



**SURVEY OF COMMUNITY SUPERVISION DIRECTORS
IDENTIFYING CURRENT TREATMENT OPTIONS
AND EDUCATING STAKEHOLDERS**

**SUBMITTED BY ANA YÁÑEZ-CORREA, EXECUTIVE DIRECTOR
TEXAS CRIMINAL JUSTICE COALITION**

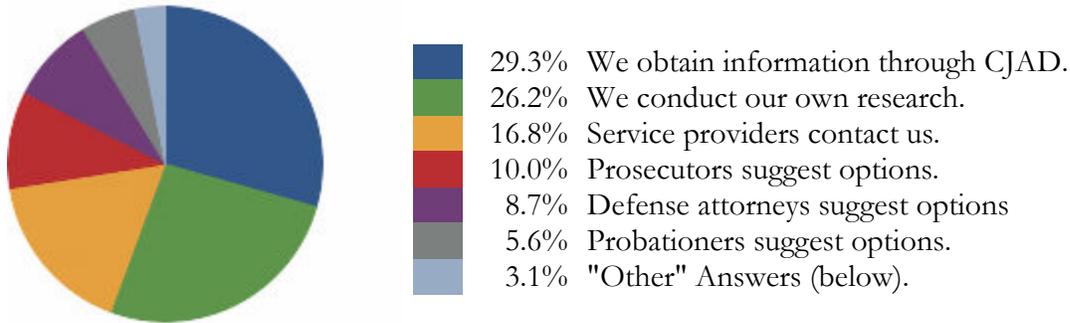
REGARDING INTERIM CHARGE 2

HOUSE COMMITTEE ON CORRECTIONS

MARCH 16, 2010

The Texas Criminal Justice Coalition sent this survey, allowing anonymous replies, and received 59 responses from community supervision directors as reported below.

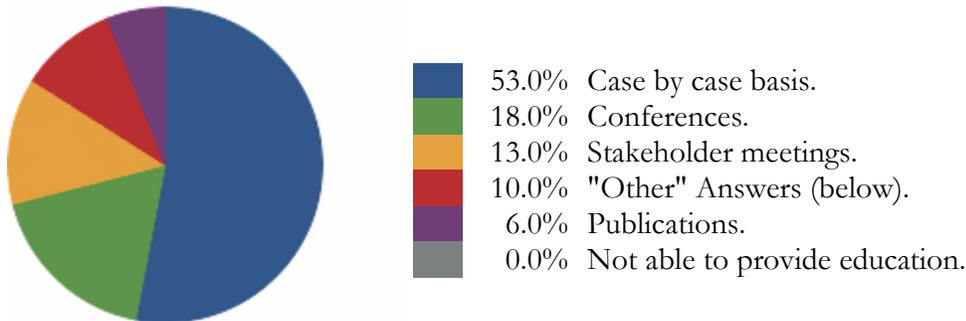
1. How are you made aware of the treatment and/or programming options available to your probationers?



“Other” Answers:

1. All of the above. Most frequently we use contracted vendors and CJAD
2. We discuss options with probationers. (*Answer applicable to two county CSDC's*)
3. Probation Staff
4. Staff recommendation

2. How do you educate judges and prosecutors on available treatment and/or programming options?



“Other” Answers:

1. Through direct communication and correspondence - phone calls, e-mails, and meetings.
2. Plan briefings
3. Fact sheets, brochures
4. Resource Manual
5. Judge's Meetings
6. Correspondence
7. Scheduled Judge's Meeting
8. Sit down meetings with both prosecutors and Judges
9. Meetings with Judges
10. Judges monthly meeting, and case staffing with prosecutors

Collaboration

3. How do you communicate your programming and overall departmental needs with TDCJ?

1. Through CJAD
2. Initially through CJ Plan, and then verbally as needs develop and change
3. Through direct communication and correspondence - phone calls, e-mails and meetings.
4. We don't. I don't believe we are ever asked
5. Committee meetings with CSCD and CJAD staff involved. PAC meeting reports. Our departmental program proposals submitted every two years. We hope that CJAD passes the info. to TDCJ and that TDCJ administrators use our information when they create strategic plans. History shows they do not!
6. By letter and emails.
7. N/A
8. By contacting our regional director with CJAD. (*Answer applicable to two county CSDC's*)
9. Our Assistant Director was our Special Programs Director, until promoted two years ago. She knows most of the CJAD employees that deal with programs and is in close contact with them.
10. PAC
11. Community Justice Plan allows some communication of needs. Direct conversations with CJAD personnel also allows some input. Neither are adequate, however.
12. By phone
13. In regards to SAFPF, in the past, the Regional Networking meetings we had quarterly with representatives from CJAD, SAFPF Units and other Treatment Providers along with the CSO's were very informative and a great way of keeping communication open between providers. Since those meetings have stopped, I don't have any communication with CJAD unless there is a problem with one of my probationers in treatment.
14. Plan, surveys, reports....individually
15. Through CJAD when possible
16. Individually, plan, surveys, reports
17. I have talked with our area board member and have let him know our issues.
18. Through telephone conversations with CJAD. Participate in PAC and JAC sessions and voicing local concerns.
19. Community Justice Plan; face to face (while we're in Austin attending JAC/PAC, etc.); e-mail; telephone. Our department has tried to develop relationships with key people at CJAD, so that we can communicate the needs and challenges that we have in our department.
20. Our director does all the communications
21. Communication is inadequate. The Community Justice Plan was intended to provide this information. However, the Community Justice Plan does not fund new programs - if you got it before you get it again. This can be verified by looking at plans for the last 4-5 biennium. Departments are not required to provide data that demonstrates a need. Outcomes are not measured using a valid methodology comparing groups of like-risk. A reasonable assessment of need could be determined using Risk assessments data. Risk assessments are done, and even though everyone knows that high risk offenders have greater needs and pose a greater risk to the community, assessment is not used at the State level to determine programming needs. It is a complete shot in the dark. It is clear to me that we over invest in certain resources because we do not have a real structure in place to determine need at either the state or local levels. When local departments can demonstrate need this data is not used.
22. Community Justice Plan

23. Chief's meetings, PAC/JAC, survey such as this
24. Through e-mails and by using our Community Justice Plan as a real indicator of the gaps and needs of our local system.
25. Firstly, this is done through our Criminal Justice Plan and a lot of time we contact TDCJ via a telephone call or email.
26. Through the PAC
27. Through the PAC and JAC meetings our department gathers information and requests assistance in our department needs. Often our needs are met by asking for assistance from CJAD since our issues are not radically different from other CSCD's. Since we are a smaller department, we also find assistance from the larger CSCD's in our region who share resources such as training and research.
28. Through the budgetary and planning process.
29. SAFPF Coordinator receives faxes from units / Community Justice Plans
30. Group meetings such as annual conferences
31. Mainly through budgets requests and the Criminal Justice Plan.
32. PAC representative as well as phone calls and meetings.
33. Through the Community Justice Plan
34. We do not.
35. Through the PAC and CJAD
36. Both formally via our CJP and informally with conversation with CJAD / TDCJ staff.
37. Through the community justice plan
38. Community justice plan-direct request
39. We don't communicate directly with TDCJ. All communications concerning need are routed through CJAD.
40. In person, telephone, e-mail.
41. At Probation Advisory Council meeting and/or JAC meetings. Also via correspondence.
42. Through JAC and PAC.
43. We don't communicate much with TDCJ. I suppose CJAD does most of it. We do have a stakeholders group that meets occasionally and TDCJ is part of that group.
44. Through the Community Justice Plan and attendance at PAC and JAC meetings. Also, through direct communication with CJAD.

4. When collaborating with TDCJ to address the needs of your probationers do you face any barriers, if so, what are they?

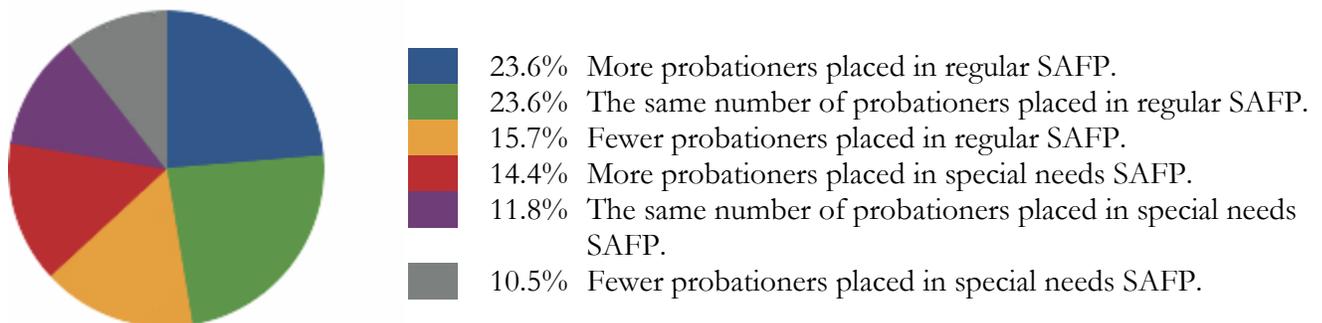
1. Budget
2. Delays in getting needed assistance; information from CJAD varies depending upon who you talk to
3. Tracking sheets for SAFPF release (Time Frame); Updated directory of TDCJ-CJAD staff (Admissions, Medical, SAFPF Units, etc...)
4. All the time. 1) TDCJ canceled the 3 month after care program which followed the six month SAFPF commitment. With little or no warning, TDCJ-CJAD informed Probation Departments that TDCJ is no longer paying for this contract service so you/CSCDs need to create aftercare programs and start doing their job. IF TDCJ had financial problems, why didn't CSCD Directors know ahead of time when it first became a problem. Some CSCD Directors should have been involved in the decision making with the TDCJ administrators before cutting the aftercare programs knowing that it involved probation departments funding and staff time management.
5. They don't always understand the needs and complexities of smaller departments.

6. N/A
7. The biggest issue is the grant award conditions, which become a problem in contracting with agencies for service, because many agencies do not want the burden of compliance with such grant conditions. *(Answer applicable to two county CSCD's)*
8. Money... We are currently cutting back on our TAIP funding because we are using up the money funded to us. We were told at the start of the year that when other counties sent in there excess funds that we would receive additional funding, but I'm not counting on it.
9. Lack of Funding
10. Usually, because of our size, we take a back seat to larger departments where the numbers are. However, that doesn't make our needs any less. Because of our size and location, we have fewer options.
11. None
12. Not knowing who to contact with certain issues.
13. "there's not an "app" for that"(ie there's no place, no one, no way to address the issue)
14. Lack of readily available resources
15. "there's not an "App"for that"....ie there's no one, no way, nothing set up to deal with the specific issue...
16. Communication. There is not a whole lot of interaction between CSCD's and TDCJ.
17. Being a small, rural jurisdiction, I feel that sometimes TDCJ isn't concerned with our lack of local resources.
18. Money! Because our department is in a rural community, we have limited resources available to us. We are very dependent on TAIP and the use of SAFPs and ISFs
19. N/A
20. Again, the Community Justice Plan process does not work as intended. It is not used and the process of awarding grants is not transparent. This creates competition between Departments and a mis-allocation of resources. Either direct resources on the basis of risk (of course, CJAD and departments must be invested enough to assure quality of assessments) or make the local departments provide data showing need and demonstrating outcomes.
21. Financial, distance and availability of facilities
22. Sometimes programs like the statewide ISF and SAFP programs compete with local CSCDs' residential beds for the same clientele.
23. No barriers
24. Money is always the issue
25. Our department just went through a year long barrier to secure an outpatient aftercare program for defendants returning from a SAFP placement. The provider who had the contract did not renew the contract for in-patient or outpatient services because the reimbursement did not cover costs for doing business. We found another local substance abuse treatment provider who was willing to apply for the grant. That provider submitted their grant application in January 2009. They finally received the grant in January 2010. The primary issue was bureaucratic hoops and the cost of doing business. Once the grant was awarded it has taken 2 months for TDCJ to approve the persons hired and allow the provider to actually provide services. In the meanwhile, offenders returning from SAFP have not had the benefit of structured aftercare which is a critical part of sobriety. Needless to say offenders have not been less successful in treatment as a result of the delay by TDCJ. It appeared they were unconcerned that the need for treatment be met.
26. Lack of resources
27. Lack of ability to discuss with CJAD options and ways to support financially new programs.
28. Money for personnel and programs.
29. Usually the barriers we face have to do with lack of funding.
30. Lack of adequate funding

31. We handle all offender needs.
32. TDCJ has primarily been concerned with prisons in the past hopefully that is changing. Before Carey I don't think that we had a competent leader representing us to tdcj either.
33. They are designed to process information via in institutional perspective.
34. Funding availability
35. Smaller counties at times cannot generate sufficient numbers to justify programming dollars. Transportation to alternate programming and other private agencies will not service smaller counties because of limited numbers (profit).
36. The largest barrier we face is a lack of resources. SAFP-f is great for those that need it, many need interventions on a smaller magnitude, minimal resources are available for misdemeanors, and other "lower risk folks". The system is set up to deal with individuals entirely on the basis of the crime they are convicted of, this time rather than providing resources to deal with the individual based entirely on their need.
37. No barriers as far as communication is concerned. I believe the barrier may lack of monetary resources
38. Since this is a small office do not have direct contact with TDCJ.
39. I think that there is a mindset at TDCJ that orients toward prison beds and bed space and not probation or parole.
40. Funding is usually an issue. When funding is available TDCJ-CJAD assists with program planning and implementation.

Probation Use of SAFP & Other Alternatives

5. Since September 1, 2007, how often has your jurisdiction placed individuals in Substance Abuse Felony Punishment (SAFP) facilities operated by or on the behalf of the Texas Department of Criminal Justice:

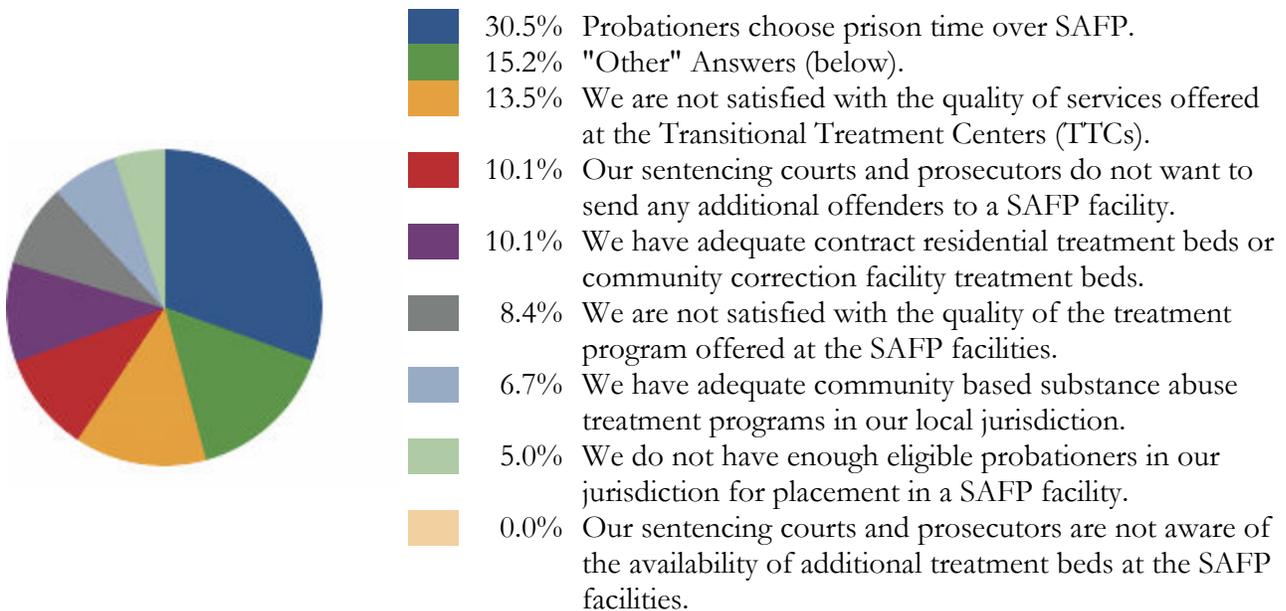


Provide additional comments below:

1. Defendants appear to have more mental health issues now then in the past. Also, have more probationers placed in SAFP Relapse.
2. Community Correction Facilities (CCFs) do a better job for less money with better results.
3. The wait to get into the special needs units and the medical screening process for special needs has had an impact.
4. See some offenders who need special needs unit refuse meds./tmt. and go to regular needs units due to wait for special needs.

5. Our Judges look for local resources first because they strong believe in a community-based model. Also, as described in 6 below, the plea bargaining process affects SAFFP placements. Finally, because of a lack of resources for the mentally impaired, they (our criminal justice stakeholders) tend to use SAFFP for special needs offenders the judges rely heavily on SAFFP. We used to have a long-waiting list, and now special needs are entering SAFFP quickly.
6. More SAFFP beds became available at the same time as local CSCDs were facing challenges to fill their own local CCFs.
7. SAFFP placements from court are unpredictable. We had a short period on few, if any, placements. Recently we have a significant increase. However, the rate of placement over the past 2 years has remained steady.
8. Overall case numbers are down in our area-fewer offenders are being sentenced to SAFFP
9. Offenders are opting to take a revocation rather than go to SAFFP.
10. SAFFP beds for us is an essential tool in our treatment options. Judges, Prosecutors and our department is on board. Defense lawyers generally are the main obstacle in utilizing SAFFP beds.
11. Due to inadequate substance abuse programming, we defer to traditional SAFFP
12. There are more resources coming on line for treatment and we are utilizing more alternate programming (CJAD funded programs) that is available.
13. Our DA prefers to utilize SAFFP program to any other.
14. Currently there are plenty of SAFFP beds.

6. If your jurisdiction is sending fewer or the same number of probationers to a SAFFP facility, please explain why by choosing one or more of the following options:



“Other” Answers:

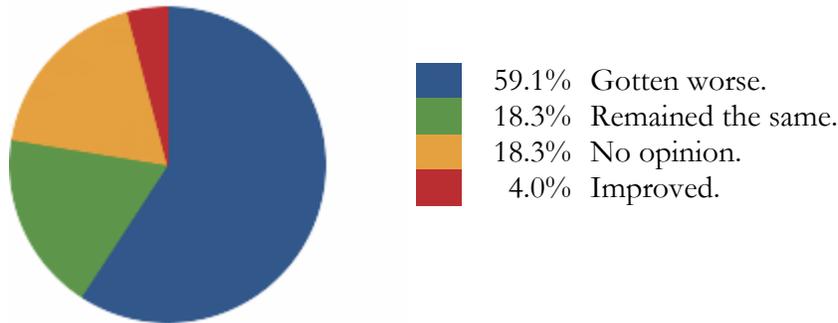
1. We do not have a TTC any longer in a reasonable distance from us and we find that CRTC's, etc are just as effective.
2. CCFs are not adequate, THEY ARE MUCH BETTER!
3. The success rate is very poor for SAFFP in our jurisdiction. (Answer applicable to two county CSDC's)

4. We're more and more seeing SAFPF and other treatment used as a sanction vs. "out-front".
5. Seeing SAFPF and other treatment reserved as sanctions vs. "out front"
6. We send the ones that need to go to SAFPF and we use a lot of other resources as well
7. We do not have much success with SAFPF clients due to limited resources available in our areas for aftercare.

Provide additional comments below:

1. State Jail Felons have stated that they can be in and out of State Jail in less time than going through SAFPF, TTC and then still have to be on CS for a period of time.
2. The quality of treatment at some of the SAFPF Units is not what it used to be. The quality of treatment at the TTC has gone down drastically.
3. Since the SAFPF time was cut to 6 months and the TTC are mostly poorly operated SAFPF has not been as successful as it was in years passed at preventing relapse
4. When offered a short prison term, offenders will take that over SAFPF. We do have a wonderful continuum of sanctions locally. These alternatives cost less than SAFPF and disrupt the offender's family and community ties less than SAFPF. By the time someone has "graduated" to SAP, they generally have enough jail credit to not spend much time in prison so take it.
5. Same comments as before. We also face the challenge of filling local residential beds and treatment programs.
6. The CSCD completes PSI Reports and recommends the use of SAFPF at a much greater rate than the county places offenders in SAFPF. The use of SAFPF is usually the result of the DA and Defense attorneys arranging a plea bargain.
7. With the State Contract ISF beds coming online they provide competition for SAFPF beds. We tend to send offenders to this prior to SAFPF as it is shorter in length and they are willing to go.
8. Jail time credit for successful completion of SAFPF has hurt numbers. If defendants are revoked they are typically paroled because of the accumulated jail time credits.
9. Because of more available facilities in surrounding counties and the opportunities to get quality aftercare locally SAFPF is used more for special needs.
10. Overall services provided by contractors are lacking. Making too great an issue of this is a self defeating endeavor. There is not a wealth of vendors willing to provide the service so I am certain that having too great a level of expectation is difficult. Given the fact that the entire endeavor is funded with taxpayer funds however there is a certain level of treatment one should be getting. It has become evident that the level of service SAFPF-F gives across the state has declined over the last decade.
11. Numerous CCFs do not have a waiting list as they did previously.
12. Probationers opt for prison time because they will get credit for time served and they view it less of a "hassle"

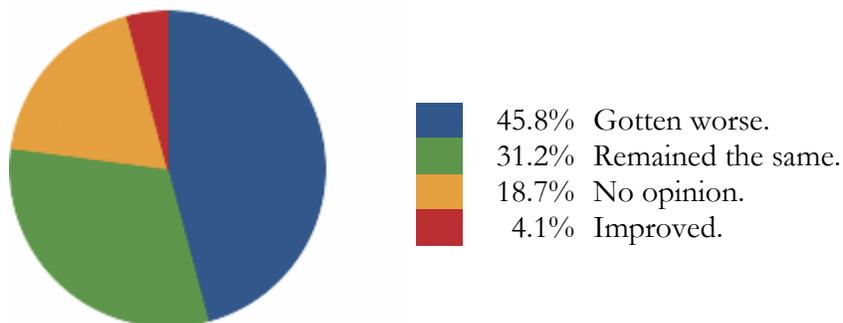
7. Since 2003, when the treatment program at SAFFP facilities was reduced from nine to six months, do you believe that the quality of the program has:



Provide additional comments below:

1. Probationers barely arrive at the SAFFP Unit and are already having a TTM to be released. Sometimes, the defendants are still on the 1st step and really have no clue as to what the program is about. (The treatment phases are pushed to quickly because of the time factor. I feel this is a major reason as to why probationers are sent back to SAFFP Relapse.)
2. The SAFFP program meets MINIMUM STANDARDS. CCFs exceed standards, and the stats show it.
3. Some offenders need more time in treatment than 6 months; however, it does open more beds faster.
4. Having more relapses
5. More people have relapsed during aftercare than before when it was a longer program.
6. Some are good...others are terrible...worse will do "pencil magic" to allow completion of the program vs. learning accountability.
7. To my knowledge our Courts and CJ Stakeholders have never received data to show that a change in the "dosage" didn't matter. The belief is that high-risk offenders with a multitude of needs would need a 9 month program. Now, there are problems in getting them in TTC beds.
8. We liked the nine months. Lets face it...SAFFP is the last chance...the term did not need to be shortened...it was only shortened to reduce the backlog...put it back to 9 months and that will take care of the empty beds and increase effectiveness
9. We have noticed a significant change in offenders who return from the 6 month SAFFP. In the 9 month program offenders had sufficient time to decide to accept treatment and then receive treatment. In the 6 month program, the offender does not have sufficient time to make a decision to pursue treatment and then receive the treatment.
10. More relapses--took a great thing and screwed it up by reducing time for treatment--Plain English
11. We see less offenders re-offending. We also see a significant number of offenders abstaining from substance abuse.
12. The most current research indicates a high failure rate.
13. Empirical research shows that longer treatment stays are beneficial. Shortening the programs prior to 03 was a way to move more folks through the program without spending additional funds. It seems only logical that now that beds are available we should go back to the way things were. In my opinion they were much better in the late 90's than today.
14. Appears to not be as effective but have not researched revocations.
15. I think we should rely on the outcomes statistically to see if the reduction in time has helped/hurt in reoffending.

8. Since September 1, 2007, the quality of the services offered at TTCs has:

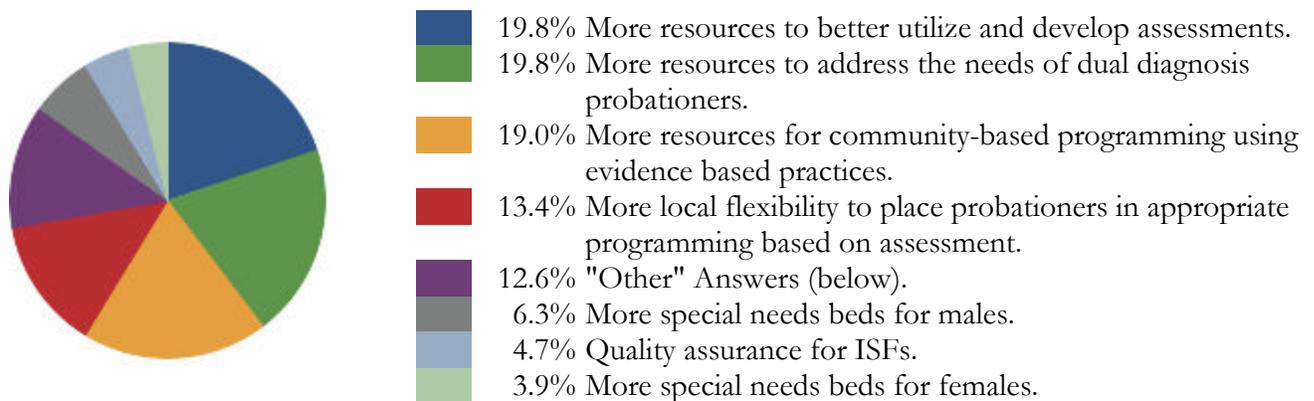


Provide additional comments below:

1. Greater rapport between CSO's and the Program Directors/ Counselors at the TTC's is what has made the quality of services better. Good communication as well as meetings with TTC's have greatly benefited both TTC's and CSCD.
2. TDCJ shut them down - can not do much of a job with the doors closed.
3. Some are very good...Others are terrible...
4. Fewer TTC and the level of care is terrible. Salvation Army, TLC, Cheyenne Center ...
5. Some are great, others terrible...worse will do "pencil magic" and allow offenders to complete vs being accountable for their behavior..
6. The quality of service offered at TTCs has always been poor.
7. My understanding is that there are not enough TTC beds, and that out-patient counseling is being substituted. People leaving a prison setting need a variety of "re-entry" services to make the transition into the community. I don't believe out-patient services should be substituted.
8. Not enough TTC beds. Wait for SAFFP shortened but moved the bottle neck to the TTC
9. Need more qualified, reputable vendors.
10. TTC beds are scarce due to TDCJ not willing to pay for the service. Vendors are not renewing contracts. TTC beds are nothing more than a hold over. There does not appear to be much supervised treatment. If the offender does not comply, the offender is unsuccessfully discharged to the community rather than placement extended or returned to SAFFP due to relapse. This has become a significant problem is offenders returning to our jurisdiction.
11. Providing same or equal treatment--but--offenders are not ready due to too short of SAFFP time.
12. TTCs are underfunded
13. We have experienced administrative issues at some of the facilities where staff are directly involved in supplying drugs to offenders.
14. Some of the facilities have problems no doubt about it, but most are pretty good.
15. It is suspect.
16. Rates for providers have not increased. It makes no sense for a provider of this type of service not to abandon it for another one which is more lucrative with less risk.
17. Appears to not be as effective due to the reduction in TTC availability.
18. There are a lot of problem at TTCs; lack of counseling, staffing problems. Our Judges have no confidence in TTCs.
19. According to our SAFFP Coordinator some of the participants are being released early.
20. There are fewer TTCs available due low contract rates at TDCJ. Many providers have cancelled contracts due to inadequate reimbursement rates.

Your Needs!

9. What does your department need to more effectively address the needs of your probationers?



“Other” Answers:

1. Would like to see more community cognitive programs
2. More resources in general for females
3. Cancel the TDCJ run ISFs, Correction Officer and Contracted staff do not know what they are doing when it comes to changing behavior!!! The state run ISFs are nothing more than a short term prison.
4. Prosecutor & courts buy-in
5. We have plenty of programs to address the needs of probationers. What we need is more probationers being serious about their sobriety and making changes in their life style. (*Answer applicable to two county CSDC's*)
6. Quality assurance for SAFPFs and TTCs.
7. Better TTCs
8. CCF_RC for sex offenders
9. More help from district and county attorney's and judges
10. Measure program quality/outcomes
11. More DP funding for CCF
12. We need resources period.
13. Funding
14. Research to evaluate different SAFP sites to determine which SAFPs are not performing. Also, look at the programming 9 months versus one year.
15. Treatment available for sex offenders

Provide additional comments below:

1. TDCJ-Contracted Beds will eventually get you on the front page of the American Statesman explaining what went wrong! Give the money to the local CSCDs and we will operate and manage quality programs, we have done it for 15 year, made lots of improvements along the way, and the stats; recidivism-background checks and successful completion of probation - two and three years later prove it!
2. Placements that will accept sex offenders and offenders with assaultive offenses.
3. Assessments should be used on the State and local level to determine risk. This is simple and should be based on static objective factors. However, it is clear. It is how the assessment is used that matters. Judges need to use the assessment to set conditions and departments need to actually direct resources to high-risk offenders. Departments need to conduct needs assessment

(either with the risk assessment or separately) to determine local needs. This requires that someone invest in data systems that allow Department to objectively identify the needs of their populations. Resources at the State and local level to design studies with a reasonable methodology to actually assess program quality and outcomes.

4. As always.....we need more money to operate on
5. Our department is fortunate in that there are community resources available locally. However, those resources are not sufficient and we have to look outside out community. Resources locally are limited by funding, expertise and bureaucratic hoops.
6. More substance abuse inpatient treatment locally.
7. All of the above.
8. The only services we have are ISF and SAFF-F. Anything beyond that is funded out of our basic supervision or offered in the community.
9. Increase Basic Supervision funding and CCP allowing CSCDs to improve staff, training, salaries and programs for defendants.
10. evaluate the quality of services at the SAFF and ISFs. Look at their recidivism rate.