



FY 2014-2015

COMMUNITY JUSTICE PLAN

FOR

**TRAVIS COUNTY
ADULT PROBATION**

Travis County Adult Probation FY 2014-2015 Community Justice Plan

Table of Contents

Program	Page
Mission Statement.....	3
Centralized Assessment Unit.....	4
Cognitive Intervention for Substance Abuse Treatment Program.....	6
Co-Occurring Reentry Services.....	14
Counseling Center.....	16
DWI Court.....	28
High Risk Offender Field Unit.....	30
Mental Health COG.....	49
Mental Health Specialized Caseloads.....	51
MHI-Mental Health Initiative Caseload.....	63
SMART Substance Abuse Treatment Program.....	73
SMART Continuing Care.....	91
Specialized Substance Abuse Caseloads.....	105
Substance Abuse Inpatient Continuum.....	116
Surveillance Technologies	
Continuous Alcohol Monitoring.....	126
Electronic Monitoring.....	128
Global Positioning System.....	130
Ignition Interlock.....	132
TAIP.....	134

MISSION STATEMENT

The mission of Travis County Adult Probation (CSCD) is to impact the community by making it safer and changing the lives of those placed under its supervision.

We work with the community so each individual successfully:

- Makes restoration to the community/victims.
- Meets their supervision conditions.
- Fully participates in programs and services to positively change their lives and be law abiding.

LONG TERM GOALS

1. Allow the jurisdiction to increase its involvement and responsibility in developing sentencing programs that provide effective sanctions for criminal defendants.
2. Provide increased opportunities for criminal defendants to make restitution to victims through financial or community service.
3. Develop standardized tracking and evaluation criteria and methodology to assess the impact of community-based correctional services on recidivism.
4. Provide increased use of community programs and services designed specifically to meet local jurisdiction needs, and
5. Promote efficiency and economy in the delivery of community-based correctional programs consistent with the objectives defined by law.

The Community Justice Council, the District Judges, and the Department are committed to achieve a targeted level of alternative sanctions and are committed to use of state jail felony facilities as needed.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: Centralized Assessment Unit	Chief CSCD County: Travis
Program Code: ASUN	Facility Category: NA
Data Contact Person: Sigrid Levi-Baum	Projected Number to be served: 1615
Number of Screenings Conducted: 162	Number of Assessments Conducted: 1615

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	1615

Date: December 1, 2013

FY 2014-2015 NON-RESIDENTIAL PROPOSAL

Proposal Element 1: COVER SHEET

CSCD (CHIEF COUNTY OF JURISDICTION): Travis

PROGRAM NUMBER: To Be Determined

PROGRAM TITLE: Cognitive Intervention for Substance Abuse Treatment Program

CJAD FUNDING SOURCE: 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: (NOTTDCJ-CJAD FUNDING SOURCES, NOT PARTICIPANT PAYMENTS)

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

PROGRAM CODES (Code is DMVB for all BIPPs)

Primary Program Code: _____ Facility Category (CRS) _____

COG _____

Secondary Program Code(s): _____

A PROJECTED OUTPUTS FORM MUST BE COMPLETED FOR EACH CODE.

Program Contact Information:

Name: Lila Oshatz
 Mailing Address: P.O. Box 2245
 Austin, TX 78768
 Telephone: 512-854-4600
 Fax: 512-854-4606
 E-mail: Lila.Oshatz@co.travis.tx.us

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

The most recent information from Texas' Legislative Budget Board compared offender data from the five largest counties in Texas: Bexar, Dallas, Harris, Tarrant and Travis County. A comparison of these five counties indicated that Travis County had the highest number of offenders scoring maximum risk at both Intake (82.4%) and at the time of Revocation (87.1%). The LBB report on revocations (August 2008) reflecting 2007 data indicates that at intake, probationers with moderate to high need levels in the area of companions was 94.1%, employment 74.5%, financial management 92.2% and marital/family relationships 86.3%. At revocation, the moderate to high needs are even more salient; companions were 93.5%, employment 77.4%, financial management 96.8% and marital/family relationships 90.3%. The Travis County Offender Revocation Profile data mirrors the same information. Travis County revocation Data for FY 2012 reflects that approximately 83% of felons, the same percentage as in FY 2011 revoked on supervision were maximum/intensive risk level offenders. This information, again, reiterates the high-risk nature of the population being supervised in Travis County.

The LBB report (August 2008) clearly shows that criminogenic needs can be significantly impacted by cognitive programming. The research of Latessa (2000), clearly demonstrates that cognitive behavioral strategies for targeted offender populations will improve positive outcomes. In order to impact revocations, the delivery of cognitive interventions is critical. Cognitive behavioral programming is also essential to promote positive outcomes for the high-risk offender population. For offenders placed on specialized and high-risk caseloads, such as sex offenders, offenders with mental illness, etc., participation in a structured cognitive behavioral intervention that addresses critical thinking skills, conflict resolution, pro-social decision making, and developing pro-social relationships is crucial in order to reduce recidivism and have been well documented through a variety of meta analyses by Gendreau & Ross, 1987, Andrews, et al., 1990 and Andrews & Bonta, 1994.

As the statistics above indicate, there is a great need for cognitive programming to address cognitive impairments of offenders supervised in Travis County. The Cognitive Intervention Substance Abuse Treatment Program will provide these much needed services. The Cognitive Intervention for Substance Abuse Treatment Program was previously delivered under the Counseling Center Services proposal, and is now being submitted as a separate stand-alone proposal.

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

While there are numerous agencies the Department refers offenders to for anger management, BIPP programming, and substance abuse treatment, all which incorporate a cognitive behavioral component, there are no stand-alone cognitive programs that specifically address criminal thinking errors of offenders with who are not chemically dependent but rather are abusers. The intent of this program is to intervene by treating offenders prior to the escalation of their substance use to addiction. To address this issue, the Department opted to deliver this level of service in house to ensure fidelity to the curriculum and evidence based practices. The Department currently contracts with a vendor for cognitive programming for offenders with mental health impairments.

CHOICE OF PROGRAM DESIGN

Literature on “What Works” to reduce recidivism in criminal justice offenders indicates that programs that include a “cognitive-behavioral” component have increased probability of reducing recidivism (Latessa, 2000). The components of cognitive-behavioral curricula that have the greatest impact are anger management, interpersonal problem-solving skills, cognitive restructuring and substance abuse abstinence (Latessa, 2006). Therefore, criminal justice substance abuse programs of all types must include such components regardless of modalities used. Factors such as “Risk”, “Need” and “Responsivity” must be considered in working with the criminal justice population.

Cognitive-behavioral treatment (CBT) has been well tested and shown to demonstrate a positive impact on both addiction and criminality (Aos, Miller, & Drake, 2006). CBT interventions are designed to identify and cognitively restructure dysfunctional and criminogenic thinking patterns. CBT interventions also may focus on anger management, assuming personal responsibility for behavior, increasing empathy, development of problem solving skills and improving interpersonal skills (Lipsey & Landenberger, 2006). CBT can be used with individuals, but is more commonly used in groups of offenders. CBT has been found to be effective with adult offenders; substance abusing and violent offenders; and probationers, prisoners and parolees in a variety of criminal justice settings, including institutions and in the community. CBT has been found to be effective with even high-risk offenders, with some of the greatest effects being seen among more serious offenders. (Preventing Future Crime With Cognitive Behavioral Therapy. National Institute of Justice Journal. April 2010) Walsh (2006) writes that one of the advantages of CBT is that it is not only effective with addiction and criminal conduct, but its effectiveness has been demonstrated through fourteen meta-analyses also to be effective in treating depression, generalized anxiety, panic disorders, social phobias—all conditions that are also seen in the offender population. The Cognitive Substance Abuse Treatment Intervention Program will utilize evidenced-based CBT treatment curriculum.

Research has shown that traditional client supervision alone does not change offending behavior and reduce recidivism. A more effective method is to assist offenders in understanding those criminogenic factors that lead them to offending behavior and to teach them the skills they need to change their behavior and become pro-social. The Carey Guides use this method. The curriculum is composed of a series of strategies and short exercises that are named “15-Minute Tools.” (The Carey Guides Publishing, 2009). The Carey Guides approach recidivism reduction from several vantage points by addressing criminogenic needs.

The Guides reinforce what the probationer learned in another program and helps the offender transfer that learning to their current setting. The Carey Guides capitalize on the “teachable moment” as well as help the probationer develop awareness and/or prepare for their internalizing the benefits of the treatment interventions. The Guides focus on topics such as Anger, Anti-Social Peers, Anti-Social Thinking, Emotional Regulation, Empathy, Engaging Pro-Social, Family, Moral Reasoning, Problem Solving, Pro-Social Leisure, Interpersonal Skills, Substance Abuse. The Carey Guides are used in two ways. The Blue Guides have been developed to assist staff in addressing offenders’ criminogenic needs, particularly those most directly related to re-offense. In contrast, the Red Guides provide the counselor with tools to address specific issues that serve as barriers to treatment (e.g., lack of motivation, mental health conditions) by maximizing strengths and managing anti-social behaviors that can lead to violations. The Guides are especially useful for individual sessions to target specific risk factors. The Guides will be used extensively with the Departments high risk caseloads, particularly the Youthful Offender caseload, one of the Cognitive Substance Abuse Treatment Intervention Program’s target populations.

Research demonstrates that the length, intensity, and duration of interventions should match offenders' level of risk: as risk increases, so too should dosage and intensity. Because the tools in the Guides focus offenders' attention on conditions that can contribute to re-offense –and support the development of pro-social skills – they can be used as foundational material in meeting risk reduction goals.

The Carey Guides tools were developed with the understanding that most offenders will be in the pre-contemplative or contemplative stage of change. As such, the target population for the Cognitive Substance Abuse Treatment Intervention Program initially may be reluctant or only marginally motivated to complete the Program. Motivational interviewing techniques will be used to engage the offender in change talk.

Additionally, Motivational Interviewing (MI), based on the Transtheoretical Stages of Change Model, will be used. MI Strategic techniques help to minimize power struggles and defensiveness and to mobilize the parts of the client geared toward positive, pro-social change (Miller & Rollnick, 2002).

Proposal Element 3: TARGET POPULATION

a. Felony only Misdemeanor only Both

b. Male only Female only Both

c. Age restriction? No Yes

If yes, describe: _____

d. Is this program designed to serve any specific cultural or ethnic group? No Yes
If yes, describe. _____

e. Is this program designed to serve participants with mental health issues? No Yes

f. 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. Pre-trial Drug Court defendants may participate in Cognitive programming

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

Cognitive Intervention for Substance Abuse Treatment Program will adhere to special grant conditions stipulated by CJAD. POs and TAIP Assessors make referrals to the Cognitive Intervention for Substance Abuse Treatment Program. All offenders are initially assessed by the TAIP/Department's Centralized Assessment Unit which will include the ASI/SAE assessment. The priority population to be served is high risk felons, some medium risk felons with high needs and Pre-Trial Drug Court high risk defendants. To continue to provide sentencing options to the judiciary, high-risk misdemeanants may also be served on a limited space-available basis. For these offenders, a substance abuse assessment will be completed and funded through the Travis County Counseling and Education Services Department.

All clients will attend an orientation. Pre and post-test evaluations will be conducted; the URICA will be used to assess client's stage of change and the TCU Attitudes and Beliefs will be used to assess client's change in values. A specific track is available for Spanish speakers. A designated group for Youthful Offenders, referrals directly from the Youthful Offender caseload, will receive specific programming.

Cognitive Intervention for Substance Abuse Treatment Program groups are closed groups that meet for 10 weeks for a total of 50 hours (2 times per week for 2.5 hours). It will be the goal of the COG for all participants to pay a portion of the cost of their treatment/class. Offenders will be assessed a flat fee of \$1.00 per hour for a total of \$50 for the entire program. Treatment co-payments for Department funded services has been the Department's policy as the vast majority of offenders are able to contribute something toward the cost of their treatment/classes. It is the goal of the COG to deliver services to include trauma-informed care principles. A cognitive behavioral curriculum will be utilized to address criminogenic needs for probationers who engage in criminal conduct, but do not have a history of substance use dependency. Currently, the New Freedom Curriculum is being used for service delivery. The Carey Guides referenced in the Program Design session will also be used in service delivery. Cognitive Intervention for Substance Abuse Treatment Program services will be delivered by Counselors who will not be required to have a chemical dependency license.

The Cognitive Intervention for Substance Abuse Treatment Program will not have specialized probation officers, although many participants may be assigned to specialized caseloads. The offender will continue to report to their assigned probation officer at their assigned location. There will be no supervision services provided at the Cognitive Intervention for Substance Abuse Treatment Program. Probationers will submit to random UAs per the Department's drug testing protocols as directed by their supervising probation officer. Additional monitoring will be available as needed via the use of breathalyzers, continuous alcohol monitoring technologies, and Ignition Interlock devices.

Written reports and updates will be provided to probation officers:

- Upon admission
- Weekly and/or Monthly: Attendance and Progress Reports
- Upon discharge: Discharge Summary and/or recommendations
- As needed – Violations, Progress Notes
- Treatment Team Meetings

If special grant conditions stipulate, through the TAIP Program and other initiatives, the Department will continue to maintain collaborative contact with other community-based Substance Abuse Providers and will document those efforts. The Department will stay knowledgeable regarding other available substance abuse treatment options in the jurisdiction. The program will also establish, continue and document collaborative

contact with Austin Travis County Integral Care (ATCIC) at least annually.

REQUIRED STANDARD OPERATING PROCEDURES

Standard operating procedures will be available within 90 days of funding.

Knowledge/Skills/Abilities of Staff

Staff will be hired and evaluated through observation in group and individual sessions to ensure that they are demonstrating the knowledge, skills and attitudes that demonstrate effective counseling. Performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department's TCIS (Travis Community Impact Supervision) best practices initiative, development of positive, professional rapport, reinforcement of pro-social behavior and skills, and ability to competently facilitate groups. All program staff will be trained in the principles of the "What Works" literature, Evidenced Based Practices, the TCIS strategies and Motivational Interviewing skills.

Special Grant Conditions

Special grant conditions will be addressed in the SOPs. All special grant conditions will be monitored and service delivery will be evaluated per special grant conditions

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 Counselor whose characteristics would be most effective in establishing rapport with the offender. All direct service staff will receive special needs population training and motivational interview training to enhance responsivity to ensure effective service delivery.

Tracking

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

Placement Criteria

Probationers are placed in the Cognitive Intervention for Substance Abuse Treatment Program as a result of an assessment. They may be referred for an assessment by TAIP or at the PSI diagnostic level. Probationers may also be court-ordered to the Cognitive Intervention for Substance Abuse Treatment Program.

PARTICIPANT ACTIVITIES

Cognitive Intervention for Substance Abuse Treatment Program	
Program	Curriculum
Men's Cognitive Level One (closed group) (high risk/med needs) (10 weeks, 2 x wk, 50 hrs)	New Freedom: <ul style="list-style-type: none"> • Choosing Responsible Thoughts and Feelings • Reducing Risk • Beliefs and Values=Feelings • Raced to the Finish Carey Guides (Spanish Translation)
Women's Cognitive Level One (closed group) (high risk/med needs) (10 weeks, 2 x wk, 50 hrs)	
Spanish Speakers Cognitive (open) (10 weeks, 2 x wk, 50 hrs)	

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

1. Staff (Title) Counselor I

Process Activities: Responsible for facilitating cognitive restructuring groups for offenders. Maintains client files and documents offender's participation. Attends training as required. Participates in treatment team meetings with probation officers.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Cognitive Intervention for Substance Abuse Treatment Program** Chief CSCD County: **Travis**
 Program Code: **COG** Facility Category: **NA**
 Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **480**
 Number of Screenings Conducted: **0** Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services. Pre-trial Defendants are assessed by the Travis County Drug Court.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	480
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	245

Date: December 1, 2013

FY 2014-2015 NON-RESIDENTIAL PROPOSAL

Proposal Element 1: COVER SHEET

CSCD (CHIEF COUNTY OF JURISDICTION): Travis

PROGRAM NUMBER: To Be Determined

PROGRAM TITLE: Co-Occurring Re-entry Services

CJAD FUNDING SOURCE: 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:
 (NOTTDCJ-CJAD FUNDING SOURCES, NOT PARTICIPANT PAYMENTS)**

FUNDING SOURCE	1st Year	2nd Year
RSAT	\$ _____	\$ _____
Victims Services	\$ _____	\$ _____
Violence Against Women Act (VAWA)	\$ _____	\$ _____
Gang Surveillance	\$ _____	\$ _____
COG	\$ _____	\$ _____
Other:		
<u>Bureau of Justice Assistance</u>	<u>\$280,053**</u>	<u>\$23,294**</u>
_____	\$ _____	\$ _____
Total	<u>\$280,053**</u>	<u>\$23,294**</u>

**Funding bridges multiple fiscal years. BJA total grant award is \$565,345 from October 1, 2012 – September 30, 2014. [Funding amount for Year 1 (Oct. 1, 2012 – Sept. 30, 2013) is \$285,821 and funding amount for Year 2 (Oct. 1, 2013 – Sept. 30, 2014) is \$279,524.] 1st year amount noted above reflects estimated funding for FY 2014 (Sept. 1, 2013 – August 31, 2014), and 2nd Year noted above reflects estimated funding for 1 month in FY 2015 (Sept. 1, 2014 – Sept. 30, 2014).

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

Primary Program Code: Facility Category (CRS)
TBD _____
 Secondary Program Code(s):

A PROJECTED OUTPUTS FORM MUST BE COMPLETED FOR EACH CODE.

Program Contact Information:

Name: Lila Oshatz
 Mailing Address: P.O. Box 2245
 Austin, TX 78768
 Telephone: 512-854-7602
 Fax: 512-854-4600
 E-mail: Lila.Oshatz@co.travis.tx.us

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 -2015
DATA FORM**

Program Title: **Co-Occurring Re-entry Services**
 Program Code: **To Be Determined**
 Data Contact Person: **Sigrid Levi-Baum**
 Number of Screenings Conducted: **NA**

Chief CSCD County: **Travis**
 Facility Category: **NA**
 Projected Number to be served: **50**
 Number of Assessments Conducted: **See TAIP**

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	50
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	25

Date: December 1, 2013

FY 2014-2015 NON-RESIDENTIAL PROPOSAL

Proposal Element 1: COVER SHEET

CSCD (CHIEF COUNTY OF JURISDICTION): Travis

PROGRAM NUMBER: 54

PROGRAM TITLE: Counseling Center

CJAD FUNDING SOURCE: 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: (NOTTDCJ-CJAD FUNDING SOURCES, NOT PARTICIPANT PAYMENTS)

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

PROGRAM CODES (Code is DMVB for all BIPPs)

Primary Program Code: SAT Facility Category (CRS) _____
Secondary Program Code(s): _____

A PROJECTED OUTPUTS FORM MUST BE COMPLETED FOR EACH CODE.

Program Contact Information:

Name: Lila Oshatz
Mailing Address: P.O. Box 2245
Austin, TX 78768
Telephone: 512-854-4600
Fax: 512-854-4606
E-mail: Lila.Oshatz@co.travis.tx.us

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

Nora Volkow, Director of NIDA, states that “the rehabilitation of substance-abusing criminal offenders is an urgent issue for public health and safety,” indicating that addressing treatment needs is key to “reducing overall crime and drug-related societal burdens” offenders create (from NIDA’s Journal: Addiction Science and Clinical Practice, 4/09; NIDA’s “Principles of Drug Abuse Treatment for Criminal Justice Populations”2006). An article in the NIDA 4/09 journal quotes a 2008 SAMHSA statistic: “Of the nearly 1.8 million admissions to substance abuse treatment in the United States and Puerto Rico in 2006, 38% resulted from criminal justice.” And yet, NIDA’s research-based guide for Criminal Justice offenders reports that in the United States “the substance abuse or dependence rates of offenders are more than four times that of the general population.” The most recent statistics completed by the National Institute of Corrections (Report: Corrections Statistics for the State of Texas) indicate that the State of Texas, compared with all other states, has the following higher than average rates: 18% higher crime rate, 31% higher rate of incarcerated adults, and 22% higher rate of probationers. “Substance Abuse Trends in Texas, June 2010,” (a NIDA-sponsored report for the State of Texas completed by the Gulf Coast Addiction Technology Transfer Center) states that the population of Region 7, which includes Travis County, reports the highest rates of use of marijuana, cocaine and nonmedical pain relievers in the state. Further, the most recent information from Texas’ Legislative Budget Board compared offender data from the five largest counties in Texas: Bexar, Dallas, Harris, Tarrant and Travis County. A comparison of these five counties showed Travis County probationers: 1) to have the highest levels of alcohol/drug offender needs at both Probation Intake and Revocation, 2) to have the highest percentage of offenders with previous offenses committing subsequent offenses involving drugs (54.4%) or alcohol (33.8%), and 3) indicated that Travis County also had the highest number of offenders scoring maximum risk at both Intake (82.4%) and at the time of Revocation (87.1%). Thus, Travis County’s offenders are both higher risk and present with a higher risk of re-offending involving alcohol or other drugs.

The Travis County Offender Profile data mirrors the same information as above. The FY 2012 data reports 5,440 felony offenders and 5,160 misdemeanor offenders to be on direct supervision. Of the total Travis County felony offenders on direct supervision, 2,439 or 45% were on probation for DWI and possession of other controlled substances. The number of Travis County misdemeanor offenders on direct supervision for DWI and other controlled substance offenses totaled 2,390 or 46%. The same profile data indicates that 37% of felony offenders and 43% of misdemeanor offenders revoked in FY 2012 had been on probation for alcohol and/or other drug offenses. Travis County revocation Data for FY 2012 also reflects that approximately 83% of felons, the same percentage as in FY 2011 revoked on supervision were maximum/intensive risk level offenders. This information, again, reiterates the high-risk nature of the population being supervised in Travis County. As demonstrated by this information, there is an overwhelming documented need in Travis County for services that identify and address substance abuse and dependency issues as part of offender probation supervision strategies.

The Legislative Budget Board and numerous research studies report that services provided to these offenders lower recidivism and probation revocation rates. NIDA states that treatment is as effective for mandated-offenders as the regular population. The TEDS Report, published by SAMHSA (8/09), states that offenders referred to treatment were less likely to drop out and more likely to complete treatment, as compared with non-offender population. Travis County, recognizing both the severity and continuation of substance-related problems over the years, has implemented the Counseling Center to provide EBP substance abuse treatment services to high risk offenders. The National Institute on Drug Abuse (NIDA) Guide, “Principles of Drug Addiction Treatment (rev. 4/09),” estimates that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes; additionally, when including savings related to health care, the savings can exceed costs by a ratio of 12 to 1. Research has clearly documented that treatment works.

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

Travis County has historically experienced long waiting lists for all levels of substance abuse treatment. Waiting lists have impacted jail over-crowding, as the courts often hold offenders in jail until a treatment slot is available for public safety issues since substance abuse offenders have difficulty maintaining abstinence while waiting for a treatment slot. NIDA research has consistently shown that starting the treatment intervention at the earliest possible time is directly correlated to successful outcomes and that effective treatment is less costly than incarceration or hospitalization. The Department’s ability to respond in a timely manner to court-ordered treatment for high-risk offenders is severely hampered without adequate treatment options. This is a contributing factor to increased technical violations, higher recidivism, more revocations and lower quality of life in our jurisdiction due to increased criminal activity. The average number of offenders waiting for outpatient substance abuse treatment in a given month during the first quarter of FY 2012 was approximately 93 with a waiting period of up to 4 months to access treatment. The lack of community-based Intensive outpatient substance treatment capacity for the criminal justice population is also a long-standing issue. A contributing factor to the lack of treatment capacity issue is the variance in reimbursement rates that criminal justice funding provides versus Department of State Health Services (DSHS) funding. Best business practices make it difficult for treatment providers to opt for a lower criminal justice reimbursement rate when a higher reimbursement rate is possible when serving DSHS and Child Protective Services clients.

Finally, research has demonstrated that significant factors of treatment effectiveness are the fidelity of program delivery and characteristics of staff who implement services. With the Department operating a substance abuse non-residential continuum of services, these variables can be easily monitored to fine tune service delivery.

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

The primary funding source for substance abuse services for Travis County offenders is the Treatment Alternatives to Incarceration Program (TAIP). This funding provides both contracted outpatient and residential substance abuse services for indigent offenders, thus funding is split between these two treatment interventions. Offenders can access treatment programs funded by the Texas Department for State Health Services (DSHS), though access tends to be very limited. Offenders can access community recovery support meetings as well as the longer intensive non-residential treatment services offered through the Department’s Counseling Center that meet the needs of more chronic substance abusing offenders. Residential and Supportive Residential treatment services will be provided for special needs MH offenders through the Department’s Substance Abuse Inpatient Continuum program. Use of SAFPF and ISF are options, but would remove probationers from the jurisdiction and would require additional re-entry services upon completion of treatment. Expansion of re-entry services, while a priority in the jurisdiction, are currently under-funded. The Travis State Jail operates the Commitment to Change (CTC) program which provides inpatient SA services paired with some re-entry services upon release for a limited number of State Jail Felons. Ambulatory Detox services through ATCIC are available as well as community-based outpatient/residential substance abuse services from a variety of providers at offender cost. The Department also operates a 116-bed residential substance abuse treatment facility. The Department’s resource list also includes additional agencies such as the Veterans Services Administration and Shoal Creek Hospital who provide substance abuse services.

CHOICE OF PROGRAM DESIGN

Literature on “What Works” to reduce recidivism in criminal justice offenders indicates that programs that include a “cognitive-behavioral” component have increased probability of reducing recidivism (Latessa, 2000). The components of cognitive-behavioral curricula that have the greatest impact are anger management, interpersonal problem-solving skills, cognitive restructuring and substance abuse abstinence (Latessa, 2006). Therefore, criminal justice substance abuse programs of all types must include such components regardless of modalities used. Factors such as “Risk”, “Need” and “Responsivity” must be considered in working with the criminal justice population. The California Drug and Alcohol Treatment Assessment (1994) found that the level of criminal activity declined by two thirds from before treatment began to post treatment. The results indicated the greater the length of time spent in treatment, the greater the percent reduction in criminal activity.

Cognitive-behavioral treatment (CBT) has been well tested and shown to demonstrate a positive impact on both addiction and criminality (Aos, Miller, & Drake, 2006). CBT interventions are designed to identify and cognitively restructure dysfunctional and criminogenic thinking patterns. CBT interventions also may focus on anger management, assuming personal responsibility for behavior, increasing empathy, development of problem solving skills and improving interpersonal skills (Lipsey & Landenberger, 2006). CBT can be used with individuals, but is more commonly used in groups of offenders. The program will utilize at least one evidenced-based CBT treatment curriculum. CBT has been shown to be effective in reducing relapse from substance use problems. Rotgers et al (2003) note that there is considerable scientific evidence, through controlled clinical trials, that CBT is effective treatment for problem drug and alcohol users. He also notes that CBT has been found to be particularly effective with clients struggling with both addiction and criminal conduct. . CBT has been found to be effective with even high-risk offenders, with some of the greatest effects being seen among more serious offenders. (Preventing Future Crime With Cognitive Behavioral Therapy. National Institute of Justice Journal. April 2010) Walsh (2006) writes that one of the advantages of CBT is that it is not only effective with addiction and criminal conduct, but its effectiveness has been demonstrated through fourteen meta-analyses also to be effective in treating depression, generalized anxiety, panic disorders, social phobias—all conditions that are also seen in the offender population.

Research literature also indicates that the least intrusive/restrictive treatment that matches the individual’s assessed level of dependency/addiction should be attempted first, as it may have a great effect and be less costly. The Counseling Center is designed to provide the appropriate climate to promote effective treatment and cognition tools for offenders at the least restrictive level of intervention. The Counseling Center staff, along with probation officers and community based treatment providers will collaborate to meet the identified needs of medium to high risk offenders.

Finally, offenders will be best served by substance abuse treatment and criminal justice systems that are working together to help them in recovery and in becoming law-abiding citizens. The Counseling Center is uniquely positioned to maximize collaboration between criminal justice goals and treatment goals so that both can achieve positive outcomes for the offender and the community.

Proposal Element 3: TARGET POPULATION

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

If yes, describe: N/A

- d. Is this program designed to serve any specific cultural or ethnic group? No Yes
If yes, describe. N/A
- e. Is this program designed to serve participants with mental health issues? No Yes
- f. 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. Pre-trial Drug Court Defendants

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

Utilizing evidence-based practices, the Counseling Center will provide a continuum of counseling intervention services for high-risk offenders who demonstrate multiple need areas, such as alcohol/drugs (AOD) abuse and/or criminogenic needs. In accordance with special grant conditions, each offender admitted into the program will be assessed by the TAIP/Centralized Assessment Unit using a standardized, validated assessment instrument prior to admission. Referred clients will be scheduled for Orientation at the Counseling Center. A treatment plan addressing criminogenic needs will be completed within 10 calendar days of placement into the program. Pre and post-test evaluations will be conducted to address the cognitive behavioral component. The URICA will be used to assess client's stage of change and the TCU Attitudes and Beliefs will be used to assess client's change in values. All Counseling Center Programming will incorporate a cognitive behavioral component. To better serve clients, services are provided at two different geographic locations both north and south. There will be a mix of closed and open-ended substance abuse groups based on risk level to maximize the number of clients being served. Closed groups will focus on highest risk clients. Communication between counselors and probation officers will occur regularly and within twenty-four (24) hours of absence from the program. Written reports and updates will be provided to probation officers:

- Upon admission
- Weekly and/or Monthly: Attendance and Progress Reports
- Upon discharge: Discharge Summary and/or recommendations
- As needed – Violations, Progress Notes
- Treatment Team Meetings

Per special grant conditions, program operations will follow the TDCJ-CJAD Substance Abuse Standards for outpatient treatment categories. Through the TAIP Program and other initiatives, the Department will continue to maintain collaborative contact with other community-based Substance Abuse Providers and will document those efforts. The Department will stay knowledgeable regarding other available substance abuse treatment options in the jurisdiction. The program will also establish, continue and document collaborative contact with Austin Travis County Integral Care (ATCIC) at least annually.

The Counseling Center will have the following service delivery components:

1. Non-Residential Substance Abuse Services: IOP, Continuing Care, Relapse
2. DWI Court Substance Abuse Treatment – This component is funded by Gov. Office/federal grant.
3. Drug Court Treatment – This component is funded via Gov. Office grant

The offender will continue to report to their assigned probation officer at their assigned location. There will be no supervision services provided at the Counseling Center. The Counseling Center will not have specialized probation officers, although many participants may be assigned to specialized caseloads. The duration and intensity of the specific intervention will be directly tied to the offender's risk/need level. Based on level of need, services may also be developed for Spanish-speaking offenders. It will be the goal of the Counseling Center for all participants to pay a portion of the cost of their treatment/class, with a minimum \$1.00 per hour co-payment as determined by the financial assessment. Treatment co-payments for Department funded services has been the Department's policy as the vast majority of offenders are able to contribute something toward the cost of their treatment/classes. It is the goal of the Counseling Center to operate gender specific groups and deliver services to include trauma-informed care principles. The Counseling Center uses the cognitive behavioral New Freedom curriculum.

Non-Residential Substance Abuse Services:

The substance abuse program will offer separate tracks for males and females, which is consistent with research indicating improved outcomes for gender specific groups. Programming will consist of three phases, Early Recovery Skills, Primary Intensive Outpatient Treatment and Continuing Care. Aftercare services, which are provided by community-based vendors, are not offered at the Counseling Center. The difference between Continuing Care and Aftercare is the former is a structured two-hour group 1x per week whereas most community-based Aftercare meet for only 1 hour per week and are less structured and less intensive. One area of focus of both IOP and Continuing Care is introducing community support recovery options to clients. The Counseling Center uses a structured approach to guide and develop an individualized recovery support process for each client that includes client's weekly documentation of their recovery support activities. This assists the client in establishing a pattern of pro-social community-based options to sustain abstinence and increase the likelihood of maintaining long-term recovery. The Continuing Care population to be served at the Counseling Center will reflect the following: Counseling IOP graduates, community-based residential treatment graduates, and ISF graduates.

All offenders are initially assessed by the TAIP/Department's Centralized Assessment Unit which will include the ASI/SAE assessment. The priority population to be served is high risk felons, some medium risk felons with high needs and Pre-Trial Drug Court high risk defendants. To continue to provide sentencing options to the judiciary, high-risk misdemeanants may also be served on a limited space-available basis. For these offenders, a substance abuse assessment will be completed and funded through the Travis County Counseling and Education Services Department. Placement will be based on identified risk level, criminal history, mental health status, severity and chronicity of substance abuse, gender, as well as indigent status. A relapse track will also be offered for offenders experiencing relapse after completing primary treatment in a residential or intensive outpatient setting. The Relapse Group(s) will reflect the following populations: Counseling IOP graduates, community-based residential treatment graduates, ISF graduates, SAFPF graduates, CTC graduates, and other community-based IOP graduates. Based on referral patterns, this track may offer gender specific groups. All staff will be credentialed in providing substance abuse treatment. Probationers will submit to random UAs per the Department's drug testing protocols. Additional monitoring will be available as needed via the use of breathalyzers, continuous alcohol monitoring technologies, and Ignition Interlock devices.

DWI Court Substance Abuse Treatment:

The DWI Court outpatient treatment program is a mixed gender medium to high risk misdemeanor program and does not currently offer separate tracks based on gender. Gender specific tracks are a future goal. Both male and female participants are entered into the treatment program after their plea to attend the program is accepted in court; participants are usually referred by their defense attorneys and agreement from the County Attorney's Office. The program criteria are for participants who have received their second or more DWI charge in the community. This can include currently probated clients who receive an additional DWI while on probation or felony reduced DWI cases. The program consists of five phases, with the entire program lasting a minimum of

12 months. This treatment protocol is a modification from previous years which only had three phases: a 3 month primary treatment phase, a 6 month supportive treatment phase and a 3 month aftercare phase. The current treatment approach provides a realistic recovery step-down modality to encourage and support client motivation for behavioral change. The program also offers a relapse track to participants who experience a relapse after completing the intensive outpatient treatment. All staff will be credentialed in providing substance abuse treatment. The ten principles of problem solving courts will direct program operations. The program has two funding sources; one grant from the Governor's office and one grant from the federal government, SAMSHA. As the DWI Court is a non-CJAD funded program, DWI participants are not reflected in the number of Counseling Center clients served. DWI Court treatment counselors are funded by Governor Office or SAMHSA funds.

Drug Court Substance Abuse Treatment:

The Drug Court outpatient treatment program is a mixed gender felony Pre-Trial program. Gender specific tracks are a future goal. Both male and female participants are entered into the treatment program after their plea to attend the program is accepted in court; participants are usually referred by their defense attorneys and agreement from the District Attorney's Office. The program will have multiple phases such as Intensive Outpatient Treatment (IOP), Intensive Continuing Care, and Supportive Continuing Care. A relapse track for participants who experience a relapse after completing the intensive outpatient treatment may be a future goal based on client needs. All staff will be credentialed in providing substance abuse treatment. The ten principles of problem solving courts will direct program operations. As the Drug Court is a non-CJAD funded program, Drug Court participants are not reflected in the number of Counseling Center clients served. Drug Court treatment counselors are funded by Governor Office funds.

Additional Programming:

Options to expand Counseling Center services in the area specialty Drug of Choice groups are in development. This program option will adhere to EBP principles and will focus on identified criminogenic risk/need factors of participants. Based on offender needs, specialty relapse groups such as a THC Relapse Group may be permanently implemented. The Department completed a pilot for this specialty relapse group during FY 2010. All Groups will use the specialty components of the New Freedom curriculum to address these programming areas.

REQUIRED STANDARD OPERATING PROCEDURES

Standard operating procedures will be available within 90 days of funding. Special Grant conditions are incorporated into service delivery model (see Program Description section of this proposal).

Knowledge/Skills/Abilities of Staff

Staff will be hired and evaluated through observation in group and individual sessions to ensure that they are demonstrating the knowledge, skills and attitudes that demonstrate effective counseling. Performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department's TCIS (Travis Community Impact Supervision) best practices initiative, development of positive, professional rapport, reinforcement of pro-social behavior and skills, and ability to competently facilitate groups.

All program staff will be trained in the principles of the "What Works" literature, Evidenced Based Practices, the TCIS strategies and Motivational Interviewing skills. All chemical dependency counseling staff will possess competency in the knowledge, skills and attitudes required of licensed chemical dependency counselors, such as clinical evaluation, counseling, treatment planning, referral, client family and community education, documentation, service coordination and professional and ethical responsibilities.

Special Grant Conditions

All special grant conditions will be monitored and service delivery will be evaluated per special grant conditions. This will be detailed in SOPs.

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 Counselor whose characteristics would be most effective in establishing rapport with the offender. All direct service staff will receive special needs population training and motivational interview training to enhance responsivity to ensure effective service delivery.

Tracking

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

Placement Criteria

Probationers are placed in the Counseling Center as a result of an assessment. They may be referred for an assessment by TAIP or at the PSI diagnostic level. Probationers may also be court-ordered to the Counseling Center.

PARTICIPANT ACTIVITIES

Non-Residential Substance Abuse Services		
Program	Curriculum	Continuing Care*
Men's Substance Abuse (open/closed group) (high risk needs) (10 weeks, 3 x wk, 75 hrs, plus 3 individual counseling sessions)	New Freedom: <ul style="list-style-type: none"> • Thinking Things Through • Emotional Freedom • Freedom to Change 	New Freedom: <ul style="list-style-type: none"> • Continuing Care For Men
Women's Substance Abuse (open/closed group) (high risk needs) (10 weeks, 3 x wk, 75 hrs, plus 3 individual counseling sessions)	New Freedom: <ul style="list-style-type: none"> • Waking Up • What's Going On? • Changes I go through • Who am I really? 	New Freedom: <ul style="list-style-type: none"> • Sober Living • Recovery Maintenance
Relapse Prevention (open group) (5 weeks, 2 x wk, 20 hrs) Will be open to CC clients post IOP: may include clients served by other programs depending on available capacity.	New Freedom: <ul style="list-style-type: none"> • Relapse Intervention 	N/A

*Continuing Care will be open to those completing IOP or residential substance abuse treatment programs in the community and will meet 1x week for 2 hours for 12 weeks (24 hours).

DWI Court Substance Abuse Treatment					
Program	Phase One	Phase Two	Phase Three	Phase Four	Phase Five
Co-Ed DWI Group (open group) <u>TOTAL:</u> (program is a minimum of 52 weeks)	Intensive Outpatient Treatment	Intensive Aftercare	Supportive Aftercare	Continuing Care	Recovery Maintenance
	Phase 1 lasts a minimum of 10 weeks	Phase 2 lasts 10 weeks and	Phase lasts 10 weeks	Phase 4 lasts 10 weeks	Phase 5 lasts 12 weeks
	Group sessions (2.5 hrs) 3x per wk Individual 1 (hr) 6x	Group sessions (2 hrs) 2x per wk Individual 1 (hr) 5x	Group sessions (2 hrs) 1x per wk Individual 1 (hr) 3x	Group sessions (2 hrs) 1 every other week Individual (30 min.) 3x	Court attendance as needed

DWI Court uses New Freedom evidence based curriculum. Court appearances are determined by compliance, risk level and treatment intervention.

Drug Court Substance Abuse Treatment			
Program	Phase One	Phase Two	Phase Three
Co-Ed DWI Group (open group) <u>TOTAL:</u>	Intensive Outpatient Treatment	Supportive Outpatient	Community Aftercare
	Group sessions (2hrs) 3x a week for 5 months	Group sessions (1.5hrs) 2x a week	Group sessions (1hr) 1x a week for 13 weeks
	1 Individual session every six weeks	1 Individual session every six weeks	

Drug Court uses Changes Company evidence based curriculum. Court appearances are determined by compliance, risk level and treatment intervention. Groups are separated by risk level: 1) high risk and 2) med/low risk for both Intensive Outpatient and Supportive Outpatient.

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

1. Staff (Title) Manager, Other (Social Services Program Administrator) (50% FTE)
Process activities: Provides direction, training and SOPs for Counseling Center and designs curriculum. Supervises/evaluates Program Supervisor (Social Services Manager) position. Provides crisis intervention with participants.
2. Staff (Title) Program Supervisor (Social Services Manager)
Process activities: Provides direction, training and SOPs for Counseling Center and designs curriculum. Supervises/evaluates Counselor Senior position, counselor positions, and support staff position assigned to unit. Provides coverage for counseling groups/individual sessions; Crisis intervention with participants. Collaborates with community agencies as needed. Liaison to Centralized Assessment Unit, and Casework Managers. Prepares reports as needed.
3. Staff (Title) Counselor Senior (Chemical Dependency Counselor, Sr.)
Process Activities: Provides training and oversight of group and individual substance abuse treatment/cognitive curriculum, facilitates groups, conducts individual counseling sessions, provides orientation, and assists with case file audits. Maintains client files and documents participation. Participates in treatment team meetings with probation officers. Conducts/observes group and individual counseling sessions.
4. Staff (Title) Counselor I (Chemical Dependency Counselor)
Process Activities: Provides individual and group Substance Abuse treatment, maintains client files and documents participation. Attends training as required. Participates in treatment team meetings with probation officers.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: Counseling Center	Chief CSCD County: Travis
Program Code: SAT	Facility Category: NA
Data Contact Person: Sigrid Levi-Baum	Projected Number to be served: 900
Number of Screenings Conducted: 0	Number of Assessments Conducted: 0

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services. Pre-trial Defendants are assessed by the Travis County Drug Court.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	900
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	900
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	405

Date: December 1, 2013

FY 2014-2015 NON-RESIDENTIAL PROPOSAL

Proposal Element 1: COVER SHEET

CSCD (CHIEF COUNTY OF JURISDICTION): Travis

PROGRAM NUMBER: 57

PROGRAM TITLE: DWI Court

CJAD FUNDING SOURCE: 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: (NOTTDCJ-CJAD FUNDING SOURCES, NOT PARTICIPANT PAYMENTS)

FUNDING SOURCE	1st Year	2nd Year
RSAT	\$ _____	\$ _____
Victims Services	\$ _____	\$ _____
Violence Against Women Act (VAWA)	\$ _____	\$ _____
Gang Surveillance	\$ _____	\$ _____
COG	\$ _____	\$ _____
Other:		
<u>SAMHSA</u>	<u>\$92,829**</u>	<u>\$8,441**</u>
<u>Office of Governor-Criminal Justice Division</u>	<u>\$228,459.60</u>	\$ _____
Total	<u>\$321,288.60</u>	<u>\$8,441</u>

**The Department was granted a no cost extension from the Substance Abuse & Mental Health Services Administration Office (SAMHSA). The SAMHSA no cost extension grant period is Sept. 30, 2013 – Sept. 29, 2014 for a total amount of \$101,270. 1st Year amount noted above reflects estimated funding for portion of FY 2014 (Sept. 30, 2013 – August 31, 2014). The 2nd Year amount reflects estimated funding for portion of FY 2015 (September 1, 2014 – September 29, 2014).

PROGRAM CODES (Code is DMVB for all BIPPs)

Primary Program Code: Facility Category (CRS)
DCT _____
 Secondary Program Code(s):

A PROJECTED OUTPUTS FORM MUST BE COMPLETED FOR EACH CODE.

Program Contact Information:

Name: Lila Oshatz
 Mailing Address: P.O. Box 2245
 Austin, TX 78768
 Telephone: 512-854-7602
 Fax: 512-854-4600
 E-mail: Lila.Oshatz@co.travis.tx.us

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **DWI Court**
 Program Code: **DCT**
 Data Contact Person: **Sigrid Levi-Baum**
 Number of Screenings Conducted: **NA**

Chief CSCD County: **Travis**
 Facility Category: **NA**
 Projected Number to be served: **112**
 Number of Assessments Conducted: **See TAIP**

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	112
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	43

Date: December 1, 2013

FY 2014-2015 NON-RESIDENTIAL PROPOSAL

Proposal Element 1: COVER SHEET

CSCD (CHIEF COUNTY OF JURISDICTION): Travis

PROGRAM NUMBER: 62

PROGRAM TITLE: High Risk Offender Field Unit

CJAD FUNDING SOURCE: 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: (NOTTDCJ-CJAD FUNDING SOURCES, NOT PARTICIPANT PAYMENTS)

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

PROGRAM CODES (Code is DMVB for all BIPPs)

Primary Program Code: _____ Facility Category (CRS) _____

ISP

Secondary Program Code(s): _____

SCP R

SCP X

SXC

SCP Y

A PROJECTED OUTPUTS FORM MUST BE COMPLETED FOR EACH CODE.

Program Contact Information:

Name: Lila Oshatz
 Mailing Address: P.O. Box 2245
 Austin, TX 78768
 Telephone: 512-854-4600
 Fax: 512-854-4606
 E-mail: Lila.Oshatz@co.travis.tx.us

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

The Legislative Budget Board's 2007 report compared offender data from the 5 largest counties in Texas: Bexar, Dallas, Harris, Tarrant and Travis County. The report indicated that Travis County had the highest number of offenders scoring maximum risk at Intake - 82.4% were maximum risk at Intake, and 87.1% were maximum risk at the time of revocation. This data clearly demonstrates the increasingly high risk population that is being supervised in Travis County. The High Risk Offender Field Unit was established to provide close, knowledgeable supervision of offenders placed on Community Supervision and meet eligibility criteria to be supervised on a Sex Offender Caseload, a High Risk Offender caseload, or a Youthful Offender Caseload.

The Sex Offender Caseloads were designed to provide intensive supervision for offenders placed on Community Supervision for sexually related offenses, and to maintain this supervision for the duration of the offender's term of Community Supervision. The Sex Offender Caseloads utilize a holistic supervision approach that enables the offender to complete sex offender therapy, remain in compliance with the State Sex Offender Registration Law, and reduces the risk the offender poses to the community by close adherence to the Conditions of Community Supervision. This type of supervision will also enable the Probation Officer to identify those offenders who continue to pose a high level of risk to the safety of the community and bring those individuals back to the attention of the Courts.

The Travis County Child Protection Team quickly investigates sexual child abuse cases, allowing law enforcement to make arrests more rapidly. As a result of the work of Child Protection Team, the Appropriate Punishment Team is able to prepare the case for disposition in a timely manner. By expediting these programmatic initiatives, there continues to be the need for services for the sex offender population. For the indigent sex offender, subsidized sex offender therapy is needed to meet court-ordered treatment conditions. The Department contracts with approved sex offender therapists/polygraphers for services to indigent sex offenders.

All probated sex offenders are assigned to a Sex Offender caseload and participate in court-ordered therapy as soon as possible. As part of the effort to revise Department programs based on evidence-based practices, the Sex Offender Management Program (SOMP) was developed as part of the Travis Community Impact Supervision (TCIS) initiative. SOMP consists of Department-approved contract sex offender therapists who provide therapy using SOMP protocols, and Department approved contract Polygraphers who provide polygraph support for the program. SOMP will have no more than 12 Licensed Sex Offender Therapists (LSOTP) and no more than 3 polygraphers. SOMP does not just impact supervision; it enhances and complements sex offender treatment. Utilization of SOMP, along with motivational interviewing techniques, will increase the overall effectiveness of sex offender supervision by:

- 1) Standardizing basic components of each sex offender assessment and requiring certain instruments be utilized to obtain the information,
- 2) Standardizing basic elements of all sex offender therapists' treatment plans,
- 3) Standardizing using the SONAR instrument to identify a sex offender's criminogenic needs,
- 4) Standardizing Offense specific treatment and providing a completion timeframe for it,
- 5) Creating a relationship between the probation officer and the client which empowers the client.

While the Sex Offender Maintenance Caseload was established in 2005, it was originally included in the Pilot Specialized Caseload proposal in the FY 2008-2009 Community Justice Plan. After meeting with TDCJ-CJAD staff, it was determined that it was better to include this caseload in the Sex Offender Specialized Caseload proposal. Offenders who have progressed from the specialized level were at one time

removed from the Sex Offender Specialized Unit and placed on regular field caseloads. In addition, other cases of a sexual nature that were not court ordered to placement on this specialized caseload were initially assigned to regular field officers. However, since the regular officers do not have the specialized training needed to effectively meet the needs of this population, the decision was made to create a specialized Sex Offender Maintenance Caseload within the High Risk Offender Field Unit. The Officers who supervise this caseload receive all specialized training received by other Sex Offender Officers, and as with other Sex Offender Officers, remain in close contact with family members and treatment providers. Now, all sexual offense cases and cases of a sexual nature are assigned to this specialized unit for placement on either a sex offender specialized caseload or the maintenance caseload.

Offenders placed on a High Risk Offender Caseload have lengthy criminal histories, including violent or assaultive offenses, may be gang members, involved in criminal narcotics activities, and may include unsuccessful discharges from the Youthful Offender caseload and/or returning from SHOCK probation. The caseload is designed to address criminogenic needs of offenders as well as provide intensive monitoring and surveillance. Although criminal orientation is typically the primary concern, education, employment and substance abuse are also addressed as necessary. This caseload frequently serves offenders who the District Attorney's Office has recommended against placement on community supervision. These offenders may be ordered to participate in Electronic Monitoring or Global Positioning System (GPS) due to their need for monitoring and surveillance. High risk misdemeanants, which may comprise up to 20% of the caseload, may be appropriate and are staffed on an individual basis.

To ensure that High Risk offenders involved in gang activities are monitored and identified correctly, High Risk and Youthful Offender Officers attend local Gang trainings for information updates and to network with local law enforcement. A High Risk Offender Officer also serves as a member of the Central Texas Violent Gang Task Force, the Texas Violent Gang Task Force and the Texas Gang Investigators Association.

The Youthful Offender Caseload strives to provide maximum supervision, intervention, and resource linkage to youthful offenders and assist young adults to complete education goals and develop employment, and pro-social skills. These caseloads provide a wide range of services specifically designed to address multiple needs presented by offenders seventeen to twenty-one (17-21) years of age. This Specialized Caseload is designed to intervene with youthful felony offenders who have a limited criminal history and/or have had limited or no access to resources.

Youthful Offenders who meet eligibility requirements will also participate in the Youthful Offender Support Court, a specialized felony docket. The goal of the Youthful Offender Support Court is to reduce revocation of youthful offenders to the Institutional Division by providing judicial support and specialized supportive supervision. This is done by identifying offenders who would benefit from a focused, collaborative effort between the Courts and the Probation Staff, as well as Community Stakeholders and Service Providers to provide resources, support, and structure to address violations and monitor compliance. Members of the Youthful Support Court are involved in a Court Staffing Team process lead by the Judge and meet prior to the court appearance. Court appearances are generally held twice a month.

Youthful offenders also attend specialized youthful offender Cognitive groups. These groups utilize the New Freedom Curriculum which focuses on a combination of cognitive-behavior therapy and substance abuse education.

Offenders placed on High-Risk caseloads or the Youthful Offender caseload, participate in a structured cognitive behavioral intervention that addresses critical thinking skills, conflict resolution, pro-social decision making, and developing pro-social relationships is crucial in order to reduce recidivism and have been well documented through a variety of meta analyses by Gendreau & Ross, 1987, Andrews, et al.,

1990 and Andrews & Bonta.

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

There are a myriad of private therapists in the jurisdiction providing sex offender treatment. However, not all therapists are providing treatment in accordance to SOMP. Under SOMP, offenders receive standardized, consistent, cognitive and evidenced-based treatment that is cost effective. In order to ensure all offenders receive comparable and quality treatment, the Department is prepared to collaborate only with therapists providing treatment in compliance with SOMP.

To meet offender needs other than court-ordered supervision, a variety of community based programming and in-house Department programming is used. Offenders are referred to community-based anger management programs, Batterer's Intervention Prevention Programs (BIPP) as recommended by Travis County Education Services (CES), and Austin Travis County Integral Care (ATCIC. For female clients specifically, the YWCA of Greater Austin is utilized for short-term counseling. Offenders who require psychological assessments may also be referred to the Department's approved vendor for psychological assessment services.

The Treatment Alternatives to Incarceration Program (TAIP) is utilized for substance abuse evaluations. The TAIP program contracts with various community-based substance abuse treatment programs, providing a continuum of services including referral and placement to intensive inpatient programs, outpatient services, and referral to aftercare services. Further, the Department's Counseling Center provides IOP, Continuing Care, and Relapse services to clients assessed as High Risk Offenders. The Department's Cognitive Intervention for Substance Abuse Treatment Program provides cognitive programming. Clients also access community-based recovery support groups.

Offenders may access treatment programs funded by the Texas Department for State Health Services (DSHS) as well as the Veteran's Administration (VA). For other chronic substance abusers, the Department's Substance Abuse Treatment Facility, SMART is utilized to address the treatment needs of eligible offenders. Use of SAFFP and ISF are options, but would remove probationers from the jurisdiction and would require additional re-entry services upon completion of treatment. Expansion of re-entry services, while a priority in the jurisdiction, are currently under-funded.

A variety of community-based programs are available to assist offenders in obtaining employment: Goodwill - WIA (Workforce Investment Act), Texas Worksource, Casa Verde Builders, Lifeworks as well as access to employment readiness training via Texas State Technical College's web-based ACHIEVE program. Eligible offenders may also be referred to the Department of Assistive and Rehabilitative Services (DARS). Regarding education, the Department GED program (provided on-site at the probation department via Austin Community College), community-based GED classes, and American Youthworks (AYW) are utilized.

A portion of the Youthful offender population lack stable housing as they have been in foster care due to Child Protective Services (CPS) referrals; hence, housing referrals are made to Lifeworks for housing assistance. Other populations in need of housing assistance may be placed in Burkes Adult Supervised Living. To provide assistance in obtaining identification, offenders are referred to the Social Security Administration, the Department of Public Safety (DPS) and Vital Statistics.

CHOICE OF PROGRAM DESIGN

According to a vast body of research, intensive supervision coupled with treatment-oriented programming can significantly reduce probation recidivism rates. Petersilia & Turner (1993) reported that intensive supervision programs offered in conjunction with treatment resulted in reduction in recidivism by as much as 20% - 30% when compared to programs that did not include a treatment component. Similarly, in the publication *Intermediate Sanctions in Corrections* (Caputo, G., 2004), it was noted that “Intensive supervision treatment components appear to facilitate successful completion of intensive supervision programs on the part of participants and contribute to a reduction in their recidivism...Additionally, such treatment focused programs appear to have a positive effect on offender’s quality of life after successful completion.” According to literature reviews, “effective programs address criminogenic need factors and use treatment models (such as cognitive behavioral) that have demonstrated effectiveness in reducing recidivism” (Andrews, 1994, Andrews, Bonta, & Hoge, 1990, Bonta, 1997, Gendreau, 1993). In a January 2006 article of the Washington State Institute for Public Policy, *Evidence-Based Adult Corrections Programs*, it was reported that Intensive Supervision programs, when coupled with treatment-oriented programs, resulted in a 21.9 % reduction in recidivism rates of programs evaluated. Taking into account prevailing research, the Sex Offender Specialized Caseloads are designed to provide offenders with intensive supervision in which criminogenic needs are addressed coupled with a treatment component (cognitive behavioral programming).

The Department utilizes SOMP as the treatment modality for sex offenders. The Department worked collaboratively with various entities for the development of SOMP. Prior to implementation, SOMP was reviewed by the Council on Sex Offender Treatment. Under SOMP, all sex offender therapists/polygraphers use a prescribed program structure resulting in standardized service delivery.

A review of existing programs and the Standards of Practice adopted by the Texas Council on Sex Offender Treatment recommend that at least the following elements be included in a sex offender treatment program:

1. cognitive-behavioral group therapy;
2. relapse prevention;
3. individual therapy and coordination with community mental agencies;
4. community management/aggressive criminal justice supervision; and
5. Substance abuse treatment, if indicated.

These elements are incorporated in SOMP.

According to meta-analytic review regarding the effectiveness of sex offender treatment, cognitive behavioral treatment was associated with reduced sexual recidivism and reduced general recidivism. (*Sexual Abuse: A Journal of Research and Treatment*, April 2002, Volume 14, Issue2, pp 169 -194). “The type of treatment which is most likely to succeed is an individually-tailored approach that includes careful assessment and uses a broad mix of cognitive-behavioral techniques to support individual behavior change.” (*Sex Offender Treatment*, Institute for Psychological Therapies Journal, Volume 3, 1991). Assessment and cognitive behavioral treatment are both incorporated into the SOMP program design.

The caseloads in the High Risk Offender Field Unit provide more intensive supervision to offenders. Research concerning intensive supervision programs (ISP) indicates:

- There appears to be a relationship between greater participation in treatment and employment programs and lower recidivism rates
- ISPs appear to be more effective than regular supervision or prison in meeting offender’s needs
- ISPs that reflect certain principles of effective intervention are associated with lower rates of

recidivism. (American Probation and Parole Association Prototypical Intensive Supervision Program: ISP as it was Meant to Be. B. Fulton, et al, Spring 1995)

Additionally, as indicated by research, providing offenders tools to overcome the criminal thinking that brought them into the criminal justice system is crucial to reducing offender recidivism. Hence, this Department's Cognitive Intervention for Substance Abuse Treatment Program provides cognitive based programming. In a January 2006 article, the Washington State Institute for Public Policy, Evidence-Based Adult Corrections Programs, cognitive behavioral programming is cited as a vital component in delivering services to offenders. Further, the September 2006 update of the LBB report on revocations (September 2005) conducted by Travis County Adult Probation using LBB methodology and the LBB data base shows that criminogenic needs areas can be significantly impacted by cognitive programming.

In regard to other criminogenic needs, lack of employment and education are major areas of need of offenders on specialized caseloads. In examining the 2012 Revocation Profile for Travis County Offenders, 54% of felony revoked offenders were unemployed at the time of revocation. Criminal Justice research shows an association between employment status and criminal justice involvement. Further, based on 2005 statistics provided by the Bureau of Labor Statistics as well as the FBI Uniform Crime Report, The Justice Policy Institute asserts that the States with the highest levels of unemployment also had the highest levels of violent crimes.

As offender employment needs are significant among high risk and youthful offenders, several Officers assigned to this unit have attended the National Institute of Corrections (NIC) Offender Employment Specialist (OES) training. These Officers disseminate information to other Probation Officer's providing job resource information for offenders. Offenders are encouraged to attend Worksource classes; specifically, "Overcoming Barriers to Employment", as well as various classes regarding writing resumes and interviewing skills. Moreover, periodic job fairs are held with various local area employers to also assist offenders in obtaining employment.

Proposal Element 3: TARGET POPULATION

a. Felony only Misdemeanor only Both

b. Male only Female only Both

c. Age restriction? No Yes

If yes, describe: Age restriction **only** applies to Youthful Offender Caseloads which dictate offenders are between 17 – 21 years of age

d. Is this program designed to serve any specific cultural or ethnic group? No Yes
If yes, describe. _____

e. Is this program designed to serve participants with mental health issues? No Yes

f. 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. _____

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

The Department's Centralized Assessment Unit will assess felony offenders and forward recommendations to the Courts. Participants eligible for supervision by the High Risk Offender Field unit will include both felony and misdemeanor offenders placed on Community Supervision by the Courts. Eligible offenders may be placed on one of four caseloads: High Risk Offender, Youthful Offender, Regular Sex Offender or Sex Offender Maintenance, depending on the participant's, primary criminogenic need and whether they meet caseload criteria.

Sex Offender Caseloads:

Regular Sex Offender caseloads will consist of offenders who have the specialized sex offender caseload as a condition of probation and meet the definition of a sex offender as described in TDCJ-CJAD Standard § 163.38 (a) (3). Offenders who have progressed from the Regular Sex Offender Caseload and meet the criteria for discharge; offenders who do not have the sex offender specialized caseload condition but who meet the definition of a sex offender as described in TDCJ-CJAD Standard § 163.38 (a) (3); (3); and offenders who have to register as a sex offender but are probated for a different offense or for Failure to Register as a Sex Offender will be placed on a Sex Offender Maintenance Caseload. The Department has centralized all of the specialized sex offender caseloads into one location, which facilitates consistency and effectiveness in supervision strategies. Caseload size is limited to 45 clients for the Regular Sex Offender Caseloads and 100 clients for the Sex Offender Maintenance Caseloads. The Regular Sex Offender Caseload requires three face-to-face contacts per month (two office and one field) and one collateral contact (with family members, significant others, friends, employers or with agency or community service providers) per month, for the first three years of supervision. The Sex Offender Maintenance Caseloads will have one face-to-face contact each month and one field contact every other month for the first year of supervision.

Criteria for transfer to Sex Offender Maintenance Caseload:

- Minimum three years on Regular Sex Offender Caseload.
- Be in phase III of treatment or have therapist's recommendation
- No positive urine specimens or breath tests for past twelve months (minimum)
- No polygraph disclosures of alcohol or drug use in past twelve months (minimum)
- Submits UAs as directed
- Completion of Cognitive Program
- Must have approved chaperon contract
- No Sex Offender Group violations for the past twelve months
- Steady employment for past 90 days (minimum) and/or school attendance
- Stable Housing
- No arrests or apparent criminal involvement in past twelve months
- Reports as directed
- Making payments on monthly basis

Sex Offenders will remain on the Sex Offender Maintenance caseload until:

1. They successfully complete probation,
2. They are revoked, or
3. They are transferred back to sex offender specialized caseload supervision.

These offenders will never be transferred to a regular field caseload. Thus, while they are assigned to the Sex Offender Maintenance Caseload, they will either be in SOMP, SOMP aftercare, participating in Cognitive services through the Department's Cognitive Intervention for Substance Abuse Treatment Program or have

completed one of these interventions. The purpose of the maintenance caseload is to provide a reduction in the intensity of supervision based on offender's reduced risk and needs while carefully monitoring the client's behavior to determine if it will be necessary to return the client to the Regular Sex Offender caseload.

Both caseloads are designed to address sexual behavior as well as additional criminogenic needs such as criminal thinking, assaultive behavior, vocation/education, employment and substance abuse needs, if applicable. Documentation of offender compliance with conditions of supervision is completed by the supervising PO. As mandated by probation conditions, sex offenders will participate in both group and individual sex offender treatment services. Therapists will provide sex offender treatment services in accordance with SOMP, and have the capacity to serve offenders with a variety of needs, including clients who primarily speak Spanish, low literacy, or indigent clients. Sex offenders required to submit DNA samples to the Texas Department of Public Safety will be referred to a local medical provider where offenders will pay to complete required DNA testing. Static 99 risk assessments will be completed at the initial contact and probation officers will monitor to ensure all applicable offenders comply with Sex Offender Registration requirements. Sex offender Update Forms (CR-39) will be completed by the supervising probation officer each time a registered offender is placed into custody, discharged from community supervision (early discharge, normal discharge & revocation), changes address, telephone number, job, absconds or dies. A form will also be updated when the offender's community supervision is extended, he/she is admitted to the hospital, when he/she has purchased a vehicle or when his/her work location has changed.

Clients who are court-ordered to the SOMP program will receive cognitive sessions as part of that program. Clients who are not court-ordered to the SOMP will be referred within the Department to a cognitive program offered at the Cognitive Intervention for Substance Abuse Treatment Program. In those cases where the offender does not have any sex offender conditions, but the court leaves the option up to the supervising officer as to what counseling they will receive, they will also be referred to the cognitive program offered at the Cognitive Intervention for Substance Abuse Treatment Program.

The High Risk Offender Unit has instituted a "Lights Out Program" in which Probation Officers will make unscheduled field visits to some of the high-risk sex offenders during the Halloween evening hours. These unscheduled visits will be made in pairs of Probation Officers or with one of the following law enforcement agencies: Austin Police Department's Sex Offender Apprehension and Registration Unit (SOAR), Travis County Sheriff's Department, or Texas Department of Public Safety. The program establishes a pro-active stance for the Regular Sex Offender Caseload, in that its goal is to identify non-compliant offenders before the non-compliance results in the offender re-offending.

Unsuccessful discharge from the Sex Offender caseload will be defined as a subsequent offense leading to revocation. Non-compliance with administrative conditions, which may be indicative of the need for additional services/interventions in the Department's continuum of sanctions, should not result in an unsuccessful discharge.

The High Risk and Youthful Offender caseloads serve distinct populations where their risk to the community due to criminal history and/or lack of viable resources impacts their pro-social behavior.

High Risk Offender Caseload:

This caseload will consist of offenders who have lengthy criminal histories, including violent or assaultive offenses, may be gang members, involved in criminal narcotics activities, and may have been unsuccessfully discharged from the Youthful Offender caseload and/or returning from SHOCK probation. This caseload will also serve offenders who the District Attorney's Office has recommended against placement on community supervision. Appropriate offenders are directed into Cognitive classes, job training, GED testing and programming to aid them in redirecting their behavior. These offenders may be ordered to participate in Electronic Monitoring due to their need for close surveillance. High risk misdemeanants, which may comprise

up to 20% of the caseload, may be appropriate and are staffed on an individual basis.

In order to be placed on the High Risk Offender Caseload, the following criteria must be met:

1. Must be a felony offender or high risk misdemeanor
2. Must be assessed as high risk per Case Classification Instrument
3. History of violence and/or assaultive behavior
4. Documentable diversion from prison or jail.
5. Prior commitments to TDC and/or TYC for violent offenses.
6. Documented Gang Involvement

Youthful Offender Caseload:

This caseload will consist of offenders seventeen to twenty-one (17-21) years of age who have a limited criminal history and/or have had limited or no access to resources. High risk misdemeanants may comprise up to 20% of the caseload and are staffed on an individual basis prior to placement. In order to be placed on the Youthful Offender Caseload, the following criteria must be met as indicated below:

1. Must be a felony offender or high risk misdemeanor
2. Must be assessed as high risk per Case Classification Instrument
3. Must be 17 to 21 years of age
4. Must be a documented diversion from a correctional institution
5. Diagnostic Report must reflect a maximum score on either the risk or needs portion of the case classification assessment
6. Must have a documented problem in at least three areas: possess limited vocational skills, chronic unemployment, emotional instability, severe financial difficulties, family issues, limited education and/or alcohol/drug issues

The Youthful Offender Caseload strives to provide maximum supervision, intervention, and resource linkage to youthful offenders and to assist young adults to complete education goals and develop employment, and pro-social skills. These caseloads will provide a wide range of services specifically designed to address multiple needs presented by offenders seventeen to twenty-one (17-21) years of age.

The High Risk Offender Caseload and Youthful Offender Caseload will not exceed sixty (60) offenders. Offenders on these caseloads may participate in the Cognitive Intervention for Substance Abuse Treatment Program to aid them in redirecting their behavior. The following contact requirements outline minimum standards and requirements for probationers supervised on the Youthful Offender and High Risk caseloads in order to ensure a higher level/intensity of contacts and enhanced supervision over that of non-specialized field caseloads:

1. A minimum of two (2) face-to-face contacts each month. These may consist of an office visit and a field contact, or two office visits, depending on the individual circumstances of each case. A field contact should be made no less than every 60 days.
2. At least one collateral contact shall be conducted and documented each month with family members, significant others, housemates, friends, or employers, etc.
3. At least one collateral contact shall be conducted and documented each month with treatment providers, cognitive counselors or other applicable vendors/agencies.

The offender's supervision agreement will be ranked to prioritize criminogenic needs and the Officer will supervise the offender in a manner which addresses these specific needs. Supervision agreements will be the foundation for all office visits and POs will ensure chronological entries include discussion of criminogenic factors identified in the supervision agreement. The supervision agreement will be updated each time the client is reassessed.

Offenders typically are assigned to the High Risk Offender or the Youthful Offender caseloads for a period of two (2) years and are transitioned to regular field caseloads once they meet established discharge criteria. Offenders may be discharged at one year if they have met established criteria and the case has been approved by the Unit Manager.

All caseloads within the High Risk Offender Field Unit will adhere to the following protocols: Probation Officers will complete a Case Classification instrument and Supervision Agreement addressing criminogenic needs within 30 working days of probation placement. The supervision agreement will be negotiated between the supervising PO and the offender which identifies offender problem areas (criminogenic needs) as well as goals. By utilizing motivational interviewing, Officers elicit offender's input into the supervision planning process. The supervision agreement will be ranked to prioritize criminogenic needs and the PO will supervise the offender in a manner which addresses these specific needs. The supervision agreement is fluid, and may be re-prioritized based on offender progress and/or violations.

To address violations, the Department's Progressive Sanction Model will be utilized. Violations will be addressed via Supervisory or Administrative Hearings prior to taking court action. To address serious violations, offenders may be placed on Electronic Monitoring (EM) or Global Positioning Surveillance (GPS) to provide additional surveillance if warranted.

To address monitoring substance abuse, the Department operates a self-contained drug testing lab at its north and south field unit locations. Providing a random substance abuse testing protocol for high risk offenders is an essential component to ensuring public safety and monitoring offender progress/regress regarding abstinence and compliance with supervision conditions.

REQUIRED STANDARD OPERATING PROCEDURES

Standard operating procedures will be available within 90 days of funding. The Department's Continuum of Sanctions/Incentives will be utilized.

Knowledge/Skills/Abilities of Staff

Probation officers assigned to the High Risk Offender Field Unit must have at least two years of experience as a probation officer. It is crucial that all Specialized Caseload officers possess superior case management and interviewing skills to assist high risk/high need offenders. The Department provides intensive trainings on Motivational Interviewing as well as Strategies for Caseload Supervision (SCS) "booster" sessions, to further enhance their understanding of the use of the SCS tool, knowledge of the strategy groups, as well as the most effective techniques for working with specific offenders. Officers are trained on the Wisconsin Risk/Needs Instrument as risk is a driving component in supervising offenders effectively. Several Officers within this unit have also attended Offender Employment Specialist (OES) training to assist offenders in obtaining and maintaining employment.

As specialized populations tend to have multiple criminogenic needs, specialized officers must have a broad knowledge of community resources as they make referrals regarding treatment, housing, employment, education, substance abuse, financial difficulties, mental health and medical issues. Further, officers must have a solid understanding of cognitive programming as discussion of course material is often referenced in office visits and in developing supervision plans.

Staff also receive training specific to their respective caseloads. Sex Offender officers will be trained in Sex offender Registration law and must be certified to administer the Static 99. Additionally, every two years, Sex Offender probation officers must obtain 40 training hours in the areas relating to sex offenders (rapists,

pedophiles, flashers, etc.), sex offender laws, sex offender therapy, frottage, fetishism, voyeurism, etc. High Risk and Youthful Offender Officers attend local Gang trainings for information updates and to network with local law enforcement.

Officer performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department's TCIS best practices initiative, development of positive, professional rapport, and reinforcement of pro-social behavior and skills.

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 the Senior PO and Casework Manager for the Sex Offender Unit and other 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. Vendor audits of treatment plan reviews and discharge plans insure that the offender's risk/needs factors are addressed while in treatment through the offender's treatment plan and discharge recommendations. Any identified deficiencies in contract compliance will result in specific recommendations to vendor(s) to achieve contract compliance. Vendors may be required to respond to the identified deficiency by submitting a written response or an Action Plan on how they will achieve contract compliance. Follow-up site visits may be conducted to ensure compliance with recommendations and implementation of action plans. 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 PO/Therapist/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. Additionally, any special funding conditions will be monitored and service delivery will be evaluated. This is detailed in SOPs.

Placement Criteria

Probationers are placed on caseloads within the High Risk Offender Field Unit as a result of an assessment and condition of probation. They may be referred for an assessment by the probation officer or at the PSI diagnostic level.

PARTICIPANT ACTIVITIES

Tasks	Strategies	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Learn Probation Conditions	General Orientation Classes	1 hour per month											
Discuss Intake Plan Information	Interviews and Assessments	2 hours per month											
Plan reassessment	*Reassessment						1 hour /month						1 hour /month
Report to PO 2X Monthly	Monthly status updates	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month
UA's	Monitoring Compliance	1 -2x month	1 -2x month	1 -2x month	1 -2x month	1 -2x month	1 -2x month	1 -2x month	1 -2x month	1 -2x month	1 -2x month	1 -2x month	1 -2x month
Complete Field Visit	Monthly status updates	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month
Cognitive Program (High Risk and Youthful Offender Caseloads)	Program Services	1 ½ hour/ week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week
Sex Offender group counseling (SOMP) **	Program Services	1 ½ hour/ week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week	1 ½ hour / week
Individual Counseling Sex Offender counseling	Program Services	1 hour /month	1 hour /month	1 hour /month	1 hour /month	1 hour /month	1 hour /month	1 hour /month	1 hour /month	1 hour /month	1 hour /month	1 hour /month	1 hour /month
Sex Offender Polygraphs***	Monitoring compliance	1hour/ month											
Treatment Team Meetings	Quarterly status updates			1 hour per month			1 hour per month			1 hour per month			1 hour per month
Youthful Court	Program Services, Monitoring Compliance	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month	1 hour 2X month
Youthful Support Group	Program Services	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month	3 hours 4X month
GED	Program Services	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week	12 hours/ week
ELM /GPS	Monitoring compliance	24 hours a day	24 hours a day	24 hours a day	24 hours a day	24 hours a day	24 hours a day	24 hours a day	24 hours a day	24 hours a day	24 hours a day	24 hours a day	24 hours a day

Note: Participant Activities cover all three Caseloads, Sex Offender, High Risk and Youthful.

***Completed every six months or whenever there is a significant life changing event**

**** SOMP will consist of five distinct phases: assessment, orientation, offense-specific treatment & psycho- educational training, chaperone training and aftercare.**

*****Polygraphs will be administered during all phases of treatment and annually upon completion of treatment if required as a condition of probation.**

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, vendor staff and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

1. Staff (Title) Manager, Other (Probation Case Work Manager)

Process activities: Responsible for oversight of the High Risk Offender Field Unit including staff supervision, training, and staffing and program development. Conducts supervisory hearings, administrative hearings, and ensures all work is performed in accordance with existing policies and procedures. Is proficient in the use of motivational interviewing and be able to evaluate staff in their use of it. Establishes effective working relationships with law enforcement, therapists, parole and other resources in the community.

2. Staff (Title) CSO III (Probation Officer Sr.)

Process Activities: Assists with supervision of POs, audits files, reviews violation reports, in addition to maintaining a supervision caseload. Conducts supervisory hearings, and staffs cases with officers. In the absence of the Case work Manager, is responsible for the operational control of the unit. Must be proficient in the use of motivational interviewing and be able to evaluate staff in their use of it.

3. Staff (Title) CSO II (Probation Officer II)

Process activities: Supervises and monitors probationer's response to Conditions of Community Supervision. Monitors compliance through drug testing, interviews, referrals, collateral contacts, family contacts, field visits and contacts with therapists (SOMP program only). Utilizes community sanctions in the supervision of the probationers. Must be proficient in the use of motivational interviewing. Provides necessary documentation to court.

4. Staff (Title) CSO II (Probation Officer II- Maintenance Caseload)

Process activities: Monitors and supervises sex offender probationer's response to Conditions of Community Supervision. Monitors compliance through drug testing, interviews, referrals, collateral contacts, family contacts, field visits and contacts with therapists. Utilizes community sanctions in the supervision of the probationers. Must be proficient in the use of motivational interviewing. Provides necessary documentation to court.

5. Staff (Title) Adm. Support (Office Specialist)

Process activities: Will be responsible for assisting Probation Officers with their clerical needs and Probation Case Work Manager with training needs.

6. Contract Sex Offender Therapist (Vendor)

Process activities: Provide intake and assessments as well as individual and group sex offender therapy to indigent sex offenders and to sex offenders who are in the SOMP program who self-pay.

7. Contract Polygrapher (Vendor)

Process activities: Administers polygraph examinations to indigent sex offenders and sex offenders who are in the SOMP program who self-pay.

8. Contract Specialized Interpreters- Travis County Deaf Services (Vendor)

Process activities: Provides interpretive services on an as needed basis for high risk offenders who are hearing impaired.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM
SUMMARY OUTPUT PAGE**

Program Title: **High Risk Offender Field Unit** Chief CSCD County: **Travis**
 Program Code: **ISP** Facility Category: **NA**
 Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **915**
 Number of Screenings Conducted: **0** Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	119

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **High Risk Offender Field Unit- High Risk Offender Caseload** Chief CSCD County: **Travis**
 Program Code: **SCP R** Facility Category: **NA**
 Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **225**
 Number of Screenings Conducted: **0** Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	34

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **High Risk Offender Field Unit- Sex Offender Caseload** Chief CSCD County: **Travis**

Program Code: **SCP X** Facility Category: **NA**

Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **550**

Number of Screenings Conducted: **0** Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling

Number of Participants **0**

B. Urinalysis Tests

Number of Individuals Tested **0**

C. Academic Education Services

Number of Participants **0**

Number Mandated by CCP 42.12 § 11(g) **0**

Number of GEDs obtained **0**

D. Electronic Monitoring

Number of Participants **0**

E. Cognitive Training/Cognitive Behavioral

Number of Participants **0**

F. Substance Abuse Education

Number of Participants **0**

G. Employment Services

Number of Participants **0**

Number who secured employment for 3 days or longer **0**

H. Victim Services

Number of Victims Served **0**

Number of Victim-Impact panels held **0**

Number of Victim-Offender mediations completed **0**

Outcomes – Successful Program Completion

Number of participants successfully completing the program **75**

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **High Risk Offender Field Unit** Chief CSCD County: **Travis**
Sex Offender Caseload
 Program Code: **SXC** Facility Category: **NA**
 Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **250**
 Number of Screenings Conducted: **0** Number of Assessments Conducted: **250**

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	250
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	250
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	36

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **High Risk Offender Field Unit- Youthful Offender Caseload** Chief CSCD County: **Travis**

Program Code: **SCP Y** Facility Category: **NA**

Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **140**

Number of Screenings Conducted: **0** Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	10

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Mental Health Cog**
 Program Code: **COG**
 Data Contact Person: **Sigrid Levi-Baum**
 Number of Screenings Conducted: **0**

Chief CSCD County: **Travis**
 Facility Category: **NA**
 Projected Number to be served: **30**
 Number of Assessments Conducted: **0**

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	30
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	18

Date: December 1, 2013

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

Historically, data collected by the Travis County Adult Probation (TCAP) has indicated the need for specialized caseloads to address high-risk offenders who pose the most serious threat to the safety of the community by re-offending. According to the September 2006 update of the LBB report on revocations (September 2005) conducted by Travis County Adult Probation using LBB methodology and the LBB database, offenders' risk level at time of probation intake went from 50.60% in FY 2005 to 86.60% in FY 2006 and risk level at time of revocation for maximum/intensive level of supervision went from 54.10% in FY 2005 to 69.10% in FY 2006. This data clearly demonstrates the increasingly high-risk population that is being supervised in Travis County. Through the years, offenders with mental illness have been one high-risk population identified as requiring specialized services. Many of these offenders are under supervision for violent, assaultive, and/or substance abuse related offenses.

The March 2006 article, *Psychiatric Services, Toward Evidence Based Practice for Probationers and Parolees Mandated to Mental Health Treatment* reports, "these individuals are twice as likely as those without mental illness to fail on supervision...." The article further states "probationers with mental illness are also at risk of short term and long term failure." In a study of an unmatched sample of 613 probationers that were followed for three years, probationers with mental illness were significantly more likely to have probation revoked than those without (37 percent compared to 24 percent)... and the rate of re-arrest was nearly double that of the comparison group (54 percent compared to 30 percent). These statistics indicate the dire need for specialized services to address the serious criminogenic needs of these high-risk offenders.

In 2010, TCAP's Evaluator completed a study of two cohorts of 6 month placement MH specialized caseload probationers in the Integrated Mental Health Unit (IMHU), pre-Integrated Services (Pre-Cohort) and post-Integrated Services (Post-Cohort). Pre-Cohort was under supervision from Sept. 2006 – Feb. 2008 and Post-Cohort was under supervision from Sept. 2008 – Feb. 2009. The most recent snapshot recidivism rate for the IMHU for FY 2010 placements is 20%, a 13% reduction from the FY 2006 snapshot recidivism rate of 33%. Moreover, IMHU has reduced revocations for both new arrests (20% in FY 2010 vs. 33% in FY 2006) and technical violations (13% in FY 2010 vs. 6% in FY 2006) by approximately 6%. These reductions are consistent across gender and ethnicity, as well as for maximum and medium risk groups. While TCAP has successfully reduced the IMHU recidivism (revocation rate), this rate remains higher than the Department's overall recidivism (revocation) rate of 8% during the same time period.

For years, Austin/Travis County public and private entities have been independently attempting to address the difficult issue of the involvement of individuals with mental illness in the criminal justice system through efforts such as community policing, multiple social services activities, specialized mental health law enforcement units, victim services and support, civil commitment, special needs probation/parole personnel, and advocacy assistance projects. The autonomy of these diverse and complex programs has led to non-uniform training, contradictory policies and procedures, duplication of services, limited cost-effectiveness, and existence of large gaps in appropriate services for this at-risk segment of the population. In January 2005, the Austin Mayor's Mental Health Taskforce released their report after a 5 month long review of jurisdictional Mental Health Issues that identified a number of issues that impact the delivery of successful mental health services to offenders in the justice system. This report brought to light the need for the development of streamlined continuity of care for individuals with mental illness. In FY 2013, TCAP received a Bureau of Justice Assistance (BJA) grant for MH Re-Entry services. This two year grant will provide for specific case management services and co-occurring substance abuse treatment for a targeted subset of probationers with co-occurring disorders.

As an additional effort to address the needs of this high-risk population, Travis County has developed mental health dockets in County Court at Law #8 and the District Court Magistrate. These two courts are addressing administrative violations as well as monitoring offenders through “status” checks. Officers attend these court hearings as needed. Felony MH cases identified by Court Administration and reviewed by the District Attorney’s Office will go to the Magistrate Court. For felonies, there is a staffing team comprised of the district attorney, defense attorney, Austin Travis County Integral Care (ATCIC) staff, Travis County Sheriff’s Office (TCSO) staff, and MH probation manager/senior officers who discuss the cases and develop solutions that consider what is in the best interest of the offender and the public safety. Misdemeanor cases have a similar staffing team comprised of the defense attorney, county attorney, ATCIC staff and TCSO staff.

Another initiative in Travis County is the Mental Health Public Defender’s Office which provides legal assistance and case management services to misdemeanant defendants with mental illness. This county department was started in January 2007.

Additionally, Travis County was designated by the Council of State Governments as a Learning Site for Mental Health Collaboration which will further the refinement of service delivery strategies. The Travis County Mental Health Learning Site Final Report (May 2008) states *“In Texas, the disproportionate number of individuals with mental illness in jails or prisons is profound. The Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) reports that one in five inmates, or 20%, have some type of mental illness. Austin Travis County Mental Health and Mental Retardation (ATCMHMR) has found that the incidence of Travis County jail inmates who have had some history with Texas Department of State Health Services (TDSHS) community mental health services ranges from 25% to 30%. These statistics show that the mentally ill population in the Travis County justice system appears to be higher than state or national averages.”* The Learning Site Committee’s focus was on the intake and screening process at time of arrest to identify appropriate resources for offenders in need of Mental Health services and Probation services for mental health offenders. The Learning Site also suggested establishing an “integrated system data base with components supplied by the probation department and the mental health service provider with information geared specifically towards common goals and objectives” [continuity of care]. With the implementation of the IMHU, ATCIC and TCAP staff are now co-located to increase collaboration of services and coordination of appointments with offenders to increase their likelihood of reporting for services.

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

There are community programs that address some of the needs of these populations. Through the Department's Memorandum of Understanding with ATCIC, officers have regular and frequent contact with ATCIC/ANew, Psychiatric Emergency Services, and Medication Support. Other programs utilized include Texas Worksource, DSHS, Social Security Administration, Goodwill, Dept. of Assistive and Rehabilitative Services, Texas Rio Grande Legal Aid, Veterans Administration, Self Help and Advocacy Center (SHAC), Communities for Recovery, NAMI and supervised living services.

CHOICE OF PROGRAM DESIGN

According to a vast body of research, intensive supervision coupled with treatment-oriented programming can significantly reduce probation recidivism rates. In the publication Intermediate Sanctions in Corrections (Caputo, G., 2004), it was noted that “Intensive supervision treatment components appear to facilitate successful completion of intensive supervision programs on the part of participants and contribute to a reduction in their recidivism. Additionally, such treatment focused programs appear to have a positive effect on offender’s quality of life after successful completion.” In a January 2006 article of the Washington State Institute for Public Policy, *Evidence-Based Adult Corrections Programs*, it was reported that Intensive Supervision programs, when coupled with treatment-oriented programs, resulted in a 21.9 % reduction in recidivism rates of programs evaluated. Taking into account prevailing research, the Mental Health Specialized Caseloads are designed to provide offenders with intensive supervision in which criminogenic needs are addressed coupled with a treatment component (cognitive behavioral programming via referral to the Mental Health Cog Program as needed). “Interventions that have involved training case managers to identify and address substance abuse in individuals with dual disorders have also shown promise” Dixon, L. B., Dickerson, F., Bellack, A. S., Bennett, M., Dickinson, D., Goldberg, R. W., et al. (2010). The BJA grant will be providing a designated case manager housed at IMHU for probationers with co-occurring disorders. This proposal includes designating one of the specialized officers for the re-entry co-occurring population.

The Decriminalizing Mental Illness: Background and Recommendation Final Report, Prepared by the Forensic Taskforce of the National Alliance on Mental Illness (NAMI) Board of Directors, (September 2008) reported that a study conducted by Lamb et al (2007), of offenders with serious mental illnesses that: “With respect to these inmates’ history before the current arrest, at least 92% were known to be non-adherent to psychiatric medications, 94% had prior arrests, 72% had prior arrests for violent crimes, and 76% were known to have a history of substance abuse. Given this data, in addition to the fact that three-quarters required inpatient psychiatric care in the jail, it would appear that the jail had acquired the responsibility to manage and treat many of the most difficult and expensive clients to treat. That 92% of the study sample had a history of being non-adherent to psychiatric medications suggests that successful reentry into the community requires evaluation, supervision, and timely access to appropriate services and supports.

Aligning with research, the Mental Health Specialized Caseload resides in the IMHU and is co-located with the ATCIC/ANEW program. Focus is placed on close supervision and linkage with a variety of community-based resources/supports to minimize risk to the community and to aid in rehabilitation of the offender. When appropriate, staff utilizes many existing programs already available to the Department. Goals of these caseloads are to provide close supervision and referrals to community resources to assist these offenders with basic life skills and managing their mental illness. Most of these offenders have the ability to become and remain pro-social and self-sufficient in spite of their disability if they can be identified and receive close skilled supervision. The goal of the Travis County Integrated Services program is to provide an integrated treatment, supervision and diversion program for individuals on community supervision with mental illness. The objectives are to 1) Reduce jail time, 2) Increase stability, housing and employment, and 3) Reduce absconders and revocations.

By integrating probation and ATCIC services, several benefits are achieved for probationers and staff. First, a “One-Stop Shop” is created for the probationer to access a wide range of services in one location, thus providing service delivery access to probation, ATCIC and Legal Aid. Second, collaboration between agencies is ensured. Working in the same building with a common purpose will enhance staff interaction and communication. An integrated process also ensures that probationers don’t “fall through the cracks” and gaps in service delivery are reduced. Finally, the integrated service model will reduce duplication of services and coordinate enhanced access to other resources such as substance abuse treatment services.

An integrated service is a proven strategy that works to:

1. Reduce jail overcrowding and associated costs
2. Improve probationer compliance with court orders
3. Provide consistent interventions and structure
4. Accelerate access to community resources and entitlements (SSI benefits)
5. Enhance services to probationers with mental illness.

The integrated service model was implemented as an effort to align with Travis County goals of jail reduction and streamlining services for offenders with mental illness. Drawing from established programs in Boulder, Colorado and Orange County, Florida, the Travis County Integrated Services Program will target offenders jointly served by the ATCIC ANEW Program, the Adult Probation Department Mental Health Unit and the Parole Special Needs Unit. These entities will initiate service delivery from the same location to meet the needs of offenders with mental illness in Travis County. If correctional supervision is integrated with treatment, outcomes for clients should improve.

As part of the integration of services preparation to co-locate, Dr. Fred Osher, Programs Director of the Health Systems and Services Policy division, with the Council of State Governments' (CSG) Bethesda, Maryland, met with Adult Probation, ANEW and State Parole, to guide the process of implementing Integrated Services for offenders. Subcommittees concerning safety, case planning, procedures, and co-occurring disorders were implemented to develop processes for all three agencies to work together in a collaborative effort to provide services for offenders.

Proposal Element 3: TARGET POPULATION

a. Felony only Misdemeanor only Both

b. Male only Female only Both

c. Age restriction? No Yes

If yes, describe: _____

d. Is this program designed to serve any specific cultural or ethnic group? No Yes

If yes, describe. _____

e. Is this program designed to serve participants with mental health issues? No Yes

f. 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. _____

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

Per special grant conditions, the Mental Health Specialized Caseload will target high-risk/high-needs felony offenders who have special needs due to mental impairment. High-risk/High-needs misdemeanor cases will be served only on a limited and space-available basis, not to exceed 20% of the offenders served on the caseload at any given time. Minimum risk/needs offenders are not eligible for services. This caseload encompasses offenders formerly included in the Mental Health Specialized Caseload as well as the Mentally Retarded/Developmentally Disabled/Head Injured (MR/DD/HI) Specialized Caseload. For purposes of this proposal, MR/DD/HI offenders are offenders who have an IQ of 70 or below, a documented history of specialized academic, vocational or life skills training, deficits in one or more adaptive behavior patterns, documented organic or developmental impairment in mental abilities, chronic mental/or physical disabilities that result in substantial limitation in three or more of the following major life activities: Self-Care, Mobility, Self-Direction, Capacity for Independent Living, Learning, Economic Self-Sufficiency, Language. The term "developmentally disabled" includes the mentally retarded, borderline mentally retarded and learning disabled. The caseload size shall not exceed 50 offenders per adult probation officer.

An assessment/evaluation shall be completed on each offender to establish appropriateness for the caseload prior to or not later than 10 working days after placement into the program. This assessment may be conducted by a mental health professional. The TDCJ-CJAD Case Classification instrument will be completed within fifteen (15) working days of placement on this caseload. Based on the use of collaborative case plan development between the probation officer and the probationer, the Department will submit a waiver request to exceed the 15 working days stipulated in the special grant conditions for completing the Supervision Agreement addressing Criminogenic Needs. The offender's supervision agreement will be completed collaboratively with the offender, needs prioritized, and the PO will supervise the offender in a manner which addresses these specific needs. The supervision agreement will be reviewed and updated as needed each time the client is reassessed. Referrals to the Department's Substance Abuse Inpatient Continuum should be completed within the first five (5) working days of initial PO contact. Probation Officers will conduct three (3) face to face contacts monthly, at least one (1) of which must be a field contact. After three months, the Probation Officer may reassess the offender and supervise the offender at a reduced rate but not less than two (2) face to face contacts per month with at least one additional face to face contact every 60 days in the field. One (1) collateral contact must be conducted monthly with the ATCIC Case Manager or treatment provider. Additionally, one (1) collateral contact will be conducted monthly with family members, significant others, housemates, friends or employers, etc. Collateral contacts may be conducted face to face, by telephone, email or other written communication.

The offenders on the Mental Health Specialized Caseload demonstrate a wide variety of needs that are best met through a continuum of services/sanctions within this population. In accordance with special grant conditions, the capacity for these special needs caseloads will be 50 offenders. These caseloads will address criminogenic needs of offenders such as criminal behavior, education, employment and substance abuse needs, if applicable. Officers for this caseload are adept at developing and locating additional resources in the community that address the bulk of these offenders' basic needs, including substance abuse treatment, housing, Social Security benefits, etc. Frequent communication is maintained with DARS, Social Security Administration, Austin Travis County Integral Care, etc.

For those offenders with substance abuse history, positive UA specimens or admitted drug use, the Probation Officer will refer to the department's TAIP Unit for substance abuse assessment and referral to appropriate treatment providers.

A cognitive behavioral component will be addressed via referrals to the Mental Health Cog program. Contract staff with specialized training and/or a contracted Health Realization Specialist will facilitate this special cognitive group for clients as needed. Offenders will also receive UA testing per the Probation Department's random UA testing protocol and the Continuum of Sanctions. Offenders who contest results of on-site UA screening will have the option to have the urine sample sent to a lab for confirmation.

All cases being considered for transfer to regular supervision will be staffed with the Probation Case Work Manager or Senior Probation Officer. Due to the chronic nature of mental illness, offenders may be considered for transfer to another less restrictive form of supervision if they meet one of the following criteria:

- It has been determined and documented by a mental health professional that the offender's mental illness is stable or the offender no longer requires mental health treatment;
- No missed appointment with treatment provider or Probation Officer for six (6) months;
- Stable on medications for six months;
- Stable residence;
- Means of support (benefits/employment);
- Consistent reporting at reduced contact level for six (6) months;
- If substance abuse treatment ordered, offender must have demonstrated consistent attendance/participation in the treatment program for no less than three (3) months (e.g. Outpatient Treatment).

Offenders with the following symptoms may remain in the MH Unit, assigned to a Senior PO:

- Offenders with diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder with psychotic symptoms;
- Offender's affect is extreme -- flat or highly animated;
- Offenders who exhibit high levels of anxiety in dealing with change;
- Offenders with limited cognitive ability;
- Offenders with aggravated offenses;
- Offenders with a history of rapid de-compensation upon stopping medication.

The mental health courts in Travis County at the County Court and Magistrate level address administrative violations and have offenders return for "status" checks. For offenders not appearing on these dockets, violations may be addressed via the Department's Progressive Sanction Model whereby Supervisory or Administrative Hearings are held prior to taking court action. Unsuccessful discharge from the caseload will be defined as a subsequent offense leading to revocation or absconding. Non-compliance with administrative conditions which are indicative of needing additional services in the Department's continuum of sanctions will not result in an unsuccessful discharge.

REQUIRED STANDARD OPERATING PROCEDURES

Standard operating procedures will be available within 90 days of funding. Special Grant conditions are incorporated into service delivery model (see Program Description section of this proposal). The Department's Continuum of Sanctions/Incentives will be utilized.

Knowledge/Skills/Abilities of Staff

Mental Health Specialized Caseload staff must have knowledge of the different mental health diagnoses and be familiar with community resources so that referrals can be made regarding mental health and medical issues, medication, housing, employment, substance abuse, and financial responsibilities. It is crucial that all staff have

superior case management and interviewing skills to supervise the offenders.

Travis County Adult Probation provides intensive training on Motivational Interviewing Practices as well as Strategies for Caseload Supervision (SCS) certification, the different strategy groups as well as techniques for effectively working with the different strategy groups. Officers receive training on the Wisconsin Risk/Needs Instrument as risk is the main concern in supervising offenders effectively. Furthermore, Officers receive ongoing training concerning mental impairments, head injury, developmental disabilities, and mental retardation, substance abuse (information about “street” drugs and treatment), chronic medical conditions, psychotropic medications and Veterans issues. Officer performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department’s TCIS best practices initiative, development of positive, professional rapport, and reinforcement of pro-social behavior and skills.

Special Grant Conditions

All special grant conditions will be monitored and service delivery will be evaluated per special grant conditions. This will be detailed in SOPs.

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 PO/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. Additionally, all special grant conditions will be monitored and service delivery will be evaluated per special grant conditions. This is detailed in SOPs.

Placement Criteria

Probationers are placed on MH Specialized caseloads as a result of an assessment and condition of probation. They may be referred for an assessment by the probation officer or at the PSI diagnostic level.

PARTICIPANT ACTIVITIES

Process Activities	Key Strategy	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Learn Probation Conditions	General Orientation Classes	1 hour											
Discuss Intake Plan Information	Interviews and Assessments	2 hours											
Plan reassessment	*Reassessment	1 x annually											
Contacts with PO 3X Monthly (at least one field contact)	Monthly status updates	3X a month	3X a month	3X a month	3X a month	3X a month	3X a month	3X a month	3X a month	3X a month	3X a month	3X a month	3X a month
UA's	UA tests	Department's Random protocol used when appropriate. If no indication of substance abuse, frequency determined at PO discretion.											
Cognitive Group (via Mental Health Cog program)	Health Realization Group	12 – 20 weeks (1.5 sessions)											
Treatment Team Meetings, if applicable	Quarterly status updates			1 hour per month			1 hour per month			1 hour per month			1 hour per month
Report to ATCIC, if applicable	Assessment, medication compliance, case mgt.	X	X	X	X	X	X	X	X	X	X	X	X
Status Checks	Mental Health Docket	As needed											

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, vendor staff and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

1. Staff (Title): Manager, Other (Probation Case Work Manager)
Process Activities: Supervises all Mental Health Specialized Unit activities. Conducts admin./supervisory hearings for offenders. Provides crisis intervention services to offenders.
2. Staff (Title): CSO III (Probation Officer, Sr.)
Process Activities: Assists with supervision of POs, audits files and violation reports, in addition to maintaining a supervision caseload and any specialized service delivery requirements.
3. Staff (Title): CSOI/CSO II (Probation Officer I/Probation Officer II)
Process Activities: Supervise offenders with Mental Impairments/Mental Retardation/Developmentally Disabled or Head Injury issues; receive specialized training to address mental health, mental retardation, developmentally disabled, and head injury issues. One officer will provide supervision for the re-entry co-occurring population.
4. Staff (Title): Adm. Support (Office Specialist)
Process Activities: Provide clerical support to POs and is receptionist for the unit.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Mental Health Specialized Caseloads**

Chief CSCD County: **Travis**

Program Code: **SCP M**

Facility Category: **NA**

Data Contact Person: **Sigrid Levi-Baum**

Projected Number to be served: **375**

Number of Screenings Conducted: **0**

Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling

Number of Participants **0**

B. Urinalysis Tests

Number of Individuals Tested **0**

C. Academic Education Services

Number of Participants **0**

Number Mandated by CCP 42.12 § 11(g) **0**

Number of GEDs obtained **0**

D. Electronic Monitoring

Number of Participants **0**

E. Cognitive Training/Cognitive Behavioral

Number of Participants **0**

F. Substance Abuse Education

Number of Participants **0**

G. Employment Services

Number of Participants **0**

Number who secured employment for 3 days or longer **0**

H. Victim Services

Number of Victims Served **0**

Number of Victim-Impact panels held **0**

Number of Victim-Offender mediations completed **0**

Outcomes – Successful Program Completion

Number of participants successfully completing the program **94**

Date: Decmeber 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Mental Health Specialized Caseload**

Chief CSCD County: **Travis**

Program Code: **SCP D**

Facility Category: **NA**

Data Contact Person: **Sigrid Levi-Baum**

Projected Number to be served: **36**

Number of Screenings Conducted: **0**

Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling

Number of Participants **0**

B. Urinalysis Tests

Number of Individuals Tested **0**

C. Academic Education Services

Number of Participants **0**

Number Mandated by CCP 42.12 § 11(g) **0**

Number of GEDs obtained **0**

D. Electronic Monitoring

Number of Participants **0**

E. Cognitive Training/Cognitive Behavioral

Number of Participants **0**

F. Substance Abuse Education

Number of Participants **0**

G. Employment Services

Number of Participants **0**

Number who secured employment for 3 days or longer **0**

H. Victim Services

Number of Victims Served **0**

Number of Victim-Impact panels held **0**

Number of Victim-Offender mediations completed **0**

Outcomes – Successful Program Completion

Number of participants successfully completing the program **4**

Date: December 1, 2013

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

Historically, data collected by the Travis County Adult Probation (TCAP) has indicated the need for specialized caseloads to address high-risk offenders who pose the most serious threat to the safety of the community by re-offending. According to the September 2006 update of the LBB report on revocations (September 2005) conducted by Travis County Adult Probation using LBB methodology and the LBB database, offenders' risk level at time of probation intake went from 50.60% in FY 2005 to 86.60% in FY 2006 and risk level at time of revocation for maximum/intensive level of supervision went from 54.10% in FY 2005 to 69.10% in FY 2006. This data clearly demonstrates the increasingly high-risk population that is being supervised in Travis County. Through the years, offenders with mental illness have been one high-risk population identified as requiring specialized services. Many of these offenders are under supervision for violent, assaultive, and/or substance abuse related offenses.

The March 2006 article, *Psychiatric Services, Toward Evidence Based Practice for Probationers and Parolees Mandated to Mental Health Treatment* reports, "these individuals are twice as likely as those without mental illness to fail on supervision...." The article further states "probationers with mental illness are also at risk of short term and long term failure." In a study of an unmatched sample of 613 probationers that were followed for three years, probationers with mental illness were significantly more likely to have probation revoked than those without (37 percent compared to 24 percent)... and the rate of re-arrest was nearly double that of the comparison group (54 percent compared to 30 percent). These statistics indicate the dire need for specialized services to address the serious criminogenic needs of these high-risk offenders.

In 2010, TCAP's Evaluator completed a study of two cohorts of 6 month placement MH specialized caseload probationers in the Integrated Mental Health Unit (IMHU), pre-Integrated Services (Pre-Cohort) and post-Integrated Services (Post-Cohort). Pre-Cohort was under supervision from Sept. 2006 – Feb. 2008 and Post-Cohort was under supervision from Sept. 2008 – Feb. 2009. The most recent snapshot recidivism rate for the IMHU for FY 2010 placements is 20%, a 13% reduction from the FY 2006 snapshot recidivism rate of 33%. Moreover, IMHU has reduced revocations for both new arrests (20% in FY 2010 vs. 33% in FY 2006) and technical violations (13% in FY 2010 vs. 6% in FY 2006) by approximately 6%. These reductions are consistent across gender and ethnicity, as well as for maximum and medium risk groups. While TCAP has successfully reduced the IMHU recidivism (revocation rate), this rate remains higher than the Department's overall recidivism (revocation) rate of 8% during the same time period.

For years, Austin/Travis County public and private entities have been independently attempting to address the difficult issue of the involvement of individuals with mental illness in the criminal justice system through efforts such as community policing, multiple social services activities, specialized mental health law enforcement units, victim services and support, civil commitment, special needs probation/parole personnel, and advocacy assistance projects. The autonomy of these diverse and complex programs has led to non-uniform training, contradictory policies and procedures, duplication of services, limited cost-effectiveness, and existence of large gaps in appropriate services for this at-risk segment of the population. In January 2005, the Austin Mayor's Mental Health Taskforce released their report after a 5 month long review of jurisdictional Mental Health Issues that identified a number of issues that impact the delivery of successful mental health services to offenders in the justice system. This report brought to light the need for the development of streamlined continuity of care for individuals with mental illness.

One such local effort to address the splintered Mental Health system is the work of the Austin Travis County Mental Health Jail Diversion Committee. The mission of this committee is to establish a criminal justice/mental health consortium of representatives from law enforcement, victim services, mental health, criminal justice, advocacy groups, and the public-at-large. These partners work together to analyze the existing

problems and to commit to pooling their efforts and resources.

As an additional effort to address the needs of this high-risk population, Travis County has developed mental health dockets in County Court at Law #8 and the District Court Magistrate. These two courts are addressing administrative violations as well as monitoring offenders through “status” checks. Officers attend these court hearings as needed. Felony MH cases identified by Court Administration and reviewed by the District Attorney’s Office will go to the Magistrate Court. For felonies, there is a staffing team comprised of the district attorney, defense attorney, Austin Travis County Integral Care (ATCIC) staff, Travis County Sheriff’s Office (TCSO) staff, and MH probation manager/senior officers who discuss the cases and develop solutions that consider what is in the best interest of the offender and the public safety. Misdemeanor cases have a similar staffing team comprised of the defense attorney, county attorney, ATCIC staff and TCSO staff.

Another initiative in Travis County is the Mental Health Public Defender’s Office which provides legal assistance and case management services to misdemeanant defendants with mental illness. This county department was started in January 2007.

Additionally, Travis County was designated by the Council of State Governments as a Learning Site for Mental Health Collaboration which will further the refinement of service delivery strategies. The Travis County Mental Health Learning Site Final Report (May 2008) states *“In Texas, the disproportionate number of individuals with mental illness in jails or prisons is profound. The Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) reports that one in five inmates, or 20%, have some type of mental illness. Austin Travis County Mental Health and Mental Retardation (ATCMHMR) has found that the incidence of Travis County jail inmates who have had some history with Texas Department of State Health Services (TDSHS) community mental health services ranges from 25% to 30%. These statistics show that the mentally ill population in the Travis County justice system appears to be higher than state or national averages.”* The Learning Site Committee’s focus was on the intake and screening process at time of arrest to identify appropriate resources for offenders in need of Mental Health services and Probation services for mental health offenders. The Learning Site also suggested establishing an “integrated system data base with components supplied by the probation department and the mental health service provider with information geared specifically towards common goals and objectives” [continuity of care]. With the implementation of the IMHU, ATCIC and TCAP staff are now co-located to increase collaboration of services and coordination of appointments with offenders to increase their likelihood of reporting for services.

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

There are community programs that address some of the needs of these populations. Through the Department's Memorandum of Understanding with ATCIC, officers have regular and frequent contact with ATCIC/ANEW, Psychiatric Emergency Services, and Medication Support. Other programs utilized include Texas Worksource, DSHS, Social Security Administration, Goodwill, Dept. of Assistive and Rehabilitative Services, Texas Rio Grande Legal Aid, Veterans Administration, Self Help and Advocacy Center (SHAC), Communities for Recovery, NAMI and supervised living services.

CHOICE OF PROGRAM DESIGN

According to a vast body of research, intensive supervision coupled with treatment-oriented programming can significantly reduce probation recidivism rates. In the publication Intermediate Sanctions in Corrections (Caputo, G., 2004), it was noted that “Intensive supervision treatment components appear to facilitate successful completion of intensive supervision programs on the part of participants and contribute to a reduction in their recidivism...Additionally, such treatment focused programs appear to have a positive effect on

offender's quality of life after successful completion." In a January 2006 article of the Washington State Institute for Public Policy, *Evidence-Based Adult Corrections Programs*, it was reported that Intensive Supervision programs, when coupled with treatment-oriented programs, resulted in a 21.9% reduction in recidivism rates of programs evaluated. According to the work of Skeem, Manchak, Vidal, & Hart, 2009; Steadman, Dupius, & Morris, 2009, "No studies have shown that the alleviation of psychiatric symptoms alone affects recidivism among criminally involved PSMI (People with Serious Mental Illness). In fact, treating only mental illness among those who are criminally involved, without implementing any other interventions aimed at criminogenic factors, could arguably increase, not decrease, the risk of crime." (Examining Prevailing Beliefs About People with Serious Mental Illness in the Criminal Justice System. Federal Probation Journal, June 2011) Taking into account prevailing research, the Mental Health Initiative Caseloads are designed to provide offenders with intensive supervision in which criminogenic needs are addressed coupled with a treatment component (cognitive behavioral programming via referral to the Mental Health Cog Program as needed).

The Decriminalizing Mental Illness: Background and Recommendation Final Report, Prepared by the Forensic Taskforce of the National Alliance on Mental Illness (NAMI) Board of Directors, (September 2008) reported that a study conducted by Lamb et al (2007), of offenders with serious mental illnesses that: "With respect to these inmates' history before the current arrest, at least 92% were known to be non-adherent to psychiatric medications, 94% had prior arrests, 72% had prior arrests for violent crimes, and 76% were known to have a history of substance abuse. Given this data, in addition to the fact that three-quarters required inpatient psychiatric care in the jail, it would appear that the jail had acquired the responsibility to manage and treat many of the most difficult and expensive clients to treat. That 92% of the study sample had a history of being non-adherent to psychiatric medications suggests that successful reentry into the community requires evaluation, supervision, and timely access to appropriate services and supports.

Aligning with research, the Mental Health Initiative Caseload resides in the Integrated Services Program, and is co-located with the ATCIC/ANew program. Focus is placed on close supervision and linkage with a variety of community-based resources to minimize risk to the community and to aid in rehabilitation of the offender. When appropriate, staff utilizes many existing programs already available to the Department. Goals of these caseloads are to provide close supervision and referrals to community resources to assist these offenders with basic life skills and managing their mental illness. Most of these offenders have the ability to become and remain pro-social and self-sufficient in spite of their disability if they can be identified and receive close skilled supervision. The goal of the Travis County Integrated Services program is to provide an integrated treatment, supervision and diversion program for individuals on community supervision with mental illness. The objectives are to 1) Reduce jail time, 2) Increase stability, housing and employment, and 3) Reduce absconders and revocations.

By integrating probation and ATCIC services several benefits are achieved for probationers and staff. First, a "One-Stop Shop" is created for the probationer to access a wide range of services in one location, thus providing service delivery access to probation, ANew and Legal Aid. Second, collaboration between agencies is ensured. Working in the same building with a common purpose will enhance staff interaction and communication. An integrated process also ensures that probationers don't "fall through the cracks" and gaps in service delivery are reduced. Finally, the integrated service model will reduce duplication of services and coordinate enhanced access to other resources such as substance abuse treatment services.

An integrated service is a proven strategy that works to:

1. Reduce jail overcrowding and associated costs
2. Improve probationer compliance with court orders
3. Provide consistent interventions and structure
4. Accelerate access to community resources and entitlements (SSI benefits)
5. Enhance services to probationers with mental illness.

The integrated service model was implemented as an effort to align with Travis County goals of jail reduction and streamlining services for offenders with mental illness. Drawing from established programs in Boulder, Colorado and Orange County, Florida, the Travis County Integrated Services Program will target offenders jointly served by the ATCIC ANEW Program, the Adult Probation Department Mental Health Unit and the Parole Special Needs Unit. These entities will initiate service delivery from the same location to meet the needs of offenders with mental illness in Travis County. If correctional supervision is integrated with treatment, outcomes for clients should improve.

As part of the integration of services preparation to co-locate, Dr. Fred Osher, Programs Director of the Health Systems and Services Policy division, with the Council of State Governments' (CSG) Bethesda, Maryland, met with Adult Probation, ANEW and State Parole, to guide the process of implementing Integrated Services for offenders. Subcommittees concerning safety, case planning, procedures, and co-occurring disorders were implemented to develop processes for all three agencies to work together in a collaborative effort to provide services for offenders.

Proposal Element 3: TARGET POPULATION

- a. Felony only Misdemeanor only Both
- b. Male only Female only Both
- c. Age restriction? No Yes
 If yes, describe: _____
- d. Is this program designed to serve any specific cultural or ethnic group? No Yes
 If yes, describe: _____
- e. Is this program designed to serve participants with mental health issues? No Yes
- f. 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: _____

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

Per the special grant conditions, the Mental Health Initiative (MHI) Caseload shall include offenders described under the mental impairments priority population which is defined as individuals with major depression, bipolar disorder, schizophrenia, or who are seriously impaired in their functioning due to a mental condition and have a GAF score of 50 or below. High-risk/high-need felony offenders shall be targeted for services. High-risk/high-need misdemeanants shall be served only on a limited and space-available basis, not to exceed 10% of the offenders served on the caseload at any given time. In accordance with special grant conditions, caseloads shall be maintained at a minimum of 25 and not exceed 40 cases. There will be three face-to-face contacts with the offender with one of the three being a field contact. After three months, the Probation Officer may reassess the offender and supervise the offender at a reduced rate but not less than two face to face contacts per month with at least one additional face to face contact every 60 days in the field. In addition, the Probation Officer shall document at least one collateral contact per month with LMHA Case Manager or treatment providers and

conduct and document at least one collateral contact per month with family members, significant others, housemates, friends, or employers, etc.

The MHI caseload is designed to address criminogenic needs of offenders such as criminal behavior, education, and employment and substance abuse needs, if applicable. Per special grant conditions, the Mental Health Initiative Caseload will work with the local ATCIC in accordance with a Memorandum of Understanding (MOU).

A Supervision Agreement addressing Criminogenic Needs will be completed as appropriate within sixty (60) working days of placement on this caseload. The offender's supervision agreement will be completed collaboratively with the offender, needs prioritized, and the PO will supervise the offender in a manner which addresses these specific needs. Specifically, the Probation Officer will ensure chronological entries include discussion of criminogenic needs. The supervision agreement will be reviewed and updated as needed each time the client is reassessed.

All Mental Health offenders will be referred to ATCIC/ANEW for an assessment to determine appropriate services. ANEW and the Mental Health Initiative Caseload staff will work collaboratively to determine the best screening tools that will be utilized at Adult Probation's initial contact with the offender to determine severity of need. Potential caseload participants are usually identified at the Pre-Sentence level based on their social histories and/or offense reports and staffed with the MH Unit Casework Manager/Senior Officers. Documentation is gathered and the Conditions of Community Supervision reflect placement on the caseload while the psychological evaluation and other appropriate documentation is obtained and/or verified.

Case Supervision will include 4 phases that will focus on: 1.) Assessment and orientation, 2.) Referral for services, 3.) Participation in services, and 4.) Aftercare and monitoring of compliance with conditions of community supervision. During the last phase, offender groups that will focus on a variety of issues such as managing symptoms and anger management may be provided by ANEW as they have previously indicated their capability to deliver these services.

For those offenders with substance abuse history, positive UA specimens or admitted drug use, the Probation Officer will refer to the department's TAIP Unit for substance abuse assessment and referral to appropriate treatment providers.

A cognitive behavioral component will be addressed via referrals to the Mental Health Cog program. Contract staff with specialized training and/or a contracted Health Realization Specialist will facilitate this special cognitive group for clients as needed. Offenders will also receive UA testing per the Probation Department's random UA testing protocol and the Continuum of Sanctions. Offenders who contest results of on-site UA screening will have the option to have the urine sample sent to a lab for confirmation. Due to the nature of these caseloads, the officers must utilize crisis intervention skills on a regular basis. Officers must also spend a great deal of time monitoring this population's medication by collateral contacts with their doctors or caseworkers at ATCIC.

All cases being considered for transfer to regular supervision will be staffed with the Probation Case Work Manager or Senior Probation Officer. Due to the chronic nature of mental illness, offenders may be considered for transfer to another less restrictive form of supervision if they meet one of the following criteria:

- It has been determined and documented by a mental health professional that the offender's mental illness is stable or the offender no longer requires mental health treatment;
- No missed appointment with treatment provider or Probation Officer for six (6) months;
- Stable on medications for six months;
- Stable residence;
- Means of support (benefits/employment);

- Consistent reporting at reduced contact level for six (6) months;
- If substance abuse treatment ordered, offender must have demonstrated consistent attendance/participation in the treatment program for no less than three (3) months (e.g. Outpatient Treatment).

Offenders with the following symptoms may remain in the MH Unit, assigned to a Senior PO:

- Offenders with diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder with psychotic symptoms;
- Offender's affect is extreme -- flat or highly animated;
- Offenders who exhibit high levels of anxiety in dealing with change;
- Offenders with limited cognitive ability;
- Offenders with aggravated offenses;
- Offenders with a history of rapid decompensation upon stopping medication.

The mental health courts in Travis County at the County Court and Magistrate level address administrative violations and have offenders return for "status" checks. For offenders not appearing on these dockets, violations may be addressed via the Department's Progressive Sanction Model whereby Supervisory or Administrative Hearings are held prior to taking court action. Unsuccessful discharge from the Mental Health Initiative caseload will be defined as a subsequent offense leading to revocation or absconding. Non-compliance with administrative conditions which are indicative of needing additional services in the Department's continuum of sanctions will not result in an unsuccessful discharge.

REQUIRED STANDARD OPERATING PROCEDURES

Standard operating procedures will be available within 90 days of funding. Special Grant conditions are incorporated into service delivery model (see Program Description section of this proposal). The Department's Continuum of Sanctions/Incentives will be utilized.

Knowledge/Skills/Abilities of Staff

Mental Health Initiative Caseload staff must have superior case management and interviewing skills to supervise offenders with mental illness. They must also have a solid understanding of mental health diagnoses, medication issues, and crisis stabilization. As offenders with mental illness tend to have multiple criminogenic needs, staff must have a broad knowledge of community resources.

Travis County Adult Probation provides intensive training on Motivational Interviewing Practices as well as Strategies for Caseload Supervision (SCS) certification, the different strategy groups as well as techniques for effectively working with the different strategy groups. Officers receive training on the Wisconsin Risk/Needs Instrument as risk is the main concern in supervising offenders effectively. Furthermore, Officers receive ongoing training concerning mental impairments, head injury, developmental disabilities, and mental retardation, substance abuse (information about "street" drugs and treatment), chronic medical conditions, psychotropic medications and Veterans issues. Officer performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department's TCIS best practices initiative, development of positive, professional rapport, and reinforcement of pro-social behavior and skills.

Special Grant Conditions

All special grant conditions will be monitored and service delivery will be evaluated per special grant conditions. This will be detailed in SOPs.

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 PO/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. Additionally, per special grant conditions, data will be provided to TDCJ-CJAD, and /or TCOOMMI, in order to track offenders in this caseload for recidivism and revocation evaluation. This is detailed in SOPs.

Placement Criteria

Probationers are placed on Mental Health Initiative caseloads as a result of an assessment and condition of probation. They may be referred for an assessment by the probation officer or at the PSI diagnostic level.

PARTICIPANT ACTIVITIES

Tasks	Strategies	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Process Activities	Key Strategy												
Learn Probation Conditions	General Orientation Classes	1 hour per month											
Discuss Intake Plan Information	Interviews and Assessments	2 hours per month											
Plan reassessment	*Reassessment												2 hours per month
Report to PO 2X Monthly	Monthly status updates	2X per month	2X per month	2X per month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month
UA's 1 X per month	UA tests	Once a month											
Complete Monthly Field Visit	Monthly status updates	Once a month											
Treatment Team Meetings	Quarterly status updates			1 hour per month									
Cognitive Group (via Mental Health Cog program)	Health Realization Group 12-20 wks; 1.5 hr sessions	X	X	X	X	X	X	X	X	X	X	X	X
Report to ATCIC/ ANEW	Assessment, medication compliance, case mgt	3.5 hours per month											
Status Checks, as needed	Mental Health Docket	X	X	X	X	X	X	X	X	X	X	X	X

*Completed at least annually or when there is a significant life changing event

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

1. Staff (Title): CSO II (Probation Officer II)

Process Activities: Supervise individuals with Mental Health issues, make referrals as appropriate. Receive specialized training in order to supervise this population.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **MHI-Mental Health Initiative Caseload** Chief CSCD County: **Travis**
 Program Code: **MHI** Facility Category: **NA**
 Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **615**
 Number of Screenings Conducted: **0** Number of Assessments Conducted: **0**
 Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	154

Date: December 1, 2013

FY 2014-2015 RESIDENTIAL PROGRAM PROPOSAL

Proposal Element 1: COVER SHEET

CSCD: (Chief County of Jurisdiction): Travis

PROGRAM NUMBER: 23

PROGRAM TITLE: SMART Substance Abuse Treatment Program (includes Tech. Vio. S.A. Treatment Program)

CJAD Funding Source: 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: (NOTTDCJ-CJAD FUNDING SOURCES, NOT PARTICIPANT PAYMENTS)

FUNDING SOURCE	1st Year	2nd Year
RSAT	\$ _____	\$ _____
Other		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<u>Bureau of Justice Assistance (BJA)</u>	<u>\$280,053**</u>	<u>\$ 23,294**</u>
Total	<u>\$280,053**</u>	<u>\$23,294**</u>

****Funding bridges multiple fiscal years. BJA total grant award is \$565,345 from October 1, 2012 – September 30, 2014. [Funding amount for Year 1 (Oct. 1, 2012 – Sept. 30, 2013) is \$285,821 and funding amount for Year 2 (Oct. 1, 2013 – Sept. 30, 2014) is \$279,524.] 1st year amount noted above reflects estimated funding for FY 2014 (Sept. 1, 2013 – August 31, 2014), and 2nd Year noted above reflects estimated funding for 1 month in FY 2015 (Sept. 1, 2014 – Sept. 30, 2014).**

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
SAFF CCF M 92 F 24 Total 116

Secondary Program Code:

Facility Total: 116

A PROJECTED OUTPUTS FORM MUST BE COMPLETED FOR EACH CODE.

Program Contact Information:

Name: Christie Williams
 Mailing Address: P.O. Box 2245
 Austin, TX 78768
 Telephone: 512-854-4600
 Fax: 512-854-4606
 E-mail: Christie.Williams@co.travis.tx.us

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), states that “the rehabilitation of substance-abusing criminal offenders is an urgent issue for public health and safety,” indicating that addressing treatment needs is key to “reducing overall crime and drug-related societal burdens” offenders create (from NIDA’s Journal: Addiction Science and Clinical Practice, 4/09; NIDA’s “Principles of Drug Abuse Treatment for Criminal Justice Populations”2006). An article in the NIDA 4/09 journal quotes a 2008 Substance Abuse & Mental Health Services Administration Office (SAMHSA) statistic: “Of the nearly 1.8 million admissions to substance abuse treatment in the United States and Puerto Rico in 2006, 38% resulted from criminal justice.” And yet, NIDA’s research-based guide for Criminal Justice offenders reports that in the United States “the substance abuse or dependence rates of offenders are more than four times that of the general population.” The most recent statistics completed by the National Institute of Corrections (Report: Corrections Statistics for the State of Texas) indicate that the State of Texas, compared with all other states, has the following higher than average rates: 18% higher crime rate, 31% higher rate of incarcerated adults, and 22% higher rate of probationers. “Substance Abuse Trends in Texas, June 2010,” (a NIDA-sponsored report for the State of Texas completed by the Gulf Coast Addiction Technology Transfer Center,) states that the population of Region 7, which includes Travis County, reports the highest rates of use of marijuana, cocaine and nonmedical pain relievers in the state. Further, the most recent information from Texas’ Legislative Budget Board compared offender data from the five largest counties in Texas: Bexar, Dallas, Harris, Tarrant and Travis County. A comparison of these five counties showed Travis County probationers: 1) to have the highest levels of alcohol/drug offender needs at both Probation Intake and Revocation, 2) to have the highest percentage of offenders with previous offenses committing subsequent offenses involving drugs (54.4%) or alcohol (33.8%), and 3) indicated that Travis County also had the highest number of offenders scoring maximum risk at both Intake (82.4%) and at the time of Revocation (87.1%). Thus, Travis County’s offenders are both higher risk and present with a higher risk of re-offending involving alcohol or other drugs.

The Travis County Offender Profile data mirrors the same information as above. The FY 2012 data reports 5,440 felony offenders and 5,160 misdemeanor offenders to be on direct supervision. Of the total Travis County felony offenders on direct supervision, 2,439 or 45% were on probation for driving while intoxicated (DWI) and possession of other controlled substances. The number of Travis County misdemeanor offenders on direct supervision for DWI and other controlled substance offenses totaled 2,390 or 46%. The same profile data indicates that 37% of felony offenders and 43% of misdemeanor offenders revoked in FY 2012 had been on probation for alcohol and/or other drug offenses. Travis County revocation Data for FY 2012 also reflects that approximately 83% of felons, the same percentage as in FY 2011 revoked on supervision were maximum/intensive risk level offenders. This information, again, reiterates the high-risk nature of the population being supervised in Travis County. As demonstrated by this information, there is an overwhelming documented need in Travis County for services that identify and address substance abuse and dependency issues as part of offender probation supervision strategies. The Legislative Budget Board reports that services provided to these offenders lower recidivism and probation revocation rates. The Treatment Episode Data Set (TEDS) Report, published by SAMHSA, states that offenders referred to treatment were less likely to drop out and more likely to complete treatment, as compared with the non-offender population.

The NIDA Guide, “Principles of Drug Addiction Treatment (rev. 4/09),” estimates that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes; additionally, when including savings related to health care, the savings can exceed costs by a ratio of 12 to 1. Research clearly documents that treatment works, and data compiled in Travis County indicates that revocations and subsequent offenses can be substantially reduced when offenders receive an appropriate level of alcohol/drug

treatment. An article from NIDA's addiction journal (4/09) states: "The importance of integrating substance abuse treatment with criminal justice activities has been evident for some time. In terms of infrastructure, neither a treatment system nor a criminal justice system is equipped to manage a recovery-oriented system of care for drug-abusing offenders." What works for offenders is the combination of systems. The March 2006 article, *Psychiatric Services, Toward Evidence Based Practice for Probationers and Parolees Mandated to Mental Health Treatment* reports, "these individuals are twice as likely as those without mental illness to fail on supervision..." The article further states "probationers with mental illness are also at risk of short term and long term failure." In a study of an unmatched sample of 613 probationers that were followed for three years, probationers with mental illness were significantly more likely to have probation revoked than those without (37 percent compared to 24 percent)... and the rate of re-arrest was nearly double that of the comparison group (54 percent compared to 30 percent). These statistics indicate the dire need for specialized services to address the serious criminogenic needs of these high-risk offenders. At any point in time approximately one third of the SMART population has a mental health diagnosis.

The SMART substance abuse treatment program has been in existence since 1991. The SMART Program has undergone several Evidenced-Based Correctional Program audits. The first Correctional Program Assessment Inventory (CPIA) audit was conducted in 1999, by a team of researchers from the University of Cincinnati, the second in 2001, by the same team, the third Correctional Program Assessment Checklist (CPC) audit was conducted by a Texas Department of Criminal Justice-Community Justice Assistance Division (TCDJ-CJAD) team and most recently, in October 2008, the program underwent another CPC audit conducted by Deborah Koetzle Shaffer PhD, from the University of Nevada Las Vegas and Cara Thompson from the University of Cincinnati. The SMART program received an overall score of 70.7% on the latest Evidence-Based CPC audit. The overall score received falls into the "Highly Effective" Category. It should be noted that the University of Cincinnati has assessed over 400 programs nationwide and approximately 7% of the programs assessed have been classified as "Highly Effective". The SMART program is in that Category.

The SMART program model has always incorporated two phases, both residential and continuing care treatment services. Currently, the SMART program has a residential phase with a minimum of 20 weeks followed by 6 months of continuing care which is supported by the SMART Re-Entry Court. In addition, beginning in September 2014, the Department intends to implement a pilot for a thirteen (13) week residential track. The 13 week track would provide an additional option along the treatment continuum and position the Department to more appropriately respond to the varied substance use needs of clients. Following the 13 week residential phase, offenders will participate in twelve (12) weeks of continuing care via this Department's counseling center, followed by an additional twelve (12) weeks with a community aftercare provider.

SMART provides comprehensive substance abuse treatment for offenders and addresses those criminogenic needs of offenders which contribute to criminality. Criminogenic needs such as criminal thinking errors, education, employment, family relations, are all addressed and impacted by cognitive programming. The most recent Legislative Budget Board (LBB) report on revocations (August 2008) reflecting 2007 data indicates that at intake, probationers with moderate to high need levels in the area of companions was 94.1%, employment 74.5%, financial management 92.2% and marital/family relationships 86.3%. At revocation, the moderate to high needs are even more salient; companions were 93.5%, employment 77.4%, financial management 96.8% and marital/family relationships 90.3%. The LBB report (August 2008) clearly shows that criminogenic needs can be significantly impacted by cognitive programming. The research of Latessa (2000), clearly demonstrates that cognitive behavioral strategies for targeted offender populations will improve positive outcomes. In order to impact revocations, the delivery of cognitive interventions is critical.

Travis County has historically experienced long waiting lists for all levels of substance abuse treatment. Waiting lists have impacted jail over-crowding, as the courts often hold offenders in jail until a treatment is available, as well as public safety, as substance abuse offenders have difficulty maintaining abstinence waiting for a treatment slot. Research has consistently shown that starting the treatment intervention at the earliest possible time is directly correlated to successful outcomes (Texas Commission on Alcohol and Drug Abuse (TCADA) 2003). Additionally, effective treatment is less costly than incarceration or hospitalization (NIDA). The Department's ability to respond in a timely manner to court-ordered treatment for high-risk offenders is severely hampered without adequate treatment options. This is a contributing factor to increased technical violations, higher recidivism, more revocations and lower quality of life in our jurisdiction due to increased criminal activity. The lack of community based substance abuse treatment capacity for the criminal justice population is also a long-standing issue. The SMART program offers treatment to offenders who exhibit some mental health and medical issues. Resources serving offenders with HIV 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 Integral Care (ATCIC) to address and access available psychiatric mental health services for residents as soon as these issues are identified.

To meet the needs of referred offenders, the SMART program has adjusted interventions, curricula, and program length over the years. In February 2008, the SMART Re-Entry Court was implemented to support recovery during the continuing care, community-based phase of SMART. By continuing to address those criminogenic areas which impact criminal behavior and by providing intensive substance abuse treatment with court supervision, successful outcomes are increased.

SMART capacity is currently 116 beds as a result of a facility construction expansion in FY 2011.

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

There are other community-based residential substance abuse programs in Travis County (Texas Department of State Health Services (DSHS) or City-County funded), but none currently provides a complete program continuum that includes cognitive-based residential treatment and structured continuing care. Additionally, the Treatment Alternative to Incarceration Program (TAIP) program refers and funds placements for offenders with contract substance abuse providers in the community. The duration of these services are not comparable with SMART program length and do not provide the continuing care option. The Substance Abuse Field Unit provides supervision for offenders with substance abuse issues requiring residential treatment intervention such as Substance Abuse Felony Punishment Facility (SAFPF) and Intermediate Sanctions Facility (ISF) as well as 90 day community placements. The Travis County Adult Probation Counseling Center provides intensive outpatient substance abuse services. The Travis State Jail operates the Commitment to Change (CTC) program which provides inpatient substance abuse services paired with re-entry services upon release for a limited number of probationers who are State Jail Felons. SMART is the only community corrections facility in Travis County.

CHOICE OF PROGRAM DESIGN

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. The connection between Drug abuse and crime is well noted. According to the National Institute on Drug Abuse (NIDA), the cost of drug abuse to society in 2002 was estimated at \$181 billion, of which \$107 billion was associated with drug related crime. A 2002 survey of jails found that 52% of incarcerated women and 44% of men met the criteria for alcohol or drug dependence (Karberg & James, 2005). It is estimated that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes. Successful drug abuse treatments in the criminal justice system can help reduce crime as well as the spread of

HIV/AIDS, hepatitis, and other infectious diseases. It is also noted that untreated substance abusing offenders are more likely to relapse and return to criminal behavior, resulting in recidivism and re-incarceration, jeopardizing public health and public safety and taxing the criminal justice system. The LBB report June 2008 reflects TDCJ incarceration projections to be lower in FY 2009 through FY 2012 than in previous years as a result of changes in admission and releases due to the expansion of community treatment and diversion programs that have been initiated in FY 2008 through FY 2009. It is well documented, according to the National Treatment Improvement Evaluation Study (NTIES), that treatment can reduce drug abuse, reduce criminal activity and arrests. Treatment offers the best alternative for breaking the cycle of addiction and the drug abuse/criminal justice cycle for offenders with drug abuse problems. 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, in step with the Travis County Impact Supervision (TCIS) initiative, and utilizing the principles of evidence based practices 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, including those specifically prescribed by NIDA, July 2006 in "Principles of Drug Abuse Treatment for Criminal Justice Populations" 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.

Research also indicates that approaches to treatment that make use of behavioral and cognitive-behavioral techniques are best suited for offenders. Factors such as "Risk", "Need" and "Responsivity" must be considered in working with the criminal justice population. Cognitive-behavioral treatment (CBT) has been well tested and shown to demonstrate a positive impact on both addiction and criminality (Aos, Miller, & Drake, 2006). CBT interventions are designed to identify and cognitively restructure dysfunctional and criminogenic thinking patterns. CBT interventions also may focus on anger management, assuming personal responsibility for behavior, increasing empathy, development of problem solving skills and improving interpersonal skills (Lipsey & Landenberger, 2006). CBT can be used with individuals, but is more commonly used in groups of offenders. The program will utilize at least one evidenced-based CBT treatment curriculum. CBT has been shown to be effective in reducing relapse from substance use problems. Rotgers et al (2003) note that there is considerable scientific evidence, through controlled clinical trials, that CBT is effective treatment for problem drug and alcohol users. He also notes that CBT has been found to be particularly effective with clients struggling with both addiction and criminal conduct. Walsh (2006) writes that one of the advantages of CBT is that it is not only effective with addiction and criminal conduct, but its effectiveness has been demonstrated through fourteen meta-analyses also to be effective in treating depression, generalized anxiety, panic disorders, social phobias—all conditions that are also seen in the offender population.

Motivational Interviewing (MI), based on the Transtheoretical Stages of Change Model, is considered the "gold standard" in addiction treatment with a focus on resolving the ambivalence that is the core of most substance users resistance. MI Strategic techniques help to minimize power struggles and defensiveness and to mobilize the parts of the client geared toward positive, pro-social change (Miller & Rollnick, 2002). MI has been shown to be effective in decreasing and/or maintaining prolonged sobriety (Burke et al, in Miller & Rollnick, 2002; Center for Substance Abuse Treatment (CSAT), Treatment Improvement Protocol, Series 35, reprinted 2005). SMART integrates MI in all aspects of service delivery and treatment modalities.

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. Involvement in recovery oriented activities are encouraged as a supportive treatment intervention. The combination of cognitive interventions with recovery oriented activities will increase change within the offender by changing the attitudes, values and beliefs that contribute to criminality. Providing additional support and encouragement through recovery oriented activities help offenders maintain abstinence from chemicals. The development of the SMART Residential Sanctions and Incentives Matrix based on the work of Dr. Doug Marlowe (National Drug Court Institute Journal, February 2012) was designed and implemented in mid-FY 2013. Using a four-quadrant prognostic risk and needs approach, behavioral expectations and responses to non-compliance are addressed with a combination of treatment responses and sanctions. The model identifies both proximal and distal goals for program participants to individual service delivery and behavioral expectations. The use of incentives as positive reinforcers for expected behaviors 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. The program also includes 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). SMART uses the Texas Christian University’s (TCU) Motivational Scale to measure the client’s stage of change and employs strategies to move the client to a stage of change responsive to treatment.

The SMART program offers male and female offenders intensive residential treatment for a minimum of 20 weeks in length, utilizing the *New Freedom* curriculum, a cognitive behavioral intervention strategy. *The Changes* curriculum is used for participants with co-occurring disorders. For offenders participating in the 13 week track, the Matrix curriculum is used. In addition, all female offenders participate in another cognitive-based curriculum, *Seeking Safety*. This curriculum is intended specifically to address the high rate of trauma that is often related to women during their childhood, in relationships and in addiction. The concept of separate programming for women and family programming is also supported by the “What Works” literature. The family program includes an opportunity for residents and family members to address problems/issues within the familial unit. The family program also offers residents individual and family individual sessions upon request and/or according to need.

After completing the 20 week residential phase, SMART Program participants transition to the Continuing Care phase of the program. Offenders participate in Continuing Care groups on a weekly basis for six months; therefore, the full program is eleven months in length. The SMART Program Re-Entry Court component begins with Continuing Care transition and all transitioning residents participate in the SMART Re-Entry Court program. The SMART Continuing Care Sanctions and Incentives Matrix is used as the foundation of Re-Entry

Court behavioral responses.

After completing the 13 week residential phase, offenders will participate in twelve (12) weeks of continuing care via this Department's counseling center, followed by an additional twelve (12) weeks with a community aftercare provider. These offenders do not participate in the SMART Re-entry court program.

The SMART program uses a training protocol designed to train all Community Supervision and Corrections Department (CSCD) staff, including support staff, as well as all vendor staff, in the treatment approach used in the program. SMART operations and security are provided by contracted vendor staff. There is a strong emphasis on teaching all facility staff members the cognitive-behavioral model and motivational interviewing strategies 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 increases the effectiveness of treatment.

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

Proposal Element 3: TARGET POPULATION

a. Felony only Misdemeanor only Both

b. Male only Female only Both

c. Age restriction? No Yes

If yes, describe: Must be 18 or over

d. Title 5 Offenders Accepted? No Yes (Domestic/Family Violence only)

If yes, date of public hearing Spring 2012

e. Characteristics that make offenders' ineligible for the program. Title 5 offenders are ineligible with the exception of offenders probated for Domestic/Family Violence offenses. In addition, as part of the screening process offenders who are identified as extremely anti-social are administered the HARE Psychopathy screening. Offenders who score 18 or above present a high risk of violence and are diagnosed with Antisocial Personality Disorder, making them ineligible.

f. Is this program designed to serve any specific cultural or ethnic group? No Yes

If yes, describe. _____

g. Is this program designed to serve participants with mental health issues? No Yes

However, the Department received a BJA grant in FY 2013 for one MH counselor to provide co-occurring treatment services for felony high risk probationers exiting the Travis County jail. These probationers had historically been referred to SMART but had not received specialized co-occurring treatment services.

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, identify. Pre-trial Drug Court Offenders, Family Members

In 2011, the Travis County Drug Court program came under the supervision of Travis County Adult Probation/Pretrial Services. Offenders participating in Drug Diversion Court, who have been assessed as chemically dependent are eligible to participate in the SMART Program.

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

Operations Manual Appendix of Responsivity:

Standard operating procedures will include an Appendix of Responsivity and will be available within the 90 days of funding.

Knowledge/Skills/Abilities of Staff

The SMART Program recognizes the principles of responsivity in developing and implementing the program design including enhancement of client motivation through Motivational Interviewing techniques. All program staff are trained in the principles of the “What works” literature, Evidence Based Practices, the Travis County Impact Supervision (TCIS) strategies and Motivational Interviewing skills. All chemical dependency counselors possess the competency in the knowledge, skills, and attitudes required of licensed chemical dependency counselors, such as clinical evaluation, counseling, treatment planning, referral, client family and community education, documentation, service coordination and professional and ethical responsibilities. Officer and Counselor performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department’s TCIS best practices initiative, development of positive, professional rapport, and reinforcement of pro-social behavior and skills. Counselor evaluations will also reflect their ability to competently facilitate groups.

Special Grant Conditions

Special grant conditions will be addressed in the SOPs to include; providing recidivism and revocation data to TDCJ-CJAD for tracking purposes, conducting standardized/validated assessments, developing treatment plans that address criminogenic needs, and compliance with all TDCJ-CJAD Residential and substance abuse treatment standards. Per special grant conditions, SMART is a community corrections based substance abuse treatment and rehabilitation program for high to medium risk/needs felony male and female offenders. High to medium risk/needs misdemeanor offenders may also be served on a limited space available basis not to exceed 20% of the offenders served by the program at any given time. The treatment modality will be the delivery of both Residential and Continuing Care services to offenders with substance abuse issues. Additionally, all special grant conditions will be monitored and service delivery will be evaluated per special grant conditions.

Risk/Needs

One of the major elements of Responsivity is to properly assess all offenders with a standardized/validated instrument that address criminogenic risks and needs. This is done prior to setting conditions and placement in programs so that conditions most appropriately address the offender’s individual treatment needs. The felony offender’s assessment process will begin at the Centralized Assessment Unit (Pre-Sentence Investigation (PSI) level). There are two ways that felony probationers can enter SMART. 1) At the PSI level, the probationer is assessed at the Centralized Assessment Unit and the court can order the probationer directly into SMART as a condition of probation. 2) If a probationer on a regular caseload either has a subsequent substance abuse offense, tests positive, or requires a higher level of substance abuse treatment, the probationer is referred to TAIP and a substance abuse evaluation (SAE) will be conducted if the original PSI was done prior to 12 months. After determining eligibility by TAIP or PSI, the probationer goes through a specialized assessment process which begins with a face to face interview with the contract psychological assessment services, who gathers information to complete the SMART Assessment. This comprehensive assessment is designed to gather information regarding the probationer’s history of substance use, psychiatric/medical, as well as criminal history. Once the probationer is admitted to SMART, a battery of assessment tools are used to further evaluate the probationer: the Substance Abuse Subtle Screening Inventory (SASSI), University of Rhode Island Change Assessment Scale (URICA), Center for Epidemiologic Studies – Depression (CES-D), TCU Motivation Scale and the TCU Criminal Thinking Scale. Within ten (10) working days of placement, a supervision/treatment plan is completed which incorporates the information gleaned from the various assessments, identifying and prioritizing criminogenic need areas. If not already completed, the Strategies for Case Supervision (SCS)

interview is also conducted within ten (10) working days of placement. When appropriate, an offender will be matched with a Counselor and/or Probation Officer (PO) with characteristics that would be most effective in establishing rapport with the offender. Coordination between treatment staff, vendor and clients occurs via treatment plan reviews, at weekly case staffings, individual consultation among staff as needed, behavioral reviews, and the team assessment. SMART teams are composed of a PO, counselor, and vendor representatives.

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

A contract vendor provides security and oversight of the non-treatment program operations such as medical, food services, and laundry. Credentialed counselors provide treatment services. POs provide probation supervision beginning with the residential phase through Continuing Care/Re-Entry Court.

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 POs 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 may be required to respond to the identified deficiency by submitting a written response or 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.

Placement Criteria

Probationers are placed in SMART as a result of an assessment and condition of probation. They may be referred for an assessment by the probation officer or at the PSI diagnostic level.

Participant Activities (Process of Successful Program Completion): Participants complete four levels (Level 1-4) of designated programming based on a combination of their individual needs and standard facility Cognitive/Substance Abuse (COG/SA) curricula prior to transitioning to Continuing Care. Each Level has designated sanctions and incentives. Movement to the next phase is dependent upon successful completion of all current phase requirements.

Upon admission, an intake and orientation process is completed. The intake process is comprised of issuing facility approved clothing, personal hygiene items (if needed), securing personal belongings brought to the facility, drug testing, and completion of a medical history and physical examination by the vendor's contract physician. 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.

MALE TRACK (20 WEEK)

	Level 1	Level 2	Level 3	Level 4
Minimum length of level	35 days	35 days	35 days	35 days
Overview of program/facility rules	X			
HIV/AIDS class (3 hours)	X			
Initial clinical assessment	X			
Treatment goals established/ reviewed/ measured (on ongoing basis during individual sessions, minimum of 6 hours)	X	X	X	X
Probation Officer monthly contact	X	X	X	X
Cognitive Groups - 180+ hours total New Freedom	X	X	X	X
Recovery Skills Groups - 30 to 90 hours total depending on individual group assignments	X	X	X	X
Individualized Cog groups: Range from 1.5 – 2.5 hrs. Frequency varies from 1x – 4x/week i.e. Dual Diagnosis, Social skills, Character Development, Parenting, Design for Living, Anger Management, Drug Dealers, and, Relapse Prevention	X	X	X	X
Individualized treatment assignments (completed daily: approximately 80 hours)	X	X	X	X
Job Readiness Services and the Goodwill Job Readiness Program (if applicable – number of hours vary)			X	X
General Equivalency Diploma (GED) (if applicable – number of hours dependent on individual need)		X	X	X
Community Service Restitution (CSR)- approximately 6 hrs./week		X	X	X
Family Program (13 hours, # of individual hours vary according to client need) - Group sessions (12 hours total) - Individual sessions - Housing and/or Support agreement		X	X	X
Life Skills (Re-Entry) (9 hours) - Experiential Outings- 3 hours - Pro-Social Activities - 6 hrs./ every 20 weeks. Once per client	X	X	X	X
Relapse Prevention Plan developed				X
Treatment goals met				X
Continuing Care transition - Orientation (2 hours) - Individualized recovery plan				X

FEMALE TRACK (20 WEEK)

	Level 1	Level 2	Level 3	Level 4
Minimum length of level	35 days	35 days	35 days	35 days
Overview of program/facility rules	X			
HIV/AIDS class (3 hours)	X			
Initial clinical assessment	X			
Treatment goals established/ reviewed/ measured (on ongoing basis during individual sessions, minimum of 6 hours)	X	X	X	X
Probation Officer monthly contact	X	X	X	X
Cognitive Groups - 180+ hours total New Freedom	X	X	X	X
Recovery Skills Groups - 30 to 90 hours total depending on individual group assignments	X	X	X	X
Individualized Cog groups: Range from 1.5 – 2.5 hrs. Frequency varies from 1x – 4x/week i.e. Dual Diagnosis, Social skills, Character Development, Parenting, Design for Living, Anger Management, Drug Dealers, and, Relapse Prevention	X	X	X	X
Individualized treatment assignments (completed daily: approximately 80 hours)	X	X	X	X
Job Readiness Services and the Goodwill Job Readiness Program (if applicable – number of hours vary)			X	X
General Equivalency Diploma (GED) (if applicable – number of hours dependent on individual need)		X	X	X
Community Service Restitution (CSR)- approximately 6 hrs/week		X	X	X
Family Program (13 hours, # of individual hours vary according to client need) - Group sessions (12 hours total) - Individual sessions - Housing and/or Support agreement		X	X	X
Life Skills (Re-Entry) (9 hours) - Experiential Outings- 3 hours - Pro-Social Activities - 6 hrs./every 20 weeks. Once per client	X	X	X	X
Relapse Prevention Plan developed				X
Treatment goals met				X
Continuing Care transition - Orientation (2 hours) - Individualized recovery plan				X

13-WEEK TRACK

	Level 1	Level 2	Level 3
Minimum length of level	35 days	28 days	28 days
Overview of program/facility rules	X		
HIV/AIDS class (3 hours)	X		
Initial clinical assessment	X		
Treatment goals established/ reviewed/ measured (on ongoing basis during individual sessions, minimum of 4 hours)	X	X	X
Probation Officer monthly contact	X	X	X
Cognitive Groups - 130+ hours of the Matrix Curriculum, Design for Living Curriculum in addition to either Fear...The Anger Trigger or Character Development depending on individual need	X	X	X
Recovery Skills Groups - 18 to 54 hours total depending on individual group assignments	X	X	X
Individualized Cog groups: Range from 1.5 – 2.5 hrs. Frequency varies from 1x – 4x/week i.e. Dual Diagnosis, Social skills, Parenting, Drug Dealers, and, Relapse Prevention	X	X	X
Individualized treatment assignments (completed daily: approximately 52 hours)	X	X	X
Job Readiness Services and the Goodwill Job Readiness Program (if applicable – number of hours vary)			X
General Equivalency Diploma (GED) (if applicable – number of hours dependent on individual need)		X	X
Community Service Restitution (CSR)- approximately 6 hrs./week		X	X
Family Program (13 hours, # of individual hours vary according to client need) - Group sessions (12 hours total with a minimum of 8 required) - Individual sessions - Housing and/or Support agreement		X	X
Life Skills (Re-Entry) (9 hours) - Experiential Outings- 3 hours - Pro-Social Activities - 6 hrs./every 20 weeks. Once per client, if possible	X	X	X
Relapse Prevention Plan developed			X
Treatment goals met			X

Program Components

Program Components Required for All CCFs:

1. Education Program:

Education deficits are identified via Pre-Sentence Investigation (PSI) and psychological screening of participants. Austin Community College provides GED classes onsite for residents. (See Participant Activities chart)

2. Cognitive Program(s):

The SMART Program uses a Cognitive-Behavioral approach as its primary intervention strategy. The *New Freedom*, *The Changes* and the Matrix curriculum provides substance abuse curriculum workbooks and behavioral health treatment resources. There are mental health, substance abuse treatment, MI and CBT-based workbooks and curricula, so that treatment can be individualized based on a Resident's needs. These workbooks address the most critical personal, environmental, and community risk factors, and build on the most important protective factors and assets. They are based on evidence-based concepts of cognitive-behavioral therapy (CBT), motivational enhancement (MET), motivational interviewing (MI), the social learning model, and key coping and problem solving skills for relapse prevention (self-efficacy). The curriculum includes lesson plans, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) based treatment planning support for mental health programs, behaviorally-stated objectives, pre/post-tests, and competency checklists. Along with *New Freedom*, *The Changes* co-occurring disorder curriculum and the Matrix curriculum, female offenders use the *Seeking Safety* curriculum. *Seeking Safety* is a cognitive based curriculum which incorporates trauma-informed care principles. It is designed to introduce participants to safe coping skills in dealing with the effects of trauma that are often associated with women's childhood, relationships and addiction.

All 20 week track participants receive a minimum of 180+ hours of cognitive group hours; all 13 week track participants receive a minimum of 130+ hours from the aforementioned cognitive-behavioral curricula. In addition, all offenders participate in the following specialty groups to provide individualized treatment. Assignment to these specialty groups is determined during clinical staffing. These cognitive based groups include the following topics: Health Realization (dual diagnosis), Social Skills, Character Development, Parenting, Anger Management, and Drug Dealers.

All of these curricula are 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, and understanding choices and consequences. While in the program, the residents have time to process the information, present homework assignments and conduct role playing. Residents also have opportunities to practice applying what they are learning before they are discharged from the residential phase of the program.

After completing the cognitive curriculum, residents continue to utilize thinking reports each week and share them in group sessions. Also, after transitioning 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. Cognitive services are delivered by all Licensed Chemical Dependency Counselor (LCDC) staff. (See Participant Activities chart)

3. 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 medical staff stating that they shouldn't participate in CSR. CSR completed on-site at the facility is referred to as "work detail" to distinguish between CSR completed off-site. Residents are assigned to work at a CSR site on a weekly basis for a 6-hour shift while in Levels 2- 4 (20 week track) and Levels 2-3 (13 week track).

Agencies used for CSR sites must be classified as a non-profit or governmental entity to be approved as a CSR site. CSR designated staff conduct Site visits to review the terms of the CSR 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.

All residents are assigned to work detail at the facility. They are responsible for cleaning and linen exchange for their dorm and bunk. Residents are assigned chores at the facility that are completed according to a schedule developed by the Facility Administrator. The chores include assisting with cleaning and meal preparation in the kitchen, grounds keeping (i.e. mowing, weed-eating, gardening, etc.), and routine and non-routine facility cleaning such as sweeping, mopping, cleaning restrooms/offices, emptying trash cans, buffing floors, cleaning windows, and vacuuming. (See Participant Activities chart)

Program Components Required Based on the Mission of the CCF:

1. Substance Abuse Treatment - Treatment Modality

The level of treatment offered at SMART is Residential Treatment per 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 model 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 recovery oriented work. The program also involves the Stages of Change, which involves progressing through five stages: pre-contemplation, contemplation, preparation, action and maintenance. TCU's Motivational Scale is used to identify the client's stage in regards to recovery. Strategies are employed to assist clients in moving through the stages of change through each level of treatment. The SMART program has curriculum manuals that are used in the cognitive program, recovery skills group and family program that all staff are required to use. Clients spend approximately 1 hour/week in group process, 9 – 22 hours/week in cognitive group counseling, 4.5 hours/week in education (recovery skills), and a minimum of 1 hour/month in individual counseling. There are 10 counselors providing the substance abuse treatment services. (See Participant Activities chart)

Group Process:

During COG group process, residents 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. Caseload group is the venue for submission and discussion of Treatment assignments, required at each level of the program. Residents are expected to describe and demonstrate ways that they are practicing their cognitive and recovery skills that are being taught. (See Participant Activities chart)

Recovery Skills:

Videos pertaining to the Recovery Skills topics are incorporated into the program with a weekly video group. These groups are designed to expose residents to a variety of cognitive and behavioral skills

necessary for continued recovery. (See Participant Activities chart)

2. Mentally Impaired Offender Program: Medication needs for the population assigned to the BJA grant co-occurring counselor will be accessed through Austin Travis County Integral Care. Using *The Changes* curriculum, the treatment tracks will mirror the male and female tracks for all SMART participants. *The Changes* curriculum incorporates evidenced based practices through the use of cognitive behavioral strategies and life skill development. All SMART program services will be available to all co-occurring group participants. With the BJA grant, SMART will be able to provide, for the first time, specialized treatment services for the co-occurring probationer, a subset of the SMART population, who enters SMART via the Travis County Jail. The BJA grant is a Re-Entry grant, so all clients assigned to the co-occurring counselor must have exited the county jail as opposed to entering SMART directly from the community.

3. Employment Program: NA

Other Program Components:

1. Aftercare/Post Release Supervision: See SMART Continuing Care proposal

2. Life Skills (Re-Entry Readiness) Program:

Re-entry at SMART is designed to assist residents in their ability to achieve positive, pro-social community re-integration. The intent is to prepare residents for job seeking once they transition back to the community by providing job readiness skill development via the Achieve program and a collaboration with Goodwill of Austin for Pre-Employment Program services. Upon transition to Continuing Care, SMART participants are assigned a Goodwill case Manager for job training/placement assistance. The focus is on documenting their work history, how to address their criminal history as part of the job application process, how to market their strengths and discuss their weaknesses as opportunities for lifelong learning. Residents are given information for employment resources, which they may contact upon transition. They draft a resume/work history and obtain photo identification and social security cards in preparation to begin the job search process once in Continuing Care. Residents also participate in local Job Fairs. Life Skills Coordinator, (Social Services Program Specialist Associate) position is funded to support re-entry readiness programming. Clients participate in approximately 9 hours of re-entry readiness programming and varying hours of job readiness programming. (See Participant Activities chart)

Experiential Outings are also incorporated into the re-entry protocols. Designated SMART staff takes residents to events outside the facility such as local museums, cultural events or nature areas. Activities are for residents on a Level III and are planned for every other week. Each resident attends at least one experiential outing for approximately three hours during their stay. Strict policies and procedures are followed in planning and executing the outing. The purpose is to expose residents to positive life 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 are used as pro-social incentives during program participation. (See Participant Activities chart)

3. Family Program

The purpose of the Family Program is to provide counseling and support services to residents and their immediate family members related to substance abuse and recovery. The services provided by the Family Program include a cognitive family group, individual counseling, crisis counseling and community referrals for additional support. 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 are covered, one topic each week for six weeks. Each group session is 2 hours long. Once the six weeks series of topics have been covered, the series begins 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 experiences, and group support. (See Participant Activities chart)

4. SMART provides a series of content specific groups which target resident's individual criminogenic need areas such as (See Participant Activities chart):

Parenting:

SMART is utilizing the Texas Christian University "Partners in Parenting" curriculum. The parenting group meets once a week for 5 weeks for 2.5 hours twice a week to address and discuss parenting issues such as family communication, dynamics, discipline, self-care for parents, and problem solving skills. This group targets residents who have children in the home or children under the age of 16 years.

Chronic Relapse Group:

Many of the residents admitted to SMART have had multiple treatment experiences, followed by relapse. The program has initiated a group designed to help these chronic relapsers break this cycle. This group uses the *Staying Quit: A Cognitive-Behavioral Approach to Relapse Prevention* workbook to help residents identify relapse triggers and develop strategies to manage such stressors without using. This is an eight-week course which meets twice per week for 1.5 hrs/each session.

Anger Management Group:

Research indicates that a substance abuse treatment program that address management of their participant's anger issues as part of its curriculum improves the success of recovery for its participants. The SMART Program introduced the first cognitive based anger management series by Dr. Samenow, *Fear: The Anger Trigger* and will be offering the specialized anger management group for those residents that have been identified as possibly benefiting from this program. This group is six weeks in duration for 2.5 hours twice per week.

5. HIV/AIDS

HIV/AIDS education services are provided by the Vendor's medical staff on a weekly basis. All residents receive 1 hour of HIV/AIDS education. Other HIV services such as testing and pre/post counseling are offered by other community agencies. These services are voluntary, anonymous and not limited by the ability to pay. Residents are transported to and from their appointments to these community agencies. (See Participant Activities chart)

6. Pro-Social Activity (PSA)

PSAs are scheduled for three times a year as an opportunity for residents to practice newly learned pro-social skills in a non-treatment structured environment. Staff and residents participate in games and recreational activities which are followed by a facility-wide luncheon. PSAs are multi-level and focus on positive staff and resident interaction which will promote increased resident opportunities. 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. Each resident will be involved in one PSA once during residential. (See Participant Activities chart)

Program Staff and Program Staff Activities (Staff Process):

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, vendor staff and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies which ensure client success and the ability to respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

RESIDENTIAL CSCD STAFF

1. Staff (Title) Manager, Other (Social Services Program Administrator) (50% FTE)

Process activities: Under the direction of the CSCD Probation Division Director of Programs and 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. This position acts as liaison to Department units and community agencies. This position gives final approval for all SMART CSR sites utilized as well as approves deletions of agencies as a SMART CSR site. Crisis intervention with participants.

2. Staff (Title) Program Supervisor (Social Services Manager)

Process activities: Responsible for managing the treatment operations, serving as clinical supervisor, performing various administrative functions, and training and supervising counseling staff. Conducts groups. The Social Services Manager is responsible for supervising the Life Skills Coordinator (Social Service Program Specialist Associate) and keeping the Manager position (Social Services Program Administrator) informed of any issues with the SMART CSR Program.

3. Staff (Title) Counselor, Senior (Chemical Dependency Counselor)

Process Activities: Provides assessment, treatment planning for participants of SMART. Conducts individual and group counseling. Conducts didactic lectures, assists the Social Services Manager in reviewing counselor's work, training new employees and other administrative functions as assigned.

4. Staff (Title) Counselor I (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.

4. Staff (Title) Counselor I (Chemical Dependency Counselor -Family Counselor)

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. Provides parenting curriculum.

6. Staff (Title) Life Skills Coordinator (Social Services Program Specialist Associate)

Process activities: Coordinates all probationer re-entry services which include job readiness and employment, securing IDs, etc. The Life Skills Coordinator (Social Services Program Specialist Associate) is responsible for recruiting and maintaining appropriate sites for CSR. This position conducts routine announced visits to all CSR work sites a minimum of once every three months. This position plans all experiential activities.

7. Staff (Title) Adm. Support (Office Specialist)

Process activities: Responsible for providing clerical support and tracking service delivery for treatment-related data, provides tracking for pre-screening and admissions to SMART, receptionist duties, orientation duties. Orientation for program participants.

8. Staff (Title) CSO II (Probation Officer II)

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

9. Contract Psychological Assessment Services (Vendor)

Process activities: Responsible for screening clients for eligibility, conducts psychological assessments such as Hare Psychopathy as needed, and providing staffing/consultation regarding treatment plans.

10. Operations and resident supervision is provided through contracted services.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: SMART Substance Abuse Treatment Program Chief CSCD County: **Travis**
(includes Tech. Vio. S.A. Treatment Program)
 Program Code: **SAFF** Facility Category: **CCF**
 Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **390**
 Number of Screenings Conducted: **0** Number of Assessments Conducted: **0**

Note: all felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Pre-trial Defendants are assessed by the Travis County Drug Court. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	390
B. Urinalysis Tests	
Number of Individuals Tested	390
C. Academic Education Services	
Number of Participants	75
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	15
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	390
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	253

Date: **September 1, 2014**

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

Nora Volkow, Director of NIDA, states that “the rehabilitation of substance-abusing criminal offenders is an urgent issue for public health and safety,” indicating that addressing treatment needs is key to “reducing overall crime and drug-related societal burdens” offenders create (from NIDA’s Journal: Addiction Science and Clinical Practice, 4/09; NIDA’s “Principles of Drug Abuse Treatment for Criminal Justice Populations”2006). An article in the NIDA 4/09 journal quotes a 2008 SAMHSA statistic: “Of the nearly 1.8 million admissions to substance abuse treatment in the United States and Puerto Rico in 2006, 38% resulted from criminal justice.” And yet, NIDA’s research-based guide for Criminal Justice offenders reports that in the United States “the substance abuse or dependence rates of offenders are more than four times that of the general population.” The most recent statistics completed by the National Institute of Corrections (Report: Corrections Statistics for the State of Texas) indicate that the State of Texas, compared with all other states, has the following higher than average rates: 18% higher crime rate, 31% higher rate of incarcerated adults, and 22% higher rate of probationers. “Substance Abuse Trends in Texas, June 2010,” (a NIDA-sponsored report for the State of Texas completed by the Gulf Coast Addiction Technology Transfer Center,) states that the population of Region 7, which includes Travis County, reports the highest rates of use of marijuana, cocaine and nonmedical pain relievers in the state. Further, the most recent information from Texas’ Legislative Budget Board compared offender data from the five largest counties in Texas: Bexar, Dallas, Harris, Tarrant and Travis County. A comparison of these five counties showed Travis County probationers: 1) to have the highest levels of alcohol/drug offender needs at both Probation Intake and Revocation, 2) to have the highest percentage of offenders with previous offenses committing subsequent offenses involving drugs (54.4%) or alcohol (33.8%), and 3) indicated that Travis County also had the highest number of offenders scoring maximum risk at both Intake (82.4%) and at the time of Revocation (87.1%). Thus, Travis County’s offenders are both higher risk and present with a higher risk of re-offending involving alcohol or other drugs.

The Travis County Offender Profile data mirrors the same information as above. The FY 2012 data reports 5,440 felony offenders and 5,160 misdemeanor offenders to be on direct supervision. Of the total Travis County felony offenders on direct supervision, 2,439 or 45% were on probation for DWI and possession of other controlled substances. The number of Travis County misdemeanor offenders on direct supervision for DWI and other controlled substance offenses totaled 2,390 or 46%. The same profile data indicates that 37% of felony offenders and 43% of misdemeanor offenders revoked in FY 2012 had been on probation for alcohol and/or other drug offenses. Travis County revocation Data for FY 2012 also reflects that approximately 83% of felons, the same percentage as in FY 2011 revoked on supervision were maximum/intensive risk level offenders. This information, again, reiterates the high-risk nature of the population being supervised in Travis County. As demonstrated by this information, there is an overwhelming documented need in Travis County for services that identify and address substance abuse and dependency issues as part of offender probation supervision strategies. The Legislative Budget Board reports that services provided to these offenders lower recidivism and probation revocation rates. The TEDS Report, published by SAMHSA, states that offenders referred to treatment were less likely to drop out and more likely to complete treatment, as compared with the non-offender population.

The National Institute on Drug Abuse (NIDA) Guide, "Principles of Drug Addiction Treatment (rev. 4/09)," estimates that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes; additionally, when including savings related to health care, the savings can exceed costs by a ratio of 12 to 1. Research clearly documents that treatment works, and data compiled in Travis County indicates that revocations and subsequent offenses can be substantially reduced when offenders receive an appropriate level of alcohol/drug treatment. An article from NIDA's addiction journal (4/09) states: "The importance of integrating substance abuse treatment with criminal justice activities has been evident for some time. In terms of infrastructure, neither a treatment system nor a criminal justice system is equipped to manage a recovery-oriented system of care for drug-abusing offenders." What works for offenders is the combination of systems.

The SMART Program has been in existence since 1991. The program model has always incorporated two phases, residential and continuing care treatment services. In Fiscal Year 2012, 303 offenders were served by the SMART continuing care program. Alcohol and drug needs dominate both the Offender Profile Data and the Revocation Profiles documented in the County. The most recent LBB report on revocations (August 2008) reflecting 2007 data indicates that at intake, probationers with moderate to high need levels in the area of companions was 94.1%, employment 74.5%, financial management 92.2% and marital/family relationships 86.3%. At revocation, the moderate to high needs are even more salient; companions were 93.5%, employment 77.4%, financial management 96.8% and marital/family relationships 90.3%. The LBB report (August 2008) clearly shows that criminogenic needs can be significantly impacted by cognitive programming.

The research of Latessa (2000), clearly demonstrates that cognitive behavioral strategies for targeted offender populations will improve positive outcomes. In order to impact revocations, the delivery of cognitive interventions is critical. After completion of the SMART residential phase, participants transition to 6 months of Continuing Care. Continuing Care continues to provide comprehensive substance abuse treatment for offenders and addresses those criminogenic needs of offenders that help contribute to criminality. Criminogenic needs such as criminal thinking errors, education, employment, family relations, are all addressed and impacted by cognitive programming.

To meet the needs of referred offenders, the SMART program has adjusted interventions, curricula, and program length over the years. In February 2008, the SMART Re-Entry Court was implemented to support recovery during the continuing care, community-based phase of SMART. By continuing to address those criminogenic areas which impact criminal behavior and by providing intensive substance abuse treatment with court supervision, successful outcomes are increased. The Re-Entry Court Program is mandatory for all Continuing Care participants. The Re-Entry Drug Court operates as a designated semi-monthly docket in District Court.

The SMART Continuing Care program serves some offenders with co-occurring disorders. Additionally, offenders with medical issues, such as HIV, and other infectious diseases are also served. Resources serving offenders with HIV have significantly decreased in the Austin area, as several organizations serving this population have experienced dramatic cuts in funding. The SMART Continuing Care program offers a critical link in case management services for uninsured offenders with substance abuse. The SMART Continuing Care program works closely with Austin Travis County Integral Care (ATCIC) to address and access available mental health services for participants as soon as these issues are identified.

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

There are other community-based aftercare/continuing care programs in Travis County (DSHS or City-County funded), but none currently provide a highly structured cognitive-based continuing care option and access to existing services is very limited. The primary funding source for substance abuse services for Travis County offenders is the Treatment Alternatives to Incarceration Program (TAIP). TAIP funding does not provide the continuing care option. Offenders can access community recovery support meetings as well as the longer intensive non-residential treatment services offered through the Department's Counseling Center that meet the needs of more chronic substance abusing offenders. Counseling Center resources are not sufficient to provide additional continuing care slots for SMART residents transitioning from primary residential treatment. Use of SAFPF and ISF are options but would remove probationers from the jurisdiction and would require additional re-entry services upon completion of treatment. Expansion of re-entry services, while a priority in the jurisdiction, are currently under-funded. The Travis State Jail operates the Commitment to Change (CTC) program which provides inpatient substance abuse services paired with re-entry services upon release for a limited number of probationers who are State Jail Felons. The Department's Counseling Center also provides continuing care services for offenders who complete the Substance Abuse Inpatient Continuum or TAIP 90 day residential treatment. The Department's resource list also includes additional agencies such as the Veterans Services Administration which provides some aftercare support services. SMART is the only community corrections facility in Travis County and the only residential program that has coordinated Continuing Care as part of the substance abuse treatment model. SMART Continuing Care is the only viable option for SMART residents who transition from the residential phase, as it is directly linked to residential services through curricula and structured continuity of care strategies. Therefore, without continued operation of the SMART Continuing Care program, the SMART program model would be irreparably damaged and an important sentencing option for the courts would be eliminated.

CHOICE OF PROGRAM DESIGN

The SMART Continuing Care program, in step with the Travis County Impact Supervision (TCIS) initiative and utilizing the principles of evidence based practices, is designed to provide intensive treatment to high-risk individuals on community supervision who have been assessed as chemically dependent and in need of continuing care treatment services. The SMART Continuing Care program has integrated numerous proven "Best Practices" principles, including those specifically prescribed by NIDA, July 2006 in "Principles of Drug Abuse Treatment for Criminal Justice Populations" 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. Prior to the SMART residential phase, 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. Re-assessments via the transition treatment plan completed at the end of the residential phase of SMART updates the initial assessment.

Research also indicates that approaches to treatment that make use of behavioral and cognitive-behavioral techniques are best suited for offenders. Factors such as “Risk”, “Need” and “Responsivity” must be considered in working with the criminal justice population. Cognitive-behavioral treatment (CBT) has been well tested and shown to demonstrate a positive impact on both addiction and criminality (Aos, Miller, & Drake, 2006). CBT interventions are designed to identify and cognitively restructure dysfunctional and criminogenic thinking patterns. CBT interventions also may focus on anger management, assuming personal responsibility for behavior, increasing empathy, developing problem solving skills and improving interpersonal skills (Lipsey & Landenberger, 2006). CBT can be used with individuals, but is more commonly used in groups of offenders. The program uses evidenced-based CBT treatment curriculum. CBT has been shown to be effective in reducing relapse from substance use problems. Rotgers et al (2003) note that there is considerable scientific evidence, through controlled clinical trials, that CBT is effective treatment for problem drug and alcohol users. He also notes that CBT has been found to be particularly effective with clients struggling with both addiction and criminal conduct. Walsh (2006) writes that one of the advantages of CBT is that it is not only effective with addiction and criminal conduct, but its effectiveness has been demonstrated through fourteen meta-analyses also to be effective in treating depression, generalized anxiety, panic disorders, social phobias—all conditions that are also seen in the offender population.

Motivational Interviewing (MI), based on the Transtheoretical Stages of Change Model, is considered the “gold standard” in addiction treatment with a focus on resolving the ambivalence that is the core of most substance users’ resistance. MI Strategic techniques help to minimize power struggles and defensiveness and to mobilize the parts of the client geared toward positive, pro-social change (Miller & Rollnick, 2002). MI has been shown to be effective in decreasing and/or maintaining prolonged sobriety (Burke et al, in Miller & Rollnick, 2002; CSAT, Treatment Improvement Protocol, Series 35, reprinted 2005). SMART integrates MI in all aspects of service delivery and treatment modalities.

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 development of the SMART Continuing Care Sanctions and Incentives Matrix based on the work of Dr. Doug Marlowe (National Drug Court Institute Journal, February 2012) was designed and implemented in mid-FY 2013. Using a four-quadrant prognostic risk and needs approach, behavioral expectations and responses to non-compliance are addressed with a combination of treatment responses and sanctions. The model identifies both proximal and distal goals for program participants to individual service delivery and behavioral expectations. The use of incentives as positive reinforcers for expected behaviors 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.

SMART Program participants transition to the Continuing Care phase of the program after completing the residential phase of the program. Offenders participate in Continuing Care groups on a weekly basis for six months; therefore, the full SMART program is eleven (11) months in length. 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 offender’s specific relapse triggers/issues.

The SMART Continuing Care program uses a Cognitive-Behavioral approach as its primary intervention strategy, reinforcing the curricula and recovery skills learned in SMART residential. This includes use of the *New Freedom*, *The Changes* (co-occurring disorder population) and *Design for Living* curricula. Offenders put into practice the skills they have learned in the residential phase by performing role plays and presenting assignments to the group. Offenders are challenged to complete assignments to practice new, pro-social types of thinking. *Staying Quit* is another cognitive based relapse prevention curriculum used to help the client recognize relapse triggers, utilize relapse prevention tools and strategies to change some of their ideas and behavior regarding continued use. In addition, the women participate in another cognitive-based curriculum, *Seeking Safety*. This curriculum is intended specifically to address the high rate of trauma that is often related to women during their childhood, in relationships and in addiction. Offenders are also encouraged to participate in community-based recovery support meetings during the Continuing Care Phase.

Currently, the SMART Program Re-Entry Court component begins with Continuing Care transition and all transitioning residents participate in the SMART Re-Entry Court program. Upon discharge from the residential phase of the program, residents attend the SMART Re-entry Court for orientation. Once in the Continuing Care phase of the program, the offenders attend the Re-entry Court on a monthly basis to have violations addressed and for recognition to support compliance with their recovery plan and probation conditions. Currently, the SMART Re-Entry Court is expenditure neutral.

In order to increase effectiveness, participants in Continuing Care remain with the initial Probation Officer assignment that occurred at residential intake. They report to their PO at the SMART Continuing Care location until they satisfactorily complete the Continuing Care phase of the program. Continuing Care groups are also held in a designated non-residential area at the facility. If a participant has a relapse while in the Continuing Care phase, the SMART Re-Entry Court can initiate additional treatment requirements and sanctions which could include re-entering SMART residential or a higher level of treatment intervention, ISF or SAFPF. The SMART Re-Entry Court can also initiate incentives for positive behavioral change and accomplishments. Service delivery, which is structured to work in tandem with multiple partners, such as with the Re-entry Courts, have shown to be the most effective (NIDA, July 2006) in reducing relapse and recidivism. 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 probationer is placed on a regular caseload.

Proposal Element 3: TARGET POPULATION

- a. Felony only Misdemeanor only Both
- b. Male only Female only Both
- c. Age restriction? No Yes
 If yes, describe: Must be age 18 or over
- d. Is this program designed to serve any specific cultural or ethnic group? No Yes
 If yes, describe. _____

- e. Is this program designed to serve participants with mental health issues? No Yes

However, the Department received a BJA grant in FY 2013 for one MH counselor to provide co-occurring treatment services for felony high risk probationers exiting the Travis County jail. These probationers had historically been referred to SMART but had not received specialized co-occurring treatment services.

- f. 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. Pre-trial Drug Court and family members

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

In accordance with special grant conditions, SMART Continuing Care is a community corrections based substance abuse treatment and rehabilitation program targeting high-risk felony male and female offenders. Misdemeanor offenders are also served on a limited space available basis. The treatment modality is a 6 month Continuing Care Phase, partnered with the SMART RE-Entry Court, for offenders with substance abuse issues who have completed 20 weeks of residential SMART treatment services.

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 Continuing Care 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 maintain recovery and 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
- Continue to ensure offender engagement in recovery support activities

The SMART Continuing Care program uses a training protocol 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 and motivational interviewing strategies 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 increases the effectiveness of treatment. Services will include trauma-informed care principles.

CONTINUING CARE/TREATMENT AND SUPERVISION

1. Participation in weekly, three-hour relapse prevention/cognitive/process groups for a total of six months.
2. Participation in a minimum of one individual session per month with their counselor.

3. Three face to face contacts to include Office visits and one field visit monthly. Caseload sizes average at 42 clients per probation officer.
4. Clients are required to participate in recovery oriented meetings in the community until discharged from the program.
5. Treatment team meetings with the participant, Continuing Care counselor and Probation 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 treatment team meeting agreements or when there are serious program violations or to address non-compliance with probation conditions.
7. Participation in the SMART Re-Entry Court is monthly or as specified. Offenders attend Re-Entry Court for orientation upon admission into the Continuing Care component of the SMART program. Participation continues until the completion of the Continuing Care component of SMART.
8. Adherence to the Department's random drug testing policy.

The contract security/operations vendor provides security and oversight of the non-treatment program operations. All outpatient services are provided at a separate location on the SMART campus in a building which provides separate access for client services. Credentialed counselors provide treatment services in compliance with TDCJ-CJAD Substance Abuse Treatment Standards. Probation Officers provide supervision 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 through Motivational Interviewing techniques.

One of the major elements of Responsivity is to properly assess all offenders utilizing a standardized/validated instrument that address criminogenic risks and needs. This is done prior to placement in the residential phase of SMART. Assessment results are incorporated into the treatment/supervision plan for each participant. The TDCJ-CJAD Case Classification instrument and supervision plan are completed prior to placement in continuing care as they are completed during the residential phase. Within ten (10) working days of placement in the residential phase of SMART, a supervision/treatment plan is completed. If not already completed, the Strategies for Case Supervision (SCS) interview is also conducted within ten (10) working days of placement of the residential phase. Coordination between treatment staff, vendor and clients occurs via treatment plan reviews, at weekly case staffings, and individual consultation among staff as needed.

The Continuing Care phase of the program requires that participants attend a 3 hour group on a weekly basis for a minimum of 26 weeks. An early discharge (after completion of 22 weeks) is granted to participants from Continuing Care and is built into the program as an incentive when participants have achieved their recovery plan goals, attended group without absences, and also complied with all conditions of probation.

The Continuing Care phase of the program also requires that participants attend various community-based recovery oriented activities as well as, weekly Continuing Care groups and at least one individual counseling session with their assigned counselor each month. In addition, participants are required to report to their probation officer and the probation officer will conduct field visits to include collateral contacts as stipulated in the Special Grant conditions for substance abuse treatment/aftercare caseloads. Probationers will submit to random UAs per the Department's drug testing protocols. Additional monitoring will be available as needed via the use of breathalyzers, continuous alcohol monitoring technologies, and Ignition Interlock devices. The probation officers confer with counselors to provide case management services for participants to address barriers to the participant's recovery.

Continuing Care groups will focus on participants' utilization of cognitive skills learned in residential treatment to reduce the risk of relapse and/or re-offending. Participants will receive a Continuing Care Quick Reference Guide Book that has reference to cognitive skills and samples of required forms. Participants are also required to complete a Weekly Recovery Report describing the topics discussed in the meetings they attend during the week. Each week the participant will also complete a homework assignment which is their Recovery Skills Presentation. The Weekly Recovery Skills Presentation describes a situation in a Thinking Report format. Participants are required to complete the assignment and bring it in the following week. During the Individual Monthly Assessment sessions, participants are expected to complete a self-assessment describing the progress they are making toward their recovery plans. Using *The Changes* curriculum for the co-occurring population, the treatment tracks will mirror the male and female tracks for all SMART participants. *The Changes* curriculum incorporates evidenced based practices through the use of cognitive behavioral strategies and life skill development. All SMART Continuing Care program services will be available to all co-occurring group participants. With the BJA grant, SMART will be able to provide, for the first time, specialized treatment services for the co-occurring probationer, a subset of the SMART population, who enters SMART via the Travis County Jail. The BJA grant is a Re-Entry grant, so all clients assigned to the co-occurring counselor must have exited the county jail as opposed to entering SMART directly from the community.

To address violations, the SMART Continuing Care Sanctions Matrix will be utilized. Violations will be addressed via Supervisory or Administrative Hearings prior to taking court action.

REQUIRED STANDARD OPERATING PROCEDURES

Standard operating procedures will be available within 90 days of funding. Special Grant conditions are incorporated into the service delivery model (see Program Description section of this proposal). The Department's Continuum of Sanctions/Incentives will be utilized.

Knowledge/Skills/Abilities of Staff

All program staff are trained in the principles of the "What works" literature, Evidence Based Practices, the Travis County Impact Supervision strategies and Motivational Interviewing skills. All chemical dependency counselors possess the competency in the knowledge, skills, and attitudes required of licensed chemical dependency counselors, such as clinical evaluation, counseling, treatment planning, referral, client family and community education, documentation, service coordination and professional and ethical responsibilities. Officer and Counselor performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department's TCIS best practices initiative, development of positive, professional rapport, and reinforcement of pro-social behavior and skills. Counselor evaluations will also reflect their ability to competently facilitate groups.

Special Grant Conditions

Special grant conditions will be addressed in the SOPs to include; providing recidivism and revocation data to TDCJ-CJAD for tracking purposes, conducting standardized/validated assessments, developing treatment plans that address criminogenic needs, and compliance with all TDCJ-CJAD caseload and substance abuse treatment standards. Per special grant conditions, Substance Abuse Treatment and Substance Abuse Aftercare Caseloads, SMART Continuing Care provides substance abuse treatment and rehabilitation program for high-risk felony male and female offenders. High Risk/High need misdemeanor offenders may also be served on a limited space available basis not to exceed 20% of the offenders served by the program at any given time. The treatment modality will be the delivery of Continuing Care services to offenders with substance abuse issues. Additionally, all special grant

conditions will be monitored and service delivery will be evaluated per special grant conditions.

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 PO/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. Additionally, all special grant conditions will be monitored and service delivery will be evaluated per special grant conditions. Continuing Care will adhere to all CJAD substance abuse treatment standards. This is detailed in SOPs.

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 CSCD Coordinators and contract management staff, 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. Vendor audits of treatment plan reviews and discharge plans insure that the offender's risk/needs factors are addressed while in treatment through the offender's treatment plan and discharge recommendations. Any identified deficiencies in contract compliance will result in specific recommendations to vendor(s) to achieve contract compliance. Vendors may be required to respond to the identified deficiency by submitting a written response or an Action Plan on how they will achieve contract compliance. Follow-up site visits may be conducted to ensure compliance with recommendations and implementation of action plans. The Department will provide technical assistance to the vendor as needed.

Placement Criteria

Probationers are placed in SMART Continuing Care as part of the initial court order for SMART placement which addresses both residential and continuing care programming.

PARTICIPANT ACTIVITIES

The week before graduating from the residential phase, participants' attend a two hour Continuing Care orientation in which they are advised of program rules and requirements, review the participant agreement for Re-Entry court, and complete a survey regarding the residential treatment component. Further, the participants are administered the following tests: the TCU Attitudes and Beliefs Scale and the TCU MOT(motivation) Form. There are no Phases in the Continuing Care Program.

MALE TRACK

Initial clinical assessment (completed prior to discharge from residential)
Treatment goals established/ reviewed/ measured during counselor individual sessions. (approximately 6 hours).
Probation Officer contact <ul style="list-style-type: none">- 3 face to face contacts monthly (one field visit) may be modified upon re-assessment- Collateral contact with family/significant others (monthly)- Case Work Manager Hearings to address violations (as needed)
Random UA Testing throughout
Group Sessions (relapse, cognitive, process) <ul style="list-style-type: none">- All gender specific- 3 hours per week/26 weeks, 78 hours total
Individual Counseling <ul style="list-style-type: none">- Minimum of once a month/26 weeks, 6 hours total
Treatment Team meetings (as needed to address program violations, relapse, etc..)
Recovery Oriented Support Groups/Activities Review <ul style="list-style-type: none">- 3 hours per week/26 weeks, 78 hours total
Relapse Track (if applicable) <ul style="list-style-type: none">- 1.5 hours per week for a minimum of 8 weeks, 12 hours total
CSR (if court ordered)
SMART Re-Entry Court <ul style="list-style-type: none">- Meets Monthly
GED (if applicable)

FEMALE TRACK

Initial clinical assessment (completed prior to discharge from residential)
Treatment goals established/ reviewed/ measured during counselor individual sessions. (approximately 6 hours).
Probation Officer contact <ul style="list-style-type: none">- 3 face to face contacts monthly (one field visit) may be modified upon re-assessment- Collateral contact with family/significant others (monthly)- Case Work Manager Hearings to address violations (as needed)
Random UA Testing throughout
Group Sessions (relapse, cognitive, process) <ul style="list-style-type: none">- All gender specific- 3 hours per week, 78 hours total
Individual Counseling <ul style="list-style-type: none">- Minimum of once a month, 6 hours total
Treatment Team meetings (as needed to address program violations, relapse, etc..)
Recovery Oriented Support Groups/Activities Review <ul style="list-style-type: none">- 3 hours per week, 78 hours total
Relapse Track (if applicable) <ul style="list-style-type: none">- 1.5 hours per week for a minimum of 8 weeks, 12 hours total
SMART Re-Entry Court <ul style="list-style-type: none">- Meets Monthly
CSR (if court ordered)
GED (if applicable)

RE-ENTRY COURT

Re-entry Court orientation/initial court observation

- Within 14 days of discharge from Residential
- 2 hours total

Re-entry court attendance:

- minimum of once per month for 2 hours/6 months = 12 hours

Re-entry court activities including:

- observation
- violations/sanctions (admonishment, behavior contract, increased random UA testing, jail time)
- referrals to meet criminogenic needs
- recognitions
- incentives (waiver of court ordered fess, waiver of CSR)

Random UA Testing throughout

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

1. Staff (Title) CSO III (Probation Officer Sr.)

Process activities: Assists Manager (Social Services Program Administrator) in the supervision of all POs. Coordinates training and program development for POs. Assists with establishing effective working relationships in treatment team and with resources within the community.

2. Staff (Title) Counselor I (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.

3. Staff (Title) CSO I/CSO II (Probation Officer I/Probation Officer II)

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

4. Staff (Title) Adm. Support (Office Specialist, Sr.)

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 for Continuing Care. Intake for program participants.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **SMART Continuing Care**
(includes former Tech. Vio. S.A. Treatment Program-Continuing Care)

Chief CSCD County: **Travis**

Program Code: **SCP S**

Facility Category: **NA**

Data Contact Person: **Sigrid Levi-Baum**

Projected Number to be served: **305**

Number of Screenings Conducted: **0**

Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services. Pre-trial Defendants are assessed by the Travis County Drug Court.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling

Number of Participants **0**

B. Urinalysis Tests

Number of Individuals Tested **305**

C. Academic Education Services

Number of Participants **0**

Number Mandated by CCP 42.12 § 11(g) **0**

Number of GEDs obtained **0**

D. Electronic Monitoring

Number of Participants **0**

E. Cognitive Training/Cognitive Behavioral

Number of Participants **0**

F. Substance Abuse Education

Number of Participants **0**

G. Employment Services

Number of Participants **0**

Number who secured employment for 3 days or longer **0**

H. Victim Services

Number of Victims Served **0**

Number of Victim-Impact panels held **0**

Number of Victim-Offender mediations completed **0**

Outcomes – Successful Program Completion

Number of participants successfully completing the program **143**

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: SMART Continuing Care
(includes former Tech. Vio. S.A. Treatment Program-Continuing Care)

Chief CSCD County: **Travis**

Program Code: **SAT**

Facility Category: **NA**

Data Contact Person: **Sigrid Levi-Baum**

Projected Number to be served: **305**

Number of Screenings Conducted: **0**

Number of Assessments Conducted: **0**

Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services. Pre-trial Defendants are assessed by the Travis County Drug Court.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling

Number of Participants **305**

B. Urinalysis Tests

Number of Individuals Tested **0**

C. Academic Education Services

Number of Participants **0**

Number Mandated by CCP 42.12 § 11(g) **0**

Number of GEDs obtained **0**

D. Electronic Monitoring

Number of Participants **0**

E. Cognitive Training/Cognitive Behavioral

Number of Participants **305**

F. Substance Abuse Education

Number of Participants **0**

G. Employment Services

Number of Participants **0**

Number who secured employment for 3 days or longer **0**

H. Victim Services

Number of Victims Served **0**

Number of Victim-Impact panels held **0**

Number of Victim-Offender mediations completed **0**

Outcomes – Successful Program Completion

Number of participants successfully completing the program **143**

Date: December 1, 2013

FY 2014-2015 NON-RESIDENTIAL PROPOSAL

Proposal Element 1: COVER SHEET

CSCD (CHIEF COUNTY OF JURISDICTION): Travis

PROGRAM NUMBER: 37

PROGRAM TITLE: Specialized S. A. Caseloads

CJAD FUNDING SOURCE: 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: (NOTTDCJ-CJAD FUNDING SOURCES, NOT PARTICIPANT PAYMENTS)

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

PROGRAM CODES (Code is DMVB for all BIPPs)

Primary Program Code: _____ Facility Category (CRS) _____

SCP S

Secondary Program Code(s): _____

A PROJECTED OUTPUTS FORM MUST BE COMPLETED FOR EACH CODE.

Program Contact Information:

Name: Lila Oshatz
 Mailing Address: PO Box 2245
 Austin, TX 78768
 Telephone: 512-854-4600
 Fax: 512-854-4606
 E-mail: Lila.Oshatz@co.travis.tx.us

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

Travis County Adult Probation Department provides Specialized Caseloads to intensively monitor and assist high risk, high need offenders in the community. Nora Volkow, Director of NIDA, states that "the rehabilitation of substance-abusing criminal offenders is an urgent issue for public health and safety," indicating that addressing treatment needs is key to "reducing overall crime and drug-related societal burdens" offenders create (from NIDA's Journal: Addiction Science and Clinical Practice, 4/09; NIDA's "Principles of Drug Abuse Treatment for Criminal Justice Populations"2006). An article in the NIDA 4/09 journal quotes a 2008 SAMHSA statistic: "Of the nearly 1.8 million admissions to substance abuse treatment in the United States and Puerto Rico in 2006, 38% resulted from criminal justice." And yet, NIDA's research-based guide for Criminal Justice offenders reports that in the United States "the substance abuse or dependence rates of offenders are more than four times that of the general population."

The most recent statistics completed by the National Institute of Corrections (Report: Corrections Statistics for the State of Texas) indicate that the State of Texas, compared with all other states, has the following higher than average rates: 18% higher crime rate, 31% higher rate of incarcerated adults, and 22% higher rate of probationers. In the latest year reviewed, "Substance Abuse Trends in Texas, June 2010," (a report for the State of Texas completed by the Gulf Coast Addiction Technology Transfer Center, sponsored by NIDA) shows that the population of Region 7, which includes Travis County, to report the highest rates of use of marijuana, cocaine and non-medical use of pain relievers in the state. The most recent information from Texas' Legislative Budget Board compared offender data from the five largest counties in Texas: Bexar, Dallas, Harris, Tarrant and Travis County. A comparison of these five counties showed Travis County probationers: 1) to have the highest levels of alcohol/drug offender needs at both Probation Intake and Revocation, 2) to have the highest percentage of offenders with previous offenses committing subsequent offenses involving drugs (54.4%) or alcohol (33.8%), and 3) indicated that Travis County also had the highest number of offenders scoring maximum risk at both Intake (82.4%) and at the time of Revocation (87.1%). Thus, Travis County's offenders are both higher risk and present with a higher risk of re-offending involving alcohol or other drugs.

The Travis County Offender Profile data mirrors the information above. The FY 2012 data reports 5,440 felony offenders and 5,160 misdemeanor offenders to be on direct supervision. Of the total Travis County felony offenders on direct supervision, 2,439 or 45% were on probation for DWI and possession of other controlled substances. The number of Travis County misdemeanor offenders on direct supervision for DWI and other controlled substance offenses totaled 2,390 or 46%. The same profile data indicates that 37% of felony offenders and 43% of misdemeanor offenders revoked in FY 2012 had been on probation for alcohol and/or other drug offenses. Travis County revocation Data for FY 2012 also reflects that approximately 83% of felons, the same percentage as in FY 2011 revoked on supervision were maximum/intensive risk level offenders. This information, again, reiterates the high-risk nature of the population being supervised in Travis County. As demonstrated by this information, there is an overwhelming documented need in Travis County for services that identify and address substance abuse and dependency issues as part of offender probation supervision strategies. The Legislative Budget Board reports that services provided to these offenders lower recidivism and probation revocation rates. The TEDS Report, published by SAMHSA, states that offenders referred to treatment were less likely to drop out and more likely to complete treatment, as compared with a non-offender populations.

For offenders placed on specialized caseloads, participation in a structured cognitive behavioral intervention that addresses critical thinking skills, conflict resolution, pro-social decision making, and developing pro-social relationships is crucial in order to reduce recidivism and have been well documented through a variety of meta analyses by Gendreau & Ross, 1987, Andrews, et al., 1990 and Andrews & Bonta.

Additional research concerning intensive supervision programs (ISP) indicates:

- There appears to be a relationship between greater participation in treatment and employment programs and lower recidivism rates
- ISPs appear to be more effective than regular supervision or prison in meeting offender's needs
- ISPs that reflect certain principles of effective intervention are associated with lower rates of recidivism. (American Probation and Parole Association Prototypical Intensive Supervision Program: ISP as it was Meant to Be. B. Fulton, et al, Spring 1995)

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

The Treatment Alternatives to Incarceration Program (TAIP) is utilized for substance abuse evaluations. The TAIP program contracts with various community-based substance abuse treatment programs, providing a continuum of services including referral and placement to intensive inpatient programs, outpatient services, and referral to aftercare services. Further, the Department's Counseling Center provides IOP, Continuing Care, Relapse services to clients assessed as High Risk Offenders. The Department's Cognitive Intervention for Substance Abuse Treatment Program also provides cognitive programming to clients as needed. Clients also access community-based recovery support groups.

Offenders may access treatment programs funded by the Texas Department for State Health Services (DSHS) as well as the Veteran's Administration (VA). For other chronic substance abusers, the Department's SMART program is utilized to address the treatment needs of eligible offenders. SAFPF and ISF are options but remove probationers from the jurisdiction and require additional re-entry services upon completion of treatment. Expansion of re-entry services, while a priority in the jurisdiction, are currently under-funded. The Travis State Jail operates the Commitment to Change (CTC) program which provides inpatient substance abuse services paired with re-entry services upon release for a limited number of probationers who are State Jail Felons.

To meet offender needs other than court-ordered supervision, a variety of community based programming and in-house Department programming is used. Offenders whose substance use is linked to other negative behaviors are referred to community-based anger management programs, Batterer's Intervention Prevention Programs (BIPP) as recommended by Travis County Education Services (CES), and Austin Travis County Integral Care (ATCIC), for mental health services. For female clients specifically, the YWCA of Greater Austin is utilized for short-term counseling. Offenders who require psychological assessments may also be referred to the Department's approved vendor for psychological assessment services.

A variety of community-based programs are available to assist offenders in obtaining employment and to address reemployment deficits: Goodwill - WIA (Workforce Investment Act), Texas Worksource, Casa Verde Builders, Lifeworks as well as access to employment readiness training via Texas State Technical College's web-based ACHIEVE program. Eligible offenders may also be referred to the Department of Assistive and Rehabilitative Services (DARS). To meet offender education deficits, the following resources are available: the Department GED program, provided on-site by Austin Community College, community-based GED classes, and Goodwill Industries

CHOICE OF PROGRAM DESIGN

According to a vast body of research, intensive supervision coupled with treatment-oriented programming can significantly reduce probation recidivism rates. Petersilia & Turner (1993) reported that intensive supervision programs offered in conjunction with treatment resulted in reduction in recidivism by as much as 20% - 30% when compared to programs that did not include a treatment component. Similarly, in the publication

Intermediate Sanctions in Corrections (Caputo, G., 2004), it was noted that “Intensive supervision treatment components appear to facilitate successful completion of intensive supervision programs on the part of participants and contribute to a reduction in their recidivism...Additionally, such treatment focused programs appear to have a positive effect on offender’s quality of life after successful completion.” According to literature reviews, “effective programs address criminogenic need factors and use treatment models (such as cognitive behavioral) that have demonstrated effectiveness in reducing recidivism” (Andrews, 1994, Andrews, Bonta, & Hoge, 1990, Bonta, 1997, Gendreau, 1993). In a January 2006 article of the Washington State Institute for Public Policy, Evidence-Based Adult Corrections Programs, it was reported that Intensive Supervision programs, when coupled with treatment-oriented programs, resulted in a 21.9 % reduction in recidivism rates of programs evaluated. Taking into account prevailing research, these Specialized S. A. Caseloads are designed to provide offenders with intensive supervision in which criminogenic needs are addressed coupled with a treatment component.

Research literature indicates that the least intrusive/restrictive treatment that matches the individual’s assessed level of dependency/addiction should be attempted first, as it may have a great effect and be less costly. Research also indicates that approaches to treatment that make use of behavioral and cognitive-behavioral techniques are best suited for offenders. Factors such as “Risk”, “Need” and “Responsivity” must be considered in working with the criminal justice population. Cognitive-behavioral treatment (CBT) has been well tested and shown to demonstrate a positive impact on both addiction and criminality (Aos, Miller, & Drake, 2006). CBT interventions are designed to identify and cognitively restructure dysfunctional and criminogenic thinking patterns. CBT interventions also may focus on anger management, assuming personal responsibility for behavior, increasing empathy, development of problem solving skills and improving interpersonal skills (Lipsey & Landenberger, 2006). He also notes that CBT has been found to be particularly effective with clients struggling with both addiction and criminal conduct. Walsh (2006) writes that one of the advantages of CBT is that it is not only effective with addiction and criminal conduct, but its effectiveness has been demonstrated through fourteen meta-analyses also to be effective in treating depression, generalized anxiety, panic disorders, social phobias—all conditions that are also seen in the offender population.

Motivational Interviewing (MI), based on the Transtheoretical Stages of Change Model, is considered the “gold standard” in addiction treatment with a focus on resolving the ambivalence that is the core of most substance users’ resistance. MI Strategic techniques help to minimize power struggles and defensiveness and to mobilize the parts of the client geared toward positive, pro-social change (Miller & Rollnick, 2002). MI has been shown to be effective in decreasing and/or maintaining prolonged sobriety (Burke et al, in Miller & Rollnick, 2002; CSAT, Treatment Improvement Protocol, Series 35, reprinted 2005). All POs who supervise offenders in this unit are trained in MI.

In regard to other criminogenic needs, lack of employment is a major area of need of offenders on specialized caseloads. In examining the 2012 Revocation Profile for Travis County Offenders, 54% of felony revoked offenders were unemployed at the time of revocation. Criminal Justice research shows an association between employment status and criminal justice involvement. Further, based on 2005 statistics provided by the Bureau of Labor Statistics as well as the FBI Uniform Crime Report, The Justice Policy Institute asserts that the States with the highest levels of unemployment also had the highest levels of violent crimes.

As offender employment needs are significant among high risk offenders, several POs assigned to this unit have attended the National Institute of Corrections (NIC) Offender Employment Specialist (OES) training. These Officers disseminate information to other PO’s providing job resource information for offenders. Offenders are encouraged to attend Worksource classes; specifically, “Overcoming Barriers to Employment”, as well as various classes regarding writing resumes and interviewing skills. Moreover, periodic job fairs are held with various local area employers to also assist offenders in obtaining employment.

Proposal Element 3: TARGET POPULATION

- a. Felony only Misdemeanor only Both
- b. Male only Female only Both
- c. Age restriction? No Yes
If yes, describe: _____
- d. Is this program designed to serve any specific cultural or ethnic group? No Yes
If yes, describe. _____
- e. Is this program designed to serve participants with mental health issues? No Yes
- f. 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. _____

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

Substance Abuse Specialized caseloads target high risk/needs offenders who are identified by TAIP as chemically dependent and require intensive substance abuse treatment interventions. This population can be subdivided into two distinct offender groups: offenders assessed as requiring a minimum of thirty (30) days of intensive residential treatment followed by 60 days of supportive residential treatment (for a total of ninety (90) days), an ISF or community contract vendor, and offenders ordered to participate in the Substance Abuse Felony Punishment Facility (SAFPF). The philosophy of these caseloads is to provide a diagnostic approach to substance abusing offenders which includes comprehensive assessment, treatment plans for offenders developed in partnership with the treatment provider and aftercare/recovery support plans to address a wide range of client needs. An emphasis on relapse prevention through appropriate case management is a unit priority.

To be supervised on a Substance Abuse Specialized Caseload, offenders are required to complete an intensive residential treatment program. Officers prepare and orient the offender during the “pre-treatment” phase, prior to entrance to an inpatient facility. While in treatment, the offender, the supervising officer and treatment staff have periodic treatment team meetings (TTMs) to discuss progress, address any problem areas, and complete a discharge plan. Following completion of 90 day inpatient treatment, the Officer continues supervision of the offender as they transition back to the community. These offenders then begin Continuing Care services at the Department’s Counseling Center or aftercare services in the community depending on their need and available capacity. SAFPF offenders follow SAFPF guidelines.

Offenders are supervised on this caseload for a minimum of one year and must demonstrate their ability to maintain sobriety, employment, and a stable residence, as per established discharge criteria. High risk misdemeanants, which may comprise up to 20% of the caseload, may be appropriate and are staffed on an

individual basis. In order to be placed onto a Specialized Substance Abuse Caseload, a TAIP Assessment must be completed and the following criteria must be met as indicated below:

1. Must be a felony offender or high risk misdemeanor
2. Must be assessed as high risk per Case Classification Instrument
3. Must be documented as chemically dependent
4. Must have had prior treatment interventions and not been successful
5. Must be appropriate for community placement/ISF

Specialized Substance Abuse Caseloads:

Specialized Caseloads will not exceed sixty (60) offenders. The following contact requirements outline minimum standards and requirements for probationers supervised on the substance abuse caseloads to order to ensure a higher level/intensity of contacts and enhanced supervision over that of non-specialized field caseloads:

1. A minimum of two (2) face-to-face contacts each month. These may consist of an office visit and a field contact, or two office visits, depending on the individual circumstances of each case. A field contact should be made no less than every 60 days.
2. At least one collateral contact shall be conducted and documented each month with family members, significant others, housemates, friends, or employers, etc.
3. At least one collateral contact shall be conducted and documented each month with treatment providers, cognitive counselors or other applicable vendors/agencies.

Specialized Probation Officers (PO) will complete a case classification instrument to determine risk and needs within fifteen days of placement. A supervision plan will be negotiated between the supervising PO and the offender which identifies offender problem areas (criminogenic needs) as well as goals. By utilizing motivational interviewing, Officers elicit offender's input into the supervision planning process. The supervision plan will be ranked to prioritize criminogenic needs and the PO will supervise the offender in a manner which addresses these specific needs. The supervision plan is fluid, and may be re-prioritized based on offender progress and/or violations.

SAFPF Caseload:

Offenders supervised on a Specialized SAFPF caseload, participate in a continuum of care beginning with placement in the Institutional Division (ID) for a period of six months, followed by a community placement at a Transitional Treatment Center (TTC) for three (3) months, and then nine (9) months of aftercare. The SAFPF coordinator's role is to facilitate the offenders' progression through the SAFPF continuum. Once released from ID, SAFPF PO assumes supervision of these offenders while they participate in the TTC and aftercare.

Offenders who are placed in Special Needs SAFPFs remain in ID for nine months before transitioning to the TTC. Some special need offenders, who meet criteria to be supervised on a mental health caseload, are transferred to a mental health probation officer upon release from ID, to facilitate coordination of services through ATCIC (Austin Travis County Integral Care). Upon successful completion of aftercare, offenders are transferred to a regular field caseload, substance abuse caseload, or mental health caseload, based on their needs.

Contacts for SAFPF Graduates in Outpatient include at least two (2) face-to-face contacts per month in office and one (1) face-to-face contact per month in the field, at least two (2) face-to-face field contacts per month and one (1) face-to-face contact per month in the office, for a total of three (3) contacts per month. After six (6) continuous, successful months in the continuum of care, face-to-face contacts may be reduced at the Probation

Officer's (PO) discretion to one (1) office contact per month and one (1) field contact per month, for a total of two (2) contacts per month.

In order to be placed on the SAFPF Specialized Caseload, a TAIP Assessment must be completed and the following criteria must be met as indicated below:

1. Must be a felony offender
2. Must be assessed as high risk per Case Classification Instrument
3. Must be documented as Chemically dependent
4. Must have had prior unsuccessful treatment interventions
5. Must be inappropriate for community placement
6. Must be sentenced to SAFPF by a District Court

NOTE: On occasion, the Courts may order an offender, who does not meet criteria to participate in SAFPF. Typically, these offenders are prison diversions.

These caseloads are designed to address criminogenic needs of offenders such as criminal thinking errors, education, and employment and substance abuse needs, as applicable. Offenders will be directed to job referrals, and/or GED programming to meet identified needs. Offenders will receive UA testing per the Probation Department's random UA testing protocol and the Continuum of Sanctions. Regardless of the treatment setting, offenders on specialized/SAFPF caseloads may participate in the Department's Cognitive Intervention for Substance Abuse Treatment Program to aid them in redirecting their behavior.

To address violations, the Department's Progressive Sanction Model will be utilized. Violations will be addressed via Supervisory or Administrative Hearings prior to taking court action. To address serious violations, offenders may be placed on Electronic Monitoring (EM) to provide additional surveillance if warranted. Offenders typically are assigned to specialized caseloads for a period of two (2) years and are transitioned to regular field caseloads once they meet established discharge criteria. Offenders may be discharged at one year if they have met established criteria.

To address monitoring substance abuse, the Department operates a self-contained drug testing lab at its north and south field unit locations. Providing a random substance abuse testing protocol for high risk offenders is an essential component to ensuring public safety and monitoring offender progress/regress regarding abstinence and compliance with supervision conditions. Three lab monitors are trained to administer and conduct all alcohol/drug testing. It is essential that there be consistency in testing by having identified positions undertake this critical role in meeting court ordered monitoring requirements

REQUIRED STANDARD OPERATING PROCEDURES

Standard Operating Procedures will be available within ninety (90) days of funding. The Department's Continuum of Sanctions/Incentives will be utilized.

Knowledge/Skills/Abilities of Staff

As specialized populations tend to have multiple criminogenic needs, specialized officers must have a broad knowledge of community resources as they make referrals regarding housing, employment, education, substance abuse, financial difficulties, mental health and medical issues. Further, officers must have a solid understanding of cognitive programming as discussion of course material is often referenced in office visits and in developing supervision plans.

It is crucial that all Specialized Caseload staff possess superior case management and interviewing skills to assist high risk/high need offenders. The Department provides intensive trainings on Motivational Interviewing as well as Strategies for Caseload Supervision (SCS) "booster" sessions, to further enhance their understanding of the use of the SCS tool, knowledge of the strategy groups, as well as the most effective techniques for working with specific offenders. Officers are trained on the Wisconsin Risk/Needs Instrument as risk is a driving component in supervising offenders effectively. Several Officers within this unit have also attended Offender Employment Specialist (OES) training to assist offenders in obtaining and maintaining employment.

Staff also receive training specific to their respective caseloads. Substance Abuse and SAFPF Officers attend trainings and informational sessions on "street drugs" as well as prescription drugs, recovery trainings, and special populations within substance abuse (Offenders with mental illness, chronic medical issues, and Veteran's issues). SAFPF Officers must also attend SAFPF PO Certification.

Officer performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department's TCIS best practices initiative, development of positive, professional rapport, and reinforcement of pro-social behavior and skills.

Responsivity

Responsivity issues are initially addressed during the screening/placement process and have been considered in implementing the program design. Specifically, characteristics and traits of offenders are considered in cognitive group assignments. Hence, an offender with a strong criminal orientation would not be assigned to a group with pro-social offenders. Further, when appropriate, staff assignment will include matching the offender with a PO/Counselor whose characteristics would be most effective in establishing rapport with the offender. Staff receive special needs population training to enhance responsivity and ensure effective service delivery.

Tracking

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

Placement Criteria

Probationers are placed on Specialized Substance Abuse caseloads as a result of an assessment and condition of probation.

PARTICIPANT ACTIVITIES

Tasks	Strategies	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Process Activities	Key Strategy												
Review of Probation Conditions	General Orientation Classes	1 hr / month											
Discuss Intake Plan Information	Interviews and Assessments	2 hrs / month											
Plan reassessment	Reassessment						2 hrs/ mo						2 hrs/ mo
Report to PO 2X Monthly	Monthly status updates	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month	2X a month
UA's 1 X per month or as required	UA tests	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month
Cognitive etc.	Program Services	1½ hours weekly	1½ hours weekly	1½ hours weekly	1½ hour weekly	1½ hour weekly	1½ hour weekly	1½ hour weekly	1½ hour weekly	1½ hour weekly			
Complete Monthly Field Visit	Monthly status updates	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month	Once a month
Residential Treatment	30 day treatment program	X											
	60 day supportive residential		X	X									
Residential Treatment	SAFPP	X	X	X	X	X	X						
	Transitional Treatment Center							X	X	X			
Residential Treatment	ISF	X	X	X									
Treatment Team Meetings	Quarterly status updates			1 hour per month			1 hour per month			1 hour per month			1 hour per month

*Completed at every six months or whenever there is a significant life changing event

Post-Residential Services

Chart below indicates the length of participation in continuing care services after completion of the following residential programs:
Community-Based Residential, ISF, and SAFPF.

Process Activities	Key Strategy	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Residential	*Continuing Care txmt groups/indiv	X	X	X	X	X	X						
ISF	Continuing Care txmt groups/indiv	X	X	X	X	X	X						
SAFPF	Continuing Care txmt groups/indiv	X	X	X	X	X	X						

* Participation varies from 3-6 months

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

1. Staff (Title) Manager, Other (Probation Case Work Manager)
Process activities: Responsible for oversight of Substance Abuse Field Unit including staff supervision, training, and program development. Establishes effective working relationships with treatment facilities and resources within the community.
2. Staff (Title) CSO III (Probation Officer, Sr.)
Process Activities: Assists with supervision of POs, audits files and violation reports, in addition to maintaining a supervision caseload.
3. Staff (Title) CSOII (Probation Officer II)
Process activities: Responsible for providing comprehensive intensive supervision and case management for chronic high need substance abusers (either SAFPF or Regular offenders). Will participate in treatment team meetings and assist with the development and implementation of unit programming to address relapse issues.
4. Staff (Title) Technician (Substance Abuse Monitor)
Process activities: Accurately monitors and conducts UA and Breath testing of offenders. Documents testing activity and completes periodic reports. Maintains a clean and safe lab environment.
5. Staff (Title) Office Manager (Office Supervisor)
Process activities: Will be responsible for coordination of clerical tasks for all unit staff as well as assist manager with training needs.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Specialized S. A. Caseloads**

Chief CSCD County: **Travis**

Program Code: **SCP S**

Facility Category: **NA**

Data Contact Person: **Sigrid Levi-Baum**

Projected Number to be served: **1070**

Number of Screenings Conducted: **0**

Number of Assessments Conducted: **0**

Note: all felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling

Number of Participants **0**

B. Urinalysis Tests

Number of Individuals Tested **0**

C. Academic Education Services

Number of Participants **0**

Number Mandated by CCP 42.12 § 11(g) **0**

Number of GEDs obtained **0**

D. Electronic Monitoring

Number of Participants **0**

E. Cognitive Training/Cognitive Behavioral

Number of Participants **0**

F. Substance Abuse Education

Number of Participants **0**

G. Employment Services

Number of Participants **0**

Number who secured employment for 3 days or longer **0**

H. Victim Services

Number of Victims Served **0**

Number of Victim-Impact panels held **0**

Number of Victim-Offender mediations completed **0**

Outcomes – Successful Program Completion

Number of participants successfully completing the program **321**

Date: December 1, 2013

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

“The prevalence of mental illnesses in both jails and prisons is relatively well documented. Prevalence estimates of serious mental illnesses in jails range from 7 to 16 percent, or rates four times higher for men and eight times higher for women than rates found in the general population.” (Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A GUIDE TO RESEARCH-INFORMED POLICY AND PRACTICE, 2009) “According to the Bureau of Justice Statistics and recent prevalence estimates, there are more than four million people under probation supervision in this country and as many as one in six have serious mental illnesses.” (Council of State Governments Justice Center Releases Essential Elements of Specialized Probation Initiatives, Press Release, October 8, 2009)

From 2006-2008 approximately 931 prisoners who had either major depression, bipolar disorder, schizophrenia, or a developmental disability were released to Travis County (Urban Institute, 2008). The March 2006 article, *Psychiatric Services, Toward Evidence Based Practice for Probationers and Parolees Mandated to Mental Health Treatment* reports, “these individuals are twice as likely as those without mental illness to fail on supervision...” The article further states “probationers with mental illness are also at risk of short term and long term failure.” In a study of an unmatched sample of 613 probationers that were followed for three years, probationers with mental illness were significantly more likely to have probation revoked than those without (37 percent compared to 24 percent)... and the rate of re-arrest was nearly double that of the comparison group (54 percent compared to 30 percent). These statistics indicate the dire need for specialized services to address the serious criminogenic needs of these high-risk offenders.

The Central Texas Region exceeds the state and the nation in the percentage of people reporting: alcohol abuse and dependence, drug abuse and dependence, needing but not receiving treatment for alcohol use and drug use, serious psychological distress, and major depressive Episodes (Substance Abuse & Mental Health Services Administration Office (SAMHSA) of Applied Studies, 2004-2006). Persons with co-existing mental illness and substance abuse are disproportionately represented in local jails (Gathering Information, Assessing What Works, Interpreting and Integrating Facts, Networking, Stimulating Change (GAINS) Center, 2004).

The March 1, 2012 Travis County Adult Probation (TCAP) dual diagnosis target population indicates that 77% were assigned to the Mental Health (MH) specialized caseloads, 10% were assigned to the Substance Abuse Specialized caseloads while 13% were assigned to other caseloads. Available dual-diagnosis treatment slots do not meet current needs. A snapshot of the 53 clients on the TCAP residential treatment waiting list data for October 2011 shows 55% were dually diagnosed and 21% of those probationers were females.

In July 2008, TCAP moved to an Integrated Services service delivery model for probationers with severe mental illness, which included the co-location of TCAP's Mental Health Unit (IMHU) with Austin Travis County Integral Care (ATCIC), the local mental health authority, and Legal Aid. The IMHU provides post-release integrated supervision, continuity of care and medication stabilization for mentally ill probationers to 1) Reduce re-arrest, 2) Increase stability, housing and employment, and 3) Reduce absconders and revocations. In 2010, TCAP's Evaluator completed a study of two cohorts of 6 month placement probationers, pre-Integrated Services (Pre-Cohort) and post-Integrated Services (Post-Cohort). Pre-Cohort was under supervision from Sept. 2006 – Feb. 2008 and Post-Cohort was under supervision from Sept. 2008 – Feb. 2009. The most recent snapshot recidivism rate for the IMHU for FY 2010 placements is 20%, a 13% reduction from the FY 2006 snapshot recidivism rate of 33%. Moreover, IMHU has reduced revocations for both new arrests (20% in FY 2010 vs. 33% in FY 2006) and technical violations (13% in FY 2010 vs. 6% in FY 2006) by approximately 6%. These reductions are consistent across gender and ethnicity, as well as for maximum and medium risk groups. While TCAP has successfully reduced the IMHU recidivism (revocation rate), this rate remains higher than the Department's overall recidivism (revocation) rate of 8% during the same time period.

For years, Austin/Travis County public and private entities have been independently attempting to address the difficult issue of the involvement of the mentally ill in the criminal justice system through efforts such as community policing, multiple social services activities, specialized mental health law enforcement units, victim services and support, civil commitment, special needs probation/parole personnel, and advocacy assistance projects. The autonomy of these diverse and complex programs has led to non-uniform training, contradictory policies and procedures, duplication of services, limited cost-effectiveness, and existence of large gaps in appropriate services for this at-risk segment of the population. In January 2005, the Austin Mayor's Mental Health Taskforce released their report after a 5 month long review of jurisdictional Mental Health Issues that identified a number of issues that impact the delivery of successful mental health services to offenders in the justice system. This report brought to light the need for the development of a streamlined continuity of care for individuals with mental illness.

One such local effort to address the splintered Mental Health system is the work of the Austin Travis County Mental Health Jail Diversion Committee. The mission of this committee is to establish a criminal justice/mental health consortium of representatives from law enforcement, victim services, mental health, criminal justice, advocacy groups, and the public-at-large. These partners work together to analyze the existing problems and to commit to pooling their efforts and resources. Through these local initiatives, planning grants from the Bureau of Justice (BJA) have been solicited and funded to assist our jurisdiction in responding to the residential needs of this population.

The Department has provided a continuum of co-occurring disorder substance abuse treatment strategies for this offender population that includes primary residential treatment and structured continuing care upon discharge from residential treatment. This continuum includes a variety of residential providers who can provide specialized services to address the needs of probationers with co-occurring disorders. Two contract vendors serve only female probationers and incorporate trauma informed care principles. It has been found that effective treatment services tailored to meet the needs of individual probationers, can interdict the need for revocation and commitment to either jail or prison.

While research has demonstrated that treatment works, current capacity in Travis County is unable to meet the demand for services. According to the Community Action Network (2009), long waiting lists for treatment have impacted jail over-crowding, as the courts often hold offenders in jail until a treatment bed is available. Offenders with substance abuse issues have difficulty maintaining abstinence while waiting for a treatment slot. Without adequate treatment and support, a person's ability to successfully re-enter the community is severely compromised and leads to increases in victimization, recidivism rates, and continues the expensive cycle of involvement in the criminal justice system. In Travis County for the first quarter of FY 2012, the waiting time for acceptance into residential services for offenders with co-occurring disorders averaged 12 weeks for clients in jail and averaged 15 weeks for clients coming from the community. This proposal addresses the need for a continuum of treatment options to effectively manage the dual diagnosis high to medium risk/needs offender in the community and to reduce waiting lists for this high risk population and to promote public safety. This is a population who is most likely to violate probation and be sentenced to jail or prison.

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

This proposal is designed to target the needs of high to medium risk/needs chemically dependent offenders with dual or multiple disorders. This is critical because such offenders are most likely to violate probation, resulting in re-incarceration. With the exception of Austin Travis County Integral Care's ANEW program, funded through the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), there is no other comprehensive community-based case management resource for the dually diagnosed population. ANEW does not fund residential co-occurring disorder services. While, ATCIC, the local mental health

authority, serves the co-occurring population but they do not serve high risk felons as they focus on misdemeanants and persons exiting the State Hospital who may not have criminal histories. Other services for this population include Substance Abuse Felony Punishment Facility (SAFPF) Special Needs beds or limited availability at SMART (participants need to be stable on medication). Through a BJA grant, SMART can serve only 16 co-occurring probationers which does not meet the identified need in the jurisdiction. Use of SAFPF is an option but will remove probationers from the jurisdiction and will require additional re-entry services for offenders with co-occurring disorders upon completion of treatment and these services do not currently exist. The Travis State Jail operates the Commitment to Change (CTC) program which provides inpatient substance abuse services paired with re-entry services upon release for a limited number of probationers who are State Jail Felons but they do not serve the multiple disorder population.

While TAIP funds some residential treatment slots for high-risk, high-need offenders, the funded slots do not meet the needs of dually diagnosed offenders. The Department's Mental Health caseloads or the Substance Abuse Field Unit usually provide offender supervision for offenders who access this continuum of service.

CHOICE OF PROGRAM DESIGN

The National Institute of Drug Abuse's "Principles of Effective Treatment" (Principle 8) states, "Addicted or drug abusing individuals with co-existing mental disorders should have both disorders treated in an integrated way". Integrated, collaborative efforts that provide clinical interventions aimed at addressing substance abuse and mental illness at the same time have become the standard of care for Dual Diagnosis treatment that is supported by evidenced based research (Drake, et. al, 2001, reprinted 2004; Osher, 2006, SAMHSA, 2003, Essock, et. al., 2006). The National Institute of Health research in outpatient, inpatient and aftercare programs for alcoholics found Cognitive-Behavioral Therapy, Motivational Interviewing and Twelve Step Facilitation to be significant therapies in sustained improvement in the increased percentage of abstinent days (Project Matching Alcoholism Treatments to Client Heterogeneity, National Institute on Alcohol Abuse and Alcoholism/National Institutes of Health (Project MATCH,NIAA/NIH) 2003; Scott, 2008).

Motivational Interviewing (MI), based on the Transtheoretical Stages of Change Model, is considered the "gold standard" in addiction treatment with a focus on resolving the ambivalence that is the core of most substance users' resistance. MI Strategic techniques help to minimize power struggles and defensiveness and to mobilize the parts of the client geared toward positive, pro-social change (Miller & Rollnick, 2002). MI has been shown to be effective in decreasing and/or maintaining prolonged sobriety (Burke et al, in Miller & Rollnick, 2002; Center for Substance Abuse Treatment (CSAT), Treatment Improvement Protocol, Series 35, reprinted 2005). The program will integrate MI in all aspects of service delivery and treatment modalities.

Each vendor is contractually mandated to use a research based cognitive curriculum which will be incorporated into the program treatment schedule based on client's individual needs. Cognitive-behavioral treatment (CBT) has been well tested and shown to demonstrate a positive impact on both addiction and criminality (Aos, Miller, & Drake, 2006). CBT interventions are designed to identify and cognitively restructure dysfunctional and criminogenic thinking patterns. CBT interventions also may focus anger management, assuming personal responsibility for behavior, increasing empathy, development of problem solving skills and improving interpersonal skills (Lipsey & Landenberger, 2006). Curricula which focus on substance abuse treatment which incorporates CBT, MI and contingency management interventions can create explicit structure and expectations, establish a positive, collaborative relationship with each offender and include positive reinforcement/corrective feedback. Seeking Safety, a female gender specific curriculum, is a present-focused coping skills approach designed to treat both addiction and trauma issues (Najavits, 2002; Najavits et. al., 2009). It utilizes a relational model with established group psycho educational curriculum (Scott, 2008). For the contract vendor who works

with our female population, this is a mandated curriculum by the Texas Department of State Health Services (DSHS) for all licensed treatment facilities.

All services will start after a thorough screening and comprehensive assessment is completed by TAIP/Centralized Assessment Unit. Pretreatment services will be the beginning of the continuum and will be offered, as funding allows, for the purpose of providing engagement time for offenders identified in need of shifting from one stage of change, often pre-contemplation or contemplation to a more action oriented stage of change, before entering Treatment (CSAT, Treatment Improvement Protocol, Series 35, reprinted 2005). Provision of services is based on the following research: CSAT Treatment Improvement Protocol (TIP) Series 27 entitled *Comprehensive Case Management for Substance Abuse Treatment*. The model of Case Management for the treatment of substance abuse with individuals with co-occurring mental health disorders is the chosen best practice of care. According to TIP 27 “case management lends itself to the treatment of substance abuse, particularly for client with other disorders and conditions who require multiple services over extended periods of time and who face difficulty in gaining access to those services”. Functions of case management services include (1) assessment, (2) planning, (3) linkage, (4) monitoring, and (5) advocacy. Skill-building strategies which focus on planning daily activities, problem solving, and improving relationships through assertiveness, negotiation, asking for help, active listening, and use of positive self-statements are also employed. Aftercare services are an effective way to prevent relapses and enhance gains made during primary treatment (Drake, et. al., 2001, reprinted 2004). Aftercare services are also a cost-effective way to decrease costs related to drug use, health care and crime, including re-incarceration (National Institute on Drug Abuse (NIDA), January 2007).

Proposal Element 3: TARGET POPULATION

a. Felony only Misdemeanor only Both

b. Male only Female only Both

c. Age restriction? No Yes

If yes, describe: Must be 18 years or over

d. Is this program designed to serve any specific cultural or ethnic group? No Yes
If yes, describe. _____

e. Is this program designed to serve participants with mental health issues? No Yes

f. 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. Family members

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

The contract providers will be licensed and operate under DSHS rules and regulations as well as Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) substance standards per the contract with the Department. Offenders will be provided with co-occurring substance abuse treatment and case management – through linkage to appropriate services which address specific needs and stated goals. Group treatment and individual counseling will be delivered through the use of evidence-based principle components of Cognitive Behavioral Treatment (CBT) methods, such as the Thinking for a Change curriculum or equivalent curriculum that addresses the treatment needs of offenders with criminogenic histories and co-occurring disorders for substance abuse group counseling. Additionally, Motivational Interviewing techniques, Skill-building strategies and the participation in community recovery support groups to effect change in clients will occur. The population of this program will be composed of high to medium risk/needs felony offenders, who have a dual diagnosis of mental health disorders and substance use/dependency disorders. High to medium risk/needs misdemeanants may be served not exceed 20% of offenders at any given time. Individuals with sex offenses may be eligible for program services as one vendor will serve individuals with sex offenses as long as the offense does not involve a minor child.

Per special grant conditions, annually, the Department and contract providers will ensure the continuation of collaborative contact with all substance abuse treatment providers and funders including DSHS regarding the availability of substance abuse treatment services for which some participants may be eligible. This will be especially significant in the area of community aftercare services.

The Dual Diagnosis Substance Abuse Inpatient continuum will include three levels of care: Based on funding, Pre-Treatment services may be available. Continuing Care services will be provided at the Department's Counseling Center post-discharge from the contracted residential program. Residential services will be the cornerstone of the service delivery model. The Department's Treatment Alternatives to Incarceration Program (TAIP)/Central Assessment Unit will conduct standardized/validated assessment on each offender to establish appropriateness for the program prior to any referrals made. TAIP will refer to Pre-treatment and residential treatment services. The contracted residential provider, in coordination with the supervising Probation Officer, will refer to Continuing Care. Pre-Treatment services will provide a way to engage offenders already in the community, while they wait for a treatment bed, through participation in intensive group sessions delivered by a contract vendor. Offenders may stay in the pre-treatment level of care between 2 and 6 weeks.

Residential treatment services will begin once a contract provider has a bed available. The contract provider will deliver integrated substance abuse treatment services and case management. Offenders may enter this level of care through either jail or the community. Treatment services will be provided at one of the three contract providers, Volunteers of America, Alpha Home, Inc. or San Antonio Lifetime Recovery.

Continuing Care services will begin within one week of successful discharge from the intensive residential level of care. Offenders will receive two hours of supportive out-patient treatment per week for a minimum of 12 weeks at the Department's Counseling Center and then be transitioned to community aftercare for up to one year. Depending on capacity enrollment in the residential treatment level of care, funding for Pre-Treatment may not be available.

PRE-TREATMENT:

The contract provider will provide intensive early recovery group sessions in the form of 2 times per week for one hour of substance abuse treatment readiness counseling a maximum of 6 weeks.

90 DAY INTENSIVE RESIDENTIAL TREATMENT:

Contract provider staff will establish individualized goals and measurable objectives for each offender for all of the seven areas addressed in the Treatment Plan: mental health, substance use, legal, housing, financial, social, or employment (or Social Security Disability Insurance application) with projected completion dates.

Providers will utilize findings from the TAIP substance abuse assessment tools in the development of the treatment plan. Providers will coordinate with the probation officer (PO), via Treatment Team Meetings (TTMs), so that both the offender's supervision plan and treatment plan address criminogenic needs and stabilization of mental health issues. Treatment plans will be completed within the first 10 days of entry into the program and signed by both the offender and the service provider. This treatment plan will be reviewed every month to monitor for progress/regress. Successful discharges occur when offenders meet service plan requirements and achieve goals set forth in their Treatment Plan.

The contract provider will document the offender's progress or regress for each service provided. On a weekly basis offenders will be given a weekly progress level rating of: 1- Engaged, actively involved, 2- Compliant or 3- Not Engaged. When offenders leave the program, Discharge Summary reports will be completed within a twenty-four (24) hour time frame. These reports are faxed to the probation office. For all successful completions a recovery plan /relapse prevention plan will be developed jointly with the offender and shared with the PO. TTMs will be held monthly or as needed. Telephone contact will be made to POs within twenty-four (24) hours of an offender having a positive drug test, and/or twenty-four (24) hours of absence from the program.

Contract providers will offer services and interventions which will be culturally, age, and developmentally appropriate. Contract providers will provide offenders with increasing levels of responsibility for offenders to apply the knowledge and practice skills in structured and non-structured settings. The goal is supportive care and integrated treatment for mental health and substance abuse issues, relapse services, and to get the client prepared to live outside of the treatment setting. If phases are incorporated into service delivery, the contract provider and PO will decide all phase changes at TTMs based on the offender's attendance and participation in treatment services and compliance with rules.

CONTINUING CARE SERVICES:

Offenders completing residential treatment will be referred to the Department's Counseling Center Continuing Care program. Once a client has successfully discharged from their initial Continuing Care program, they will be referred to a community-based Aftercare program as continued development and maintenance of a recovery social support system is key to successful continued recovery efforts. The Department will determine if a co-payment for Continuing Care services is required by the probationer as a result of a financial assessment. Offenders will be required to attend three (3) community recovery support meetings weekly, regardless of Continuing Care/Aftercare setting.

REQUIRED STANDARD OPERATING PROCEDURES

Standard Operating Procedures will be available within 90 days of funding. Special Grant conditions are incorporated into service delivery model (see Program Description section of this proposal).

Knowledge/Skills/Abilities of Staff

Contracted vendor staff will be evaluated through observation in group and individual sessions to ensure that they are demonstrating the knowledge, skills and attitudes that demonstrate effective counseling. Performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the co-occurring treatment service delivery strategies, best practices models, development of positive, professional rapport, reinforcement of pro-social behavior and skills, ability to competently facilitate groups and use of

effective communication skills. Staff will attend trainings that support and expand their knowledge base regarding co-occurring disorders and community-based service delivery.

Special Grant Conditions

All special grant conditions will be monitored and service delivery will be evaluated per special grant conditions. This will be detailed in standard operating procedures (SOPs).

Responsivity

Responsivity issues are initially addressed during the screening/placement process and have been considered in implementing the program design. Specifically, characteristics and traits of offenders are considered in group assignments. Based on referrals, the use of gender specific groups will be considered. Trauma informed care principles will also be addressed in service delivery protocols. Further, when appropriate, staff assignment will include matching the offender with a Counselor whose characteristics would be most effective in establishing rapport with the offender. Staff will receive special needs population training to enhance responsivity and ensure effective service delivery.

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 POs 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 may 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. Follow-up site visits may be conducted to ensure compliance with recommendations and implementation of action plans.

Tracking

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

Placement Criteria

Probationers are placed in the Substance Abuse Inpatient Continuum services as a result of an assessment and condition of probation. They may be referred for an assessment by the probation officer or at the Pre-Sentence Investigation (PSI) diagnostic level. Continuing Care placement is by referral by PO based on treatment recommendation and probation condition.

PARTICIPANT ACTIVITIES

Strategies	Pre-Treatment	Residential Treatment			Continuing Care Activities*	
		Month 1	Month 2	Month 3	Month 4-6	Month 6-12
Key Strategies						
Early Recovery Group	1hrs/day 2x week with max of 6 weeks					
Group Counseling		9 hrs/wk	9 hrs/wk	9 hrs/wk	2hrs/wk	1hrs/wk
Cognitive sessions, Relapse Prevention and Life Skills Training		10 hrs/wk	10 hrs/wk	10 hrs/wk		
Individual Counseling		1 hr/wk	1 hr/wk	1 hr/wk		
Community Recovery Support Group		3 hrs/wk	3 hrs/wk	3 hrs/wk	3 hrs/wk	3 hrs/wk
Pro-social and/or Recreational Activities		5 hrs/wk				
Homework Assignments and Completion		Varies per week	Varies per week	Varies per week		
Treatment Team Meetings		As needed				
Family Services		As needed				

* Aftercare 2 hrs per week for up to 12 months @ Department’s Counseling Center followed by community-based Aftercare

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, vendor staff and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients.

NOTE: All staff are contracted vendor staff. They will adhere to all contractual requirements.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Substance Abuse Inpatient Continuum** Chief CSCD County: **Travis**
 Program Code: **MIFS** Facility Category: **CRS**
 Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **32**
 Number of Screenings Conducted: **0** Number of Assessments Conducted: **0**
 Note: All felons are screened/assessed by Dept.'s Centralized Assessment Unit and substance abusers are referred to TAIP. Substance Abusing misdemeanants will be assessed by Travis County Counseling and Education Services.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	32
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	32
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	18

Date: April 22, 2014

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Continuous Alcohol Monitoring** Chief CSCD County: **Travis**
 Program Code: **CAM** Facility Category: **NA**
 Data Contact Person: **Sigrid Levi-Baum** Projected Number to be served: **80**
 Number of Screenings Conducted: **NA** Number of Assessments Conducted: **NA**

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	46

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Electronic Monitoring**
 Program Code: **ELM**
 Data Contact Person: **Sigrid Levi-Baum**
 Number of Screenings Conducted: **NA**

Chief CSCD County: **Travis**
 Facility Category: **NA**
 Projected Number to be served: **30**
 Number of Assessments Conducted: **NA**

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	30
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	17

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: Global Positioning System	Chief CSCD County: Travis
Program Code: GPS	Facility Category: NA
Data Contact Person: Sigrid Levi-Baum	Projected Number to be served: 10
Number of Screenings Conducted: NA	Number of Assessments Conducted: NA

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	6

Date: December 1, 2013

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Ignition Interlock**
 Program Code: **IIL**
 Data Contact Person: **Sigrid Levi-Baum**
 Number of Screenings Conducted: **NA**

Chief CSCD County: **Travis**
 Facility Category: **NA**
 Projected Number to be served: **1450**
 Number of Assessments Conducted: **NA**

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling	
Number of Participants	0
B. Urinalysis Tests	
Number of Individuals Tested	0
C. Academic Education Services	
Number of Participants	0
Number Mandated by CCP 42.12 § 11(g)	0
Number of GEDs obtained	0
D. Electronic Monitoring	
Number of Participants	0
E. Cognitive Training/Cognitive Behavioral	
Number of Participants	0
F. Substance Abuse Education	
Number of Participants	0
G. Employment Services	
Number of Participants	0
Number who secured employment for 3 days or longer	0
H. Victim Services	
Number of Victims Served	0
Number of Victim-Impact panels held	0
Number of Victim-Offender mediations completed	0
Outcomes – Successful Program Completion	
Number of participants successfully completing the program	550

Date: December 1, 2013

Proposal Element 2: PROBLEM/NEED DATA

1. Indicate Historic/Programmatic Information that substantiates your jurisdiction's need for this program.

Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), states that “the rehabilitation of substance-abusing criminal offenders is an urgent issue for public health and safety,” indicating that addressing treatment needs is key to “reducing overall crime and drug-related societal burdens” offenders create (from NIDA’s Journal: Addiction Science and Clinical Practice, 4/09; NIDA’s “Principles of Drug Abuse Treatment for Criminal Justice Populations”2006). An article in the NIDA 4/09 journal quotes a 2008 Substance Abuse & Mental Health Services Administration Office (SAMHSA) statistic: “Of the nearly 1.8 million admissions to substance abuse treatment in the United States and Puerto Rico in 2006, 38% resulted from criminal justice.” And yet, NIDA’s research-based guide for Criminal Justice offenders reports that in the United States “the substance abuse or dependence rates of offenders are more than four times that of the general population.” The most recent statistics completed by the National Institute of Corrections (Report: Corrections Statistics for the State of Texas) indicate that the State of Texas, compared with all other states, has the following higher than average rates: 18% higher crime rate, 31% higher rate of incarcerated adults, and 22% higher rate of probationers. “Substance Abuse Trends in Texas, June 2010,” (a NIDA-sponsored report for the State of Texas completed by the Gulf Coast Addiction Technology Transfer Center,) states that the population of Region 7, which includes Travis County, reports the highest rates of use of marijuana, cocaine and nonmedical pain relievers in the state. Further, the most recent information from Texas’ Legislative Budget Board compared offender data from the five largest counties in Texas: Bexar, Dallas, Harris, Tarrant and Travis County. A comparison of these five counties showed Travis County probationers: 1) to have the highest levels of alcohol/drug offender needs at both Probation Intake and Revocation, 2) to have the highest percentage of offenders with previous offenses committing subsequent offenses involving drugs (54.4%) or alcohol (33.8%), and 3) indicated that Travis County also had the highest number of offenders scoring maximum risk at both Intake (82.4%) and at the time of Revocation (87.1%). Thus, Travis County’s offenders are both higher risk and present with a higher risk of re-offending involving alcohol or other drugs.

The Travis County Offender Profile data mirrors the information above. The FY 2012 data reports 5,440 felony offenders and 5,160 misdemeanor offenders to be on direct supervision. Of the total Travis County felony offenders on direct supervision, 2,439 or 45% were on probation for driving while intoxicated (DWI) and possession of other controlled substances. The number of Travis County misdemeanor offenders on direct supervision for DWI and other controlled substance offenses totaled 2,390 or 46%. The same profile data indicates that 37% of felony offenders and 43% of misdemeanor offenders revoked in FY 2012 had been on probation for alcohol and/or other drug offenses. Travis County revocation Data for FY 2012 also reflects that approximately 83% of felons, the same percentage as in FY 2011 revoked on supervision were maximum/intensive risk level offenders. This information, again, reiterates the high-risk nature of the population being supervised in Travis County. As demonstrated by this information, there is an overwhelming documented need in Travis County for services that identify and address substance abuse and dependency issues as part of offender probation supervision strategies.

The Legislative Budget Board and numerous research studies report that services provided to these offenders lower recidivism and probation revocation rates. NIDA states that treatment is as effective for mandated-offenders as the regular population. The Treatment Episode Data Set (TEDS) Report, published by SAMHSA (8/09), states that offenders referred to treatment were less likely to drop out and more likely to complete treatment, as compared with non-offender population. Travis County, recognizing both the severity and continuation of substance-related problems over the years, has utilized the TAIP program to provide and improve a continuum of identification and provision of substance abuse assessment and treatment services to offenders. The National Institute on Drug Abuse (NIDA) Guide, “Principles of Drug Addiction Treatment (rev. 4/09),” estimates that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes; additionally, when including savings related to health care, the savings can exceed

costs by a ratio of 12 to 1. Research clearly documents that treatment works, and data compiled in Travis County indicates that revocations and subsequent offenses can be substantially reduced when offenders receive an appropriate level of alcohol/drug treatment.

An article from NIDA's addiction journal (4/09) states: "The importance of integrating substance abuse treatment with criminal justice activities has been evident for some time. In terms of infrastructure, neither a treatment system nor a criminal justice system is equipped to manage a recovery-oriented system of care for drug-abusing offenders." What works for offenders is the combination of systems. The TAIP program has been designed to serve as that linkage between the community-based substance abuse treatment system and the criminal justice system, ensuring that offenders receive services with effectiveness and efficiency. Using evidence-based principles, TAIP works to divert higher-risk chemically dependent offenders from incarceration by providing a series of community-based sanctions rather than incarceration. Utilizing the cognitive and life skills training that the offender obtains while in treatment, the offender can actively work to reduce the risk of re-arrest. TAIP's goal is to identify substance-abusing offenders at the earliest possible point of contact with the criminal justice system, clinically assess their substance abuse needs for treatment, and screen for indigence to make the most appropriate level of treatment recommendation.

NIDA reports a direct connection between longer lengths of treatment and sustained recovery efforts. A research article from NIDA's journal in 4/09 reported results for the 'Sheridan Model for Integrated Recovery Management' program, which provides a continuum of substance treatment services to inmates in Illinois. After release, offenders who successfully completed Aftercare in the community were 67% less likely to return to prison than a group of parolees with similar characteristics and criminal histories who did not receive Aftercare services. Due to this and other research, TAIP always recommends Aftercare for clients completing treatment services.

The TAIP program helps fund indigent offenders for assessment and treatment services deemed chemically dependent. Offenders are usually required to pay a co-payment towards the cost of their treatment. A financial study assessment determines the amount of the offender's co-pay. On rare occasions, if an offender is found to be experiencing severe financial difficulties, the offender's co-pay for treatment can be waived by the Coordinator of the TAIP program. TAIP funds services and places offenders with licensed providers. The levels of treatment services that an offender may be referred to include outpatient and residential treatment services in a variety of settings.

The Central Texas TAIP Region continuum of treatment services seeks to provide an effective combination of treatment services to reduce the impact of substance abuse problems for the offender and as a result, reduce continuing criminal activity and enhance community protection. Travis County serves as an administrative authority for the Central Texas TAIP Region, comprised of five counties in Central Texas; Caldwell/Comal/Hays, Travis and Williamson. The three CSCD jurisdictions work collaboratively through an inter-local agreement to deliver TAIP funded services to offenders who financially qualify. The region's structure allows each jurisdiction in the region to screen, assess and contract with vendors directly for provision of services for their respective clients. Regional activities such as Vendor/TAIP Coordinator meetings, Request for Proposal process, vendor site visits and technical assistance to vendors are a collaborative function.

Continued funding of the TAIP program is necessary to impact the increasing need for substance abuse treatment services. Using evidence-based practice principles, TAIP seeks to identify and prioritize higher risk offenders during the assessment process; thus, higher risk offenders are placed in treatment more quickly than medium risk offenders. Low-risk offenders are required to self-pay for treatment.

Travis County has historically experienced long waiting lists for all levels of substance abuse treatment. The average number of offenders waiting for outpatient substance abuse treatment in a given month during the first quarter of FY 2012 was approximately 93 with a waiting period of up to 4 months to access treatment. Average

number of offenders waiting for residential treatment services for the first quarter of FY 2012 was 29 with an average waiting period of 8 weeks to access treatment. Waiting lists have impacted jail over-crowding, as the courts often hold offenders in jail until a treatment slot is available for public safety issues since substance abuse offenders have difficulty maintaining abstinence while waiting for a treatment slot. NIDA research has consistently shown that starting the treatment intervention at the earliest possible time is directly correlated to successful outcomes and that effective treatment is less costly than incarceration or hospitalization. The Department's ability to respond in a timely manner to court-ordered treatment for high-risk offenders is severely hampered without adequate treatment options. This is a contributing factor to increased technical violations, higher recidivism, more revocations and lower quality of life in our jurisdiction due to increased criminal activity.

The lack of community Intensive Outpatient and Residential substance treatment capacity for the criminal justice population is also a long-standing issue. A contributing factor to the lack of treatment capacity issue is the variance in reimbursement rates that criminal justice funding provides versus Department of State Health Services (DSHS) funding. Best business practices make it difficult for treatment providers to opt for a lower criminal justice reimbursement rate when a higher reimbursement rate is possible when serving DSHS and Child Protective Services clients.

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

Offenders can access treatment programs funded by the Texas Department for State Health Services (DSHS), though access tends to be very limited. Offenders can access community recovery support meetings as well as the longer intensive non-residential treatment services offered through the Department's Counseling Center that meet the needs of more chronic substance abusing offenders. Residential and Supportive Residential treatment services will be provided for special needs Mental Health (MH) offenders through the Department's Substance Abuse Inpatient Continuum program. Use of Substance Abuse Felony Punishment Facility (SAFPF) and Intermediate Sanction Facility (ISF) are options but would remove probationers from the jurisdiction and would require additional re-entry services upon completion of treatment. Expansion of re-entry services, while a priority in the jurisdiction, are currently under-funded. The Travis State Jail operates the Commitment to Change (CTC) program which provides inpatient substance abuse services paired with re-entry services upon release for a limited number of probationers who are State Jail Felons. Austin Travis County Integral Care (ATCIC) also provides Intensive Outpatient mental health substance abuse services. Ambulatory Detox services through ATCIC are available as well as community-based outpatient/residential substance abuse services from a variety of providers at offender cost. The Department also operates a 116-bed residential substance abuse treatment facility. The Department's resource list also includes additional agencies such as the Veterans Services Administration, and Shoal Creek Hospital.

CHOICE OF PROGRAM DESIGN

The TAIP program design is based on the following: 1) Conducting a validated comprehensive assessment on offenders to insure that the treatment placement recommendation meets the client's identified needs/risk level, 2) Placement of indigent offenders in either an out-patient or residential contracted treatment option, 3) Providing technical assistance through scheduled trainings and regularly scheduled contract vendor group meetings to maximize service delivery provision by insuring that evidenced based practices (EBP) are utilized and staff training meets the goal of responsivity, and 4) Monitoring contract compliance and providing additional technical assistance when deficiencies are identified.

Research literature indicates that the least intrusive/restrictive treatment that matches the individual's assessed level of dependency/addiction should be attempted first, as it may have a great effect and be less costly. Research also indicates that approaches to treatment that make use of behavioral and cognitive-behavioral techniques are best suited for offenders. Factors such as "Risk", "Need" and "Responsivity" must be

considered in working with the criminal justice population. Cognitive-behavioral treatment (CBT) has been well tested and shown to demonstrate a positive impact on both addiction and criminality (Aos, Miller, & Drake, 2006). CBT interventions are designed to identify and cognitively restructure dysfunctional and criminogenic thinking patterns. CBT interventions also may focus on anger management, assuming personal responsibility for behavior, increasing empathy, development of problem solving skills and improving interpersonal skills (Lipsey & Landenberger, 2006). CBT can be used with individuals, but is more commonly used in groups of offenders. The program will utilize at least one evidenced-based CBT treatment curriculum. CBT has been shown to be effective in reducing relapse from substance use problems. Rotgers et al (2003) note that there is considerable scientific evidence, through controlled clinical trials, that CBT is effective treatment for problem drug and alcohol users. He also notes that CBT has been found to be particularly effective with clients struggling with both addiction and criminal conduct. Walsh (2006) writes that one of the advantages of CBT is that it is not only effective with addiction and criminal conduct, but its effectiveness has been demonstrated through fourteen meta-analyses also to be effective in treating depression, generalized anxiety, panic disorders, social phobias—all conditions that are also seen in the offender population.

As a result, the Central Texas Regional TAIP requires that all TAIP contracted vendors implement a validated cognitive-based behavioral curriculum or approach into their programs. Since 2002 the Region has offered annual training to vendors on “Thinking for a Change”, which is a validated cognitive-based behavioral curriculum. All staff members of TAIP-contracted treatment vendors are invited to attend this training. If they decline, the vendors are required to provide training to their staff on another cognitive-based behavioral curriculum.

Additionally, Motivational Interviewing (MI), based on the Transtheoretical Stages of Change Model, is considered the “gold standard” in addiction treatment with a focus on resolving the ambivalence that is the core of most substance users’ resistance. MI Strategic techniques help to minimize power struggles and defensiveness and to mobilize the parts of the client geared toward positive, pro-social change (Miller & Rollnick, 2002). MI has been shown to be effective in decreasing and/or maintaining prolonged sobriety (Burke et al, in Miller & Rollnick, 2002; CSAT, Treatment Improvement Protocol, Series 35, reprinted 2005). All contracted programs will integrate MI in all aspects of service delivery and treatment modalities.

Proposal Element 3: TARGET POPULATION

a. Felony only Misdemeanor only Both

b. Male only Female only Both

c. Age restriction? No Yes

If yes, describe: 17 years or older for IOP treatment; 18 years or over for residential treatment.

d. Is this program designed to serve any specific cultural or ethnic group? No Yes

If yes, describe. _____

e. Is this program designed to serve participants with mental health issues? No Yes

f. 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. Pre-Trial

Proposal Element 4: PROGRAM DESCRIPTION AND PROCESS

PROGRAM DESCRIPTION

The Travis County TAIP program operating within the Central Texas TAIP Continuum of Treatment Services seeks to provide an effective combination of assessment and treatment services to reduce the impact of substance abuse problems in the individual offender's life, which, in turn, reduces continuing criminal activity.

Broad agreement exists within this region's criminal justice community that treatment services tailored to meet the needs of chemically dependent offenders can lower recidivism and revocation rates. Travis County TAIP is designed as a diversionary program. Instead of incarceration, offenders are referred to TAIP for assessment of and possible referral to programming to address offender's substance abuse issues.

The Travis County TAIP treatment continuum is specifically designed to divert offenders from incarceration by:

1. Providing a series of community-based sanctions rather than incarceration;
2. Providing access to programming which will teach probationers the skills necessary for drug-free living;
3. Reducing the offender's risk of re-arrest through cognitive skills training, life-skills training, culturally specific material and family interventions;
4. Communicating and cooperating with the local CSCD's and other criminal justice entities to attain the mutual goal of offender habilitation and prevention of re-incarceration, and;
5. Targeting historically underserved high-risk probation populations.

This continuum can be utilized as a condition for pre-trial diversion, community supervision, an alternative to a motion to revoke supervision or as a sanction by the Judge to prevent re-arrest or revocation. Historically, providers in the continuum have extensive experience with the criminal justice system and its clients, and are committed to maintaining cooperative and responsive relations with the TAIP initiative.

The mission of TAIP is to provide drug and alcohol assessment and referral to treatment to substance abusing offenders in the criminal justice system and to reduce the rate of recidivism incident to alcohol and drug abuse. To achieve these goals, the Program shall utilize the following strategies:

1. Identify substance abusing offenders at the earliest possible point of contact with the criminal justice system;
2. Clinically assess offender needs for treatment in conjunction with offender criminal risk factors;
3. Screen for medical indigency and insure that no one is denied access to treatment based on his or her inability to pay for services;
4. Provide access to drug and alcohol treatment services for offenders identified as substance abuse dependent or addicted;
5. Work towards the continual development of collaborative efforts of the component parts of the criminal justice system and treatment community;
6. Per special grant conditions, it is mandatory for all Central Texas TAIP Vendors to be in compliance with CJAD Substance Abuse Standards and utilize a validated cognitive program/approach in their treatment service delivery; thus, the TAIP coordinator ensures that the treatment provider staff are properly trained and utilizing validated programs such as "Thinking for a Change."
7. Each county's CSCD TAIP Coordinator coordinates residential and intensive outpatient referrals for their jurisdiction. The TAIP Coordinators are responsible for referring offenders to treatment and insuring that paperwork gets processed from the CSCD office and sent to the appropriate vendors as well as facilitate client access for appropriate services.

All offenders referred for TAIP funded treatment services will be screened and assessed by trained probation officers (POs), Licensed Chemical Dependency Counselors (LCDCs) or Qualified Credentialed Counselors (QCCs). Travis County TAIP assessments will be conducted by the Department's Centralized Assessment Unit. All screenings and assessments will meet Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) guidelines. Currently in Williamson and Caldwell/Comal/Hays Counties, assessments are completed in-house by CSCD staff using the Addiction Severity Index/Substance Abuse Evaluation (ASI/SAE). Each County's TAIP Coordinator will be responsible for tracking vendor verification of their respective offenders' activities while in treatment ("SHOW"/"NO SHOW" and client participation levels). In Travis County, the Texas Christian University Drug Screen (TCUDS) and ASI/SAE are the screening and assessment instruments that are utilized. Only offenders who have no history of substance abuse or no current substance use will be screened to determine if an assessment is warranted. All offenders with any substance abuse involvement will be assessed. The offender cost for a TAIP assessment is \$45.00. The regional referral process includes referral by a PO or the Court for a TAIP assessment. Only those offenders who are determined to be appropriate for a specific DSHS licensure level of treatment will be eligible for TAIP funded services. Those offenders who are found to be appropriate are referred for treatment. Depending on how severe and chronic the offender's chemical dependency problem is, treatment placement options can include TAIP funded and non-funded vendors as well as TDCJ funded treatment in-prison programs, CJAD funded Community Corrections Facilities (CCFs) and the Department's Counseling Center.

A financial study is conducted at the time of the assessment to determine whether the offender can pay for the treatment being recommended. If the offender is clearly able to pay for the cost of treatment or if the offender has insurance that should pay for treatment, the offender will be responsible for payment of any treatment program recommended and will be provided with a list of local treatment providers from which to choose. Although an offender may have health insurance, it does not necessarily mean that the insurance will cover treatment expenses or that the offender can afford treatment co-pays, etc.; thus, a referral to a TAIP vendor may be appropriate. An offender qualifies for TAIP funding when the financial study indicates the offender does not have the means to pay for treatment. At that time, a co-pay amount will be assessed and discussed with the client. The co-pay for outpatient treatment services can range from \$1 to \$3.00 per hour. The Residential treatment co-pay is \$3.00 per day once the client is employed (usually after completion of the first 30 days of treatment). Offenders are required to pay their portion of the co-pay for treatment to be eligible for a successful discharge from treatment. Referrals to ongoing community support groups will also be made when appropriate.

If an offender is denied TAIP funding for treatment, explanations will be given to the offender, and other appropriate referrals will be provided where available. Reasons for denial of funding would be 1) the offender has their own resources for treatment or have scored too low on a criminal risk score to be deemed appropriate for Department funding; 2) the offender was deemed to be too aggressive or violent for the available community-based agencies; 3) the offender refused to cooperate with the screening, assessment or referral process; or 4) the offender was unable to make a commitment to participate in and complete treatment. Such offenders will be eligible to be re-scheduled at the discretion of the person who made the TAIP referral, and previous denial of funding will not necessarily effect later screening decisions.

Each offender screened and assessed by TAIP determined to be chemically dependent, will be referred to a level of substance abuse treatment appropriate to the needs presented. If a treatment slot/bed is available at the time of referral, the TAIP Coordinator will refer the offender immediately to the designated vendor for intake. If a treatment slot/bed is not available, the offender will be placed on the vendor's waiting list by TAIP staff. When the vendor has an available slot, they will notify the client of an appointment time. Should a client "NO SHOW" for their appointment with the vendor, the offender's Probation Officer will be notified and the client will be given one more chance to attend their appointment. Should the client "no show" a second time, the PO will begin the sanction process.

TAIP Service Options include:

1. Assessments

The substance abuse treatment continuum must begin with accurate and standardized assessment/screening tools, as they determine the appropriate level of service needed for each individual offender. The ASI/SAE assessments, which have been approved by the TDCJ-CJAD, enable the Assessor to recommend the least restrictive, but most beneficial substance abuse services that can best meet offender needs. Areas of bio psychosocial needs, including: medical, employment/support, alcohol, drugs, legal, family/social relations and psychiatric are inventoried and assigned a score of 0-9. The continuum is designed beginning with 0 to show no indication of problem/need in that area, all the way to 9 to show a substantial problem/need in that area. The offender's criminogenic risk/needs factors are determined at the assessment level and outlined in the assessment recommendations. All assessments are staffed with another member of the assessment team to insure fair and impartial decisions. Once the offender's need for treatment has been confirmed, the completed and staffed assessments are forwarded to the recommended treatment provider. Upon receipt, providers are required to address each area of need that scores 4 or higher in the offender's individualized treatment plan.

2. **Detoxification Services** usually involve one to five days of treatment. However, due to a lack of funding resources, detox services for offenders are not funded by TAIP. Instead, a recommendation to community-based detox is possible.

3. Outpatient Services (Intensive)

- **Intensive:** 60 hours of substance abuse treatment. Participant would attend 10 to 12 hours each week and the program must be completed within 5 to 6 weeks. The program is to include 3 hours of individual counseling sessions. The vendor will develop a treatment plan, review it once during the course of treatment, document the offender's progress or regress during each service provided and provide documentation to the supervising PO. The vendor will measure offender's progress by documenting abstinence, completion of service plan goals and weekly progress level report forms. The vendor will conduct at least one treatment team meeting with the counselor during the course of IOP. On a weekly basis offenders are given a weekly progress level rating of: 1- Engaged, actively involved, 2- Compliant or 3- Not Engaged. When offenders leave the program, whether successfully discharged or not, Discharge Summary reports will be completed and faxed to the probation officer to facilitate future probation supervision goals. The summary will be retained in the probationer file. Contact will be made to probation officers within twenty-four (24) hours of an offender having a positive drug test, and/ missing a group session. Special needs clients will be served in a separate track.
- **Travis County Adult Probation Counseling Center:** Provides a more intense level of IOP treatment (75 hours) with 5 hours of individual sessions followed by a Continuing Care component for 12 weeks of weekly 2 hour group sessions and individual sessions as needed. There is an emphasis on cognitive programming. IOP protocol above is followed. These services are not funded by TAIP.
- **Relapse IOP:** The Central Texas Regional TAIP recognizes that a relapse episode(s) is also part of recovery. To specifically address relapse issues that do not seem to be severe enough to warrant a referral to residential treatment, Travis County will refer clients to 20 hours of IOP Relapse treatment at the Department's Counseling Center. These services are not funded by TAIP. Offenders may also be referred to a community-based 80 hour Intensive Outpatient treatment program specifically designed to address relapse issues. IOP protocol above is followed and contact with Probation Officer is increased.
- **Supportive/Aftercare:** TAIP recognizes the need for an Aftercare treatment component to support offenders initiating a serious recovery program. In an effort to meet offenders' individual needs, the

primary Treatment Provider recommends the length of Aftercare needed at the time of treatment discharge, ensuring that the decision is made by clinical staff. Clients attending aftercare in the community usually attend one hour of group per week. Clients attending the Department's Continuing Care program attend two hours of group per week, and when deemed stable, are then referred to a community Aftercare Provider for continued recovery support. These services are not funded by TAIP.

- 4. Residential Services:** 30 days of primary substance abuse treatment, and 60 days of supportive residential substance abuse treatment.
- The vendor will deliver no less than 25 hours of structured activities per week, including at least 10 hours of chemical dependency counseling per offender, 10 hours of additional education, counseling, life skills and/or rehab services, and 5 hours of recreation. These services will decrease to 6 hours of chemical dependency counseling per offender per week once they transition to supportive and seek employment. The vendor will develop a treatment plan, review it twice during the course of treatment, conduct treatment team meetings with the PO, document the offender's progress or regress during each service provided and provide documentation to the supervising PO. The vendor will measure offender's progress by documenting abstinence, completion of service plan goals and weekly progress level report forms. Successful offenders will have an overall weekly progress level of: 1- Engaged/Actively involved, 2- Compliant or 3- Not Engaged. When offenders leave the program, whether successfully discharged or not, Discharge Summary reports will be completed and faxed to the probation officer to facilitate future probation supervision goals. The summary will be retained in the probationer file. Telephone contact will be made to probation officers within twenty-four (24) hours of an offender having a positive drug test, and/or twenty-four (24) hours of absence from the program. Clients completing residential treatment will be referred to the Department's Continuing Care program, which meets for 2 hours per week, for a minimum of 3 months. Once a client is successfully discharged from that program, they will be referred to a community Aftercare program as continued development and maintenance of a recovery social support system is key to successful continued recovery efforts.
 - Residential and Supportive Residential treatment services will be provided for special needs offenders (MH) through the Department's Substance Abuse Inpatient Continuum program.
 - Domestic Violence offenders may be served the Department's CCF, SMART. Residential treatment services for sex offenders will be provided by the State's Intermediate Sanction Facility treatment programs.

Once the vendor intake has been completed, the offender must complete all program activities to successfully complete treatment. The Central Texas Regional TAIP currently contracts with Residential Treatment Vendors and Intensive Outpatient Treatment Vendors. The Residential Vendors include: Volunteers of America in San Antonio, Texas (female program), Correctional Systems, Inc., in Austin, Texas (male program), and San Antonio Lifetime Recovery, Inc. in San Antonio, Texas (male program). The Intensive Outpatient Treatment Vendors are: Hays Caldwell Council on Alcohol and Drug Abuse in San Marcos, Texas and Developmental Counseling in Austin, Texas. Developmental provides IOP groups for both English and Spanish-speaking clients as well as a special needs and Relapse Track.

REQUIRED STANDARD OPERATING PROCEDURES

Standard operating procedures will be available within 90 days of funding. Special Grant conditions are incorporated into service delivery model (see Program Description section of this proposal).

Knowledge/Skills/Abilities of Staff

Assessors will receive specialized training in administration and interpretation of data received from the

SAE/ASI. The Department has opted to implement the TCUDS screening tool. All staff will be trained in the use of the TCUDS for screening purposes. All assessment staff will receive ongoing training in Motivational Interviewing Skills techniques, administration and interpretation of SCS data, review and updates of chemical dependency issues and how they pertain to the criminal justice client and criminogenic risk/needs/SCS offender classification factors used to determine best fit for offender treatment recommendations. Ongoing competency/skills training in the Department insure that staff maintain and improve knowledge in these areas. Assessor performance evaluations will reflect their competency at utilizing Motivational Interviewing skills, knowledge of the Department's TCIS best practices initiative, development of positive, professional rapport, and reinforcement of pro-social behavior and skills.

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 CSCD Coordinators and contract management staff, 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. Vendor audits of treatment plan reviews and discharge plans insure that the offender's risk/needs factors are addressed while in treatment through the offender's treatment plan and discharge recommendations. Any identified deficiencies in contract compliance will result in specific recommendations to vendor(s) to achieve contract compliance. Vendors may be required to respond to the identified deficiency by submitting a written response or an Action Plan on how they will achieve contract compliance. Follow-up site visits may be conducted to ensure compliance with recommendations and implementation of action plans. The Department will provide technical assistance to the vendor as needed.

Special Grant Conditions

All special grant conditions will be monitored and service delivery will be evaluated per special grant conditions. This will be detailed in SOPs.

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, for assessments, staff assignment will include the offender being matched with 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. Vendor staff will also be expected to address responsivity in staff assignments and service provision.

Tracking

Department will continually track program outputs and monitor outcomes to assess utilization of services and supervision activities. Additionally, all special grant conditions will be monitored and service delivery will be evaluated per special grant conditions. This is detailed in SOPs.

Placement Criteria

Probationers are placed in TAIP substance abuse treatment services as a result of an assessment. They may be referred for an assessment by the probation officer or at the PSI diagnostic level.

PARTICIPANT ACTIVITIES

All CSCD TAIP assessment referrals will be received from Probation Officers. The assessment will be scheduled by the offender's PO or court officer with the Centralized Assessment Unit. The assessment lasts approximately 60 to 90 minutes. Upon the completion of the assessment, the offender will be given the

treatment recommendation outlining the level of service recommended as well as the co-payment required, if appropriate. There is a waiting list for all levels of substance abuse treatment due to lack of treatment capacity in Travis County and surrounding jurisdictions. Therefore it is typical that the offender will be placed on a waiting list. Through the use of motivational interviewing skills, Probation Officers will encourage the use of community-based recovery support groups for offenders waiting in the community for a treatment start date. Additionally, the judiciary may opt to sentence offenders to the county jail to serve their sentence while they wait for a residential treatment bed.

Outpatient Treatment: If a TAIP funded Intensive Outpatient Treatment Program is recommended, the Assessor will notify the vendor to place the client on the waiting list. The supervising probation officer will be notified by the provider once treatment begins. Intensive Outpatient/Relapse treatment programs for substance use involve 60-80 hours of substance treatment, lasting from 6 to 10 weeks. The Offender will attend both group and individual sessions.

Non-Residential Substance Abuse Services

Intensive Outpatient Treatment Programs: 60- 80 Hour Programs

Relapse Intensive Outpatient Treatment Program: 20-80 Hour Program with focus on Relapse Issues

Tasks	Strategies	Frequency/Time
-Create treatment plan -Review plan	Meet with Individual Counselor	-1 X to create plan -Review plan 1X: 45 days, or as needed
Group Counseling: (includes CD education, life skills, relapse prevention). Must also include Cognitive Curriculum.	Attend group counseling	IOP: varies 10 hrs/week for 6 weeks or 7.5/week for 10 weeks RELAPSE : 10hrs/week for 8 weeks
Individual Counseling	Meet with Counselor Individually	3 – 5 X during treatment stay
Review progress and discharge needs with Probation Officer Referral to Aftercare	Treatment Team meeting held with offender, counselor & PO	TTM held prior to offender's discharge and as needed

Residential Substance Abuse Services

A TAIP funded Residential Treatment Program consists of 90-days of substance abuse treatment. During the first 30-days the offender participates in primary treatment, where they attend groups and individual sessions. During this phase of treatment, a plan will be developed and goals established. During the following 60-days of supportive residential treatment, the offender will be required to obtain employment during the days which are scheduled to be compatible with employment. The residential facilities usually have arrangements with employers who will be willing to hire offenders for short periods of time. If the offender is unable to be employed, the facility will arrange for a community service opportunity to be provided for the offender. The employment component provides the offender with a structured method for practicing skills being learned in treatment and is an important component of the residential treatment option. Once employed, the residential co-payment will be instituted @ \$3.00/day.

Residential Treatment Substance Abuse Services:

Tasks	Strategies	Phase I (30 days)	Phase II (60 days)
-Meet for individual counseling session to create treatment plan -Meet for individual session to monitor progress, review treatment plan	One hour individual session with counselor; attendance documented by Counselor	1X per week	1X per month
Chemical Dependency / Cognitive Counseling	Attend group counseling; Attendance documented by Counselor	9 hours per week	6 hours per week
Chemical Dependency Education/Life skills/ Cognitive classes	Sessions provided & documented by Staff	10 hours per week	(can be counted in the 6 hours per week, see above)
Social/recreational activities	Sessions provided & documented by Staff	5 hours per week	As needed
Attend treatment team meetings	Planned by Counselor: Client, PO & Counselor review progress	1 X or as needed	2X or as needed
Job Search, obtain employment	Staff to approve	N/A	Once moved to Phase II & approved by staff

Adherence to Program Rules: During the course of all levels of treatment, the offender must remain in compliance with all vendor program rules. Program rules will be communicated during the offender's initial intake/orientation to the program. Core curricula will be explained, homework, journaling, attendance policy, incentives and sanctions, access to medical services, presentation during group sessions, individual session topics and visitation/furlough options for residential are outlined. Offenders will also complete all Vendor Release of Information forms to meet and insure access to a variety of entities. Offenders will complete all assigned treatment protocols, be in compliance with all program rules including attendance policy in order to successfully complete program and receive a Certificate of Completion.

PROGRAM STAFF AND PROGRAM STAFF ACTIVITIES

See Required Standard Operating Procedures Section- Knowledge/Skills/Abilities of Staff for specialized training of program staff. All staff will receive training in cultural, ethnic and gender diversity. Case management is a joint responsibility between treatment, supervision staff, vendor staff and all ancillary staff to ensure that client treatment plans are individualized and that service delivery is facilitated to meet client needs. This is accomplished through regular shared communication and outreach strategies to ensure client success and respond to any barriers experienced by clients. All positions are 100% FTE and are CSCD positions unless otherwise noted.

1. Staff (Title) - TAIP Coordinator (Social Services Manager)
Process Activities: Coordinates all offender referrals to treatment vendors; facilitates offender access to services in Travis County; establishes regional referral policies and procedures; provides all liaison functions necessary to maintain appropriate service delivery levels; serves as liaison between Travis County TAIP assessment staff and Travis County POs; participates in vendor site visits and compiles site visit reports; participates in vendor RFP review process; generates TAIP quarterly reports; plans and monitors offender treatment placement and utilization; conducts assessments.
2. Staff (Title) – Adm. Support - Clerical (Office Specialist)
Process Activities: Coordinates screening and assessment referrals; processes offender paperwork; serves as liaison between offender, assessment staff and vendor; assists with TAIP regional meetings.
3. Staff (Title) – Assessor
Process Activities: Administers the TCUDS and ASI/SAE for substance abuse screening and assessment of Travis County offenders at the Community Supervision level; makes referrals for appropriate level of treatment service, communicates treatment results and client needs to POs.
4. Staff (Title) – Van Driver (Part-time as needed)
Process Activities: Transports probationers to contract residential treatment programs from jail or probation office.
5. Contract Vendors (Outpatient substance abuse treatment vendors, Residential substance abuse treatment Vendors)
Process activities: Provide intensive outpatient or residential substance abuse treatment services.

**PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015
DATA FORM**

Program Title: **Central Texas Regional TAIP**
(Travis Co. Outpatient)

Chief CSCD County: **Travis**

Program Code: **SATT**

Facility Category: **NA**

Data Contact Person: **Sigrid Levi-Baum**

Projected Number to be served: **500**

Number of Screenings Conducted: **50**

Number of Assessments Conducted: **1600**

Note: Only offenders who have no history of substance abuse or no current substance use will be screened to determine if an assessment is warranted. All offenders with any substance abuse involvement will be assessed.

Centralized Assessment Unit substance assessment data was formerly reported with TAIP Assessment numbers. For FY 2014/15 Centralized Assessment Unit assessments are reflected in the Centralized Assessment Unit proposal.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling

Number of Participants **500**

B. Urinalysis Tests

Number of Individuals Tested **0**

C. Academic Education Services

Number of Participants **0**

Number Mandated by CCP 42.12 § 11(g) **0**

Number of GEDs obtained **0**

D. Electronic Monitoring

Number of Participants **0**

E. Cognitive Training/Cognitive Behavioral

Number of Participants **500**

F. Substance Abuse Education

Number of Participants **0**

G. Employment Services

Number of Participants **0**

Number who secured employment for 3 days or longer **0**

H. Victim Services

Number of Victims Served **0**

Number of Victim-Impact panels held **0**

Number of Victim-Offender mediations completed **0**

Outcomes – Successful Program Completion

Number of participants successfully completing the program **270**

Date: December 1, 2013

PROJECTED PROGRAM OUTPUTS/OUTCOMES FOR FY 2014 - 2015

DATA FORM

Program Title: **Central Texas Regional TAIP**
(Travis Co. Residential)

Chief CSCD County: **Travis**

Program Code: **SFTS**

Facility Category: **CRS**

Data Contact Person: **Sigrid Levi-Baum**

Projected Number to be served: **92 Intensive Res/
110 Residential**

Number of Screenings Conducted: **50**

Number of Assessments Conducted: **1600**

Note: Only offenders who have no history of substance abuse or no current substance use will be screened to determine if an assessment is warranted. All offenders with any substance abuse involvement will be assessed.

Centralized Assessment Unit substance assessment data was formerly reported with TAIP Assessment numbers. For FY 2014/15 Centralized Assessment Unit assessments are reflected in the Centralized Assessment Unit proposal.

General Instructions: 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 Proposal Cover Sheet. Complete A-H only if these are not being tracked with a separate program code. Answer with "N/A" if not applicable.

A. Group/Individual Counseling

Number of Participants

**92 Intensive Res/
110 Residential**

B. Urinalysis Tests

Number of Individuals Tested

0

C. Academic Education Services

Number of Participants

0

Number Mandated by CCP 42.12 § 11(g)

0

Number of GEDs obtained

0

D. Electronic Monitoring

Number of Participants

0

E. Cognitive Training/Cognitive Behavioral

Number of Participants

**92 Intensive Res/
110 Residential**

F. Substance Abuse Education

Number of Participants

0

G. Employment Services

Number of Participants

0

Number who secured employment for 3 days or longer

0

H. Victim Services

Number of Victims Served

0

Number of Victim-Impact panels held

0

Number of Victim-Offender mediations completed

0

Outcomes – Successful Program Completion

Number of participants successfully completing the program

**68 Intensive Residential/
62 Residential**

Date: December 1, 2013