

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 (optional).

According to a report recently published by the Community Action Network (December, 2004, p. 2) “*Frequently Asked Questions About Alcohol and Drug Abuse*,” nationwide, 17.5 million adults have a severe mental illness. Of this population, 4 million have co-occurring substance use and mental illness disorders. Treatment programs are often unavailable, and only 12% of the 4 million adults identified have received both mental illness and specialty substance use treatment (SAMHSA, 2002, National Survey on Drug Use and Health).

The office of National Drug Control Policy noted that “*Austin is a major polydrug (multiple) usage area.*” In 2001, 169,721 (27%) adults living in Travis County reported alcohol problems, and 88,586 (14%) reported drug problems. Between January and June of 2004, 27,366 people (43,226 charges) were booked into the Travis County Central Booking Facility. Of those incarcerated, 44% (11,822) had a substance abuse related charge (Travis County, Criminal Justice Planning, Community Action Network, December, 2004, p. 3). During 2002, of the 2,272 adults admitted to Texas Commission on Alcohol and Drug Abuse (TCADA) funded chemical dependency treatment facilities (Travis County), 46% (1,052) were chemically dependent on alcohol, 30% (679) had heroin or crack cocaine problems, 9% had a marijuana substance use disorder, and 7% were addicted to powder cocaine (TCADA-Funded Programs Clients, Travis County).

Percentage of Jail Bookings/Travis County January – June 2004

Non-Substance Abuse Charges	56%
Alcohol Charges	28%
Drug Charges	14%
Both Alcohol and Drug Charges	2%

Source: Corrections Management System (CMS)

The cost of incarcerating residents charged with or convicted of drug or alcohol offenses, in Travis County alone, is approximately \$15 million a year, and costs are expected to rise in the years to come (Travis County Justice and Public Safety, Research and Planning). According to the Community Action Network Report published in December, 2004, p. 1, “alcohol and drug abuse imposes heavy social and economic costs to communities”. Economic costs, in Texas alone, were estimated at \$25.9 billion in the year 2000. According to TCADA’s *Substance Abuse Prevention framework and FY 2005 Services Recommendations*, Texas spent more than \$2 billion in health care costs associated with drug and alcohol abuse (based on 2000 data), and lost productivity due to alcohol and drugs reached a staggering \$11.2 billion. This amount translates to a cost of \$1,244 per man, woman, and child. Based upon 2004 population projections, this translates to a cost of \$10,881,728 for Travis County (Economic Costs of Alcohol and Drug Abuse in Texas-2000, TCADA, December 2002).

While economic and social costs are overwhelming, “current prevention, intervention and treatment services do work and are reducing some of the overall human and economic impacts of substance abuse on Travis County” (Community Action Network, December 2004, p.1). The Community Action Network (December, 2004) has

noted that “evidence-based practices, when incorporated into our service system, ensure accountability, efficiency and effectiveness of services” (p. 1).

Positive results of treatment include (p.3):

Activity	Result of Treatment
Drug Use	Reduction rate of 40-60%
Crime	Reduction rate of 40-60%
Employment Prospects	Increased by 40%

The Department has historically provided contract Long-Term Inpatient Substance Abuse treatment for indigent offenders and has focused recently on dual diagnosis offenders. Through a graduated continuum of services that includes, pre-treatment, outpatient services while offenders are on a waiting list for placement in a residential facility, through primary residential treatment and followed by a structured aftercare component, dual diagnosis offenders are better served. The Department has provided a continuum of substance abuse treatment strategies for this offender population. It has been found that effective treatment services tailored to meet the needs of individual probationers, can interdict the need for revocation and commitment to either jail or prison. This proposal will fulfill the needed continuum of treatment sanctions to effectively manage the dual diagnosis offender and other high-risk/high-need chemically dependent offenders in the community who are most likely to violate probation and be sentenced to jail or prison.

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 proposal is designed to target the needs of offenders with dual or multiple disorders (as well as other high-risk/high-need chemically dependent offenders). This is critical because such offenders are most likely to violate probation, resulting in re-incarceration. With the exception of The Center’s ANEW program, funded through the Texas Council on Offenders with Medical and Mental Impairments (TCOOMMI), there is no other comprehensive community-based case management resource for the dually diagnosed population.

While TAIP funds some residential treatment slots for high-risk, high-need offenders, the funded slots do not meet the needs of dually diagnosed offenders. The Department's Mental Health caseloads or the Substance Abuse Field Unit usually provide offender supervision for offenders who access this continuum of service. Austin Travis County MH/MR is the only dual-diagnosis service provider in Travis County who offers a continuum of long-term substance abuse services.

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 None

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

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

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 **Oak Springs Treatment Center (Oak Springs)** resides within The Center's Behavioral Health Division. Oak Springs is licensed and operates under strict DSHS rules and regulations. Alameda House also resides within the Center's Behavioral Health Division. Oak Springs/Alameda provide a full continuum of care through collaborative efforts, offering a coordinated approach to the delivery of health, substance use, mental health, and social services. Offenders are linked to appropriate services which address specific needs and stated goals. Interagency Memorandums of Understanding and/or contracts provide a wide array of services, and on-going collaborations include but are not limited to: TCOOMMI, DSHS, the Travis County Jail, the Salvation Army, Austin Outreach, Lifeworks, HIV Wellness Center, the Texas Department of Health, and the Housing Authority of the City of Austin.

Since 1996, Oak Springs has managed the Inpatient Substance Abuse program. This highly personalized program is staffed by credentialed professionals, including: Licensed Professional Counselors (LPCs); Licensed Chemical Dependency Counselors (LCDCs); and a physician, who assesses and evaluates offenders with mental health disorders. The population of this program is composed of those who have a dual diagnosis of mental health disorders and substance use/dependency disorders.

Alameda House, a transitional living facility is supervised by a Program Manager and staffed with residential monitors and a specialized Dual Diagnosis Counselor liaison position. The Dual Diagnosis Counselor position is critical to the seamless coordination and delivery of services between the two program sites (Oak Springs and Alameda House). The Dual Diagnosis Substance Abuse Inpatient continuum provides: Outreach, Assessment, Treatment, Case management.

The three Phase Levels (I, II, III) include the following services or strategies:

- Outreach, screening and assessment
- Treatment planning
- Collaborative referrals for offenders and family members
- Individual and group counseling, as it relates to the offender's substance use
- "Thinking for a Change" curriculum of services
- "Relapse Letter completion"
- Substance use/HIV education including modes of transmission, prevention, high-risk behaviors, occupational precautions, and behaviors in violation of Texas laws
- Education addressing STDs, Hepatitis B and C, and other communicable diseases
- Assessments provided by the program's psychiatrist
- Dual Diagnosis care and treatment
- Family education and counseling related to the offender's substance use
- Life skills training
- Case management services provided by ANEW staff as requested
- Disease management or relapse prevention
- Support group opportunities
- Aftercare and discharge planning

Goals of the program are:

- **To live a life free of drugs and alcohol**
- **To reduce recidivism**
- **To decrease re-incarceration**
- **To increase Community Supervision Outcomes, in the areas of expiration, early discharge, and revocations**
- **To increase successful program completion**
- **That offenders are abstinent 60 days after discharge**
- **To reduce drug or alcohol use by defendants**

Phase I:

Phase I is an outpatient pre-treatment program that continues until offenders are assigned a bed at Alameda House to begin residential treatment.

Phase II:

Phase II is a ninety (90) day residential program (operating weekdays, weekends and holidays) located at Alameda House. During the week, Monday through Thursday (9:00am - 1:00pm), offenders are transported to the Oak Springs outpatient program. At other times offenders attend programs available at the Alameda House location.

Phase III:

Phase III is the aftercare program lasting eighteen (18) weeks. During the first six (6) week period, offenders attend an intensive outpatient program, either the day program noted in Phase II, or an evening program, which operates Monday through Thursday, from 5:30 pm - 8:30 pm. Offenders are afforded a choice in scheduling, but must adhere to their scheduling choice throughout the initial six (6) weeks. Following this time period, offenders receive twelve (12) weeks of supportive outpatient treatment. Offenders may choose one (1) day (Monday, Tuesday, Wednesday, or Thursday) to attend either the day or evening program. Whatever time and day is chosen must be adhered to throughout the twelve (12) week period. However, Oak Springs makes a diligent effort to accommodate offenders should they obtain employment, and caseworkers will assist with scheduling changes as required. Releasing offenders early or requesting extensions is governed by individual clinical needs. As long as treatment plan goals have not been met, offenders must remain in treatment. Goals may be in any of the seven areas addressed in the Treatment Plan: mental health, substance use, legal, housing, financial, social, or employment (or Social Security Disability Insurance application). Successful discharges occur when offenders meet service plans requirements and achieve goals set forth in their Treatment Plan. Depending on capacity enrollment in Phase II, funding for Phase I & Phase III may not be available. If all 5 beds allocated to Alameda are full, no funds exist for Phase I or III to ensure that the full continuum is operational, additional funding is being requested. Additionally, if Alameda Phase II is operating at capacity, other approved residential TAIP providers may receive emergency placements for only Phase II (90 day residential Substance Abuse Treatment) Treatment.

The Substance Abuse Inpatient Continuum offers offenders a full continuum of care through collaborative efforts. The program is a coordinated approach to the delivery of health, substance use, mental health, and social services, and offenders are linked to appropriate care utilizing internal Center programs, and collaboratively with agencies located throughout our community.

Offender progress or regression is measured during each service provided. Attendance and Progress Notes are completed, and reports are faxed to probation officers/pre-trial officers for file retention. Telephone contact is made to probation officers/pre-trial officers within twenty-four (24) hours of an offender having a positive drug

test, and/or twenty-four (24) hours of absence from the program. Written reports faxed to probation officers/pre-trial officers occur:

- Upon admission: the Treatment Plan
- Weekly: weekly Attendance and Progress Notes
- Upon discharge: Discharge Summary

The communication process, including frequency of contact, changes only when pertinent offender information becomes known to the staff, but may not be known to the officers. Program staff work closely with officers, and may communicate more often as new information surfaces.

The National Institute on Drug Use's (NIDA) "*Principles of Effective Treatment*" (Principle 8) states, "Addicted or drug abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way". Therefore, Family Services are offered to each offender. Family centered services are a crucial ingredient in providing comprehensive, community-based services to offenders, and involve both children and adolescents. Family services are designed to identify family risk factors associated with the offender's chemical dependency, to improve the health and functioning of the family unit, and/or to assist individual family members in supporting the offender's achievement of a healthy, drug-free life style. All services provided to family members are culturally, age, and developmentally appropriate. Family services are initiated only with the knowledge and consent of the adult offender, and timing of services are clinically appropriate.

Given a group of offenders who generally have poor social skills, little internal motivation to change, and concrete-oriented thinking: it can be expected that treatment programs setting clear behavioral goals and work assignments will provide more opportunities for successful outcomes.

There are both criminogenic and non-criminogenic offender needs. Criminogenic needs are dynamic risk indicators, which, when changed, reduce the likelihood of criminal conduct. Non-criminogenic needs also change, but changes have little influence on criminal behavior. As needs often define treatment goals, caseworkers, treatment staff, CSOs, and offenders must work together to develop a treatment plan aimed at reducing substance use (criminogenic need) and stabilization of mental health issues.

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.

REFERRAL PROCESS

Court -Ordered

Assessment Process

Self Referral

Other: _____

PARTICIPANT ACTIVITIES

All offenders admitted to the program must be:

- medically stable
- able to function with limited supervision and support

All offenders referred to the program are court ordered and complete a program intake.

Oak Springs clinical staff are the point of contact between the TAIP coordinator, the offenders, Alameda House and the probation department. Upon admission to the program, offenders are assigned to a Phase Level (as described in detail above) with Phase I being the pre-treatment level, Phase II being the residential level, and Phase III being the aftercare level. Offenders admitted to Phase I either continue through Phase II and III for successful discharge, or only complete Phase I as a dually diagnosed offender completing an outpatient treatment program. Offenders admitted to Phase II, continue through Phase II and III for successful discharge. A specialized dual diagnosis caseworker is assigned.

The probationers/pre-trial offenders' responsibilities are to complete the following within their assigned Phase Level (I, II, III):

- Individual counseling sessions with the assigned caseworker.
- Group program services:
 - Lectures
 - Educational groups
 - Role Playing
- Completion of the Relapse Letter.
- Urine Drug Testing every week.

- Psychiatric health service
Offenders will meet with the staff psychiatrist weekly for medication checks and evaluation of

psychiatric stability.

- Homework completion
- Provision of their signed 12 step meeting attendance cards weekly

PHASE I

This is a pre-treatment intensive outpatient program. The offender attends phase I program until a bed is available at Alameda House. The program is Monday through Thursday, from 9 am to 1 pm. This phase has no end date.

PHASE II

This is the residential program. The offender lives at Alameda House and attends cognitive-based treatment services at Oak Springs, Monday through Thursday, from 9 am to 1 pm. The Dual-Diagnosis counselor liaison provides continued evening substance abuse education and life skills (re-entry) services at Alameda Mon-Fri. Good chemistry and external AA services are also used. The program continues for 90 days, including all weekdays, weekends and holidays. The offender may be placed in a contract residential program location if a bed at Alameda is not available.

Relapse Strategies:

Programming utilizes the education of triggers during treatment, the development of individualized relapse plans, the use of peer support in group Twelve-Step meetings, and Twelve-Step sponsors during aftercare. Critical to this process is attendance at Good Chemistry groups that address both mental health and substance use needs of offenders. The program's cognitive curriculum enables the offender to make behavioral changes in their life. These changes affect and support the offender in sobriety maintenance.

Specific Requirements for Phase II Treatment Services:

The residential program is designed to include increasing levels of responsibility for offenders, with frequent opportunities for them to apply their knowledge and skills in structured and non-structured settings. The goals are supportive care and integrated treatment for mental health and substance use issues, relapse services, and preparation for life outside of the residential setting. The Alameda House program delivers no less than ten (10) hours of structured activities per week, including at least five (5) hours of chemical dependency counseling.

Services delivered include:

- Life Skills Training (two hours/week)
- Relapse Prevention (two hours/week)
- Substance Use Education and Counseling (six hours/week)
- 12 Step Meeting Attendance (three hours/week)
- Good Chemistry groups weekly (one hour/week)
- Homework assignments and completion (varies)

Treatment Team Meetings:

Treatment team meetings are attended by the CSO in person or via telephone, the program caseworker, the offender, and anyone else pertinent to the offender, in order to best meet his or her needs. Offender progress or regress is discussed, offender needs are assessed, and methods to meet observed needs are determined. Treatment Team Meetings are held weekly for Phase II if the offender is in Austin and bi-monthly if the offender has been placed in another approved program.

PHASE III

This is the aftercare program that lasts for 18 weeks. The first 6 weeks, the offender attends an intensive outpatient program of services either the day program, Monday through Thursday, from 9 am to 1 pm or Monday through Thursday, from 5:30 pm to 8:30 pm. The offender chooses to attend either the day or evening program and stays with that decision through his/her 6 weeks of program. With this part of phase III, the offender does not stop or change his/her intensive outpatient program of services when he/she finishes 60 hours of group services. He or she continues this part of phase III for six weeks. Then the offender has 12 weeks of a supportive outpatient program of services. The offender chooses one day, either Monday, Tuesday, Wednesday or Thursday and attends either the day or evening program. Whatever day and whatever time the offender chooses, he/she stays with that decision through this 12-week part of the program.

ABSENCES: With all of these phases, any absence is assessed by the clinical supervisor.

DISCHARGE CRITERIA:

Probationer's progress will be measured by abstinence, completion of service plan goals and weekly progress level report forms. Successful offenders will have an overall monthly progress level of 1,2, or 3; full payment of any co-pays; and maintained abstinence for a duration of 6 – 9 months before completing program. When offenders leave the program, whether successfully discharged or not, Discharge Summary reports are completed within a twenty-four (24) hour time frame. These reports are faxed to the probation office for record retention.

Successful Discharge:

- Offenders complete all assigned programming
- Clinical supervisor generates Certificates of Completion and delivers to offenders, and copies are faxed to community supervision officers/pre-trial officers
- Discharge Summary reports are written and faxed to the appropriate parties

Unsuccessful Discharge:

- Offenders who violate program rules are discharged from the program
- The clinical supervisor is responsible for meeting with offenders, whenever possible, to explain the reason(s) for discharge and provides counseling on what must be done to return to the program and succeed
- CSOs/pre-trial officers are notified within twenty-four (24) hours
- Discharge Summary reports are written and faxed to appropriate officers and TAIP

CHOICE OF PROGRAM DESIGN

Choice of program design was based on extensive research including:

- *Latessa, 2000*: This study noted that “what works to reduce recidivism in criminal justice offenders indicates that programs that include a cognitive-behavioral component have increased probability of reducing recidivism”.
- *National Institute of Health (NIAA), 1989*: Research for this study was conducted on outpatient, inpatient, and aftercare programs for alcoholics. NIAA noted that Cognitive-Behavioral Therapy and Twelve-Step Facilitation were significant therapies for sustained improvement in the increased percentage of abstinent days (Project MATCH, NIAA/NIH, 1990).

Therefore, Oak Springs utilizes cognitive-behavioral based treatment (*Thinking for a Change* curriculum currently recommended for offenders by TAIP) and the Twelve-Step program (Alcoholics Anonymous World Services, Inc. (1939). Alcoholics Anonymous, New York, NY), both incorporated within a three-phase system of care. Additionally, all contract residential substance abuse programs are contractually mandated to utilize a cognitive curriculum in service delivery.

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

The Oak Springs Treatment Center – Dual Diagnosis Program:

The Oak Springs staff have a high degree of responsivity to the target population. This is due to: a bi-lingual and multi-cultural staff; staff with similar life experiences as offenders; staff who have worked with this target population for ten or more years; and, staff that have significant training on co-occurring substance abuse and psychiatric diagnoses. They are well trained in dual diagnosis care and treatment, and offenders are closely monitored regarding attendance and level of participation.

1. Staff Title: Staff Title: Clinical Supervisor (13.6% FTE)

Process activities: Provides supervision to all clinical staff; manages daily offender services

2. Staff Title: Counselor II (50% FTE)

Process activities: Provides individual clinical services including treatment, discharge planning, and summaries as well as referral to community resources

3. Staff Title: Caseworker II (30% FTE)

Process activities: Provides group services, carries offender caseload; completes intakes and acts as case manager

The Alameda House Program

4. Staff Title: Counselor (100% FTE)

Process activities: Provides the extended counseling and program services

5. Staff Title: Residential Monitor (10% FTE)

Supervises all residents of Alameda House

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 Inpatient Continuum

Chief CSCD County: Travis

Program Code: SAT

Facility Category: CRS

Data Contact Person: Lila Oshatz

Projected Number to be served: 65

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 65

B. Urinalysis Tests

Number of Individuals Tested 65

C. Academic Education Services

Number of Participants N/A

Number Mandated by CCP 42.12 Sec. 11(g) N/A

Number of GEDs obtained N/A

D. Electronic Monitoring

Number of Participants N/A

E. Cognitive Training/Cognitive Behavioral

Number of Participants 65

F. Substance Abuse Education

Number of Participants 65

G. Employment Services

Number of Participants N/A

Number who secured employment for 3 days or longer N/A

H. Victim Services

Number of Victims Served N/A

Number of Victim-Impact panels held N/A

Number of Victim-Offender mediations completed N/A

Outcomes – Successful Program Completion

Number of participants successfully completing the program 32

Date: March 1, 2005