

**FY 2006-2007 NON-RESIDENTIAL PROPOSAL**

**Proposal Element 1: COVER SHEET**

**CSCD (CHIEF COUNTY OF JURISDICTION):** Travis

**PROGRAM NUMBER:** 015

**PROGRAM TITLE:** Supervised Living Services

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

**PRIMARY FUNDING RECIPIENTS:**    **CSCD:**

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

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

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

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

<b>Primary Program Code:</b> <u>HWHS (CRS)</u>	<b>Facility Category (CRS)</b> <u>HWHS (CRS)</u>
<b>Secondary Program Code(s):</b> <u>MIFS</u>	
_____	
_____	

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

**Program Contact Information:**

**Name:** Lila Oshatz  
**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 provider provide services?    No             Yes

## Proposal Element 2: PROBLEM/NEED DATA

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

The Department has historically provided emergency shelter/supervised living services for the Travis County offender population through Contract Services. Emergency shelter/supervised living services for certain offense categories such as sex offender, MR/DD offenders and assaultive offenders pose additional challenges for the Department since many community resources prohibit these types of offenders. This service enables offenders who are homeless and who are being released from jail to be placed in a more structured and supervised living situation.

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

Other transitional living services available in the jurisdiction include the Salvation Army, other nonprofit cooperative living programs, and charitable organizations that provide short term funding for housing assistance.

## Proposal Element 3: TARGET POPULATION

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

- a.  Felony only     Misdemeanor only     Both
- b.  Male only     Female only     Both
- c. Age restriction?     No     Yes  
If yes, describe: \_\_\_\_\_
- d. Offense-related characteristics or exclusions \_\_\_\_\_
- e. Are participant referrals accepted from outside your jurisdiction?     No     Yes  
If yes, what proportion are from other jurisdictions \_\_\_\_\_ %.
- f. Is this program designed to serve any specific cultural, ethnic, or gender group?  
 No     Yes  
If yes, please identify and cite proportions, if applicable. \_\_\_\_\_
- g. Is this program designed to serve MHMR participants?     No     Yes
- h. Are participants who are not on community supervision accepted in this program? (e.g. pre-trial, jail inmates, state jail confinees, family members, or others)     No     Yes  
If yes, please identify.    Children of female participants
- i. Do participants meet specifications in TX Government Code §76.017 Treatment Alternative to Incarceration Program (TAIP)? {This applies to **TAIP** programs **ONLY**}     No     Yes     N/A

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

### **REQUIRED STANDARD OPERATING PROCEDURES**

Burkes Supervised Living and Push-Up Foundation are the two supervised living programs the Department contracts with for transitional housing/emergency shelter services. Burkes Supervised Living serves males and Push-Up Foundation serves women and children.

#### **Burkes Supervised Living**

Burkes Supervised Living accepts referrals from CSCD and service begins as soon as Admission Approval is established and the offender moves in. Activity is monitored by staff, and inappropriate or unacceptable behavior is documented, placed in the offender's confidential folder, and the CSO is notified. These reports are faxed to the appropriate Probation Officer upon request, and offenders are unsuccessfully discharged if they receive three (3) or more Improper Behavior Notices. If there are no Improper Behavior Notices and offender completes his allotted time, the offender is considered to have a successful discharge. Burkes provides 3 meals per day, laundry facilities, monitoring medication compliance and some self-help activities such as money management assistance and learning how to read a bus schedule, which are available to residents on a voluntary basis. Services are limited to room and board and no treatment is provided. A specific number of beds will be designated for MR/DD offenders.

#### **Push-Up Foundation**

Push-Up provides transitional housing for women and children. All services are provided to all offenders including probationers and pre-trial defendants. The 90-day program is highly structured and consists of a safe and drug-free environment, room and board, supportive services (i.e. cooperative meals, laundry, hygiene supplies, monitoring medication compliance), skills training, onsite peer support groups and AA/NA meetings, linkages to community resources, and specialized women & children services. Contractual services are limited to room and board, however, other funding received by Push-Up enables residents to voluntarily access substance abuse education groups or supportive outpatient substance abuse services.

#### **Contract Monitoring**

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

#### **Responsivity**

These programs recognize 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 for are on file and available for review.

### REFERRAL PROCESS

**Court Ordered**

**Assessment Process**

**Self Referral**

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

### PARTICIPANT ACTIVITIES

#### **Burkes Supervised Living**

1. Following all the rules and regulations of Burkes Adult Supervised Living and CSCD.
2. Offenders are required to punch a facility time clock upon entering or leaving the facility grounds, as well as signing in/out with destination noted and expected time of return.
3. Offenders with alcohol or drug problems should attend all CSO mandated AA/NA meetings at the facility or off site.
4. Offenders should obtain employment immediately upon admission to Burkes Adult Supervised Living, then furnish appropriate job information and a work schedule to the Director when employment is obtained.
5. Offenders are to clean their personal living area daily and maintain proper hygiene.
6. Offenders are to attend HIV classes quarterly.
7. Offenders should open a savings account after obtaining employment, to insure their ability to obtain housing when they have completed their stay at Burkes.
8. All successfully discharged residents complete an exit facility evaluation upon discharge.

#### **Push-Up Foundation**

Participant activities provided by Push-Up Foundation include:

Acquainting the new resident with the program philosophy and rules, group process, and program terminology. An assessment is completed in the areas of employment, substance abuse history, family history, general medical health, legal history, past living/housing situations, and mental/emotional history. Each resident will be required to obtain appropriate legal documents such as drivers license, identification, social security cards and birth certificates, if applicable. Residents will receive assistance with clothing, bus passes, shoes, and hygiene supplies. Immunization and school records of children are secured during this time for school enrollment. Residents may choose to participate in peer support groups, job training and parent classes, and attend AA/NA meetings. Residents are referred to community resources such as medical/dental resources, WIC, SSI, TANF/AFDC, etc.

Re-entry services are coordinated with the CSO and focus on independent living skills, life management skills, communication skills, stress/time management, leisure time and recreation, support systems and utilizing community resources. Residents will seek permanent housing and outside childcare. Discharge plans developed with the CSO help facilitate the transition into the community. At discharge, the resident is expected to be clean and sober, employed or in school. They are encouraged to attend aftercare groups as well as AA/NA meetings.

### CHOICE OF PROGRAM DESIGN

#### **Burkes Supervised Living & Push-Up Foundation**

These programs do not provide any treatment. Programs provide only room and board.

## PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

### Burkes Supervised Living

1. Staff (Title) Owner/Administrator (25%)

Process Activities: Oversee daily operations, monitor budget and approve spending, add or delete staff delegations as appropriate.

2. Staff (Title) Director (50%)

Process Activities: In charge of daily operations, client evaluations, intake and discharge approval and staff supervision.

3. Staff (Title) Property Manager (50%)

Process Activities: Physical maintenance of facility and relief cook.

4. Staff (Title) Building Manager (25%)

Process Activities: Monitor and document client activity and report problems.

5. Staff (Title) Kitchen Manager/Cook (25%)

Process Activities: Prepare all meals, make food purchases, and manage kitchen operations.

### Push-Up Foundation

1. Staff (Title) Executive Director (20%)

Process Activities: Oversee daily operations, monitor budget and approve spending, add or delete staff delegations as appropriate.

2. Staff (Title) Deputy Director (20%)

Process Activities: In charge of daily operations, client evaluations, intake and discharge approval and staff supervision.

3. Staff (Title) House Manager (20%)

Process Activities: Supervise Monitors.

4. Staff (Title) Monitors (20%)

Process Activities: Monitor and document client activity and report problems.

## ADDITIONAL PROGRAM DATA

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

### Proposal Element 5. PROGRAM MILESTONES

Is this a new program?  No  Yes

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

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

Program Title: Supervised Living Services  
 Program Code: HWHS(CRS)  
 Data Contact Person: Lila Oshatz

Chief CSCD County: Travis  
 Facility Category: CRS  
 Projected Number to be served: 90

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

**A. Group/Individual Counseling**

Number of Participants NA

**B. Urinalysis Tests**

Number of Individuals Tested NA

**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 NA

**F. Substance Abuse Education**

Number of Participants NA

**G. Employment Services**

Number of Participants NA

Number who secured employment for 3 days or longer NA

**H. Victim Services**

Number of Victims Served NA

Number of Victim-Impact panels held NA

Number of Victim-Offender mediations completed NA

**Outcomes – Successful Program Completion**

Number of participants successfully completing the program 63

Date: March 1, 2005

## PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2006 - 2007

### DATA FORM

Program Title: Supervised Living Services

Chief CSCD County: Travis

Program Code: HWHS/MIF(CRS)

Facility Category: CRS

Data Contact Person: Lila Oshatz

Projected Number to be served: 8

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

#### A. Group/Individual Counseling

Number of Participants

NA

#### B. Urinalysis Tests

Number of Individuals Tested

NA

#### 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

NA

#### F. Substance Abuse Education

Number of Participants

NA

#### G. Employment Services

Number of Participants

NA

Number who secured employment for 3 days or longer

NA

#### H. Victim Services

Number of Victims Served

NA

Number of Victim-Impact panels held

NA

Number of Victim-Offender mediations completed

NA

#### Outcomes – Successful Program Completion

Number of participants successfully completing the program

6

Date: March 1, 2005