

Behavioral Change Agents

By Bonita White, Director, TDCJ-CJAD



Recently, I sat in on the intake of a new probationer. She was living in Austin after being displaced by Hurricane Katrina. It has been some time since I have been on the front lines of the criminal justice system as a probation officer. I was delighted to see that this probation officer was proactively engaging this woman, and I was moved by how everything this officer did and said conveyed to this woman his expectation was that she would succeed. It was clear to me that officer had a strong belief in his ability to motivate her and make positive changes in her behavior. Toward the end of the interview, he took out a piece of paper and wrote down three small steps - the three most important things - she needed to do prior to their next meeting. The officer was clear about his expectation for her success, and he took steps to ensure that she was not overwhelmed by the paperwork she had received from the court.

It does not take much in the way of education, training, or skills to follow the model "tail 'em, nail 'em and jail 'em."¹ Today's probation officers are increasingly becoming behavioral change agents, and that is a challenging job! As a community

supervision officer your directors are seeking positive outcomes, your judges are seeking positive outcomes, your community is seeking positive outcomes, and your state is seeking positive outcomes. Positive outcomes are achieved when probationers truly make a change in their life. That is they turn from a life that is creating more victims and threatening the safety of their community. I encourage you to be proactive in working with your probationers to

"The [Pew Center on the States] report cited Kansas and Texas as states that have acted decisively to slow the growth of their inmate population. They are making greater use of community supervision for low risk offenders and employing sanctions other than reimprisonment for offenders who commit technical violations of parole and probation rules."²

For more information the full report "One in 100 Behind Bars in America" is available at <http://www.pewcenteronthestates.org/uploadedFiles/One%20in%20100.pdf>

probationers to "complete their terms of community supervision without committing new offenses or claiming new victims."¹ Help your probationers take the small steps that lead to lasting behavioral change.

A Big Investment

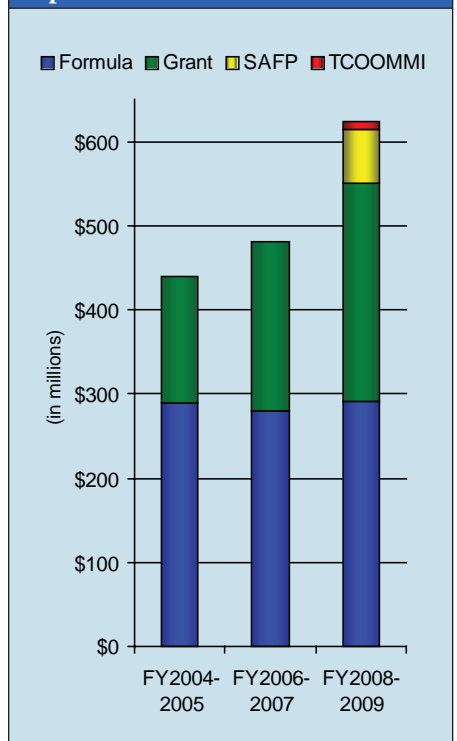
The Texas Legislature has invested approximately \$200 million in new funding (see charts, Recent Investments in Community Supervision) to reduce caseloads and expand the treatment and residential programs that you can use to promote positive changes in your probationers. This influx of new money started in 2005 when the 79th Legislature provided \$55.4 million in new funding for caseload reduction and residential treatment diversion grants. Cumulatively, departments that received this funding had the largest:²

- reductions in caseload size (-17.15%);
- reductions in felony revocations (-7.3%);
- reductions in technical revocations (-15.8%); and
- increases in early discharges (34.6%).

Your successes motivated the 80th Legislature (2007) to provide approximately 3,000 new local and state treatment beds and provide new funding for outpatient substance abuse treatment and mental health treatment. This investment in community supervision will:

- provide an additional 3,000 probationers annually with Outpatient Substance Abuse Treatment.
- increase Intermediate Sanction

Recent Investments in Community Supervision



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Bonita White
Director, TDCJ-CJAD

Price Daniel Sr. Building
 209 West 14th Street, Suite 400
 Austin, Texas 78701

Editor

C. Leanne Noskey-Trevino
 (512) 463-4337
 leanne.trevino@tdcj.state.tx.us

Send news and ideas to:

Public Information Specialist

Carolyn Bolinger
 (512) 305-8584
 carolyn.bolinger@tdcj.state.tx.us

Graphic Designer

April Martin
 (512) 305-8374
 april.martin@tdcj.state.tx.us

Technical Writer

Jennifer Geffken
 (512) 463-7203
 jennifer.geffken@tdcj.state.tx.us

Consulting Editor

Constance Porter, Ph.D.
 (512) 416-5827
 constanp@stedwards.edu



Recent Investments in Community Supervision
FY 2006-2007 (79th Legislature) <ul style="list-style-type: none"> • Received \$55.4 million in new diversion funding: <ol style="list-style-type: none"> (1) \$14,092,422 per year was allocated for caseload reduction and aftercare caseload diversion grants; (2) \$13,637,500 per year was allocated for residential treatment diversion grants.
FY 2008-2009 (80th Legislature) <ul style="list-style-type: none"> • CSCD Operated <ol style="list-style-type: none"> (1) \$32.3 million increase for 800 new Community Correctional Facility beds (2) \$10.0 million increase in Outpatient Substance Abuse Treatment (3) \$10.0 million increase in Basic Supervision funding <ul style="list-style-type: none"> › Also an additional \$7.5 million increase due to an increase in probation population projections • TDCJ Operated <ol style="list-style-type: none"> (1) \$63.1 million increase for 1,500 new Substance Abuse Felony Punishment (SAFP) Treatment beds (2) \$28.8 million increase for 1,400 new Intermediate Sanction Facility (ISF) beds (shared with parole) (3) \$10.0 million increase for Mental Health treatment through Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

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- Facility (ISF) by 700 beds.
- increase Community Corrections Facility (CCF) capacity from 2,546 beds to approximately 3,400 beds.
- increase the substance abuse felony punishment facility treatment beds from 3,250 to 4,750.

confirmed the faith of the legislature, your directors, your judges, and your communities. And they have asked you to continue to take those small steps to help probationers make life-changing decisions that will truly protect the public.

The Eyes of Texas Are Upon You

The eyes of Texas are fixed firmly upon you. Since 2001, numerous studies concluded that you could effect positive changes in the lives of your probationers when you have:

- smaller caseloads,
- increased residential treatment and sanction services,
- increased outpatient services, and a system of progressive sanctions to address technical violations.

The 79th and 80th Texas Legislatures invested significant amounts of funding into this belief. With the funding from the 79th Texas Legislature you

YOU Are the Key to Success

YOU are the key to the success of community supervision. In his two part series³ for the Journal of American Probation and Parole Association, Michael Clark concludes that **you** are in the “behavior change business” and that **YOUR** dual-role is fundamental to protecting the public. **YOU** can take the initiative to find out what motivates **YOUR** probationers to change; **YOU** can motivate them to confront the areas of their lives where they need to change; and **YOU** can be an advocate for the probationers by helping them to get into those programs that are most likely to effect positive change in their lives. **YOU** are also the court’s representative,

and **YOU** have a responsibility to keep the court informed of **your** probationers’ progress. I encourage **YOU** to become the “go-between”, the officer who finds ways to motivate the probationer to change while ensuring **YOU** do not neglect your duties to the court. I want to encourage **YOU** to take the initiative to be trained in motivational interviewing and to educate **YOURSELF** on evidence-based practices.

YOUR probation chiefs, the TDCJ-CJAD, the Judicial Advisory Council, and so many others have worked hard to educate the state’s leadership on **YOUR** abilities. We all believe that **YOU** can guide **YOUR** probationers to make positive changes in their lives when **YOU**, the community supervision officer, are given adequate resources to address the needs of **YOUR** probationers. Together, we are making a difference; we continue to demonstrate positive results, and **YOU** continue to motivate your probationers to success one step at one time.

¹When Offenders Break The Rules, Smart Responses to Parole and Probation Violations, Key Question for Policy Makers and Practitioners; Public Safety Performance Project, No.3, November 2007, The PEW Center on the States www.pewpublicsafety.org

²Based on cumulative totals. For more information on the monitoring of community supervision diversion funds please visit www.tdcj.state.tx.us and follow that “Quick Links: Adult Probation” link

³[Part One] (Winter 2006) “Entering the Business of Behavior Change: Motivational Interviewing for Probation Staff” Perspectives. Journal of the American Probation & Parole Association. Vol. 30 (1). 38-45. Also available at http://www.buildmotivation.com/images/entering_the_business.pdf

[Part Two] (Summer 2006) Clark, et al., “Importance, Confidence and Readiness to Change: Motivational Interviewing for Probation and Parole.” Perspectives. Journal of the American Probation & Parole Association Vol. 30 (3) 36-45. Also available at http://www.buildmotivation.com/imagesappa%202nd%20june%202006.pdf

**“Record high ratio of Americans in prison” by David Crary, AP News ■



A Brief History of Community Corrections in Texas

1913

Creation of Texas adult probation through the Suspended Sentence Act.

1947

Texas Adult Probation and Parole Law supplanted the Suspended Sentence Act, placed adult probation responsibility with the State Board of Pardons and Parole, provided for the first hiring of probation officers by the judiciary, designated a ten-year limit for felony probation, established basic conditions, and defined early termination procedures.

1957

Probation and parole systems were separated with probation placed under county jurisdiction.

1977

Texas Legislature established the Texas Adult Probation Commission (TAPC) to oversee the statewide adult probation system.

1985

Adult probation departments began to expand upon their traditional responsibilities in pursuit of prison diversions.

1989

71st Texas Legislature formed the Texas Department of Criminal Justice (TDCJ), consolidating the state criminal justice system. The judicial advisory function continued through the Judicial Advisory Council (JAC). Legislative directive changed the nomenclature from adult probation to community supervision.

1990s

The rise in incarceration numbers highlighted the need for alternative sanctions to prison/jail. Incarceration-diversion funding increased.

2000-2007

Evidence-based practices and cognitive behavioral programs had become leading concepts in community supervision's goal to employ only those practices with strong evidence of effective outcomes.



Investing in the Success of Offenders

By Sandy Lopez, M.S., LCDC, SAFPF Coordinator, San Patricio County CSCD

For the past thirteen years, I have been fortunate to be employed in a Community Supervision and Corrections Department (CSCD) that has followed a judicial tradition of informed sentencing through supervision planning utilizing the Pre-Sentence Investigation. The related assessments, set by Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) standards and recommended by a body of studies now referred to as evidence-based practices, are applied to determine appropriate individualized supervision plans for offenders. Long before I was a Community Supervision Officer (CSO), the courts asserted their legal authority to set conditions of supervision barring plea bargaining conditions of community supervision. As long as the recommended conditions target criminogenics and are feasible, the courts generally impose supervision plans from the day of court. These orders are in a continuum from the least restrictive conditions for persons that show low risks or needs and situationally have offended, to the most restrictive treatment and supervision including almost all treatment custody authorized by law.

If intervention and sanctioning are available for identified criminogenics, the courts apply those tools as many times as necessary to facilitate change and reduce recidivism. Even in revocations, the courts require, without exception, an alternative to incarceration that addresses the problems that led to the offender's failure to succeed while on supervision.

My duty as a CSO and Substance Abuse Felony Punishment Facility (SAFPF) Coordinator is to not only identify the criminogenics specific to each offender, but also to look at all available avenues of intervention and sanctioning that will motivate and change offenders for the better. CSOs recognize that perfection is

not a realistic goal, but if the offenders' core criminal behaviors change for the better, crime will be reduced. Offenders live the benefits of these changes in their lives, at which point the opportunity for a better life becomes self-motivating.

In our district we have the luxury of having our own Community Corrections Facility (CCF), which is a Substance Abuse Treatment Facility (SATF) and restitution center. Like everyone else we have access to the SAFPFs. Our clients' needs and risks include so many other identified criminogenics that our CSCD constantly strives to develop resources. For example, in addition to the Mental Health Initiative caseloads provided by TDCJ-CJAD, our department has a long standing relationship with the Lubbock County CSCD's CCF, which provides residential treatment for dually diagnosed male offenders. A similar program in Bexar County has also been used for the same population for both male and female offenders. Our courts have also utilized Harris County CSCD's expanding residential services for youthful offenders, Title V violent offenders, and sex offenders with substance abuse and/or dependency issues.

San Patricio CSCD's administration recently was notified that a residential contract proposal under Rider 84 would be funded, targeting women with child addiction profiles, violent chemically dependent offenders, and dual diagnosed offenders with mental health and/or chemical dependency issues. Rider 84 funds will remove offenders who have, in the past, had only the SAFPF, requested assistance through other jurisdictions' services, or outpatient services available to treat their needs. Removing these offenders from lengthy waiting lists will impact offender motivation by reducing custody before treatment and will impact local jail populations and SAFPF waiting lists. The department participates in a Treatment Alternatives

Line Officer Awards



On January 12, 2007, the Judicial Advisory Council (JAC) honored Adult Probation Outstanding Line Officers. 1-r: Linda Potts of El Paso County, Jennifer Hardin of Parker County, Michael Hartman of Comal County, David Rodriguez of Harris County, and Sandy Lopez of San Patricio County.



On January 11, 2008, the Judicial Advisory Council (JAC) honored Adult Probation Outstanding Line Officers. 1-r: Laura Hill of Travis County, Natalie White of Potter, Randall & Armstrong Counties, Patricia Arenas, of El Paso County, Belinda George of Harris County, and Richard Bass of Anderson County (not pictured).

to Incarceration Program (TAIP) consortium composed of five (5) different CSCDs providing locally accessible cognitive outpatient substance abuse treatment utilizing Harvey Milkman's model of outpatient treatment. Levels of service are matched to assessed needs and risks with the highest risk/needs population in the most restrictive levels of treatment. Even outpatient services for substance abuse include levels of services from regular outpatient to intensive outpatient and relapse prevention, if needed.

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Aligning CSO Certification with Evidence-Based Practice

By Anne Brockett, Ph.D. & Estella Guillén, Training and Staff Development, TDCJ-CJAD

Community Supervision Officer (CSO) Certification is essential to successful community supervision in Texas. In a 2006 issue of *The Texas Prosecutor*, Dr. Tony Fabelo indicated that one method to strengthen probation departments' infrastructure is to "re-design training to provide probation officers with skills to support [effective] case management."¹

In 1987 the Texas Legislature mandated the Texas Adult Probation Commission, which later became the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD), to establish a probation officer certification program and examination. TDCJ-CJAD must provide Community Supervision Officers (CSOs) with coursework that teaches the proper performance of their duties, and officers must demonstrate their knowledge through examination.

Since 1987 the curriculum had been updated to comply with changes in statute, but for the past several years, TDCJ-CJAD has undertaken a major revision of CSO Certification curriculum and examination to incorporate the most current research data and changing needs of the field. This curriculum re-design has focused heavily on incorporating evidence-based practice instruction for CSOs. Evidence-based practice is "a significant trend throughout all human services fields that emphasize outcomes" and is based on research evidence of effectiveness. Interventions in corrections "are considered effective when they reduce offender risk and subsequent recidivism and therefore make a positive long-term contribution to public safety."²

TDCJ-CJAD Training and Staff Development (TSD) began the curriculum re-design with a needs assessment from all levels of responsibility in the field, technical expertise within TDCJ-CJAD, and extensive review of research.

TSD drafted new curriculum with long-term, extensive collaboration from Resource Training Officers (RTOs) from a number of Community Supervision and Corrections Departments (CSCDs).

An extensive expert peer review and revision process took place in 2006 with the assistance of the Correctional Management Institute of Texas (CMIT). RTOs and TDCJ-CJAD training staff piloted the revised curriculum and made collaborative improvements as needed. The new curriculum extensively utilizing evidence-based practice was in place in the fall of 2006. The salient elements of evidence-based practice incorporated into the new CSO Certification curriculum are detailed below:

Assessment: The new curriculum emphasizes the importance of valid assessment followed by placement into programs of appropriate type and intensity level. Also emphasized are the elements of assessment interviewing, risk and needs assessment, analysis, and prioritization, and indicators of further need for specialized assessment, such as substance abuse or mental health issues.

Criminogenic Risks/Needs: The new curriculum trains CSOs that higher risk offenders should be the priority population for interventions. CSOs also learn that needs directly linked to criminal behavior should be targeted for intervention, including antisocial attitudes, values, and beliefs, low self-control, criminal peers, substance abuse, and dysfunctional families.

Progressive Interventions, Sanctions, and Incentives: A new section in the curriculum covers responses to violations, responses to increased need for treatment or cognitive intervention, and incentives/positive reinforcement for compliance.

Stages of Change/ Motivational Interviewing Techniques: The new curriculum includes essential "responsivity" issues of readiness for change and goodness of fit of the program and staff with the offender. CSOs also receive introductory instruction in the area of Stages of Change and a brief introduction to Motivational Interviewing.

Proactive and Professional Court-Team Member: The new curriculum places more emphasis on taking a proactive, problem-solving approach to shaping human behavior. In addition, documentation skills are presented as one aspect of demonstrating professional competency.

Emphasis on Outcomes: The new curriculum presents a larger view of the CSO as part of the criminal justice system as a whole, the outcomes of which are being monitored and have great impact for our state. The new training notes that successful community supervision completion is the desired outcome goal, with an acknowledgement that a small number of cases may involve less positive outcomes. The CSO is seen in a more active and powerful role impacting individual lives and shaping future policies in Texas.

To go along with the re-designed curriculum, TSD staff used a parallel process to create and peer-review new examination instruments. Three pilot exams were constructed and designed to match the new CSO certification curriculum and instruction and have been administered to several hundred CSO trainees. Training experts collaboratively developed and analyzed exam items and established content validity over numerous sessions. The exam items are currently under final review, statistical analysis, and validation by TDCJ-CJAD's Research and Evaluation section.



For the future, a consistent collaborative process is now established for revision to courses and exams as needed, such as Basic Case Management/ Residential Community Supervision Officer now under way. Training and Staff Development intends to stay current with the evolution of effective, research-based practices and use new knowledge to inform the modification of curriculum when training community supervision staff.

¹Fabelo, T., Ph.D. (2006). Rejuvenating Probation. *The Texas Prosecutor*, 36(3), 1; 13-18.

²National Institute of Corrections and Crime and Justice Institute. (2004). *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. ■

Investing in the Success of Offenders continued from page 5

San Patricio CSCD also utilizes graduated sanctions to address offender violations. Offenders are sanctioned through admonishments, jail sanctions in conjunction with payment of restitution to local sheriffs' departments for housing, and an increase in the level of treatment and services currently ordered based on the nature of the defendant's violations. Offenders are made aware of the sanctions that may be imposed by the court due to their violations and have been accepting of these sanctions. The judiciary, the District Attorney's Office, and defense attorneys follow these graduated sanctions when an offender is before the court for violations alleged on Motions to Revoke. Due to acceptance by the courts and lawyers involved, many Motions to Revoke hearings have been dismissed, reducing the court's docket and removing offenders from exposure to possible revocation. Consistent and predictable accountability has a positive effect even on the probationer who violates. To some degree, much of what a CSO can and will do to help or sanction an offender is almost a mystery to the offender. Fear of the unknown

brings two predictable reactions: "fight" (we like to call it noncompliance) or "flight" (we like to call it absconding) responses are the common results of offenders who have problems completing a probation term. In our district, the recent experience of offenders knowing what graduated sanctions are mandated for corresponding violations has removed some of the mystery of what will happen, reducing absconding and increasing the likelihood of term completion.

Correspondingly, incentives are also available to reward offenders who have completed required treatment programming, completed required conditions, or have not been rearrested during the community supervision term. The courts have approved a reduction in fines, reduction in community service, and reduction of community supervision terms, depending on the offender's offense. Rewarding success improves offender behavior not only while on supervision but in terms of completing court-assigned treatment. In our department, successful completion of SAFPF or residential treatment can result in the court abating 25% of the fine assessed in the original judgment. This investment, although relatively small, can result in great savings to the public and the offender alike through motivation to complete court-ordered programming.

Within the San Patricio County CSCD, we have found that offenders tend to do better in residential programming that addresses issues through a cognitive behavioral approach in conjunction with some type of community aftercare component. An example of this is the SAFPF continuum of care. I have found that this program's continuum of care in conjunction with urinalysis and an offender's placement on a substance abuse specialized caseload assist the offender. The team approach of this program also allows the offender, treatment staff, and supervision officers to be on the same page when sanctions are required due to violations. Having

the support of our local judiciary is also beneficial when sanctioning an offender's violations or when recommending amendments due to inappropriate treatment placements after additional information is received from the defendant or treatment staff.

Using assessments to identify criminogenic factors and to determine appropriate treatment modalities has changed the way CSOs are supervising their caseloads. Officers are able to focus on those offenders who are at a higher risk to re-offend and to make referrals to appropriate agencies for services. Repeat offenders are also aware that supervision has changed since the implementation of evidence-based practices. It is important to note that the focus of community supervision has shifted from punishment to treatment in order to change the lives of offenders, their families, and the community. This shift changes offenders' attitudes and reduces the possibility of re-offense and the possibility of their future family members becoming involved in the criminal justice system, since many offenders are from multi-generational families.

Bonita White, Director of TDCJ-CJAD, has said on more than one occasion, "If each community supervision officer were to remove just one offender from revocation annually, that action would result in 3,400 less incarcerated each year." Case planning and supervising offenders at levels commensurate with their assessed needs and risks and working on cognitive change works and is acknowledged in the research literature. Investment in efforts, even repeatedly to address misbehavior that is not a public threat, can bring more cost effective results than seeking revocation or deciding the offender has had enough chances to change.

My CSCD Director always talks about his presentations to Rotary Clubs, Lions Clubs, and other civic groups and uses this example. When he asks the audience how many of them smoke cigarettes



and if any of them have tried to quit not just once, but twice, ten or even twenty times, people always respond “yes” to more than twenty times. He then asks why the public thinks that offenders, many of whom battle substance abuse and chemical dependency, should be offered so few chances when the public will tolerate so many opportunities to

stop smoking, raising questions about society’s humanity. Our investment in offenders should be no less committed to offender change than the general public is to itself. After all, our work, at best, is a prayer for a better world through offender change. ■

2008 Texas Progressive Interventions and Sanctions Bench Manual

By Anne Brockett Ph.D., Training Specialist, TDCJ-CJAD

The 2008 Texas Progressive Interventions and Sanctions Bench Manual is the newest edition compiled in response to requests from the Texas trial judiciary for a comprehensive reference bench guide that would provide information on the broad array of Texas community supervision sentencing options, including intervention and sanctioning alternatives to conventional incarceration. It is also responsive to the intent of the 79th and 80th Legislatures to encourage the design and implementation of progressive intervention and sanction models for Community Supervision and Corrections Departments (CSCDs).

The bench manual is a quick reference for basic information on community corrections alternatives across the state so that the resources available may be fully and efficiently utilized. It indicates into which option an offender should be placed based on assessment, offense, other characteristics, and history. The existing programs, interventions, and sentencing alternatives in Texas are a progressive and appropriate response to the diverse needs of the offender population. In addition, the manual includes a concise summary of the evidence-based characteristics of programs and supervision practices.

Historically, the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) has made the materials accessible to judges, prosecutors, community corrections officials, defense attorneys, crime

victims, defendants, and any other citizen with interest in a broad array of community corrections options. TDCJ-CJAD and the Judicial Advisory Council (JAC) will provide a CD copy to judicially-led teams at the time of publication, and others may request a CD at any time through TDCJ-CJAD.

The manual will also be available on the TDCJ-CJAD website at www.tdcj.state.tx.us/cjad/cjad-home.htm.

The original publication of this manual in 2003 was one of several recommendations by the Technical Violations Committee; one of its goals was to research and recommend ways in which technical violation revocations (non-criminal statute violation revocations) resulting in commitment to the state prison system could be reduced and addressed in the community more effectively and economically. The initial publication was guided by the expertise of the JAC and members of the Probation Advisory Committee (PAC) and was produced as a collaboration between TDCJ and Texas State University, through a grant provided by the Criminal Justice Division of the Office of the Governor. TDCJ-CJAD had previously published special programs updates since 1990 which provided a broad spectrum of public information, and those documents have informed the official bench manual process. The 79th Legislature passed a

Bench Manual continued on page 17

Senate Bill 44

By Eduardo Montiel, Field Services Specialist, TDCJ-CJAD

Beginning September 1, 2008, anyone providing intervention or counseling services to family violence offenders will have to begin meeting requirements set by the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD). Once these requirements are met, TDCJ-CJAD will have the authority to accredit these programs.

The Texas Council on Family Violence (TCFV) pursued the passage of an accreditation bill to establish a system that would create a mechanism through which all individuals or programs working with family violence offenders would need to be accredited as functioning in compliance with the Battering Intervention & Prevention

Senate Bill 44

Relating to the provision of intervention or counseling services to certain persons who have committed family violence and to a process for accrediting those services.

Project (BIPP) Guidelines.

This will provide courts the ability to refer offenders to individuals or programs that provide intervention or counseling services that address issues specific to intimate partner violence.

The reason behind pursuing such a system was that not everyone providing direct services to family violence offenders complied with state guidelines. TDCJ-CJAD funds twenty-seven Battering Intervention & Prevention Programs (BIPPs) that are required to comply with the BIPP Guidelines and are audited by TCFV for compliance. In Texas, there are 70-80 non-funded programs that provide direct services to family



violence offenders, but they are not required to comply with the guidelines.

Many of those non-funded programs require a substantially shorter duration of treatment than those mandated by the BIPP Guidelines which require a minimum of 18 weeks and 36 hours of group session per participant. Currently there are several non-funded programs located across the state using a model that provides a total of eight hours in program length on a Saturday. The duration of intervention is specified in 87% of standards and ranges from a minimum of 12 weeks (Arizona) to 52 weeks (San Diego County & Rhode Island) with most standards suggesting a minimum of 24 to 26 weeks.¹

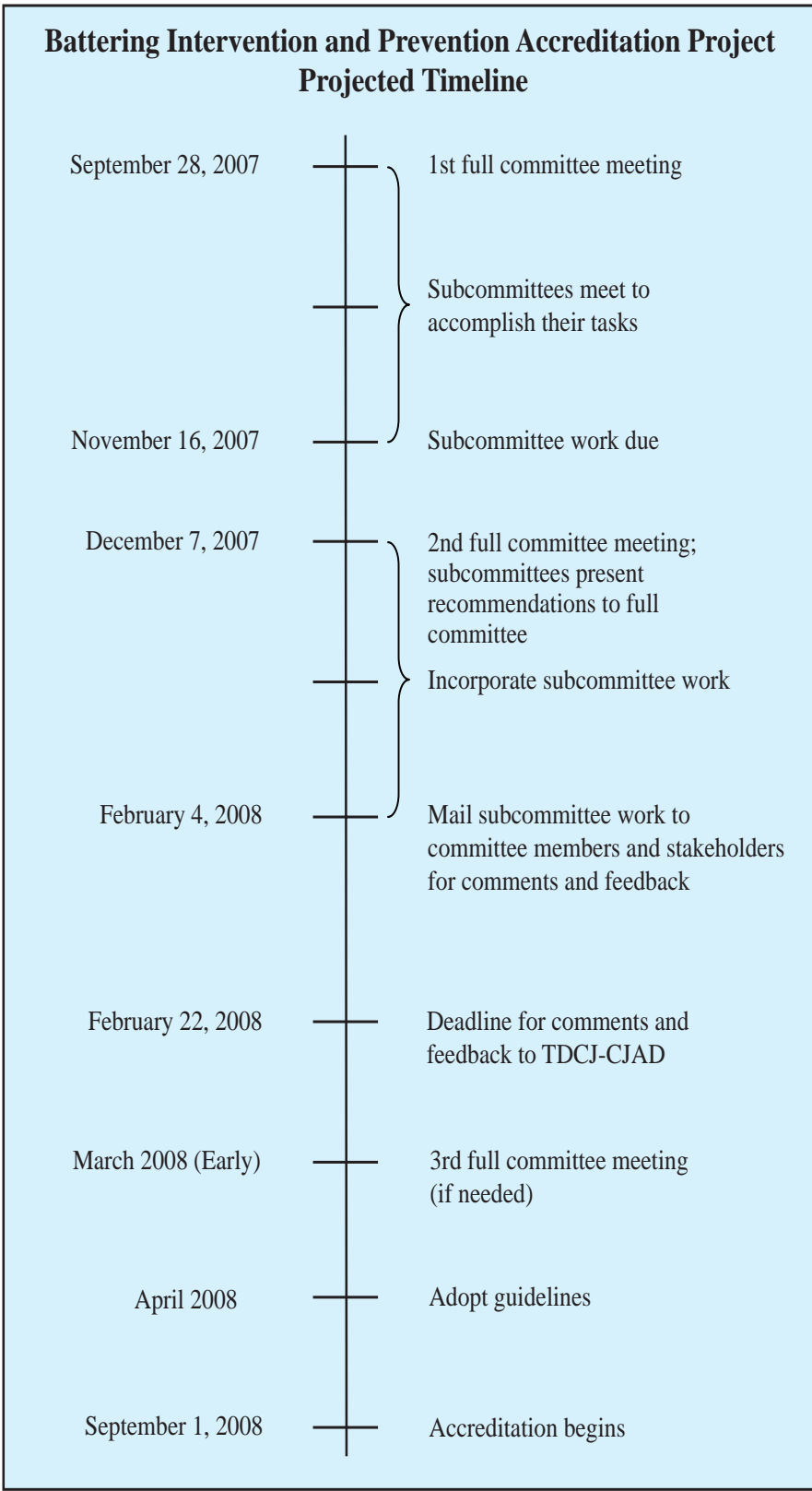
A good number of the non-funded programs and practitioners are individuals with degrees and/or licenses in Psychology, Social Work, Marriage and Family Therapy, Counseling, and other related disciplines. While these are useful backgrounds for working with family violence offenders, counseling family violence offenders requires a specialized set of skills rarely taught in psychology, social work, therapy, and counseling programs.

TDCJ-CJAD and TCFV are in the process of identifying which of the existing Battering Intervention & Prevention Project (BIPP) Guidelines will be adopted and used in accrediting programs that provide direct services to family violence offenders.

TDCJ-CJAD and TCFV are accomplishing this task through a committee comprised of professionals from Community Supervision and Corrections Departments, TDCJ-Parole, family violence advocates, funded and non-funded battering intervention programs, and the licensing authorities of chapters 152, 501, 502, 503, and 505 of the Texas Statutes Occupations Code.²

Endnotes

¹Austin, Juliet and Juergen, Dankwort (2003, January). *A Review of Standards for Batterer*



Intervention Programs. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence.

²Texas Statutes Occupations Code: 152 – State Board of Medical Examiners, 501 – Psychologists, 502 – Marriage & Family Therapists, 503 – Licensed Professional Counselors, and 505 – Social Workers. ■



Better Recovery Through Chemistry?

By Dana J. Hendrick, Director, San Patricio County CSCD

During the 80th Legislative session, a rider was added to the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) appropriations to explore the utilization of non-addictive medications and medication protocols for treating defendants with alcohol and stimulant dependencies. The San Patricio County Community Supervision and Corrections Department (CSCD) has a history of working with various chemotherapies to deal with addiction, and I want to provide a local perspective on how we supervise offenders in medically approved treatment regimens that included prescribing medications to assist in the recovery process. While the San Patricio CSCD has increased its utilization of certain chemotherapies to address chemical addiction, *it must be emphasized that these medical strategies should not be viewed as a solution by themselves and are of little or no consequence in treating addiction without treatment that is both cognitive and therapeutic with the application of continuing aftercare and drug testing surveillance.*

TDCJ-CJAD funds obligated for Diversion Programs included a new provision under Rider 89 that set aside one million dollars for non-addictive drug therapy targeted at the increasing problem of alcohol and stimulant abuse. Stimulants such as crack cocaine and methamphetamines are linked to chemical and neurological changes that resist traditional psychotherapeutic and cognitive restructuring that are the corner stone of evidence-based practices. There are reasons to believe that, given the damage and changes caused by using alcohol and certain controlled substances, non-addictive chemotherapy might make psychotherapeutic and cognitive programs more effective by relieving or reducing the damage to the neuroreceptors and neuropathways altered by these chemicals.

Current Protocols

The most successful chemotherapy applied to offender populations is methadone for opiate addiction, which is utilized in two basic protocols. The first is methadone detox of opiate addicts to relieve the physiological and psychological duress of withdrawal. The second is methadone maintenance, the most successful chemotherapy in reducing criminality through opiate maintenance by substituting the methadone for drugs such as heroin, oxycontin, and their derivatives. Methadone's success lies in its reduction of the behaviors that have a negative relationship to the addiction, such as crime and social dysfunction. Because methadone is highly addictive, its application as a maintenance program is commonly used for hopelessly addicted offenders who have failed multiple attempts at drug withdrawal and inpatient treatment, only to revert to the use of the opiates. In 2002, the Food and Drug Administration (FDA) approved buprenorphine and Suboxone (a combination of buprenorphine and naloxone) for the treatment of opiate dependence. As an analgesic, buprenorphine reduces withdrawal symptoms. Like methadone, cross addiction or dependence can occur, although patients rarely develop drug tolerance. Utilized as a second option to methadone, buprenorphine relieves withdrawal symptomology to improve treatment results for opiate-dependent persons undergoing outpatient counseling, aftercare, and supportive programming¹.

Another opiate category of chemotherapy comes from a long succession of drugs that started originally with Narcan, used to reverse drug overdoses. Narcan is applied in emergency rooms for overdosing drug addicts, and its use causes immediate withdrawal. Naltrexone is used to prevent drug-related euphoria and intoxication due to opiate abuse. Unlike

methadone, Naltrexone blocks the opioid neuroreceptors in the brain, preventing the interaction of the chemical with the brain and thereby preventing any benefit from the use of the opiate. Another application for Naltrexone is found in protocols for Revia® (daily oral administrations) and Vivitrol® (an injectable form that lasts thirty days per injection). Both are used in the treatment of alcoholics to reduce alcohol cravings and stabilize brain chemistry, reducing the likelihood of relapse. Along with Acamprosate, these applications of Naltrexone are non-addictive and are FDA approved for reducing the likelihood of alcohol relapse.

An older form of alcohol treatment includes the application of drugs known as Antabuse Aversionary protocols. The application of Antabuse is found in Disulfiram and Flagyl, both of which are alcohol-reactive and cause severe illness if the patient imbibes alcohol while on the administration of the Antabuse. These protocols last eighteen to twenty-four months, creating a physiological barrier for the alcohol-dependent individual using aversion and the threat of illness and convulsions to prevent relapse. As a stand-alone medical approach, Antabuse has the least success because, without the application of cognitive and supportive aftercare therapy, relapse is likely once the patient has completed the protocol.

Through medically approved court orders, San Patricio CSCD has applied the use of Symmetrel², a non-addictive, anti-Parksonian drug and dopamine antagonist in the treatment of offenders going through cocaine, crack cocaine, and methamphetamine withdrawal. This protocol utilizes the drug for a period of thirty to sixty days, easing the effects of the withdrawal symptoms without causing a subsequent addiction. The most common application of Symmetrel is for persons going through methamphetamine



and cocaine detoxification in jail or persons being ordered into inpatient treatment experiencing withdrawal symptomology, including drug dreaming, drug obsession, and cravings.

The Prometa Protocol

Although specific protocols are neither promoted nor prohibited in Rider 89, the Prometa protocol or similar protocols designed for alcohol and stimulant addiction will likely benefit from the language of the rider. Prometa involves application of three FDA approved drugs combined with vitamin and nutritional therapy applied to reduce symptoms related to withdrawal that stabilizes the patient going through supportive therapy and twelve-step programming³. Although the drugs applied are all FDA approved, the Prometa protocol itself has yet to receive FDA approval⁴.

Prometa utilizes Hydroxyzine, Flumazenil, and Gabapentin (Neurontin), the characteristics of which vary: Hydroxyzine is formulated as an antihistamine with anti-anxiety effects⁵; Flumazenil impacts benzodiazepine brain chemistry⁶; and Gabapentin reduces withdrawal symptoms for stimulant abusers⁷. Coupled with nutritional and vitamin administration, Prometa is targeted at improving treatment results by reducing withdrawal symptoms using a non-addictive, medically supervised regimen. Treatment with cognitive and supportive aftercare treatment is implied to be left to the patient, although under court orders, such a protocol would and should include inpatient or outpatient programming with aftercare.

Conceptually, the Prometa protocol addresses the same realms of concern seen in the application of Naltrexone, Symmetrel, and Acamprosate through the use of non-addictive medications to facilitate a therapeutic environment of sobriety to address the core psychosocial and supportive issues that change in addictive behaviors. The nutritional and vitamin supplements do

have credibility due to the malnutrition and metabolic changes that go with alcohol, cocaine, crack cocaine, and methamphetamine addiction. At the residential treatment level, offenders show positive physical changes in our Community Corrections Facilities (CCFs) and Substance Abuse Felony Punishment Facilities (SAFPFs) due to abstinence and better nutrition. Restorative vitamin regimens likewise are important. For example, past experience with "Alcoholic's Tea," that contains cayenne pepper, a high source of water soluble vitamin A, organic maple syrup and lemon juice diluted in water has shown positive results in restoration of liver profiles in alcoholics. "Alcoholics Tea" may be valuable in evaluating protocols that also include nutrition and vitamin supplements.

Legal Liability Issues

In preparing this article, I discussed the legal ramifications of court-ordered medical protocols with Sheila Gladstone, an Austin attorney with significant experience working with Texas adult and juvenile probation departments. Ms. Gladstone recognized there were some legal concerns surrounding court-ordered medical regimens, especially with a protocol such as Prometa that has not yet undergone vigorous scientific testing and FDA-approval. She noted that there are several current appropriately rigorous studies for which reports are expected within the next year, and thus the rush to Prometa may be premature. Ms. Gladstone's concerns are alleviated to some extent when courts are careful to make such orders contingent on individualized medical approval by a licensed physician. The doctrine of judicial immunity should be sufficient to protect the court system from liability so long as the judge does not attempt to enter the realm of the medical profession. Orders requiring an offender to undergo any medical treatment should always provide that such treatment be applied only as "deemed medically advisable by the attending physician."

The Future of Chemotherapy in the Treatment of Addiction

This begs the question, "Can better recovery be achieved in certain alcohol and stimulant addiction cases through medical protocols by administering non-addictive prescribed medications?" Based on our experiences with FDA approved protocols such as Naltrexone, Antabuse, and Acamprosate, the answer is "yes." With the devastating brain damage that can be caused by methamphetamine, cocaine and crack cocaine, one cannot ignore the fact that physiological changes require more than fostered therapeutic/supportive care, abstinence, and external control through drug testing to effect changes necessary to promote court ordered recovery. Looking for more solutions to this complex problem is in the best interests of the offender, the courts, and society. We can expect future proposed medications and protocols that will be offered by the pharmaceutical companies intended to assist in the recovery process. The non-addictive medications that interrupt the substance abuse altered brain chemistry of addiction may show the most promise. In further legislative sessions one might expect more activity in this area with the profit motive driving the pharmaceutical company's interests. Community Corrections would be well served in improving its awareness in this area.

Endnotes

¹Addictionsearch.com, Bupernorphine Data and Treatment. April 20, 2007.

²Physician's Desk Reference, Thomson PDR, pp 1115-1119, 2006.

³Perspectives on Hythiam's Prometa Treatment for Addiction, Timmen Cermak, M.D., California Society of Addictive Medicine, Volume 33/ November 1, 2006.

⁴Insufficient Scientific Evidence for Prometa, Richard Rawson, Ph.D. and Thomas McLellan, Ph.D., California Society of Addictive Medicine, Volume 33/November 1, 2006.

⁵Physician's Desk Reference Drug Guide for Mental Health Professionals, Thomson. Pp 246-248, 2007.



⁶Rx List. The Internet Drug Index, Copyright 2007 by Rx List, Inc., 2007.

⁷Wikipedia Free Encyclopedia, Wikimedia Foundation, Inc., September 2007.

ReVia® is a registered trademark of DuPont Pharmaceuticals Company.

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Top Five Health Insurance Questions

By C. Leanne Noskey-Trevino,
Program Specialist, TDCJ-CJAD

Since Community Supervision and Corrections Departments (CSCDs) transitioned to the State insurance program in September of 2004, the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) has received numerous inquiries from CSCD employees about the Employees Retirement System (ERS) insurance and optional coverage programs. Following are the five most frequently asked questions.

1. What are the differences between the insurance programs? How do those differences affect what coverage I elect during my first 31 days of employment, qualifying life events, and summer enrollment opportunities?

ERS administers two medical plans in the Group Benefits Program (GBP): HealthSelect (Blue Cross Blue Shield) and Health Maintenance Organizations (HMOs, such as Community First, FirstCare, Mercy Health, Scott & White, and Valley Baptist). Both provide comprehensive health and prescription drug benefits, but there are some differences in the way benefits work:

- HealthSelect is available in all Texas counties. HMOs are available in 95 counties.

- With an HMO, you must use providers (such as doctors and hospitals) in the HMO network. With HealthSelect, you can use providers outside of the network but your out-of-pocket costs will be higher.
- Out-of-pocket costs for premiums and common services are different between HealthSelect and HMOs.
- Enrolling in an HMO does not require proof of good health, also called evidence of insurability (EOI). In certain situations, enrolling in HealthSelect requires EOI.

2. How do I contact my plan carrier?

You can log on to the ERS website at www.ers.state.tx.us and easily find the contact numbers for the carriers as well as informative links to other employee resources.

3. Does my health plan cover a certain service? How much will I have to pay out of pocket?

The ERS website is a comprehensive tool that we recommend you utilize. The website has informative charts that list common services, costs and out of pocket expenses.

Insurance Questions continued on page 15

2007 Sentencing Conference

By Victoria Trinidad, Regional II
Director, TDCJ-CJAD

The 2007 Sentencing Conference was held October 31 through November 2, 2007, in Austin, Texas. The Judicial Advisory Council, Texas Department of Criminal Justice-Community Justice Assistance Division, the Correctional Management Institute of Texas, and the Office of Court Administration were instrumental in developing the conference objectives, which were to:

- increase understanding of the benefits of problem-solving, evidence-based, and innovative approaches to sentencing;
- review proven risk assessment strategies to determine appropriate offender treatment interventions; and
- increase knowledge of new statewide treatment resources and provide guidance for effective utilization of these resources through a treatment continuum.

Approximately 200 judges, prosecutors, probation directors, legislators and their representatives, and other criminal justice professionals attended the conference. This year's attendees enjoyed Mr. Anthony Thompson, Assistant Professor of Clinical Law from New York University School of Law, as the conference moderator.

The first day of the conference was reserved for an intensive session led by criminal justice leaders in various problem-solving courts, which included drug courts, mental health courts, domestic violence courts, DWI courts, and the role of the prosecutor, community supervision officer, and defense attorney. The conference focused on improving the use of screening and assessment in the treatment process of offenders. Attendees and presenters also examined sentencing scenarios, the continuum of substance abuse resources, and the use of research and evidence-based practices to reduce recidivism.

The next sentencing conference is expected to be held in the fall of 2009. ■



Sentencing Conference Snapshots



Left to Right: Anthony Thompson, Assistant Professor of Clinical Law at NYU School of Law, presided as facilitator during the three-day Sentencing Conference. **Dr. Geraldine Nagy**, Director of Travis County CSCD, spoke on a panel about the Travis County Court Teams in an Evidence Based Environment-Focus on Assessment. **Judge Mike Lynch**, 167th District Court, Travis County, participated in the panel discussion on the Travis County Court Teams in an Evidence Based Environment- Focus on Assessment. **Ken Nicolas**, Executive Director, Office of the Governor-Criminal Justice Division spoke on Drug Court Initiatives. **Brad Livingston**, Executive Director of TDCJ, spoke about the 80th Legislative Initiatives and welcomed everyone to the conference. **Dr. Kevin Knight**, Research Specialist, Institute of Behavioral Research, Texas Christian University, held a discussion on The Role of Screening and Assessment in the Criminal Justice Treatment Process.



Sentencing Conference Snapshots



Left to Right: Judge Larry Gist, Chair, Judicial Advisory Council welcomed participants and discussed updates on the 80th Legislative Initiatives. Lillie Cogswell, TDCJ-CJAD, was the Co-Chair for the CJAD conference committee. Dee Wilson, Director of TCOOMMI, presented a session on New Mental Health Funding. Representative Jerry Madden, Chair, House Committee on Corrections, welcomed participants to the conference and spoke on the 80th Legislative Initiatives. Richard Kern, Director, Virginia Criminal Sentencing Commission, presented a talk on Judicial Use of Offender Risk Assessments. Judge John Creuzot, Criminal District Court No. 4, Dallas County, spoke on the Continuum of Substance Abuse Resources and Drug Courts. Judge Caprice Cosper, 331st District Court, Harris County, spoke on Sentencing Scenarios.



Insurance Questions continued from page 12

If you do not have access to the internet, an ERS customer service representative is available from 8am to 6pm Monday through Friday at (877) 275-4377.

4. Who can I carry on my health or dental insurance? Is my child covered?

Once you are eligible for insurance, you can enroll your spouse and unmarried children under age 25 who meet one of the descriptions below in ERS' insurance program. Your eligible dependent can include:

- Your spouse (including a common-law spouse);
- Your natural or adopted child;
- Your stepchild whose primary residence is with you;
- Your foster child whose primary residence is with you (not on another health program);
- Your grandchild who is claimed as a dependent on your federal income tax return;
- A child for whom you are legal guardian, whose primary place of residence is with you; or

- A child with whom you have established a parent-child relationship, whose primary residence is with you.

Additionally, your child does not have to be a student in order to enroll in Group Benefits Program (GBP) coverage.

Remember that if you carry a dependent on your insurance, you may be required to present documentation supporting their eligibility. Periodically, ERS reviews covered dependents. If you cannot provide documentation that your dependent is eligible, you and your dependents could be permanently expelled from the GBP. You also could be referred to law enforcement for a fraud investigation.

5. What is Evidence of Insurability (EOI)?

Sometimes called proof of good health, evidence of insurability (EOI) is an application process in which you provide medical information regarding the condition of your health and/or dependents. EOI is required to enroll in, add dependents to, or increase some

insurance coverage. You must complete the EOI application during your first 31 days on the job, within 30 days of a Qualifying Life Event that allowed you to apply for the coverage, or within the deadlines established for the Summer Enrollment period. Your benefits coordinator (BC) and ERS Customer Service can help you determine if EOI is required for the change you want and the time frame in which you must complete the application.

If you have any medical-specific questions or concerns, you can always contact your CSCD Benefits Administrator in your county; they are very knowledgeable and always willing to help you with your insurance and optional coverage concerns. ■

19th SKILLS for Effective Intervention Conference

By Deborah Dahl, Training Specialist, TDCJ-CJAD

The Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) held its 19th SKILLS for Effective Intervention Conference August 6-9, 2007 in Austin, Texas. The SKILLS conference was developed to help meet training needs for community supervision officers and other staff working in the field of community corrections. The conference is a highly respected and anticipated event providing nationally recognized speakers and the most up to date information in the area of criminal justice.

The 19th SKILLS conference, attended by over 350 professionals, focused on topics for the implementation of evidenced based practices in the areas of

substance abuse, mental health, cognitive restructuring, Battering Intervention and Prevention Programs (BIPP), sex offenders and other criminal justice initiatives. The conference was launched by Bonita White, Division Director, and Brad Livingston, Executive Director, presenting a legislative update followed by an evening reception.

Each of the following days was started with plenary sessions presented by highly renowned speakers. Dr. Doug Marlow, the Director of the Division on Law & Ethics and an adjunct Associate Professor of Psychiatry at the University of Pennsylvania School of Medicine, spoke on Evidenced-Based Strategies for Drug-Involved Offenders. Steve Hanson, the Director of the Bureau of

State Operated Addiction Treatment Centers for the New York State Office of Alcoholism and Substance Abuse Services, spoke on the topic of Psychopharmacology. Other well known and respected speakers included Judge John Creuzot, Judge Susan Hawk, Judge Julie Kocurek, Dr. Margo Frasier, and Dr. Geraldine Nagy. The closing Session was presented by Felipe Luciano whose words left all in attendance feeling inspired to be all that they could become.

TDCJ-CJAD staff are currently working on plans for the 20th SKILLS for Effective Intervention Conference and are looking forward to seeing you there. ■



SKILLS CONFERENCE SNAPSHOTS

Brad Livingston (seated left), Executive Director of the Texas Department of Criminal Justice, addressed approximately 350 community supervision officers attending the 19th Annual SKILLS for Effective Intervention Conference, followed by Bonita White, Division Director of the Community Justice Assistance Division of the Texas Department of Criminal Justice. Both presented updated information regarding the recently concluded legislative session. The conference was held in Austin, August 6-9, 2007. The annual SKILLS conference provides participants an opportunity to update their knowledge base and provides current research information on community supervision practices.



Felipe Luciano is a nationally recognized journalist, poet, filmmaker and media personality. Using his personal life experiences as an activist, Mr. Luciano delivered an inspirational and energetic presentation. In his presentation and remarks, Mr. Luciano stressed the importance of the work and commitment of community supervision officers.



Nancy Ulrich, Training Specialist for Dallas County CSCD, presented an exciting workshop on True Colors in which participants learned about their own personality temperaments as well as how to recognize the temperaments of others. A sample of the comments made by participants was, "This was a good training.....I learned a lot..... and I loved all of the interaction."



Gracie Alanis (right), Resource Training Officer from Cameron County CSCD, is presented the annual Friend of the Training Section award by Estella G. Guillen, Director of Training and Staff Development, TDCJ-CJAD. Honored for her work as a Resource Training Officer, Ms. Alanis assists in providing Community Supervision Officer Certification to officers throughout Texas and trains a variety of courses within her department and her region. The TDCJ-CJAD Training and Staff Development Section honors a person from the field who exemplifies the essence of a collaborative and gracious volunteer trainer.





Drug Courts Receive New Mandates and Funding

By Anne Brockett, Ph.D.

Training Specialist, TDCJ-CJAD

Drug courts are judicially-led, intensive supervision, case management and treatment programs with ongoing interaction between the judge and participants. They generally operate either as a separate, special docket of an existing court (either district or county court at law) or under the authority of a district court judge with a Special Court Master or Magistrate. Drug courts can facilitate treatment and recovery at any point in the criminal justice process: pre-indictment/pre-trial, post-adjudication (probation), or re-entry from a residential program or SAFPF. Drug courts can serve adult and juvenile populations, felons, and misdemeanants, depending on local design. Research in Texas and nationally indicates that drug courts have a greater impact on reducing recidivism than many other substance abuse options. Texas House Bill (HB) 530, enrolled in 2007, states that County Commissioners or the governing body of a municipality may establish drug courts and provides a mechanism for partially funding the courts. This bill mandates such courts for counties with populations of 200,000 or more and was effective June 15, 2007. Previously, the statutory mandate had required establishment of drug courts in large counties with populations of 550,000 or more. Due to recent changes in this statute, many current and future drug courts will be partially funded through

special state funding from defendants' fees distributed by the Governor's Criminal Justice Division (CJD).

There are nearly sixty drug courts in operation in Texas. Fourteen of those are linked to TDCJ-CJAD through the Community Justice Plan process and are state-funded by channeling formula funds and discretionary grants to the CSCDs, including TAIP, CCP, Basic Supervision, and grant funding. Additionally, the program funds are supplemented by payments from program participants. Numerous programs are funded by the Governor's Criminal Justice Division. A few DWI intervention drug courts are cooperatively funded with the U.S. Department of Transportation, with the National Highway Traffic Safety Administration (NHTSA) as a partner. In some cases, county funding or federal grants also supplement the program.

Ten key components make drug courts uniquely effective:

1. The integration of alcohol and other drug treatment services in the processing of cases in the judicial system
2. The use of a non-adversarial approach involving prosecutors and defense attorneys to promote public safety and to protect the

due process rights of program participants

3. Early identification and prompt placement of eligible participants in the program
4. Access to a continuum of alcohol, drug, and other related treatment and rehabilitative services
5. Monitoring of abstinence through weekly alcohol and other drug testing
6. A coordinated strategy to govern program responses to participants' compliance
7. Ongoing judicial interaction with program participants
8. Monitoring and evaluation of program goals and effectiveness
9. Continuing interdisciplinary education to promote effective program planning, implementation, and operations
10. Development of partnerships with public agencies and community organizations ■

Bench Manual continued from page 8

funding rider that included funds for caseload reduction and the design and implementation of locally progressive interventions, services and sanctions. The bench manual provides a

continuum of intermediate interventions, services, and sanctions that may be imposed in lieu of incarceration, either as a direct sentence or in response to technical violations of the conditions

of probation. The current FY 2007 preliminary data for TDCJ-CJAD reveals that the intended trend in reducing revocations to prison is occurring at a rate exceeding expectations. ■



The Correctional Management Institute of Texas Delivers the New Chiefs Development Program

By Christopher Kowalski, CMIT Program Coordinator

Sam Houston State University has provided training for adult and juvenile probation personnel for over three decades. Through the Texas Probation Training Academy (TPTA) and the Correctional Management Institute of Texas (CMIT), the university has established itself as a leading provider of quality training for probation professionals. CMIT utilizes recognized community corrections experts, trainers, and practitioners to respond to relevant issues, provide technical assistance, support research, and to deliver training programs.

CMIT has, in partnership with the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) and the Texas Juvenile Probation Commission (TJPC), created the New Chiefs Development Program to fulfill a recognized need and to target newly appointed Community Supervision and Corrections Department (CSCD) Directors and Chief Juvenile Probation Officers who have served one year or less in their positions. This comprehensive week-long training was offered at no cost to participants and was held August 12-17, 2007, in the George J. Beto Criminal Justice Center at Sam Houston State University in Huntsville, Texas.

The New Chiefs Development Program curriculum was developed through the support of the TPTA Advisory Council to provide program participants critical and practical information, skills, and leadership concepts that have been identified as essential to the success of a newly hired Director.

After an overview of the program from TDCJ-CJAD, TJPC, and CMIT staff, the participants completed a DISC® assessment profile and were addressed by Nancy Baird of Training Strategies, Inc. with a presentation on organizational communication titled



Top row from left to right: Leighton Iles (faculty for training Fort Bend Co CSCD), Michael Fairley (Jefferson Co CSCD), David Cherry (Eastland Co CSCD), Jerry Castellano (Tri-County Juvenile), Kent Minchew (Howard Co CSCD), Cindy Simons (faculty for training Deaf Smith Co CSCD), Ken Brock (Wilbarger Co Juvenile), Daniel O'Rear (Shelby Co Juvenile), Darrell Bruce (Lamar Co Juvenile),

Bottom row from left to right: Marty Griffith (Williamson Co CSCD), Clete Buckaloo (Kerr Co CSCD), James Williams (faculty for training Brown Co Juvenile), Amanda Bilnoski (CMIT), Darwyn Cooper (Harrison Co CSCD), Mike Swanson (Ward Co Juvenile), Joseph Mares (Moore Co Juvenile), Michael Griffiths (faculty for training Dallas Co Juvenile), John Burns (Cherokee Co Juvenile), Rebecca Ramirez Palomo (Webb Co CSCD), Grace San Miguel (Kendall Co CSCD).

“Building Leaders from Within.”

The remaining program was delivered in two parts. The first part of the program was divided into two participant tracks (adult and juvenile) and was presented by the participants' respective state oversight agency. TDCJ-CJAD and TJPC presented topics that centered on the specific administrative and operational aspects and requirements of an adult/juvenile community corrections department. CMIT was responsible for delivering the latter part of the program, which emphasized leadership development, problem solving, and personnel

issues. Further, the program's design encouraged networking and mentoring relationships that will continue beyond the completion of the training. ■



Continuum of Care for Substance Abuse

By Denis M. Cowhig, L.P.C., Director, Grayson County CSCD

In providing new funding for both residential (Intermediate Sanction Facility [ISF]) and outpatient substance abuse treatment services, the 80th Legislature appears to acknowledge that one cookie cutter program or modality is not appropriate for each offender. A subcommittee of the overall stakeholders committee was formed to address the Continuum of Care for Substance Abuse. Included in the committee were district judges and major metropolitan, mid-sized, and smaller Community Supervision and Corrections Departments (CSCDs).

Obtaining the resources for ISF beds and outpatient substance abuse services has been accomplished, with invaluable assistance from many in the corrections field. What remains is determining the use of these resources to impact the TDCJ-Correctional Institutions Division (CID) intakes and to preserve or enhance public safety in our communities. By accomplishing both of these goals, our communities will be improved and the costs to the state will be moderated.

A point of significant importance is assigning the *right* probationer to the *right* program. A fundamental shift in the thinking of many corrections professionals is to begin identifying substance abuse treatment as a means to change offenders, not as a means to punish. In corrections, it may well be that any offender's actions will need a criminal justice response, sanction, and a therapeutic response. The guidelines are not intended as CJAD Standards and are not meant to overrule any locally adopted progressive sanctions model.

While probationers and other criminal justice clients are not afforded all the rights of non-offenders, the Texas Department of State Health Services (DSHS) Client Bill of Rights states that clients "have the right to appropriate treatment in the least restrictive setting

available that meets [their] needs."¹

This possible client right also is in sync with the finding that by providing more intensive supervision or more intense treatment than necessary, the outcome is degraded.

Needs as assigned in the Risk/Needs Assessment or Reassessment are not the same as the Substance Abuse Treatment Needs, although the Risk/Needs, especially if it includes a Strategies for Case Supervision (SCS), may indicate the necessity of a more focused substance abuse assessment. The Continuum of Care for Substance Abuse committee reviewed Risk/Needs, with and without SCS, along with Level of Service Inventory-Revised (LSI-R). Both instruments function well in the role of screening for substance abuse issues. However, should treatment be considered, either an Addiction Severity Index (ASI) or Substance Abuse Evaluation (SAE) should be completed. Treatment intensity is a reflection of the needs of the offender. Modality, as in residential or outpatient, is a reflection of both the needed treatment intensity and the available resources of the offender. An offender who needs intensive treatment but is without appropriate and supportive housing or transportation is unlikely to succeed in outpatient services.

The subcommittee has suggested that substance abuse evaluations make use of criteria as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). These criteria and terms include No Abuse, Substance Abuse, and Substance Dependent. There are other subclasses for various specific drugs of abuse that may have some bearing on the eventual treatment option, but No Abuse, Abuse, and Dependent are common to all drugs of abuse. Using criteria and terms of the general mental health field may be of assistance in obtaining qualified staff and widen our possible treatment

options, as opposed to using criminal justice-specific terminology.

Continuum of Care for Substance Abuse encompasses a wide array of services with corresponding costs. Depending on local circumstances, the available options to address a substance abuse problem may include:

- 12-Step Support groups such as AA or NA (not actually considered treatment)
- DWI or Drug Offender Educational Programs (not actually considered treatment)
- Supportive Outpatient Substance Abuse Treatment
- Intensive Outpatient Substance Abuse Treatment
- Supportive Residential Services
- Intensive Residential Services
- Local Drug Courts or Reentry Courts
- Intermediate Sanctions Facility-Substance Abuse Track (New)
- Community Corrections Facilities
- Substance Abuse Felony Punishment Facilities (SAFPFs)

Funding may be entirely paid by the offender or paid through a combination of one or more of the following:

- Supervision
- Community Corrections Program (CCP)
- Treatment Alternative to Incarceration (TAIP)
- New Outpatient Treatment

Continuum of Care continued on page 21



Progressive Sanctions and the Effective Use of Community Resources

By Stephen L. Enders, Director, El Paso County CSCD

What are Progressive Sanctions?

Along with the legislated name change of adult probation departments in 1990 came the requirement from TDCJ-CJAD that CSCDs include a "continuum of sanctions" in their community justice plans. While many departments continued to use the continuum of sanctions, the requirement from TDCJ-CJAD diminished over the years, later to be revived as a requirement after the 79th Legislative session in 2005 and re-titled "progressive sanctions." Those who receive Diversion Program (DP) grant funding from TDCJ-CJAD are fully aware of the more recent legislative requirements that the new appropriations be tied to the development of a system of progressive sanctions, along with commitments to utilize cognitive behavioral programs and to lower the revocation rate by at least 10% in the local community corrections system.

The goal of progressive sanctions for Texas is to increase successful community supervision completions, reduce technical violations, and lower the overall number of commitments to prison, thereby reducing the pressure to increase the number of beds in the state prison. Progressive sanctions are designed to deal with a probation violation at the lowest level possible. The progressive sanctions model should include implementation strategies in response to specific types of violations committed by specific types of offenders. The model should promote fairness and equity in handling sanctions for all probationers in the local jurisdiction. In other words, the sanction or intervention should be appropriate to the severity of the violation and the risk level of the offender.

What about resources?

The progressive sanctions model should be a reflection of the resources available

in your community. While this presents a real challenge to smaller jurisdictions and small CSCDs, it is important for all departments to apply for grant funding for innovative programming if you truly believe in the concept of rehabilitating the offender by addressing their risks and needs at the local level, thereby diverting offenders from an overcrowded prison system. Local CSCDs should be able, if at all possible, to offer their local judiciary a full range of services and programs to meet this goal. Programs that have proven effective in dealing with offender risks and needs must be included as part of the local continuum, such as cognitive behavioral classes, substance abuse treatment in a structured environment, aftercare, and caseloads dealing with special needs. I firmly believe that other programs not so directly tied to diverting offenders from prison, such as academic education and community service restitution, should also be made available to your local judges.

What are the implementation strategies for a progressive sanctions model?

1. Your progressive sanctions must be approved by the council of judges that oversees the department. Each successive modification to the model must likewise be approved.
2. Be aware that your progressive sanctions are not set in stone and will have to be modified or updated many times to make them more user-friendly and to meet changing needs and resources. When you update your manual, color-code the updated charts so as to distinguish them from the previous version.
3. Your manual should include a disclaimer that the model is designed as a guideline for CSCD staff only, and is not intended to dictate to

judges or prosecutors what action is appropriate in their part of the judicial process.

4. Your model should be based on a hierarchy of the severity of violations and on a hierarchy of the risk level of the offender. Our local model is based on the level of supervision (Maximum, Medium, Minimum) and on the classification type of the offender (Violent, Sex Offender, DWI, or Non-Violent).
5. The above factors should determine the severity of the level of response to the violation.
6. Sanction levels (responses to violations) should be raised in steps for subsequent violations.
7. Responses to probation violations should be swift and decisive.
8. The model should include provisions to override the indicated sanction level with supervisory approval.
9. So as not to overemphasize negative client behavior, your model should also include a well-developed group of incentives to reward positive client behavior.
10. Because probation historically has been based on responding to negative client behavior, our biggest challenge was to come up with a comprehensive list of incentives. It's okay to borrow ideas from other departments around the state.
11. Your progressive sanctions planning and implementation committee should include representatives from different sections of your department, including both supervisory and line staff.
12. Your committee should continue meeting regularly after initial



implementation to make changes that reflect user feedback and changing needs and resources.

13. Your model should include a built-in system to track arrests and monitor the effectiveness of the incentives and sanctions.
14. Your model should also have a built-in system to educate your community supervision officers, other staff members, judges, and other constituents of the system.
15. The model should be designed to address lesser violations of probation, such as technical violations and misdemeanor re-arrests. Depending on local sentencing philosophies, it may not be appropriate for more serious violations such as the commission of a new felony offense.
16. If your local system is truly comprehensive and self-contained, it should include programming specifically for probation violators, such as a probation violator residential facility which incorporates treatment into its programming. In this way, your jurisdiction will be subscribing to the philosophy that your local community corrections system

can deal with its own probation violators, except the most serious ones.

17. Include your district attorney's office if possible in the planning and implementation processes.
18. You will have to deal with complaints from your officers and from prosecutors while they adjust to the new system.

These strategies are some of the basics we have learned in our jurisdiction during implementation of progressive sanctions. If you would like more information on the process, or if you would like to obtain a copy of our Progressive Sanctions Manual or a laminated copy of the grid for graduated violations and sanctions being used in El Paso County, please contact Donna Villareal at (915) 546-8120. ■

Continuum of Care continued from page 19

- Diversionary Program (DP)
- The Governor's Criminal Justice Division (CJD)
- Access to Recovery (ATR)
- The Behavioral Health Integrated Provider System (BHIPS)

With this wide range of services in the continuum of substance abuse treatment programs the key is a current substance abuse evaluation or assessment. Assessments are not like birthdays; they are not always the same throughout a subject's life. The ASI or SAE may indicate no abuse or dependence problem, but additional information obtained through the term of supervision may indicate the need for a current evaluation. It is only through the use of a valid current evaluation (ASI, SAE, or valid clinical assessment by a licensed professional) that we are able to assign the right probationers to the right treatment program.

Endnotes

¹ "Client Bill of Rights." Texas Department of State Health Services. Available at http://www.dshs.state.tx.us/cmbhs/PDFs/MHSA_ClientbillRights.pdf ■



**Watch for upcoming information on our 20th SKILLS
for Effective Intervention Conference scheduled for
June 30 - July 3, 2008.**

**Speakers include Steve Hanson, Dr. Kevin Knight,
Ann Swern, and Michael D. Clark.**





Caldwell, Comal, & Hays County Annual Awards Ceremony 2008

By Marvel J. Maddox, Programs Director, Caldwell, Comal, & Hays Counties CSCD

On February 20, 2008, the Caldwell, Comal, and Hays County CSCD honored employees at their annual award ceremony. One honoree, Lynda McCarty-Turley, is only the fourth employee in 38 years of agency history to have distinguished herself by serving the department for 30 years. As division director, Turley supervises 32 employees with a caseload of over 4,000 offenders. Other award winners are pictured at right.

The Caldwell, Comal, & Hays County CSCD established an agency honor roll for CSR agencies who meet one of two criteria: have received an agency-of-the-year honor in the past and/or participated in this department's CSR program for 10 or more years. In addition to the Kyle Housing Authority, 35 other organizations in Hays County were inducted into this honor roll. Other inductees include the Hays-Caldwell Council on Alcohol & Drug Abuse, Goodwill Industries, San Marcos High School Baseball Boosters, San Marcos Public Library, San Marcos Animal Shelter, Hays County Food Bank, PAWS, Wimberley Chamber of Commerce, and numerous others. ■



Left to right: Marco Rangel, CSO (Hays County CSCD), receiving an award for 10 years of dedicated service; Vickie Simpson receiving the Community Service Restitution Agency-of-the-Year Honor representing the Kyle Housing Authority; Traci M. Lane, CSO, receiving an award for 10 years of dedicated service; Lynda McCarty-Turley, Hays County CSCD Division Director, receiving an award for 30 years of dedicated service; George E. Hernandez, Director/Chief Probation Officer, presenting the honors; Lorry Hebert-Brown, Senior Officer, receiving an award for 20 years of dedicated service; and Kimberly Hitch, CSO, receiving an award for 5 years of dedicated service.

SUPERVISION OFFICER SUCCESS STORIES

It has been awhile since our last issue, but we are excited to be bringing you informative articles twice a year, in the fall and spring!

CSOs serve as first responders when offenders are in distress. We want you to share your experiences and success stories from working with offenders on community supervision.

Articles and stories can be submitted to

Carolyn Bolinger at carolyn.bolinger@tdcj.state.tx.us

Phone (512) 305-8584



Information on new Diversion Programs and Evaluation Criteria is available in the Report to the Governor and Legislative Budget Board on the Monitoring of Community Supervision Diversion Funds

The report is available on the TDCJ website:

www.tdcj.state.tx.us

Follow the 'Quick Links' (right side) to 'Adult Probation'.

Then click on Monitoring of Community Supervision Diversion Funds icon.