

- **Who and how do you determine Dosage Hours?**

The Dosage program is available to anyone who resides in our county and who was sentenced in our county, with a few exceptions. Initially clients convicted of sex offenses, domestic violence, or felony DWI were disqualified. As of January 1, 2021 we are now allowing those with domestic violence offenses to participate. A judge also has the ability to deny anyone's ability to participate at sentencing. I've only seen that happen a handful of times, and most were in the first year or so when it was still very new.

The hours are determined by the risk score from the LS/CMI assessment. There was some research available at the time we were setting up our cutoffs and we matched what they had found was most appropriate. If you are familiar with the LS/CMI, the hours breakdown is:

LS/CMI Score	Dosage Hours
15-19	100
20-24	200
25+	300

For those scoring 14 or below they are placed on monitored supervision where they don't have regular meetings and do not engage in cognitive interventions.

- **Do the dosage hours have to be approved by the judiciary? Can the judiciary deny an early term even if the client has completed the hours?**

We were extremely lucky to have our judges and the County Attorney fully support this program. Before we took on clients we identified the need to be able to guarantee to the client if they complete the hours and the court conditions they will be discharged. It wouldn't do to have them thinking they had earned their way off early and then have the judge deny it. All of our judges agreed to sign the discharge order when we submit it, no questions asked. They do have the ability to deny participation at sentencing, but have put full trust in Probation after that.

- **What's the name of your risk assessment tool used to determine dosage?**

We use the LS/CMI as our standard risk assessment and are able to use the risk categories to determine the amount of hours.

- **Are probation and parole officers having trouble getting clients to participate amid COVID-19? In Louisiana, we are incarcerating less individuals, and probationers or parolees have less fear of violation thus participation in programs is down.**

We have also limited the use of the facility for situations where there is immediate risk to others – assault, threats with past violence. The positive for professionals is that it has challenged our regular practice. Why were we locking that client up? Was it because it was necessary, helpful, or just easier? More importantly we get to ask, "What do we do instead?"

There are always going to be those clients that are looking for an angle. We do have the clients who seem to constantly "have been exposed and need to quarantine." We've tried to use technology to our

advantage. I mentioned our groups going virtual. We also used CARES funds to get a cellphone for each PO. Prior to that we blocked our number and used our private phones. With the county issued phone it is much easier to text, call, or email whether we are in the office, at home, or in the field. We also started using the online Carey Group products, which make meeting over the phone or Skype keep a similar level of intervention. I say similar because I'm never going to be convinced virtual is as good as meeting a person face-to-face.

As I write this I wish I had some numbers to give you. Now you've got my wheels turning. Thank you for the great question.

- **What are your average caseloads?**

Our traditional supervision agents run somewhere between 40-50. Specialized caseloads (drug court, gender responsive, extremely high risk, etc.) are about half that. I know that sounds amazing to some agencies who have 100+. I will be the first to admit, to spend 45 minutes with each client, facilitate cog groups, and do whatever other tasks are assigned - like UAs or court – there needs to be a manageable number of cases.