

FY 2006-2007 RESIDENTIAL PROGRAM PROPOSAL

Proposal Element 1: COVER SHEET

CSCD: (Chief County of Jurisdiction): Travis

PROGRAM NUMBER: Number to be assigned

PROGRAM TITLE: Substance Abuse Special Needs Facility/Combination Facility

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

FUNDING RECIPIENTS: CSCD NON-CSCD OTHER
 REGIONAL CONSORTIUM

NON-CSCD FUNDING RECIPIENT NAME (CCC ONLY): _____

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

FUNDING SOURCE	1 st Year	2 nd Year
RSAT	\$ _____	\$ _____
Other:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

**PROGRAM CODE/BED CAPACITY
 (CSCD PROPOSAL ELEMENTS 2-6 MUST BE COMPLETED FOR EACH PROGRAM CODE)**

Primary Program Code:	Facility Category (CCF, CCC)	Bed Capacity		
<u>SAFF</u>	<u>CCF</u>	M <u>86</u>	F <u>14</u>	Total <u>100</u>
Secondary Program Code (combination facilities only):				
<u>MIOF</u>		M <u>70</u>	F <u>6</u>	Total <u>76</u>
		M <u>16</u>	F <u>8</u>	Total <u>24</u>

Facility Total: 100

Program Contact Information:

Name: Lila Oshatz
 Title: Manager of Planning & Community Resources
 Mailing Address: P.O. Box 1748
Austin, TX 78767
 Telephone: 512-854-4600
 Fax: 512-854-4606
 E-mail: Lila.Oshatz@co.travis.tx.us

Vendor: Does contract service vendor provide residential services? No Yes

If yes, provide: Vendor Name: Correctional Systems Inc.
 Mailing Address: 7805 Arjons Drive, Suite A
San Diego, California 92126
 Telephone: (858) 566-9816

Proposal Element 2: PROBLEM/NEED DATA

1. TDCJ-CJAD residential planning staff will gather additional problem/need data from MCSCR, Offender Profile Data, and CSTS to establish need.
2. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program (optional). (See appendix __ for an example)

The program has been in existence since 1991. It includes residential and continuing care services. In Fiscal Year 2004, 255 offenders were admitted to the SMART program for substance abuse and dependency. In Summary, alcohol and drug needs dominate both the Offender Profile Data and the Revocation Profiles documented in the County.

The SMART program provides comprehensive substance abuse treatment for offenders. The residential phase is a minimum of 16 weeks and the continuing care phase is 6 months. The program is designed to address the criminogenic needs of offenders such as criminal thinking errors, education and employment needs. The SMART program also offers treatment to offenders with mental health and medical issues, such as H.I.V. Resources serving offenders with H.I.V. have significantly decreased in the Austin area, as several organizations serving this population have experienced dramatic cuts in funding. The SMART program offers a critical link in case management services for uninsured offenders with substance abuse. The SMART program works closely with Austin Travis County MHMR to address and access available mental health services for residents as soon as these issues are identified.

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

The TAIP program refers offenders to substance abuse contract services in the community. The Substance Abuse Field Unit provides supervision for offenders with substance abuse issues. There are contract residential substance abuse treatment programs for offenders in Travis County that serve the parole and probation population. SMART is the only community corrections facility in Travis County. There are other community-based residential substance abuse programs in Travis County that are DSHS, TAIP or City-County funded, but none currently provides a complete program continuum that includes cognitive-based residential treatment and structured continuing care. Therefore, without continued operation of the SMART program, availability of residential community corrections Treatment will be virtually nonexistent.

GRANT PROGRAM RATIONALE

There has been a paradigm shift in the Criminal Justice system from punishment to treatment within the community in which the offender lives. Court-ordered treatment has proven to be successful and cost effective. In Fiscal Year 2001, it cost the State of Texas an average of \$ 7,957 to place an offender in a Community Corrections Facility, according to the Texas Department of Criminal Justice. That's \$491 less than it costs to keep an offender in State Jail and \$32,581 less than it costs to send an offender to prison according to the Criminal Justice Policy Council. Furthermore, according to Collins and Allision, 1983, legal coercion has documented positive effects on treatment population retention and program completion when compared to a control group free of any legal mandate. Furthermore, according to a five year study conducted by the National Treatment Improvements Evaluation Study (NITES), substance abuse treatment can reduce drug use by half for as long as a year following treatment. In support of this study, Hubbard and Craddock, 1997, found that drug treatment reduces drug use by 40% to 60% and significantly decreases criminal activity after treatment. According to the National Institute of Health (NIDA), the most effective treatment programs provide on site

services with a variety of treatment elements and support services. The SMART program is designed to provide intensive treatment to high-risk individuals on Community Supervision who have been assessed as chemically dependent and in need of residential treatment. The SMART program has integrated numerous proven "Best Practices" principles to develop a fine tuned therapeutic program that is effective for the offender population. The use of cognitive restructuring, social skills and problem-solving skills with integration of recovery skills has proven effective in increasing accountability and behavioral modification. Effectively treating both the chemical dependency and criminal behavior can have a profoundly positive effect on reducing recidivism and creating sober and responsible living. Offenders are empowered to be responsible for changing their own behavior and making lifestyle changes conducive to a chemical and crime-free future. Therefore, prior to admission, a thorough specialized assessment process begins to determine the criminogenic needs and responsivity issues of each offender. Criminogenic needs are those behaviors, attitudes, values, beliefs and conditions that produce criminal behavior. According to Simourd and Andrews, the major criminogenic need areas are antisocial/pro-criminal attitudes, values and beliefs, familial factors, low levels of educational and employment achievements and substance abuse problems. The greater the criminogenic need, the higher the risk for recidivism. Responsivity issues are those factors that must be addressed with the offender in order for the offender to be "responsive" to treatment. These include level of motivation for treatment, psychological stabilization, etc. Therefore, the program's assessment is designed using a battery of tests and interviews to determine the criminogenic need and responsivity issues for each offender so that a treatment plan can be developed to address each need area.

The "What Works" research of Gendreau (1994) documents known strategies to effect positive, pro-social changes in offenders. SMART strives to incorporate interventions supported by the "What Works" research to be effective in working with offenders and to maintain integrity of the interventions used. The SMART Program's primary intervention is a cognitive behavioral approach as recommended by Gendreau. A structured, research-based cognitive curriculum is used. In addition, didactic groups referred to as Recovery Skills groups are incorporated as a primary intervention. These groups target criminogenic needs of offenders and traditional 12-Step based work. Positive reinforcers are also an integral part of the everyday operations of the program. Every opportunity is seized to recognize and reward, big or small, positive pro-social behavior. In addition, staff are coached and trained in role-modeling pro-social behavior in support of the Social Learning Theory as recommended by L. Lightfoot as noted in the "What Works" literature. SMART also offers a family program that is supported by research. The "What Works" literature recommends a family program component when working with offenders since familial issues are a major criminogenic factor. The SMART program includes a family program for residents and family members to address problems/issues within the familial unit.

In addition to cognitive behavioral approaches and positive reinforcers recommended by Gendreau, the program implements a treatment track focusing on the offender's motivation for change. Motivation for change is a multifaceted construct historically regarded as a prerequisite for responsiveness to treatment (Beckaman, 1980; Dean, 1958; Miller and Tonigan, 1996). Due to this, the program uses the SOCRATES test to measure the client's stage of change and employs strategies to move the client to a stage of change responsive to treatment.

The traditional 12-Step treatment model is also used as a supportive treatment intervention. The 12-steps used within the program have a proven track record for those desiring recovery to remain abstinent from chemicals. The combination of cognitive interventions with 12-step work will increase change within the offender by changing the attitudes, values and beliefs that contribute to criminality and providing support through 12-steps for maintaining abstinence from chemicals.

SMART Program participants transition to the Continuing Care phase of the program after completing the sixteen weeks residential phase. Offenders participate in Continuing Care groups on a weekly basis for six months, therefore, the full program is ten months. In addition, the Continuing Care phase of the SMART program offers the residents a relapse track that also utilizes a cognitive behavioral approach geared to the

offenders specific relapse triggers/issues. The California Drug and Alcohol Treatment Assessment (1994) found that the level of criminal activity declined by two thirds from before treatment to after treatment. The results indicated the greater the length of time spent in treatment the greater the percent reduction in criminal activity.

The SMART program uses a training module designed to train all CSCD staff, including support staff, as well as all vendor staff, in the treatment approach used in the program. There is a strong emphasis on teaching all staff members the cognitive-behavioral model utilized so that all staff can support the treatment process. This is consistent with research that indicates that having all program staff trained in the program's approach and philosophy increase the effectiveness of treatment.

In Summary, the SMART program design is a multi-modal approach with a heavy alliance on cognitive-behavioral philosophy designed to address the needs of each offender in a community correctional setting.

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
- d. If yes, describe: _____
- e. Offense-related characteristics or exclusions Yes Title 5 Accepted? Yes No
If yes, date of public hearing _____
- f. Are participant referrals accepted from outside your jurisdiction? No Yes
If yes, what proportion are from other jurisdictions 2 %.
- g. Is this program designed to serve any specific cultural, ethnic, or gender group? No Yes
If yes, please identify and cite proportions, if applicable. _____
- h. Is this program designed to serve MHMR participants? No Yes
- i. Are offenders who are not on community supervision accepted as participants in this program? (e.g. pre-trial, jail inmates, state jail confinees, family members, or others) No Yes
If yes, please identify. Pretrial Drug Court Offenders, Family Members
- j. For TAIP or TAIP/RSAT funded programs ONLY: indicate if the program meets the requirements of Government Code § 76.017. Yes NA

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

Operations Manual Appendix of Responsivity:

SMART is a community corrections based substance abuse treatment and offender rehabilitation program for males and females. The program concept is based on the delivery of both Residential and Continuing Care services being offered to offenders with substance abuse issues. It is a specialized treatment program designed to meet the needs of each offender. The SMART program begins to address responsivity issues during the screening process. The contract psychologist screens each offender for placement and makes recommendations for special needs. When appropriate, an offender will be matched with a Counselor and/or Supervision Officer with characteristics that would be most effective in establishing rapport with the offender. In order to ensure effective service utilization, licensed chemical dependency counselors are employed for provision of counseling services. Coordination between treatment staff, vendors and clients to conduct treatment plans, occurs at weekly case staffings, individual consultation among staff as needed, disciplinary hearings, and the team assessment.

The SMART program is operated by Travis County Community Supervision and Corrections Department (CSCD) and funded by the Texas Department of Criminal Justice-Community Justice Assistance Division. A private vendor provides security and oversight of the non-treatment program operations. Credentialed counselors provide treatment services. Community Supervision Officers provide supervision from residential until the client successfully completes Continuing Care. The SMART Program recognizes the principles of responsivity in developing and implementing the program design including enhancement of client motivation. The SMART Program's mission is to "Provide the District Courts with a sentence alternative for Substance Abuse offenders by providing intensive substance abuse treatment and offender re-socialization in a community setting." The SMART Program's goals include:

- * Reduce recidivism
- * Reduce the cost of alcohol and other drug abuse to the community and assist in providing safer communities
- * Provide offenders with the skills necessary to begin recovery and maintain an alcohol and drug-free lifestyle
- * Promote a cognitive shift that influences attitudes, beliefs and behavior associated with criminality
- * Provide offenders with the skills necessary to become gainfully employed
- * Assist families in understanding and supporting offenders in recovery

Please refer to the program components section for all assessment tools and other strategies that are used to identify criminogenic needs and responsivity factors. Documentation of resident/continuing care participant compliance to program expectations will be completed by appropriate staff.

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.

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.

REQUIRED STANDARD OPERATING PROCEDURES

Referral Process

Court Order Assessment Self referral

Other (please indicate) _____

OR*

N/A

Participant Activities (Process of Successful Program Completion):*

Offenders are ordered to the program by the courts at the time of sentencing. In addition, conditions are amended by field officers and signed by a judge to order an offender to the program. Upon ordering an offender to the program, the field or court officer calls the facility and advises the admissions coordinator of the referral. After receiving the referral, the admissions coordinator obtains all necessary information from the field CSO and schedules the offender with the program's psychologist to screen for program eligibility. Once deemed appropriate by the psychologist, the admissions coordinator schedules the offender for admission. Upon admission, an intake and orientation process is completed. The intake process is comprised of issuing clothing and personal hygiene items, securing personal belongings brought to the facility, drug testing, and completion of a medical history and physical examination by a medical doctor. The offender also attends an orientation session upon admission that includes a review of facility rules and services, treatment services, resident daily schedule and community supervision. The resident is given a handbook at orientation and signs proper consents for program participation.

RESIDENTIAL TREATMENT LEVELS

Residents at SMART must progress through three treatment levels in order to successfully discharge from the program. Residents must complete the minimum time requirement in each level and complete all assignments and criteria designed to meet the objectives for each level before moving on to the next level. Residents may also be moved back to a previous treatment level if their behavior indicates that they have not internalized the objectives of that level.

All residents entering the program are placed in Level I, and are given Level I assignments by their primary counselor. Once they complete the required assignments and have met all the criteria for advancement (noted below), the resident must gain a peer vote of approval for progression to the next level. They must also gain the primary counselor's approval. After the resident has completed these steps, they fill out a Level Change Request Form.

The resident writes down their treatment plan goals for each of the areas listed on the Level Change Request form and describes the progress they think they have made toward accomplishing each of those goals. The resident will also explain why they believe they are ready to move to the next level, identifying their strengths and the efforts they have made toward recovery. The resident presents the Level Change Request in group the week prior to the anticipated move and asks for feedback from the group. After this, the resident completes the section of the form identifying areas that they need to work on in the next level, including feedback that they received from their group, and signs the form. The resident then turns the form in to the counselor, who will present the request in staffing, for advancement to the next level. The counselor completes the assessment portion of the form, identifying the resident's strengths and limitations and stating their assessment of the needs

that the resident should focus on in the next level. The counselor presents the request to the treatment team at the clinical staffing. The treatment team makes a final decision and the counselor shares the results with the resident afterwards. This same procedure is followed for residents moving from Level II to Level III.

In the event that a resident has completed the minimum amount of time in a level, but the resident has not completed all requirements for advancement or the staff believe that the resident has not demonstrated cognitive and/or behavioral changes expected, the counselor will complete the “staff use only” section of the level change request form and bring to the clinical staffing. The counselor will explain to the treatment team the reasons why the resident should not be moved to the next level, and the treatment team will then review the case. A decision will be made in staffing to determine the course of action that should be taken.

In some cases, a resident will be moved back to a previous treatment level. This is usually in response to the residents’ regression from the course of treatment or a violation of program rules. Returning a resident to a previous level is done either by the disciplinary team during a disciplinary hearing, or by the treatment team at the time the case is staffed for a level change.

Following is a detailed description of each level, and the criteria for advancement from one level to the next:

LEVEL I Orientation and Exploration (4 weeks)

The resident will be involved in the assessment process. The resident must complete all required assessments during this level. The resident will be oriented to the facility rules, services, treatment components and the daily schedule. The second piece of this level will include the exploration process. This is the very first step in the recovery process. This level is designed to meet the resident where they are in the stages of change. The resident explores their history of alcohol/drug use and examines how this has impacted their life. In this exploration process, the resident will look at the reasons behind their use and negative aspects of their use. This will help lay the groundwork for the rest of their recovery. It is important that they acknowledge that they have a problem with alcohol/drugs and understand the impact it has had on their lives before they move to the next level.

Criteria for Advancement to Level II:

Requirements:

- *Criminogenic Needs Assessment
- *Attend Recovery Skills Group
- *Begin Cognitive Classes
- *GED studies/testing
- *Negative/Benefit Assignment
- *Signs and Symptoms
- *Denial Handouts-Present in group
- *Alcohol/Drug Letter-Present in group
- *Costs of Alcohol/Drug use
- *Read pages 0-71 of AA Big Book
- *Write summary on each chapter
- *Individualized assignments by counselor
- *Participation in all other program activities
- *Receive peer group approval for level change
- *CSR Requirement (if applicable)

Expectations:

- *Be on time to activities
- *Demonstrate willingness to explore defenses
- *Participate in group
- *Have an open mind
- *Follow staff directions
- *Follow all program rules
- *Allow others to help

Privileges

- *Basic Privileges entitled to any resident

LEVEL II Intensive Treatment (7 weeks)

Level II is designed to help the resident move forward with their own recovery. During this stage of treatment, the resident completes the Cognitive Program and continues attending Recovery Skills groups. They also begin working on the 12-Steps and focusing on their own individual life issues. This level is the core for substance abuse treatment and offender re-socialization.

Criteria for Advancement to Level III:

Requirements:

- *Write and present Life Story in group
- *Complete Step 1,2 & 3 assignment
- *Read pages 72-164 of AA Big Book
- *Write a summary on each Chapter of Big Book
- *Report to group a clear understanding of the Disease Concept
- *Recite Steps 1-12 and report to group the meaning of steps 1-3
- *Individualized assignments by counselor
- *SOCRATES Test
- *Family/Significant other participation in Family Program
- *Participation in all other program activities
- *Complete Cognitive Classes
- *Receive peer group approval for level change
- *CSR Requirement (if applicable)

Expectations:

- *All items listed for Level I
- *Positive feedback from staff
- *Display an increase of honesty with self and others
- *Increase participation in group
- *Begin giving feedback to peers
- *Genuine improvement in attitude
- *Practice the Principles of Recovery
- *Ability to confront peers
- *Volunteer for extra duties
- *Focus on solutions

Privileges:

- *All privileges of Level I
- *Ability to be a Structure Representative
- *Outings (Structure members)

- *No regular Kitchen Patrol (KP)

LEVEL III Relapse Prevention and Transition (5 weeks)

Level III is designed to assist the resident in preventing relapse and in planning for their ongoing recovery. When the resident moves to Level III, they are in the last stage of the residential program. They will be working with their probation officer and their primary counselor to make plans for their continuing care. This level requires the resident to take on increased self-responsibility and make plans for the future. The resident makes decisions regarding a job, living arrangements, and other outside concerns. They also participate in the pre-employment program during this level and must begin interviewing for jobs prior to discharge.

Criteria for Successful Discharge:

Requirements:

Expectations:

- *Relapse Triggers Exercise
- *Signs/Symptoms of Relapse
- *Develop Relapse Prevention Plan
- *Obtain a sponsor
- *Establish (1) 12-Step meeting site
- *Begin working on Step 4
- *Individualized assignments by counselor
- *Participation in all other program activities
- *Set realistic, manageable, measurable goals for self
- *Complete all Life Skills activities, including PEP
- *GED studies/testing
- *CSR Requirement (if applicable)

- *All items listed in Level II
- *Positive role model for peers
- *Assist/Mentor new residents
- *Show leadership in program
- *Establish living arrangements
- *Pursue vocation/education/employment
- *Regular practice of recovery principles
- *Be able to demonstrate effective confrontation skills
- *Submit a budget plan
- *Show knowledge of group guidelines and purposes

Privileges:

- *All privileges listed for Levels I and II
- *Complete job applications and interviews
- *Community AA/NA/Alanon meetings
- *Community AA/NA/Alanon/CODA meetings
- *Wear street clothes and make-up on outings and Exterior Movements

- *Outings
- *Special phone privileges by approval
- *Exterior Movements
- *No CSR in the community

Documentation of offender compliance to condition of supervision is completed by the supervising CSO.

Program Components*

Program Components Required for All CCFs:*

1. Cognitive Group

Thinking for a Change, a cognitive based curriculum provided by TDCJ-CJAD and Design for a Living, developed by Hazelden comprise the primary treatment modality used at SMART. It is based on research regarding the effectiveness of various programs designed to reduce recidivism (re-incarceration) of offenders through cognitive restructuring and cognitive skill development. Cognitive restructuring helps offenders examine and change the thinking that leads to criminal behavior. In addition to cognitive self-change, the curriculum also teaches residents social skills, such as understanding the feelings of others and responding to anger, and problem solving skills, such as learning to stop and think and understanding choices and consequences. Non-work release residents participate in the cognitive program 7 hours weekly for 7 weeks at SMART. Work release residents participate 7.5 hours weekly for 7 weeks. The program's Chemical Dependency Counselors instruct the course. One of the counselors is trained and trains all staff in facilitating the course. After completing the cognitive curriculum, residents continue to utilize thinking reports each week and share them in group therapy. Also, after graduating from the residential phase, residents in the continuing care phase of the program receive a weekly review of the cognitive lessons in order to continue practicing these skills.

2. Education Program:*

GED education services are provided by Austin Community College at one of our Department's locations. Before January 2004, all non-work release residents were required to work towards obtaining their GED and

were transported to our CSCD specialized Unit for education classes. Austin Community College has since lost some of its funding and that has affected our ability to continue providing education services for offenders in the residential phase of the program. Currently, offenders who are in need of attaining their GED certifications are referred by their CSO at the continuing care phase of the program.

3. Life Skills Program:*

Non-work release residents participate in all Life Skills activities provided by the Re-entry Coordinator operated by the CSCD, while in the residential phase of the program. Re-entry at SMART is designed to assist residents in securing employment prior to or after discharge. The intent is to prepare residents for job seeking by increasing their knowledge of proper interviewing techniques, appropriate interview attire and proper completion of applications. Residents will attend a 10.5-hour pre-employment preparation (PEP) class. Residents from the SMART will be transported weekly for services. The curriculum is updated periodically by the program's Re-entry Coordinator. Residents are given information for employment resources, which they may contact upon discharge. They draft a resume and obtain photo identification and social security cards prior to beginning the job search process. Offenders are approved to begin job searches after they have attended the PEP class and obtained proper ID. They must go to a minimum of three job interviews prior to discharging from the residential phase of the program. Residents who obtain jobs while on Level III may qualify to participate in the work release program for the remainder of their stay.

Work release referrals do not receive Life Skills or GED services while in the program. The resident has to be sentenced by the court to SMART's work release program. The courts only sentence those who are gainfully employed to the work release program, therefore, Life Skills services are not provided.

4. CSR/Work Detail Program:*

SMART residents are required to participate in CSR while in the program unless they have a medical profile by the facility nurse stating that they shouldn't participate in CSR. Technical violators will be required to complete a designated number of CSR hours. CSR completed at the facility is referred to as "work detail" to distinguish between CSR completed off-site and on-site. Non-work release residents are assigned to work at a CSR site on a weekly basis for a 3-8 hour shift while on Level I and II in the program. Work release residents complete CSR special projects that become available on the weekends. If the capacity expansion is funded, the CSR program will be enhanced to more closely resemble ISF programming including increased hours and expansion of the number of CSR sites.

Agencies used for CSR sites must be classified as a non-profit or government entity to be approved as a CSR site. The Re-entry Coordinator at SMART is responsible for recruiting and maintaining appropriate sites for CSR. The Facility Director must give final approval for all CSR sites utilized. The Facility Director must also approve deletions of agencies as a CSR site. The Re-entry Coordinator conducts routine announced visits to all CSR work sites a minimum of once every three months. The purpose of the visit is to review the terms of the agreement and maintain open communication. The vendor conducts unannounced CSR site visits with at least one site monthly. The vendor is also responsible for transporting residents to and from CSR work sites. The Social Services Manager is responsible for supervising the Re-entry Coordinator and keeping the Facility Director informed of issues with the CSR Program.

Non-work release residents work one day of the week at a CSR site. A supervisor from each site is responsible for completing an evaluation on each resident's performance for each day worked and turns it in at the day's end. These evaluations are placed in the resident's file.

All residents, including work release residents are assigned to work detail at the facility. They are responsible for cleaning and linen exchange for their dorm and bunk. The vendor's Assistant Facility Administrator

coordinates additional work detail duties at the facility. Residents are assigned chores at the facility that are completed according to a schedule developed by the Chief of Operations. The chores include assisting with cleaning and meal preparation in the kitchen, grounds keeping (i.e. mowing, weed-eating, gardening, etc.), facility routine and non-routine cleaning such as sweeping, mopping, cleaning restrooms/offices, emptying trash cans, buffing floors, cleaning windows, vacuuming, etc. Some offenders are assigned to assist the maintenance man in completing maintenance projects such as changing light bulbs, equipment repair/maintenance, painting, etc.

Program Component Required Based on the Mission of the CCF:*

1. SUBSTANCE ABUSE TREATMENT - TREATMENT MODALITY

The level of treatment offered at SMART is Community Residential Treatment, CJAD standard §163.40(w). The primary treatment modality used in the SMART Program is a cognitive based curriculum designed to help residents understand the connection between their thinking and behavior. This type of approach has been proven to be most effective in helping offenders change antisocial behavior into more pro-social behavior. The Hazelden 12-Step model is used as the supportive treatment modality. This model relies on traditional counseling approaches through group process and individual counseling, which emphasize breaking through denial and accepting the fact that the client has a disease. This model includes reliance on 12-Step self-help groups within the local community. The program uses a self-designed 12-Step curriculum that is followed. It includes client assignments, readings and a completion of a life story. The program also incorporates a didactic component called Recovery Skills Groups, which is a primary intervention method. These groups, which are interactive and topic specific, are designed to assist the client in developing skills necessary for changing behavior and maintaining recovery. These groups target criminogenic needs of offenders and emphasize utilizing new cognitive skills, such as problem solving and decision-making, as well as traditional 12-Step work. The program also involves the Stages of Change, which involves progressing through five stages: precontemplation, contemplation, preparation, action and maintenance. The SOCRATES test is used to identify which stage clients are at in regards to recovery. Strategies are employed to assist clients in moving through the stages of change through each level of treatment. The program also utilizes some Therapeutic Community practices as an additional tool in working with offenders; however, the program is not a Therapeutic Community. The SMART program has curriculum manuals for the 12-Step model employed in group process, cognitive program, Recovery Skills Group and family program that all staff are required to use.

GROUP PROCESS

Depending on what level a resident is in, non-work release residents participate in process groups between 3 and 9.5 hours weekly. Work release residents participate in process groups up to 3.5 hours weekly, as most of their time is spent in Cognitive and recovery skills group. During group process, residents learn to identify and express feelings and emotions. They also utilize this group to practice new cognitive skills in order to more effectively manage their feelings and solve problems. The group process allows opportunities to work through obstacles to recovery by giving and receiving feedback from their peers. Treatment assignments, required at each level of the program, are also presented in-group for feedback and processing. Residents are expected to describe and demonstrate ways that they are practicing their cognitive and recovery skills that are being taught.

RECOVERY SKILLS

There are a total of 36 Recovery Skills modules utilized by the SMART Program. Topics covered include Nicotine, Relapse Prevention, the Disease Model, Sponsorship, Emotional Intelligence, Cultural Diversity, and Family Roles in Recovery, among others. Videos pertaining to the Recovery Skills topics are incorporated into some of the modules. The curriculum manual has a complete listing of all other topics covered, as well as the complete modules for all 36 topics. These groups are designed to help residents learn some of the cognitive and behavioral skills necessary for continued recovery. Work-release residents receive a total of 36 hours of Recovery Skills, while non-workers receive 27 hours during their 16-week stay.

AA/NA MEETINGS

An AA and a NA meeting is held for 1 hour at the facility weekly and all residents have the opportunity to attend. Residents who are members of the Structure team chair the meetings. When residents move to Level III in the program, they are required to attend an AA or NA meeting once weekly in the community. They attend this required meeting while on an escorted exterior movement on Sunday. Residents that do not qualify for an escorted exterior movement are transported by facility personnel to a meeting in the community. In addition, Level III residents are transported to AA/NA meetings in the community periodically during the week by the Level III Counselor.

Other Program Components:*

1. FAMILY PROGRAM

The purpose of the Family Program is to provide counseling and support services to residents and their immediate family members for issues related to substance abuse and family problems. The primary service offered by the Family Program is a family group that is both educational and process oriented. Individual counseling, crisis counseling and community referrals for additional support and assistance are also provided.

Family Groups are held weekly in the evenings for 2 hours per group. Group participants include residents and their immediate family members and/or spouses. The family counselor screens all family program participants for appropriateness. A series of six topics is covered, one topic each week for six weeks. Once the six weeks series of topics is covered, the series begins over again. The participants may start at any time during the series and attend as long as desired during the resident's stay in residential treatment. The first half of the group is education oriented, where information is presented for the specific topic. The second half of the group is spent on group process between residents and their family members, communication exercises, questions and sharing personal experience, and group support. Family members are referred to Al-Anon or other appropriate community resources when necessary.

Individual counseling is available to residents and family members upon request from the resident. Individual sessions are also conducted at the request of administration, counselors or probation officers or if there is a particular family related concern for a resident.

2. AFTERCARE/POST RELEASE SUPERVISION

The Continuing Care phase of the program begins when residents are released to the community after completing the residential phase of the program and admitted to the Continuing Care program. Through case management with the Continuing Care Counselor and Supervision Officer, this phase is designed to assist the offender in maintaining sobriety and re-integrating into the community. The case management process helps ensure that offenders meet both criminal justice and treatment systems requirements. Continuing Care treatment includes:

1. Participation in weekly, three-hour relapse prevention process groups for a total of six months.
2. Participation in a minimum of one individual session per month with their counselor.
3. Office visit with CSO one time monthly. CSO completes field visit with offender one time monthly also.
4. Clients are required to participate in 90 daily AA/NA meetings in the community for their first ninety days in Continuing Care. After completion of ninety meetings in ninety days, clients must attend five AA/NA meetings weekly until discharged from the program. Attendance at the GED lab may substitute for up to two of the AA/NA meetings weekly.
5. Three-way meetings with the client, Continuing Care counselor and Community Supervision Officer are completed for the purpose of addressing program violations or other treatment issues.

6. Casework Management Hearings are required when there is non-compliance with 3 way meeting agreements or when there are serious program violations or to address non-compliance with probation conditions.

In order to increase effectiveness, participants in SMART Residential or Continuing Care are placed on a specialized supervision caseload with an officer at the facility. They report to their CSO within the program until they satisfactorily complete the Continuing Care phase of the program. Once the client successfully completes the Continuing Care phase, graduation from the SMART program occurs. Successful program completion does not occur until both phases have been completed. The client's case is then transferred to a field unit and placed on a regular caseload. There are three full-time supervision officers. The average caseload size is 48 offenders.

3. EXPERIENTIAL ACTIVITIES OUTSIDE THE FACILITY

CSCD staff takes residents to events outside the facility such as local museums, cultural events or nature areas. The Re-entry Coordinator plans all experiential activities. Activities are for residents on a Level III and are planned for every other week. Strict policy and procedures are followed in planning and executing the outing. The purpose is to expose residents to positive experiences that will promote a shift in their perceptions of the world in which they live. This paradigm shift will assist them in realizing that there are opportunities beyond their former beliefs and views. These activities assist in re-socializing the offenders and help the program by promoting positive energy, which also has therapeutic value to the clients.

4. STRUCTURE

SMART has a system of structure for the resident population. This system consists of an empowered core group of residents from each dorm. The residents are referred to as members of STRUCTURE. Their primary function is to LEAD BY EXAMPLE. They serve as dorm representatives, however, this is only a small part of what they are RESPONSIBLE for and held ACCOUNTABLE for. As they follow through with their COMMITMENTS, PRIVILEGES will follow. This system of resident STRUCTURE works if both staff and residents are involved in the process. Members of STRUCTURE meet with the Program Manager as a group at least once weekly for a total of one and a half to two hours. The meeting is held at 1:00 pm each Friday. This meeting consists of some program business, but focuses mostly on the concepts of LEADERSHIP, RESPONSIBILITY and ACCOUNTABILITY. Listed below is an outline of the main concepts of the STRUCTURE system along with definitions:

STRUCTURE: A diversified, empowered core group of residents from each dorm which together make up the system of resident structure at SMART.

Lead by Example: To interact and behave in a positive way so that others will follow the example. If they are asked to perform a duty, they are to work with them, along side and help the peer.

Responsibility: To make a commitment to ones self or others and then honor that commitment by following through.

Accountability: Being willing to be held to a commitment made. This may involve being pulled up by other members of STRUCTURE, peers and staff.

Privilege: The natural outcome of being responsible, accountable and following through with commitments.

5. HIV/AIDS

HIV/AIDS services are provided through a community agency, CARE, twice monthly. All residents receive 1 hour of HIV/AIDS education. Other HIV services such as testing and pre/post counseling are offered through CARE. These services are voluntary, anonymous and not limited by the ability to pay.

6. FUN DAYS

Fun Days are scheduled for one day once every 16 weeks. Staff and residents participate in games and recreational activities. Music is played and there is a luncheon. The purpose of Fun Day is multi-level with the main reason being to bring staff and residents together for positive interaction, which will help the resident to be more open to staff and promote learning. It also affords the resident the opportunity to experience life as fun and relaxing without the use of chemicals. The activities help to form a bond and rapport between residents and staff and are another means of promoting positive energy for the program.

Additional Program Data

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

Program Staff and Program Staff Activities (Staff Process):*

CSCD PROGRAM STAFF

1. Staff (Title) Facility Director

Process activities: Under the direction of the CSCD Administrator of Field Supervision Services, manages the personnel and operations of the SMART Program. Appraises all functions to ensure quality service levels and compliance with all applicable laws and rules governing substance abuse treatment facilities. Acts as liaison to the Department, agencies and government entities.

2. Staff (Title) Social Services Manager

Process activities: Responsible for managing the treatment operations, performing various administrative functions and supervising counseling staff.

3. Staff (Title) Manager of Planning and Community Resources (.20) (In-kind)

Process activities: Responsible for all contractual activities and maintaining vendor compliance.

RESIDENTIAL

4. Staff (Title) Chemical Dependency Counselor

Process activities: Provides assessment, treatment planning, and discharge planning for participants of SMART. Conducts individual and group counseling and all other counseling services offered. Conducts didactic lectures for participants.

5. Staff (Title) Family Counselor (.50)

Process activities: The SMART Family Counselor designs and implements education and intervention family program focusing in family dynamics and crisis intervention counseling for residents, family members and significant others of SMART Program participants.

6. Staff (Title) Re-entry Coordinator

Process activities: Prepares resident for seeking employment, assist them in completing applications and helps them prepare for and schedules job interviews.

7. Staff (Title) Residential Secretary

Process Activities: Responsible for providing clerical support to the residential portion of the program and serves as receptionist to Residential.

8. Staff (Title) Psychologist (contract)

Process activities: Completes residential admissions screening, client consultation and clinical oversight for staff, including in-service training (Serves both phases of the program).

CONTINUING CARE

9. Staff (Title) Community Supervision Officer Lead

Process activities: Supervises all CSOs. Coordinates training and program development for CSOs. Assists with establishing effective working relationships in treatment team and with resources within the community.

10. Staff (Title) Chemical Dependency Counselor

Process activities: Provides assessment, treatment planning and discharge planning for participants of SMART Continuing Care. Conducts individual and group counseling focusing on alcohol and drug dependence and relapse prevention.

11. Staff (Title) Community Supervision Officer

Process activities: Responsible for community supervision of clients in Residential and Continuing Care.

12. Staff (Title) Sr. Office Specialist

Process activities: Responsible for senior clerical and administrative support duties for facility personnel and clerical support for the Continuing Care program including fee collection and receptionist duties to Continuing Care.

13. Staff (Title) Family Counselor (.50)

Process activities: The SMART Family Counselor designs and implements education and intervention family program focusing in family dynamics and crisis intervention counseling for residents, family members and significant others of SMART Program participants.

OPERATIONS AND RESIDENT SUPERVISION VENDOR

Vendor: Correctional Systems Inc.

Provides maintenance, security, resident supervision and operations for the facility. Staffing pattern of current vendor and associated duties is listed below.

Facility Administrator: The Facility Administrator is the administrative entity that provides for the management and operation of the facility, and for the observance of all policies of the company and contracting authority. The Facility Administrator has administrative and executive responsibility and authority, in accordance with company policies, over the provision of services and required support services under contract to the company.

Assistant Facility Administrator: The Assistant Facility Administrator is responsible for all of the functions and staff associated with security and resident supervision. Assigns Residential Supervisors to their posts. Conducts staff training. The Assistant Facility Administrator reports to the Facility Administrator.

Senior Residential Supervisor: Supervises Residential Supervisors in the performance of their duties, ensuring that the program schedule is followed and the residents are provided a safe, secure environment. Conducts security, safety and emergency equipment inspections. Respond to all emergency situations. Provides input for employee performance evaluations.

Residential Supervisor: Directly supervises residents during recreation, work programs, meals, rest, visitations and all other activities. Maintains a log of all activities, conducts counts, security inspections and searches.

Provides written and verbal reports to ensure communication with all staff, and ensures the program schedule is being followed.

LVN Nurse: Responsible for developing and implementing facility medical plan, assists contract Physician of Record with medical treatment services. Schedules, supervises and conducts sick call daily. Designs, monitors and supervises medications log. Dispenses medications prescribed. Provides emergency First Aid and health care. Maintains confidential medical records for all residents. Provides First Aid and CPR training for all facility staff. Provides safeguard, controlled access to medications.

Bookkeeper: Develops and maintains confidential system of personnel files, resident files and vendor files. Maintains ledgers to account for facility expenditures. Receives, date stamps, logs and distributes mail. Maintains correspondence files. Maintains records and logs as directed by Facility Administrator, and maintains inventory of office supplies. Provides administrative support to the Facility Administrator.

Food Service Manager: Responsible for managing food service operations to meet or exceed contract requirements, standards, applicable laws, health standards and professional guidelines/practices. Develops menus to meet or exceed contract requirements and good practice and ensures that menus are reviewed and certified by a license dietician. Supervises food service employees. Supervises the preparation and serving of meals to residents. Supervises cleaning and sanitizing of food service equipment, utensils, serving areas and storage areas. Conducts scheduled and unscheduled inspections of food service preparation, and serving and dining area.

Food Service Worker: Assists the Food Service Manager in managing food service operations to meet or exceed contract requirements, standards, applicable laws, health standards and professional guidelines/practices. Prepares food for service using raw materials or packaged products, follows menus and recipes provided. Supervises residents assigned to kitchen duty. Supervises cleaning and sanitizing of food service areas and storage areas. Maintains inventory of food preparation equipment and utensils and reports any shortages or needs.

Maintenance Worker: (Part-time) Responsible for overall maintenance of facility and grounds. Develops and implements preventive maintenance and scheduled maintenance plans. Repairs equipment and property and/or advises of the need to seek professional assistance as needed. Conducts daily inspections of physical plant and grounds. Maintains inventory of all tools. Supervises residents assigned to building maintenance and/or grounds.

Physician (contract position): Completes initial physical exams for all new admissions. Responsible for review and approval of medical policies and procedures. Available 24 hours per day for medical emergencies and/or consultation. Sees current residents when requested by Nurse. Provides regular consultation to Nurse. Performs minor medical procedures. Prescribes and/or re-orders medications as needed.

Proposal Element 2: PROBLEM/NEED DATA*

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

Since 1991, the Department has operated a 76-bed substance abuse treatment facility (SAFF). In FY 2004, nearly half of all offenders probated at the felony level, were probated for a substance abuse offense. The FY 2004 revocation profile indicates that 50% of all revocations were substance-related subsequent offenses. Due to the number of offenders with identified substance abuse issues, the Department's substance abuse treatment resources are stretched very thin and the waiting period to access residential treatment services can be up to nine months for this high-risk population.

Travis County CSCD has been increasingly challenged with the rising numbers of offenders with dual diagnosis receiving community supervision in this jurisdiction. On average, 11-16% of Travis County Jail inmates are found to suffer from chronic and severe mental illness. This number is consistent with the Texas Council on Offenders with Mental Impairments January 2001 Biennial Report that reported 11% of the total probation population have need for psychiatric services.

While numerous entities in Travis County are working to address the issues facing the mentally ill in the criminal justice system, there are still large gaps in service delivery, and coordination of services. Many offenders on community supervision in this jurisdiction are sentenced for assaultive and/or substance abuse related offenses that are a direct result of their mental illness. This population is known to have low impulse control, and frequently self medicates with illegal substances to try to manage the symptoms of their illness. Family members and/or the public call for law enforcement assistance when the offender acts out, and the offender frequently lashes out and assaults either the family member or the police. Many of these offenders are homeless or transient, with no stable residence. Very few treatment facilities will accept these offenders due to the nature of their offense, and because of their mental illness. Without a stable environment to provide structure and supervision, few chronically ill offenders have the cognitive abilities or the resources to become stabilized on medication and focused enough to access and utilize outpatient mental health services.

Coordination of resources between the mental health community and the criminal justice system is extremely difficult for this population because the entities involved with providing services have disparate interests and goals, resulting in what was described at a June, 2002 Health Law Seminar in San Antonio as a "non-system of care". A study completed by the Hogg Foundation in April 2001 concluded that better integrated, collaborative services for the highest risk mentally ill offenders would improve treatment and reduce costs to taxpayers. In January 2005, the Austin Mayor's Taskforce on the Mentally Ill released their report after a 5 month long review of jurisdictional Mental Health Issues. The report identified a number of issues that impact the delivery of successful mental health services to offenders in the justice system. The majority of the gaps identified are services and strategies that Austin does not have or is not implementing in a consistent way across the community. Although the Mayor's Report cites cooperation and coordination of the many organizations involved in mental health services as a strength, the report also indicated that there are many opportunities for improvement and expansion in this area. Specifically,

- A contiguous/seamless procedures system
- Resource coordination to address service fragmentation
- Identifying individuals' needs and matching needs with appropriate resources
- Availability of rapid access back

- Court or inpatient treatment for relapse issues

Some headway has been made in collaboration between Travis County CSCD and the TCOOMMI funded MHMR/ANEW program. However, many chronically ill offenders with co-existing disorders have never succeeded in accessing MHMR substance abuse services, as once they are released from jail, they disappear back onto the streets until they are arrested again on subsequent offenses. Travis County CSCD is proposing a residential facility, which will allow these high-risk offenders the opportunity to have a stable, structured environment where they can access needed services to assist with their transition back into the community. This proposed facility would address the offender's substance abuse and mental health needs, and assist in their transition from the structured residential facility to the specialized supervision available on the Mental Health Initiative caseloads.

The Department is requesting 24 substance abuse treatment beds (MIOF) to address the continued need for substance abuse residential treatment in the jurisdiction. These substance abuse treatment beds would address historically under-served and high-risk substance abuse offenders who have special needs such as mental impairments. At any point in time, approximately one-third of the current SMART SAFF population can be classified as having special needs. Additionally, the Travis County jail has become a repository for special needs substance abuse offenders waiting for a treatment bed. The Department will enter into a Memorandum of Understanding (MOU) with the local substance abuse and mental health provider, Austin Travis County MHMR (ATCMHMR), to address the mental health and substance abuse needs of the targeted population.

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

The 24-bed facility, like the SMART SAFF, will be the last stop on the Department's continuum of progressively severe sanctions prior to revocation to SAFPF or the Institutional Division of TDCJ. Because these beds will include a medication stabilization phase, there are no existing residential substance abuse programs to meet this need. Additionally, services will be coordinated with the Department's Mental Health Specialized caseloads so that a seamless service delivery strategy can be achieved. Other substance abuse initiatives in the jurisdiction include TAIP funded outpatient and residential treatment without the medication stabilization component as well as DSHS funded treatment, again without a medication stabilization component. TCOOMMI funds special needs case management services for offenders, but does not currently fund residential services in Travis County. ATCMHMR provides contract residential substance abuse treatment services for offenders with co-existing disorders who are stable and have adequate support systems in the community. The population that will be served by the SAFF/MIOF is not stable nor do they have community support systems.

GRANT PROGRAM RATIONALE *

According to the National Institute of Health (NIDA), the most effective treatment programs provide on-site services with a variety of treatment elements and support services.

There has been a paradigm shift in the Criminal Justice system from punishment to treatment within the community in which the offender lives. Court-ordered treatment has proven to be successful and cost effective. In fiscal year 2001, it cost the State of Texas an average of \$7, 957 to place an offender in a Community Corrections Facility, according to the Texas Department of Criminal Justice. That's \$491 less than it costs to keep an offender in State Jail and \$32,581 less than it costs to send an offender to prison according to the Criminal Justice Policy Council. Furthermore, according to Collins and Allision, 1983, legal coercion has documented positive effects on treatment population retention and program completion when compared to a control group free of any legal mandate. Furthermore, according to a five-year study conducted by the National

Treatment Improvements Evaluation Study (NITES), substance abuse treatment can reduce drug use by half for as long as a year following treatment. In support of this study, Hubbard and Craddock, 1997, found that drug treatment reduces drug use by 40% to 60% and significantly decreases criminal activity after treatment.

Like the SMART program, these 24 substance abuse special needs beds will integrate numerous “best practices” principles in order to develop a fine tuned therapeutic program that is responsive to the offender’s substance needs and other criminogenic needs. Combining the use of cognitive restructuring, social skills and problem-solving skills with medication stabilization are critical to achieving positive outcomes for the targeted population. According to Simourd and Andrews, criminogenic need areas, like substance abuse, must be addressed if offenders are to be successful in making life-style changes conducive to a chemical and crime free as well as psychological stable future. The greater the criminogenic need, the greater the risk for recidivism. Responsivity issues are those factors that must be addressed with the offender in order for the offender to be “responsive” to treatment. These include factors such as level of motivation for treatment and psychological stabilization. When attempting to deliver services to offenders with co-existing disorders, medication stabilization is essential. Equally important are assessments which are designed to identify criminogenic and responsivity issues for each offender so that a treatment plan can be developed to address each need area.

The “What Works” research of Gendreau (1994) documents known strategies to effect positive, pro-social changes in offenders. The MIOF will strive to incorporate interventions supported by the “What Works” research to be effective in working with offenders and to maintain integrity of the interventions used. The MIOF’s primary intervention will be a cognitive-behavioral approach as recommended by Gendreau. A structured, research-based cognitive curriculum will be used. In addition, didactic groups referred to as Recovery Skills groups will be incorporated as a primary intervention. These groups target criminogenic needs of offenders and traditional 12-Step based work. Positive reinforcers will also be an integral part of the everyday operations of the program. Every opportunity will be seized to recognize and reward, big or small, positive pro-social behavior. In addition, staff will be trained in role-modeling pro-social behavior in support of the Social Learning Theory as recommended by L. Lightfoot in the “What Works” literature. The MIOF will also offer a family program that is supported by research. The “What Works” literature recommends a family program component when working with offenders since familial issues are a major criminogenic factor. The MIOF family program will focus on family re-unification to the extent that is possible.

In addition to cognitive behavioral approaches and positive reinforcers recommended by Gendreau, the program will implement a treatment track focusing on the offender’s motivation for change. Motivation for change is a multifaceted construct historically regarded as a prerequisite for responsiveness to treatment (Beckaman, 1980; Dean, 1958; Miller and Tonigan, 1996). The MIOF program will use the SOCRATES test to measure the client’s stage of change and employs strategies to move the client to a stage of change responsive to treatment.

The January 2001 Texas Council on Offenders with Mental Impairments (TCOMI) Biennial Report cites the Legislative Budget Board analysis of arrest rates which found that a 34% arrest reduction was seen in offenders with special needs who had participated in community based programs (MHMR) in fiscal year 1999. For the 1882 probationers studied in fiscal year 2000, the recidivism rate of offenders sent to prison was only 2% for those who participated in community based (TCOMI) programs. This reduction in prison incarcerations also leads to a significant savings to the state, as the cost per day for prison care is \$105, while TCOMI community-based programs, including state and federal revenue, cost \$7.39 per day. This amount drops even further to \$1.95 per day for offenders being served through continuity of care programs. This illustrates a significant savings to the state, while illustrating the strong need for more collaboration between the mental health community and the criminal justice system to meet the needs of this population. The House Committee on Corrections, Texas House of Representatives Interim Report (2004) recommendations include, “Any future expansion of residential programs for CSCD’s should include provisions for a percentage of slots to be dedicated to offenders with special needs. This will ensure increased access to alternatives to incarceration for those offenders who present a risk for incarceration.”

The purpose of the MIOF is to provide substance abuse and mental health treatment for offenders who are court-ordered into the facility either as an original condition of probation at sentencing, or as a result of a Motion to Revoke Probation. Typically, the jail medical staff and the Presentence Investigative Unit will be the first point of the referral process. Mental Health Court Liaisons will follow up with an assessment and recommendation for admittance into the program. Offenders must have a priority population diagnosis, and cases will be staffed with the Department’s contract psychologist to ascertain suitability of the referral. The Program Coordinator will determine availability of bed space. The average length of stay in treatment will be up to four months in the residential phase and three to six months in the continuing care phase. Discharge in all phases will be based on accomplishment of treatment goals.

The twenty-four bed MIOF targeting offenders with special needs will be designed to provide a safe, stable environment to receive substance abuse programming, medical and psychiatric services, benefits coordination and intensive case management in collaboration with ATCMHMR for offenders sentenced to community supervision. This facility will be a cost effective alternative to the utilization of prisons and county jails to house this population. The most significant program feature is the implementation of a continuity of care model beginning with early identification and, where appropriate, diversion from the county jail, transitioning to the MIOF with concurrent treatment efforts through ATCMHMR/ANEW. Upon completion of the residential MIOF, the offender will make the logical transition to the Department’s specialized mental health caseload.

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
- d. If yes, describe: 18
- e. Offense-related characteristics or exclusions None Title 5 Accepted? Yes No
If yes, date of public hearing _____
- f. Are participant referrals accepted from outside your jurisdiction? No Yes
If yes, what proportion are from other jurisdictions 5 %.
- g. Is this program designed to serve any specific cultural, ethnic, or gender group? No Yes
If yes, please identify and cite proportions, if applicable. _____
- h. Is this program designed to serve MHMR participants? No Yes
- i. Are offenders who are not on community supervision accepted as participants in this program? (e.g. pre-trial, jail inmates, state jail confinees, family members, or others) No Yes
If yes, please identify. _____
- j. For TAIP or TAIP/RSAT funded programs ONLY: indicate if the program meets the requirements of Government Code § 76.017. Yes NA

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS*

Operations Manual Appendix of Responsivity:

The 24-bed MIOF will be a community-based program that provides research-based substance abuse treatment services, and specialized assistance and services to the chronically, mentally ill offender. The program concept is based on providing a safe living environment while providing specialized substance abuse and mental health treatment services.

The program is designed to meet the specific substance abuse needs of each offender, while targeting psychiatric assessment and medication compliance, benefits coordination, and MHMR intensive case management services. The program will integrate numerous Best Practices principles to develop a finely tuned therapeutic program that will effectively respond to the needs of the chronically mentally ill substance abuse offender population. The use of cognitive restructuring, basic life skills, and symptom and medication management has proven effective in behavior modification with this offender population as well as enhancement of client motivation.

To avoid a generic, “one size fits all” program structure, the facility will address the issue of responsivity by utilizing various assessment tools to identify and classify individual problem need areas. The facility CSO will utilize Strategies for Case Supervision and the Risk/Needs Assessment tools to assist in assessing the offender’s immediate needs while in the facility. The LCDC will utilize a variety of assessment tools, ASI, LSI and SOCRATES to identify salient needs. The treatment team (psychiatrist, LCDC, CSO, and ANEW case manager) will conduct staffings to develop an individualized treatment plan that encompasses a continuity of care format. The treatment plan will be developed within 10 days of the offender’s entry into the facility.

The facility will have specialized staff to address all areas identified. Through a contract with MHMR, and the Memorandum of Understanding, MHMR will provide a licensed psychiatrist to assess the offender’s need for services and to prescribe medications. MHMR/ANEW staff through the ANEW Program will be specifically trained in the areas of Benefits Coordination and Intensive Case Management services. Travis County CSCD will also assign a CSO with at least 2 years of experience working with this offender population as well as a Program Coordinator to manage coordination of all program components.

The 24-bed MIOF Goals are as follows:

- Reduce recidivism
- Reduce the cost of incarceration of mentally impaired offenders
- Facilitate offender access and easy transition into MHMR outpatient services
- Provide offenders with skills necessary to manage their illness.

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.

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

SOPs will be available by November 2005 if this program is funded.

Referral Process

Court Order Assessment Self referral

Other (please indicate) _____

Participant Activities (Process of Successful Program Completion):*

Phase system grid or chart may be inserted here.

Offenders with a priority population diagnosis (Schizophrenia, Bipolar, Major Depression, or are seriously impaired in functioning due to a mental condition, and have a Global Assessment of Functioning (GAF) score of 50 or below) will be identified primarily by jail staff, but also by the Pre-sentence Investigative Unit, judges and court personnel, and CSCD field supervision officers.

Offenders are ordered to the program by the courts at the time of sentencing or in lieu of a motion to revoke. Where conditions are amended by field officers and signed by a judge to order an offender to the program. Upon ordering an offender to the program, the field or court officer calls the facility and advises the admissions coordinator of the referral. After receiving the referral, the admissions coordinator obtains all necessary information from the field CSO and schedules the offender with the program's psychologist to screen for program eligibility. Once deemed appropriate by the psychologist, the admissions coordinator schedules the offender for admission. Upon admission, an intake and orientation process is completed. The intake process is comprised of issuing personal hygiene items, securing personal belongings brought to the facility, drug testing, and completion of a medical history and physical examination by a medical doctor. The offender also attends an orientation session upon admission that includes a review of facility rules and services, treatment services, resident daily schedule and community supervision. The resident is given a handbook at orientation and signs proper consents for program participation.

Offenders ordered into the program will meet with the on-site CSO within 24 hours of admittance into the facility. The CSO will conduct an SCS interview and Risk/Needs Assessment as soon as the offender is stable enough to participate in the interview process to a meaningful degree. The LCDC will coordinate the substance abuse assessment process. Offenders will see the MHMR/ANEW psychiatrist within 48 hours of entering the facility from jail for medication assessment.

Offenders will be transported by a CSCD Department van to a designated MHMR location on a daily basis (Monday through Friday) to receive substance abuse mental health treatment services. To address offender's

needs, programs such as Good Chemistry, Symptom Management, Anger Management, Basic Life Skills, Hygiene, HIV information, etc., will be developed.

Benefits coordination will be addressed by the ANEW MHMR Benefits Coordinator on a weekly basis, depending upon the offender's ability to assist with preparing the paperwork, but no later than 14 days after entering the facility. Case Management services through the MHMR/ANEW program will be initiated no later than 48 hours after admittance into the facility. This is critical to facilitating successful re-entry to the community.

Weekly staffings will occur between the psychiatrist, LCDC, CSO, and MHMR/ANEW case manager to determine the offender's progress. An individual treatment plan will be developed within 10 working days of admittance to the facility, and it will be reviewed and updated on a weekly basis. The goal of these staffings is to determine when the primary goals of medication compliance and treatment compliance have been met, specifically, when the offender is stable enough and has the necessary sobriety to transition to the next program phase. Discharge from the facility will also include a smooth transition to supervision in the Mental Health Unit on a Specialized Caseload for Mental Health offenders.

The MIOF will serve a population that in 90% of the cases is already identified to MHMR/ANEW. The population served will be comprised of offenders who were court-ordered to MHMR/ANEW, who never showed up, who committed a subsequent offense and who returned to jail. Due to their co-existing disorder they are the revolving-door offender. These are offenders who are homeless with minimal community support systems and at very high risk for revocation. Approximately 10% of the population to be served will be coming from the community or other non-special needs residential substance abuse treatment programs where they have not committed a subsequent offense but have not been able to maintain sobriety or stay engaged in outpatient treatment opportunities.

Utilizing the existing MHMR Jail Liaison position to accomplish early identification of these offenders once they are incarcerated in the County Jail, the existence of the MIOF will enable these offenders to be released within 72 hours. This will benefit chronic jail over-crowding concerns for Travis County as well as expedite offenders' access to substance abuse treatment services. Additionally, for offenders facing a Motion To Revoke, the proposed Mental Health Court Liaisons referenced in the Mental Health Caseload proposal will also assist the courts in appropriate sentencing with referrals to the MIOF.

The MIOF will incorporate multiple housing options. All Phase I and Phase II residents will be housed at the residential facility. At Phase III, based on the resident's needs, they will either be transitioned to a contracted residential program with ATCMHMR, Alameda House, for step-down services or they will be transitioned directly to the community.

The MIOF will be composed of three components or phases.

Phase I: 30 - 45 days Housed at the MIOF

1. Ambulatory de-tox at MHMR
2. Medication stabilization/psychiatric intervention
3. Pre-treatment- Treatment readiness assessments/Intro to Cognitive re-structuring
4. Benefits coordination through ANEW
5. Case Management through ANEW

Phase II: Up to 4 months Housed at the MIOF

1. Primary substance abuse treatment
2. Cognitive re-structuring
3. Addressing criminogenic needs/education/employment/life skills
4. CSR

5. Re-entry preparation/Life skills
6. AA/NA/Good Chemistry
7. Family Program
8. Case Management through ANEW

Phase III: 3-6 months Housed at MHMR-Alameda or community residence

1. Supportive Outpatient Substance Abuse Treatment one–two times per week
2. Transition back to the community
3. Family Program
4. Case Management through ANEW
5. Medication support through ANEW
6. AA/NA/Good Chemistry

Program Components*

Program Components Required for All CCFs:*

Probationers placed into the facility must have a minimum of 12 months remaining on their probation sentence. Probationers with co-occurring substance abuse and psychiatric diagnosis will be accepted and receive appropriate referrals for appropriate treatment of the co-occurring disorders, based on the staffing recommendations of the treatment team (psychiatrist, LCDC, CSO, and case manager).

1. Education Program:*

Identified educational deficits (GED) will be addressed through referral to community based GED prep programs during Phase III of the program. Pending funding from Austin Community College to continue to support the Department’s GED prep program, MIOF participants could access GED services at the Department’s Program Services location co-located with the specialized mental health caseload unit.

2. Life Skills Program:*

Residents will participate in all Life Skills activities provided by the Re-entry Coordinator, while in the residential phase of the program. The Life Skills program at the MIOF is designed to assist residents in securing employment prior to or after discharge. The intent is to prepare residents for job seeking by increasing their knowledge of proper interviewing techniques, appropriate interview attire and proper completion of applications. Residents will attend a 10.5-hour pre-employment preparation (PEP) class. The curriculum is updated periodically by the program’s Re-entry Coordinator. Residents are given information for employment resources, which they may contact upon discharge. They draft a resume and obtain photo identification and social security cards prior to beginning the job search process. Offenders are approved to begin job searches after they have attended the PEP class and obtained a proper ID. They must go to a minimum of three job interviews prior to discharging from the residential phase of the program. Additional curriculum will be available in the areas of communication skills, money management, pro-social values, etc.

3. CSR/Work Detail Program:*

Due to the fact that the residents will be classified as Priority Population per MHMR guidelines, CSR activities will be limited to on-site work details. Special CSR projects may also occur from time to time,

such as wrapping gifts for Blue Santa or Brown Santa. Due to significant supervision issues for these residents, off-site CSR will be very limited.

4. Cognitive Group

Thinking for a Change, a cognitive based curriculum provided through TDCJ-CJAD and Design for Living developed by Hazelden will comprise the primary treatment modality. Depending on available funding, another option would be to utilize the Milkman curriculum in lieu of Design for Living. All of these programs are based on research regarding the effectiveness of programs designed to reduce recidivism through cognitive re-structuring and cognitive skill development. Cognitive re-structuring assists offenders in examining and changing thinking patterns that lead to criminal activity. The curriculums also teach residents social skills, such as responding to anger, responding to the feelings of others and problem solving skills. Approximately 50 hours of programming will be delivered. It will be instructed by LCDC staff. These skills (thinking reports) can also be utilized in group therapy sessions as well as Good Chemistry groups.

Program Component Required Based on the Mission of the CCF:*

1. SUBSTANCE ABUSE TREATMENT - TREATMENT MODALITY

The level of treatment offered at the MIOF is Community Residential Treatment, CJAD standard §163.40(w). The primary treatment modality used in the MIOF is a cognitive-based curriculum designed to help residents understand the connection between their thinking and behavior. This type of approach has been proven to be the most effective in helping offenders change antisocial behavior into more pro-social behavior. The Hazelden 12-Step model will be used as the supportive treatment modality. This model relies on traditional counseling approaches through group process and individual counseling, which emphasize breaking through denial and accepting the fact that the client has a disease. This model includes reliance on 12-Step self-help groups within the local community. The program uses a self-designed 12-Step curriculum that is followed. It includes client assignments, readings and a completion of a life story. The program also incorporates a didactic component called Recovery Skills Groups, which is a primary intervention method. These groups, which will be interactive and topic specific, will be designed to assist the client in developing skills necessary for changing behavior and maintaining recovery. These groups will also target criminogenic needs of offenders and emphasize utilizing new cognitive skills, such as problem solving and decision-making, as well as traditional 12-Step work. The program will involve the Stages of Change, which involves progressing through five stages: pre-contemplation, contemplation, preparation, action and maintenance. The program may also utilize some Therapeutic Community practices as an additional tool in working with offenders; however, the program will not be a Therapeutic Community. Treatment procedural manuals will be developed for staff to ensure standardized service delivery.

Group Process

During group process, residents will learn how to identify and appropriately express feelings and emotions. They will focus on medication support issues as well as utilize this group to practice new cognitive skills in order to more effectively manage their feelings, solve problems and address psychological concerns. The group process will provide opportunities to work through obstacles to recovery by giving and receiving feedback from their peers. Treatment assignments presented at each phase of the program will be presented in-group for feedback and processing. Residents will be expected to describe and demonstrate ways that they are practicing their cognitive and recovery skills that they are learning.

AA/NA and Good Chemistry Meetings

Residents will attend meetings at least one hour each week. This will occur during all phases of the program with frequency determined by phase requirements.

2. Mental Health Stabilization

Residents will participate in medication support groups weekly to maintain medication compliance. MHMR/ANEW will provide on-going psychiatric services as need based on resident's individual treatment plan. Strategies to impact mental health issues will be developed and implemented by the MHMR/ANEW Case Manager. Medication will be provided through MHMR. Funding for medication will be a collaborative partnership that will be developed through Travis County, Travis County Hospital District, MHMR, and TCOOMMI.

Other Program Components:*

1. Family Component

Community-based support for MIOF residents will focus on family re-unification. In the majority of cases, family members and significant others have abandoned the offender due to their continued mental health and substance abuse issues. The ANEW Case Manager in coordination with the CSO will encourage opportunities for family re-unification. Utilizing the services of the Family Counselor, weekly MIOF family groups will be held that are both educational and process-oriented. Family group services will begin in Phase II and will continue through Phase III. Individual counseling, crisis counseling and community referrals for additional support and assistance will also be provided. The Family Counselor will be funded 75% by SMART and 25% by the MIOF.

Family Groups will be held weekly in the evenings for 2 hours per group. Group participants include residents and their immediate family members and/or spouses. The family counselor will screen all family program participants for appropriateness. A series of six topics will be covered, one topic per week for six weeks. Once the six weeks series of topics is covered, the series starts all over again. The participants may start at any time during the series and attend as long as desired during the resident's stay in residential treatment. The first half of the groups will be education oriented, where information is presented for the specific topic. The second half of the group will be spent on group process between residents and their family members, communication exercises, questions and sharing personal experience, and group support. Family members will be referred to Al-Anon or other appropriate community resources when necessary.

2. Continuing Care

Supportive Outpatient substance abuse services will be provided as part of Phase III services to all program participants at Oak Springs, operated by MHMR. Offenders will either be housed at Alameda House, operated by MHMR, to utilize step-down residential services or will be transitioned to permanent community housing. Case Management services through MHMR/ANEW will continue. Transition to a Mental Health specialized caseload will occur when MIOF programming is completed.

Depending on offender's identified needs, outpatient services will be at least one group meeting per week for two hours or participation in the Alameda Track II, step-down treatment program which will include four hours of group services held Monday through Thursday at Oak Springs. All step-down services will be funded through the Department's Substance Abuse inpatient continuum and not the MIOF.

Additional Program Data

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

Program Staff and Program Staff Activities (Staff Process):*

Program Coordinator

Coordinates overall facility operations and service delivery; will receive specialized training in co-occurring disorders.

Specialized Mental Health CSO

Supervises offenders with mental health and substance abuse issues; will receive specialized training in co-occurring disorders.

Re-Entry Coordinator

Provide re-entry and transition services to program participants; will receive specialized training in co-occurring disorders.

Family Counselor

Designs and implements education and intervention family program focusing in family dynamics and crisis intervention counseling for residents, family members and significant others of the MIOF participants.

Secretary

Support staff functions at the facility and management of client files.

Contracted Staff

LCDC Substance Abuse Counselors (MHMR)

Provide substance abuse treatment services for dually diagnosed clients; will receive specialized training in co-occurring disorders

Psychiatrist (ANEW) In-Kind

Provide psychiatric/medication services

Case Manager (ANEW) In Kind

Provide case management services

Benefits Coordinator (ANEW) In Kind

Provide benefits coordination services

Senior Residential Supervisor (Correctional Services, Inc)

Supervises residential supervisors. Ensures that residents are provided a safe and secure environment. Responds to all emergency situations. Will receive specialized training on co-occurring disorders.

Residential supervisors (Correctional Services, Inc)

Directly supervise residents during all daily activities. Maintain activity log, conduct counts, security inspections and searches. Insure program schedule is followed. Will receive specialized training on co-occurring disorders.

Transportation Specialist (Correctional Services, Inc)

Will transport residents to substance abuse treatment and other programming and services as necessary. Will receive specialized training on co-occurring disorders.

Shared positions with SMART Facility

LVN Nurse (Correctional Services, Inc): Responsible for developing and implementing facility medical plan, assists contract Physician of Record with medical treatment services. Schedules, supervises and conducts sick call daily. Designs, monitors and supervises medications log. Dispenses medications as prescribed. Provides emergency First Aid and health care. Maintains confidential medical records for all residents. Provides First Aid and CPR training for all facility staff. Provides safeguard, controlled access to medications.

Physician (Correctional Services, Inc)/(contract position): Completes initial physical exams for all new admissions. Responsible for review and approval of medical policies and procedures. Available 24 hours per day for medical emergencies and/or consultation. Sees current residents when requested by Nurse. Provides regular consultation to Nurse. Performs minor medical procedures. Prescribes and/or re-orders medications as needed.

Maintenance Worker (Correctional Services, Inc) /(Part-time): Responsible for overall maintenance of facility and grounds. Develops and implements preventive maintenance and scheduled maintenance plans. Repairs equipment and property and/or advises of the need to seek professional assistance as needed. Conducts daily inspections of physical plant and grounds. Maintains inventory of all tools. Supervises residents assigned to building maintenance and/or grounds.

Food Service worker (Correctional Services, Inc): Assists the Food Service Manager in managing food service operations to meet or exceed contract requirements, standards, applicable laws, health standards and professional guidelines/practice. Prepares food for service using raw materials or packaged products, follows menus and recipes provided. Supervises residents assigned to kitchen duty. Supervises cleaning and sanitizing of food service areas and storage areas. Maintains inventory of food preparation equipment and utensils and reports any shortages or needs.

Bookkeeper (Correctional Services, Inc): Develops and maintains confidential system of personnel files, resident files and vendor files. Maintains ledgers to account for facility expenditures. Receives, date stamps, logs and distributes mail. Maintains correspondence files. Maintains records and logs as directed by Facility Administrator, and maintains inventory of office supplies. Provides administrative support to the Facility Administrator.

Assistant Facility Administrator (Correctional Services, Inc): Responsible for all the functions and staff associated with security and resident supervision. Assigns Residential Supervisors to their posts. Conducts staff training. Reports to the Facility Administrator.

Proposal Element 5. PROGRAM MILESTONES (New Programs ONLY)

Is this a new program? No Yes

If yes, please complete milestones chart. Do not insert chart into CJP if it is blank.

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug
Locate Site & Contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff. Ad. Hire & Initial Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revise Budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submit Data Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Staff Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Fiscal Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Program Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Monitor Vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2006 - 2007

DATA FORM

Program Title: SMART Substance Abuse Treatment Prog. Chief CSCD County: Travis
Program Code: SAFF Facility Category: CCF
Data Contact Person: Lila Oshatz Projected Number to be served: 250

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 250

B. Urinalysis Tests

Number of Individuals Tested 250

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 250

F. Substance Abuse Education

Number of Participants N/A

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 212

Date: March 1, 2005

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

Program Title: SMART (Continuing Care)
 Program Code: SAFF
 Data Contact Person: Lila Oshatz

Chief CSCD County: Travis
 Facility Category: CCF
 Projected Number to be served: 270

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 270

B. Urinalysis Tests

Number of Individuals Tested 270

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 270

F. Substance Abuse Education

Number of Participants N/A

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 205

Date: March 1, 2005

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

Program Title: Substance Abuse Special Needs Facility/ Chief CSCD County: Travis
Combination Facility

Program Code: MIOF

Facility Category: CCF

Data Contact Person: Lila Oshatz

Projected Number to be served: 48

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 48

B. Urinalysis Tests

Number of Individuals Tested 48

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 48

F. Substance Abuse Education

Number of Participants NA

G. Employment Services

Number of Participants 36

Number who secured employment for 3 days or longer 24

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 33

Date: March 1, 2005

PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2007

DATA FORM

Program Title: Substance Abuse Special Needs Facility/ Chief CSCD County: Travis
Combination Facility

Program Code: MIOF

Facility Category: CCF

Data Contact Person: Lila Oshatz

Projected Number to be served: 96

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 96

B. Urinalysis Tests

Number of Individuals Tested 96

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 96

F. Substance Abuse Education

Number of Participants NA

G. Employment Services

Number of Participants 72

Number who secured employment for 3 days or longer 48

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 67

Date: March 1, 2005

PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2006

DATA FORM

Program Title: Substance Abuse Special Needs Facility/ Chief CSCD County: Travis
Combination Facility (Cumulative for 2006)

Program Code: SAFF/MIOF

Facility Category: CCF

Data Contact Person: Lila Oshatz

Projected Number to be served: 568

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 568

B. Urinalysis Tests

Number of Individuals Tested 568

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 568

F. Substance Abuse Education

Number of Participants NA

G. Employment Services

Number of Participants 36

Number who secured employment for 3 days or longer 24

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 450

Date: March 1, 2005

PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2007

DATA FORM

Program Title: Substance Abuse Special Needs Facility/ Chief CSCD County: Travis
Combination Facility (Cumulative for 2007)

Program Code: SAFF/MIOF

Facility Category: CCF

Data Contact Person: Lila Oshatz

Projected Number to be served: 616

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 616

B. Urinalysis Tests

Number of Individuals Tested 616

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 616

F. Substance Abuse Education

Number of Participants NA

G. Employment Services

Number of Participants 72

Number who secured employment for 3 days or longer 48

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 484

Date: March 1, 2005

OUTCOMES:

Required Outcomes for All Residential Programs:

Outcome 1. Program Completion (Goal: Positive Completion)

The CSCD agrees to track this outcome on the TDCJ-CJAD Actual Output Form and work cooperatively with TDCJ-CJAD in future residential outcome studies.

Yes No

Outcome 2. Community Supervision Completion (Goal: Positive Completion)

TDCJ-CJAD will track this outcome through the CSTS.

Outcome 3. Recidivism (Goal: Reduction)

TDCJ-CJAD will track this outcome through the CSTS.

Outcome 4. (Re)incarceration (Goal: Reduction)

TDCJ-CJAD will track this outcome through the CSTS.

FY 2006-2007 CSCD PLAN OUTCOME ANALYSIS FORM

(Note: Combination Facilities must submit a separate form for each facility type)

Name of facility	SMART Substance Abuse Treatment Program
Facility Type	BC <input type="checkbox"/> CRTC <input type="checkbox"/> ISF <input type="checkbox"/> RC <input type="checkbox"/> SATF <input checked="" type="checkbox"/> MIOF <input type="checkbox"/>

OUTCOME OBJECTIVES FOR ALL FACILITIES				
	Actual Outcome (2003 Two Year.)	Benchmark	Projected Outcome FY 2006	Projected Outcome FY 2007
1. Program completion	86.5%	76.8%	85%	85%
2. Recidivism	33.3%	31.0%	31%	31%
3. (Re)incarceration	28.9%	30.4%	29%	29%

FY 2006-2007 CSCD PLAN OUTCOME ANALYSIS FORM

(Note: Combination Facilities must submit a separate form for each facility type)

Name of facility	Substance Abuse Special Needs Facility
Facility Type	BC <input type="checkbox"/> CRTC <input type="checkbox"/> ISF <input type="checkbox"/> RC <input type="checkbox"/> SATF <input type="checkbox"/> MIOF <input checked="" type="checkbox"/>

OUTCOME OBJECTIVES FOR ALL FACILITIES				
	Actual Outcome (2003 Two Year.)	Benchmark	Projected Outcome FY 2006	Projected Outcome FY 2007
2. Program completion	NA	NA	70%	70%
2. Recidivism	NA	NA	32%	32%
3. (Re)incarceration	NA	NA	30%	30%