offenders. The risk-need nexus, and the level of stabilizing factors in a person's life, should determine the behaviors to be targeted in treatment. Demographics such as developmental factors (age) and gender should affect programming to yield the greatest outcomes. General responsivity requires cognitive-behavioral approaches to treatment as they have been shown to be most effective with offenders as a whole. Specific responsiveness acknowledges that non-criminogenic needs may help or hinder the provision of and response to treatment, thus they need to be addressed in order to maximize recidivism reduction.^{4,5}



6

RNR is considered a best practice for corrections and has been shown to reduce recidivism by as much as 35%.⁷ In fact, research shows that non-adherence to the RNR principles is ineffective and can be damaging to offender treatment outcomes.⁸

Risk and need factors must play a central role in assessment, treatment planning and service delivery as these are the driving forces behind criminal attitudes and behaviors. Andrews, Bonta, and Wormith identified eight **major risk/need factors** associated with criminal conduct.^{9,10}

These factors are:

1. Antisocial/pro-criminal attitudes, values, beliefs, and cognitive-emotional states (rage, anger, defiance, criminal identity);
2. Pro-criminal associates and isolation from pro-social peers;

⁴ Andrews, D.A. & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16 (1).

⁵ Center for Advancing Correctional Excellence! (n.d.). Risk-Needs-Responsivity Simulation Tool. http://www.gmuace.org/research_rnr.html

⁶ Chart: Center for Advancing Correctional Excellence! (n.d.). Risk-Needs-Responsivity Simulation Tool. http://www.gmuace.org/research_rnr.html

⁷ Bonta, J., & Andrews, D. A. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation* (User Report 2007-06). Ottawa, Ontario: Public Safety Canada.

⁸ Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006). Does correctional program quality matter? The impact of adhering to the principles of effective intervention. *Criminology & Public Policy*, 5, 575-594.

⁹ Andrews, D.A., Bonta, J., & Wormith, J.S. (2006). The Recent Past and Near Future of Risk and/or Need Assessment. *Crime and Delinquency*, 52 (1).

¹⁰ Latessa, E.J. (February 24, 2011). *Understanding the risk and needs principles and their application to offender reentry*. PowerPoint lecture presented at Second Chance Act Conference, Washington, DC.

3. Unpredictable and antisocial personality favorable to criminal activity:
 - Weak socialization, impulsivity, adventurous, pleasure seeking, restless, aggressive, egocentric, low verbal intelligence, enjoys taking risk, weak problem solving skills, and lack of coping/self-regulation skills.
4. A history of antisocial behavior;
5. Family factors:
 - Low levels of affection, caring, and cohesiveness; poor parental supervision and discipline practices; neglect and abuse.
6. Low levels of educational, vocational, or financial achievement;
7. Low levels of involvement in pro-social leisure activities;
8. Abuse of alcohol and/or drugs.

The WestCare CRC will target this set of risk/need factors through the following interventions:

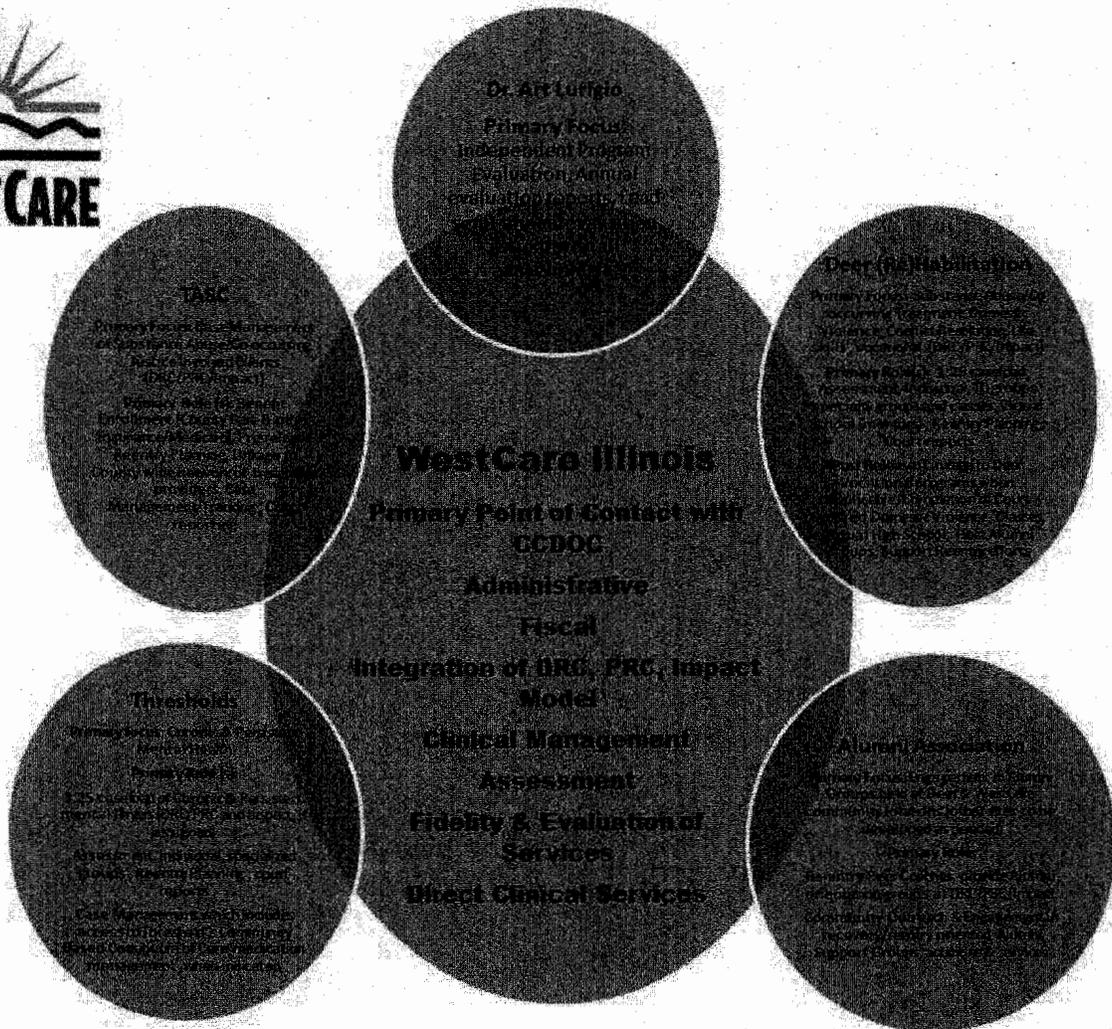
Factor	Risk	Dynamic Need	WestCare CRC Approach
Antisocial Cognition	Attitudes, values, beliefs, and rationalizations that support crime; anger, resentment, defiance	Reduce antisocial cognition, recognize risky thinking and feelings and build alternatives, create anti-criminal identity	Cognitive Behavioral Therapy (CBT), Domestic Violence, Conflict Resolution, Anger Management, Spirituality, Co-occurring Disorders Program (CDP), Men's Trauma, Relapse Prevention, Therapeutic Community (TC), TCU-CEST/CTS
Antisocial Associates	Close association with criminals and relative isolation from prosocial people	Reduce association with criminals, increase association with pro-social others	Alumni Association and other self-help groups, CBT, Recreation Therapy, Relapse Prevention, Anger Management, CDP, TC, TCU-CEST/CTS
Antisocial Personality	Adventurous, pleasure seeking, poor self-control, restless, aggressive, etc.	Build problem-solving, self-management, anger management, and coping skills	CBT, Anger Management, CDP, Relapse Prevention, Spirituality, Men's Trauma, TC, TCU-CEST/CTS
History of Antisocial Behavior	Early and continued involvement in numerous antisocial acts	Instill non-criminal alternative behaviors in risky situations	CBT, Domestic Violence, Conflict Resolution, Anger Management, Spirituality, CDP, Men's Trauma, Relapse Prevention, Alumni Association and other self-help groups, TC, TCU-CEST/CTS
Family Factors	Nurturance and/or caring; lack of monitoring/supervision	Reduce conflict, build positive relationships and communication, improve monitoring/supervision	CBT, CDP, Men's Trauma, Anger Management, 24/7 Dads, InsideOut Dads, Domestic Violence, Conflict Resolution, <i>WaySafe!</i> , Spirituality, and TC
School and/or Work	Low levels of performance and	Enhance performance, rewards, and satisfaction	Virtual High School, GED program, Vocational

	satisfaction		program, TC job functions
Leisure Time	Low levels of involvement and satisfaction in anti-criminal leisure activities	Enhance involvement and satisfaction in prosocial activities.	Recreation Therapy, CBT, Life Skills, Educational and Vocational training, Alumni Association and other self-help groups, and TC
Substance Abuse	Abuse of alcohol and/or drugs	Reduce substance use, reduce personal and interpersonal supports for substance use behaviors, enhance alternatives to substance use.	CBT, TC, Domestic Violence, Conflict Resolution, Anger Management, Spirituality, CDP, Men's Trauma, Relapse Prevention, Alumni Association and other self-help groups, Recreation Therapy, TCU-CEST/CTS

Sub-Contract Partnerships:

Much of WestCare's growth has resulted from partnering with like-minded, community-oriented programs that focus on providing the highest quality services. All of these partnerships are to the mutual benefit of the organizations involved, which will enable the partners to sustain and enhance the provision of services for those who need such help.

WestCare will integrate the services and expertise of "premier" partners to enhance the WestCare model of residential behavioral treatment and day reporting services. The network of established and experienced organizations includes WestCare Illinois as the Lead Agency and primary treatment provider, Deer Rehabilitation Services, TASC, Thresholds, the Alumni Association, and Dr. Arthur Lurigio. (WestCare will subcontract with Redwood Toxicology Laboratory, Inc. to provide drug testing to DRC participants.) Team members and their roles are briefly described below and fully described in "Section 7.2.6 Subcontracting or Teaming."



Deer (Re)habilitation

Primary Focus: Substance Abuse/Co-occurring Treatment, Domestic Violence, Conflict Resolution, Life Skills, Vocational (DRG/PRC/Impact)

Primary Models: 1-25 caseload, Assessment, individual, TG groups, specialty groups and classes, Virtual School (mentors), Reentry Planning, Courtrooms

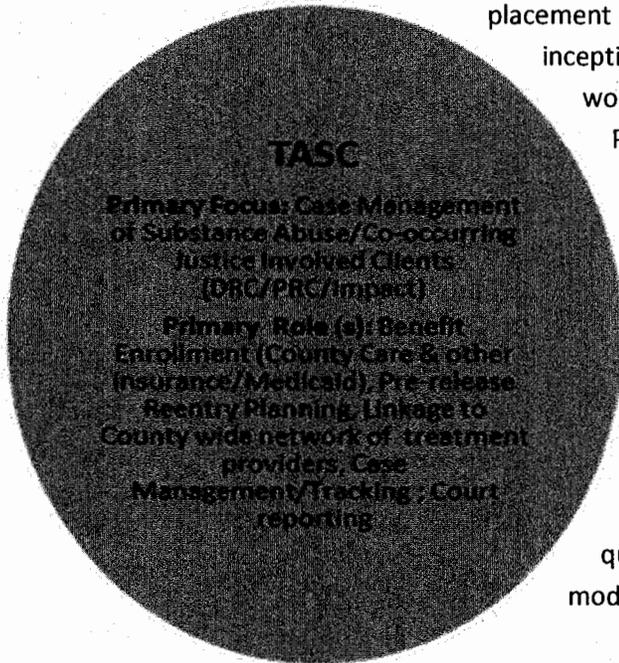
Post Release: Linkage to Deer Vocational programs when applicable, Completion of Court Orders, Domestic Violence Classes, virtual high school, Post-Audit Groups, Support, Reentry efforts

DEER (RE)HABILITATION SERVICES Inc. (DRS) is a community based and community driven organization with a social mission of redefining intervention through therapy, training and leader development in the disadvantaged communities that we serve. Deer is a **Minority Owned Business Enterprise (MBE)** certified by the Cook County Office of Contract Compliance as well as the State Of Illinois Business Enterprise Program. DRS has built a reputation of excellence in community-based service delivery and as a leading provider of reentry services, life-skills training, DUI classes, substance abuse treatment classes, individual and couples counseling, anger management training, and domestic violence prevention.

Under a subcontract with WestCare, DRS will hire 5 Counselors, 1

Clinical Supervisor, and 1 Mentor to work in the WestCare CRC. The **role of Counselors** is to provide substance abuse treatment services (caseload of 25; treatment and reentry planning; group and individual counseling) and provide specialized groups on domestic violence in the DRC, PRC, and IMPACT Programs. The **role of the Clinical Supervisor** is to provide clinical supervision of Counselors and carry a partial caseload in the in the DRC and PRC. The **role of the Mentor** is to provide young men in the DRC with one-on-one attention, be supportive, and encourage them in their academic, career, and life goals.

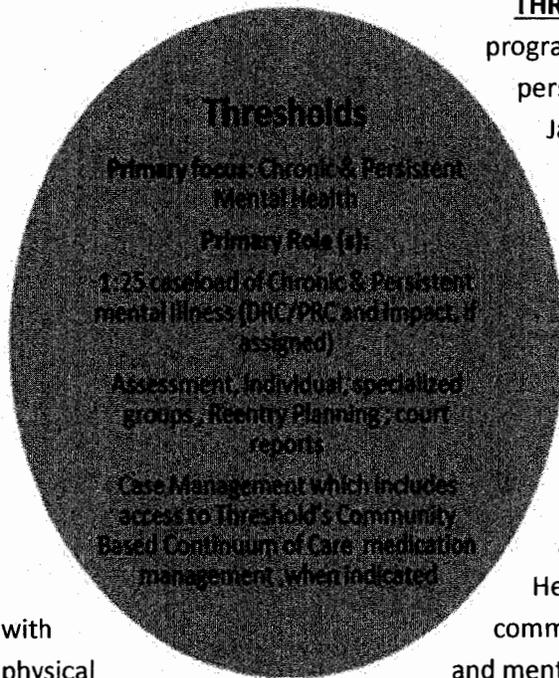
TASC. In Cook County, TASC has provided assessment, drug testing, court advocacy, treatment placement and case management services for probationers since its inception. Moreover, for more than two decades, TASC has worked in conjunction with the Cook County Adult Probation Department and Circuit Court to develop and refine appropriate sanctions and interventions for non-violent, drug-involved offenders. The **role of TASC, Inc.** is to deliver comprehensive clinical care management services to all program clients. TASC will provide a team of six FTE Case Managers and one FTE Clinical Supervisor to conduct case management activities, including benefits enrollment for eligible clients. All TASC staff will be cross trained in program operations specific to the Impact Program, PRC, and DRC to ensure quality and consistency of services in this new, integrated model.



TASC's clinical care management model involves assessment and advocacy, placement and retention in services, and monitoring and reporting to all entities involved in the clients care including Probation. Specific to the programming aims of the Cook County Sheriff's Office, TASC will align its case management focus to serve those offenders who have distinct service needs. This will likely include clients who are high-risk/high-need and low-risk/high-need (based on results of the WestCare assessment), and clients with complex primary health and behavioral health issues. These individuals often require extensive coordination of services, which is the foundation of case management.

The Role of TASC Case Managers is to work with eligible clients to secure access to resources including public insurance and income support programs. To successfully complete these enrollment activities, the organization will build on 37 years of experience working in the Cook County Jail, other jails across Illinois, and Illinois prisons. TASC's work includes conducting behavioral health screening in high-volume, fast-paced, secure environments. TASC is currently enrolling people detained at Cook County Jail in the CountyCare program and is facilitating enrollment for its clients in the community, including parolees and probationers. However, the engagement mechanisms are already in place for working with prospective enrollees of both healthcare systems should it be identified in this program that they require assistance with benefits enrollment. Clients (not currently receiving TASC Alternatives to

Incarceration services) may also be eligible for the new CountyCare program, which makes Medicaid available to low income adults regardless of disability.



THRESHOLDS established their Justice Program in 1997. This program was developed to provide key transitional services to persons with severe mental illness exiting the Cook County Jail. The program boasts more than fifteen's worth of data demonstrating that these services yield an 89% reduction in arrests, 86% reduction in jail time, and 76% reduction in hospitalizations. Prior to an individual's release, skilled and experienced staff provides in-reach services to individuals referred by Cermak Health Services at the Cook County Jail. Staff then conduct a comprehensive mental health assessment, and work with the individual to plan for returning to the community. This process includes court advocacy, working with Cook County Adult Mental Health Probation, and connecting this at-risk population

with physical and mental health care treatment (including medications and medication monitoring), and employment. Thresholds continues to provide intensive community supports upon release. Program outcomes include increased community reintegration, as evidenced by independent living, reconnection with family, employment, education, and decreased symptoms of mental illness and substance use. The results are lives transformed and millions of taxpayer dollars saved. The Justice Program served more than 150 men and women in FY2012. In 2001, Thresholds received the prestigious American Psychiatric Association's "Gold Achievement Award" for its work with this vulnerable population.

Thresholds also has a relationship with Cook County Adult Mental Health Probation. Thresholds receives referrals for individuals who are detained at the jail, and also those who are out in the community and need intensive community support services in order to meet the conditions of probation and move forward in their recovery.

The **role of Thresholds** in the WestCare CRC is to function as a subcontractor, providing licensed mental health counselors for Day Reporting and for PRC. Adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, and who may have a co-occurring substance use disorder that requires crisis resolution or ongoing and long-term support and treatment will be included in their specialized caseloads. The licensed mental health counselors will participate on the multi-disciplinary team and deliver targeted interventions and treatment in order to assist in stabilization of the individual and coordination with community resources and treatment.

Each of Thresholds' licensed mental health counselors will carry a caseload of 25 individuals and provide comprehensive assessments, individual counseling, group counseling, case management and integrated dual disorder treatment. These counselors will develop a pre-release plan with the individual and assist with their re-entry into the community. The Thresholds counselors will link the individuals on their caseload to Thresholds' full continuum of community services which includes housing, public benefit programs, primary and psychiatric care, mental health and substance abuse treatment, and supported employment and education services.

ALUMNI ASSOCIATION. The mission of the Alumni Association is to provide a positive social network of sober,

supportive peers for men trying to maintain sobriety and achieve community and family reintegration and stability after release from jail. The Association also serves as a positive influence in local communities and as a vehicle for positive community involvement and real life change. The Association was founded in 2009 by successful graduates of substance abuse treatment programs at the DRC and PRC. The Association was organized as a positive voluntary social network for men who are committed to their own recovery and who seek to support and assist others who are attempting to reestablish their lives as sober and productive citizens in the community.

Alumni Association

Primary Focus: Engagement in Alumni Groups held at Deer & WestCare community locations (other sites to be developed as needed)

Primary Role:

Re-entry Peer Coaches, provide Alumni orientation groups, at DRC/PRC/Impact Community Outreach & Engagement in recovery/reentry oriented Alumni Support Groups, activities & services

The role of the Association is to work as Reentry Specialists, engaging detainees to participate in Alumni meetings and activities, and provide long term mentoring and support to clients that have reentered the community.

ARTHUR J. LURIGIO, Ph.D. Arthur J. Lurigio, a psychologist, is Associate Dean for Faculty in the College of Arts and Sciences, and a Professor of Criminal Justice and Psychology at Loyola University Chicago,

where he received tenure in 1993. He is also a member of the Graduate Faculty and Director of the Center for the Advancement of Research, Training, and Education (CARTE) at Loyola University Chicago and a Senior Research Advisor at Illinois Treatment Alternatives for Safe Communities (TASC). In 2003, Dr. Lurigio was named a faculty scholar, the highest honor bestowed on senior faculty at Loyola University Chicago.

Dr. Art Lurigio

Primary Focus: Independent Program Evaluation, Annual Evaluation reports, Lead semi-annual evaluation retreat with all stakeholders

For nearly 20 years, Dr. Lurigio served as the Director of Research and Evaluation for the Cook County (Chicago) Adult Probation Department. In that capacity, he helped launch the country's first specialized unit for adult probationers with mental illness. Since its inception more than two decades ago, the program has successfully case managed thousands of people with serious mental illness on community supervision. More recently, Dr. Lurigio

was instrumental in designing the Cook County Mental Health Court, which is one of the few that supervises an exclusive caseload of prison-bound, felony probationers. He is also a member of a cadre of researchers evaluating the Chicago Police Department's Crisis Intervention Team for the mentally ill and was the principal investigator on a study of the Cook County Juvenile Court Clinic, which evaluates youth for mental health problems.

Dr. Lurigio's research is focused primarily in the areas of offender drug abuse and dependence problems, drug treatment services, mental disorders and crime, community corrections, police-community relations, criminal victimization, and victim services. His ground-breaking research on Project IMPACT in the Cook County Department of Corrections (CCDOC) was praised by the Office of National Drug Control Policy for its innovativeness and relevance to practice. Dr. Lurigio is currently the director of the Arrestee Drug Abuse Monitoring Program at the CCDOC where he also has served as the primary evaluator of the Day Reporting Center. In recognition of the overall outstanding contributions of his research to criminology and criminal justice practices, Dr. Lurigio was conferred the highly prestigious University of Cincinnati Award in 1996 and the Hans W. Mattick Award in 2003.

The role of Dr. Lurigio is to perform the duties of the independent evaluator of the WestCare CRC, with agreement from the CCDOC. The evaluator will submit an annual evaluation, no later than 60 days prior to the end of each contract year.

2.2 PROJECT REQUIREMENTS

1. COMPREHENSIVE PROGRAM DESIGN.

CCDOC Treatment Programs. The CCDOC provides substance abuse and co-occurring treatment services through the administration of **three separate treatment programs**. WestCare's experience and capabilities will contribute to CCDOC's goals to assist detainees in developing behaviors that will result in a reduction in substance abuse and criminal activity, improved mental health symptoms, and successfully reintegrate with family and community. WestCare will further enhance and develop a **Community Reintegration Center (CRC)** that will provide services to males detained at CCDOC in the IMPACT Program (medium security classification) or Pre-Release Center (minimum security classification), or participating in the Day Reporting Center (electronic monitoring).

IMPACT Program (Integrated Multistage Program of Assessment and Comprehensive Treatment). Administered by WestCare since 2009, the IMPACT Program is a 120-day residential program using a modified Therapeutic Community (TC) approach that provides intensive substance abuse treatment, Fatherhood programming, Cognitive Behavioral Treatment, Men's Aggression, 12-step support groups and other educational services to male detainees. These interventions have proven successful in helping clients strive for sobriety, eschew contact with antisocial members of the community, develop more effective communication skills, and learn pro-social behaviors in order to reduce rates of substance use disorders, criminal activity, and recidivism. WestCare's IMPACT program is funded through the CCDOC and licensed by the Illinois Division of Alcohol and Substance Abuse (DASA). The program serves approximately 168 detainees daily. Most of these detainees are awaiting court appearances to determine their case dispositions. Participants may volunteer for the IMPACT Program; however, nearly all (95%) are mandated by the court to receive services as a condition of pretrial detention. All Impact program clients have been assessed with a substance use disorder and meet the standards to be housed in the jail's minimum or medium security divisions.

Pre-Release Center: The PRC serves participants that are pre-trial, court-ordered, or sentenced to the program, where they receive intensive residential substance abuse/co-occurring treatment within the jail. Additional recovery services and treatment enhancements include, Fatherhood programming, Cognitive Behavioral Treatment, Men's Aggression, 12-step support groups and other educational services to male detainees. These interventions have proven successful in helping clients strive for sobriety, eschew contact with antisocial members of the community, develop more effective communication skills, and learn pro-social behaviors in order to reduce rates of substance use disorders, criminal activity, and recidivism. Participants with violent or sexual offenses are not eligible for the PRC. The PRC program has 450 beds and generally lasts 120 days, and upon completion inmates are released from the jail and onto probation. The PRC is a residential treatment program; however, staffing is not required on the weekends or evenings.

Day Reporting Center: The DRC serves a daily average of 240 males in either a pre-trial or post-conviction status. Participants report to the center each day and receive intensive behavioral health treatment, cognitive behavioral restructuring, specialized educational programming (virtual high school)

and job readiness classes. Participants sentenced to the program usually have a concurrent probation sentence or have been ordered to participate in the program as a condition of release from custody. The DRC provides a transition for inmates released from the jail onto community-based supervision; most are youthful offenders age 17 to 25 who need specialized programming to keep them engaged and meet their therapeutic needs. Participants are under house arrest and electronic monitoring. The program operates from 7:30 AM to 3:30 PM on all county business days, and at the end of their program session, participants return home. The average length of stay is 90 days.

Administrative, Clinical, Program Integration. Although the DRC, PRC, and IMPACT are distinct programs, WestCare's services will be **integrated** across these programs at the administrative, clinical, and programmatic levels, as illustrated by the following examples:

- WestCare has selected Kenneth Osborne, MS, to serve as the Program Administrator for all three programs (pending CCDOC approval). Under his leadership, an integrated administrative management structure will standardize the policies, procedures, and approaches for the implementation of best practices as well as evaluation and quality assurance measures for data collection, data analysis, and fidelity to the model.
- WestCare views the three CCDOC programs as a continuum of care in themselves, and with CCDOC approval will make recommendations for the transfer of clients between these programs to increase their level of intensity of treatment, or reduce intensity based on clinical assessment of client needs and risks and in conjunction with the court mandate.
- WestCare personnel at the three programs will function as an integrated unit, with the ability to provide services and coverage at all three programs as needed for optimum performance; staff and subcontractors will be available to fill vacancies across program sites.
- Within our partner provider network, specialty staff will also have the ability to provide services and coverage across all three programs, and to serve clients in the community after they have been discharged.

To facilitate integration of staff and programs, WestCare will ensure that extensive training and cross training are provided to all staff on job functions, roles, best practices, facility protocols, curriculums, and services. Additionally, WestCare will ensure that all staff receives training on **trauma-informed** services and **Mental Health First Aid**.

Treatment Models. WestCare uses modified therapeutic community models¹¹ in secure settings for incarcerated/detained individuals to promote a sense of accountability, community responsibility and positive behavior. Evidence based practices, especially curriculums and proven cognitive behavioral

¹¹ De Leon, G (1998). *Prison Based Therapeutic Community Treatment: What We Know And Where We Should Go*, ONDCP Remarks, <http://www.ncjrs.gov/ondcppubs/treat/consensus/deleon.pdf>.

therapy approaches¹² that have been successfully adapted to offender populations, are the hallmark of our programs. This section describes how WestCare programming will target dynamic criminal risk factors exhibited by detainees using cognitive behavioral interventions and social learning theory in the modified therapeutic community. Detainees will learn through modeling and cognitive behavioral treatment how to change old behaviors, recognize criminal thinking and learn pro-social values, address belief systems and cognitive emotional states. Staff works with detainees to teach them in a step by step manner, practicing new skills and re-learning skills they may have once displayed through positive and honest feedback. Inmate progress is recognized and rewarded in the therapeutic community model. Offenders learn to address previous rage, anger, defiance and criminal identification. They learn to change their associations on the outside with criminal friends and avoid isolation. Substance abuse prevention, education, treatment and relapse prevention (criminality and substance abuse) is addressed. WestCare participants will learn to empathize with others and control their impulsive behavior. Detainees are encouraged and referred through an individualized, goal oriented re-entry plan to seek higher educational levels, continue substance abuse and mental health treatment (when applicable), obtain a primary healthcare provider, become active in community self-help groups, and to pursue technical/jobs training and safe and stable housing upon release from prison.

The framework adapted by WestCare for the CRC program contains evidence based approaches including cognitive behavioral therapy (CBT), stages of change and motivational enhancement therapy which are integrated in the Dr. Harvey Milkman and Dr. Kenneth W. Wanberg model for CBT. This approach has had proven success and was selected due to its success in other WestCare prison programs in other states, and staff/client satisfaction with the outcomes and ease of implementation in our offender programs.

Two other important elements in selecting the WestCare framework include its demonstrated success using the therapeutic community (TC) model in organizing social learning concepts; and, a plethora of research on the success of in-prison TCs and CBT. For example, the National Institute on Drug Abuse found that "the therapeutic community model of treatment can be highly effective in reducing drug use and recidivism" in a summary of best practices and effective treatment principles¹³ and De Leon concluded that prison based treatment is highly effective in reducing relapse to drug use and recidivism to crime.¹⁴ A meta-analysis of drug abuse treatment in prisons found support for the effectiveness of TCs in reducing recidivism.¹⁵ Another meta-analysis of treatment programs found in-prison TCs were

¹² Reilly PM and Shopshire MS. *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual*. DHHS Pub. No. (SMA) 02-3661. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2002.

¹³ Pearce, SC & Holbrook, D. (NC DOC Substance Abuse Advisory Council - 2002). *Research Findings And Best Practices In Substance Abuse Treatment For Offenders, A Review of the Literature*. North Carolina Department of Correction, Office of Research and Planning, Raleigh, NC.

¹⁴ De Leon, G (1998). *Prison Based Therapeutic Community Treatment: What We Know And Where We Should Go*, ONDCP Remarks, <http://www.ncjrs.gov/ondcppubs/treat/consensus/deleon.pdf>.

¹⁵ Pearson, F.S. & Lipton, D.S. (1999) A meta-analytic review of the effectiveness of corrections-based treatments for drug abuse. *The Prison Journal*, 79: 384-410.

effective in reducing recidivism and post-release drug use.¹⁶ In an analysis of six in-prison TCs with community aftercare components, Aos, Miller, & Drake found a statistically significant 6.9 percent reduction in recidivism rates for these types of programs when compared to treatment-as-usual group.¹⁷ Additional research has found substance abuse treatment does work to reduce alcohol and drug use, as well as crime.

WestCare effectively blends cognitive behavioral therapies into several treatment models to comprehensively address criminal thinking, substance abuse, mental health, and co-occurring disorders in a continuum of care in the treatment and reentry components of the program. In the PRC and IMPACT Program jail programs WestCare uses a **Modified Therapeutic Community (TC) Model**, which views addiction as a disorder of the whole person that affects virtually every aspect of the person's life, and emphasis is placed on personal motivation and responsibility in the recovery process. At all three programs (IMPACT, PRC, DRC) WestCare will integrate the **Holistic Health Model** of addiction, which views addiction as a brain disease, and the **Comprehensive, Continuous, Integrated System of Care (CCISC)** model, which calls for integrated treatment services at the clinical level and at the program level.^{18 19}

Following the **Holistic Health Model**, WestCare treats addiction as the primary problem but also addresses the related issues that clients have surrounding their substance abuse/behavioral health—violence, aggression, trauma, criminal thinking, mental health, and family issues. Following the modified Therapeutic Community Model, every aspect of the person's life—behavioral, social, medical, cognitive, vocational, and educational—must be addressed in the recovery process, using **cognitive-behavioral social learning approaches and trauma informed care**, to help participants change their behavior, attitudes, and sense of self. Integrated treatment is the preferred model for treating persons with co-occurring disorders, who often have multiple life problems.^{20 21} The **CCISC** model expects that individuals with co-occurring disorders will present for services in each component of the system, and all programs, practices, and clinical competencies are proactively designed in accordance with this expectation. The

¹⁶ Mitchell, O., Wilson, D.B., & MacKenzie, D.L. (2007). Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research. *Journal of Experimental Criminology*, 3, 353–375.

¹⁷ Aos, S., Miller, M., and Drake, D. (2006). *Evidence-based adult corrections programs: What works and what does not*. Olympia, WA: Washington State Institute for Public Policy.

¹⁸ Minkoff, K. (n.d.) CCISCM Model: Comprehensive, Continuous, Integrated System of Care Model <http://www.kenminkoff.com/ccisc.html>

¹⁹ Minkoff, K & Cline, C (2001). New Mexico Co-occurring Disorders Program Competency Assessment Tool. Santa Fe. 2001. <http://www.zialogic.org/>.

²⁰ Drake, R.E., Mercer-McFadden, C., Mueser, K.T., McHugo, G.J., & Bond, G.R. (1998). A review of integrated mental health and substance abuse treatment for patients with dual disorders. *Schizophrenia Bulletin*, 24 (4); 589-608.

²¹ 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.

quadrant model for co-occurring disorders is used as a guide for service planning. In the WestCare Substance Abuse/Co-occurring Treatment Program, integrated treatment will occur at the clinical level (client-clinician interaction) including assessments, active treatment, reentry, and during concrete activities of the treatment program and at the program level—within the WestCare program structures and with external organizations that provide recovery-oriented care during treatment and reentry/aftercare. In WestCare's fully integrated treatment model, mental health and substance abuse disorders are treated by a team of clinicians qualified to treat both disorders. The short term **outcomes** of CCISC integrated services for clients are reduction in symptoms or use of substances; increases in level of functioning and disease management skills; movement through the **stages of change**; reduction in harmful behaviors; reduction in service utilization; or movement to a lower level of care.

Combining these models, treatment maintains an empathetic perspective on men's experiences that underlie their substance abuse and criminal behaviors (their **pathways** to addiction and crime), and trauma-informed staff helps the offender make constructive changes that will lead to self-efficacy and personal responsibility.

Treatment Methods. WestCare primarily uses Cognitive Behavioral Treatment (CBT) to change thinking and behavior, Motivational Therapies to engage and retain participants, and trauma-informed services that are empathetic and supportive.

Cognitive Behavioral Treatment (CBT). A variety of **research studies support the use of cognitive-behavioral therapies** in substance abuse treatment, mental health services, and in working with offenders. In a review of the **cost effectiveness** of various treatments, those with the best evidence of effectiveness were the cognitive-behavioral and behavioral approaches, including social skills training, self-control training, the community reinforcement approach, stress management, and motivational interviewing. These were additionally rated as being the most cost effective, falling in a range from minimal to medium-low on a scale of costliness.²²

WestCare makes extensive use of CBT in all of its in-prison and community treatment programs. CBT is a form of treatment that focuses on examining the relationships between thoughts, feelings and behaviors. CBT is a learning-based treatment approach that focuses on the assessment and treatment of problems and the factors maintaining these problems, rather than on the psychological problems, conflicts, and emotional traumatic events that may have been the original basis for them.

In a report for the National Institute of Corrections, Milkman and Wanberg²³ describe the role and effectiveness of CBT for offenders. They assert that CBT for offenders is based on an assumption that the foundations for criminal activity are dysfunctional patterns of thinking. By altering routine misinterpretations of life events, offenders can modify anti-social aspects of their personality and consequent behaviors. CBT uses two basic approaches in bringing about change: (1) restructuring of

²² R.M. Kadden (1999). Cognitive Behavior Therapy. In P.J. Ott, R.E. Tarter, & R.T. Ammerman (Eds.) Sourcebook on substance abuse, etiology, epidemiology, assessment, and treatment. Needham Heights, MA, Allyn & Bacon.

²³ Milkman, H. and Wanberg, K. (2007). *Cognitive-Behavioral Treatment: A review and discussion for corrections professionals*. U.S. Department of Justice, National Institute of Corrections: NIC Accession Number 021657.

cognitive events and (2) social and interpersonal skills training. The two approaches are built on two pathways of reinforcement: (1) strengthening the thoughts that lead to positive behaviors (cognitive therapy) and (2) strengthening behavior due to the positive consequences of that behavior (behavioral therapy).

A recent study by Mark Lipsey of Vanderbilt University examined the effectiveness of various approaches to interventions with young adult offenders; he concluded that therapeutic approaches based on counseling, skill building and multiple services had the greatest impact in reducing further criminal behavior. Mr. Lipsey found that **cognitive behavioral skill building approaches were more effective in reducing further criminal behavior than any other intervention.**²⁴

CBT in offender treatment targets the thoughts, choices, attitudes, and meaning systems that are associated with antisocial behavior and deviant lifestyles. It uses a training approach to teach new skills in areas where offenders show deficits, such as interpersonal problem awareness, generating alternative solutions rather than reacting on first impulse, evaluating consequences, resisting peer pressure, opening up and listening to other perspectives, soliciting feedback, taking other persons' well-being into account, and deciding on the most beneficial course of action.

The CBT therapist acts as a teacher or coach, and lessons are typically taught in group settings. The lessons may include group exercises involving frequent role-play, rehearsal, intensive feedback, and homework assignments.

Motivational Therapies/Strategies. WestCare uses various evidence-based methods to motivate, involve and retain participants, including Motivational Enhancement Therapy (MET) and Motivational Interviewing (MI), 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 and aftercare. WestCare's curriculum includes methods and exercises that engage and encourage each participant in the in-prison portion of the program as well as their transition to continuing care.

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),²⁵ and is based on Prochaska and DiClemente's work applying change theory to addictive behavior.²⁶ Motivational interventions will be

²⁴ <http://www.nij.gov/journals/265/therapy.htm>

²⁵ 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.

²⁶ 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.

used throughout the treatment continuum: by Counselors 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.²⁷ 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. WestCare uses Motivational Interviewing (MI) with its evidenced-based practices, tools and techniques as pioneered by Dr. William R. Miller.. These fundamental concepts and approaches were elaborated by his work with Dr. Stephen Rollnick. Moreover, MI is embedded in the Milkman/Wanberg CBT curriculum 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, further promoting change.

2. Develop Discrepancy:

The WestCare treatment model integrates styles and practices of the stages of change model in the program services and approach that promote discrepancy in 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

²⁷ 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.

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 by providing a self-help and mutual-help model emphasizing that the individual and collective participants' beliefs that the possibility of change must emanate from the participant(s) for whom the change is intended. WestCare understands that identifying the conditions that facilitate change must include an approach where WestCare programs are schools for Moral Development based on Dr. Lawrence Kohlberg's model.

MI is an evidenced based practice that is integrated in all WestCare behavioral health programs. The tools and techniques of MI were pioneered by Dr. William R. Miller. MI is an empathetic 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.

Trauma-Informed Services. Treatment practitioners and criminal justice officials have begun to recognize that severe histories of trauma play a central role in the evolution of an offender's physical and mental health problems, as well as their potential for recovery from addiction, and that trauma is not specific to women. Trauma-informed substance abuse programs assume all clients potentially have a history of trauma and adapt services and protocols that are conscientious of this and minimize the capacity to either trigger a stressful event or to re-traumatize an offender. In line with Residential Substance Abuse Treatment guidelines, the goals of WestCare's trauma-informed program are first, do no harm and second, increase client safety.²⁸ Miller describes trauma-informed substance abuse programs as those in which: *All staff* understands trauma and its impact on the addiction and recovery process, services have been designed to enhance safety, minimize triggers, and prevent re-traumatization, and relationships between staff and clients are based on equity and healing; survivors are empowered with information, referrals and hope.²⁹

²⁸ Miller, N. (2011). RSAT Training Tool: *Trauma-informed approaches in correctional settings*. Retrieved from http://www.rsattta.com/Files/Trainings/Trauma_Informed_Manual

²⁹ *ibid*

WestCare incorporates the following principles to guide the culture of its treatment program. These principles are compatible with substance use treatment and motivational and cognitive-behavioral approaches.

- Recovery from trauma encompasses multiple aspects of people’s lives, involves changing deep-seated beliefs and gaining knowledge and skills that restore a sense of choice and control.
- The assumption of a trauma history guides every encounter, whether or not clients screen for, disclose or even remember trauma and whether or not trauma treatments are available.
- Responses and defense mechanisms are reframed as survival strategies that serve or once served a safety function and are seen as adaptive efforts at resiliency.
- Creating safety is a primary task; the safer and more predictable the treatment environment, the better the engagement.
- Education and information about trauma and recovery is part of treatment.
- Power equity is the basis of helping relationships that are founded on respect, information, connection and hope.³⁰

WESTCARE COMMUNITY REINTEGRATION CENTER (CRC) PROGRAM DESIGN OVERVIEW—TREATMENT MODELS, METHODS AND CURRICULUMS			
	IMPACT Program	Pre-Release Center	Day Reporting Center
	≈168 beds, 120 days; Violent and nonviolent medium-risk detainees;	≈450 beds, 120 days,; Nonviolent detainees;	≈240 slots, 90 days; Nonviolent offenders;
<u>Assessments</u>			
Substance Abuse	ASI	ASI	ASI
Mental Health	Mental Status Exam- Thresholds Clinician	Mental Status Exam- Thresholds Clinician	Mental Status Exam- Thresholds Clinician
PTSD	PTSD checklist	PTSD checklist	PTSD checklist
Mental Health Screen	Modified MINI Screen	Modified MINI Screen	Modified MINI Screen

³⁰ Miller, N. (2011). RSAT Training Tool: *Trauma-informed approaches in correctional settings*. Retrieved from http://www.rsatta.com/Files/Trainings/Trauma_Informed_Manual

Need and Functioning Psycho-Social Engagement/Motivation Criminal Thinking Vocational: Treatment Satisfaction	TCU-CEST TCU-CTS Work Readiness Inventory ccEngage Virtual Job Shadow Client satisfaction surveys/ TCU-CEST	TCU-CEST TCU-CTS Work Readiness Inventory ccEngage Virtual Job Shadow Client satisfaction surveys/ TCU-CEST	TCU-CEST TCU-CTS Work Readiness Inventory ccEngage Virtual Job Shadow Client satisfaction surveys/ TCU-CEST
<u>Treatment Model</u>	Modified Therapeutic Community; Trauma Informed Care; Holistic Health; Comprehensive, Continuous Integrated System of Care (CCISC)	Modified Therapeutic Community; Trauma Informed Care; Holistic Health; CCISC	Outpatient Treatment Trauma Informed Care; Holistic Health; CCISC
<u>Treatment Methods</u>	CBT, Motivational Therapy, Trauma Informed	CBT, Motivational Therapy Trauma Informed	CBT, Motivational Therapy Trauma Informed
<u>Curriculums:</u> Substance Abuse, Relapse Prevention, and Skill Building	<i>Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change ;</i> <i>Getting Motivated to Change;</i> <i>Ideas for Better Communication;</i> <i>Unlock Your Thinking,</i>	<i>Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change;</i> <i>Getting Motivated to Change;</i> <i>Ideas for Better Communication;</i> <i>Unlock Your Thinking,</i>	<i>Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change;</i> <i>Getting Motivated to Change;</i> <i>Ideas for Better Communication;</i> <i>Unlock Your Thinking,</i>

	<i>Open Your Mind;</i> <i>Building Social Networks</i>	<i>Open Your Mind;</i> <i>Building Social Networks</i>	<i>Open Your Mind;</i> <i>Building Social Networks</i>
Co-occurring/PTSD	<i>Seeking Safety</i>	<i>Seeking Safety</i>	<i>Seeking Safety</i>
Mental Health	<i>SAMHSA Integrated Treatment of Co-Occurring Disorders Program</i>	<i>SAMHSA Integrated Treatment of Co-Occurring Disorders Program</i>	<i>SAMHSA Integrated Treatment of Co-Occurring Disorders Program</i>
Self-Help Programs	On-site- Peers/volunteers	On-site- Peers/volunteers	On-site- Peers/volunteers
Education	Virtual High School, GED- provided by PACE (Safer Foundation)	Virtual High School, GED- provided by PACE (Safer Foundation)	Virtual High School, GED- provided by Malcolm X College
Vocational Development	Job Search Effective Employee	Job Search Effective Employee	Job Search Effective Employee
Life Skills	<i>Life Skills for Vocational Success</i>	<i>Life Skills for Vocational Success</i>	<i>Life Skills for Vocational Success</i>
Health -Stress management	Mindfulness Based Relapse Prevention	Social-Recreational activities; Mindfulness Based Relapse Prevention Years 2/3	Social-Recreational activities; Mindfulness Based Relapse Prevention Years 2/3
Health Care Consumption	TASC	TASC	TASC
HIV prevention/Safe Sex	<i>WaySafe (TCU)</i>	<i>WaySafe (TCU)</i>	<i>WaySafe (TCU)</i>
Conflict, violence, anger management	<i>Men's Work;</i> <i>Understanding and Reducing Angry Feelings;</i> DV Classes-Deer Rehabilitation	<i>Men's Work;</i> <i>Understanding and Reducing Angry Feelings;</i> DV Classes-Deer Rehabilitation	<i>Men's Work;</i> <i>Understanding and Reducing Angry Feelings;</i> DV Classes-Deer Rehabilitation

Fatherhood/Family systems/Parenting,	<i>Inside/Outside Dad; Ideas for Better Communication</i>	<i>Inside/Outside Dad; Ideas for Better Communication</i>	<i>24/7 Dad; Ideas for Better Communication</i>
Reentry	<i>Mapping Your Reentry Plan: Heading Home</i> Alumni Association support groups 12 step self-help groups	<i>Mapping Your Reentry Plan: Heading Home</i> Alumni Association support groups 12 step self-help groups	<i>Mapping Your Reentry Plan: Heading Home</i> Alumni Association support groups 12 step self-help groups

Program Objectives. WestCare will develop a **Community Reintegration Center (CRC)** to provide integrated treatment at the IMPACT Program, PRC, and DRC in a **continuum of care** that includes assessment, orientation, treatment, transition, reentry and aftercare services for a comprehensive treatment experience. This model will be fulfilled through the following **objectives**:

1. Complete Individual **assessments** for 100% of participants to determine extent and severity of substance abuse and/or mental illness, assess for symptoms of trauma, assess areas of medical, employment, drug/alcohol use, legal, family history, family/social relationships, criminal thinking, and psychiatric status, and monitor motivation.
2. Conduct initial and continuous **individual treatment planning** to identify risks, needs, and appropriate services for **treatment and reentry**;
3. Employ WestCare's web-based **Client Data System** to track offender assessments, participation in treatment, record client progress, and develop evaluation reports.
4. Use motivational strategies to engage, **actively involve**, and retain participants in treatment programming and reentry activities.
5. Use **evidence-based** CBT curriculums to provide treatment for substance abuse, mental health, and co-occurring disorders and related issues.
6. Provide an average of **120 days of in-jail therapeutic community residential treatment services** to detainees at the Impact Program and PRC, and an average of **90 days of CBT outpatient treatment** to offenders in the DRC.
7. For all clients in the IMPACT Program, PRC, and DRC, WestCare will provide a full range of **rehabilitation programming** to address substance abuse/co-occurring disorders, mental illness, criminogenic risk factors, life skills, recovery process and relapse prevention, job

readiness, stress management, parenting, anger management, domestic violence, vocational skills development, housing, communicable and transmittable diseases, and other related issues.

8. Maintain a **25:1 participant to clinical staff ratio**, with a program capacity of 168 participants in the Impact Program, 450 participants in the PRC, and 240 participants in the DRC.
9. The treatment schedule will **allow time for clients to participate in other CCDOC assistance activities**, such as Virtual High School/GED, medical services, vocational programs, or other services.
10. Provide **pre-release planning and reentry/transition services**, coordinated with the CCDOC institutional and probation staff, TASC, Thresholds, Deer Rehabilitation Services, the Alumni Association, and other community-based providers.
11. Participate in independent evaluation **by independent subcontractor, Dr. Arthur Lurigio**.

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

MODIFIED TC TREATMENT PROGRAM AT IMPACT PROGRAM AND PRC.

In our residential treatment programs (including the IMPACT Program and PRC) WestCare uses CBT methods to reinforce new learning and methods of change in a modified Therapeutic Community environment. In addition services are provided to address substance abuse and co-occurring disorders, life skills, recovery process and relapse prevention, job readiness, stress management, parenting, anger management/violence prevention, domestic violence, education, vocational skills development, housing, communicable and transmittable diseases, and related issues.

Therapeutic Communities (TCs) are residential or correctional settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. A TC is considered "modified" due to enhanced rules and security for secure correctional settings. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills. The TC model differs from other treatment approaches principally in its use of the community, comprised of treatment staff and those in recovery, as key agents of change. This approach is often referred to as "community as method."

Staff facilitates client interaction in structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use and criminal behavior. One of the most distinctive components of the WestCare residential treatment model is our unique therapeutic approach that fully integrates CBT, MET, MI and trauma informed care. The WestCare model uses a therapeutic approach that is strength-based, client centered and is based on concrete program phases distinguished by the attainment of specific goals. Clients move through structured phases of induction (orientation), treatment, and re-entry designed to facilitate successful social reintegration. The end points of each program phase are well marked in terms of expected behavior and attitudes; clients will need to pass an

“end of phase” test in order to move to the subsequent phase of treatment. Examples of each phase completion test are included in Attachment G.

WestCare is committed to utilizing the TC model to create therapeutic alliances between the detainee, program staff, institution staff and service providers, which will facilitate a successful transition to community treatment and support. WestCare will help clients **eliminate destructive anti-social behaviors, develop non-threatening communication skills, and learn pro-social behaviors** that will lead to reduced criminal activity, substance abuse and recidivism rates.

WestCare treats criminality and addiction as primary problems and 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, violence and trauma, lack of education, or low literacy skills.

In developing the model for WestCare’s Community Reintegration Center (CRC) every aspect of the person’s life—behavioral, social, medical, cognitive, vocational, and educational—must be addressed in the treatment process. The treatment model is based on a 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.

In order to best guide the modification of the TC model for our jail-based programs and special populations, WestCare has developed relationships with central figures in the behavioral health and TC arenas including Harvey Milkman, Ph.D. and George De Leon, Ph.D. In January 2011, Dr. De Leon was a guest of WestCare Florida and provided a comprehensive two-day training for all staff, clients and stakeholders in the TC model. Dr. De Leon of the Center for Therapeutic Community Research at National Development and Research Institutes, Inc. is considered to be the “Godfather” of the TC movement and his books (often referred to as the “Redbook”), “The Therapeutic Community” and the “Community As Method” are top resources used by staff throughout WestCare.

Dr. Milkman, Ph.D., is a professor of psychology at Metropolitan State College of Denver, licensed psychologist in Colorado, founder and director of the Center for Interdisciplinary Studies, and project director and principal investigator for Project Self Discovery. Dr. Milkman is the author of numerous articles and books on addictive processes and cognitive-behavioral alternatives to drugs, crime and emotional distress. He has served as a featured speaker for the United States Information Agency in Australia, Brazil, Iceland, Turkey and Yugoslavia. Dr. Milkman currently serves as consultant to many substance abuse and criminal justice treatment agencies in the United States, Australia and Iceland. He has made extensive contributions in developing prominent cognitive-behavioral treatment programs for adult and juvenile criminal justice clients. Dr. Milkman is principal author with Kenneth Wanberg of *Criminal Conduct and Substance Abuse Treatment*. He regularly provides cognitive-behavioral training to WestCare staff in its various regions.

Many individuals admitted to WestCare programs have a history of failed social functioning, low-levels of education and vocational skills, and poor or severed community and family ties, eroded by substance abuse and criminality. For them, recovery involves rehabilitation - relearning or re-establishing healthy

functioning, skills, and values as well as regaining physical and emotional health. Some detainees have never acquired functional life-styles. For these people, the TC is usually their first exposure to orderly living. Recovery for them involves habilitation - learning for the first time the behavioral skills, attitudes, and values associated with socialized living. In addition to the importance of the community as a primary agent of change, a second fundamental TC principle is "self-help." Self-help implies that the individuals in treatment are the main contributors to the change process. "Mutual self-help" means that individuals also assume partial responsibility for the recovery of their peers - an important aspect of an individual's own treatment.

All WestCare program activities and interactions, singularly and in combination, are designed to produce change. Interventions are grouped into several categories:

- Cognitive-Behavioral Treatment
- Motivational Strategies
- Trauma-informed care
- 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)
- Vocational (roles in the facility and preparation for employment at release)

The following are descriptions of critical elements of the program model that WestCare will provide at the CRC:

Participant Roles: In WestCare's approach, detainees 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), and peers as role models. In the role of community members as managers, TC participants 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, participants 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 detainees have no formal authority over each other, they are trained to handle increasing amounts of responsibility through their job functions and under staff supervision, and are given duties to supervise and manage the work of other inmates, confronting negative behaviors and attitudes and reporting these to staff. 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.

Membership Feedback: In the WestCare approach, detainees are taught how to provide constructive feedback. Teaching is done by both example (role plays) and instruction, showing inmates how to work, act as role models, pull-up others, reach out and pull-in, monitor, and bring attention to 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:* Participants 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:* Participants 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 inmates 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.

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 clients 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 groups, 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 holding each other accountable.
- 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 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. Detainees 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 CBT curriculum is integrated within the TC structure so that the CBT, i.e., mapping tools and insights into feelings, emotions and criminal thinking are reinforced throughout the daily structure.

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.

Shared Norms and Values: In the WestCare approach, detainees will learn how sobriety is a prerequisite for “right living”. Living right in the TC means abiding by community (and institutional) rules; remaining sober and crime free; 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 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 treatment program will stress the importance of directly expressing honest feelings and reactions, which is necessary for self-examination and growth.
- *Responsible concern* instructs detainees 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 participants 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.

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 of 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 maintains the order and safety of the community and facilitates individual change through consequential learning.

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.

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.

Relationships: Many detainees either have been socially isolated or have had past relationships that can be generally characterized as unhealthy or self-destructive. The disordered lifestyles related to criminality and other high risk behaviors alienate them from positive friends and family. The WestCare approach focuses on the importance of relating to, and caring for others and is essential for changing antisocial patterns and social withdrawal. Within the TC community, detainees 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. 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.

OUTPATIENT CBT TREATMENT AT THE DRC. WestCare will use a Holistic Health model in the DRC. The WestCare DRC will be open on all County business days, Monday to Friday (7:30 am to 3:30 pm). Participants report to the DRC daily, with formal check-in provided by CCDOC, and receive services for an average of 90 days. A Phase System is used to structure client progress through treatment. At assessment during Phase I (Orientation), the participant will be assessed to determine his individual treatment needs. WestCare will use positive motivational strategies and incentives to encourage DRC clients to complete treatment plan goals, have a positive attitude, follow program rules, participate in therapeutic and educational services, and move through the program's phases, which results in successful completion of the program. WestCare regularly monitors clients for motivation, participation, and engagement in the program and intervenes quickly when a client is experiencing difficulty completing their goals and objectives.

At the time of admission to the program, each participant will receive an **orientation** to program services on the same day he is referred to the program or within three days of first contact at the latest. The orientation will give the participant a full overview of the program services and timeframes, as well as expectations for participation in each phase. The orientation will include a verbal discussion and written orientation manual that describe the DRC treatment phases, including:

- The activities and services the client will participate in within each phase;
- The maximum number of days for each phase, and possible extensions if needed;
- The number of days each week the participant is expected to participate in services, for each phase;

- The days and hours of operation of the DRC, phone numbers for the facility, and emergency contact numbers.

During Phase I a variety of CCDOC approved research-based screening and assessment tools will be used to evaluate the criminogenic risks and needs of each participant, to determine what services and activities the individual's treatment plan will require, and to develop the individual's treatment plan. The assessment needs to identify those factors that have led to criminal behavior and the propensity for re-offending, as well as those barriers to the participant's ability to successfully reintegrate into his community.

The individual treatment plan will be the outline for the goals to be achieved by the participant and the services and activities necessary for each participant to successfully achieve those goals. This becomes the treatment plan that staff utilize to track the client's progress. The individual treatment plan will be regularly updated with staff notes to reflect participant progress.

Additional activities in Phase I prepare the client for employment during reentry including obtaining legal documents such as a copy of their Social Security card, Birth Certificate, and identification card; obtaining a driver's license, which may involve taking care of past traffic violations, outstanding warrants, and DUI classes.

After completion of the risk and needs assessments (within 7 days) the participant will be assigned to a primary Counselor, the individual treatment plan will be completed (within 14 days of intake), and the participant will be given a schedule of classes to fulfill his objectives for treatment, education, vocational and employment training, and other supportive services identified in the treatment plan. All DRC stakeholders- WestCare, Deer, Thresholds, TASC, Probation, and the Participant- will have input into the treatment plan.

Parent/Caregiver orientation sessions will be held on a weekly basis to assist parents/guardians in understanding the Electronic Monitoring (EM) system, compliance issues, and consequences for failure to abide by EM rules. In this way, parents and caregivers are prepared for home visits, curfews, and other compliance issues.

Phase II Treatment. The goals and objectives outlined in the treatment plan will be completed by the participant with assistance from the Treatment Team during Phase II. Treatment group activities that actively engage participants in confronting the individual values and behaviors contributing to their substance abuse and criminality shall be small enough to promote participation and provide for the safety and security of the participants. WestCare uses various evidence-based approaches and curriculums to teach information and skills to offenders. To maximize participation in groups, groups will be limited to 24 clients, and smaller counseling groups will be limited to 10-12 clients. Participation is recorded on group activity rosters.

WestCare will provide services based on evidence-based practices and curriculums that are proven effective with the needs of the target population. Clients with co-occurring disorders will be assigned to a MISA Counselor and clients with serious mental illnesses will be assigned to a Thresholds Licensed Mental Health Counselor.

The WestCare DRC will provide a structured program of outpatient treatment services. It is an open enrollment program, meaning that clients can enter at any time in the process. The treatment program will use experiential activities that focus on the needs and interests of a target population that is primarily young (17 to 22 years old), including therapies that incorporate art, music, recreation, theater, and computer-assisted learning. Throughout this structured program there will also be individualized treatment sessions with the Primary Counselor.

Group counseling services are designed to address specific subjects around issues of substance abuse and recovery, and recognize different pathways to addiction for men. For men, the **pathway to addiction** often involves association with deviant peers, gangs, and criminal activity. Men's issues often include anger management, domestic violence, employment issues, poor communications skills, relationships and family issues, mental health problems, involvement in the criminal justice system, involvement in gangs, and poor social skills. The primary **treatment curriculum** will be CBT and is Wanberg and Milkman's "Criminal Conduct and Substance Abuse" manual.

Outpatient **integrated behavioral health services** will be provided utilizing the CCISC model of Minkoff and Cline. Consumers with **co-occurring disorders** will participate in specialized treatment groups utilizing **SAMHSA's Integrated Treatment of Co-Occurring Disorders Program (CDP) curriculum**. In addition, motivational interviewing techniques and trauma-informed care will be incorporated throughout programming. Treatment planning will emphasize the value of contingent learning through a combination of continuity and support with rewards and consequences. Medication compliance will be stressed by all team members equally regardless of their discipline.

In a CCISC process every program and every person delivering clinical care engages in a quality improvement process—in partnership with each other, with system leadership, and with individuals and families who are receiving services—to become welcoming, recovery- or resiliency-oriented, and co-occurring capable. Further, every aspect of clinical service delivery is organized on the assumption that the next person or family entering service will have multiple co-occurring conditions, and will need to be welcomed for care, inspired with hope, and engaged in a partnership to address each and every one of those conditions in order to achieve the vision and hope of recovery. This model is based on the following eight clinical consensus best practice principles which espouse an integrated recovery philosophy that makes sense from the perspective of both the mental health system and the substance disorder treatment system.

1. Co-occurring issues and conditions are an expectation, not an exception.
2. The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship.

3. All people with co-occurring conditions are not the same, so different parts of the system have responsibility to provide co-occurring capable services for different populations.
4. When co-occurring issues and conditions co-exist, each issue or condition is considered to be primary.
5. Recovery involves moving through stages of change and phases of recovery for each co-occurring condition or issue.
6. Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring condition or issue.
7. Recovery plans, interventions, and outcomes must be individualized. Consequently, there is no one correct dual diagnosis program or intervention for everyone.
8. CCISC is designed so that all policies, procedures, practices, programs, and clinicians become welcoming, recovery- or resiliency-oriented, and co-occurring capable.

Medication management shall be a judicious process with an emphasis on adherence, cost management and access. Utilization of patient assistance programs, community resources, and available social programs shall be accessed to provide medication. Consumers who have been part of the community mental health system shall be provided with linkage to those services

The clinical approach in a co-occurring program is "One team, one plan, for one person" (CSAT).³¹ MISA Counselors will have training and considerable expertise in providing properly designed treatment interventions for clients with both mental health and substance abuse diagnoses. Under the supervision of a Licensed Mental Health Clinician the MISA Counselor leads or drives the treatment process by assessing the client and developing an interwoven treatment plan as dictated by what the client states they want and need.³² The Clinical Supervisor will be available and present for the team members and assess staff competency on a regular basis addressing any issues in clinical supervision.

Phase III Transitional Services. Phase III is the final 1 to 2 weeks of participation in the DRC. Although reentry planning begins at the time of admission, during Phase III there will be a heavy focus on reentry/transition planning and services. Entering Phase III will require that the participant has successfully completed the objectives of the treatment plan for Phase II, and requires agreement of WestCare and the CCDOC representative. The reentry plan developed during this phase will include a plan for aftercare services, including self-help groups and Alumni Association groups.

³¹ 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.

³² Minkoff, K. What is Integration, Part I: (System and Services) *Journal of Dual Diagnosis* (2006) 2 (4): 133-144; What is Integration, Part II: (Programs and Practices). *J. Dual Dx.* (2007) 3 (1):149-158. What is Integration, Part III. (Clinicians and Competencies) *J Dual Dx* (2007) 3 (3/4):187-97.

Education in the DRC. Incarcerated youthful offenders ages 17-22 must participate in educational programming if they do not have a high school diploma or GED (if the youth has an Individual Education Plan, he must remain in school until his 23rd birthday), and WestCare will encourage DRC participants to attend the **Virtual High School Program or GED classes**. The WestCare DRC program design includes a focus on education and vocational skills, and the reentry plan will include assistance with placement in a school program near the youth's home, if appropriate. Case Managers or mentors will help them navigate the system of either reenrolling in high school, including actually going to the school or CPS headquarters if need be, or getting them enrolled in the community virtual high school.

Mental Health Treatment: Clients with co-occurring disorders in the DRC and PRC programs will participate in behavioral health services with other clients. In addition, under a subcontract with Thresholds, a Licensed Mental Health Counselor will provide stabilization, coordination, and engagement strategies to help clients with serious mental illness (SMI) and other psychiatric disorders to benefit from treatment in the PRC and DRC Programs. Adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, or other severely disabling mental disorders that require crisis resolution or ongoing and long-term support and treatment will be included in these **specialized caseloads** with a Thresholds Counselor. While clients with SMI are expected to fully participate in the WestCare program, they will receive certain additional services (i.e. mental health assessment, individual counseling, and SAMHSA *Integrated Treatment of Co-Occurring Disorders Program*). Services available for this population include: 1) screening and crisis intervention/stabilization services as needed; 2) a modified therapeutic community treatment program with integrated mental health and substance abuse treatment; 3) mental health assessments, including the development of inter-disciplinary treatment plans and diagnosis and evaluation services; 4) case management services; 5) medication related services (in accordance with Jail regulations) during jail-based treatment and during reentry at Thresholds or other community-based programs, including medication clinics, laboratory monitoring, medication education, mental health maintenance education, and the provision of medication; and 6) psychosocial rehabilitation programs, including social support activities, life skills, and vocational training. A Licensed Mental Health Counselor will be assigned for each person with SMI and other psychiatric disorders at the PRC and DRC programs; this counselor will link clients to appropriate community providers (e.g., Thresholds) during reentry to ensure continuing care.

Recreational Therapy. Leisure time plays an important role in maintaining sobriety and leading a crime-free life. Little involvement or satisfaction in anti-criminal or pro-social leisure activities is a major risk factor for returning to crime, as it allows for idle time, interaction with antisocial peers, and the replacement of pro-social behavior with antisocial behavior.³³ WestCare will offer a structured recreation program that is responsive to the developmental and physical needs of male **detainees at the DRC**. The Recreation Therapy (RT) program will target emotional, cognitive, and physical needs. There are four components in WestCare's RT program: (1) Leisure Awareness, (2) Social Interaction Skills, (3) Leisure Activity Skills, and (4) Leisure Resources. Goals of RT include: to improve personal responsibility

³³ Latessa, E.J. (February 24, 2011). *Understanding the risk and needs principles and their application to offender reentry*. PowerPoint lecture presented at Second Chance Act Conference, Washington, DC.

for leisure, to improve community leisure skills, and to gain an understanding of the effects of disability or illness on leisure behavior.

The structured recreation program will offer a variety of pro-social leisure activities and will be therapeutic and educational in its design and implementation. Participants will be shown myriad leisure activities and have to identify healthy leisure activities that they are interested in and would like to pursue. Possible RT activities include: drawing group, puzzle group, leisure education/leisure values, communication skills, and structured activities such as games (i.e. Who Wants to be a Millionaire?, Pictionary, trivia, chess/checkers, among others).

If possible, physical activity will be incorporated into the RT model. Physical activity offers alternative opportunities for self-expression and achievement and for many young men is an important avenue for personal growth. Being successful or perceived as competent in a skill is empowering. Developing skills through sports or other physical activities raises self-esteem, reduces vulnerability to negative peer pressure, and develops leadership and problem solving skills, as well as helping to reduce stress and anxiety.

Overall, participation in the structured RT program will provide participants with concrete options for pro-social leisure involvement activities that they enjoy, improve social and interpersonal skills, and may improve overall health and physical development. It has the added benefit of promoting group cohesiveness, reducing stress, increasing personal competence, raising self-esteem, and providing a wide range of experiences that apply to broader areas of life.

Drug Testing. DRC participants will be randomly selected for drug testing on a bi-weekly basis (minimum of one test per month); the number of random tests will be negotiated with CCDOC. The manufacturer will rotate the drugs in the tests. Substances that are specifically problematic in Chicago include crack cocaine, heroin, marijuana, ecstasy, MDA/MDMA, spice/K2 (synthetic marijuana), prescription drugs such as hydrocodone, and codeine cough syrup (mixed with sugary drinks, is called "lean").

WestCare will use a breathalyzer or Instant Urinalysis (UA) Test Strips to test DRC participants on a random basis or for probable cause if it appears that the participant is under the influence; DRC participants suspected of intoxication are generally intercepted by CCDOC at the check-in location. All clients who are suspected of drug or alcohol use will be tested. CCDOC and other appropriate personnel will be immediately notified of positive drug tests. WestCare Technicians are trained to follow defined procedures for urine collection to prevent adulteration of specimens, and in following universal precautions (federal OSHA Blood borne Pathogen regulations).

The validity of urine drug screen results is dependent on the specimen integrity. WestCare Technicians, of the same gender as the client, will directly observe the offender voiding into a specimen collection container. If it is impossible to collect an observed specimen, non-witnessed collections will have safeguards in place to ensure the donor does not have access to substances which may affect test results (water, chemicals, substitute urine, etc.) and will meet WestCare's procedure requirements for chain of custody, adulteration test for temperature, pH and specific gravity. WestCare maintains a Urinalysis Log that records the client's name and client identification number; collection date; specimen

ID/chain of Custody bar code number; drugs or medications prescribed and date taken; collector's initials; special tests requested; and test results/date received.

WestCare maintains strict confidentiality of client information and all staff is trained in confidentiality issues. In all cases, participant confidentiality is protected in accordance with the requirements of 42 CFR, Part II Confidentiality of Alcohol and Drug Abuse Patient Records, and HIPAA (Health Insurance Portability and Accountability Act) regulations.

The subcontractor for drug testing is **Redwood Toxicology Laboratory, Inc. (RTL)**, a federally certified laboratory specializing in accurate and rapid turnaround drug testing. RTL has provided drugs of abuse screening devices and laboratory-based drugs of abuse testing, in both urine and oral fluids, since its inception in 1994.

RTL is the largest single-location drug testing laboratory in the United States. All told, RTL currently provides drug testing services to more than 15,000 agencies across the United States, including departments of corrections, mental and behavioral health, children and family services, rehabilitation facilities, probation/parole agencies and drug courts.

RediTest® Panel-Dips are easy-to-use devices available in single and multi-drug configurations. Testing using Panel-Dips is a simple procedure of collecting the specimen, dipping the device in the specimen, and reading the results. The built-in procedural controls show whether results are negative, positive or invalid within 5 minutes. Our Panel-Dips are FDA 501(k) cleared to market. *Panel-Dips are the most cost-effective drug testing device option.*

A positive result obtained from an instant on-site device is presumptive and should be confirmed by an alternate method such as Gas Chromatography/Mass Spectrometry (GC/MS) or Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS). All of RTL's on-site devices—with the exception of the instant alcohol saliva device—may be sent back to RTL for confirmation. RTL will test for Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Buprenorphine, Cocaine, Marijuana, MDMA (Ecstasy), Methadone, Methamphetamines, Opiates, Oxycodone, PCP, and Propoxyphene, Tri-Cyclic Anti-depressants, Synthetic Cannabinoids (e.g. Spice, K2), and Designer Stimulants (e.g. Bath Salts). Other substances can be added as the need arises.

2. TRANSPORTATION.

The DRC Case Managers will ensure that each DRC participant receives two CTA fare cards daily, each with transfer, for use on either bus or rail. All clients will have to sign a fare card log every time they receive a card. The Case Managers will coordinate all outside referrals for DRC participants, sets appointments, and will arrange transportation for participants to off-site locations as needed and approved by the CCSO liaison. A CTA fare card may be provided for approved off-site appointments. WestCare will lead the coordination of services for each client at weekly staffings with community partners TASC, DRS, Thresholds, and the CCSO liaison.

3. CCSO LIAISON

WestCare fully supports and welcomes the placement of a CCSO liaison for the program. The CCSO liaison will act as a "participant coordinator" and will ensure the seamless transition of participants into the necessary services. WestCare will provide the CCSO liaison with an office within the program and will ensure that the liaison is included in Treatment Team meetings, staffings, and other opportunities to coordinate services for participants.

4. PROGRAM PLAN

WestCare is the current provider of modified TC programming for detainees in the IMPACT Program. This **residential** 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. WestCare will expand its inpatient services to include PRC detainees at the Cook County Jail, and will develop a model **outpatient** program for DRC participants.

Participants in the IMPACT Program and PRC will be provided with up to **120 days** of in-jail modified TC **treatment services** and participants in the DRC will receive an average of **90 days** of treatment. Length of stay extensions will be evaluated on a case by case basis and in conjunction with the CCSO liaison. Each inpatient participant will attend up to **17.5 hours** of program activity each week, and participants in the outpatient DRC will attend up to **35 hours** of programming each week. WestCare will maintain a minimum **25:1 ratio** of participants to clinical staff, with program capacities of **168 men at the IMPACT program** (7 clinical staff); **450 men at the PRC** (18 clinical staff); and **240 men at the DRC** (10 clinical staff). WestCare staff members are physically present during structured program services, and groups are small enough to promote the participation and safety of group members.

WestCare uses evidence-based practices and programs to provide treatment for substance abuse and co-occurring disorders and to address topics on life skills, recovery process and relapse prevention, job readiness and vocational skills, education, stress management, parenting, violence and domestic violence, HIV transmission and prevention, other health issues, and related issues. The **core** of the WestCare CRC program is a fully integrated CBT, MI, and trauma informed care model with enhanced treatment services as indicated by assessment.

Daily Schedules-IMPACT Program and PRC. The IMPACT Program treatment schedules are designed to provide services **five days a week**, 7:30 AM to 3:30 PM, Monday through Friday. WestCare staff is on-site 40 hours per week. Didactic groups, seminars, and community meetings are larger groups and may include all residents in the unit, but maintain a 24:1 staff ratio. WestCare will also incorporate some smaller, more focused groups for specific populations with a group size of 10-12 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**. Groups are scheduled according to CCDOC needs and schedule. During intake interviews, men are assigned to groups, with consideration of cultural factors, presence of co-occurring disorders, and other relevant factors. Detainees participate in WestCare TC services as outlined in the **"Typical Weekly Schedule."**

The weekly schedule for up to 17.5 hours of direct services includes **CBT groups (virtually all of the curriculums used by WestCare are based on CBT methods)**, TC programming, rehabilitative services, individual counseling, social and recreational activities. WestCare will coordinate activities with the CCSO Liaison to ensure that clients will have time to participate in other activities such as GED or other CCDOC functions (i.e. law library, commissary, visits, etc.). **When clients are not attending GED classes or other CCDOC functions, they are expected to attend WestCare's treatment services.** Treatment and reentry planning, individual counseling, case management, advocacy and referral are scheduled as needed and received individually.

WestCare TC Weekly Schedule- IMPACT Program					
Morning segment					
	Monday	Tuesday	Wed.	Thursday	Friday
7:30 AM	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting
8:00 AM to 11:30 AM	Basic TC Concepts; CBT groups on Substance Abuse; HIV; Vocational & Life Skills; Stress Management/ Mindful Meditation	Anger Management; Parenting; Recovery/ Relapse prevention;	Therapeutic Groups; DV- Violence;	Basic TC Concepts; CBT groups on Substance abuse; HIV; Vocational & Life Skills; Stress Management	Social, Recreational Individual sessions; DV- Violence;
11:30 AM to 12:30 PM	Lunch	Lunch	Lunch	Lunch	Lunch

Afternoon segment					
12:30 PM	Basic TC Concepts;			Basic TC Concepts;	Social Recreational
to	CBT groups on Substance Abuse; HIV; Vocational & Life Skills; Stress Management/Mindful Meditation;	Anger Management; Parenting Class; Recover/Relapse prevention;	Therapeutic Groups; DV-Violence;	CBT groups on Behavioral Health; HIV; Vocational & Life Skills; Stress Management; DV-Violence;	Individual sessions; DV-Violence;
3:30 PM					
Evening	Self-Help Groups (AA/NA)	Self-Help Groups (AA/NA)	Self-Help Groups (AA/NA)	Self-Help Groups (AA/NA)	Self-Help Groups (AA/NA)
Support groups are in the evening, as allowed by CCDOC, and are not staff supervised					

At the PRC treatment schedules are designed to provide services **five days a week**, 8:30 AM to 6:30 PM, Monday through Friday. WestCare staff will be on-site 40 hours per week. WestCare's schedule is flexible and constructed to **allow time for clients to participate in other assistance activities**. Clients attend treatment services during the morning or afternoon hours that they are not receiving other assistance or institutional activities, such as vocational training programs, GED, or medical services, as coordinated with the CCSO Liaison.

WestCare TC Weekly Schedule-PRC					
Morning segment					
	Monday	Tuesday	Wed.	Thursday	Friday
8:30 AM to 9:00 AM	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting
9:00 AM to 11:30 AM	Basic TC Concepts; CBT groups on Substance Abuse; HIV; Vocational & Life Skills; Stress Management	Anger Management; Parenting; Recovery/Relapse prevention;	Therapeutic Groups; DV-Violence;	TC groups; CBT groups on Substance abuse; HIV; Vocational & Life Skills; Stress Management	Social, Recreational Individual sessions; DV-Violence;

11:30

AM

to

Lunch

Lunch

Lunch

Lunch

Lunch

12:30

PM

Afternoon segment					
12:30 PM to 2:00 PM	Basic TC Concepts; CBT groups on Substance Abuse; HIV; Stress Management; DV-Violence;	Anger Management; Parenting Class; Recovery/Relapse prevention;	Therapeutic Groups; DV-Violence;	TC groups; CBT groups on Behavioral Health; HIV; Vocational & Life Skills; Stress Management;	Social Recreational Individual sessions; DV-Violence;
2:00 PM to 3:00 PM	Count	Count	Count	Count	Count
3:00 PM to 4:00 PM	CBT groups on Substance abuse; HIV; Vocational & Life Skills; Stress Management/Mindful Meditation	Anger Management; Parenting Class; Recovery/Relapse prevention;	Therapeutic Groups; DV-Violence;	Therapeutic Groups; DV-Violence; Reentry Process	Social Recreational Individual sessions; DV-Violence;
4:00 PM to 5:00 PM	Dinner	Dinner	Dinner	Dinner	Dinner
5:00 PM to 6:00 PM	Vocational & Life Skills;	Vocational & Life Skills;	Vocational & Life Skills;	Vocational & Life Skills;	Social Recreational
6:00 PM to 6:30 PM	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting
Evening	Self-Help Groups (AA/NA/CA)	Self-Help Groups (AA/NA/CA)	Self-Help Groups (AA/NA/CA)	Self-Help Groups (AA/NA/CA)	Self-Help Groups (AA/NA/CA)
Support groups are in the evening, as allowed by CCDOC, and are not staff supervised					

Daily Schedule-DRC. The treatment schedule is designed to provide services from 7:30 AM to 3:30 PM, five days a week, Monday to Friday. Participants are provided with lunch from the Sheriff's Office from

11 AM to 12 PM. Therapeutic groups will have no more than **24 participants in a group**. Didactic groups, seminars, and therapeutic recreational events may be larger groups. WestCare will also incorporate some smaller, more focused groups for specific populations with a group size of 10-12 for maximum therapeutic benefit.

DRC clients participate in WestCare services, as outlined in the "DRC Typical Weekly Schedule." The weekly schedule allows for up to **35 hours** of direct services includes integrated behavioral health treatment, rehabilitative services, individual counseling, social and recreational activities.

WestCare Outpatient Weekly Schedule-DRC

	Monday	Tuesday	Wed.	Thursday	Friday
7:30 AM-9:00 AM	Job readiness; vocational; education	Job readiness; vocational; education	Job readiness; vocational; education	Job readiness; vocational; education	Social; Recreational; Individual sessions
9:00 AM to 11:00 AM	CBT groups on Substance Abuse; mental health; co-occurring; HIV; Life Skills; Stress Management	Anger Management; Parenting; DV-Violence; Recovery/Relapse prevention	Therapeutic Groups; Alumni Association group	CBT groups on Substance Abuse; mental health; co-occurring; HIV; Life Skills; Stress Management	Social; Recreational Individual sessions; guest speakers
12:00 AM to 2:00 AM	CBT groups on Substance Abuse; mental health; co-occurring; HIV; Life Skills; Stress Management	Anger Management; Parenting; DV-Violence; Recovery/Relapse prevention	Therapeutic Groups; Alumni Association group	Therapeutic Groups; Reentry Process	Social Recreational Individual sessions,
2:00 To 3:30	CBT groups on Substance Abuse; mental health; co-occurring; HIV; Life Skills; Stress Management	Anger Management; Parenting; Re-Entry Process; DV-Violence; Recovery/Relapse prevention	Therapeutic Groups; Self-help groups	Therapeutic Groups; Reentry Process	Social Recreational Individual sessions,

Treatment planning, individual counseling, and advocacy and referral are scheduled as needed and received individually. WestCare Counselors will coordinate activities with the CCSO Liaison to ensure that participants have full access to other assistance activities, such as Virtual High School, Sheriff's Office vocational training programs, GED, or medical services.

5. EXPERIENCE WITH CRIMINAL JUSTICE CLIENTS, BI-LINGUAL STAFF, AND CULTURAL COMPETENCY

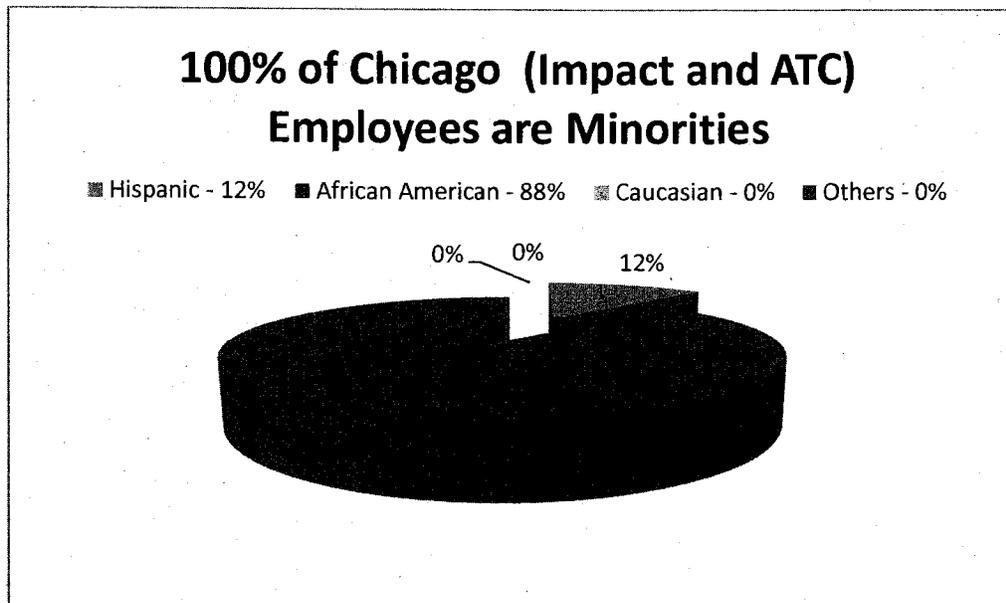
Experience with Criminal Justice Clients. WestCare has significant direct experience providing evidence-based drug treatment services to incarcerated populations; transition and reentry services; and mental health services. WestCare currently is contracted to provide drug treatment to an average of **2,626 adult offenders in a secure setting (state prison, county jail) daily.** WestCare Illinois has **managed and provided the drug treatment services at the Sheridan Correctional Center continuously for nearly seven years,** from 2006 to the present. In 2009, WestCare Illinois was contracted by CCDOC to operate the **Male Treatment Program (IMPACT Program)** in the Cook County Jail, and continues to successfully operate this program.

Bilingual Staff. WestCare values and promotes diversity among staff and in programming decisions. At WestCare, cultural competency begins with hiring practices (see Attachment C: **Cultural Diversity Policy**). WestCare **values diversity** and seeks to hire staff members who are representative of the population receiving services, and have bilingual and multicultural capabilities. By having a **policy** to employ staff members that reflect the gender, race/ethnicity, and languages of clients, WestCare increases client receptiveness to program services. All WestCare programs are required to provide culturally competent services to clients and families. Cultural competency is a core function of effective treatment services and requires accommodation for diversity, race, gender, ethnicity, disability, sexual orientation, and life stage. As evidence of cultural competency WestCare Foundation recruits and hires minorities and women to fill management, clinical, and support positions: **52% of all staff members are ethnic and racial minorities and 65% are females.**

The following table is a cultural breakdown of staff at the WestCare Foundation in 2011.

WestCare Employees	Hispanic	White	African American/ Black	Asian/Pacific Islander	Other	Totals
Totals	176	534	378	26	8	1,122

In Illinois, WestCare has 92 employees; in 2013 a breakdown of race and ethnicity of WestCare Illinois staff shows that 39% of employees are minorities. A survey of current staff shows that 7 (8%) speak Spanish. WestCare assures CCDOC that staff bilingual in Spanish will be available to provide direct services to clients in the Impact Program, PRC, and DRC. Please note that **all** direct service staff based in Chicago are minorities.



Cultural Competency. To ensure that the attitudes, organizational structures, policies, and services are culturally competent, the agency has implemented system-wide procedures. WestCare routinely collects basic demographic information to assess and determine such information as: ratio of staff to clients by race, ethnicity, gender; client performance and outcome patterns; and composition of the service area by key demographics. WestCare uses this information to ensure that staff (Counselors, Administrators, Professionals, Support staff and the Board of Directors) represents diverse community populations, and promotes the importance of cultural competence to achieve quality outcomes. WestCare also has established internal **structures** to analyze the status of cultural competency within the agency, including Cultural Competency Committees, culturally informed advisory committees, and

policy development groups that are proportionally representative of the staff, client/consumers and community members.

WestCare offers **services** that are culturally competent and in a **language** that ensures client/consumer comprehension. Client services are monitored for clinical and cultural appropriateness, and the supervision of clinicians includes addressing cultural aspects of care. When making referrals for offenders reentering the community, Counselors consider the cultural appropriateness of the referred agency and ensure that the reentry plan includes services that not only meet criteria for the appropriate level of care, but also includes services that are culturally appropriate and compatible across levels and agencies. To ensure culturally competent **attitudes**, WestCare implements staff training and development in cultural competence at all levels and across all disciplines including for leadership and governing entities, as well as for management, supervisory, treatment and support staff. As a part of quality monitoring and improvement WestCare has implemented **policies** to evaluate services in terms of access, retention and engagement and service quality by key client demographics, and to utilize these data for service planning and improvement purposes.

Race and ethnicity are critical dimensions in treatment and aftercare considerations. In the nation and in Illinois, long-term trends clearly show a disproportionate percent of ethnic and racial minorities in prison populations. Persons of ethnic and racial minorities represent 30.9% of the population in the U.S., yet are 64.4% of the incarcerated population; minorities are 66% of the population in Cook County, but are 87% of the county jail population.

National figures indicate that African American males are incarcerated at a rate 3.5 times higher than their representation in the population (only 12.3% of the population is black, yet 43.3% of the incarcerated population is black). In Cook County, blacks are incarcerated at a rate that is almost 3 times higher than their representation in the population and are the largest single ethnic/racial group in jail. Their representation in jail is 67% but their percent of the county's population is only 25%.

Many of the reasons for this disparity in racial incarceration rates are due to factors outside of the criminal justice system (e.g., poverty, lack of equal access to quality education); evidence suggests that criminal justice practices and policies may contribute to the differences. Researchers have reported that while rates of drug use among whites and blacks vary only slightly (10.8% for whites and 9.3% for blacks), blacks are arrested for drug crimes at far higher rates than whites and the disparity is growing.³⁴

Issues of race and culture have a significant impact on every aspect of treatment and reentry, including culturally competent programming, family and community responses, and labor markets.

Program strategies must be capable of responding to racial and ethnic differences. Inmates/detainees are most likely to distrust or disrespect the criminal justice system, and its perceived injustices, and view the treatment program as an extension of the institution. The greater the sense of alienation and disillusionment, the less likely the detainee will develop a sense of commitment to treatment goals. WestCare's strategic interventions will include culturally competent staff, programming, and staff

³⁴ Meier, K.J. (1992). Race and the War on Drugs: America's dirty little secret. *Policy Currents* 2:2.

training that will increase engagement and willingness of participants to voluntarily enter treatment, complete treatment, and comprehensive community based aftercare.

Cultural competency includes having the **capacity and a plan for cultural self-assessment**. WestCare has created a specific **structure**—the Cultural Competency Committee—to evaluate and design activities to meet the needs of minority clients in a pro-active manner. Consisting of a broad representation of ethnic groups among the staff from all program sites, the purpose of this committee is to make recommendations concerning policies, procedures, program activities, special clinical concerns, staff training, staff development, and in general to work toward improving services for specific populations of clients at WestCare. Priorities include the development of culturally sensitive programs and the enhancement of our multicultural learning environment. The committee also examines barriers, accessibility to services, staff ability to provide culturally effective services, and the agency's ability to recruit employees reflective of the populations it serves. WestCare's Cultural Competency Committee continuously assesses its cultural competency and **language assistance abilities**, and develops plans to improve services.

It is WestCare's **policy** (see Attachment C: Cultural Diversity Policy) to provide training in cultural competency to all staff as part of orientation, and also on an annual basis. Cultural competency training addresses issues of stereotyping and making generalizations/assumptions about people based on preconceived notions (often around issues of gender, age, sexual orientation, disabilities, culture, or race) that lead to errors in judgment and failure to see each person as an individual. Cultural sensitivity training will also be incorporated in treatment groups to reduce prejudice, racial hatred, and conflicts between inmates.

WestCare uses culturally competent **services and activities** in its teaching methods, treatment programming, curriculum selection, and reentry planning. WestCare's participants come to the criminal justice system 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 levels of education, different learning styles and cultural and ethnic backgrounds, the curriculum is delivered using various formats to pique participant interest in the material to achieve participant buy-in, and ultimately to ensure that participants gain the skills to be successful in their goals. For example:

- **Cultural Diversity:** WestCare is extremely mindful of the cultural, religious and ethnic diversity of the population. The curriculum exercises are inclusive of all of these levels of diversity. Cultural diversity is acknowledged not only in terms of Anglo, African-American, Hispanic, and other cultures but in terms of the culture of imprisonment, how detainees do their time, gang culture, and the culture of degradation and poverty from which many detainees 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.

- WestCare also uses holidays such as Christmas, Cinco de Mayo, and Juneteenth (June 16-19th celebration of the Emancipation Proclamation) to teach about the personal heritage and the heritage of others. In addition, WestCare has the capacity to deliver many of the tasks in Spanish, which is an extremely powerful tool considering the large Hispanic inmate population.
- During reentry planning Counselors develop reentry plans that match the participant to community-based programs and services that meet his needs and life goals, which increase the participant's motivation to enter and remain in the program. WestCare will identify programs that provide culturally and linguistically appropriate services for limited-English-speaking individuals, and obtain other information of that increases participation in reentry services such as whether other services, such as vocational assistance and family counseling available.

6. INTEGRATED TREATMENT PROGRAM AND ESSENTIAL PERSONNEL

Detainees at the IMPACT Program and PRC are diagnosed with substance abuse disorders and may also have co-occurring psychiatric disorders. Participants in the DRC may have substance abuse disorders, co-occurring substance abuse and psychiatric disorders, or have a single diagnosis of mental illness. All will have criminal behaviors and attitudes. Research summarized by Roger H. Peters shows that persons in the criminal justice system have significantly high rates of substance abuse, mental illness and co-occurring disorders. Among jail inmates 17% have been found to have a serious mental illness (major depression, bipolar disorder, or a psychotic spectrum disorder such as schizophrenia) or PTSD. It is estimated that over a third (33%) of prisoners enrolled in substance abuse treatment (such as the IMPACT and PRC programs) also have a mood or psychotic disorder, and 70% of offenders with a mental disorder also have a substance abuse disorder.³⁵

In a study of a sample of 204 pretrial detainees at the DRC, Swartz and Lurigio (1999) found even higher rates of substance abuse, mental illness and co-occurring disorders. In the DRC sample more than half had one or more lifetime psychiatric diagnoses and 80% of these also had a substance abuse disorder; rates of serious mental illness were also higher than the general population. They also found that more than 60% of participants with a substance abuse disorder also had a psychiatric disorder.³⁶

Estimated rates of substance abuse, mental illness, and co-occurring disorders at IMPACT Program, PRC and DRC				
	IMPACT*	PRC*	DRC**	Totals
Beds/slots	168	450	240	850
Substance abuse diagnosis	107 (67%)	300 (67%)	122 (50%)	529 (62%)

³⁵ Peters, R.H. (in press). *Effective Intervention Strategies for Offenders who have Co-Occurring Disorders: An Overview of Research Findings, Appendix B*. SAMHSA publication.

³⁶ Swartz, J.A. & Lurigio, A. (1999). Psychiatric Illness and Comorbidity Among Adult Male Jail Detainees in Drug Treatment. *Psychiatric Services*, 50.

Co-occurring diagnosis	53 (33%)	149 (33%)	96 (40%)	298 (35%)
Psychiatric diagnosis	NA	NA	25 (10%)	25 (3%)
Totals	168 (100%)	450 (100%)	240 (100%)	850 (100%)

*Estimated rates based on R.H. Peters literature review.

**Estimated rates based on Swartz & Lurigio (1999) study at DRC.

The following discussion includes a description of the integrated treatment program, essential personnel and their essential qualifications to provide integrated treatment, the numbers of positions to participant ratios needed for successful implementation, and roles of each position in the project.

WestCare CRC Integrated Treatment Program. Integrated treatment is the preferred model for treating persons with co-occurring disorders, who often have multiple life problems. The target population for the WestCare CRC is adult male detainees with substance abuse disorders, mental illness and/or co-occurring disorders, and high probability of PTSD due to exposure to violence at all levels (in their families, schools, and community), and other problems including family dysfunction, poor academic attainment, prior arrests, poor work histories, homelessness, and poor social relationships. These problems oftentimes are persistent and pervasive, interfering with every aspect of their lives. Treatment for these participants requires a system that is comprehensive, seamless, and integrated to maximize clinical outcomes. Therefore, WestCare adopted the **Comprehensive Continuous Integrated System of Care (CCISC) Model**, developed by Kenneth Minkoff, M.D., to ensure effective treatment of participants with co-occurring disorders.

Eight (8) clinical consensus **best practice principles** that espouse an integrated clinical treatment philosophy encompassing both the mental health and substance abuse perspectives provide the framework for this model:

1. Co-occurring disorders are an expectation, not an exception.
2. Successful treatment is based on empathic, hopeful, integrated, and continuing relationships.
3. Treatment must be **individualized** utilizing a structured approach to determine best treatment. The national consensus "four quadrant model" for categorizing individuals with co-occurring disorders is the first step to organizing treatment matching.

THE FOUR QUADRANTS	
III Less severe mental health disorder/more severe substance use disorder	IV More severe mental health disorder/more severe substance use disorder

<p>I</p> <p>Less severe mental health disorder/less severe substance use disorder</p>	<p>II</p> <p>More severe mental health disorder/less severe substance use disorder</p>
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4. Case management and clinical care must be balanced properly with empathic detachment, opportunities for empowerment and choice, contracting, and contingency learning based on the client's goals and strengths.
5. When mental health and substance use disorders co-exist, each disorder should be considered primary, and integrated dual primary treatment is required.
6. Both serious mental illness and substance dependence disorders are primary biopsychosocial disorders that can be treated in the context of a "disease and recovery model."
7. There is no one correct approach to treat individuals with co-occurring disorders. For each individual, treatment must be matched according to quadrant, diagnosis, disability, strengths/supports, problems/contingencies, phase of recovery, stage of change, and assessment of level of care.
8. Outcomes also must be individualized.

WestCare's philosophy is to "Uplift the human spirit." To ensure an effective and efficient system of care for detainees with co-occurring disorders, WestCare incorporates the following characteristics into its treatment philosophy:

- **Optimism and Recovery.** Pessimistic attitudes about persons with co-occurring disorders place barriers to successful and effective treatment. Every individual, regardless of the severity and disability associated with each disorder, is entitled to experience promise and hope and has the potential to achieve full recovery from each disorder. The WestCare CRC treatment and reentry program will provide services to participants with co-occurring disorders in a manner that maximizes their outcomes and assists them in realizing their full potential.
- **Acceptance.** Each participant contact will be welcoming, empathic, hopeful, culturally sensitive, and client-centered. Special efforts are made to engage participants who are unwilling to accept or participate in services. The Treatment Program accepts the participants for who they are and for the problems they may have. Participants are received and served without judgment or bias.
- **Accessibility.** Participants with co-occurring disorders are accepted to the Treatment Program without barriers. WestCare will make appropriate referrals and linkages for those participants who require crisis or detoxification services or who need services that are beyond the scope of the care and treatment services offered by the WestCare CRC Program.

- **Integration.** The WestCare CRC utilizes an integrated conceptual framework for service delivery. Treatment is individualized and is matched to the participant's intensity and severity of each problem. Counseling staff includes professionals qualified to provide integrated treatment (MISA Counselors and Licensed Mental Health Counselors) and the Case Manager or Thresholds counselor is responsible for coordinating the care of participants to ensure integration of services and to minimize duplication of services. Aside from treating each disorder as primary, treatment also considers the relationships and interactions among the disorders. The "disease and recovery model" provides the cornerstone for the treatment foundation.
- **Continuity.** WestCare firmly believes that participant's progress occurs in stages or phases (i.e., engagement, stabilization, treatment, and continuing care). The phase for each disorder may vary, and participants may progress through the phases at varying rates for each disorder. The WestCare CRC considers the participant's phase for each disorder in developing the Treatment Plan, planning treatment goals and objectives, and matching treatments/interventions to the disorders. WestCare also considers the phases for each disorder when planning for changes in level of care. This strategy allows the program to develop and use effective stage-appropriate treatment protocols and ensures the continuity of care.
- **Individualized Treatment.** The WestCare CRC uses an individualized treatment approach to ensure the Treatment Planning, intervention selection, and services are tailored to the participant's needs. The program also is responsive to the changing needs of the participants.
- **Comprehensiveness.** WestCare provides a comprehensive array of services to meet the individualized needs of the participants. Participants may receive these services through the program, other internal providers in CCDOC, or external providers through referral and linkage. The program also uses comprehensive assessments and evaluations to ensure accurate diagnosis and identification of the full array of needs. The use of support systems such as self-help groups, family, and the faith community also is incorporated into the treatment process to extend and maintain treatment effectiveness.

Essential Personnel and Qualifications. Treatment staff that will provide integrated treatment and reentry services at the WestCare CRC Program will include certified and non-certified Substance Abuse Counselors, MISA Counselors, Licensed Mental Health Counselors, Case Managers, Assessment Counselors, and Clinical Supervisors.

WestCare believes that the **essential qualifications** of staff providing integrated treatment services include their ability to develop effective correctional counseling relationships, which include establishing high quality empathetic **relationships** with clients, **modeling** anti-criminal and pro-social expressions, and **expressing approval of (reinforcing)** the client's prosocial expressions and disapproval of that which is pro-criminal or anti-social. All treatment staff must be able to respect the boundaries of counselor-client relationships.

WestCare's Counselors are selected for their ability to facilitate positive change in clients, and WestCare provides training to strengthen their ability to use motivational approaches and develop therapeutic

relationships. WestCare recognizes that motivation is an integral part of cognitive-behavioral programming and understands that program engagement must last throughout the program from intake to release. WestCare's treatment team is trained in Motivational Interviewing (MI) techniques to enable them to engage and encourage each participant during treatment as well as their transition to continuing care in the community.

Substance Abuse Counselor Role and Qualifications. Counselors are responsible for the delivery of the face-to-face substance abuse treatment and rehabilitation services to clients. 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 clients to develop and implement Individual Treatment Plans and Reentry Plans for continued community substance abuse program activities; and work with the client to create a support network for the offender's pending return to the community. Essential Qualifications are:

- 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.

MISA Counselor Role and Qualifications. MISA Counselors are responsible for the delivery of the face-to-face treatment and rehabilitation services to clients with co-occurring substance abuse and mental health disorders. The MISA Counselor shall conduct group and individual meetings; evaluate the progress of the participants assigned to their program services groups; work directly with the clients to develop and implement Individual Treatment Plans and Reentry Plans for continued community substance abuse program activities; and work with the client to create a support network for the offender's pending return to the community. Essential Qualifications are:

- Mental Illness and Substance Abuse (MISA) certified, with demonstrated clinical assessment skills and two year professional experience counseling clients with co-occurring disorders in a licensed substance abuse treatment program.
- Experience consisting of one (1) year of providing direct MISA counseling services to the criminal justice population, and bi-lingual in Spanish are preferred;
- Knowledge of offender populations, criminal subcultures, and cultural differences, substance abuse assessment tools, Therapeutic Community concepts;

- Must have the ability to obtain institutional clearance.

Licensed Mental Health Counselor Role and Qualifications. Licensed Mental Health Counselors will work under a subcontract with Thresholds. The licensed mental health counselors will participate on the multi-disciplinary treatment team and deliver targeted interventions and treatment in order to assist in stabilization of the individual and coordination with community resources and treatment. Each of Thresholds' licensed mental health counselors will carry a caseload of 25 individuals and provide comprehensive assessments, individual counseling, group counseling, case management and integrated dual disorder treatment. These counselors will develop a pre-release plan with the individual and assist with their re-entry into the community. The Thresholds counselors will link the individuals on their caseload to Thresholds' full continuum of community services which includes housing, public benefit programs, primary and psychiatric care, mental health and substance abuse treatment, and supported employment and education services.

Essential Qualifications are:

- LCSW or LCPC licensure
- Licensed in the State of Illinois and have at least 3 years direct clinical experience in a substance abuse and mental health treatment program for persons involved in the criminal justice system.
- Have adequate level of personal malpractice insurance.
- Must be highly organized, flexible and have the ability to work with diverse populations in a fast-paced environment.
- Must have the ability to obtain institutional clearance.

Case Manager Role and Qualifications: The Case Managers will work as a member of the treatment team to provide case management services during reentry. The Case Managers will work under a subcontract with TASC to link clients to services identified in the Reentry Plan including community medical and mental health providers, recovery homes, housing, employment services, self-help groups at the Alumni Association or 12 step programs, and other providers. Essential Qualifications are:

- Experience consisting of one (1) year of providing direct case management services to the criminal justice population is preferred;
- Knowledge of offender populations, criminal subcultures, and cultural differences, community resources;
- Must have the ability to obtain institutional clearance.

Assessment Counselor Role and Qualifications: The Assessment Counselor is responsible for intake/screening/evaluation services, including conducting the in-take interviews of program participants; making the initial screening and assessment of program participants; reassessments; and conducting exit-program evaluations of all participants to obtain information relating to the

effectiveness of the program, and ways in which the program can be improved. Essential Qualifications are:

- 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;
- Within 24 months of hire must be certified in substance abuse services
- Must have the ability to obtain institutional clearance.

Clinical Supervisor Role and Qualifications: The Clinical Supervisor is responsible for the day-to-day assessment and treatment program functions, clinical staff supervision, providing direct clinical services, and flow of program activities. Essential qualifications are:

- The Clinical Supervisor 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.
- 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 institutional clearance.

Numbers of Positions to Participant Ratios. For populations with a single diagnosis of substance abuse disorder the participant-to-counselor ratio (Substance Abuse Counselor caseload) will be 25:1. For populations with co-occurring disorders the participant-to-counselor ratio (MISA Counselor caseload) will be 25:1. For populations with a single diagnosis of serious mental illness (SMI) the participant-to-counselor ratio (Licensed Mental Health Counselor caseload) will be 25:1. The ratio for Case Managers is 100:1; however, many clients will be eligible to receive reentry case management services from TASC under other contract funds (Specialty Courts, etc.), from Thresholds (individuals with serious mental

illness), or from community-based treatment providers, which will result in **COST SAVINGS** and smaller caseloads.

7. VARIABLE LENGTHS OF STAY AND INDIVIDUALIZED TREATMENT

WestCare recognizes that some participants will be available to complete the full program (120 days at the IMPACT Program and PRC, and 90 days at DRC), 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. Individuals who will exceed the designated length of stay will be reviewed on a case by case basis and in conjunction with the CCDOC liaison. WestCare uses 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 needs and length of time in the CRC.

The detainee is a full participant in the development of their individual treatment and reentry plans and all treatment plans are tailored to meet the specific needs of the individual client. The treatment planning 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 detainee or by identifying those things in which he has a sense of pride.

During the personal interview, the Counselor and participant review the assessment results (including the TCU CEST/CTS) to develop short- 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, the goals must conform to the standards set by CCDOC.

As a **demonstration of individualized treatment**, an example of a treatment plan is included beginning on the following pages.



Treatment Plan

Client Name:**Client SS#:** 000-00-0000**Client Ref#:****Plan Start Date:** 04/01/2013**Client ID#:** 100152557**Plan Review Date:** 07/23/2013**Plan Closed:****Axis I:** 303.90 Alcohol Dependence**Axis II:** 799.9 Diagnosis Deferred on Axis II**Axis III:** see medical file**Axis IV:** legal, primary support group,**Axis V:** 45

Presenting Problems

Primary 1. Chemical Dependence
Secondary II. Criminal Thinking
 III. Lack of Social Skills

Treatment Plan

Primary Problem: 1. Chemical Dependence**Definition**

-Makes choices that are not conducive to his/her sobriety.

Long-term Goals

	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- A. Client to gain awareness towards the problems of his drug and/or alcohol problems.	04/01/2013	11/30/2013	

Short-term Objective

	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- 1. Client to accept and comply with treatment requirements and recommendations.	04/01/2013	11/30/2013	

Actions

	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- a. Client to attend and participate in all scheduled groups and house meetings	04/01/2013	11/30/2013	
- b. Client to complete all assignments of his primary counselor.	04/01/2013	11/30/2013	
- c. Client to process his experience and knowledge of all groups with his primary counselor.	04/01/2013	11/30/2013	

Secondary Problem: II. Criminal Thinking**Definition**

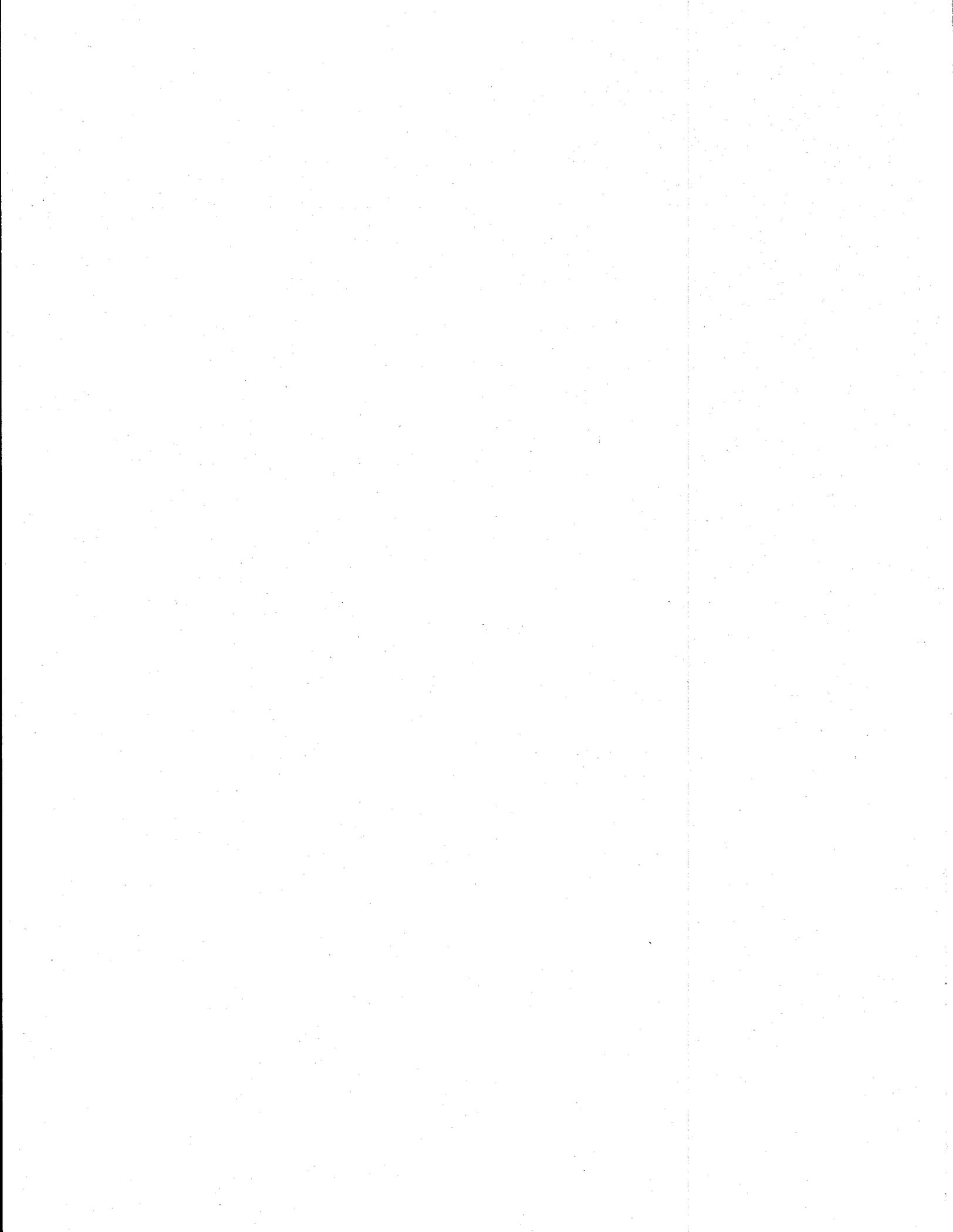
-Criminal thinking errors exist and have negatively interfered in client's life.

Long-term Goals

	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- A. Client has difficulty with making healthy decisions and thinking about the pros and cons of his actions.	04/01/2013	11/30/2013	

Short-term Objective

	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- 1. Client will complete modules 1-7 of CBT	04/01/2013	11/30/2013	



<i>Actions</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- a. Client will complete phase I, module 1-7 of the pathways to responsible living.	04/01/2013	11/30/2013	
- b. Client will gain an understanding of the CBT map	04/01/2013	11/30/2013	

Secondary Problem: III. Lack of Social Skills

Definition

-Client lacks education of the Westcare Therapeutic Community.

<i>Long-term Goals</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- A. Client to obtain an understanding of the Westcare therapeutic community.	04/01/2013	05/31/2013	05/30/2013

<i>Short-term Objective</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- 1. Client to complete the orientation phase of treatment.	04/01/2013	05/31/2013	05/30/2013
<i>Actions</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- a. Client to complete the orientation test with a passing score.	04/01/2013	05/31/2013	05/30/2013
- b. Client to read and complete the orientation packet.	04/01/2013	05/31/2013	05/30/2013
- c. Client to recite the program philosophy and serenity prayer.	04/01/2013	05/31/2013	05/30/2013
- d. Client will demonstrate a working knowledge of the house tools available.	04/01/2013	05/31/2013	05/30/2013
- e. Client will participate in all treatment related activities.	04/01/2013	05/31/2013	05/30/2013
- f. Client will write his life story and process it with the group for feedback in static.	04/01/2013	05/31/2013	05/30/2013

<i>Long-term Goals</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- B. Client will begin to work on behavioural issues that he feels will aid him in his recovery.	05/30/2013	07/29/2013	07/23/2013

<i>Short-term Objective</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- 1. Client will identify areas of concern that he feels need to be addressed to aid in his recovery.	05/30/2013	07/29/2013	07/23/2013
<i>Actions</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- a. Client to list at least two issues that he feels are obstacles to his recovery and write a paragraph about each one.	05/30/2013	07/29/2013	07/23/2013
- b. Client to write 3-4 page essay explaining how he feels that the two issues that he feels are obstacles to his recovery have hindered his recovery in the past.	05/30/2013	07/29/2013	07/23/2013
- c. Client to write 3-4 page essay explaining what he feels that he can do to overcome the two issues that he sees as obstacles to his recovery and how this will aid his recovery and post release.	05/30/2013	07/29/2013	07/23/2013
- d. Client will read and complete the worksheet "Assessing My Needs".	05/30/2013	07/29/2013	07/23/2013

<i>Long-term Goals</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- C. Develop the essential social skills that will enhance the quality of interpersonal relationships.	07/23/2013	09/21/2013	

<i>Short-term Objective</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>
- 1. Client to learn how and why he should socialize in a positive manner with people that can help him improve himself.	07/23/2013	09/21/2013	
<i>Actions</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>

- a. Client to attempt to socialize with positive people in D Hall (that he normally wouldn't socialize with) and write a 2-3 page essay explaining why he thinks that these people are good for him to socialize with. 07/23/2013 09/21/2013
- b. Client to write 2-3 page essay explaining how many people that he has socialized with in the past were good for him. 07/23/2013 09/21/2013
- c. Client will explain, in essay format, how learning to socialize with positive people will help build a positive relationship with his children and how this relationship may aid in relapse prevention, recovery, and post release. 07/23/2013 09/21/2013
- d. Client will write a 2-3 page essay explaining how learning to socialize with people that are more positive that past associates may aid in his relapse prevention, recovery, and post release. 07/23/2013 09/21/2013

Response to Plan

I, _____, have reviewed and agreed to this treatment plan.

CLIENT NAME	CLIENT SIGNATURE	DATE
PRIMARY COUNSELOR NAME	PRIMARY COUNSELOR SIGNATURE	DATE
SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE

8. TREATMENT GOALS AND PROGRAM OBJECTIVES

Each client participates in the development of his individualized treatment plan, which includes goals and objectives to be completed by the client, with the assistance of program staff. The initial treatment plan is completed within 7 days of intake and no later than 14 days. Using techniques of motivational interviewing, the Counselor helps the client perceive discrepancies between their current behavior and the important personal goals and values they want to have. In all CRC programs, Counselors will engage clients to promote and amplify this discrepancy, which **increases motivation to change and to accept treatment for their addiction and/or mental illness**. Motivational interviewing techniques that will assist the offenders to accept treatment of their addiction and/or mental illness include identifying and clarifying the person's own goals to change the person's perceptions (of discrepancy) without creating any sense of being pressured or coerced; reflective listening to reflect back to the participant what staff hears as the cause of discontent in the participant's life and then probes the participant to articulate and clarify what their goals are and to come up with solutions and action plans to achieve their goals; and

envisioning the future for their relationships and other important goals to empower the participant to come up with ways to accomplish their goals.

a. Assessment

Individuals referred by the CCDOC will be assessed using evidence-based instruments that include the Addiction Severity Index (ASI), the Modified Mini Screen (MMS), the PTSD Checklist, TCU Client Evaluation of Self and Treatment (CEST), and TCU Criminal Thinking Scales (CTS). If mental illness is indicated by the ASI, MMS, or other screening tools, the individual may receive a mental status exam (from the Thresholds Licensed Mental Health Counselor) and possibly other mental health assessments. Assessments will be completed within 7 days of intake to the CRC program.

Assessment Tools

Addiction Severity Index (ASI). This well validated 200 item semi-structured multidimensional interview addresses seven potential problem areas: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. The ASI takes approximately one hour to complete, and is widely used in both treatment and research programs. An electronic version is used by WestCare in its substance abuse treatment programs nationwide. Use of the ASI will result in **COST SAVINGS** because it is in the public domain.

Modified Mini Screen (MMS)- The Modified Mini Screen (MMS) is a 22-item scale designed to identify persons in need of an assessment in the domains of Mood Disorders, Anxiety Disorders and Psychotic Disorders. The questions are based on gateway questions and threshold criteria found in the Diagnostic and Statistical manual IV (DSM-IV), the Structured Clinical Interview for Diagnosis (SCID) and the Mini International Neuropsychiatric Interview (M.I.N.I.). The client responds yes or no to each question, and each yes response scores 1. Scores range from 1 to 22. Scores in the mid-range of 6 to 9 indicate a moderate likelihood of a mental disorder such that the client should seriously be considered for referral for a diagnostic assessment. Scores of 10 or more indicate a high likelihood of a mental disorder, and clients should definitely be referred for a diagnostic assessment. Positive responses to the question related to suicidality and both the trauma-related questions also indicate that a referral for further evaluation is needed, regardless of the total score on the MMS. The MMS may be administered by a clinician in about 15 minutes. The screen is divided into 3 sections to capture the three major categories of mental illness as follows³⁷: Mood Disorders, Anxiety Disorders, and Psychotic Disorders.

The MMS is one tool in a family of assessments under the umbrella of the Mini International Neuropsychiatric Interview (M.I.N.I.). The MMS is a shortened version of the M.I.N.I. The family of assessments was authored by David V. Sheehan, M.D., M.B.A., Professor of Psychiatry and Director of Psychiatric Research, University of South Florida College of Medicine, and Yves Lecrubier, M.D. L'Hôpital

³⁷ Sheehan, D.V., Lecrubier, Y., Sheehan, K.H., Amorim, P., Janavs, J., Weiller, E., Hergueta, T., Baker, R., & Dunbar, G.C. *The mini-international neuropsychiatric interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10.* Journal of Clinical Psychiatry, 59 (suppl. 20), 1998.

de la Salpêtrière (National Institute for Health and Medical Research) in Paris, France. The M.I.N.I. is the most commonly used psychiatric structured diagnostic interview instrument in the world. It has been translated into 43 languages and is used by mental health professionals and health organizations in more than 100 countries.

MMS validation studies in public sector settings in New York State, **including jails**, shelters, outreach programs, and traditional chemical dependency treatment programs, showed good sensitivity, specificity, and reliability and performs equally well for men and women and for African Americans and Caucasians.³⁸ Moreover, the M.I.N.I. has been validated against the Structured Clinical Interview for Diagnosis and the Composite International Diagnostic Interview.

Mental Health Assessment: Based upon the ASI and MMS screening results, a more extensive and focused clinical biopsychosocial assessment may be performed by a Licensed Mental Health Clinician. This shall consist of a mental status examination and may include secondary assessment measures such as the Montgomery-Asburg Depression Rating Scale, Hamilton Depression Rating Scale, Beck Depression Inventory, Young Mania Rating Scale, Manic State Rating Scale, Yesavage-Brown Obsessive Compulsive Scale, PTSD Checklist, Brief Psychiatric Rating Scale derived from the Positive and Negative Symptom Scale, and the Level of Care Index. Other assessments will be administered as determined by the Licensed Mental Health Clinician.

PTSD Checklist- Civilian Version (PCL): The PCL is a 17-item self-reported measure of PTSD symptoms identified by the *DSM-IV*. Respondents rate how much they were bothered by symptoms in the past month on a five-point scale. Response of 3 to 5 on the scale (moderately or above) are considered symptomatic. The PCL is one of the most commonly used PTSD screening tools and has been used for nearly 20 years. There have been over 20 validation studies across the three PCL versions in a wide range of populations. The PCL has been found to be reliable and valid for screening purposes across numerous populations and there is support for psychometric properties of the PCL-C, including internal consistency, test-retest reliability, convergent validity, and discriminant validity.^{39,40}

TCU Assessment Battery- WestCare will assess participants using the *Texas Christian University Client Evaluation of Self and Treatment (TCU-CEST)* and *Criminal Thinking Scales (TCU-CTS)*⁴¹; use of TCU materials results in **COST SAVINGS** because they are free. These tools have been successfully implemented in a number of WestCare programs across the nation including in the Illinois Sheridan Correction Center, Oregon and Wyoming Department of Corrections, and the Fulton County Jail in

³⁸ Alexander, MJ, Haugland G, Lin, SP, Bertollo, DN and McCorry FA (2008). Mental Health Screening in Addiction, Corrections and Social Service Settings: Validating the MMS. *International Journal of Mental Health and Addiction*, 6 (1), 105 – 119.

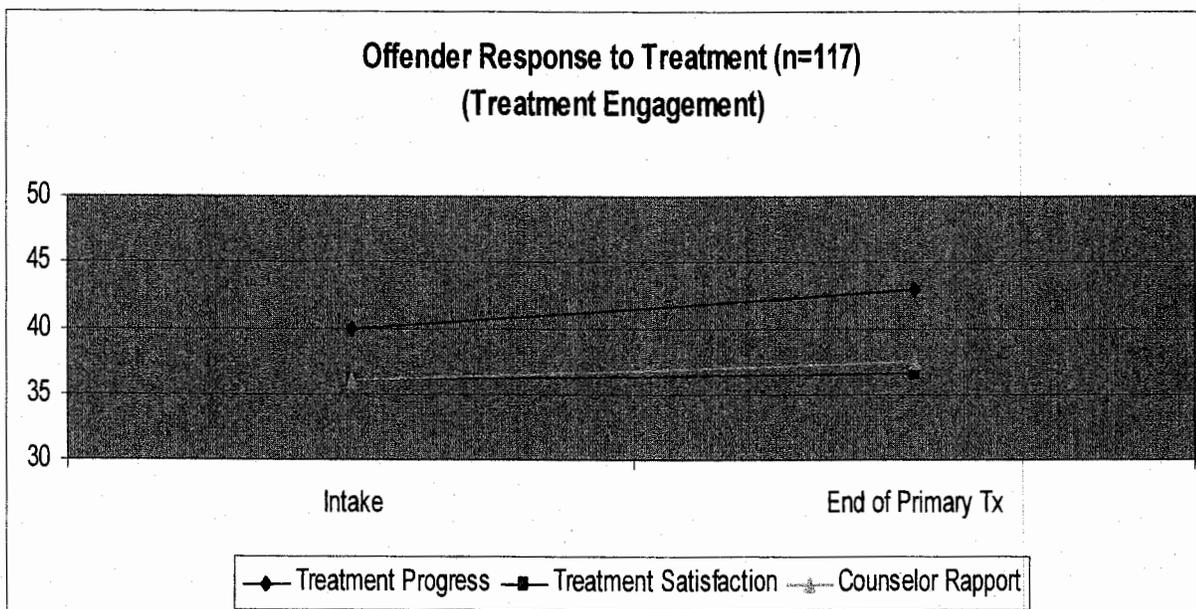
³⁹ Blanchard, E. B., Jones-Alexander, J., Buckley, T. C., & Forneris, C. A. (1996). Psychometric properties of the PTSD checklist (PCL). *Behavioral Research & Therapy*, 34, 669-673.

⁴⁰ Ruggiero, K.J., Del Ben, K., Scotti, J. R., Rabalais, A.E. (2003). Psychometric properties of the PTSD Checklist-Civilian Version, *Journal of Traumatic Stress*, 16(5), 495-502.

⁴¹ Simpson, D. D., & Bartholomew, N. G. (2008). *Using Client Assessments to Plan and Monitor Treatment*. Fort Worth: Texas Christian University, Institute of Behavioral Research. Available for downloading: IBR Web site: www.ibr.tcu.edu.

Atlanta, Georgia. WestCare staff is expert in its administration of these tools. The TCU surveys have been found to monitor how effective treatment is for an individual participant as well as assessing the overall functioning of the program. Incorporating these assessments over time allows the counselor to monitor treatment and adapt treatment during the process. For example, low scores on problem recognition and desire for help on the intake version of the CEST are predictive of early dropout so WestCare targets those clients with this combination of results for motivational programming.

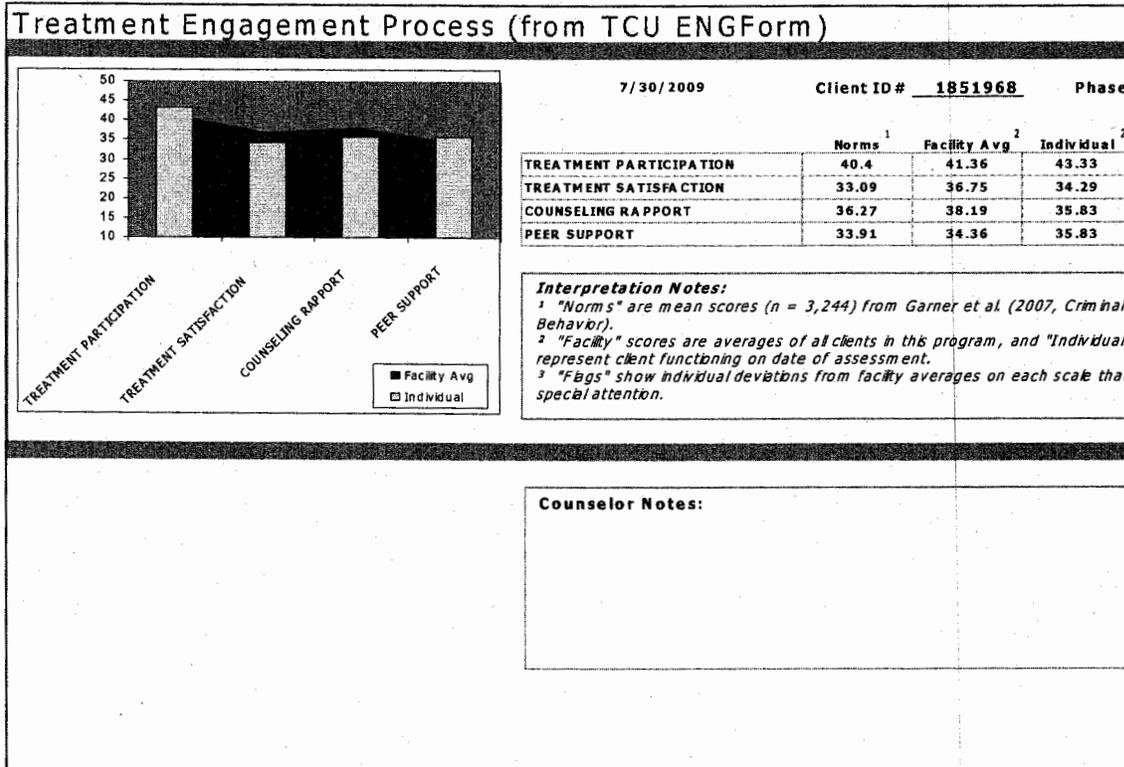
Research results indicate that the TCU-CEST and TCU-CTS combined can be used as part of a larger measurement system designed to examine treatment progress and program effectiveness. When repeatedly administered over the course of treatment, the instrument provides programs with a method to document the impact of interventions and change in offender thinking and attitudes that have been associated with drug use and criminal activity (see figure below).



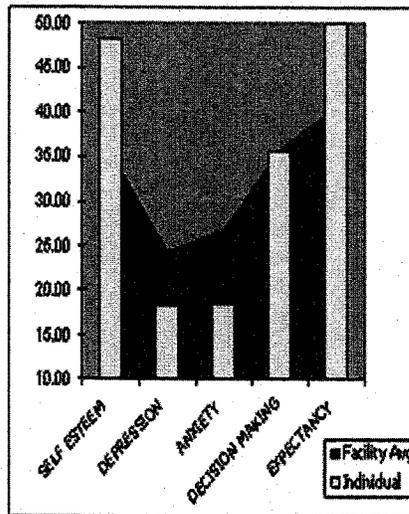
TCU CEST. The TCU-CEST is a validated instrument⁴² that is useful for monitoring drug abuse treatment delivery and progress. It measures client motivation, psychosocial functioning, and other treatment-process dynamics. Specifically, it includes the following assessments: Treatment Needs and Motivation, Psychological Functioning, Social Functioning, and Treatment Engagement and Process. As part of the National Institute on Drug Abuse (NIDA) Criminal Justice Drug Abuse Treatment Studies project for examining client-performance indicators for treatment of correctional populations, the psychometric properties of the 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. NIDA concluded that the TCU-CEST is a brief yet comprehensive instrument that effectively and efficiently measures client needs and functioning at

⁴² Garner, B. R., Knight, K., Flynn, P. M., Morey, J. T., & Simpson, D. D. (2007). Measuring offender attributes and engagement in treatment using the Client Evaluation of Self and Treatment. *Criminal Justice and Behavior*, 34(9), 1113-1130.

intake and also is appropriate for use during treatment to monitor progress over time in corrections-based drug-treatment programs. Clients also take an additional post-test survey (Treatment Engagement form) that gauges their satisfaction with the program as well their rapport with the counselor. WestCare will administer the TCU-CEST at intervals, which will include at admission and prior to discharge. Results from the CEST and CTS are distributed to the client's counselor for treatment planning. Examples of the output from the CEST are included below.



Psychological Functioning (from TCU PSYForm)



Client ID# 1152355 Facility # 1
 Admin# 1 Date 70810

	Norms ¹	Facility Avg ²	Individual ²	Flag ³
SELF ESTEEM	37.65	33.30	48.33	128
DEPRESSION	23.86	24.37	18.33	-6.0
ANXIETY	27.16	26.74	18.57	-8.2
DECISION MAKING	37.51	33.76	35.56	.
EXPECTANCY		40.70	50.00	9.3

MARKED "DISAGREE" YES

Interpretation Notes:

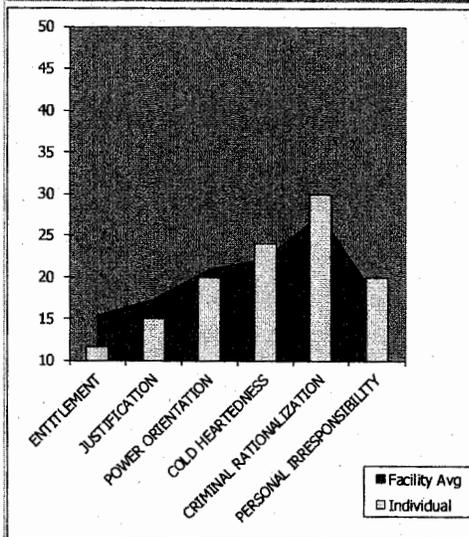
- ¹ "Norms" are mean scores (n = 3,244) from Garner et al. (2007, *Criminal Justice & Behavior*).
- ² "Facility" scores are averages of all clients in this program, and "Individual" scores represent client functioning on date of assessment.
- ³ "Flags" show individual deviations from facility averages on each scale that deserve special attention.

Counselor Notes:

TCU CTS. The TCU Criminal Thinking Scales (TCU-CTS)⁴³ 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. An example of the client readout is included below.

⁴³ Knight, K., Simpson, D. D., Garner, B. R., Flynn, P. M., & Morey, J. T. (in press). The TCU Criminal Thinking Scales. *Crime & Delinquency*.

Thinking Patterns (from TCU CTSForm)



Client ID# 1182189 Facility # 1
Admin# 4 Date 101210

	Norms ¹	Facility ²	Individual ²	Flags ³
ENTITLEMENT	19.70	15.35	11.67	.
JUSTIFICATION	21.30	17.23	15.00	.
POWER ORIENTATION	25.80	20.83	20.00	.
COLD HEARTEDNESS	23.00	22.10	24.00	.
CRIMINAL RATIONALIZATION	32.30	27.53	30.00	.
PERSONAL IRRESPONSIBILITY	21.90	17.58	20.00	.

Interpretation Notes:

¹ "Norms" are mean scores (n = 3,266) from Knight et al. (2006, *Crime & Delinquency*).

² "Facility" scores are averages of all clients in this program, and "Individual" scores represent client functioning on date of assessment.

³ "Flags" show individual deviations from facility averages on each scale that deserve special attention.

Counselor Notes:

b. Audit and record keeping system for individualized client treatment planning

WestCare utilizes its proprietary **Clinical Data System (CDS)** to track results of assessments, track participation in delivery of treatment services, program completion, and report outcomes to CCDOC; use of WestCare's CDS results in **COST SAVINGS** because it is an existing proprietary program developed by WestCare and bears no cost for CCDOC. WestCare's CDS is used across all of WestCare's programs across the nation. The CDS keeps track of assessments, treatment plans, case notes, service delivery, assessment outcomes, referrals, placement history, and can also manage wait lists. WestCare provides staff with training on physical and electronic data collection systems, and physical files are kept in a secure environment in compliance with federal and state laws to document planning and delivery of services. The CDS is a web-based (on WestCare's secure Intranet), state of the art software application that allows staff to collect participant and program data from its satellite offices. The CDS features system capacity, data accuracy, data security, reporting capability, and serves many functions. The clinical staff enters ASI's, ASAM Dimensions, treatment plans, case notes, service hours, assessment scores, and collateral notes. It can also be used to track the CCDOC Substance Abuse Wait List, intake, admits and discharges, and multiple assessment activities.

The WestCare Clinical Data System has the ability to generate reports to help the staff better understand the needs of the clients, to assist in admitting and discharging clients, and complete the billing process.

WestCare is fully compliant with all laws, rules and regulations regarding participant confidentiality and will follow a detailed plan for the care and custody of all information found on participant case files taking extraordinary care to see to the safety and security of our clinical data.

c. Assurance of participant involvement

A primary method of engaging and retaining clients in treatment programming is to **involve the client in the development of the treatment plan**. The Counselor will prepare the treatment plan with input from the client, following client-centered guidelines, which include strengths, needs, abilities and preferences (SNAP) in the words of the client (in accordance with CARF certified programs). Treatment planning will be monitored by the Clinical Supervisor. The treatment plan for each participant will be individualized and comprehensive, identifying an approach for sequencing resources and activities, and identifying benchmarks of progress to guide evaluation by treatment staff.

Written treatment plans will be developed according to participant need for services identified in the risk and needs assessment processes, will be completed within 7 to 14 days of admission to the program, and will be reviewed and updated monthly, or more often if needed. The treatment plan will target the highest **priority needs related to re-offending** and provide services that incorporate evidence-based practices.

During an individual counseling session, the Counselor and participant review all assessment results to develop short- and long-term goals and objectives that are clearly stated. Therapeutic goals must translate into behavioral indicators that can be measured to determine progress. 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 incarceration or electronic monitoring, and formulate aftercare plans that may include probation. **Goals and objectives may include commitments to remain abstinent, participate in substance abuse treatment and relapse prevention, attend self-help groups, reunite with family or reduce conflicts with family members, receive mental health services, develop positive skills for successful living, become employed, and locate suitable housing**. Each identified problem area of the treatment plan will be linked to set of goals and objectives with a specific action plan for the purpose of verifying completion of treatment plan goals.

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 at regular intervals (at least monthly) to review progress and amend the plan if needed, as a collaboration of the detainee and Counselor. Goals, objectives, time frames, methods, and frequency of activities may be revised. The updated plan is signed and included in the clinical file.

d. Assurance that participants receive a full range of required treatment services.

The comprehensive **individualized treatment planning** process identifies a full range of required treatment services for the participant. Treatment plans are developed by the primary Counselor with the input of a treatment team, and are reviewed by the Clinical Supervisor. A menu of treatment services is available and the client is assigned to groups, curriculums, and services that meet their specific needs. 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, specific curriculum groups, as well as the expected duration of treatment services. WestCare uses a **menu of evidence-based curriculums, and selects specific topics and curriculums to meet the needs of individual offenders in the program** (it is possible that a client will not participate in all curriculums). Each participant will receive a monthly schedule of their treatment groups, individual counseling, and other program activities.

To record services and activities, staff record attendance on **Group Activity Rosters** and report the participant's daily attendance, according to WestCare's program utilization tracking procedures. The number of hours of participation in required treatment services is documented in monthly progress notes in the client file, and aggregate data will be reported to CCDOC as a part of the **evaluation report**.

Once a client is assigned to a primary Counselor, the **treatment team** will meet to review the initial treatment plan. The treatment team will include the client, the primary Counselor, and other individuals that may be involved in the client's treatment services, e.g., the Thresholds Licensed Mental Health Clinician, TASC Case Manager, Recovery Specialist, or probation officer. The treatment team meeting is used to review clinical assessments, client input, biopsychosocial /gender-specific/cultural evaluation, psychiatric evaluation (if applicable), criminogenic risk assessment, and level of care. The process is strength based and client-driven. Treatment team meetings may result in assignment to additional services based on needs identified during treatment; for example, during the course of treatment it may be determined that the client has impulse control issues or parenting concerns.

WestCare ensures that all clients are continuously engaged in programming by offering a curriculum approach that includes classes that meet the multiple needs of offenders. When the client completes a curriculum (e.g., a 7-week Anger Management class or 8-hour job readiness program) the client and Counselor select another curriculum from available electives, much like attending college.

e. Assurance that clients have time to participate in other assistance activities

WestCare assures CCDOC that clients will have time to participate in other assistance activities at the IMPACT Program, PRC and DRC, including educational programs (e.g., Virtual High School), vocational programs such as the Sheriff's Garden Project at the PRC, and CERMAK health services. To help clients complete missed classes in a curriculum program, WestCare may provide make-up groups, offer a peer mentor, or provide individualized services to detainees.

f. Pro-active communication with the Probation Office

WestCare and its partner agencies have strong working relationships with Probation, the Courts, and the CCDOC jail and reentry departments. WestCare staff communicates with Probation officers to share information regarding the offender's needs and behaviors and to monitor progress until probation is successfully completed or the participant is released from the Sheriff's custody. Most clients in the PRC and IMPACT Program are detainees and are not on probation. For those DRC, PRC and IMPACT Program clients who are on supervised probation as a disposition, the WestCare Counselor or TASC Case Manager will establish communication with the client's Probation Officer to provide him/her with information on the client's progress and needs identified in the treatment planning process, and to coordinate reentry/discharge planning. TASC has a well-established relationship with Probation and has worked with Probation since its inception. Moreover, Thresholds works closely with Cook County Adult **Mental Health Probation** unit.

g. Establish a system of quality assurance and evaluation

Quality Assurance. Quality Assurance and Performance Improvement are critical to ensure that the program is operating as planned, providing quality services, and attaining expected outcomes. WestCare will meet at least quarterly with CCDOC staff as well as other stakeholders to present reports, data, performance measures, staffing and program progress reports, and to review any issues the DRC, PRC, or IMPACT program is experiencing. WestCare staff will meet as-needed and informally with staff from the CCDOC as well as other program stakeholders. **CCDOC and WestCare will identify key variables and performance measures and CCDOC will provide evaluation formats for the required weekly, monthly, and quarterly reports to be submitted to the designated staff at the CCDOC.** A tentative list of performance measures is described below.

Performance Measures

Service Delivery:

1. 100% of participants will have an Addiction Severity Index, PTSD Checklist, Modified Mini Screen, and TCU CJ-CEST/CTS assessment completed within seven working days of their admission. 100% of the participants with court orders or planned discharges will have a discharge TCU CJ-CEST/CTS assessment.
2. 100% of participants will have an Integrated Treatment and Reentry Plan that is reviewed through a formal multi-disciplinary initial staffing.
3. Each program (DRC, PRC, and Impact) will maintain a client retention rate of 85% (excludes non-disciplinary transfers).
4. Clients in the Impact program will receive 17.5 clinical treatment hours weekly and clients in PRC and DRC will receive 30 clinical treatment hours weekly. All clients will receive at least one hour of individual counseling per month.
5. Health care benefits enrollment will be offered to all qualified individuals receiving services while they are in DRC, IMPACT, or PRC. 40% will be enrolled in County Care.

6. 85% of participants that complete the Virtual High School program will obtain their high school diploma.
7. # drug tests delivered per week (DRC)
8. 100% of participants will participate in vocational programming.
9. 80% of participants in the PRC and Impact program will successfully complete it; 70% of clients in the DRC program will successfully complete it.

Post-release Continuation of the Treatment Model:

1. Approximately 30 days prior to participants' projected release date, 95% will have a multi-disciplinary Discharge Staffing that outlines the details of their individualized plan and, if appropriate, placement details. If participants are on probation, the Probation Officer will be encouraged to attend.
2. Prior to release from the institution, 100% of participants will have a comprehensive discharge plan that recommends a service-based discharge plan designed to meet clients' medical and mental health, vocational, educational, and other service needs.
3. 100% of discharges will be referred to the Alumni Association post-release support group.
4. Prior to release, 95% of planned discharges will have an exit interview conducted by the WestCare Research Assistant.
5. Case managers will schedule an initial intake appointment with a community care provider for 100% of participants with community aftercare referrals.
6. 85% of participants with aftercare recommendations will have an intake appointment with the community treatment provider within 7 days of their release.
7. 85% of clients that begin (but do not complete) the Virtual High School (VHS) program in the Cook County Jail will either continue the VHS in the community or re-enroll in their community high school.

Administration:

1. Clinical supervisors will audit 15% of client files (open and closed) per quarter.
2. A minimum of 50% of substance abuse treatment staff who provide direct clinical services will be CADC certified. 100% of staff employed two or more years will be CADC certified.
3. The substance abuse treatment provider will offer a minimum of 24 hours of staff trainings per fiscal year. These trainings will be open to all CCDOC and partner agency staff. **Mental Health First Aid** will be offered to all staff and stakeholders.

4. A Quality Assurance (QA) meeting will be held on-site each fiscal quarter to review the performance benchmarks and quality of programming. A representative from each of the program components will attend. Meeting minutes will be taken at each meeting.
5. At least 80% of participants will indicate satisfaction with the program via client satisfaction surveys (random point-in-time, discharge, and post-discharge).

WestCare is responsible for ensuring that quarterly Quality Assurance (QA) meetings are held to review the status of the DRC, PRC, and IMAPCT programs (meetings will be held separately for each program) and that all program deliverables are being provided. Program improvement initiatives, results of satisfaction surveys, and other program evaluation findings will also be discussed in these meetings.

WestCare Illinois maintains a local Quality Assurance/Performance Improvement Program (PIP) that builds on the guiding principles, structure, and intent of the WestCare Quality Assurance/Performance Improvement Plan. The PIP encompasses a broad range of clinical and services issues related to the treatment of adults who are chemically dependent, criminally involved or have co-occurring disorders. The PIP provides oversight of all aspects of clinical care and services provided to clients. PIP is focused on the continual improvement of clinical care performance. In its effort to promote healthy lifestyles, WestCare Illinois' PIP utilizes nationally recognized resources such as, but not limited to, *Healthy People 2020*, *American Psychological Association*, and the *Centers for Disease Control and Prevention* when considering clinical studies and strategies and performance improvement initiatives. In addition to clinical care monitoring, the PIP also monitors and evaluates administrative functions related directly or indirectly to client care. These functions include, but are not limited to, utilization management, professional growth and development, staff credentialing, and utilization of services. Please see the appendix for the complete WestCare Illinois Quality Assurance/PIP Manual and Work Plan.

The following statements describe the goals and objectives of WestCare Illinois' Quality Assurance/PIP.

1. To implement evidenced-based clinical practice guidelines that improve care and services for the most prevalent conditions of the clients;
2. To improve the access to, utilization of, and retention in care and treatment services;
3. To monitor, evaluate, and improve program effectiveness and the clinical outcomes of clients served ;
4. To monitor and evaluate multiple aspects of client satisfaction with and perceptions of care delivery and services;
5. To support the implementation of activities to improve client safety and security in care delivery settings;

6. To integrate Performance Improvement activities throughout the various operational areas of WestCare Illinois;
7. To enhance operations and reduce costs while maintaining and improving the quality of services; and
8. To ensure that adequate and appropriate resources are available to maintain an active, efficient, and effective Quality Assurance/PIP.

Performance Improvement. This project will utilize a structured performance improvement strategy (PDSA: Plan-Do-Study-Act) to address problems and deviations that occurred in program adherence, client satisfaction, and the achievement of expected outcomes. This strategy will utilize the following processes and procedures: (1) Identify and describe the deviation or unexpected outcome; (2) Generate a fishbone diagram to define all possible causes; (3) Collect data to identify the cause related to the problem and pinpoint the area for intervention; (4) Implement a corrective action plan; and (5) Collect monitoring data to determine the effectiveness of the corrective action. Please see section "2.8.A Reports and Records" for a full description of the Evaluation Plan.

h. Client discharge procedures

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 aftercare, treatment programs, and other reentry services. Therefore discharge procedures that include seamless transitions from in-custody programs to community-based programs are essential to retaining participants in aftercare, effecting long-term behavioral change, and reducing recidivism rates.

Community reentry planning services begin at admission, and plans are finalized prior to the point of transition from the jail to the community. WestCare will collaborate with CCDOC, TASC, Thresholds, the Alumni Association, Deer Rehabilitation, and other providers to create a seamless transitional service framework. Clients with serious mental illnesses are eligible for community mental health services (including medications) through Thresholds, which will also assume responsibility for their case management services. TASC will conduct assessments for eligibility for Medicaid under the Affordable Health Care Act (CountyCare), and provides case management of reentry services for some clients as part of their contracts with the Specialty Courts, etc. Under the Affordable Health Care Act substance abuse treatment services have expanded funding and placement in continuing care treatment in the community is the highest priority in the Reentry Plan. Alumni Association Reentry Specialists will provide advocacy and make referrals to appropriate community support services. Clients are encouraged to join the **Alumni Association** and stay engaged in this positive peer social support network indefinitely.

Throughout the treatment experience, ceremonies will be held to acknowledge the progress that participants make in achieving their goals and objectives. For each curriculum that the participant completes, a **Certificate of Completion** is awarded to the participant. Graduation ceremonies are regularly held to acknowledge participants who have completed the treatment program. All WestCare

staff, Subcontractor staff, and clients will attend the graduation ceremonies, and special guests are invited to attend including Probation Officers, Judges, and CCDOC staff. Each program graduate receives a formal **Certificate of Graduation**.

Participants will be successfully **discharged** from the CRC program when they have completed their approved reentry plan goals. Discharge summaries provide important closure for the participant and the Counselor. **Discharge summaries** include the reason for the discharge (successful, neutral, or unsuccessful), summaries of the services the participant received, progress of the participant toward each goal and objective in the reentry plan, a summary of the participant's condition at discharge, and the continuing care plan developed prior to discharge. In this way the participant, Counselor, and Case Manger acknowledge what was accomplished and what remains to be done.

2.3 PROGRAM CURRICULUM

1. INTAKE INTERVIEWS

WestCare understands that the CCDOC is responsible for conducting the initial interviews of all participants. Participants in the IMPACT Program, PRC, and DRC will include men, ages 17 and older, held in the CCDOC on pretrial, court-ordered, or sentenced status, who have a history of substance abuse and/or mental illness.

2. INITIAL ASSESSMENT EVALUATION

"Assessment is the engine that drives effective correctional programs. Assessments need to meet the risk and need principle, have to be used in decision making, and provides the evidence on which dynamic risk factors to target and measure."⁴⁴ Individuals referred by the CCDOC will be assessed using evidence-based instruments that include the Addiction Severity Index (ASI), the Modified Mini Screen (MMS), the PTSD Checklist, TCU Client Evaluation of Self and Treatment (CEST), and TCU Criminal Thinking Scales (CTS). If mental illness is indicated by the ASI or other screening tools, the individual will receive a mental status exam and possibly other mental health assessments. All assessments will be completed within 7 days of intake to the CRC program.

At the time of intake, each participant is initially assessed using the ASI. The ASI is a semi-structured interview designed to address seven potential problem areas in substance-abusing patients: **medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status**. In 1 hour, Counselors gather information on recent (past 30 days) and lifetime problems in all of the problem areas; the ASI is completed on-line in WestCare's web-based Clinical Data System. The ASI can be used effectively to explore problems within any adult group of individuals who report substance abuse as their major problem. It has been used with psychiatrically ill, homeless, and prisoner populations. All detainees will also be screened with the MMS and PTSD Checklist. Detainees with indicators of mental health problems may receive further assessment from a Licensed Mental Health Counselor. Need for treatment follows the diagnostic criteria of the DSM IV and follows ASAM (American Society of Addiction Medicine) placement criteria. The comprehensive assessment process becomes the foundation for developing an Individual Treatment Plan, which is completed after assessments are completed.

3. 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. All participants receive a **Client Orientation Handbook** during orientation. As participants complete their orientation phase, they progress to treatment and reentry phase activities. At the PRC, orientation is completed in a **dedicated orientation housing unit**.

⁴⁴ Latessa, E.J. (February 24, 2011). *Understanding the risk and needs principles and their application to offender reentry*. PowerPoint lecture presented at Second Chance Act Conference, Washington, DC.

During orientation groups, WestCare Counselors seek to (1) establish rapport with participants, (2) introduce them to the reasoning behind treatments used including the treatment model used at their program (TC at the IMPACT and PRC programs; Holistic Health Model at DRC); and therapeutic approaches such as 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 and criminal thinking, illustrating points by drawing on what the clients have said to describe their substance abuse/criminality patterns and motivation. This discussion will cover patterns in substance use and other anti-social behaviors, triggers in the environment, the beliefs people develop regarding their substance use or criminal lifestyle, 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; punctuality for all groups and individual appointments; abstinence; adhere to medication regimes prescribed by their physician/psychiatrist; and completion of 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 **mission** and therapeutic approach, program rules and regulations, expectations for participants, 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 consent** to be a part of the treatment program, to cooperate with treatment staff, and to observe the rules and regulations of WestCare and the CCDOC.

The plan of curriculum is specifically developed for incarcerated male offenders. In all three WestCare CRC programs, the treatment activities are divided into three Phases:

<u>Phase I: Orientation or Induction</u>	Approximately 14 days	Approximately 14 days

<u>Phase II: Primary Treatment</u>	Approximately 45-60 days	Approximately 60-76 days
<u>Phase III: Reentry</u>	Approximately 15-30 days	Approximately 15-30 days

Phase I: Orientation or Induction. During **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 treatment and the TC (for PRC/IMPACT). In instances where treatment motivation is low, Counselors will work to increase motivation through motivational strategies such as MI and assigning the client a "big brother". Inmates are given an introduction to the community in terms of norms and basic expectations for participation in the WestCare therapeutic environment. The primary objective is to create participant "buy-in" to the process of change and recovery. In all three programs, this orientation lays out basic expectations in terms of participation, and behavioral and physical standards in appearance and personal areas. 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. Additionally, they may be experiencing anxiety, shame, or fear about being in jail, especially if it is their first time in a controlled environment.

At the end of each phase, participants **must pass a test** on the concepts they learned in the previous phase and how they have been able to adapt them to their lives. (Sample tests are in Attachment G). For example, to pass the orientation phase test the inmate must demonstrate:

- Understanding of program policies, procedures, philosophy, and expectations
- A willingness to "try on" the change process
- 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
- A preliminary 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, detainees are expected to increase their participation in treatment activities and are accountable for their actions by peers and staff members. In the TC programs (PRC and IMPACT), they are assigned to increasingly complex jobs and are expected to establish a positive work attitude. The inmate participates in groups that are 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. In the DRC, participants are expected to attend groups and other programming daily, be punctual, maintain abstinence, and comply with electronic monitoring guidelines. To pass the treatment phase test the clients must demonstrate:

- Abide by the rules and procedures of the program
- Participate consistently in daily activities
- Have demonstrated progress toward meeting treatment goals
- Exhibit "right living"
- Have begun preparations for community reentry
- Acknowledge the seriousness of his substance use and other problems
- Accept increasing responsibility in work assignments
- Set a positive example for other participants
- Accept responsibility for his behavior, problem, and solutions
- Be an active participant in group sessions and meetings
- Demonstrate knowledge of the CBT curriculum and actual skills
- Complete homework assignments and demonstrate knowledge of the materials covered in the curriculums

Phase III: Reentry. In Phase III, participants prepare to reunify with families and reenter the mainstream community. They are focusing on their psychological and social skills to prevent recidivism and/or relapse, and are working with treatment staff and Alumni Association Reentry Specialists to plan for continuing care, vocational and educational development; participants may also be assigned to receive case management from TASC or Thresholds, depending on their circumstances. Phase III participants are also working on improving family relationships, have identified a stable post-release living environment, and have identified a community-based treatment program and support group.

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

- Have a deeper understanding of the circumstances and situations that make them vulnerable to relapse and mechanisms to cope with them
- 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 treatment and reentry staff on 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 criminal involvement or substance use. After completing all phases of the program, inmates are eligible for graduation. **All successful completions will receive a certificate.**

4. GROUP TREATMENT

All participants in the IMPACT Program and PRC have been assessed and diagnosed with a substance use disorder, and may also have a co-occurring mental health disorder. Participants in the DRC may have been assessed and diagnosed with a substance use, mental health, or co-occurring disorder. All have anti-social behaviors and criminal thinking. Researchers have found that people involved in the criminal justice system have significantly higher rates of mental health problems, substance use disorders, and co-occurring disorders (CODs) than those in the general population. Seventeen percent of males and 34% of females in jail were found to have a **major mental disorder** or **posttraumatic stress disorder (PTSD)**, rates that are 3-6 times higher than the general population. It is estimated that 12% of male offenders and 24% of female offenders have **both a mental illness and a substance use disorder**.⁴⁵

In 2012 WestCare Director of Evaluation and Quality Dawn Ruzich and her associates examined the nature and extent of probable posttraumatic stress disorder (PTSD) and other psychiatric problems among men in the IMPACT Program, the types of trauma detainees experienced during different phases of their lives, and how those experiences might have contributed to the development of probable PTSD.⁴⁶ Results of this study showed that about 26% of the 107 men in the sample were symptomatic for probably PTSD using DSM criteria. This study is discussed more fully in "Section 2.4 Methodology."

To reduce the costs and consequences of repeated arrests and incarcerations, the clinical and criminogenic needs and risks of justice-involved offenders must be understood and treated. WestCare uses various **group formats**, a **menu of treatment services**, a variety of teaching and learning formats to appeal to the different learning styles of offenders, and **evidence-based curriculums** grounded in **cognitive-behavioral theory** to provide treatment for substance abuse, co-occurring disorders, anti-

⁴⁵ Peters, R.H. (in press). *Effective Intervention Strategies for Offenders who have Co-Occurring Disorders: An Overview of Research Findings, Appendix B.*

⁴⁶ Ruzich, D., J. Reichert, A.J. Lurigio (accepted for publication in 2014). Trauma among jail detainees in substance abuse treatment.

social beliefs and behaviors, and trauma. Group sessions have a maximum group size of 24 participants. Certain support and therapy groups are smaller (between 10 and 12 participants) to maximize therapeutic benefits.

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. Therapeutic groups that actively engage participants’ behaviors contributing to their substance abuse and criminality **will have no more than 24 participants, will be facilitated by one Counselor, and last approximately 2 to 3 hours** depending on CCDOC scheduling. Larger groups may be used for community meetings, seminars, recreation activities, and educational topics.

WestCare will develop some smaller groups of about 10-12 participants to intensely focus on specific therapeutic activities. For example, at the IMPACT Program 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 smaller group size for this 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 is co-facilitated by staff.

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.

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 or criminality. Interpersonal process groups address major developmental issues (such as trauma or violence) that have contributed to addiction or placed the participant in risky situations, 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 ultimately results in the support and encouragement needed to break free from substance abuse and/or a criminal lifestyle.

Seminars are both community enhancement and clinical management activities. It has an education format that emphasizes altering conceptual and communication skills. Many substance abusing offenders 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 in order 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.

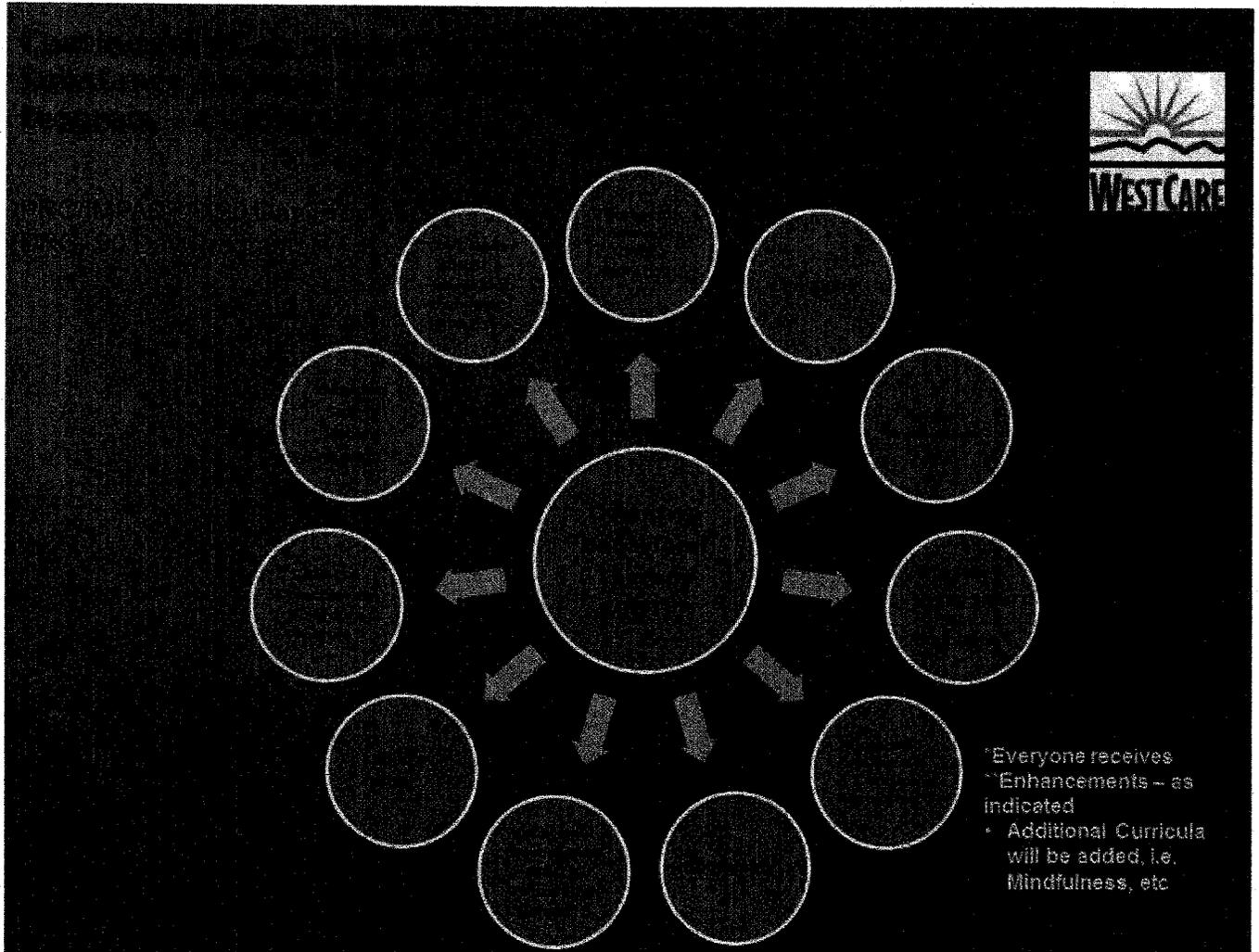
Community Meetings (Morning and Evening Meetings). Morning Meetings will convene at the PRC and IMPACT Program every day; these are brief (30 minutes) and the purpose is to initiate the activities of the day in a positive manner, to alter negative social images in a playful way, and strengthen awareness of the program as a community. Evening Meetings will be convened at the PRC. The community meeting provides a forum for teaching the entire community to act positively, motivated to engage the day, and optimistic about the future. This meeting is also used for transacting the business of the TC. The main function of the meeting is community management, including job changes and routine information for the day (word of the day, hear relevant news, general announcements or changes to program schedule).

Self-Help Support Groups are both a philosophy and often 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 and with the assistance of outside volunteers.

Alumni Association: The Alumni Association is comprised of jail program alumni who have created a positive social network to assist detainees to make a successful transition back into the community and to act as a positive peer support group for individuals exiting the Cook County Jail who want to remain crime and drug free. Alumni help each other to continue the good habits they developed in treatment. Members of the Alumni Association work as Reentry Specialists primarily in the DRC program although their services will be open to all CRC participants. The Alumni Association provides information about its

services, its mission, support groups and other activities, and extend an invitation to detainees to participate in alumni support groups after their release.

Menu of Treatment. The treatment plan will specify the types of treatment services the detainee will participate in each day as well as the expected duration of treatment. WestCare believes it is critical to tailor services to meet the particular needs of program participants and in a treatment model where "one size does NOT fit all". Therefore, WestCare uses a **menu of evidence-based curriculums, and selects specific topics and curriculums to meet the specific needs of individual offenders in the program.**



Evidence-Based Curriculums.

Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change (SSC), by Kenneth Wanberg and Harvey Milkman. The SSC 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**.

SSC has been successfully presented in a variety of settings including prisons and jails, with positive **provider ratings** of program effectiveness across all settings: 70% rated SSC as being of great benefit to clients who achieved a high completion rate; and in outpatient settings 50 to 56% maintained abstinence from substances during SSC, and 60% abstained from any criminal conduct during SSC. An average of 75 to 80% of SSC clients self-reported that their cognitive and behavioral control over alcohol and other drug use as well as criminal thinking and conduct improved during SSC.⁴⁷

The **expected outcomes** of SSC are increased motivation to change, reduced criminal conduct, reduced substance abuse, and improved cognitive control over criminal thinking and criminal conduct.

WestCare has had success using SSC in its in-prison programs for the Department of Corrections in Illinois, Wyoming, and Oregon; in jail programs for Cook County in Illinois, Pike County in Kentucky, and Monroe County in Florida; as well as in many of its residential and outpatient programs serving offenders and ex-offenders. The curriculum encompasses the topics of **communication, problem solving, anger management, aggression/violence, relationships, cognitive skills, values, moral reasoning, moral development, substance abuse education, relapse prevention**, and more.

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.

⁴⁷ Wanberg, K., and H. Milkman (2001). *Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change (SSC): A report on provider training, staff development, and client involvement in SSC treatment*. Denver: Center for Interdisciplinary Studies.

The curriculum can be implemented in a number of different formats and can be modified for longer or shorter durations to meet offenders' specific needs. The treatment curriculum is presented in three phases:

- 1) **Challenge to Change** phase involves the participant in a reflective-contemplative process. A series of lesson experiences is utilized to build a working relationship with the participant and help him/her develop motivation to change. Sessions are directed at providing basic information on how people change, the role of thought and behavior in change, and basic information about substance abuse and criminal conduct. A major focus of this phase is helping the participant develop self-awareness through self-disclosure and feedback. The participant is confronted with his or her own past and then challenged to bring that past into a present change-focus. The goal is to get the client to define specific areas of change and to commit to that change. This phase includes a review of the participant's current AOD and criminal conduct, with the results of this review becoming a focus of the reflective-contemplative process and the Counselor assesses the participant's readiness to progress to the next phase.
- 2) **Commitment to Change** or action phase involves the participant in an active demonstration of implementing and practicing change. Each participant undergoes an in-depth assessment of his/her life situation and problems and looks carefully at the critical areas that need change and improvement. Basic **change skills** are strengthened and the participant learns cognitive-behavioral methods for changing thought and behavior that contribute to substance abuse and criminal conduct. Focal themes of these sessions include coping and social skills training with an emphasis on communication skills; managing and changing **negative thoughts and thinking errors**; recognizing and managing high-risk situations; managing cravings and urges that lead to AOD use and criminal conduct; developing self-control through **problem solving** and assertiveness; **managing thoughts and feelings related to anger, aggression, guilt, and depression**; understanding and developing close **relationships**; understanding and practicing **empathy, pro-social values, and moral development**.
- 3) **Ownership of Change** is the stabilization and maintenance phase, which involves the participant's demonstration of ownership of change over time. Treatment experiences are designed to reinforce commitment to established changes. The concepts of **relapse and recidivism** are reviewed. This phase includes five sessions on **critical reasoning, conflict resolution**, and establishing and maintaining a healthy lifestyle. Change is strengthened by

participation in mentoring and role modeling, self-help groups, and other community-based recovery maintenance resources. The final goals and activities of this phase are carried forward into aftercare.

Seeking Safety by Lisa Najavits, is an effective treatment for persons with co-occurring disorders including PTSD. *Seeking Safety* uses CBT methods and is listed in SAMHSA’s National Registry of Evidence-Based Programs and Practices (**NREPP**) for substance abuse treatment. *Seeking Safety* was developed as an integrated model to treat **substance use disorders and symptoms of trauma (PTSD)**, and has also been demonstrated as effective for clients with other psychiatric disorders. It is an **integrated model of treatment**, helping clients to “own” both disorders, to recognize the links between them, and recognize how one disorder triggers the other. Originally developed with funding from the National Institute on Drug Abuse, *Seeking Safety* is the most studied treatment thus far for dual diagnosis, with eleven completed outcome studies. It was designed for group and individual format, males and females, a variety of settings, and the full range of substance use disorders and types of trauma. It has also been successfully used in practice with a wide variety of clients (clients who have a history of trauma and substance use disorder, clients with serious and persistent mental illness, and clients with just one or the other disorder). It has been studied with diverse ethnic and racial groups.

Seeking Safety is a first-stage therapy for both substance use and PTSD, and prioritizes psychoeducation, coping skills, and reducing the most destructive symptoms. Because safety is an enormous therapeutic task for some clients, the *Seeking Safety* Model addresses only that stage, and does not seek to explore past trauma. Opening the “Pandora’s box” of past trauma memories may destabilize clients and actually increase use of substances or self-harm. Clients who elect to participate in past-focused therapy will be referred to the licensed mental health counselor for assistance.

Seeking Safety is an integrated model, treating both substance disorders and PTSD or other psychiatric disorders at the same time and by the same clinician. The treatment helps clients to discover connections between the two disorders in their lives, how each affects healing from the other, and their origins in other life problems, such as poverty. Integration also occurs at the intervention level, with each safe coping skill applied to both disorders. The treatment provides 25 topics to help clients attain safety. The clinician can choose as few or as many topics as fits the treatment context, depending on how long the client will be in the program, client need, and clinician preferences. Each topic can be done in one session or extended over several sessions.

There are four combination topics: Introduction to Treatment/Case Management; Safety; The Life Choices Game (Review); and Termination and the remaining topics are evenly divided among cognitive, behavioral, and interpersonal domains.

SEEKING SAFETY TOPICS		
Interpersonal	Behavioral	Cognitive
Asking for Help	Detaching From Emotional Pain:	PTSD: Taking Back Your Power

	Grounding	
Honesty	Taking Good Care of Yourself	Compassion
Setting Boundaries in Relationships	Red and Green Flags	When Substances Control You
Healthy Relationships	Commitment	Recovery Thinking
Community Resources	Coping with Triggers	Integrating the Split Self
Healing from Anger	Respecting Your Time	Creating Meaning
Getting Others to Support Your Recovery	Self Nurturing	Discovery

The multiple needs, impulsivity, and intense effect of substance abuse disorders and trauma can lead to derailed sessions if the Counselor does not create clear structure. The structure is designed to model good use of time, appropriate containment, and setting goals and sticking to them. For clients who are impulsive and overwhelmed, the predictable session structure helps them know what to expect. The process offers a mirror of the focus and careful planning that are needed for recovery from their disorders. Most of the session is devoted to the topic selected for the session, relating it to current and specific problems in clients' lives. Priority is on any unsafe behavior the client reported during the check-in.

Each Seeking Safety session has four parts:

Check-In: The goal of check-in is to find out how clients are doing. During check-in clients report on five questions: "Since the last session (1) How are you feeling? (2) What good coping have you done? (3) Describe your substance use and any other unsafe behavior? (4) Did you complete your commitment? And (5) Provide a Community Resource update.

Quotation: The quotation is a brief device to help emotionally engage clients in the session (up to 2 minutes).

Relate the Topic to Clients' Lives: The goal is to meaningfully connect the topic to the clients' experience. The model includes handouts, and the clinician will summarize key points for clients who are cognitively impaired. As each topic represents a safe coping skill, intense rehearsal of the skill is strongly emphasized. (30-40 minutes)

Check-Out: The goal is to reinforce clients' progress and give the Counselor feedback

Counselors will use various methods to teach new coping skills in the sessions, with a strong emphasis on rehearsal. Teaching methods include experiential exercises, role plays, practicing self-talk, identifying role models, discussion, creating audio tapes with statements of encouragement, review, and question and answer periods. To reinforce rehearsal of skills, at the end of each session clients select a commitment to try before the next session. Commitments are similar to cognitive-behavioral homework, but the language is changed to emphasize the client is making a promise to themselves and to others present to promote their recovery by taking at least one action to move forward.

Unlock Your Thinking, Open Your Mind. This is a TCU Targeted Intervention for Corrections (TIC) module, and it applies the TCU Mapping-Enhanced Counseling strategy (i.e., node-link mapping), which has been shown to be beneficial in treating correctional populations and is listed on SAMHSA's National Registry of Evidenced Based Programs and Practices (NREPP); use of TCU materials results in **COST SAVINGS** because they are free. This TCI-Criminal Thinking manual includes a series of "topic-focused modular applications" designed particularly for counselors and group facilitators working in substance abuse treatment programs.⁴⁸ The collection of applications contains focused, easily accessible, and brief

⁴⁸ 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.

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.

•**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.

Getting Motivated to Change. By N.G. Bartholomew, D. F. Dansereau, & D. D. Simpson. This is a TCU Targeted Intervention for Corrections (TIC) module, and it applies the TCU Mapping-Enhanced Counseling strategy (i.e., node-link mapping), which has been shown to be beneficial in treating correctional populations and is listed on SAMHSA's NREPP; use of TCU materials results in **COST SAVINGS** because they are free. TIC-Motivation is based on 4 sessions focused on aspects of cognition that govern decisions to change behavior. It relies on visual-communication tools and related cognitive strategies to engage clients in discussions of this topic (see a related TCU manual, *Mapping the Journey*, below in "Item 13. Reentry Plan"). Participants are encouraged to make a commitment on a specific behavior or attitude they are willing to work on and report on to the group over the course of the intervention. It features a leader's script, with notes and suggested discussion questions for exploring the meaning of motivation and ways in which clients can develop it and put it into action. Information is explored from a strength-based perspective that encourages participants to consider goals on which they are willing to work. In addition to leader guides, handout materials for participants are included at

the end of the session. Sections of the manual include Motivation 101 Introduction, Art of Self-Motivation, Staying Motivated, and Making Motivation Second Nature.

Integrated Treatment for Co-Occurring Disorders Program (CDP). The evidence-based curriculum used by Thresholds and WestCare for clients with co-occurring disorders is SAMHSA's *Integrated Treatment for Co-Occurring Disorders Program Kit (CDP)*.⁴⁹ The CDP is intended for use with people with **psychiatric disorders that co-occur with substance abuse disorders**. The curriculum kit was developed for SAMHSA by the New Hampshire-Dartmouth Psychiatric Research Center and Westat; use of these materials results in **COST SAVINGS** because they are free. The interventions are drawn from evidence-based therapies including CBT and MI. Integrated Treatment for Co-Occurring Disorders is based on these principles:

- Mental Health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders
- Integrated treatment specialists are trained to treat both substance use disorders and serious mental illnesses.
- Co-occurring disorders are treated in a stage-wise fashion with different services provided at different stages.
- Motivational interventions are used to treat consumers in all stages, but especially in the persuasion stage.
- Substance abuse counseling, using a cognitive-behavioral approach, is used to treat consumers in the active treatment and relapse prevention stages. CBT is also used to address common psychiatric problems, such as depression, anxiety, and PTSD.
- Multiple formats for services are available, including individual, group, self-help, and family.
- Medication services are integrated and coordinated with psychosocial services.

Additional curriculums are included below according to topic.

5. INDIVIDUAL COUNSELING

Individual services are based on the client's unique set of needs and goals. Individual work with participants includes assessments, **treatment planning sessions** and plan reviews, **relapse prevention planning**, discharge and **reentry planning**, and personal counseling. Individual needs and progress are re-assessed using the TCU-CEST and TCU-CTS, and the treatment plan is reviewed every 30 days with the participant. Individual counseling sessions are provided by the primary Counselor. Staff is trained in

⁴⁹ Substance Abuse and Mental Health Services Administration. *Integrated Treatment for Co-Occurring Disorders: Building Your Program*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

specific techniques such as Motivational Enhancement Therapies, motivational interviewing, brief interventions, family and relationship issues, and trauma issues.

6. SKILLS BUILDING

In **skill building groups** men learn about alcohol and specific drugs of abuse, patterns of use, and the process of addiction; denial; recovery process; effects on human behavior; HIV transmission; roles and purposes of self-help programs; stress management; interpersonal communication skills, and other life skills. **Evidence-based curriculums** are used to increase participant knowledge and change attitudes regarding substance use and criminal behavior.

Substance Abuse Recovery Groups. WestCare's approach uses 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. WestCare provides didactic education on the health effects and legal repercussions of substance abuse. These groups also incorporate issues of medication management, coping skills, and stigma.

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 **Alumni Association** and **12-step self-help groups** at the CCDOC facility and are encouraged to continue this practice after reentry. The goal is to have participants integrate coping and social skills into their daily lives, which 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, who was present when they engaged in these behaviors or during these situations, and what was their 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 develop a new conditioned response and create a personal recovery road map. Exercises and assignments such as these help participants identify people, places, and things that may act as triggers for either substance use or criminal involvement. This is an easy exercise that personalizes the need to develop specific coping skills and strategies – in essence—offenders develop a new conditioned response system.

Throughout the program participants engage in interactive exercises, group therapy, seminars, and alternative therapies (i.e. relaxation or meditation techniques) and are encouraged to incorporate physical exercise and good nutrition into their lives. Overall, these methods reduce stress and build coping skills to resist maladaptive behaviors.

Role play and rehearsal are imperative to successful reentry. As clients learn new skills, they need to be able to actually try them out before they are placed in a high-risk situation. Moreover, they need to rehearse them often and in different ways so that they become ingrained in the client's thinking and behaviors. Therefore, participants role play high risk situations/behaviors daily and as a group analyze and discuss the role play, identifying triggers the person is experiencing as well as additional pro-social responses that can be used.

2. Each participant develops a **relapse prevention plan**, which is focused and goal oriented towards abstinence from both crime and substances. Each participant's primary goal is to abstain from substance use 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 and crime free. Committing to a treatment plan and experiencing success from abstaining from substances and crime 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 support group 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 such as the Alumni Association (meetings occur in the jail; 12 step leaders must be approved by Cook County DOC).

The program has helped me worked thru my past issues that drug me down and taught me coping skills to deal with new issues.

-- Female inmate from California offender re-entry program

Substance Abuse Education. In substance abuse education classes men 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. 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. 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.

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.

Mindfulness Based Relapse Prevention (MBRP) Intervention. The *Mindfulness Based Relapse Prevention (MBRP) Intervention* will be implemented in 2013 as NIDA funded activity at the IMPACT program, and will contribute to client ability to manage stress. MBRP is grounded in the rapidly developing field of mindfulness meditation research in neuroscience and addictions research. MBPR is designed to bring practices of mindful awareness to individuals suffering from the addictive trappings of the mind. MBRP practices are intended to foster increased awareness of triggers, destructive habitual patterns, and “automatic” reactions that seem to control many of our lives. The mindfulness practices in MBRP are designed to help us pause, observe present experience, and bring awareness to the range of choices before each of us in every moment. We learn to respond in ways that serve us, rather than react in ways that are detrimental to our health and happiness. Ultimately, we are working towards freedom from deeply ingrained and often catastrophic habits. Mindfulness involves two key components: (1) intentional regulation of attention to and awareness of the present moment, and (2) nonjudgmental acceptance of the ongoing flow of sensations, thoughts, and/or emotional states. Training in mindfulness meditation has been shown to reduce stress and symptoms of depression and anxiety among drug users in community drug treatment. Promising preliminary studies have investigated the

benefits of meditation in prison settings, and suggest that benefits can persist several years after inmates have been released into the community.

Chicago State University is partnering with WestCare for a five year NIDA funded research project in the IMPACT Program, to develop and test a Mindfulness Based Relapse Prevention (MBRP) intervention. The grant was approved for funding in May, and is currently pending certification for research with jail detainees from the Cook County Institutional Review Board. The target start date is September 1, 2013. This project is part of a multidimensional "Urban Mindfulness and Addictions Research" program at Chicago State University (See Letter of Support in Attachment B). Use of the MBRP intervention results in **COST SAVINGS** because the training and evaluation components are funded through a grant from NIDA at no cost to CCDOC. As part of this study, WestCare IMPACT staff will be trained in MBRP. As this program is demonstrated to be successful with Impact Program participants through a rigorous evaluation process, WestCare will also incorporate MBRP into the strategies used in the PRC and DRC.

Life Skills and Interpersonal Communication. 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 **skills building** components 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 the *Life Skills for Vocational Success* classes are as follows:

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 overall program delivery. 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 criminal involvement, separation due to incarceration, and 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. Offenders often have poor decision making skills, although they rarely recognize this. 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

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. Electronic bill payment and automatic withdrawal will also be covered.

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. 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. Clients will identify physical activities they are interested in and will be encouraged to set realistic goals about being active.

- **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.
- **Sexually transmitted diseases.** 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. WestCare will use the WaySafe curriculum, developed at TCU and described below, as an intervention to prevent HIV transmission.

In addition, participants will be educated on how to **access health care** and how to be a good consumer of health care. The Affordable Care Act will expand health care insurance to people who typically have not had it (e.g. single, justice involved men). In order to make the experience a successful one and to ensure that participants modify their health care consumption behaviors (i.e. use preventative care), clients will partake in health care education and utilization seminars.

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.

Other Skills-Building Curriculums. Additional evidence-based curriculums for skill building are described below.

Building Social Networks. This is a TCU Targeted Intervention for Corrections (TIC) module, and it applies the TCU Mapping-Enhanced Counseling strategy (i.e., node-link mapping), which has been shown to be beneficial in treating correctional populations and is listed on SAMHSA's NREPP use of TCU materials results in **COST SAVINGS** because they are free. TIC-Social Networks focuses on qualities clients can look

for in friends and family who may aid them in achieving their recovery goals. Oftentimes changes in social networks are essential in the recovery process. Upon return to the community, client recovery may be jeopardized if family members or long-time friends are still entangled in a drug-using lifestyle. This intervention walks participants through the steps of taking a peer inventory, making new friends who are drug free, and integrating lifestyle strategies for dealing with old friends and family members who use drugs. The aspects of getting involved in a support group and finding a sponsor also are covered. The 4 sections include Social Networks in Recovery, Support Groups and Your Recovery, When Other Families Use, Mapping Worksheets, and Links of Interest.

WaySafe! is a mapping-based, cognitively-focused, public health-informed HIV Awareness and Prevention program For Re-Entry Clients developed by Norma Bartholomew at Texas Christian University; use of TCU materials results in **COST SAVINGS** because they are free. Studies to date have examined the effectiveness of *WaySafe!* for correctional clients during their last 3-months of incarceration before community re-entry. *WaySafe!* studies in Texas and Missouri included 1,100 clients nearing release from 8 prison-based therapeutic community treatment programs who were randomly assigned to participate in a weekly *WaySafe!* group or to participate in TAU group (treatment as usual). Measures completed by both groups included baseline TCU CEST, pre-custody HIV risk behaviors, pre/posttest for *WaySafe!*, and follow-up survey. **Outcome** results suggest that suggests *WaySafe!* enhances engagement in treatment and greater gain at posttest in HIV Knowledge Confidence, Risky Sex and Drug Avoidance, Risk Reduction Planning, and Prevention Skills.

WestCare is successfully using the *WaySafe!* program with approximately 500 inmates in five state prisons in Wyoming and Oregon. The *WaySafe!* intervention has six sessions, plus weekly self-study workbooks. Sessions are one hour (60 minutes) in length, and are delivered sequentially from Sessions 1 - 6. The six sessions are:

Pretest Session: Pretest assessment,

Group Session 1: Introduction to Mapping. Some background about node-link mapping, a thinking and problem solving tool that helps people explore their beliefs and decisions.

Group Session 2: Risks and Reasons. Here you find some opportunities to think about why people take risks and examine your own beliefs about risk-taking.

Group Session 3: The Game. Knowing stuff is important for survival. This workbook helps you review what you know and don't know about HIV and other illnesses.

Group Session 4: The Should/Want problem. It is human to WANT things. There is also a voice that reminds us what we SHOULD do. How do these voices influence our decisions?

Group Session 5: Risk Scenes. Everyone intends to avoid risks. When it comes to avoiding HIV, turning intentions into actions requires thinking ahead about risky situations.

Group Session 6: Planning for Risks. Most people do not do a very good job planning for how they will deal with risks in life. Learn how to think ahead and enjoy the benefits.

Posttest Session: Posttest assessment; *Certificates of Completion*

The Way Safe! Curriculum invites clients into active discussions about: sexual health, sexual decision making, harnessing the power of behavioral intentions, and the importance of being savvy about HIV and other viral infections. The group discussions and individual assignments are guided by mapping, which is a strategic planning tool and counselors reinforce mapping as a “thinking” tool by using maps to focus group discussions.

7. CONFLICT/VIOLENCE PREVENTION

To reduce conflict and prevent violence, WestCare uses a service delivery model that is a positive peer culture based on attitudes of empathy and tolerance, combined with TC and CBT groups structured to reduce anger, evidence-based curriculums, and Domestic Violence counseling provided by a certified Counselor under a subcontract with Deer Rehabilitation Services. Individuals who are assessed as having anger issues, who are court mandated to anger management, or who are observed to have anger issues will be assigned to WestCare’s Anger Management groups including *Men’s Work* and/or *Understanding and Reducing Angry Feelings*.

Increase Empathetic Attitudes. Offenders may have a lot of resistance and/or ambiguity about receiving services, and it is important to make every effort to increase their comfort and reduce anxiety, which will help to reduce the potential for conflicts. This is accomplished by having multicultural and bilingual staff available and to welcome clients at the CRC Programs in a culturally appropriate manner and in their own language (if possible), conveying empathy and hope, and actively reaching out to individuals and families. All WestCare staff is courteous and communicates a sincere desire to welcome the person and engage them in services as soon as possible.

TC and CBT Groups –Criminal Thinking, Interpersonal Conflict, Values. WestCare’s program design develops a positive peer culture that does not reinforce social status based on aggression. Information from assessments is incorporated into individualized service plans, and into anger management control

plans. WestCare develops prosocial behaviors through reprogramming socially learned behaviors and will reinforce strengths, teach positive problem solving skills, reward good behavior, and role model prosocial behavior. To further tailor the treatment interventions to individual needs, materials used in groups will be sensitive to male gender (and issues of machismo), language and culture issues.

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 IMPACT, PRC, and DRC programs, combined with WestCare's approach and methods, will comprehensively address critical factors for adult detainees, as described below.

Criminal Thinking. 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 teach 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 TC and CBT groups, WestCare's approach is to emphasize group discussion, role playing, games, puzzles, and reasoning exercises that are designed to build skills and engaging 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. Groups that address criminal thinking 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, which are necessary when working with offenders, especially those affiliated with **gangs**. 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 group 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 is 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.
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.

Moral Reasoning, Values, and Victims. 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, especially the offender's **victims**. 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.

Evidence-Based Curriculums. WestCare uses the following curriculums to reduce conflict and prevention violence:

Men's Work: Growing Up Male; Anger, Power, Violence, and Drugs; and Becoming Whole, by Paul Kivel. WestCare has successfully used this curriculum at the Impact Program for the past 4 years and at Sheridan Correctional Center for the past 7 years. This curriculum is based on CBT and 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.

Additionally, WestCare has implemented specialized *Men's Work* track (called the Young Men's Aggression Management Group [YMA]) at both the Impact Program and Sheridan as a way to target young offenders. This program serves clients between the ages of 17 and 26. The Young Men's group meets twice a week for seven weeks and utilizes the curriculum "Men's Work" by Paul Kivel. In addition to violence, the curriculum focuses on areas of gender, anger, domestic violence and battery, addiction and dependency, parenting, spirituality/religion, and communication. There are three cycles of each group so that the client can participate for up to twenty-one weeks. After the client finishes the first cycle, each additional cycle is voluntary.

The program helps build trust among men in the group as they learn to communicate and get in touch with their feelings. At the conclusion of the final group session the participants complete a Satisfaction Survey, which is used to evaluate change in attitudes among participants. In the February 2013 evaluation report, a total of 106 clients partook in the Young Men's Aggression Management survey. Participation in the YMA group appears to have a significant effect on client behaviors. While participating in the YMA group, there was a 141% reduction in the number of clients who received tickets. Client responses on the surveys showed that they enjoy and value the Young Men's Aggression Management group. The vast majority of clients stated that they are taking away actual tools that they can use in their everyday lives, which is supported by the reduction in the number of tickets clients receive during participation in the group.

Understanding and Reducing Angry Feelings. This is a TCU Targeted Intervention for Corrections (TIC) module, and it applies the TCU Mapping-Enhanced Counseling strategy (i.e., node-link mapping), which has been shown to be beneficial in treating correctional populations and is listed on SAMHSA's NREPP; use of TCU materials represents **COST SAVINGS** because they are free. *TIC-Anger* teaches clients

appropriate ways to manage anger so they are more capable of coping with the reality of their situation. This module is considered a basic building block because CJ involved individuals often experience anger, particularly in response to their loss of freedom. The 4-session brief therapeutic intervention is designed to help clients learn to understand and respond to anger in more appropriate ways. They learn to identify anger triggers, differentiate between healthy and unhealthy anger, to set goals, to plan strategies for interrupting angry patterns, and to utilize progressive muscle relaxation. Sections of this intervention include: Understanding Anger, Managing Anger in Relationships, Mapping Worksheets, The Aggression Cycle, and Links of Interest.

Domestic Violence Program. Under subcontract, Deer Rehabilitation Services (DRS) will provide Counselors to work at each program (IMPACT, PRC, and DRC). In addition to providing treatment services, these Counselor positions will be certified to provide domestic violence groups for abusers/perpetrators of domestic violence.

The DRS 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), DRS specializes in working with perpetrators of domestic violence who are African American. Using a combination of the Duluth model, Right Thinking (an accountability-based system) and culturally competent language, the Counselor examines 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, the Counselor provides the tools that men need to choose a life of non-violent living.

Domestic violence groups will be co-facilitated by a male and female team, who essentially model an egalitarian relationship. The counselors conduct an initial thorough two-hour intake assessment which is followed by a 2 hour orientation, 26 weeks of group counseling and three follow up support groups that participants are required to attend. While attending CRC programming, participants will attend domestic violence groups 2-3 times each week while under the custody of the Sheriff and will receive credit for 1 community group (that counts towards their probation requirements) for each week that the participant attends groups.

There are a substantial number of DRC, PRC, and IMPACT participants who have been charged with domestic violence related charges. The DRS Domestic Violence class meets the requirements of probation and the court system. Participants who are mandated to attend the domestic violence classes will be able to start fulfilling the mandate while in the custody of the Cook County Sheriff's Department. When the participant is released back into the community they will be allowed to continue their classes at one of the four DRS offices across the Chicagoland area, thereby contributing to the participants successful reentry back into the community. After completing the training, Deer issues a Certificate of Completion; a copy is included in the client file.

8. FAMILY SYSTEMS AND PARENTING

The role of father absence in the lives of prisoners and their children is well documented and sobering. Fathers in prison overwhelmingly are fatherless themselves, and without successful intervention many of their children will follow in their footsteps. Research has shown that children with incarcerated parents are far more likely to commit crimes than the children of non-incarcerated parents. In addition, research shows that prisoners with strong family connections experience less recidivism and have better post-release employment histories.

To foster nurturing relationships between detainees and their families, WestCare's family program at the CRC (IMPACT, PRC, and DRC) will incorporate fathering skills curriculums for male offenders available through the National Fatherhood Initiative (NFI): "*InsideOut Dad*" is a fatherhood program for incarcerated men that will be used at the IMPACT Program and PRC; and "*24/7 Dad*" is a community-based fatherhood program that will be used at the DRC.

NFI which conducts on-going analyses of the efficacy of these programs to gain a broader understanding of how they impact the fathers they serve. Based on the findings from an on-going outcome evaluation, both "*InsideOut Dad*" and "*24/7 Dad*" programs successfully achieve their shared goal to increase the knowledge and skill levels of fathers, as well as to promote a more positive, healthy attitude regarding fatherhood and parenting.

Evidence-Based Curriculums. WestCare uses the following curriculums by the National Fatherhood Initiative to strengthen relationships and facilitate family reunification:

InsideOut Dad is a jail/prison-based fatherhood program (originally was titled Long Distance Dads) for men and it is used by WestCare in its in-prison/jail programs in the Sheridan Correctional Center, Cook County Jail IMPACT Program, Illinois Department of Corrections Crossroads ATC Program, four Wyoming State Prisons, and the Pike and Boyle County jail programs in Kentucky. WestCare will use this fatherhood program in the IMPACT Program and the PRC.

InsideOut Dad is an evidence-based fatherhood program designed specifically for incarcerated fathers. Used in jails and prisons in 25 states and many local corrections systems across the country, *InsideOut Dad* helps reduce recidivism rates by reconnecting incarcerated fathers to their families, and provides the motivation to get out and stay out. Popular among both inmates and ex-offenders, *InsideOut Dad*

has been proven to increase incarcerated fathers' contact with their children and improve father's knowledge and self-efficacy and to engender pro-fathering attitudes.

All 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 delivered in a support group format facilitated by trained inmate peer leaders and a Counselor. Sessions focus on issues of character, developing the father-child relationship, communication, and anger management. Peer leaders meet weekly with counseling staff to review the previous week's session and prepare for the next.

Additionally, the *InsideOut Dad* 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.

24/7 Dad. WestCare will use the *24/7 Dad* curriculum with DRC participants. The *24/7 Dad* curriculum was developed by a team of nationally and internationally recognized fathering and parenting experts, and includes a basic fathering program (*24/7 Dad™ A.M.*) as well as a more in-depth program (*24/7 Dad P.M.*), each consisting of 12 two-hour sessions. *24/7 Dad A.M.* and *24/7 Dad P.M.* focus on five characteristics that a father needs to be a great dad 24 hours a day, 7 days a week. Both programs cover universal aspects of fatherhood so that men of all cultures, races, religions, and backgrounds can benefit from either program. When a father completes either program, he becomes a *24/7 Dad* who:

- Is aware of himself as a man and aware of the significant impact he has in his family.
- Is a man who takes care of himself, and has a strong spiritual connection with his community, and chooses friends who reinforce his healthy choices.
- Is very aware of the significant role he has in the family, and capitalizes on his knowledge of the unique contributions he and his wife (or mother of his children) brings to raising their children.
- Is a nurturing parent who understands and accepts the importance his parenting skills have in developing the physical, emotional, intellectual, social, spiritual and creative needs of his children.
- Works to build and maintain healthy and supportive relationships with his children, wife, family, friends, and community.

The *24/7 Dad* curriculum includes a survey allowing facilitators to measure the progress of dads after completing the program on a range of skills, attitudes, and knowledge related to involved, responsible, and committed fatherhood. WestCare incorporates the results of surveys into program evaluation and quality assurance activities.

Ideas for Better Communication. This is a TCU Targeted Intervention for Corrections (TIC) module, and it applies the TCU Mapping-Enhanced Counseling strategy (i.e., node-link mapping), which has been shown to be beneficial in treating correctional populations and is listed on SAMHSA's NREPP; use of TCU

materials represents **COST SAVINGS** because they are free. *Ideas for Better Communication* focuses on improving relationships. Communication needs may easily take a back seat to more urgent rehabilitation demands within the criminal justice system, but positive communication within relationships serve as a vital tool for improving client morale and performance. The 4 sessions of this intervention address the concepts of "making amends," forgiving and letting go of resentments, and learning to distinguish between healthy supportive relationships versus unhealthy enmeshed ones. Participants are encouraged to build "connections" with others, develop effective listening and problem solving skills, and are challenged to break down destructive relationship roadblocks. Sections of the manual include Communication Roadblocks, Repairing Relationships, Communication Styles, Mapping Worksheets, and Links of Interest.

9. SPIRITUALITY AND RESILIENCY

The term **spirituality** generally refers to the human longing for a sense of meaning and fulfillment through morally satisfying relationships between individuals, families, communities, cultures, and religions. Although often viewed in a religious context, spirituality is not necessarily about being religious. Spirituality is about responding to the deepest questions posed by an individual's existence with a whole heart.⁵⁰ WestCare Counselors are sensitive not only to culture, but also client spiritual needs, and are able to demonstrate the following competencies:

- A non-judgmental, accepting and empathic relationship with the client.
- An openness and willingness to take time to understand the client's spirituality as it may relate to health-related issues.
- Some familiarity with culturally related values, beliefs, and practices that are common among client populations likely to be served.
- Comfort in asking and talking about spiritual issues with clients.
- A willingness to seek information from appropriate professionals and coordinate care concerning clients' spiritual traditions

WestCare encourages participants 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.

⁵⁰ Waters, P. and K. Shafer (2005). Spirituality in Addiction Treatment and Recovery, Part 1. Southern Coast Beacon.

10. VOCATIONAL DEVELOPMENT

WestCare encourages inmates to participate in the Sheriff's Office educational and vocational programs, and allows time in the schedule for them to do so. WestCare understands that vocational and educational development will be coordinated through the CCDOC and the Chicago Board of Education. Adult Basic Education and General Education Diploma (GED) preparation is offered to PRC and IMPACT Program participants through the PACE Institute (Safer Foundation), and to DRC participants through Malcolm X College. The Sheriff's Office has a **High School Diploma Program (HSDP)** that provides computer-based (virtual) high school classes for credit to inmates between the ages of 17 and 21. Participants in the DRC, PRC, and the IMPACT program can enroll in HSDP as part of their treatment regimen if the virtual high school program is available in their division. DRC participants who are between 17 and 21 years old and that do not have a high school diploma or GED must attend the HSDP. If the DRC participant has an Individual Education Plan, he must participate in the HSDP until his 23rd birthday or until a diploma is earned. Once they have fulfilled all required credits, the students graduate with a diploma from their neighborhood Chicago Public Schools high school.

Deer Rehabilitation Services Inc. has added a virtual high school (The Shirley Deer Institute of Higher Learning) outpost to its continuum of care services. Detainees who are receiving virtual school education within the jail can now continue their on-line education in the community at the S.D.I.H.L. Furthermore, WestCare reentry staff will work with students and their local Chicago Public School (CPS) to re-enroll the student in their neighborhood school. Navigating the CPS system can be difficult and may deter clients from returning to the CPS system. By assisting them in maneuvering through the enrollment process, WestCare anticipates that more clients will be able to obtain a CPS education.

Virtual High School Mentors. Under the subcontract with DRS, WestCare will employ one Mentor to work with youthful offenders at the DRC. The Mentor provides educational support services as the educator/mentor for a group of students enrolled in the virtual high school, supports and monitors the students' needs, intervenes when needed and communicates with students in a positive, encouraging way.

Work Experience. WestCare will also encourage PRC participants to work in the **Garden Project** and will help them to leverage their experiences to obtain employment post-release. The mission of the Cook County Sheriff's "Garden Project: A Patch of Paradise" is to enhance the job skills of inmates by providing opportunities to address offending behavior and acquire qualifications and work experience in a real working environment and routine. The Garden Project aims to transform patterns of destructive behavior into conscious life enhancing choices. Minimum security detainees in the PRC work in the jail's Garden Project and with the assistance of the University of Illinois Cooperative Extension Service, inmates are taught a wide range of organic farming and gardening skills in a supportive, constructive, and positive environment. Participants also learn the rudiments of business operations, including production, packaging, delivery, bookkeeping, and marketing. These skills enhance their prospects for gainful employment upon release.

Vocational Skills Training. WestCare and its partners will offer vocational development resources to participants in the IMPACT Program, PRC, and DRC to assist them in transitioning to long-term, sustainable employment. **Pre-employment activities** are intended to prepare the participant for reintegration in the workforce including obtaining legal documents such as a copy of their Social Security card, Birth Certificate, and identification card; obtaining a driver's license, which may involve taking care of past traffic violations, outstanding warrants, and DUI classes. WestCare will assist participants with the DMV renewal process by making the following available to participants:

- Copies of the Illinois Driver's Handbook for participants to study
- Download of Driving Test Videos
- Assistance filling out the Driver License or Identification Card Application form.

Using information from the vocational assessments (described below), the Counselor, TASC Case Manager, and client will develop an individual employment plan (IEP). The IEP will be based on each individual's basic skills, job skills and abilities, and interests. During reentry, job placement services will be facilitated through individual and group counseling sessions with the TASC Case Manager. Clients will attend **Pre-Employment Workshops** that are used to educate participants and provide hands-on experience in self-directed job search. Pre-Employment workshops will address the following, at a minimum:

- Probationer general presentation and demeanor
- Level of motivation to job search
- Effective communication
- Job search strategies such as networking, interviews, resume writing
- Understanding workplace culture and selling yourself
- Learning appropriate interview language and how to explain time incarcerated

WestCare's vocational development services will include use of a Computer Lab (when possible) and engaging software programs at the DRC, PRC, and IMPACT Programs. Interactive and engaging software applications and web-based programs developed by Paxen Learning Corporation will be used to provide individual **assessments**; training in **job readiness** and **job search skills**; and a virtual program for **exploring various careers**. Paxen's curriculums correlate with national standards such as Test of Adult Basic Education (TABE), Comprehensive Adult Student Assessment (CASAS), and The Secretary's Commission on Achieving Necessary Skills (SCANS), Pre-Employment Work Maturity (PEWM) and National Career Development Guidelines. In addition to computer based programs, WestCare will also use print materials. Each of the Paxen print titles feature an engaging narrative, accessible content (average reading level: Grade 8), independent and group activities and reviews including Competency Checklists that measure mastery.

Assessments and Job Shadow:

Work Readiness Inventory (WRI): The WRI assessment (developed by Paxen, Inc.) is a 36 item self-report which identifies levels of concern in six areas crucial to work readiness which include responsibility, flexibility, skills, communication, self-view, and health and safety. The WRI will help Counselors quickly assess a participant's overall work readiness to identify barriers and concerns to obtaining employment.

ccEngage: This is a web-based application (developed by Paxen, Inc.) that contains three different assessments that assess interests, skills and abilities: *MatchMaker*, *MySkills*, *Ability Profiler* and *Learning Styles Inventory*. Matchmaker produces a ranked top 40 careers list with direct links to multimedia occupational profiles, all just one click away. It doesn't just match students with careers, it explains why, which enhances learning and self-understanding. When participants select the page called "Suitable for You," they learn exactly why each career has appeared on their personal list of recommendations. They can also learn why any career has not shown up on their list. Participants can filter their results by Education Level or Career Cluster to gain further insights. *My Skills* assessment connects participants with careers that fit their strongest skills and abilities, while suggesting weaknesses that need more attention. It uses a progress bar and checkpoints along the way to encourage participants to complete every question, which enhances the accuracy of the results. *Ability Profiler* allows participants to learn more about their abilities and see how they compare to those used in careers that interest them. The *Learning Styles Inventory* helps them understand the way they learn new information and skills. It enables our staff to be more effective, by discovering participants learn best with a visual, auditory or tactile approach

Virtual Job Shadow: This program provides a unique career exploration platform featuring real people, real workplaces and real advice. Participants can job shadow as many careers as desired, with extensive opportunities across the 16 Career Clusters. Each job shadow visit will take them a step closer to finding the path that's just right for them. VirtualJobShadow.com emphasizes the academics, skills and training required to enter into each field. Program content advises which classes are most important to their job, and why. Connecting the relevancy of academics to real world applications is an essential component to keeping participants engaged and in school longer. Focus is also placed on soft skills crucial to workplace success, such as effective communication, team work and critical thinking. With VirtualJobShadow.com (developed by Paxen, Inc.), participants gain insights about the realities of the working world, which motivates them to focus on their future plans and correlate their education to their life goals.

Job Readiness Curriculums:

Job Search: This program deconstructs the rather complex process of seeking—and finding—appropriate employment through a process that emphasizes the use of proper skills, attitude, and knowledge to land a high-interest job. The consumable workbook provides a thorough overview of the job-search process, while checklists and other activities help students set goals, build support systems, and make appropriate contacts. Later chapters provide learners with practice in completing applications, preparing résumés, writing cover letters, and assembling references. The closing chapter covers

common interview questions and suggested responses, while a role-play exercise provides students with an opportunity to sharpen their interviewing skills. The text also discusses various post-interview strategies.

Effective Employee: Businesses are essentially large melting pots, with employees—and their skills—the integral ingredients in the recipe for success. *Effective Employee* helps learners and emerging professionals alike understand the skills, behaviors, and intangibles needed to succeed in the modern workplace. Diverse exercises help learners examine ways in which they accomplish tasks and interact with others. *Effective Employee* equips learners with the knowledge and skills to pursue and perform jobs by fostering an understanding of human dynamics and the demands of the workplace.

11. INFORMATION DISSEMINATION

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 **multimodal teaching and learning 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 other's 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 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.

12. PROGRAM EVALUATION

During the 30 days prior to release, the Research Assistant will conduct an exit interview with each participant. During the interview the participant will be requested to complete a an anonymous exit survey that will contain questions regarding the program as well as the self-reported changes the client has made as a result of program participation. WestCare will use the information gained from the exit interview to assess what should be improved, changed, or remain intact. In addition, WestCare will provide documentation of all transitional linkages made for each program participant.

13. REENTRY PLAN

WestCare's plan for reentry services is efficient and has **COST SAVINGS** in that it will incorporate the existing reentry and case management services available from other providers including: TASC will provide case management and reentry services for eligible DRC, PRC, and IMPACT Program participants under existing contracts with the Specialty Courts and other resources; Thresholds will provide comprehensive case management, medication management, and other continuing care services to eligible individuals with serious mental illness (SMI). For those detainees that are unserved by existing reentry case management services, WestCare will **develop new case management services under a subcontract with the TASC**.

Reentry and discharge planning will be the responsibility of the primary Counselor. All stakeholders, including the participant, will partake in the reentry planning process. TASC Case Managers will guide the transition to the community and have responsibility for linking participants to services identified in the Reentry Plan. To make a smooth transition from the institution to the community, the Case Managers will begin meeting with clients in the CRC program at 30 days pre-release to participate in transition planning and to increase motivation for participation. Thresholds, Deer Rehabilitation Services, Alumni Association, Probation, and CCDOC will also have input into the reentry plan. In

addition, WestCare will work with other community programs to ensure that each offender receives the **services and support needed for reentry.**

WestCare will use TCU's *Mapping Your Reentry Plan: Heading Home* program to help clients identify goals for their reentry plan.⁵¹ This **evidence-based program** is part of the TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment, which is included in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP); use of TCU materials results in **COST SAVINGS** because they are free. The *Mapping Your Reentry Plan* program is a new strategy that combines a working relationship between the Counselor and client with structured maps for reentry planning and the use of feedback from a dynamic assessment of client progress to help guide planning. This type of collaborative, future-focused reentry planning has the best chance for success because, with the help of mapping strategies, clients are assisted in articulating and claiming ownership of their journey as they reenter the community. The concepts and exercises can be completed as group work or can be adapted to individual sessions.

Collaborative counseling approaches are effective strategies for improving motivation and goal-setting and for helping clients feel that they were heard and respected during sessions. The Counselor encourages the client to discuss, with enriched detail, what needs to change in their lives when they reenter the community, how to view the change process, and what steps make sense for what they want to accomplish. Maps are co-created, and the content of a map—the thoughts, ideas, and issues—are those raised and identified by the client. The map provides a focal point for this work as the Counselor skillfully elicits from the client what should be written down, what should be noted in passing, and what should be addressed next.

The collaborative reentry planning process logically involves a discussion of goals and the positive consequences of those goals. It also involves assisting the client in identifying his or her available resources for tackling those goals. Resources are identified broadly to include a client's strengths, relationships, attitudes, thoughts, skills, behaviors, and perceptions.

Mapping activities for reentry planning use guide maps, which are pre-structured templates with a "fill in the space" format that help guide the Case Manager-client interaction during a session, while allowing the client to be expressive. As part of an individual session, these maps provide a structure for thinking about and talking about goals, personal resources, and personal steps and tasks for arriving at goals. The maps can also be used as individual homework to be processed and discussed within a group. Screening and assessment results (from the ASI, CEST, CTS, or other assessment tool) can be used as a springboard for goal setting and reentry planning discussions. Clients often spend a lot of time completing forms they never see or hear about again. However, most clients are interested in having the chance to talk about the results of assessments they have taken, and incorporating the results in their reentry plans.

⁵¹ Bartholomew, N.G., D.F. Dansereau, K. Knight, and D.D. Simpson (2007). *Mapping Your Reentry Plan: Heading Home*. In *TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment*. Texas Christian University, TCU Institute of Behavioral Research.

The reentry planning process is started when a client enters the CRC program, is completed prior to discharge, and includes group and individual sessions.

2.4 PROJECT METHODOLOGY

1. HOW THE MODEL HAS BEEN MODIFIED TO FIT THE PSYCHOLOGICAL, SOCIAL, RELATIONAL, AND CULTURAL NEEDS OF PARTICIPANTS WHO ARE HOMELESS AND/OR HAVE STRAINED FAMILIAL AND COMMUNITY TIES.

WestCare systematically collects and analyzes client information to develop an in-depth understanding of our clients' needs, measure outcomes, and modify program services based on evaluation findings. This includes data on client strengths and weaknesses, psychological and social functioning, relationships with family and peers, and other issues that affect their ability to successfully reintegrate into the community when they are released from the Sheriff's Office custody such as housing, employment, health care, and support systems.

HOMELESSNESS. Homeless individuals have basic and multiple needs beyond the typical CRC participant that must be addressed in order to help them achieve and maintain a crime-free lifestyle as well as sobriety. In addition to legal involvement, the homeless often have substance abuse and mental illness disorders, resulting in four areas of major need (homelessness, legal involvement, mental illness, and substance use).⁵² WestCare has established relationships with reentry network providers as well as the Corporation for Supportive Housing and will work with these agencies to house homeless individuals. Case managers will aid homeless clients in accessing supportive services including health care enrollment, substance abuse treatment and vocational development. Links to entitlement programs will be made whenever possible. As part of the reentry plan, homeless individuals will create contingency plans that have specific steps to follow if they without shelter or are experiencing negative mental health symptoms. The reentry plan will include contact information for emergency shelters, medical care, food banks, and other social service agencies.

STRAINED FAMILIAL RELATIONSHIPS. The relationship that an offender maintains with his family both during his prison stay and after release can have considerable effects on his post-release success. Hairston found that offenders with family ties during their incarceration do better post-release than those without family ties.⁵³ Studies have found that inmates that have more family contact during their incarceration—in-person visits, mail, or specialized family programming—have lower recidivism rates.⁵⁴ A study by the Vera Institute of Justice found that post-release “supportive families were an indicator of success across the board, correlating with lower drug use, greater likelihood of finding jobs, and less criminal activity.” In order to repair strained family ties, WestCare has included the following components into its treatment model:

⁵² Katz, J.I. (1988). Homelessness, Crime, Mental Illness, and Substance Abuse: A Core Population with Multiple Social Service Needs. Massachusetts Institute of Technology.

⁵³ Hairston, C.F. (1991). Family ties during imprisonment: important to whom and for what? *Journal of Sociology and Social Welfare*, 18, 87-104.

⁵⁴ Visher, C.A., & Travis, J. (2003) Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology*, 29, 89-113.

- Detainees participate in a culturally competent Fatherhood program using the *Inside/Outside Dad* and *24/7 Dad* curriculums, where sessions focus on issues of character, developing the father-child relationship, communication, and anger management.
- Domestic Violence intervention counseling will be provided by certified counselors from Deer Rehabilitation, Inc.
- Family members/caregivers for DRC participants will be invited to participate in “Family Orientation” sessions to familiarize them in understanding the Electronic Monitoring (EM) system and DRC programming. In this way, parents and caregivers are prepared for the burden that EM can sometimes impose (home visits, curfews, and other compliance issues) as well as the treatment process that their loved one is experiencing.

TRAUMA. Based on our analysis of the prevalence of PTSD and psychological problems among detainees in the IMPACT Program, WestCare’s treatment model includes **trauma-informed services**.

WestCare Study of Jail Detainee Exposure to Trauma. In 2012 Dawn Ruzich, WestCare Director of Quality and Evaluation, conducted a study on posttraumatic stress disorder in a sample of urban jail detainees.⁵⁵ A total of 117 adult detainees voluntarily participated in the study; standardized and self-report instruments were administered to all evaluation participants on a single day, and 6 detainees participated in an in-depth interview. (The study is tentatively accepted for publication in the *International Journal of Law and Psychiatry*; a draft of the manuscript is in Attachment H.)

This study examined the nature and extent of probable posttraumatic stress disorder (PTSD) among men in a substance abuse treatment program in a large urban jail. Specifically, it explored the prevalence of probable PTSD and other psychiatric problems among jail detainees, the types of trauma detainees experienced during different phases of their lives, and how those experiences might have contributed to the development of probable PTSD. Results showed that psychiatric problems were quite serious; nearly one-quarter of the sample reported previous psychiatric hospitalization, and nearly 10% were being currently treated with psychiatric medication. In addition, 21% of the sample met the criteria for probable PTSD, **a rate five times greater than that in the general population**. The current study suggests that the presence of probable PTSD among male detainees should be incorporated into the creation and implementation of jail-based behavioral healthcare services, including screening, assessment, and clinical interventions. Furthermore, in-custody drug treatment programs should adopt trauma-informed strategies for all program participants as the expected standard of care.

Trauma-Informed Care. Recognizing the extent of exposure to violence and trauma, and the lack of treatment for PTSD among male detainees, WestCare’s program model includes specific trauma-informed, gender responsive programming to help men address issues of anger, violence, and exposure to complex trauma in their families and neighborhoods.

⁵⁵ Ruzich, D., J. Reichert, A. Lurigio (2012). *The prevalence of probably posttraumatic stress disorder and psychiatric problems in a sample of urban jail detainees*. Unpublished manuscript.

Trauma is the experience of situations or events that are shocking, terrifying, and/or overwhelming, thus resulting in intense feelings of fear, horror or helplessness. Individuals with trauma histories often become involved in self-destructive behaviors, such as substance abuse or self-harm, as an adaptive way to manage unbearable symptoms. This adaptive behavior allows them to manage situations differently, reducing the likelihood of re-experiencing the violence.

Often trauma survivors have other responses to trauma that are not as easy to recognize. An individual may dissociate or appear to be "somewhere else," which is frequently due to traumatic reminder. Post-traumatic stress disorder is another response to overwhelming feelings of fear and helplessness. An individual suffering from post-traumatic stress disorder feels that the trauma is happening again. This may be called a flashback, reliving experience or abreaction. This can occur in the form of nightmares or intrusive thoughts.

A new generation of care called "Trauma-Informed Care" encourages people to talk about their trauma in their own time and in their own way. In a trauma-informed program, people respect survivors for what they have gone through and how they have coped, rather than assuming there is something wrong with them or blaming them for their problems.

WestCare's Trauma-Informed Model: WestCare will implement trauma informed interventions that address the **psychological, social, relational, and cultural needs** of participants who have experienced the negative effects of traumatic exposure:

- WestCare's model recognizes that a **safe, supportive and warm environment** is critical to trauma informed services. A treatment setting that provides physical and emotional safety, respect for clients and genuine care and concern, and provides space for solitude, reflection and constructive interaction with other program participants is essential.
- PTSD is addressed using cognitive behavioral therapies during groups.
- All detainees will be screened for symptoms of PTSD using the PTSD Checklist during the assessment process.
- *Seeking Safety* treatment interventions, based on CBT, will be used to address trauma and co-occurring disorders.
- WestCare will work collaboratively with CCDOC and community partners to create a trauma-informed continuum of care.
- WestCare will provide training to CCDOC staff, as requested, and participate in cross training to further understanding of trauma informed care.

2. WESTCARE ABILITY TO UNDERSTAND PATHWAYS THAT LEAD PARTICIPANTS INTO THE CRIMINAL JUSTICE SYSTEM.

In general, problems that disproportionately affect the male offender population are substance abuse and mental disorders, poor education and low reading abilities, lack of employment skills and poor work history, lack of employment opportunities due to a weak labor market, 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, 59% of arrests in 2012 were for drug and alcohol 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.⁵⁶

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 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).⁵⁷ 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

⁵⁶ ONDCP (2003). *Drug data summary*. Drug Policy Information Clearinghouse Fact Sheet. Washington, D.C., Office of National Drug Control Policy.

⁵⁷ Petersilia, J. 2003. *When Prisoners Come Home: Parole and Prisoner Reentry*. Oxford University Press. NY, NY.

illiterate and 40% are functionally illiterate.⁵⁸ Research has shown an inverse relationship between recidivism and education: inmates with higher education levels are less likely to be rearrested or re-imprisoned.⁵⁹

With the economic collapse that has occurred over the past decade, there has been a substantial loss of jobs, especially among the unskilled labor force. The current unemployment rate in Chicago is nearly 10%. A depressed labor market for less skilled men can contribute to a rise in criminal activity for young, unskilled men.⁶⁰

Violence. Violence is an integral part of the lives of offenders with substance abuse disorders, 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 WestCare's treatment programs focuses on issues related to violence such as domestic violence, anger and impulse control, and exposure to complex trauma (e.g., a history of physical and sexual abuse, family violence, community violence). According to the CCSO Reentry Council Research bulletin, 29% of inmates in the Cook County Jail in 2012 were admitted for violent offenses and 12% for domestic battery. Violence and anger are attributes of male substance abusers that must be addressed in any treatment program.

Mental Illness. Inmates selected by CCDOC for treatment services may have 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.⁶¹ The survey also found that 20% of adults with substance abuse/dependency also have a serious mental illness. A study by BJS found that mental health problems of incarcerated offenders were associated with violence, past criminal activity, substance abuse, and other social problems:⁶²

- 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.

⁵⁸ Rubenstein, G. 2001. *Getting to Work: How TANF Can Support Ex-Offender Parents in the Transition to Self-Sufficiency*. Washington, DC: Legal Action Center.

⁵⁹ 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.

⁶⁰ Freeman, R.B. (1996). Why do so many young American men commit crimes and what might we do about it? Working paper 5451, National Bureau of Economic Research, Cambridge, MA.

⁶¹ 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.

⁶² BJS (2006). *Mental Health Problems of Prison and Jail Inmates*. U.S. Department of Justice. www.ojp.usdoj.gov/bjs/abstract/mhppji.htm

Research summarized by Roger H. Peters shows that persons in the criminal justice system have significantly high rates of substance abuse, mental illness and co-occurring disorders. Among jail inmates 17% have been found to have a serious mental illness (major depression, bipolar disorder, or a psychotic spectrum disorder such as schizophrenia) or PTSD. It is estimated that over a third (33%) of prisoners enrolled in substance abuse treatment (such as the IMPACT and PRC programs) also have a mood or psychotic disorder, and 70% of offenders with a mental disorder also have a substance abuse disorder.

In a study of a sample of 204 pretrial detainees at the DRC, Swartz and Lurigio (1999) found even higher rates of substance abuse, mental illness and co-occurring disorders. In the DRC sample more than half had one or more lifetime psychiatric diagnoses (>50%) and 80% of these also had a substance abuse disorder; rates of serious mental illness were also higher than the general population. They also found that more than 60% of participants with a substance abuse disorder also had a psychiatric disorder.

3. PROGRAM DESCRIPTION AND ESSENTIAL PERSONNEL AND THE NUMBERS OF THOSE POSITIONS NEEDED TO IMPLEMENT IT SUCCESSFULLY.

Although the DRC, PRC, and IMPACT are distinct programs, WestCare's services will be **integrated** across these programs at the administrative, clinical, and programmatic levels. WestCare effectively blends cognitive behavioral therapies into several treatment models to comprehensively address substance abuse, mental health, and co-occurring disorders in a continuum of care in the treatment and reentry components of the program. In its residential jail programs WestCare uses a Modified Therapeutic Community (TC) Model, which views addiction as a disorder of the whole person that affects virtually every aspect of the person's life, and emphasis is placed on personal motivation and responsibility in the recovery process. At all three programs (IMPACT, PRC, DRC) WestCare will integrate the Holistic Health Model of addiction, which views addiction as a brain disease, and the Comprehensive, Continuous, Integrated System of Care (CCISC) model, which calls for integrated treatment services at the clinical level and at the program level.

WestCare has selected Kenneth Osborne, MS, to serve as the Program Administrator for all three programs (pending CCDOC approval). Under his leadership, an integrated administrative management structure will standardize the policies, procedures, and approaches for the implementation of best practices as well as evaluation and quality assurance measures for data collection, data analysis, and fidelity to the model. Mr. Osborne is the Director of Risk Reduction Services for the Tennessee Department of Correction and is the former Warden of Sheridan Correctional Center. He has over 20 years' experience in addiction/behavioral health and corrections, holds state, national and international certification as an Addictions Counselor and is a Certified Public Manager. Mr. Osborne is the bestselling author of *When Mama is Daddy: The Male Crisis and Challenge of Ending Father*.

WestCare personnel and subcontractor staff (TASC, Thresholds, Deer, and Alumni Association) at the three programs will function as an integrated unit, with the ability to provide services and coverage at all three programs as needed for optimum performance; staff will be available to fill vacancies across

program sites. To facilitate integration of staff and programs, WestCare provides extensive training and cross training on job functions, roles, facility protocols, curriculums, and services.

The clinical caseload ratio is 1:25 and the essential personnel needed to provide direct clinical services will include 27.5 Substance Abuse/MISA Counselors, 2 Licensed Mental Health Counselors, 6 Clinical Supervisors (who will carry a caseload of up to 10 clients), and 4 Assessment Counselors.

These clinical staff positions (including subcontract personnel) are illustrated in the following staffing chart:

PERSONNEL SERVICE	IMPACT					PRC					DRC				
	WC	Thresholds	Deer	TASC	Total	WC	Thresholds	Deer	TASC	Total	WC	Thresholds	Deer	TASC	Total
Program Director	0.19	0	0	0	0.19	0.53	0	0	0	0.53	0.28	0.00	0.00	0.00	0.28
Program Managers	1	0	0	0	1	1	0	0	0	1	1	0	0	0	1.00
Clinical Manager	0.19	0	0	0	0.19	0.53	0	0	0	0.53	0.28	0	0	0	0.28
Research Assistant	0.19	0	0	0	0.19	0.53	0	0	0	0.53	0.28	0	0	0	0.28
Administrative Assistants	1	0	0	0	1	1	0	0	0	1	1	0	0	0	1.00
Clinical Supervisors	1	0	0	0	1	3.5	0	0.5	0	4	1.5	0	0.5	0	2.00
Substance Abuse/MISA counselors	4.5	0	1	0	5.5	12.5	1	2	0	15.5	5.5	1.0	2	0	8.50
Assessment Counselors	1	0	0	0	1	1.5	0	0	0	1.5	1.5	0	0	0	1.50
Mentor	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1.00
Case Managers	0	0	0	1	1	0	0	0	4	4	0	0	0	2	2.00
Chemical Technician	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1.00

Reentry Case Management positions will be staffed under a subcontract with TASC. Clinical and case management positions will be filled by WestCare, Deer Rehabilitation, Thresholds, and Alumni Association staff.

4. HOW THE PROGRAM PLAN WILL BE INDIVIDUALIZED FOR EACH PARTICIPANT

Each step in the intake, assessment, treatment, and reentry process is individualized for each participant.

Intake and Client Registration. The Assessment 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 Clinical Data System**. The registration elements include participant CCDOC number, program name (IMPACT, PRC, DRC), participant first name and surname, client characteristics, date of entry, and unique participant identification number.

Assessment. Each person referred by the CCDOC will be individually assessed using evidence-based instruments that include the Addiction Severity Index (ASI), the Modified Mini Screen (MMS), the PTSD Checklist, TCU Client Evaluation of Self and Treatment (CEST), and TCU Criminal Thinking Scales (CTS). The Assessment Counselor will administer the ASI, MMS, and PTSD Checklist; the Research Assistant will administer the CEST and CTS. If mental illness is indicated by the ASI, MMS, or other screening tools, the individual will receive a mental status exam and possibly other assessments. Based on the assessment results, **client need for specific treatment interventions are identified and the individual is matched to a particular menu of treatment services.**

WestCare Continuum of Care

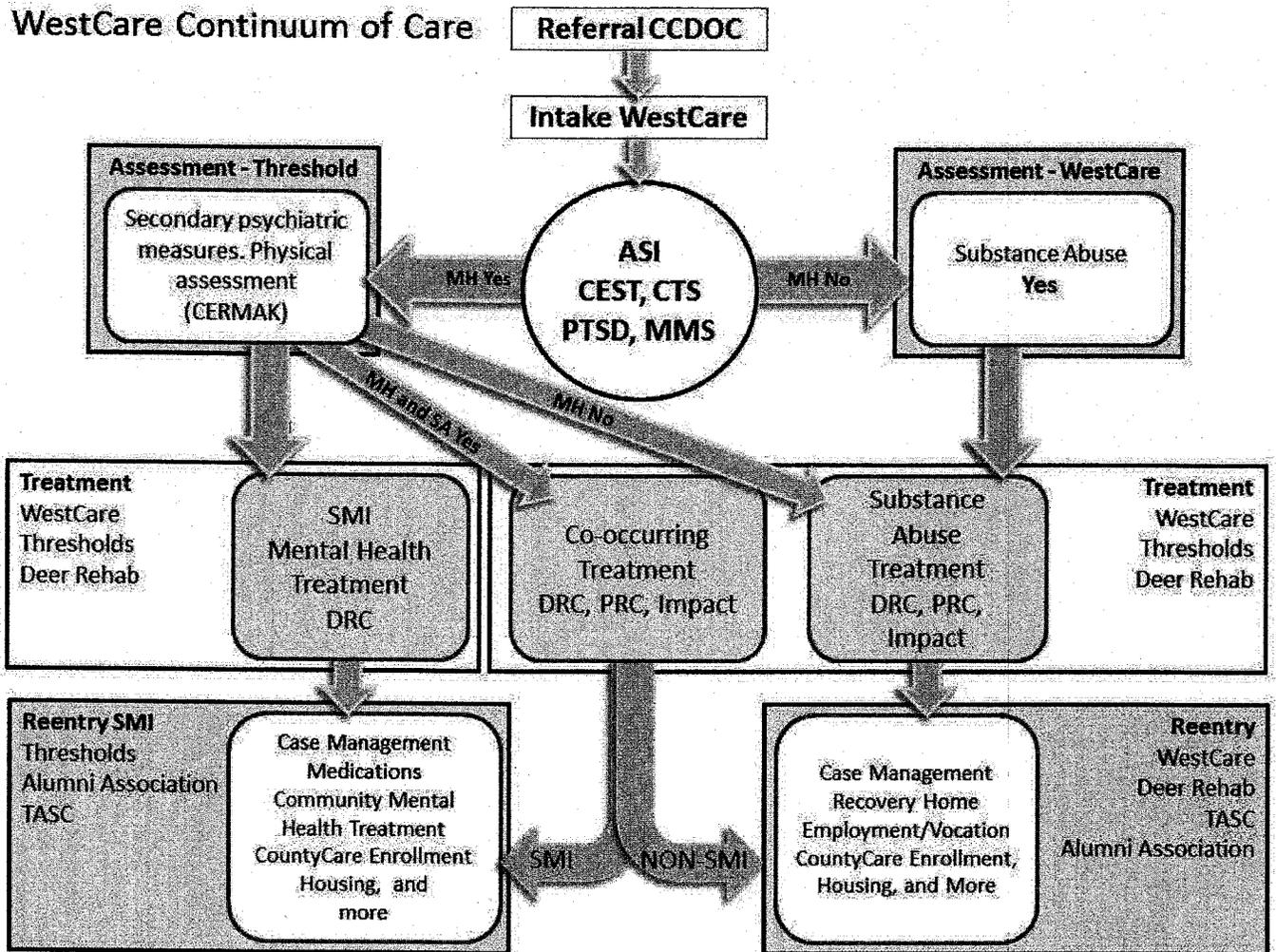


Figure 1. All participants in the DRC, PRC, and IMPACT Programs will participate fully in the services of the CRC, as specified in their individual treatment plans.

Individual Treatment Plans. Individualized written treatment plans will be developed according to inmate need for services identified in the assessment processes and intake interviews. 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 monitored by the Clinical Supervisor. The Assessment Counselor and Research Assistant will contribute information from intake interviews, assessments (TCU CEST, TCU CTS, ASI, PTSD Checklist, and MMS), 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 goals and objectives. During a personal interview, the Counselor and participant review the assessment results 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 drug 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 and crime free, participate in treatment services and aftercare, improve communication skills, attend Alumni Association groups or 12 step self-help meetings, develop interpersonal and conflict resolution skills, reunify with family, 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. All participants in the PRC and IMPACT programs will receive an average of **17.5 hours of program services each week** for the duration of their assignment to the WestCare CRC, and participants in the DRC will receive an average of **35 hours of program services each week**. 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 may include chemical dependency, anti-social thinking, anger management, 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.

WestCare uses a menu of required and optional curriculums and services; all clients participate in required services and specific optional services and curriculums are selected to meet the unique needs of offenders at the DRC, PRC, and IMPACT Programs (it is possible that a client will not participate in all curriculums).

Required services for all participants include orientation, CBT, substance abuse treatment and TC groups (in the PRC and IMPACT Programs), vocational development, life skills training, HIV prevention, spirituality and support groups, reentry planning, and orientation on how to access CountyCare.

Required curriculums include:

- *Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change (SSC)*, by Kenneth Wanberg and Harvey Milkman.
- *WaySafe! HIV Awareness and Prevention program For Re-Entry Clients*, by Norma Bartholomew at Texas Christian University
- *Mapping Your Reentry Plan: Heading Home*, by TCU
- *Work Readiness Inventory*, by Paxen Learning Corporation
- *ccEngage*, by Paxen Learning Corporation
- *Virtual Job Shadow*, by Paxen Learning Corporation

Optional services are available based on results of assessments and time available in the client's daily schedule, and may include specialty groups, services, and curriculums on topics that meet their individualized needs. Optional services include groups for co-occurring disorders, Virtual High School and GED classes, fatherhood programs, trauma interventions, and domestic violence interventions. Substance abuse treatment is an optional service in the DRC.

Optional curriculums include:

- *Getting Motivated to Change*, TCU
- *Ideas for Better Communication*, TCU
- *Unlock Your Thinking, Open Your Mind*, TCU
- *Building Social Networks*, TCU
- *Seeking Safety*, by Lisa Najavits
- *Integrated Treatment of Co-Occurring Disorders Program*, SAMHSA
- *Men's Work, Stopping the Violence*, by Paul Kivel
- *Understanding and Reducing Angry Feelings*, TCU
- *Mindfulness Based Relapse Prevention*, (at IMPACT)
- *Inside/Outside Dad*, NFI (at IMPACT and PRC)
- *24/7 Dads*, NFI (at DRC)
- *Ideas for Better Communication*, TCU

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 electronic logs based on client sign-in sheets with full rosters of current participants. Administrative Assistants will be responsible for tracking service delivery.

Treatment Plan Documentation and Review. 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 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.

5. FAMILIARITY WITH COMMON UNMET NEEDS OF THE TARGET POPULATION AND COMPREHENSIVE PLAN FOR ASSESSING AND ADDRESSING THESE NEEDS SIMULTANEOUSLY

Research shows that the "needs of offenders are diverse because the offender population itself is diverse. However, certain characteristics are common to many ex-offenders: low income, low level of education, disrupted home, and family life, low level of job skills and employment experience, and alcohol and/or drug addiction. As a result, the most important needs of ex-offenders relate to immediate basic needs (food, shelter, clothing), housing, education, employment, health (especially treatment for substance-abuse, mental-health, and HIV/AIDS problems), legal assistance, and ongoing personal support. Although their characteristics and needs vary, all ex-offenders must contend with the social stigma of being a convicted criminal."⁶³

As part of the treatment planning process, a needs assessment is completed with each participant. 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. 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 offender or by identifying those things in which the individual 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.

These needs will then be incorporated into the client's treatment plan; overarching issues such as substance abuse, mental health, education, and criminal thinking, among others will be addressed

⁶³ Jacksonville Community Council Inc. (Spring 2001). Services for ex-offenders.

simultaneously (integrated treatment approach) rather than sequentially. The health care system has moved rapidly toward endorsing integrated treatment for people with co-occurring disorders and the research literature strongly supports that an integrated approach to co-occurring disorder treatment results in the best possible patient outcomes.^{64, 65}

6. HOW CASE MANAGEMENT WILL BE INTEGRATED TO ENSURE A SUCCESSFUL PROGRAM MODEL.

Case Management. WestCare will subcontract with TASC, Inc. to deliver comprehensive clinical care management services to all program clients. TASC will provide a team of six FTE Case Managers and one FTE Clinical Supervisor to conduct case management activities, including benefits enrollment for eligible clients. All TASC staff will be cross trained in program operations specific to the IMPACT Program, Pre-Release Center, and Day Reporting Center to ensure quality and consistency of services in this new, integrated model.

TASC's clinical care management model involves the steps below, applied in differing combinations and degrees depending on the goals and objectives of each program. Specific to the programming aims of the Cook County Sheriff's Office, TASC will align its case management focus to serve those offenders who have distinct service needs. This will likely include clients who are high-risk/high-need and low-risk/high-need (based on results of the WestCare assessment), and clients with complex primary health and behavioral health issues. These individuals often require extensive coordination of services, which is the foundation of case management.

Assessment and Advocacy

TASC works with all justice and provider system partners to ensure that clients receive the services they need to become healthy and self-sufficient. This entails:

- Assessing individuals' presenting problems and determining which services they need, particularly substance use or mental health treatment, parenting services, or related supports;
- Advocating for eligible (by statute or program criteria) individuals to receive community-based services;
- Provide court, jail and probation advocacy during pre- and post-program phases; and
- Creating individualized service plans with clients to help them prepare to make changes in their lives.

Placement and Retention in Services

TASC provides linkages to culturally responsive services. This entails:

⁶⁴ Mueser, K., Noordsy, D., Drake, R., & Fox, L. (2003). Integrated treatment for dual diagnosis. Columbia University.

⁶⁵ Hazelden. (n.d.). Behavioral Health Evolution.
http://www.bhevolution.org/public/overview_faqs.page#approaches

- Coordinating all activities to place clients into appropriate services;
- Making sure that clients stay in services as long as they need them;
- Reassessing client risks and needs over time based on their progress or regress; and
- Ensuring continuity of care through ongoing client advocacy, support, and intervention as needed.

Monitoring and Reporting

TASC closely follows client progress and communicates with all involved to help clients succeed. This entails:

- Monitoring clients' progress and reporting to referral sources;
- Ensuring communication between referral sources, service providers, and clients;
- Incorporating urinalysis as needed as a therapeutic and accountability tool; and
- Assisting clients in navigating complex public systems, and supporting them in engagement and retention activities and in achieving wellness and self-sufficiency.

In comparison to other clients in publicly funded treatment, individuals in the justice system tend to be more severely addicted, more likely to demonstrate serious mental illness, and have a host of additional health challenges. They are also predominantly unemployed, single, have less than a high school education, and are uninsured. Furthermore, their involvement in the justice system necessarily means they carry mandates, such as drug testing, probation conditions, and community service, the violation of which can have severe consequences, including imprisonment. The span of services required for movement of these high-risk, high-need clients to a position of stability and self-sufficiency is much greater than for average healthcare clients, as is the need for deliberate management of those services within the justice context. TASC's comprehensive approach to case coordination and treatment, which includes all aspects of potential influence such as social connectedness, housing, and employment, decreases the chances for psychiatric decompensation, substance use relapse and re-arrest, promoting positive public health and public safety outcomes.

In collaboration with WestCare and Cook County system partners, TASC Case Managers will work with clients to develop individualized service plans that include linkages to the appropriate level of care in community-based treatment programs. The majority of participants will face additional barriers to health and productivity. Service planning will therefore include referrals and linkages to culturally relevant social supports. This may include employment, child care, family reintegration services, and transportation, as well as crisis planning and prevention and practical support, such as accessing disability benefits and housing. Case managers will also be responsible for linking participants directly with community providers, social service agencies, housing, resources including public insurance and income support programs, and basic needs resources. They will help clients navigate complex systems,

advocate for their access to services, and support them in engagement and retention activities and in achieving wellness and self-sufficiency.

Benefits Enrollment. TASC Case Managers will work with eligible clients to secure access to resources including public insurance and income support programs. To successfully complete these enrollment activities, the organization will build on 37 years of experience working in the Cook County Jail, other jails across Illinois, and Illinois prisons. TASC's work includes conducting behavioral health screening in high-volume, fast-paced, secure environments.

It is expected that few program participants will have employment secured at the time of release. As a result, most of these will be indigent, and many will qualify for certain public benefits, such as Medicaid and food stamps. Key considerations include the following:

- Participants who served in the U.S. military may be eligible for medical benefits through the Veterans Administration. Eligibility will depend on their type and length of service and their discharge status.
- Clients (not currently receiving TASC Alternatives to Incarceration services) may also be eligible for the new CountyCare program, which makes Medicaid available to low income adults regardless of disability.
- Beginning in January 2014, releasees statewide may become eligible for Medicaid coverage as well.
- The new Illinois Department of Human Services' (IDHS) electronic application process will allow for certain individuals to apply for medical insurance, food stamps, and other public benefits all at once.

TASC is experienced in connecting its clients with public benefits, including those described above. The organization began providing application assistance services at the Cook County Jail intake unit in April 2013, coinciding with the launch of Cook County's 1115 Medicaid Waiver. As part of the implementation process, TASC coordinated screening procedures with the Cook County Department of Corrections that would identify likely eligible enrollees for coverage under Medicaid. These same strategies will be leveraged and expanded to include eligibility for the Health Insurance Marketplace. Based on the demographics of the target populations of the integrated program, it is estimated that many will be eligible for Medicaid and/or may already be linked to insurance through other County programming. For example, TASC is currently enrolling people detained at Cook County Jail in the CountyCare program and is facilitating enrollment for its clients in the community, including parolees and probationers. However, the engagement mechanisms are already in place for working with prospective enrollees of both healthcare systems should it be identified in this program that they require assistance with benefits enrollment.

To assure all Case Management staff understand how to work efficiently with applications for all benefit streams, TASC has engaged with a leading advocate on Medicaid eligibility issues, to keep operational

knowledge and training in this area current. Specific activities of the Case Managers dedicated to this program will include the following:

- *Screening for eligibility.* Recognizing that some portion of the population would not be eligible based on the possibility of extended incarceration, TASC, jail staff and Cermak have developed screening criteria that include a review of the current charge and likely bond amount.
- *Enrollment interviews.* Case Managers will conduct enrollment interviews with likely eligible applicants, gathering all necessary information. Staff will use brief motivational interviewing techniques to encourage eligible participants to apply, and incorporate health literacy messaging developed by TASC specifically for justice-involved populations.
- *Identification and documentation.* TASC will work with Sheriff's Department staff and WestCare to compile identification documentation necessary to complete each application. Additional required documentation (such as birth certificates) will be secured through protocols established by Cook County.
- *Transmission.* TASC will use Automated Health Systems phones, laptops and other technology in the transmission of information to ensure consistency with the countywide enrollment efforts and standards.

METHODOLOGY FOR ADDRESSING PARTICIPANT MISCONDUCT

To assist participants in learning to manage their behavior, WestCare uses a combination of **motivational strategies, incentives, and consequences.**

Motivation. 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. Clients who are not motivated to participate and are not engaged in the treatment program often exhibit behavior problems that reflect their disengagement. WestCare's curriculum includes methods and exercises that engage and encourage each participant in the in-jail and DRC portions 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),⁶⁶ and is based on Prochaska and DiClemente's work applying change theory to addictive

⁶⁶ 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.

behavior.⁶⁷ 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 during transition 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.⁶⁸ 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.

Incentives. In an effort to provide clients and staff with a new vocabulary for positive change, WestCare uses various techniques, events, and incentives (approved by CCDOC), to retain clients in the program and **encourage prosocial behavior**. 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 engage participants to stay in treatment and complete the program, and encourage positive behavior. Through a conscientious 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**.
- WestCare will host Christmas and Thanksgiving activities and celebrate 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 education will be provided at the DRC. Family members are welcomed and encouraged to **support** the client during treatment.

⁶⁷ 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.

⁶⁸ 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.

- Use of **certificates** at various treatment milestones (Phase change, sobriety dates, completion of first 60 days of treatment and program completion at 90 to 120 days); also completion of specific curriculums to acknowledge the client's achievement.
- **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 WestCare, Deer, Alumni Association, TASC and Thresholds treatment staff, CCDOC staff, mentors, court personnel, and others.
- 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 Strokes Certificates** presented to peers, co-workers and clients by all parties, Behavior, Attitude, Development Award.
- **Special Stroke Board** for clients to commend their peers 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 (with CCDOC approval)..
- **Praise** positive efforts for the whole TC (PRC and IMPACT) occurs every Friday at the Community Check In.

Requirements, Expectations for Participation, and Consequences. WestCare has basic guidelines for participant behavior regarding following instructions, timeliness, completing assignments, and group interaction; compliance issues such as not using alcohol or drugs, submitting to drug tests; and making a genuine effort to participate in the 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.

The Therapeutic Communities in the PRC and IMPACT Programs 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 correction. Staff employ a formal system of community privileges and sanctions (approved by CCDOC), and participants are trained 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 CCDOC 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 detainee** as much as institutional and contract limitations allow. The plan will be designed to address expectations for participation and consequences of nonparticipation—these expectations are in alignment with WestCare's rules for participation in any of its treatment programs, including the rules of Therapeutic Communities (TCs), to prepare the client for success in an in-jail or community-based treatment program.⁶⁹ Clients will be expected to learn, participate in activities, and follow the code of rules and regulations, which define the boundaries of physical and psychological safety of the participants in the treatment community. (Privileges earned by participation are discussed in the preceding section on incentives, although privileges and sanctions are viewed as one interrelated system.) Violations and infractions of rules lead to informal sanctions 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. Consequences for rule violation 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

⁶⁹ De Leon, G. (2000). *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company.

- No vandalizing or destroying property
- No contraband

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 treatment 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
- 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. 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 homework assignments, demotions, and loss of privileges (e.g., recreation). *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). Disciplinary actions for major infractions, such as removing the client from the program, will be coordinated with CCDOC. *CCDOC sanctions* may include transfer to a more restrictive program (e.g., temporary **transfer** from the DRC to the PRC, or transfer from the PRC to the IMPACT Program), or involuntary discharge from the treatment program.

Under some circumstances, a behavioral contract may be developed for a client with special needs.

2.5 SERVICE LOCATION

WestCare will provide services at the CCDOC, 2700 South California, Chicago, Illinois, or any other future locations that are approved or deemed necessary by the CCDOC.

2.6 PROGRAM OPERATIONS

WestCare acknowledges that CCDOC has the authority to establish programming schedules and to establish the maximum number of hours for on-site program services for participants, which currently is a minimum of 40 on-site hours per week. The CCDOC must approve any adjustments to the daily schedule.

2.7 INSPECTION SERVICES

WestCare understands that all services provided by WestCare will be subject to review by the County or the CCDOC. WestCare will fully cooperate with inspections to ensure conformity with the contract. WestCare understands that inspections may include the State Board of Health or any other agency or party authorized or directed by the County of Cook. WestCare will continue to maintain its DASA license and MISA programming throughout the term of the contract.

2.8 REPORTS AND RECORDS

A. REPORTS

Evaluation is a critical component of any program and must include measures of process and outcomes. The project will include an internal, on-site evaluation aimed at determining the efficiency and effectiveness of the program in eliminating or reducing antisocial behavior and developing positive, pro-social, non-threatening behaviors that will enable the participants to remain crime- and drug- free when returning to the community. WestCare will foster these changes through an integrated treatment model based on evidence-based practices. Dawn Ruzich, Director of Evaluation and Quality for WestCare's Central Region, will conduct the on-site evaluation (internal evaluator) and has provided similar services for the Cook County Jail Impact program over the past three years. WestCare and CCDOC will identify key variables for developing an appropriate methodology for evaluating the effectiveness of WestCare programming. **WestCare understands that evaluation formats will be provided by CCDOC for required weekly, monthly, and quarterly reports to the designated staff at the CCDOC and will comply with all such requirements.** At a minimum, these evaluation reports will address the following:

- a. Assessment summaries (from the Addiction Severity Index, ASI) and transition aftercare plans prior to the placement of participants in the program;
- b. Incident reporting affecting WestCare and CCDOC personnel and program operations;
- c. Current lists of on-site WestCare personnel;
- d. Caseload list specifying participants and a daily program schedule for each participant;
- e. Data reports that address the number of participants admitted to and exiting the program;
- f. Attendance and outcomes of monthly staffing meetings, and the implementation of surveys to a random sample of participants;

- g. A detailed description of standardized assessment tools and how they are being used in the program;
- h. A review of demographic characteristics of the population for any significant trends or highlights;
- i. A measure of the effectiveness of the interventions being used by the program and a review of length of stay and its effect on participant success.

In addition, WestCare will fully participate in an **independent evaluation** that will be led by **Arthur Lurigio, Ph.D.**, Senior Associate Dean, Faculty Scholar, and Master Researcher at Loyola University Chicago. WestCare will work with CCDOC to develop a standard and approved set of metrics to evaluate the program. A final evaluation report will be submitted 60 days prior to the end of each contract year. The WestCare program will utilize the independent evaluation findings provided by Dr. Lurigio to improve and enhance the efficiency and effectiveness of program operations and management. Dr. Lurigio has served as the independent evaluator on numerous projects in the Cook County Department of Corrections, including the evaluation of WestCare and the Impact program over the past three years.

Process evaluation is the cornerstone of any evaluation. It is through process evaluation that the effectiveness and efficiency of planning activities are determined and barriers to service delivery are identified and reduced. Process evaluation also assists in the interpretation of outcome data by identifying the strengths and weaknesses of the program, providing information on intensity and dosage of services, identifying programmatic factors associated with client outcomes, and examining individual client factors that are related to differential outcomes. For this project, the process evaluation will contain the following components: (a) detailed description of the population (e.g. demographic characteristics); (b) implementation monitoring; (c) fidelity monitoring; (d) service delivery monitoring; and (e) client perceptions of services.

(a) Detailed Description of the Population will track who is being served in the program and ensure that the target population is indeed who is entering. If the evaluation team identifies a change in the composition of the target population, it will inform administrative staff of those changes so that program adjustments can be made to best meet the needs of the actual target population. At a minimum, the following variables will be recorded: race, ethnicity, age, primary drug of choice, substance abuse diagnosis (if applicable), medical or mental health diagnosis (if applicable), living arrangements, number of children, number of prior substance abuse treatment episodes, primary language, number and results of urinalysis (for DRC only), court-ordered status/program referral source, transfer information, discharge reason (i.e. successful, disciplinary, non-disciplinary transfer, bonded out, transfer to IDOC, etc.), length of stay, aftercare referrals, probation information (if applicable).

(b) Implementation Fidelity will track and evaluate the implementation and operation of the program, determine adherence to specified timeframes, identify barriers to implementation, and describe deviations from the implementation plan. Within 14 days of receipt of the award, WestCare will convene an Implementation Committee to review the original program plan,

develop a written implementation plan, assign responsibilities to specific person(s), identify detailed action steps, and select target dates for the completion of each action step. The on-site evaluator will monitor the Implementation Action Plan to determine adherences and deviations and will employ a Performance Improvement strategy to identify and define barriers and strategies to reduce them, as well as collect and analyze data to determine the effectiveness of barrier reduction strategies. The internal evaluator will provide regular feedback to program and CCDOC staff regarding implementation status.

(c) Fidelity Monitoring will ensure that evidence-based practices, including assessment and clinical services, were implemented as designed. Failure to implement and deliver evidence-based assessments and curricula with fidelity could result in poor, negative, or unexpected client outcomes. Fidelity monitoring also will allow the early detection and correction of deviations that might have occurred. Fidelity monitoring will include: (1) initial staff training and booster sessions as needed; (2) clinical supervision that focuses on the core principles of each evidence-based practice and the integration of those practices into client case conceptualization and treatment planning; (3) direct observation of program activities by the on-site evaluator at least monthly; and (4) the utilization of evidence-based program fidelity checklists. Certain EBP's, such as Seeking Safety and Motivational Interviewing (MI), have formalized fidelity assessment tool that WestCare will employ. A detailed explanation of the fidelity monitoring tools for Seeking Safety and MI is below.

- *Seeking Safety*- The Seeking Safety curriculum includes an "Adherence Scale" that is used to evaluate a clinician's use of the treatment material. The Adherence Scale Score Sheet is a form that a rater completes to score the Adherence Scale. It has three sections: (1) format- did the clinician use the Seeking Safety session structure, (2) content- did the clinician use the Seeking Safety content, and (3) process- did the clinician use strong general clinical skills. Most items are rated on two different scales- Adherence and Helpfulness. Adherence represents *quantity*, i.e. how much did the clinician do Seeking Safety treatment. Helpfulness represents *quality*, i.e. how helpful was the counselor based on how the counselor was perceived by clients and how the clients responded to the counselor. There is also a brief version of the Adherence Form and a Session Format Checklist that can be used for clinical purposes.⁷⁰
- *Motivational Interviewing (MI)*- MI will be monitored with the Motivational Interviewing Treatment Integrity (MITI) Scale 3.1. The MITI measures the degree to which a practitioner is interacting with a client in way that is consistent with MI. The MITI is the most commonly used measure of MI fidelity in research and clinical contexts. To use the MITI, raters observe a 20- minute segment of an interaction. The MITI yields two types of scores: behavior counts and global scores. During the interaction, the rater counts specific MI behaviors, such as questions and reflections. These are later tallied and

⁷⁰ Najavits, L.M. (no date). Seeking Safety Assessment. Retrieved from: <http://www.seekingsafety.org/3-03-06/assessment.html>

specific summary scores, such as a reflection- to- question ratio, are calculated. Following the interaction, the rater gives his or her overall judgment of the consistency of the interaction with specific MI dimensions, such as empathy, on a five-point scale. For both behavior counts and global measures, the MITI includes score thresholds that are suggested for beginning proficiency and competency in MI.⁷¹

When an official fidelity adherence tool is unavailable, WestCare has created fidelity checklists based upon specific EBP tenets. The evaluator will discuss fidelity findings with direct service and administrative staff to provide feedback regarding adherence to program activities and the content of the activities. Fidelity findings can also help identify when additional training is needed.

(d) Service Delivery Monitoring will be conducted by the internal evaluator. This monitoring will ensure that services are delivered in accord with the evidence-based practice, which suggests the most appropriate nature and levels of services. Specifically, this component of the process evaluation will ensure that each client receives: (1) a comprehensive bio/ psycho/social assessment at intake; (2) an individualized and collaborative treatment plan; (3) an individual counseling session at least once monthly; (4) group treatment sessions using empirically-based curriculums; (5) a "menu" of treatment services based on need and including drug treatment, CBT, mental health treatment, trauma intervention, self-help groups, educational and vocational assistance, health education, conflict/violence prevention, family systems and parenting, spirituality and resiliency, skills building, and aftercare planning; (6) a written discharge plan that includes pertinent information (e.g. referral information, contact numbers, names, courses of action, etc.) and transitional linkages.

Additionally, WestCare will track the following data monthly: staffing patterns, including staff vacancies, counselor- to- client ratio, staff training hours, therapeutic service hours (including by group type- i.e. CBT, Men's Work, Parenting, etc.), structured activity hours, number of assessments and assessment hours, individual session hours, number of clients accessing case management, number of clients enrolled in County Care, number of clients participating in the Alumni Association, number of integrated case staffings, number of open and closed files reviewed/audited, number of drug tests and results (DRC only), number placed in community- based programs at community reentry, and number placed in residential community- based programs at community reentry. WestCare will also document the transitional linkages for each program participant. Again, **WestCare understands that evaluation formats will be provided by CCDOC for the required weekly, monthly, and quarterly reports to the designated staff at the CCDOC and will comply with all such requirements.** Furthermore, WestCare and CCDOC will collaborate to identify key variables for developing an appropriate methodology for evaluating the effectiveness of the WestCare program.

(e) Client Perceptions are an important factor in assessing and understanding program effectiveness and will be a critical component of the evaluation. Clients provide invaluable

⁷¹ Moyers, T.B., Martin, T., Manuel, J. K., Miller, W.R., & Ernst. D. (2010). Motivational Interviewing Treatment Integrity 3.1.1 : Revised Global Scales.

insights on why the program is working and how to improve program performance. This aspect of the evaluation will determine whether the program is meeting consumers' needs and expectations and will identify areas for performance improvement. Clients, staff, and stakeholders will complete surveys to explore their perceptions of and satisfaction with services. The program will apply the threshold of 80% satisfaction to identify those areas that require improvement or enhancement. Moreover, WestCare will utilize focus groups to gain a more nuanced understanding of the client, staff, and other stakeholder experiences.

Specifically, just prior to discharge, clients will complete the TCU Treatment Engagement and Process form, which measures program satisfaction and counselor rapport. Moreover, clients will complete an anonymous exit survey that will contain questions regarding the program as well as the self-reported changes the client has made as a result of program participation. WestCare will also incorporate a randomly administered client point-in-time satisfaction survey and a post-discharge survey. The post-discharge survey will be completed with clients approximately 3-6 months after discharge and gauges the extent to which clients have been able to maintain sobriety, a pro-social lifestyle, and employment/education, as well as follow-up on post-release referrals and their appraisal of the WestCare program. Staff and stakeholders will complete satisfaction surveys annually.

OUTCOME EVALUATION

Outcome Evaluation will address the effectiveness of the program in producing client changes of a specified type and in a specified direction as described in the program model. The focus of the outcome evaluation will be the effectiveness of the evidence-based practices and service delivery for the PRC, DRC, and IMPACT programs in eliminating destructive antisocial behavior and in developing positive, prosocial behaviors, non-threatening communication skills, as well as behaviors that will enable the participant to remain drug- and crime-free on return to the community. **WestCare will work with CCDOC to identify key variables for inclusion in an appropriate methodology for evaluating the effectiveness of different facets of WestCare's services and treatments.** WestCare will supply CCDOC with any additional information or reports as requested. All reports will be submitted in a timely manner.

The program will use a pre-test/ post-test design to determine effectiveness in achieving desired client outcomes. Specifically, all instruments will be completed at intake and prior to discharge. An assessment schedule and a brief description of each instrument are provided below. This data collection strategy will allow for the determination of program impact. The project uses a single-sample within group design (intervention only) in which participants serve as their own controls for comparison purposes. This evaluation will include the following measures

- **Texas Christian University (TCU) Client Evaluation of Self and Treatment (CEST) and Criminal Thinking Scales (CTS).** The TCU surveys consist of five distinct assessments that fall into two categories: Client Evaluation of Self and Treatment (CEST), which consists of four surveys, and Criminal Thinking Scales (CTS) which consists of one survey. The CEST surveys include Treatment Needs and Motivation, Psychological Functioning, Social

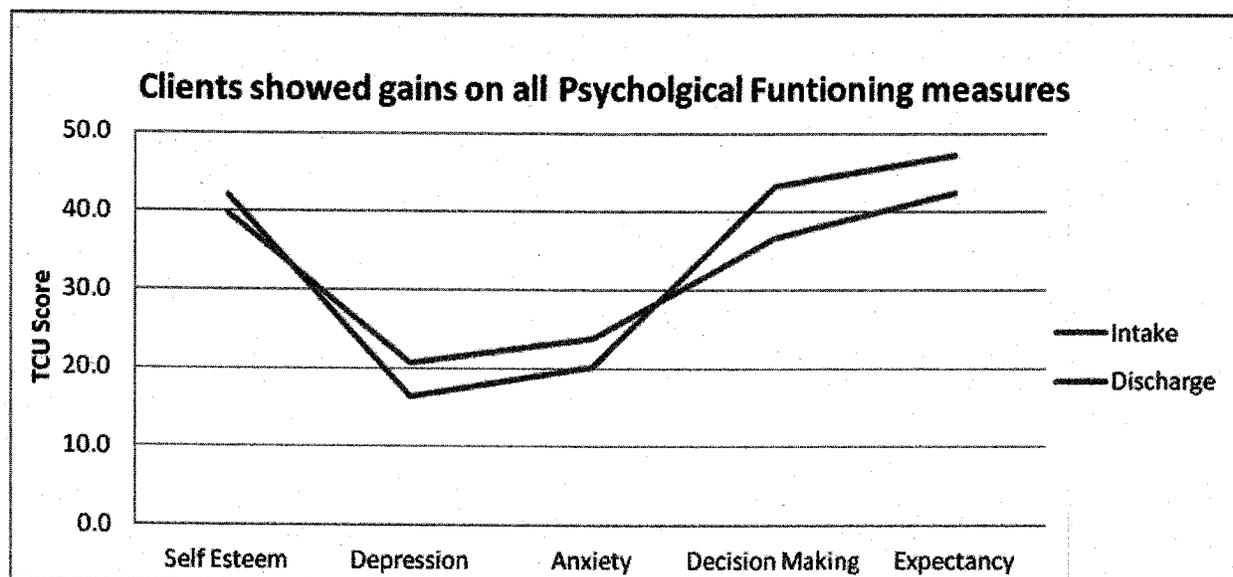
Functioning, and Treatment Engagement and Process; each survey is comprised of the scales listed below. The TCU-CEST is a validated instrument⁷² that is useful for monitoring drug-abuse-treatment delivery and progress. It also measures client motivation, psychosocial and cognitive functioning, and other treatment-process dynamics. The TCU instruments are fully described in "Section 2.2 Project Requirements, Item 7.a."

	TCU CEST/CTS Survey				
	Treatment Needs & Motivation	Psychological Functioning	Social Functioning	Treatment Engagement & Process	Criminal Thinking Scales
Scales	Problem Recognition	Depression	Hostility	Treatment Participation	Entitlement
	Desire for Help	Anxiety	Risk-Taking	Treatment Satisfaction	Justification
	Treatment Readiness	Self-Esteem	Social Support	Counseling Rapport	Power Orientation
	Treatment Needs	Decision Making	Social Desirability	Peer Support	Cold Heartedness
	Pressures for Treatment	Expectancy			Criminal Rationalization
					Personal Irresponsibility

The TCU-CEST and TCU-CTS combined 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 documents the impact of interventions and changes in offender thinking and attitudes that are associated with drug use and criminal activity. A 5- point score difference is typically considered to reflect significant change; a 3-4 point difference reflects moderate change; and a

⁷² Garner, B. R., Knight, K., Flynn, P. M., Morey, J. T., & Simpson, D. D. (2007). Measuring offender attributes and engagement in treatment using the Client Evaluation of Self and Treatment. *Criminal Justice and Behavior*, 34(9), 1113-1130.

1-2 point difference reflects little or no change.⁷³ An example of how WestCare has successfully utilized TCU assessments in outcome evaluation follows.



- PTSD Checklist (PCL).** The PCL is a 17-item self-report measure of the DSM-IV symptoms of PTSD. Respondents rate how much they were “bothered by that problem in the past month”. Items are rated on a 5-point Likert scale ranging from 1 (“not at all”) to 5 (“extremely”). There are several versions of the PCL. The original PCL is the PCL-M (military). The PCL-M asks about problems in response to “stressful military experiences.” The PCL-C (civilian) is for civilians and is not focused on any one traumatic event. Instead, it asks more generally about problems in relation to stressful experiences. The instrument is available in Spanish.⁷⁴
- Buss-Perry Aggression Questionnaire.** The Buss-Perry Aggression Questionnaire was designed in 1992 by Arnold Buss and Mark Perry, professors from the University of Texas at Austin. It is a popular aggression assessment tool and often referred to as the “gold standard” that consists of 29 items that ask respondents to rank statements on a 5-point continuum from “extremely uncharacteristic of me” to “extremely characteristic of me.” The questionnaire allows scoring on 4 dimensions of aggression: physical aggression, verbal aggression, anger, and hostility.⁷⁵
- WaySafe Pre/Posttest Assessment.** Created by researchers at Texas Christian University’s Institute of Behavioral Research as part of the *WaySafe* model, this self-report assessment tool

⁷³ D.D. Simpson and N.G. Bartholomew, *Using Client Assessments to Plan and Monitor Treatment*, August 2008.

⁷⁴ Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at the Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.

⁷⁵ Buss, A.H., & Perry, M. (1992). The Aggression Questionnaire. *Journal of Personality and Social Psychology*, 63, 452-459.

consists of 92 items that constitute five scales reflecting HIV knowledge confidence, risky sex, risky drug use, risk reduction planning, and prevention skills.⁷⁶

- **National Fatherhood Initiative Pre/Posttest Assessment (24/7 Dads and InsideOut Dads).** 24/7 Dad™ and InsideOut Dad™ both include a pre/post survey that measures the progress of participants on a range of skills, attitudes, and knowledge related to involved, responsible, and committed fatherhood. The National Fatherhood Initiative provides an answer key and a scoring worksheet to measure and describe these outcomes. The pre/posttest consists of five sections. Part A asks background questions about the respondent and their family. Part B asks about the quality of the relationship between the participant and his children. Part C assesses fathering knowledge. Part D is in regards to the participants' current fathering style and Part E assesses thoughts on fathering.⁷⁷

Outcome Evaluation Assessment Schedule

	DRC		PRC		IMPACT	
	<i>Pre-test</i>	<i>Post- Test</i>	<i>Pre-test</i>	<i>Post- Test</i>	<i>Pre-test</i>	<i>Post- Test</i>
TCU CEST/CTS	All Clients	All Clients	All Clients	All Clients	All Clients	All Clients
PCL	All Clients	<i>Seeking Safety</i> participants only	All Clients	<i>Seeking Safety</i> participants only	All Clients	<i>Seeking Safety</i> participants only
Buss-Perry	<i>Men's Work</i> participants only	<i>Men's Work</i> participants only	<i>Men's Work</i> participants only	<i>Men's Work</i> participants only	<i>Men's Work</i> participants only	<i>Men's Work</i> participants only
WaySafe	All Clients	All Clients	All Clients	All Clients	All Clients	All Clients
24/7 Dads	<i>24/7 Dads</i> participants only	<i>24/7 Dads</i> participants only	n/a	n/a	n/a	n/a
Inside Out Dads	n/a	n/a	<i>Inside Out Dads</i> participants	<i>Inside Out Dads</i> participants	<i>Inside Out Dads</i> participants	<i>Inside Out Dads</i> participants

⁷⁶ Lehman, W., Rowan-Szal, G., Joe, G., Bartholomew, N., Yang, Y., & Knight, K. (October, 4 2011). Treatment Engagement and Success in WaySafe—A disease-Risk-Reduction Intervention for Offenders. Addiction Health Services Research Annual Meeting, Fairfax, VA.

⁷⁷ National Fatherhood Initiative (2005). InsideOut Dad Pre and Post-Survey.

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Part of the evaluation will include **tracking recidivism rates** among PRC, DRC, and IMAPCT program participants. The evaluation team will measure recidivism by tracking readmissions to the jail among members of the cohort who are not sentenced to prison. Clients will be followed for at least 12 months; however, all effort will be made to track clients from the time of their release from jail to the end of the grant funding period. Using the latest statistical techniques, which take into account time-to-recidivism as well as time-at-risk, the WestCare evaluation team will work closely with the data technicians in the jail as well as probation officers in order to document return to the Cook County Department of Corrections. If possible, WestCare will enter into a user agreement with the Illinois Criminal Justice Information Authority (ICJIA) and the Illinois State Police that will allow us to track arrests through the Criminal History Record Information system.

In addition to process and outcome evaluation, WestCare encourages and supports research to further knowledge in the criminal justice and addictions field, which can suggest new directions in treatment. For example, WestCare's Dawn Ruzich was a co-investigator on a study examining the nature and extent of probable posttraumatic stress disorder (PTSD) among men in a substance abuse treatment program in the Cook County Jail. This study is slated for publication in the *International Journal of Law and Psychiatry*. As a follow-up to this study, staff and stakeholders of the Cook County Jail will be interviewed to gain their perspectives on detainees' mental health problems. The Cook County Sheriff, medical staff, correctional officers, social workers, and WestCare staff will be interviewed. Results of this study will be published by the ICJIA. Chicago State University contacted WestCare to partner in the IMAPCT program on a recently awarded NIH grant on "Mindfulness Based Relapse Prevention for Drug Users in Jail Substance Abuse Treatment." Dawn Ruzich is serving as a co-investigator on this research project. Finally, WestCare just concluded participation in a Criminal Justice Drug Abuse Treatment Studies (CJDATS-2) funded by the National Institute of Health, National Institute of Drug Abuse. The purpose of CJDATS-2 was to conduct research on effective organizational and professional change strategies to implement evidence based approaches to treating drug abuse within criminal justice settings. TCU was a lead research facility on this project and requested that Dawn Ruzich act as the "local change team leader" for the Sheridan component of the study.

Data Collection Plan. Data Collection. This project will use the same strategies successfully employed in other programs that the WestCare Evaluation and Quality team oversees. In order to minimize the burden on the clinical staff and to prevent data bias, a full-time Research Assistant will be hired. The Research Assistant will be responsible for the administration, scoring, and entry of data into WestCare's database, which will contain all clinical assessment tools and pre/posttest instruments. Face-to-face interviews between the staff and clients will be used to collect all data. Prior to the administration of the tools for the project, staff will receive training on all assessment instruments. In accord with our current protocols, the Director of Evaluation and Quality will share information from the instruments with staff and program administrators to assist with treatment and discharge planning and clinical decision-making.

WestCare prides itself on the use of real-time data in clinical decision making, bringing research into direct practice. WestCare has been able to successfully use real-time data for program enhancement purposes. For example, in the first- year evaluation of the Cook County IMAPCT program, researchers found that more than half (57%) of participants were in the program for 30 days or less; the average length of stay was only 65 days (program is designed to be 120 days). WestCare was able to identify this trend and work with the courts and CCDOC in developing a protocol to court- order clients. Now, virtually all (95%) of IMPACT program participants are court- ordered, and the average length of stay is 106 days.

All data will be maintained in WestCare's secure, password- protected Electronic Clinical Data System that includes a separate electronic evaluation file for each client, capturing all demographic characteristics, contact information, admission and discharge information, service delivery information, and results from data collection instruments. SPSS spreadsheets will also be used to track and analyze evaluation data. All information will be kept confidential and in accordance with **HIPPA standards**.

All process and outcome data (with the exception of fidelity checklists, recidivism data, the TCU assessment battery, and client satisfaction surveys) will be recorded in WestCare's secure Electronic Clinical Data System. (Please see Process and Evaluation Outcome sections for the specific variables that will be collected.) Client characteristic information will be gathered through the intake assessment (ASI) and service delivery information will be gathered through sign-in sheets and clinical records. Data from fidelity checklists will be recorded on SPSS or Excel spreadsheets. Recidivism data will be kept in an SPSS database that will be accessible only to the internal and independent program evaluators. The TCU CEST and CTS have an optical scanning application and include automated scoring and feedback protocol for making clinical interpretations of results.⁷⁸ Data sets from the TCU assessment battery will be fed through a Scantron directly into a notepad application that will be uploaded into an Excel spreadsheet. Individual client reports will then be ready to be printed for clinical use. Raw data will remain in Excel files.

The Director of Evaluation and Quality will maintain all satisfaction surveys. The collection of client satisfaction surveys will be in accord with the successful method WestCare is currently using in the IMAPCT program. Each program will maintain client satisfaction surveys in secure boxes that are located on each housing unit. All stakeholder and staff satisfaction surveys will be administered through SurveyMonkey.

Tracking and Follow Up Strategies. The WestCare Research Assistant will be responsible for data collection for participants who have exited the PRC, DRC, and IMAPCT program. Post-release data will include post-discharge satisfaction surveys and any other agreed upon data collection sets established by the CCDOC. In order to ensure at least an 80% follow-up rate, the program will collect comprehensive locator information at the time of admission and discharge. WestCare will also coordinate these efforts with the Cook County Adult Probation when appropriate.

⁷⁸ Texas Christian University, Institute of Behavioral Research. Forms for TCU Assessment, Introduction to TCU Short Forms, <http://www.ibr.tcu.edu/pubs/datacoll/datacoll.html#TCUShortForms>

Data Management. The internal evaluator will maintain a separate evaluation file for each client admitted to the program. This file will contain demographic characteristics, service delivery information, and results from the data collection instruments. Additionally, the internal evaluator will develop an SPSS database specific to this project that will capture demographic characteristics, admission and discharge information, service delivery information, and results from data collection instruments. At least quarterly, the internal evaluator will review and clean the database to identify missing data points and inconsistencies in data entry. The internal evaluator will resolve inconsistencies and missing data points through a review of clinical records.

Data analysis strategy. The on-site evaluation will use the SPSS Statistical package for data analyses. SPSS is the world's leading statistical software used by commercial, government, and academic organizations for business, evaluation, and research purposes. The expectation prior to analysis is an error free data set. However, even with careful data collection and data entry procedures, data errors and missing values are likely to occur. Prior to conducting formal analyses, the evaluation team will run descriptive analyses on each variable to determine 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. Values that cannot be verified or corrected will be coded as missing. After the data set is cleaned, additional analyses will be performed on each variable to detect outliers, defined as scores falling ± 3 standard deviations from the group mean. Subsequent analyses will not include outliers. Measures of central tendency and dispersion will summarize the data set. These statistical procedures prevent the violation of primary statistical assumptions.

The data analysis strategy will be performed in two stages:

1. Validity checks will be conducted to minimize outcome analysis bias, which render the main analyses non-interpretable. Prior to the main analyses of outcomes, the evaluator will conduct an analysis to assess dropout rates. This validity check will ascertain whether clients who fail to complete the program differ in any important ways from those who complete treatment, threatening the integrity of the conclusions from the main analyses. The analyses will employ baseline and follow-up data to compare completers and non-completers on the dependent variables. If these analyses do not produce significant differences, we can assume that the main analyses are not biased. If there are significant differences, the evaluator reports results separately for each group.
2. Analyses will be conducted to determine whether client characteristics interact with the interventions to influence outcomes.

An outcome evaluation will demonstrate the effectiveness of the model through a repeated measures analysis of multiple outcome measures. Data will consist of information from baseline entry into the program as well as follow-up observations, ratings, and assessments. A table at the end of this section describes both the Process and Outcome Evaluation Plan.

Quality Assurance. *Quality Assurance and Performance Improvement* are critical to ensure that the program is operating as planned, providing quality services, and attaining expected outcomes. WestCare

will meet at least quarterly with CCDOC staff as well as other stakeholders to present reports, data, performance measures, staffing and program progress reports, and to review any issues the DRC, PRC, or IMAPCT program is experiencing. WestCare staff will meet as- needed and informally with staff from the CCDOC as well as other program stakeholders. **WestCare understands that CCDOC and WestCare will identify key variables and performance measures and that CCDOC will provide evaluation formats for the required weekly, monthly, and quarterly reports to be submitted to the designated staff at the CCDOC.**

A tentative list of performance measures is described below.

Performance Measures

Service Delivery:

1. 100% of participants will have an Addiction Severity Index, PTSD Checklist, Modified Mini Screen, and TCU CJ-CEST/CTS assessment completed within seven working days of their admission. 100% of the participants with court orders or planned discharges will have a discharge TCU CJ-CEST/CTS assessment.
2. 100% of participants will have an Integrated Treatment and Reentry Plan that is reviewed through a formal multi-disciplinary initial staffing.
3. Each program (DRC, PRC, and Impact) will maintain a client retention rate of 85% (excludes non-disciplinary transfers).
4. Clients in the Impact program will receive 17.5 clinical treatment hours weekly and clients in PRC and DRC will receive 30 clinical treatment hours weekly. All clients will receive at least one hour of individual counseling per month.
5. Health care benefits enrollment will be offered to all qualified individuals receiving services while they are in DRC, IMPACT, or PRC. 40% will be enrolled in County Care.
6. 85% of participants that complete the Virtual High School program will obtain their high school diploma.
7. 100% of participants will participate in vocational programming.
8. 80% of participants in the PRC and Impact program will successfully complete it; 70% of clients in the DRC program will successfully complete it.

Post-release Continuation of the Treatment Model:

1. Approximately 30 days prior to participants' projected release date, 95% will have a multi-disciplinary Discharge Staffing that outlines the details of their individualized plan and, if appropriate, placement details. If participants are on probation, the Probation Officer will be encouraged to attend.

2. Prior to release from the institution, 100% of participants will have a comprehensive discharge plan that recommends a service-based discharge plan designed to meet clients' medical and mental health, vocational, educational, and other service needs.
3. 100% of discharges will be referred to the Alumni Association post- release support group.
4. Prior to release, 95% of planned discharges will have an exit interview conducted by the WestCare Research Assistant.
5. Case managers will schedule an initial intake appointment with a community care provider for 100% of participants with community aftercare referrals.
6. 85% of participants with aftercare recommendations will have an intake appointment with the community treatment provider within 7 days of their release.
7. 85% of clients that begin (but do not complete) the Virtual High School (VHS) program in the Cook County Jail will either continue the VHS in the community or re-enroll in their community high school.

Administration:

1. Clinical supervisors will audit 15% of client files (open and closed) per quarter.
2. A minimum of 50% of substance abuse treatment staff who provide direct clinical services will be CADC certified. 100% of staff employed two or more years will be CADC certified.
3. The substance abuse treatment provider will offer a minimum of 24 hours of staff trainings per fiscal year. These trainings will be open to all CCDOC and partner agency staff. **Mental Health First Aid** will be offered to all staff and stakeholders.
4. A Quality Assurance (QA) meeting will be held on-site each fiscal quarter to review the performance benchmarks and quality of programming. A representative from each of the program components will attend. Meeting minutes will be taken at each meeting.
5. At least 80% of participants will indicate satisfaction with the program via client satisfaction surveys (random point-in-time, discharge, and post-discharge).

WestCare will be responsible for ensuring that quarterly Quality Assurance (QA) meetings are held to review the status of the DRC, PRC, and IMAPCT programs (meetings will be held separately for each program) and that all program deliverables are being provided. Program improvement initiatives, results of satisfaction surveys, and other program evaluation findings will also be discussed in these meetings.

WestCare Illinois maintains a local Quality Assurance/Performance Improvement Program (PIP) that builds on the guiding principles, structure, and intent of the WestCare Quality Assurance/Performance Improvement Plan. The PIP encompasses a broad range of clinical and services issues related to the treatment of adults who are chemically dependent, criminally involved or have co-occurring disorders.

The PIP provides oversight of all aspects of clinical care and services provided to clients. PIP is focused on the continual improvement of clinical care performance. In its effort to promote healthy lifestyles, WestCare Illinois' PIP utilizes nationally recognized resources such as, but not limited to, *Healthy People 2020*, *American Psychological Association*, and the *Centers for Disease Control and Prevention* when considering clinical studies and strategies and performance improvement initiatives. In addition to clinical care monitoring, the PIP also monitors and evaluates administrative functions related directly or indirectly to client care. These functions include, but are not limited to, utilization management, professional growth and development, staff credentialing, and utilization of services. Please see "Attachment M" for the complete WestCare Illinois Quality Assurance/PIP Manual and Work Plan.

The following statements describe the goals and objectives of WestCare Illinois' Quality Assurance/PIP.

1. To implement evidenced-based clinical practice guidelines that improve care and services for the most prevalent conditions of the clients;
2. To improve the access to, utilization of, and retention in care and treatment services;
3. To monitor, evaluate, and improve program effectiveness and the clinical outcomes of clients served ;
4. To monitor and evaluate multiple aspects of client satisfaction with and perceptions of care delivery and services;
5. To support the implementation of activities to improve client safety and security in care delivery settings;
6. To integrate Performance Improvement activities throughout the various operational areas of WestCare Illinois;
7. To enhance operations and reduce costs while maintaining and improving the quality of services; and
8. To ensure that adequate and appropriate resources are available to maintain an active, efficient, and effective Quality Assurance/PIP.

Performance Improvement. This project will utilize a structured performance improvement strategy (PDSA: Plan-Do-Study-Act) to address problems and deviations that occurred in program adherence, client satisfaction, and the achievement of expected outcomes. This strategy will utilize the following processes and procedures: (1) Identify and describe the deviation or unexpected outcome; (2) Generate a fishbone diagram to define all possible causes; (3) Collect data to identify the cause related to the problem and pinpoint the area for intervention; (4) Implement a corrective action plan; and (5) Collect monitoring data to determine the effectiveness of the corrective action.

EVALUATION PLAN

Process Evaluation

Process Objective	Data Source	Data Analysis
Convene Implementation Committee	<ol style="list-style-type: none"> 1. Member roster 2. Initial meeting attendance 	<ol style="list-style-type: none"> 1. Qualitative Analysis of member roster 2. Qualitative analysis of initial meeting agenda and minutes
Development of Implementation Plan	<ol style="list-style-type: none"> 1. Implementation plan 	<ol style="list-style-type: none"> 1. Qualitative analysis of the implementation plan to ensure inclusion of appropriate action steps, timeframes, and assignments 2. Bi-weekly analysis of implementation plan to assure adherence to timeframes and/or to identify barriers and implement barrier reduction
Submission of Implementation Plan status report to Sheriff's Office within 180 days.	<ol style="list-style-type: none"> 1. Implementation plan submission receipt verification 	<ol style="list-style-type: none"> 1. Comparison of days actually submitted to Sheriff's office to 180 day requirement
Conduct CBT, MI, ASI, Mental Health First Aid, and other training with staff	<ol style="list-style-type: none"> 1. Training calendar 2. Attendance records 3. Certification records 	<ol style="list-style-type: none"> 1. Ratio analysis comparing number of training session scheduled and actually conducted 2. Frequency count of staff in attendance 3. Frequency count of staff receiving CEUs
Enrollment of clients in the program	<ol style="list-style-type: none"> 1. Intake records 2. ASI 	<ol style="list-style-type: none"> 1. Frequency count of clients enrolled 2. Ratio analysis comparing the number enrolled to the target number

Intake assessments completed on every client within 7 working days	<ol style="list-style-type: none"> 1. Intake records 2. ASI 	<ol style="list-style-type: none"> 1. Ratio analysis comparing number of new intakes to number of ASIs completed 2. Ratio analysis of days between intake and ASI completion
Development of individualized treatment plan for each client	<ol style="list-style-type: none"> 1. Clinical record 2. Clinical Data System 	<ol style="list-style-type: none"> 1. Ratio analysis comparing the number of clients in the program with individual treatment plan to total number of clients in program
Process Objective	Data Source	Data Analysis
Receipt of at least 1 individual session monthly per client	<ol style="list-style-type: none"> 1. Clinical record 2. Clinical Data System 	<ol style="list-style-type: none"> 1. Frequency count of service receipt for each client 2. Ratio analysis comparing the number receiving these services to number of active clients
17.5 clinical group hours weekly at the Impact program and 30 clinical group hours weekly at at DRC and PRC.	<ol style="list-style-type: none"> 1. Group schedule 2. Clinical Data System 	<ol style="list-style-type: none"> 1. Frequency count of number of group hours including by group type.
Random drug tests will be completed monthly (DRC only).	<ol style="list-style-type: none"> 1. Urinalysis 2. Clinical Data System 	<ol style="list-style-type: none"> 1. Frequency count of number of drug tests completed. 2. Ratio analysis comparing number of clients drug tested to total number of clients.
All clients will receive a discharge plan that includes referral information, contact information, and transitional linkages.	<ol style="list-style-type: none"> 1. Clinical records 2. Client discharge record 3. Clinical Data System 	<ol style="list-style-type: none"> 1. Ratio analysis comparing the number of clients having a written discharge plan to the number discharged
Clients will remain in the program for the designated length of stay unless otherwise indicated by assessment and treatment	<ol style="list-style-type: none"> 1. Clinical records 2. Clinical Data System 	<ol style="list-style-type: none"> 1. Analysis of admission and discharge dates. 2. Analysis of discharge reason by

plan (PRC & Impact: 120 days; DRC: 90 days).		length of stay.
80% of participants in PRC and Impact will successfully complete the program; 70% of participants in DRC will successfully complete the program.	<ol style="list-style-type: none"> 1. Discharge records 2. Clinical Data System 	<ol style="list-style-type: none"> 1. Ratio analysis comparing number of discharges to discharge reason.
Eligible clients will participate in community based support groups such as the Alumni Association upon discharge	<ol style="list-style-type: none"> 1. Client sign in sheets 2. Excel/SPSS spreadsheet 	<ol style="list-style-type: none"> 1. Ratio analysis comparing number of discharges to number of unduplicated clients attending Alumni Association.
Client Satisfaction: At least 80% of clients will indicate satisfaction with the program	<ol style="list-style-type: none"> 1. Client Satisfaction Surveys (point-in-time, discharge, post-discharge) 	<ol style="list-style-type: none"> 1. Percentage analysis of each item on each of the Client Satisfaction Surveys
Employee Satisfaction: At least 80% of staff will indicate satisfaction with the program	<ol style="list-style-type: none"> 1. Employee Satisfaction Survey (annual) 	<ol style="list-style-type: none"> 1. Percentage analysis of each item on each of the Employee Satisfaction Survey

Process Objective	Data Source	Data Analysis
Stakeholder Satisfaction: At least 80% of stakeholders will indicate satisfaction with the program	1. Stakeholder Satisfaction Survey (annual)	1. Percentage analysis of each item on each of the Stakeholder Satisfaction Survey
Program will maintain fidelity to the treatment curriculum: Treatment sessions/interventions will be delivered in accordance with the curriculum instructions	1. Clinical records 2. Direct observation 3. Fidelity checklists	1. Frequency count of number of audited groups 2. Ratio analysis of audited groups in compliance with fidelity checklist

Outcome Evaluation

Outcome Objectives	Data Source	Data Analysis
Clients will reduce/eliminate drug use as evidenced by negative urine tests (DRC only).	1. Clinical record 2. Clinical Data System	1. Ratio analysis of number drug free clients to number of clients tested. 2. Repeated measure analysis of drug use outcomes.
Clients will show reductions in criminal thinking and improved psychosocial functioning and pro-social attitudes.	1. TCU CTS 2. TCU CEST 3. Excel spreadsheet	1. Ratio analysis comparing number of clients with reduced symptoms to number in program. 2. RMANOVA using CTS/CEST at admission and discharge.
Clients will eliminate/reduce criminal involvement	1. Arrest records 2. Jail readmission records 3. SPSS spreadsheet	1. Ratio analysis comparing number of rearrested or re-detained clients to total number of program exits. 2. Time to recidivism analysis 3. Time at risk analysis
Clients will show gains in safe sex knowledge, risk reduction	1. WaySafe pre/posttest	1. Ratio analysis comparing number having increased knowledge to

planning, and refusal skills.	2. Clinical Data System	number receiving service.
Clients who participate in <i>Seeking Safety</i> will show reduced PTSD symptoms.	1. PCL 2. Clinical Data System	1. Ratio analysis comparing number having reduced symptoms to number receiving service. 2. RMANOVA using PCL at admission and discharge, and possibly post-release.

Outcome Objectives	Data Source	Data Analysis
Clients who participate in <i>Men's Work</i> will report decreased anger and violence.	<ol style="list-style-type: none"> 1. Buss-Perry Aggression Questionnaire 2. Clinical Data System 	<ol style="list-style-type: none"> 1. Ratio analysis comparing number having reduced symptoms to number receiving service. 2. RMANOVA using Buss-Perry at admission and discharge, and possibly post-release.
Clients will demonstrate improved fathering skills and knowledge.	<ol style="list-style-type: none"> 1. 24/7 Dads pre/posttest (DRC only) 2. Inside Out Dads pre/posttest (PRC & Impact only) 3. Clinical Data System 	<ol style="list-style-type: none"> 1. Ratio analysis comparing number having improved skills and knowledge to number in program. 2. RMANOVA using 24/7 Dads or Inside Out Dads test at admission and discharge.

B. RECORDS

For the past four years, WestCare has maintained IMPACT Program client files in compliance with all CCSO requirements. As required by CCSO, WestCare will continue to submit mental health and drug treatment records to CCSO, maintain records for a minimum of five years, while also being in compliance with all HIPAA and governmental laws, regulations and guidelines, and following all Federal, State, and local government laws and regulations. WestCare provides training and ensures that all staff and subcontractors follow ethical guidelines and principles for each specialty area, throughout the contract period and across all disciplines. WestCare's policies and procedures ensure that client records will be opened, stored, and closed according to the accepted clinical standards and in addition to the following manner:

- a. WestCare will ensure that files contain all relevant documents, which will have been completed by staff in a timely manner. Each participant file will contain all information complying with federal, state and local standards and legal regulations related to HIPAA, confidentiality, and security. Relevant documents will be appropriately separated and placed into confidential envelopes.
- b. External labeling of the files will include the following:
- c. The participant's last name, first name, and jail number. Jail number will be printed beneath the participant's name.
- d. All drug treatment records will be submitted annually. The records will be placed in standard banker boxes.

- e. Each box will be packed lightly in order to list and store according to all laws. The box will be clearly marked with the year, WestCare's name, and first and last names of the participant. Each box will be in alphabetical order.
- f. A spreadsheet will be included inside each box listing the year of treatment, WestCare's name, and participant's names alphabetically, and jail numbers (Last name will be first, first name last, and jail number).

EXHIBIT 2

Schedule of Compensation

WestCare Illinois
Cook County Dept. of Corrections
Substance Abuse & Mental
Health Treatment Program
Year One Budget
Request For Proposal No. 13-11-12721

Average # Participants/Day per RFP: **160**
 Average Days in Program per RFP: **120**
 Total Estimated Annual Participants: **462**

160

449

240

TOTAL SUPPLIES: Pre-Release Day Jail Based Mail Pre-Release Day **\$ 31,686 \$ 52,187 \$ 40,485 \$ 124,358**

OTHER COSTS:

Comm.: Cell Phone Service	\$115/month (Program Administrator/Clinical Manager)	\$ 2,760	\$ 2,760	\$ 2,760	\$ 8,280
Copier Lease	\$800/month/program	\$ 9,600	\$ 9,600	\$ 9,600	\$ 28,800
Staff Recruitment	\$125/FTE	\$ 1,133	\$ 2,636	\$ 1,544	\$ 5,313
Evaluation Retreat	\$1000/annually/program	\$ 1,000	\$ 1,000	\$ 1,000	\$ 3,000
Client Events	\$2000/annually PRC & DRC; \$1000/annually IMPACT	\$ 1,000	\$ 2,000	\$ 2,000	\$ 5,000
Client Transportation/CTA Bus Passes	\$5/round trip bus pass.	\$ -	\$ -	\$ 285,120	\$ 285,120
Liability Insurance	\$750/month	\$ 3,000	\$ 3,000	\$ 3,000	\$ 9,000
Licensing	\$300/annually/program	\$ 300	\$ 300	\$ 300	\$ 900
TOTAL OTHER COSTS:		\$ 18,793	\$ 21,296	\$ 305,324	\$ 345,413

TOTAL OTHER: \$ 151,675 \$ 618,700 \$ 840,676 \$ 1,611,051

TOTAL DIRECT COSTS: \$ 630,092 \$ 1,729,841 \$ 1,474,173 \$ 3,834,107

Only requesting 10% **\$ 63,009 \$ 172,984 \$ 147,417 \$ 383,411**

TOTAL PROGRAM COST: \$ 693,102 \$ 1,902,826 \$ 1,621,590 \$ 4,217,517

INDIRECT:
 24.7% Federally Approved Indirect Cost Rate

WestCare Illinois
 Cook County Dept. of Corrections
 Substance Abuse & Mental Health
 Treatment Program
 Request For Proposal No. 13-11-12721

	<u>Jail Based Mail IMPACT</u>	<u>Pre-Release Center</u>	<u>Day Reporting</u>	<u>Total Cost</u>
TOTAL 3 YEAR PROGRAM COST:	\$ 2,078,049	\$ 5,762,094	\$ 4,885,716	\$ 12,725,859
UNIT OF MEASURE PER COST PROPOSAL OVER 3 YEARS:	65,700	492,750	178,560	
THREE YEAR AVERAGE UNIT COST:	\$ 31.63	\$ 11.69	\$ 27.36	
YEAR 1 UNIT COST:	\$ 17.47	\$ 17.05	\$ 27.24	
YEAR 2 UNIT COST:	\$ 17.22	\$ 17.06	\$ 27.13	
YEAR 3 UNIT COST:	\$ 17.68	\$ 17.53	\$ 27.71	

**WestCare Illinois
Cook County Dept. of Corrections
Substance Abuse & Mental
Health Treatment Program
Year Three Budget**

Request For Proposal No. 13-11-12721

Average # Participants/Day per RFP:	160	449	240
Average Days in Program per RFP:	120	120	90
Total Estimated Annual Participants:	462	1,297	925

	Pre-Release	Day	Jail Based Mail	Pre-Release	Day
TOTAL SUPPLIES:	\$ 29,186		\$ 49,687	\$ 37,985	\$ 116,858

OTHER COSTS:

Comm.: Cell Phone Service	\$ 2,760	\$ 2,760	\$ 2,760	\$ 2,760	\$ 8,280
Copier Lease	\$ 9,600	\$ 9,600	\$ 9,600	\$ 9,600	\$ 28,800
Staff Recruitment	\$ 1,133	\$ 2,636	\$ 1,544	\$ 1,544	\$ 5,313
Evaluation Retreat	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 3,000
Client Events	\$ 1,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 5,000
Client Transportation/CTA Bus Passes	\$ -	\$ -	\$ 285,120	\$ 285,120	\$ 285,120
Liability Insurance	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 9,000
Licensing	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OTHER COSTS:	\$ 18,493	\$ 20,996	\$ 305,024	\$ 344,513	\$ 344,513

TOTAL OTHER: \$ 139,557 \$ 608,490 \$ 836,367 \$ 1,584,413

TOTAL DIRECT COSTS: \$ 637,924 \$ 1,778,115 \$ 1,499,259 \$ 3,915,298

INDIRECT:

24.7% Federally Approved Indirect Cost Rate

Only requesting 10% \$ 63,792 \$ 177,811 \$ 149,926 \$ 391,530

TOTAL PROGRAM COST: \$ 701,717 \$ 1,955,926 \$ 1,649,185 \$ 4,306,827

**WestCare Illinois
Cook County Dept. of Corrections
Substance Abuse & Mental
Health Treatment Program
Year One Budget**

Average # Participants/Day per RFP:
Average Days in Program per RFP:
Total Estimated Annual Participants:

160
120
462

449
120
1,297

240
90
925

Request For Proposal No. 13-11-12721

PERSONNEL SERVICE:	Pre-Release		Day		Jail Based Mail		Pre-Release		Day		Total Cost
	IMPACT	Center	Reporting	FTE	IMPACT	Center	Center	Reporting	Total Cost		
Program Administrator	0.19	0.53	0.28	1	15,453	43,366	23,180	\$	82,000		
Program Managers	1	1	3	3	58,000	58,000	58,000	\$	174,000		
Research Assistant	0.19	0.53	0.28	1	6,597	18,513	9,896	\$	35,006		
Administrative Assistants	1	1	3	3	35,006	35,006	35,006	\$	105,019		
Clinical Manager	0.19	0.53	0.28	1	13,192	37,020	19,788	\$	70,000		
Clinical Supervisors	1	3.5	1.5	6	50,000	175,000	75,000	\$	300,000		
SAM/SA Counselors	4.5	12.5	5.5	22.5	168,480	468,000	205,920	\$	842,400		
Assessment Counselors	1	1.5	1.5	4	36,005	54,007	54,007	\$	144,019		
Chemical Technician	0	0	1	1	-	-	26,000	\$	26,000		
Overtime	9.07	21.1	12.3	42.5	382,734	888,913	506,798	\$	1,778,445		

FRINGE BENEFIT: 25% of Total Personnel \$ 95,683 \$ 222,228 \$ 126,699 \$ 444,611

Total Personnel & Fringe: \$ 478,417 \$ 1,111,142 \$ 633,497 \$ 2,223,056

TRAVEL/TRAINING:

Local Travel-Trainings & Meetings
Staff Training
100 miles/month/program
42.5 FTE @ \$600 annually

TOTAL TRAVEL/TRAINING: \$ 612 \$ 612 \$ 612 \$ 1,836
\$ 5,439 \$ 12,652 \$ 7,409 \$ 25,500
\$ 6,051 \$ 13,264 \$ 8,021 \$ 27,336

CONTRACTUAL:

TASC
Deer Rehab Services
Thresholds
Redwood Laboratories
Darvin Worlds (Alumni Association Groups)
Patrick Covington (Alumni Association Groups)
Darold Wicker (Alumni Association Groups)
Evaluator - Reale Consultants/Dr. Art Luigio

FTE
7
7
2
16
\$365459/annually
\$419920/annually
\$115900/annually
\$26500/annually
\$28080/annually
\$28080/annually
\$28080/annually
\$2400/month

TOTAL CONTRACTUAL: \$ 15,303 \$ 232,013 \$ 118,143 \$ 365,459
\$ 58,810 \$ 154,587 \$ 206,523 \$ 419,920
\$ - \$ 57,950 \$ 57,950 \$ 115,900
\$ - \$ - \$ 26,500 \$ 26,500
\$ - \$ 14,040 \$ 14,040 \$ 28,080
\$ - \$ 14,040 \$ 14,040 \$ 28,080
\$ 7,200 \$ 10,800 \$ 10,800 \$ 28,080
\$ 81,313 \$ 497,470 \$ 462,036 \$ 1,040,819

WestCare Illinois
Cook County Dept. of Corrections
Substance Abuse & Mental
Health Treatment Program
Year One Budget
Request For Proposal No. 13-11-12721

Average # Participants/Day per RFP: **160**
 Average Days in Program per RFP: **120**
 Total Estimated Annual Participants: **462**

449
120
1,297

240
90
925

Pre-Release	Day	Jail Based Mail	Pre-Release	Day
\$ 13,832	\$ 34,483	\$ 24,810	\$ 24,810	\$ 73,125
\$ 13,832	\$ 34,483	\$ 24,810	\$ 24,810	\$ 73,125

EQUIPMENT:

Computers

TOTAL EQUIPMENT:

\$1250/Desktop Computer & Cabling/Staff including Contractual Staff

SUPPLIES:

Office Supplies/Consumables

- Inkjet Cartridges
- Paper, pens, files, journals & desk commodities
- Office Furniture
- TCU Survey Scantron Forms
- Postage & Shipping (including over night)

\$1500/annually/program	\$ 1,500	\$ 1,500	\$ 1,500	\$ 4,500
\$750/month/program	\$ 9,000	\$ 9,000	\$ 9,000	\$ 27,000
\$3000/program	\$ 3,000	\$ 3,000	\$ 3,000	\$ 9,000
\$1220/annually/program	\$ 1,220	\$ 1,220	\$ 1,220	\$ 3,660
\$200/month/program	\$ 2,400	\$ 2,400	\$ 2,400	\$ 7,200

Educational Materials/Curriculum

- Inside Out Dads
- Inside Out Dads
- 247 Dads
- 247 Dads
- Seeking Safety
- Men's Work
- Men's Work
- Mental Health First Aid
- Work Readiness Inventory
- ccEngage
- Virtual Job Shadow
- Job Search/Effective Employee
- Criminal Conduct & Substance Abuse Treatment (Milkman)
- Criminal Conduct & Substance Abuse Treatment (Milkman)

\$9/Annual # Participants Workbook	\$ 4,161	\$ 11,677	\$ -	\$ 15,838
\$600/Facilitator Guide (2 guides/program)	\$ 1,200	\$ 1,200	\$ -	\$ 2,400
\$9/Annual # Participants Workbook	\$ -	\$ -	\$ 8,322	\$ 8,322
\$550/Facilitator Guide (2 guides/program)	\$ -	\$ -	\$ 1,100	\$ 1,100
\$40/Annual Book	\$ 40	\$ 40	\$ 40	\$ 120
\$15/Annual # Participants Workbook	\$ 750	\$ 750	\$ 750	\$ 2,250
\$15/Facilitator Guide (5 guides/program)	\$ 75	\$ 75	\$ 75	\$ 225
\$40/Staff including Contractual Staff	\$ 443	\$ 1,143	\$ 754	\$ 2,340
\$45/Package	\$ 450	\$ 1,125	\$ 450	\$ 2,025
\$800/Site	\$ 800	\$ 800	\$ 800	\$ 2,400
\$2/Annual # Participants	\$ 925	\$ 2,595	\$ 1,849	\$ 5,369
\$6.50/Annual # Participants	\$ 1,503	\$ 4,217	\$ 3,005	\$ 8,724
\$25/Daily # Participants Workbooks	\$ 4,000	\$ 11,225	\$ 6,000	\$ 21,225
\$55/Facilitator Guide (4 guides/program)	\$ 220	\$ 220	\$ 220	\$ 660

**WestCare Illinois
Cook County Dept. of Corrections
Substance Abuse & Mental
Health Treatment Program
Year Two Budget**

Request For Proposal No. 13-11-12721

Average # Participants/Day per RFP:

160	449	240
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Average Days in Program per RFP:

120	120	90
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Total Estimated Annual Participants:

462	1,297	925
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PERSONNEL SERVICE:	Pre-Release		Day		FTE	Jail Based Mail IMPACT	Pre-Release Center	Day Reporting	Total Cost
	IMPACT	Center	Center	Reporting					
Program Administrator	0.19	0.53	0.28	1	1 FTE	\$ 15,917	\$ 44,667	\$ 23,876	\$ 84,460
Program Managers	1	1	1	3	3 FTE	\$ 59,740	\$ 59,740	\$ 59,740	\$ 179,220
Research Assistant	0.19	0.53	0.28	1	1 FTE	\$ 6,795	\$ 19,069	\$ 10,193	\$ 36,057
Administrative Assistants	1	1.00	1.00	3	3 FTE	\$ 28,922	\$ 28,922	\$ 28,922	\$ 86,767
Clinical Manager	0.19	0.53	0.28	1	1 FTE	\$ 13,588	\$ 38,131	\$ 20,382	\$ 72,100
Clinical Supervisors	1	3.5	1.5	6	6 FTE	\$ 51,500	\$ 180,250	\$ 77,250	\$ 309,000
SA/MISA Counselors	4.5	12.5	5.5	22.5	22.5 FTE	\$ 173,534	\$ 482,040	\$ 212,098	\$ 867,672
Assessment Counselors	1	1.5	1.5	4	4 FTE	\$ 37,085	\$ 55,627	\$ 55,627	\$ 148,340
Chemical Technician	0	0	1	1	1 FTE	\$ -	\$ -	\$ 26,780	\$ 26,780
Overtime	9.07	21.1	12.3	42.5	N/A	\$ 387,082	\$ 908,447	\$ 514,867	\$ 1,810,396

FRINGE BENEFIT:

25% of Total Personnel	\$ 96,770	\$ 227,112	\$ 128,717	\$ 452,599
Total Personnel & Fringe:	\$ 483,852	\$ 1,135,558	\$ 643,584	\$ 2,262,994

TRAVEL/TRAINING:

Local Travel-Trainings & Meetings	100 miles/month/program	\$ 612	\$ 612	\$ 1,836
Staff Training	42.5 FTE @ \$600 annually	\$ 5,439	\$ 7,409	\$ 25,500
TOTAL TRAVEL/TRAINING:		\$ 6,051	\$ 8,021	\$ 27,336

CONTRACTUAL:

	FTE			
TASC	7	\$376422.77/annually	\$ 121,687	\$ 376,423
Deer Rehab Services	7	\$432517.6/annually	\$ 212,719	\$ 432,518
Thresholds	2	\$119377/annually	\$ 59,689	\$ 119,377
Redwood Laboratories	16	\$26500/annually	\$ 26,500	\$ 26,500
Darwin Worlds (Alumni Association Groups)		\$28080/annually	\$ 14,040	\$ 28,080
Patrick Covington (Alumni Association Groups)		\$28080/annually	\$ 14,040	\$ 28,080
Darold Wicker (Alumni Association Groups)		\$28080/annually	\$ 14,040	\$ 28,080
Evaluator - Reale Consultants/Dr. Art Luigio		\$7,200	\$ 10,800	\$ 28,800
TOTAL CONTRACTUAL:		\$ 83,536	\$ 473,514	\$ 1,067,857

**WestCare Illinois
Cook County Dept. of Corrections
Substance Abuse & Mental
Health Treatment Program
Year Two Budget**

Request For Proposal No. 13-11-12721

TOTAL SUPPLIES:

Pre-Release	Day	Jail Based Mail	Pre-Release	Day
		\$ 29,186	\$ 49,687	\$ 37,985
				\$ 116,858

Average # Participants/Day per RFP:

160	449	240
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Average Days in Program per RFP:

120	120	90
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Total Estimated Annual Participants:

462	1,297	925
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OTHER COSTS:

Comm.: Cell Phone Service	\$115/month (Program Administrator/Clinical Manager)	\$ 2,760	\$ 2,760	\$ 2,760	\$ 8,280
Copier Lease	\$800/month/program	\$ 9,600	\$ 9,600	\$ 9,600	\$ 28,800
Staff Recruitment	\$125/FTE	\$ 1,133	\$ 2,636	\$ 1,544	\$ 5,313
Evaluation Retreat	\$1000/annually/program	\$ 1,000	\$ 1,000	\$ 1,000	\$ 3,000
Client Events	\$2000/annually PRC & DRC; \$1000/annually IMPACT	\$ 1,000	\$ 2,000	\$ 2,000	\$ 5,000
Client Transportation/CTA Bus Passes	\$5/round trip bus pass	-	-	\$ 285,120	\$ 285,120
Liability Insurance	\$750/month	\$ 3,000	\$ 3,000	\$ 3,000	\$ 9,000
Licensing	\$0/annually/program	-	-	-	-
TOTAL OTHER COSTS:		\$ 18,493	\$ 20,996	\$ 305,024	\$ 344,513

TOTAL OTHER: \$ 137,267 \$ 594,753 \$ 824,544 \$ 1,556,564

TOTAL DIRECT COSTS: \$ 621,119 \$ 1,730,311 \$ 1,468,128 \$ 3,819,558

INDIRECT:

24.7% Federally Approved Indirect Cost Rate

Only requesting 10% \$ 62,112 \$ 173,031 \$ 146,813 \$ 381,956

TOTAL PROGRAM COST: \$ 683,231 \$ 1,903,342 \$ 1,614,941 \$ 4,201,514

WestCare Illinois
Cook County Dept. of Corrections
Substance Abuse & Mental
Health Treatment Program
Year Three Budget

Request For Proposal No. 13-11-12721

Average # Participants/Day per RFP:

160	449	240
120	120	90
462	1,297	925

Average Days in Program per RFP:

Total Estimated Annual Participants:

PERSONNEL SERVICE:	Pre-Release		Day Reporting	FTE	Jail Based Mail		Pre-Release		Day Reporting	Total Cost
	IMPACT	Center			IMPACT	Center				
Program Administrator	0.19	0.53	0.28	1	1 FTE	\$ 16,395	\$ 46,007	\$ 24,592	\$ 86,994	
Program Managers	1	1	1	3	3 FTE	\$ 61,532	\$ 61,532	\$ 61,532	\$ 184,597	
Research Assistant	0.19	0.53	0.28	1	1 FTE	\$ 6,999	\$ 19,641	\$ 10,498	\$ 37,138	
Administrative Assistants	1	1.00	1.00	3	3 FTE	\$ 29,790	\$ 29,790	\$ 29,790	\$ 89,370	
Clinical Manager	0.19	0.53	0.28	1	1 FTE	\$ 13,995	\$ 39,275	\$ 20,993	\$ 74,263	
Clinical Supervisors	1	3.5	1.5	6	6 FTE	\$ 53,045	\$ 185,658	\$ 79,568	\$ 318,270	
SAMISA Counselors	4.5	12.5	5.5	22.5	22.5 FTE	\$ 178,740	\$ 496,501	\$ 218,461	\$ 893,702	
Assessment Counselors	1	1.5	1.5	4	4 FTE	\$ 38,197	\$ 57,296	\$ 57,296	\$ 152,790	
Chemical Technician	0	0	1	1	1 FTE	\$ -	\$ -	\$ -	\$ 27,583	
Overtime	9.07	21.1	12.3	42.5	N/A	\$ 398,694	\$ 935,700	\$ 530,313	\$ 1,864,707	

FRINGE BENEFIT:

25% of Total Personnel	\$ 99,674	\$ 233,925	\$ 132,578	\$ 466,177
Total Personnel & Fringe:	\$ 498,368	\$ 1,169,625	\$ 662,892	\$ 2,330,884

TRAVEL/TRAINING:

Local Travel-Trainings & Meetings	100 miles/month/program
Staff Training	42.5 FTE @ \$600 annually
TOTAL TRAVEL/TRAINING:	

CONTRACTUAL:

	FTE				
TASC	7	\$387715,4531/annually	\$ 16,235	\$ 246,143	\$ 125,338
Deer Rehab Services	7	\$445493,128/annually	\$ 62,392	\$ 164,001	\$ 219,100
Thresholds	2	\$122958.31/annually	\$ -	\$ 61,479	\$ 61,479
Redwood Laboratories	16	\$26500/annually	\$ -	\$ -	\$ 26,500
Darvin Worlds (Alumni Association Groups)		\$28080/annually	\$ -	\$ 14,040	\$ 14,040
Patrick Covington (Alumni Association Groups)		\$28080/annually	\$ -	\$ 14,040	\$ 14,040
Darold Wicker (Alumni Association Groups)		\$28080/annually	\$ -	\$ 14,040	\$ 14,040
Evaluator - Reale Consultants/Dr. Art Luigio		\$2400/month	\$ 7,200	\$ 10,800	\$ 10,800
TOTAL CONTRACTUAL:			\$ 85,826	\$ 524,543	\$ 485,337
					\$ 1,095,707

**WestCare Illinois
Cook County Dept. of Corrections
Substance Abuse & Mental
Health Treatment Program
Year Three Budget**

Request For Proposal No. 13-11-12721

Average # Participants/Day per RFP:

Average Days in Program per RFP:

Total Estimated Annual Participants:

160	449	240
120	120	90
462	1,297	925

	Pre-Release	Day	Jail Based Mail	Pre-Release	Day
EQUIPMENT:					
Computers	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EQUIPMENT:	\$ -	\$ -	\$ -	\$ -	\$ -
SUPPLIES:					
Office Supplies/Consumables					
Inkjet Cartridges	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 4,500
Paper, pens, files, journals & desk commodities	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 27,000
Office Furniture	\$ 500	\$ 500	\$ 500	\$ 500	\$ 1,500
TCU Survey Scantron Forms	\$ 1,220	\$ 1,220	\$ 1,220	\$ 1,220	\$ 3,660
Postage & Shipping (including over night)	\$ 2,400	\$ 2,400	\$ 2,400	\$ 2,400	\$ 7,200
Educational Materials/Curriculum					
Inside Out Dads	\$ 4,161	\$ 11,677	\$ 4,161	\$ 11,677	\$ 15,838
Inside Out Dads	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 2,400
24/7 Dads	\$ -	\$ -	\$ -	\$ -	\$ 8,322
24/7 Dads	\$ -	\$ -	\$ -	\$ -	\$ 1,100
Seeking Safety	\$ 40	\$ 40	\$ 40	\$ 40	\$ 120
Men's Work	\$ 750	\$ 750	\$ 750	\$ 750	\$ 2,250
Men's Work	\$ 75	\$ 75	\$ 75	\$ 75	\$ 225
Mental Health First Aid	\$ 443	\$ 1,143	\$ 443	\$ 1,143	\$ 2,340
Work Readiness Inventory	\$ 450	\$ 1,125	\$ 450	\$ 1,125	\$ 2,025
ccEngage	\$ 800	\$ 800	\$ 800	\$ 800	\$ 2,400
Virtual Job Shadow	\$ 925	\$ 2,595	\$ 925	\$ 2,595	\$ 5,369
Job Search/Effective Employee	\$ 1,503	\$ 4,217	\$ 1,503	\$ 4,217	\$ 8,724
Criminal Conduct & Substance Abuse Treatment (Milkman)	\$ -	\$ -	\$ -	\$ -	\$ -
Criminal Conduct & Substance Abuse Treatment (Milkman)	\$ 4,000	\$ 11,225	\$ 4,000	\$ 11,225	\$ 21,225
Abuse Treatment (Milkman)	\$ 220	\$ 220	\$ 220	\$ 220	\$ 660

EXHIBIT 3

Evidence of Insurance

EXHIBIT 4

Board Authorization

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:



COOK COUNTY CHIEF PROCUREMENT OFFICER

DATED AT CHICAGO, ILLINOIS THIS 31 DAY OF December, 2014.

IN THE CASE OF A BID PROPOSAL, THE COUNTY HEREBY ACCEPTS:

THE FOREGOING BID/PROPOSAL AS IDENTIFIED IN THE CONTRACT DOCUMENTS FOR CONTRACT NUMBER

13-11-12721

OR

ITEM(S), SECTION(S), PART(S): _____

TOTAL AMOUNT OF CONTRACT: Twelve Million, Seven Hundred Twenty Five Thousand, Eight Hundred Fifty Nine and no/100 (\$12,725,859.00)

FUND CHARGEABLE: _____

APPROVED BY BOARD OF
COOK COUNTY COMMISSIONERS

DEC 04 2013

APPROVED AS TO FORM:



ASSISTANT STATE'S ATTORNEY
(Required on contracts over \$1,000,000.00)

COM. _____