

FY 2006-2007 NON-RESIDENTIAL PROPOSAL

Proposal Element 1: COVER SHEET

CSCD (CHIEF COUNTY OF JURISDICTION): Travis

PROGRAM NUMBER: 037

PROGRAM TITLE: Substance Abuse Field Unit

CHECK IF REQUESTING: DP FUNDING  TAIP FUNDING   
CCP FUNDING  BS FUNDING

PRIMARY FUNDING RECIPIENTS: CSCD:

NON-CSCD: BIPP  OTHER   
NON-CSCD FUNDING RECIPIENT NAME: \_\_\_\_\_  
REGIONAL CONSORTIUM:

ESTIMATE OF OTHER FUNDING SOURCES:  
(NOT CJAD FUNDING SOURCES, NOT PARTICIPANT PAYMENTS)

FUNDING SOURCE	1 <sup>st</sup> Year	2 <sup>nd</sup> Year
RSAT	\$ _____	\$ _____
Victims Services	\$ _____	\$ _____
Violence Against Women Act (VAWA)	\$ _____	\$ _____
Gang Surveillance	\$ _____	\$ _____
COG	\$ _____	\$ _____
Other:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

PROGRAM CODES\*  
(Code is DMVB for all BIPPs)

Primary Program Code: SCP S Facility Category (CRS) \_\_\_\_\_  
Secondary Program Code(s): SCP O  
COG  
\_\_\_\_\_

\*A PROJECTED OUTPUTS FORM MUST BE COMPLETED FOR EACH CODE.

Program Contact Information:

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Vendor: Does contract service provider provide services? No  Yes

## Proposal Element 2: PROBLEM/NEED DATA

1. TDCJ-CJAD planning staff will gather additional problem/need data from the MCSCR, Offender Profile Data, and CSTS to establish need.
2. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

Beginning in the spring of 1997, the Department developed specialized caseloads for this population in an effort to impact the large number of offenders revoked on substance abuse related offenses. Currently, the offender population continues to reflect a high number of offenders in need of specialized services. In reviewing the 2004 Offender Profile Sample, 46% percent of all felony Travis County offenders were probated for a substance abuse related offense during this fiscal year. Moreover, in examining the needs data of this sample group, twenty (20) percent scored in the maximum possible range regarding Alcohol Usage and other drug usage. In examining the 2004 Revocation data of the Offender Profile Sample, fifty (50) percent of offenders revoked in 2004 were originally probated for substance abuse related offenses.

The mission of the Unit is stated as follows: To reduce recidivism and address addiction by facilitating comprehensive assessment, treatment/counseling, and intensive rehabilitation supervision for high-risk/high-need substance abusing offenders and to identify and maximize the use of community resources for identified offenders.

The philosophy of the Unit will be to provide a diagnostic approach to substance abusing offenders, which includes treatment plans for offenders developed in partnership with the treatment milieu and aftercare support plans to address an offender's criminogenic needs.

While research has demonstrated that treatment works, current capacity in Travis County is unable to meet the demand for services. According to the Community Action Network (December, 2004, p. 3), waiting lists for treatment slots are long resulting in:

- increased harm
- reduced motivation to participate in treatment
- increased crime

In Travis County, waiting time for acceptance into residential services is anywhere five to nine months for adult offenders and one to two months for outpatient services (Substance Abuse Planning Partnership, SAPP). As a result, additional funding for substance abuse treatment is being requested to reduce waiting lists.

3. What **other services**, that meet this need, are available to the offender in this jurisdiction?

This Unit utilizes the TAIP program and the Department's Substance Abuse Treatment Facility, (SMART) to address the treatment needs of assigned offenders. The TAIP program contracts with various community-based substance abuse treatment programs along a continuum of services from outpatient to aftercare services. Treatment programs funded by DSHS and City of Austin/Travis County funding are also used for offenders. The Unit works closely with Travis County Mental Health/Mental Retardation under the auspices of the MOU to provide case management for offenders with special needs utilizing TCOOMMI funded programming. Offenders supervised under this Unit also access community AA/NA meetings as well as the Cognitive Program that is offered by the Department to further support offenders in recovery.

### Proposal Element 3: TARGET POPULATION

Please note that the Target Population element does not require narrative description. TDCJ-CJAD staff will gather additional information from the MCSCR, Offender Profile Data, and CSTS.

- a.  Felony only     Misdemeanor only     Both
- b.  Male only     Female only     Both
- c. Age restriction?     No     Yes

If yes, describe: \_\_\_\_\_

- d. Offense-related characteristics or exclusions: Offenses are primarily felonies, particularly Possession or Delivery of Controlled Substances, DWIs, and occasional property or theft crimes. However, misdemeanor offenders are accepted on these caseloads on a limited, case-by-case basis, if they demonstrate a need for intensive supervision.

- e. Are participant referrals accepted from outside your jurisdiction?     No     Yes

If yes, what proportion are from other jurisdictions 1 %.

- f. Is this program designed to serve any specific cultural, ethnic, or gender group?

No     Yes

If yes, please identify and cite proportions, if applicable. \_\_\_\_\_

- g. Is this program designed to serve MHMR participants?     No     Yes

- h. Are participants who are not on community supervision accepted in this program? (e.g. pre-trial, jail inmates, state jail confinees, family members, or others)     No     Yes

If yes, please identify. \_\_\_\_\_

- i. Do participants meet specifications in TX Government Code §76.017 Treatment Alternative to Incarceration Program (TAIP)? {This applies to **TAIP** programs **ONLY**}     No     Yes     N/A

## **Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS**

### **REQUIRED STANDARD OPERATING PROCEDURES**

The Substance Abuse Field Unit is comprised of Community Supervision Officers assigned to monitor felony high-risk substance abusers. This group can be subdivided into two distinct offender groups: Offenders involved in the continuum of care after completion of the Substance Abuse Felony Punishment Facility program and offenders assessed by TAIP as requiring a minimum of thirty days of intensive residential treatment. High-risk misdemeanors may be referred to this caseload by TAIP and served on a limited space available basis not to exceed 10% of the offenders served at any given time. All offenders will be court-ordered to participate in this intensive supervision program. Minimum and medium risk/needs offenders are not eligible for this caseload.

The three SAFPF aftercare officers will supervise offenders according to CJAD Policy Statement- 2-05-98 re: SAFPF Aftercare management requirements. Following the offender's completion of a minimum of six months in the SAFPF facility, the SAFPF Coordinator will transfer the offender to a SAFPF aftercare CSO. Beginning with the three month Transitional Treatment Center program, the officers will schedule a treatment team meeting within 10 days of admission and at least every 30 days thereafter until released from residential treatment. While the offender is in the outpatient or aftercare component, treatment team meetings will be scheduled every 90 days. At least one urinalysis test will be done monthly. For SAFPF, caseloads will not exceed 50 offenders. Contact standards should include at least one face-to-face contact per month in the office or at the facility while the offender is in Residential (TTC). Three face-to-face contacts (1 is a field visit) per month are required in the outpatient phase. Reassessments will be done every six months or more often if necessary. For Non-SAFPF, caseloads are not to exceed 35 offenders. Contact standards should include 3 face-to-face contacts (1 is a field visit) and 2 collateral contacts per month. The caseloads are designed to address criminogenic needs of offenders such as criminal thinking errors, education, and employment and substance abuse needs, if applicable.

Offenders that are assessed as appropriate for intensive residential treatment of at least 30 days will also be supervised in this Unit. Assessment of appropriate offenders will be based on a TAIP assessment. The TAIP counselor will evaluate the offender's need for residential treatment and assess their stability related to their employment, medical, legal, family/social and psychological needs. Offenders with a need for residential treatment who have had prior treatment experiences and are identified as highly unstable in one or more of the identified need areas will be referred to this Unit. Offenders should have at least two years of community supervision to complete. In most cases, offenders will participate in a 90-day residential treatment program.

In an effort to reduce "no shows" for residential placement, the Department created a Social Service Transporter position to insure that the offender arrives at the treatment location in a timely manner. This position ensures that offenders are transported to treatment facilities as required by the Courts. Many of the offenders move directly from jail to the treatment facility while some offenders are transported directly from the community. This position works directly with the Pre-Treatment CSO to coordinate treatment placements.

The Pre-Treatment CSO coordinates the placement of offenders into residential treatment and ensures that the offenders understand their treatment requirements. This CSO will conduct weekly office visits with offenders in the community, and make monthly field visits to offenders who are incarcerated. Offenders who are in the community are required to participate in random urinalysis testing. Once the offender is placed in treatment, the Pre-Treatment CSO will transfer the offender to a Substance Abuse CSO for supervision and for supervision plan completion. Officers will make contact with an offender in the treatment environment within five working days of placement. Residential treatment team meetings will involve the participation of the supervision officer. After the completion of the intensive treatment phase, officers will see an offender twice in the office and once in the field on a monthly basis. Further, CSOs will document two collateral contacts monthly. One of

these contacts will be with the appropriate agency/treatment provider. CSOs will make the second collateral contact via phone or face to face contact with a family member, significant other, friend, or employer. CSOs will complete a Case Classification instrument and a supervision plan, which addresses criminogenic needs within fifteen working days of placement on the CSO's caseload. The offender's supervision plan will be ranked to prioritize criminogenic needs and the Officer will supervise the offender in a manner that addresses these specific needs. CSOs will also ensure that chronological entries include a discussion of criminogenic factors.

Should the offender relapse and require additional support, they are referred to a community-based relapse program such as Cornerstone's Relapse Track. All offenders will attend aftercare and their supervision plan will also include attendance at 12 step meetings and participation in Department programming such as the Department's cognitive program. The goal of these support services will be to enhance an offender's ability to remain in recovery. Offenders with mental impairments who are duly diagnosed and receive case management services through the TCOOMMI-funded ANEW Program may be transferred to a specialized Mental Health Supervision Officer if deemed appropriate. Supervision strategies and treatment plans are developed in response to the special needs of this population. However, with very limited TAIP funds for both relapse and primary substance abuse treatment, very long treatment waiting lists are the norm not the exception. Long waiting lists contribute to jail overcrowding, a major concern in Travis County, as many offenders are held in jail until a treatment bed is available. Public safety is also jeopardized when offenders slated for treatment remain waiting in the community and commit a subsequent offense. The Department is requesting additional funds for contract substance abuse treatment services to respond to 5-9 month waiting lists.

For both SAFPF and non-SAFPF offenders, CSOs will use drug testing utilizing random urinalysis specimens and breathalyzer tests as a monitoring strategy. Offenders supervised in the Substance Abuse Field Unit will participate in frequent random urine testing through the Random Testing Program. This Program uses a color-code and a daily phone message to structure random testing for offenders at the discretion of their officer. CSOs utilize treatment team meetings, supervisory hearings, and administrative hearings to address offender non-compliance prior to taking court action. CSOs document Offender compliance and/or violations via chronological entries. To transition to a regular field caseload, both non-SAFPF Offenders and SAFPF Offenders must demonstrate the ability to remain sober while in the community before transitioning to a regular field caseload and meet established discharge criteria. Offenders are typically supervised on this caseload for a one-year period.

Unsuccessful discharge from the caseload will be defined as a subsequent offense leading to revocation or absconding. Non-compliance with administrative conditions which are indicative of needing additional services in the Department's continuum of sanction will not result in an unsuccessful discharge.

#### Contract Monitoring

The Department has an annual plan to monitor contracts for compliance using a standardized Site Visit process or desktop audit process. A Site Visit Team, composed of CSOs and Supervisors, will use a contract compliance monitoring instrument to monitor contracts based on vendor's service delivery compliance with the vendor's operational plan and other contractual requirements. Any identified deficiencies in contract compliance will result in specific recommendations to vendor(s) to achieve contract compliance. Vendors will be required to submit an Action Plan on how they will achieve contract compliance. The Department will provide technical assistance to the vendor as needed. Appropriate staff will complete documentation of offender compliance to program expectations.

#### Responsivity

This program recognizes the principles of responsivity in developing and implementing the program design. Responsivity issues are initially addressed during the screening/placement process. When appropriate, staff

assignment will include the offender being matched with a CSO/Counselor/designated staff whose characteristics would be most effective in establishing rapport with the offender. All direct service staff will receive special needs population training to enhance responsivity and ensure effective service delivery. Additionally, staff will be trained in motivational enhancement techniques.

#### Tracking

On an annual basis, the Department will track program outputs and monitor outcomes to assess utilization of services and supervision activities.

#### SOP

Existing SOPs are on file and available for review. Enhanced SOPs will be available November 2005 if the proposal is fully funded.

### REFERRAL PROCESS

**Court Ordered**       **Assessment Process**       **Self Referral**

**Other:** \_\_\_\_\_

## PARTICIPANT ACTIVITIES

**Proposal Element 4:  
Participant Activities  
CSCD Substance Abuse Field Unit (Regular Substance Abuse Unit)**

Process Activities	Key Strategy	Strategies		30 Days		60 days		90 Days	
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8
Preparation for entrance into intensive treatment.	Pre-Treatment supervision weekly.	5 hours per month	5 hours per month						
Intensive treatment (90 days to nine months); transition to work; plan for independent living.	Residential Treatment Placement	180 hours per month	60 hours per month	60 hours per month	60 hours per month	60 hours per month	60 hours per month	60 hours per month	60 hours per month
Discuss relapse prevention issues.	Relapse prevention education groups.				8 hours per month	8 hours per month	8 hours per month	8 hours per month	8 hours per month
Attend AA/NA and/or Step work group 3 X per week.	Support Group	2 hours per month	2 hours per month	2 hours per month	2 hours per month	2 hours per month	2 hours per month	2 hours per month	2 hours per month
Ongoing AA/NA step work	Support group and/or 12-Step work groups		1 hour per month	1 hour per month	1 hour per month	1 hour per month	1 hour per month	1 hour per month	1 hour per month
UA on random basis or at least 1X a month	UA tests confront denial		Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month
Address relapse trigger issues	Cognitive Intervention Groups			8 hours per month	8 hours per month	8 hours per month	8 hours per month	8 hours per month	8 hours per month

**Proposal Element 4:  
Participant Activities  
CSCD Substance Abuse Field Unit (SAFPF)**

<b>Process Activities</b>	<b>Strategies</b>	<b>30 Days</b>		<b>60 days</b>	<b>90 Days</b>		<b>Month 5</b>	<b>Month 6</b>	<b>Month 7</b>	<b>Month 8</b>
		<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>					
Components of Level 3 Treatment; Provide for transition back to community. Secure employment, attend group meeting, participate in life skills training;	Therapeutic Treatment Community Placement/ Treatment Team Meetings	32 hours per month	32 hours per month	32 hours per month						
Components of Level 4 treatment; Discuss Relapse issues	Attend aftercare groups; Individual sessions/Peer Group				9 hours per month	9 hours per month	9 hours per month	9 hours per month	9 hours per month	9 hours per month
Attend AA/NA X per week	Support Group	4 hours per month	4 hours per month	4 hours per month	4 hours per month	4 hours per month	4 hours per month	4 hours per month	4 hours per month	4 hours per month
UA random or at least 1X a month	UA tests Confront Denial	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month
Attend peer group meetings	Support Group			1 hour per month	1 hour per month	1 hour per month	1 hour per month	1 hour per month	1 hour per month	1 hour per month

## CHOICE OF PROGRAM DESIGN

“While research clearly shows that treatment programs for substance abuse reduce both drug use and related crime, the vast majority of drug users do not get treatment...there are not enough treatment programs.” This was reported in the American Journal of Health Prevention (Nov/Dec. 1999) and highlighted in the Substance Abuse Report newsletter (Jan. 2000). The researchers estimate that only one in four individuals needing treatment obtains appropriate treatment. It was further found that 30-50% of those who do go through treatment stay off drugs. Further underscoring the physiological aspects of addiction, the rate is the same as that for asthmatics and diabetics who are able to keep their condition under control (p. 4).

There are several levels of treatment. Research literature indicates that the least intrusive/restrictive treatment that matches the individual’s assessed level of dependency/addiction should be attempted first as it may have greater efficacy and is less costly.

Finally, recent literature on “What Works” to reduce recidivism in criminal justice offenders indicates that programs that include a “cognitive-behavioral” component have increased probability of reducing recidivism (Latessa, 2000). Therefore, criminal justice substance abuse programs of all types must include such components regardless of modalities used. Interestingly, a 1989 National Institute of Health, NIAA research of 1,726 patients (the largest clinical trial of various substance abuse therapists to date according to TCADA, Provider Bulletin, Vol. 18, p. 18-21) in outpatient, inpatient and aftercare programs for alcoholics also found Cognitive-Behavioral Therapy (CBT) and Twelve-Step Facilitation (TSF, included one-on-one counseling) to be significant therapies in sustained improvement in the increased percentage of abstinent days (Project MATCH, NIAAA/NIH 1990). Those in the “aftercare” section were more successful in abstinence than other outpatients even though more alcohol dependent initially.

The California Drug and Alcohol Treatment Assessment (1994) found that the level of criminal activity declined by two thirds from before treatment began to post treatment. The results indicated the greater the length of time spent in treatment, the greater the percent reduction in criminal activity.

This unit was designed to provide the appropriate climate to promote effective treatment and structure aftercare for offenders. Beginning with the partnership established with treatment providers, intensive rehabilitation supervision provides chronic substance abusers with the needed support for continued recovery. Current research supports the use of cognitive training along with support services to meet criminogenic needs and the use of relapse groups to assist substance abusers to remain in recovery.

Research by Andrews and Bonta (1994) indicate the following have been verified as the most promising programmatic targets for change in cognitive and life skills programs:

- 1) Replacing the skills of lying, stealing and aggression with more pro-social alternatives.
- 2) Reducing chemical dependencies and substance abuse.
- 3) Shifting the density of personal, interpersonal and other rewards and costs for criminal and non-criminal activities in familial, academic, vocation, recreational and other behavioral settings, so that the non-criminal alternatives are favored.
- 4) Providing the chronically psychiatrically troubled with low pressure, sheltered living arrangements and/or effective medication.
- 5) Insuring the client is able to recognize risky situations and has a concrete and well-rehearsed plan for dealing with those situations.
- 6) Confronting the personal and circumstantial barriers to service (client motivation, background stressors and impediments).
- 7) Changing other attributes of clients and their circumstances that through individualized assessments of risk and need have been linked reasonably with criminal conduct.

## PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

1. Staff (Title) Community Supervision Manager  
Process activities: Responsible for oversight of Substance Abuse Field Unit including staff supervision, training, and program development. Establishes effective working relationships with treatment facilities and resources within the community.
2. Staff (Title): Senior Community Supervision Officer  
Process Activities: Assists with supervision of CSOs, audits files and violation reports, in addition to maintaining a supervision caseload.
3. Staff (Title) Community Supervision Officers  
Process activities: Responsible for providing comprehensive intensive supervision and case management for chronic high need substance abusers (either SAFPF or Regular offenders). Will participate in treatment team meetings and assist with the development and implementation of unit programming to address relapse issues.
4. Staff (Title) Cognitive Counselor  
Process activities: Responsible for facilitating cognitive restructuring groups for Unit offenders. Designs curriculum and documents offender's participation.
5. Staff (Title) Substance Abuse Technician  
Process activities: Accurately monitors and conducts UA and Breath testing of offenders. Documents testing activity and completes periodic reports. Maintains a clean and safe lab environment.
6. Staff (Title) Social Service Transporter (temporary)  
Process activities: Provides transportation to offenders to treatment facilities or other court-ordered programs. Accurately processes transportation notification forms and jail release cards according to departmental policy. Documents case management information related to transportation efforts. Reviews the treatment waiting list and assists in contacting supervision officers to transfer cases to the Substance Abuse Unit.
7. Staff (Title) Secretary  
Process activities: Will be responsible for assisting Community Supervision Officers with their clerical needs and Community Supervision Manager with training needs.
8. Staff (Title) Office Supervisor  
Process activities: Will be responsible for coordination of clerical tasks for all unit staff as well as assist manager with training needs.

### ADDITIONAL PROGRAM DATA

Please indicate that program design and/or staff training includes sensitivity to gender, race, ethnicity, culture and differing physical abilities.  YES

### Proposal Element 5. PROGRAM MILESTONES

Is this a new program?  No  Yes

If yes, please complete milestones chart. **If no, this element is optional. Do not insert if chart is blank.**

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2006 - 2007  
DATA FORM**

Program Title: Substance Abuse Field Unit  
 Program Code: SCP S  
 Data Contact Person: Lila Oshatz

Chief CSCD County: Travis  
 Facility Category: NA  
 Projected Number to be served: 400

General Instructions: The purpose of this form is to provide projections for services that will be provided with funding obtained from the program proposal. Provide projections for the applicable information for the services offered to participants during the funding cycle. Only include services that will be paid for from the program proposal award. Do not include referrals or other services that will be provided to program participants outside the program proposal. Complete a separate form for each program code that was listed on the CSCDP Cover Sheet. Please provide counts, not percents, and make sure all blanks are filled. Answer with "N/A" if not applicable.

**A. Group/Individual Counseling**

Number of Participants NA

**B. Urinalysis Tests**

Number of Individuals Tested NA-See Program Services Proposal

**C. Academic Education Services**

Number of Participants NA

Number Mandated by CCP 42.12 Sec. 11(g) NA

Number of GEDs obtained NA

**D. Electronic Monitoring**

Number of Participants NA

**E. Cognitive Training/Cognitive Behavioral**

Number of Participants 400

**F. Substance Abuse Education**

Number of Participants NA

**G. Employment Services**

Number of Participants NA

Number who secured employment for 3 days or longer NA

**H. Victim Services**

Number of Victims Served NA

Number of Victim-Impact panels held NA

Number of Victim-Offender mediations completed NA

**Outcomes – Successful Program Completion**

Number of participants successfully completing the program 320

Date: March 1, 2005