



TEXAS CRIMINAL
JUSTICE COALITION

PRACTITIONERS' PERCEPTIONS OF SUBSTANCE ABUSE SERVICES

MAY, 2008

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ABSTRACT: The Texas Criminal Justice Coalition (TCJC) recently developed an anonymous on-line survey to measure Texas service providers’ feedback regarding substance abuse service coordination, availability, and provision. This survey has allowed TCJC to determine how social service providers perceive substance abuse program needs so that we may provide the Texas Legislature and numerous correlated organizations with valuable information about needs in this field. Survey respondents answered questions relating to substance abuse service program information, information sharing and coordination, barriers to service provision, licensure and assessments, and program evaluation.

TCJC has developed this document in part to provide the Texas Legislature with valuable and relevant findings to consider during its examination of the current coordination, availability, and provision of substance abuse services to criminal justice clients – including during its observations of public hearings, review of testimony, and examination of other expert recommendations regarding the manner in which substance abuse service providers inside and outside of the Texas Department of Criminal Justice coordinate and provide services.

We also hope that these findings will contribute to conversations among service providers themselves and among community planners who take an interest in developing treatment infrastructures within their communities.

KEYWORDS: *Criminal Justice; Incarceration; Re-entry; Rehabilitation; Substance Abuse*

Additional information about this document may be obtained by contacting the Texas Criminal Justice Coalition by phone at (512) 441.8123, Ext. 109, by e-mail at acorrea@criminaljusticecoalition.org, or online at www.criminaljusticecoalition.org.

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LETTER FROM THE EXECUTIVE DIRECTOR

Dear Readers,

As the Executive Director of the Texas Criminal Justice Coalition, I am pleased to present the findings from our Substance Abuse Service Provider Survey. We received feedback from front-line practitioners in Texas who have been working diligently to provide substance abuse clients with the tools they need to become and stay law-abiding and productive citizens.

According to their survey responses, the majority of these practitioners have experienced obstacles to service provision – the largest obstacle being a lack of funding to ensure consistent, quality treatment and programs. More specifically, practitioners cited the need for additional funding in program start-up (especially in rural areas), recruitment and retention of qualified professionals, sustainability of the services, and program evaluations.

It is imperative that the State appropriate sufficient dollars to ensure that front-line and certified practitioners have the necessary resources to address the illness of addiction, in turn producing healthy citizens and boosting the public safety of our communities most affected by drug- and alcohol-related crimes.

To this end, Texas must continue on the “smart on crime” path it initiated during the 80th State Legislative Session, when legislators from both sides of the aisle committed to an investment in prison diversions. In this upcoming legislative session, we hope that the Legislature will maintain its efforts to strengthen the treatment infrastructure throughout Texas, for which we have already seen positive results.

It is our hope that policy-makers, community planners, and service providers both inside and outside of the Texas Department of Criminal Justice utilize this feedback to drive efficient and effective policies and funding streams. Only with the collaboration and input of all stakeholders can we bring about much needed improvements to the treatment infrastructure in Texas. Please join us as we work to ensure that Texans no longer suffer from the destructive grasp of addiction.

Sincerely,

A handwritten signature in black ink that reads "Ana Yáñez-Correa". The signature is written in a cursive, flowing style.

Ana Yáñez-Correa
Executive Director, Texas Criminal Justice Coalition

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PRACTITIONERS' PERCEPTIONS OF SUBSTANCE ABUSE SERVICES

INTRODUCTION

The Texas Criminal Justice Coalition (TCJC) is a non-partisan, non-profit organization committed to identifying and working towards real solutions to the problems facing Texas' criminal justice system. We do this by educating a broad range of supporters using data-driven policy analysis, partnering with organizations and associations that share our core beliefs, and promoting evidence-based criminal justice solutions that embody the principles of effective management, accountability, public safety, and human and civil rights.

TCJC's Public Policy Center recently launched an anonymous online survey targeted towards substance abuse providers in Texas (including probation officers and directors, community-based program practitioners, corrections personnel, and others). Specifically, this survey was intended to address certain elements of a joint Interim Charge being reviewed by the House Committee on Corrections and House Committee on Appropriations prior to the 81st State Legislative Session. Charge 6 reads as follows:

Review and research the availability, coordination, efficiency, and allocation of substance abuse treatment resources for probationers, pretrial defendants, people in the custody of the Texas Department of Criminal Justice (TDCJ), and parolees. This review should include methods to reduce and improve current assessments, training, and referring protocols and the identification of any barriers that may be impeding all of the above.

It is our hope that the findings that emerge from this research will provide a useful snapshot of substance abuse service conditions across Texas. One goal is to provide the Texas Legislature with valuable and relevant findings to consider during its examination of the current coordination, availability, and provision of substance abuse services to criminal justice clients – including during its observations of public hearings, review of testimony, and examination of other expert recommendations regarding the manner in which substance abuse service providers inside and outside of TDCJ coordinate and provide services.

However, we also hope that these findings will contribute to conversations among service providers themselves and among community planners who take an interest in developing treatment infrastructures within their communities. One of the greatest challenges Texas faces as it considers diverting money from prisons into rehabilitation will be the strengthening of this therapeutic infrastructure – not only in major metropolitan areas but also in rural areas where counseling and recovery services are scarce and desperately needed. In order to sustain the infrastructure and ensure an ongoing availability of substance abuse services, the recruitment of qualified staff and adequate reimbursement for the provision of public services is crucial.

METHODOLOGY

In preparation for this survey, TCJC conducted outreach to numerous substance abuse service providers and professionals in the criminal justice field with a knowledge of substance abuse service issues. We feel that the perspectives of those whose work overlaps with substance abuse services should drive policies in the areas where the needs are evident. It was with great care for objectivity and inclusiveness during outreach that the information throughout this report was sought.

Ultimately, we disseminated the survey to 712 people from the following organizations:

- The Association of Substance Abuse Programs
- The Institute of Chemical Dependency Studies
- Access to Recovery-funded MHMR Centers
- Contacts listed in public records for TDCJ Rehabilitation and Re-entry programs
- Contacts listed in public records for Community Supervision and Corrections Departments
- The Restorative Justice Ministries Network
- The Restorative Justice Communities Database of Service Providers
- The Austin/Travis County Re-entry Roundtable
- Contacts collected by TCJC and treatment providers through word of mouth

We also included a link to our survey through our website, available at www.criminaljusticecoalition.org/tools_for_re_entry/survey.

In all, 197 practitioners responded to the online survey within a three-week period. *Note:* We learned that many surveyed governmental agencies have policies preventing outside organizations from surveying their employees.

Respondents answered questions relating to substance abuse service program information, information sharing and coordination, barriers to service provision, licensure and assessments, and program evaluation.¹

For the majority of survey questions, a “Not applicable” option was provided for respondents. In the results below, the percentages for these particular questions have been adjusted: we removed the “Not applicable” responses so that the resulting percentages reflect only the responses for those who felt the question *was* applicable to their work. **NOTE:** For a full breakout of percentages – including for those who responded that certain questions were not applicable to their work – please see Appendix B.²

¹ For a full listing of survey questions, please see Appendix A.

² For both the findings below and those in Appendix B, the percentages do not always total an exact 100%. For some questions – where noted – the percentages do not total 100% because respondents were given the option of selecting more than one answer option. For others, the numbers were rounded by the online survey program we utilized (called SurveyMonkey), which resulted in some percentages totaling 99.9% or 100.1%. The following statement is a disclaimer from SurveyMonkey: “The numbering of our percentages can occasionally be off by a tenth of a percentage point due to the amounts being rounded. For example, if the calculation came out to 66.6666...% this would be rounded to 66.7%. Or if the calculation came out to 33.3333...% this would be rounded to 33.3%. This process gives us a simpler number to display, but it can cause the total value of the percentages to be slightly over or slightly under exactly 100%. This slight, perceived inaccuracy is not a fallacy in the data being presented, but a result of the rounding being done in accordance with standard significant digit rules. Unless the numbers were displayed in their entirety, which is not always

Survey responses for the 40 individuals that either answered less than five total questions or indicated that every question was not applicable to their work were automatically eliminated.

Finally, some respondents self-identified as “Other” in the Demographics section, but they specified (in the space provided) that they were a community-based nonprofit service provider or a publicly funded community-based service provider. We re-grouped these respondents under the appropriate category.

OVERVIEW OF FINDINGS

• **Demographics of Survey Respondents**

The 197 individuals who participated in the anonymous online survey administered by TCJC’s Public Policy Center represented a full range of roles within the substance abuse services field:

- 3.7% are TTC Program Practitioners (Official TDCJ Transitional Therapeutic Community)
- 14.8% are Community-based Public Program Practitioners (County, State)
- 27.5% are Community-based Program Practitioners (Private/Non-Profit/Non-TDCJ Employee)
- 21.0% identified themselves as Other
- 33.0% are Probation Officers

Those in the “Other” category include judges, parole officers, official TDCJ halfway house program practitioners, Veterans Administration re-entry program practitioners, non-profit and for-profit practitioners and administrators, employees and volunteers in the corrections field, and faith-based service providers.

NOTE: Please see Appendix C (Question 1) for respondents’ “Other” self-identification responses.

• **Survey Part 1: Program Information**

In a series of questions relating to general program information, more than a quarter of respondents serve 100 or more clients per week; the largest percentage receive funding through community supervision contracts; and the majority have a backlog of clients waiting for services.

➤ **Clients Served Per Week**

For the 90.8% of respondents who indicated that this question is applicable to them:

- 33.7% serve 1-25 clients per week
- 21.3% serve 26-50 clients per week

possible (as in the example given above) rounding of any sort always has the chance of changing the total sum of percentages.”

- 11.2% serve 51-75 clients per week
- 5.1% serve 76-100 clients per week
- 28.7% serve 100+ clients per week

NOTE: Please see Appendix C (Question 2) for respondents' additional comments about the number of clients served per week.

➤ **Sources of Funding³**

For the 85.1% of respondents who know what their funding sources are:

- 6.4% receive federal contracts
- 6.9% receive county and city grants (some DWI courts, etc.)
- 8.1% receive insurance reimbursements
- 11.0% receive funding from other sources
- 15.6% receive county and city contracts
- 15.6% receive federal grants
- 26.0% receive state grants
- 30.1% receive state contracts (DSHS/TDCJ, etc.)
- 31.2% receive private donations
- 36.4% receive client payments
- 43.9% receive CSCD/CJAD contracts (community supervision)

NOTE: Please see Appendix C (Question 3) for respondents' major funding sources.

➤ **Waiting List or Backlog of Clients Waiting to Receive Services**

For the 87.3% of respondents who indicated that this question is applicable to them:

- 50.5% claim there are clients on a waiting list for their services
- 49.5% claim there are not clients waiting for their services

➤ **Estimated Number of People Waiting for Services**

For the 50.5% of respondents who claimed that clients are on a waiting list to receive their services:

- 61.8% estimate that 1-25 clients are waiting for services
- 13.5% estimate that 26-50 clients are waiting for services
- 4.5% estimate that 51-75 clients are waiting for services
- 6.7% estimate that 76-100 clients are waiting for services
- 6.7% estimate that 100-200 clients are waiting for services
- 1.1% estimate that 200-300 clients are waiting for services
- 0.0% estimate that 300-400 clients are waiting for services
- 5.6% estimate that 400+ clients are waiting for services

³ The percentages in these responses do not add up to 100% because respondents were given the option of selecting more than one source of funding.

- **Survey Part 2: Information Sharing and Coordination**

In a question relating to information sharing and coordination, the largest percentage of survey respondents feel they need “some additional” or “significantly more” communication with many professionals they interact with. Some additional communication is needed with (a) State Jail Substance Abuse Programs Practitioners, (b) State Prison Substance Abuse Program Practitioners (in In-Prison Therapeutic Communities), (c) Veterans Administration Substance Abuse Program Practitioners, and (d) Health and Human Service Commission’s Department of State Health Services. Significantly more communication is needed with (a) the Parole Board, and (b) Federal Prison Substance Abuse Program Practitioners.

➤ **Degree to Which Communication and Information-sharing with the Following Professionals Could Improve:**

Presiding judges

For the 84.7% of respondents who indicated that communication with presiding judges is applicable to them:

- 54.4% feel they already have adequate communication
- 26.3% feel they need some additional communication
- 19.4% feel they need significantly more communication

Parole Board

For the 31.9% of respondents who indicated that communication with the Parole Board is applicable to them:

- 15.0% feel they already have adequate communication
- 35.0% feel they need some additional communication
- 50.0% feel they need significantly more communication

Parole Officers (Parole Divisions)

For the 60.6% of respondents who indicated that communication with Parole Officers is applicable to them:

- 45.6% feel they already have adequate communication
- 30.7% feel they need some additional communication
- 23.7% feel they need significantly more communication

Probation Officers (Community Supervision and Correction Department [CSCDs])

For the 91.5% of respondents who indicated that communication with Probation Officers is applicable to them:

- 63.6% feel they already have adequate communication

- 23.1% feel they need some additional communication
- 13.3% feel they need significantly more communication

State Jail Substance Abuse Program Practitioners

For the 59.8% of respondents who indicated that communication with State Jail Substance Abuse Program Practitioners is applicable to them:

- 31.0% feel they already have adequate communication
- 35.4% feel they need some additional communication
- 33.6% feel they need significantly more communication

State Prison Substance Abuse Program Practitioners (SAFP)

For the 65.4% of respondents who indicated that communication with State Prison Substance Abuse Program Practitioners (in Substance Abuse Felony Punishment Facilities) is applicable to them:

- 48.8% feel they already have adequate communication
- 29.3% feel they need some additional communication
- 22.0% feel they need significantly more communication

State Prison Substance Abuse Program Practitioners (IPTC)

For the 48.9% of respondents who indicated that communication with State Prison Substance Abuse Program Practitioners (in In-Prison Therapeutic Communities) is applicable to them:

- 28.3% feel they already have adequate communication
- 39.1% feel they need some additional communication
- 32.6% feel they need significantly more communication

Federal Prison Substance Abuse Program Practitioners

For the 34.8% of respondents who indicated that communication with Federal Prison Substance Abuse Practitioners is applicable to them:

- 18.5% feel they already have adequate communication
- 38.5% feel they need some additional communication
- 43.1% feel they need significantly more communication

Community-based Substance Abuse Treatment Providers (TTC)

For the 81.4% of respondents who indicated that communication with Substance Abuse Treatment Providers (at Transitional Treatment Centers) is applicable to them:

- 54.2% feel they already have adequate communication
- 28.8% feel they need some additional communication

- 17.0% feel they need significantly more communication

Community-based Substance Abuse Treatment Providers (HWH)

For the 71.8% of respondents who indicated that communication with Substance Abuse Treatment Providers (at Halfway Houses) is applicable to them:

- 42.2% feel they already have adequate communication
- 37.8% feel they need some additional communication
- 20.0% feel they need significantly more communication

Community-based Substance Abuse Treatment Providers (private or non-profit)

For the 87.8% of respondents who indicated that communication with Substance Abuse Treatment Providers (private or non-profit) is applicable to them:

- 52.7% feel they already have adequate communication
- 32.1% feel they need some additional communication
- 15.2% feel they need significantly more communication

Community-based Substance Abuse Treatment Providers (Mental Health/Mental Retardation/MHMR authorities of Texas)

For the 87.3% of respondents who indicated that communication with Substance Abuse Treatment Providers (Mental Health/Mental Retardation/MHMR authorities of Texas) is applicable to them:

- 38.8% feel they already have adequate communication
- 37.6% feel they need some additional communication
- 23.6% feel they need significantly more communication

Veterans Administration Substance Abuse Program Practitioners

For the 72.3% of respondents who indicated that communication with Veterans Administration Substance Abuse Program Practitioners is applicable to them:

- 22.8% feel they already have adequate communication
- 52.9% feel they need some additional communication
- 24.3% feel they need significantly more communication

Health and Human Service Commission’s Department of State Health Services

For the 76.6% of respondents who indicated that communication with the Health and Human Service Commission’s Department of State Health Services is applicable to them:

- 35.4% feel they already have adequate communication
- 40.3% feel they need some additional communication

- 24.3% feel they need significantly more communication

NOTE: Please see Appendix C (Question 6) for respondents’ recommendations for assisting or encouraging specified professionals to communicate and share information.

- **Survey Part 3: Barriers to Service Provision**

In a series of questions relating to barriers to service provision, the largest percentage of survey respondents feel there are “sometimes” or “often” obstacles to starting and maintaining a program, especially with regards to (a) a lack of staff due to insufficient funding, (b) a lack of certified/trained workforce, (c) a lack of staff due to high turnover, (d) insufficient per diem by the State, (e) restrictions on professional licensure for people with convictions, and (f) lack of reimbursement by insurance companies for substance abuse treatment.

The largest percentage of survey respondents feel there are “sometimes” or “often” obstacles to providing quality services to clients with convictions, especially with regards to (a) a lack of providers in rural areas, (b) too much time lapse between sentencing and treatment, (c) a lack of certified/trained workforce, (d) a lack of providers that are DSHS/TDCJ certified, and (e) too much time lapse between release from incarceration and community-based treatment.

The largest percentage of survey respondents do need additional funding to remove or minimize obstacles to efficiently providing substance abuse services to individual clients.

Finally, for respondents that were able to identify laws that hinder clients with records from succeeding in recovery, the largest percentages identified statutory barriers to housing and employment as problems.

- **Frequency with which the Following Situations Pose Administrative Obstacles to Starting Up and Maintaining a Program/Service/District Reentry Center:**

Lack of Certified/Trained Workforce

For the 84.4% of respondents who indicated that this situation is applicable to them:

- 8.9% feel this is never an obstacle
- 15.8% feel this is rarely an obstacle
- 41.8% feel this is sometimes an obstacle
- 33.6% feel this is often an obstacle

Restrictions on Professional Licensure for People with Convictions

For the 77.5% of respondents who indicated that this situation is applicable to them:

- 22.4% feel this is never an obstacle
- 23.9% feel this is rarely an obstacle
- 28.4% feel this is sometimes an obstacle
- 25.4% feel this is often an obstacle

Lack of Staff Due to High Turnover

For the 83.2% of respondents who indicated that this situation is applicable to them:

- 13.2% feel this is never an obstacle
- 25.7% feel this is rarely an obstacle
- 34.7% feel this is sometimes an obstacle
- 26.4% feel this is often an obstacle

Lack of Staff Due to Insufficient Funding

For the 83.8% of respondents who indicated that this situation is applicable to them:

- 9.0% feel this is never an obstacle
- 10.3% feel this is rarely an obstacle
- 27.6% feel this is sometimes an obstacle
- 53.1% feel this is often an obstacle

Lack of Reimbursement by Insurance Companies for Mental Health Services

For the 39.9% of respondents who indicated that this situation is applicable to them:

- 39.1% feel this is never an obstacle
- 17.4% feel this is rarely an obstacle
- 15.9% feel this is sometimes an obstacle
- 27.5% feel this is often an obstacle

Lack of Reimbursement by Insurance Companies for Substance Abuse Treatment

For the 45.7% of respondents who indicated that this situation is applicable to them:

- 35.4% feel this is never an obstacle
- 13.9% feel this is rarely an obstacle
- 15.2% feel this is sometimes an obstacle
- 35.4% feel this is often an obstacle

Insufficient Per-Diem Reimbursement by the Federal Government

For the 39.0% of respondents who indicated that this situation is applicable to them:

- 47.8% feel this is never an obstacle
- 20.9% feel this is rarely an obstacle
- 4.5% feel this is sometimes an obstacle
- 26.9% feel this is often an obstacle

Insufficient Per-Diem Reimbursement by the State

For the 58.4% of respondents who indicated that this situation is applicable to them:

- 25.7% feel this is never an obstacle
- 19.8% feel this is rarely an obstacle
- 14.9% feel this is sometimes an obstacle
- 39.6% feel this is often an obstacle

Statutory Restrictions on Starting Up the Program

For the 54.1% of respondents who indicated that this situation is applicable to them:

- 25.8% feel this is never an obstacle
- 24.7% feel this is rarely an obstacle
- 31.2% feel this is sometimes an obstacle
- 18.3% feel this is often an obstacle

Restrictions on Qualifying for Government Contracts

For the 56.4% of respondents who indicated that this situation is applicable to them:

- 32.0% feel this is never an obstacle
- 24.7% feel this is rarely an obstacle
- 21.6% feel this is sometimes an obstacle
- 21.6% feel this is often an obstacle

Requirement to Provide Both Security and Treatment as Contract Provisions

For the 48.5% of respondents who indicated that this situation is applicable to them:

- 28.9% feel this is never an obstacle
- 31.3% feel this is rarely an obstacle
- 19.3% feel this is sometimes an obstacle
- 20.5% feel this is often an obstacle

NOTE: Please see Appendix C (Question 7) for respondents' descriptions of the most severe limitations to starting up and maintaining a program/service/District Reentry Center.

➤ Frequency with which the Following Situations Pose Barriers/Obstacles to Providing Quality Services to People with Convictions:

Legal Restrictions on Staff Contacting Clients for Follow-Up Evaluation and Services

For the 66.5% of respondents who indicated that this situation is applicable to them:

- 40.0% feel this is never an obstacle

- 29.6% feel this is rarely an obstacle
- 21.7% feel this is sometimes an obstacle
- 8.7% feel this is often an obstacle

Legal Restrictions Preventing Recovered Clients from Outreach in Jails/Prisons

For the 62.4% of respondents who indicated that this situation is applicable to them:

- 25.0% feel this is never an obstacle
- 24.1% feel this is rarely an obstacle
- 25.9% feel this is sometimes an obstacle
- 25.0% feel this is often an obstacle

Lack of Certified/Trained Workforce

For the 85.5% of respondents who indicated that this situation is applicable to them:

- 12.9% feel this is never an obstacle
- 15.0% feel this is rarely an obstacle
- 41.5% feel this is sometimes an obstacle
- 30.6% feel this is often an obstacle

Restrictions on Professional Licensure for People with Convictions

For the 75.1% of respondents who indicated that this situation is applicable to them:

- 18.5% feel this is never an obstacle
- 26.9% feel this is rarely an obstacle
- 32.3% feel this is sometimes an obstacle
- 22.3% feel this is often an obstacle

Lack of Information Referral Networks Among Providers

For the 85.0% of respondents who indicated that this situation is applicable to them:

- 8.2% feel this is never an obstacle
- 30.6% feel this is rarely an obstacle
- 35.4% feel this is sometimes an obstacle
- 25.9% feel this is often an obstacle

Watered-Down Services in My Agency Due to Insufficient Funding

For the 80.2% of respondents who indicated that this situation is applicable to them:

- 18.8% feel this is never an obstacle
- 22.5% feel this is rarely an obstacle
- 27.5% feel this is sometimes an obstacle
- 31.2% feel this is often an obstacle

Lack of Providers in Rural Areas

For the 74.6% of respondents who indicated that this situation is applicable to them:

- 8.5% feel this is never an obstacle
- 8.5% feel this is rarely an obstacle
- 25.6% feel this is sometimes an obstacle
- 57.4% feel this is often an obstacle

Lack of Providers that are DSHS/TDCJ Certified

For the 74.4% of respondents who indicated that this situation is applicable to them:

- 13.3% feel this is never an obstacle
- 14.8% feel this is rarely an obstacle
- 36.7% feel this is sometimes an obstacle
- 35.2% feel this is often an obstacle

Too Much Time Lapse Between Sentencing and Treatment

For the 75.7% of respondents who indicated that this situation is applicable to them:

- 6.9% feel this is never an obstacle
- 18.3% feel this is rarely an obstacle
- 36.6% feel this is sometimes an obstacle
- 38.2% feel this is often an obstacle

Too Much Time Lapse Between Release From Incarceration and Community-Based Treatment

For the 69.8% of respondents who indicated that this situation is applicable to them:

- 9.2% feel this is never an obstacle
- 20.8% feel this is rarely an obstacle
- 35.0% feel this is sometimes an obstacle
- 35.0% feel this is often an obstacle

NOTE: Please see Appendix C (Question 8) for respondents' suggestions or comments about barriers/obstacles to providing quality services to people with convictions.

➤ If Providers Experience Insufficient Funding as a Barrier to Efficiently Providing Substance Abuse Services to Individual Clients: The Additional Funds Needed Per Year or Per Diem to Remove or Significantly Minimize the Barrier

53.8% of respondents claimed they experience insufficient funding as a barrier to efficiently providing substance abuse services to individual clients.

NOTE: Please see Appendix C (Question 9) for respondents' estimates of additional funds needed to remove/minimize barriers to providing substance abuse services.

➤ **Knowledge of Laws That Hinder Clients with Criminal Records from Getting And Keeping Meaningful Employment or Other Essential Components of Recovery (Housing, Education, Skills Training, Etc.)**

- 59.0% claim they do not know of any such laws
- 41.0% claim they do know of such laws

NOTE: Please see Appendix C (Question 10) for respondents' examples of laws that hinder re-entry efforts.

• **Survey Part 4: Licensure and Assessments**

In a series of questions relating to licensure and assessments, the majority of survey respondents' programs use the Addiction Severity Index (ASI) and Behavioral Health Integrated Provider System Intake (BHIPS) assessment instruments. Furthermore, the majority of survey respondents had suggestions for improving the BHIPS and Substance Abuse Subtle Screening Inventory (SASSI) assessment instruments; they feel the changes to the Occupational License Statute will cause a shortage of practitioners in the field; and though their training credentials were diverse, the largest number of respondents are Licensed Chemical Dependency Counselors.

➤ **Substance Abuse Assessment Instrument(s) Used⁴**

For the 50.6% of respondents who indicated this is applicable to them:

- 8.4% use the TCU CJ CEST – TCU Criminal Justice Client Evaluation of Self and Treatment
- 9.6% use the TCU CJ CI – Texas Christian University (TCU) Criminal Justice Comprehensive Intake
- 22.9% either use a different assessment instrument altogether, or use another assessment instrument in addition to the above options.
- 51.8% use the BHIPS – Behavioral Health Integrated Provider System Intake
- 72.3% use the ASI – Addiction Severity Index

NOTE: Please see Appendix C (Question 11) for other or additional substance abuse assessment instrument(s) used by respondents.

⁴ The percentages in these responses do not add up to 100% because respondents were given the option of selecting more than one assessment instrument.

➤ **Improvements that Would Make Assessment Instrument More Efficient, While Preserving Quality and Validity⁵**

- 6.8% had suggestions for improving the TCU CJ CEST
- 9.1% had suggestions for improving the TCU CJ CI
- 15.9% had suggestions for improving the ASI
- 22.7% had suggestions for improving a different assessment instrument
- 45.5% had suggestions for improving the BHIPS

NOTE: Please see Appendix C (Question 12) for respondents' suggested improvements to these assessment instruments.

➤ **Ways in which Recent Change to Occupational License Statute (lengthened waiting periods between conviction and qualification for internships/licensure, including for Licensed Chemical Dependency Counselors)⁶ will Impact the Substance Abuse Field⁷**

- 9.7% believe that the statutory change will result in fewer people with recovery experience.
- 11.7% believe the statutory change will improve the field.
- 14.6% believe the statutory change will have no impact on the field.
- 64.1% believe the statutory change will cause a further shortage of practitioners in the field.

Note: Not all respondents identified themselves as a member of the substance abuse service field.

NOTE: Please see Appendix C (Question 13) for respondents' examples of how a recent change to the Occupational License Statute will impact the substance abuse field

➤ **Training Credentials⁸**

For the 51.5% of respondents who provide substance abuse interventions/counseling:

- 5.8% have a Licensed Professional Counselor certification
- 6.6% have a Psychology degree
- 7.3% have a different training credential
- 11.7% have a Counseling degree
- 12.4% have a Social Work degree
- 13.1% have a Faith-based counseling certification
- 17.5% have a Certified Criminal Justice Professional certification

⁵ The percentages in these responses do not add up to 100% because respondents were given the option of providing more than one suggestion.

⁶ Please see Appendix D for the Occupational License Statute changes.

⁷ The percentages in these responses do not add up to 100% because respondents were given the option of providing all feedback they felt was necessary.

⁸ The percentages in these responses do not add up to 100% because respondents were given the option of selecting more than one training credential.

- 25.6% have a Licensed Chemical Dependency Counselor (LCDC) certification

NOTE: Please see Appendix C (Question 14) for other training credentials held by respondents.

- **Survey Part 5: Program Evaluation**

In a series of questions relating to program evaluation, the majority of survey respondents' programs do evaluate client success rates after 1 year, although they do not evaluate client success rates after 3 years; they measure client success rates by monitoring sobriety and relapses, re-arrest for any violation after a given time period, and employment status after a given time period; when prevented from measuring client success rates, it is due to insufficient funding and lack of staff; and their programs have undergone evaluation.

- **Evaluation of Client Success Rates after 1 Year**

For the 84.1% of respondents who indicated this is applicable to their programs:

- 38.7% do not check client success rates after 1 year
- 61.3% do check client success rates after 1 year

- **Evaluation of Client Success Rates after 3 Years**

For the 77.9% of respondents who indicated this is applicable to their programs:

- 64.6% do not check client success rate after 3 years
- 35.4% do check client success rate after 3 years

- **How Programs Measure Client Success Rates⁹**

For the 82.2% of respondents who indicated this is applicable to their programs:

- 10.2% do not measure client outcomes
- 20.0% provided examples of different benchmarks
- 28.1% examine contributions to community after a given time period
- 32.0% examine educational attainment
- 33.6% examine re-arrest for certain violations after a given time period
- 42.2% examine employment status after a given time period
- 66.4% examine re-arrest for any violation after a given time period
- 70.3% examine sobriety and relapses

NOTE: Please see Appendix C (Question 17) for other benchmarks used by respondents' programs.

⁹ The percentages in these responses do not add up to 100% because respondents were given the option of selecting more than one measurement of clients' success.

➤ **What Prevents Programs from Measuring Client Success Rates**¹⁰

For the 10.2% of respondents who do not measure client outcomes (above) and who provided responses about why their programs do not measure client outcomes, their responses can be broken down as follows:

- 6.5% of responses indicate that that other issues prevent programs from measuring client success rates
- 13.0% of responses indicate that lack of time prevents programs from measuring client success rates
- 19.0% of responses indicate that lack of contact information for this population prevents programs from measuring client success rates
- 23.0% of responses indicate that lack of staff prevents programs from measuring client success rates
- 39.0% of responses indicate that lack of funding opportunities prevents programs from measuring client success rates

NOTE: Please see Appendix C (Question 18) for respondents' explanations of why their programs do not measure client success rates.

➤ **Programs that have Undergone Evaluation**

For the 65.0% of respondents who indicated this is applicable to their programs:

- 48.1% of respondents' programs have not undergone evaluation
- 51.9% of respondents' programs have undergone evaluation

NOTE: Please see Appendix C (Question 19) for respondents' explanation of what has prevented their program from being evaluated (if applicable), or when and by whom their program underwent evaluation (if applicable).

¹⁰ The percentages in these responses do not add up to 100% because respondents were given the option of providing all feedback they felt was necessary.

SUMMARY

In the following section, we briefly summarize respondents' major concerns about the coordination, availability, and provision of substance abuse services both in and outside of the Texas Department of Criminal Justice.

◆ **Coordination**

Information Sharing

- The largest percentage of survey respondents feel they need “some additional” or “significantly more” communication with many professionals they interact with. Some additional communication is needed with (a) State Jail Substance Abuse Programs Practitioners, (b) State Prison Substance Abuse Program Practitioners (in In-Prison Therapeutic Communities), (c) Veterans Administration Substance Abuse Program Practitioners, and (d) Health and Human Service Commission’s Department of State Health Services. Significantly more communication is needed with (a) the Parole Board, and (b) Federal Prison Substance Abuse Program Practitioners.

◆ **Availability**

Client Backlogs

- The largest percentage of survey respondents have a backlog of clients waiting for services.

Barriers/Obstacles to Starting and Maintaining a Program

- The largest percentage of survey respondents feel there are “sometimes” or “often” obstacles to starting and maintaining a program, especially with regards to (a) a lack of staff due to insufficient funding, (b) a lack of certified/trained workforce, (c) a lack of staff due to high turnover, (d) insufficient per diem by the State, (e) restrictions on professional licensure for people with convictions, and (f) lack of reimbursement by insurance companies for substance abuse treatment. Financial concerns were reiterated in the free-response comments section, with the majority of respondents citing funding as the most severe limitation to starting up and maintaining a program, service, or District Reentry Center.

Program Funding Sources

- The largest percentage of survey respondents receive funding through community supervision (CSCD/CJAD) contracts. Other major funding sources are client payments, private donations, and state contracts (DSHS/TDCJ, etc).

◆ Provision

Barriers/Obstacles to Service Provision

- The largest percentage of survey respondents feel there are “sometimes” or “often” obstacles to providing quality services to clients with convictions, especially with regards to (a) a lack of providers in rural areas, (b) too much time lapse between sentencing and treatment, (c) a lack of certified/trained workforce, (d) a lack of providers that are DSHS/TDCJ certified, and (e) too much time lapse between release from incarceration and community-based treatment. Again, financial concerns were emphasized in the free-response comments section.

Client Assessment

- With regards to assessing client needs, the largest percentage of survey respondents’ programs use the Addiction Severity Index (ASI) assessment instrument or the Behavioral Health Integrated Provider System Intake (BHIPS) assessment instrument.
- The largest percentage of survey respondents had suggestions for improving the BHIPS, specifically noting that it needs to be faster during processing and that it needs more questions related to mental health.

Client Evaluation

- The largest percentage of survey respondents measure client success rates after 1 year, but not after 3 years.
- The largest percentage of survey respondents’ programs measure client success rates by monitoring sobriety and relapses, re-arrest for any violation after a given time period, and employment status after a given time period.
- When prevented from measuring client success rates, the largest percentage of survey respondents noted that it is due to insufficient funding and lack of staff.

Changes to the Occupational License Statute

- The largest percentage of survey respondents feel that recent changes to the Occupational License Statute (which lengthens waiting periods between conviction and qualification for internships/licensure) will cause a further shortage of practitioners in the field.

Program Evaluation

- The largest percentage of survey respondents’ programs have undergone evaluation.

POLICY RECOMMENDATIONS

Based on practitioners' clear need for assistance in coordinating, making available, and providing effective substance abuse services to criminal justice clients, the Texas Criminal Justice Coalition makes the following recommendations to the Texas Legislature and organizations that engage in substance abuse treatment or address substance abuse issues.

(1) Texas Should Tackle the Problem of Drug Abuse Head On and Strengthen the Recidivism Prevention Infrastructure.

Texas must halt the wasteful expenditure of millions of dollars each year on the incarceration and re-incarceration of non-violent drug users. Instead, the State must promote medical and public health responses to drug abusers, who would be better managed through rehabilitation programs. Texas should improve and make more widely available tailored, coordinated, and effective community-based substance abuse treatment programs.

a. A treatment diversion program should be implemented for drug offenders, rather than sending them to prison.

Individuals who suffer from substance abuse addiction and who convicted for drug possession offenses should be diverted by judges to treatment programs instead of incarcerated. Judicial discretion should be exercised to redirect such offenders directly to incarceration if they commit a violent or sex-related crime, or if a preponderance of evidence indicates that they represent a threat to public safety or are not amenable to successful rehabilitation.

b. Equip Texas' probation departments with the necessary resources to improve departmental culture and assist those suffering with drug addiction.

Departmental culture is key to a probationer's success. A factor that contributes to the success of probationers is how they view their relationship with their probation officer. In other words, if probation officers believe that probationers can change their behavior and begin to make positive decisions in their lives to refrain from drug use, then their interaction is much more positive – which in turn produces better results.

It is imperative that probation departments are given the necessary tools to identify, recruit, and retain highly qualified probation officers, especially those with an understanding of substance abuse and mental health problems. This means that departments must be given resources to implement strategies that will improve the morale and job satisfaction of probation officers as they implement supervision policies.

Also, the State should expand the ability of probation departments to (1) offer early identification of all probationers who suffer from drug addiction/abuse, and (2) promptly place them in a treatment program. Probationers should be allowed access to a continuum of alcohol, drug, and other related treatment and rehabilitative services.

By equipping probation departments to better assist probationers in receiving immediate treatment, holding a job, and supporting their families, the flow to prisons can stop. Since most probationers who re-offend do so in the first two years – and the majority of those re-offend within the first eight months – probation officers' caseloads should be reduced to allow them to more closely monitor probationers' progress during this critical period. Furthermore, treatment program backlogs for probationers should be addressed and other programs should be put in place to help them overcome addiction, better secure housing and jobs, and ensure that the terms of their probation are achievable.

c. The current treatment infrastructure should be strengthened while service accountability is maintained.

A large percentage of individuals incarcerated in Texas prisons have a history of substance abuse problems. For those already within prison walls, a transition plan should be developed to include how each offender will most successfully re-integrate into society. For drug offenders who will be entering the system, front-end changes need to be made. Specifically, during each offender's intake process, his or her history should be assessed to determine the severity of addiction, and a tailor-made, individualized plan should be created to respond to his or her substance abuse problems (or other issues).

d. The allocation of funds for the treatment of substance abuse addiction and mental health illnesses should be increased.

Prisons have taken the place of mental health and substance abuse treatment centers. Although federal and state funding for treatment programs outside prison walls began a drastic decline in 2003, the 80th state Legislature began to address the devastating effects of under-funded programs in Texas by providing funds for alternatives to incarceration. Now and in the future, the State should invest in strengthening the treatment infrastructure to decrease criminal activity derived from substance abuse addiction, in turn preventing costly and ineffective prison construction and maintenance.

First and foremost, funding must be increased in efforts to reduce or eliminate current obstacles facing treatment providers and their clients. Enough funding should be allocated so that agencies and programs – especially in historically underserved areas (such as rural areas) – can attract and hire qualified professionals in the field, retain current, experienced practitioners, provide these practitioners with continuing education and other necessities, conduct program evaluations, and minimize the waiting periods and statutory barriers faced by criminal justice clients seeking treatment.

Texas must also do all that it can to sustain existing treatment programs that work. Currently, there are 435 certified programs in Texas that deal with the broad range of substance abuse needs; only 28.5% identified themselves as serving criminal justice clients.¹¹

¹¹ Substance Abuse and Mental Health Services Administration; to view a full list, please go to <http://findtreatment.samhsa.gov/ufds/locstates>. To qualify to be on this list, a program must either be a private or public facility that is licensed, certified, or otherwise approved for inclusion by the State Department of State Health Services, or be administered by the Department of Veterans Affairs, the Indian Health Service or the Department of Defense.

Generally, these latter treatment providers have a limited amount of out-patient program availability. More problematic, they often choose to treat the clients who will pay higher rates because they must support their own program survival (as their funding comes from fees). These treatment providers often accept (1) federal clients whose rates for reimbursement for substance abuse treatment services are based on a competitive bidding process (*note*: the reimbursement rates vary based on the type of service provided and the area of the state solicited for services), or (2) clients who fall under the Department of Health and Human Services who pay treatment fees of \$74 per day for intensive residential treatment, \$41 per day for supportive residential treatment, \$54 per hour for individual counseling, and \$17 per hour for group counseling.¹²

Treatment providers are often less likely to serve probationers and parolees with judge-ordered drug treatment requirements (like Substance Abuse Felony Punishment (SAFP) clients) who must receive out-patient aftercare because there is little financial incentive: providers only receive an average of \$43.44 per day to cover operation and treatment costs for SAFPs, \$32.61 per day for supportive residential Transitional Treatment Centers (TTCs), \$54.53 per day for relapse residential TTCs, and \$32.62 per day for Halfway Houses.¹³ Increasing these average per-day costs – while also keeping in mind relative cost of living standards throughout the state – will increase the likelihood of providers contracting with probation and parole departments (as well as the Department of Criminal Justice in general) to fulfill current treatment needs.

e. The number of qualified treatment professionals that focus on criminal justice clients should be increased.

Through incentives, Texas must recruit, train, and retain quality substance abuse treatment professionals in the criminal justice field (e.g., within probation, in community-based treatment programs that serve criminal justice clients, at SAFPs, at TTCs, etc.). The average salary of a drug treatment counselor (\$30,000) is not competitive enough to attract an adequate amount of qualified professionals. The State should adopt a loan reimbursement program for those entering the difficult field of substance abuse treatment and offer incremental reimbursements after employment periods have been completed by graduates.

In addition, individuals who have already paid their student loans and who are considered well performing employees within this profession should be eligible to receive merit bonus incentives over the long term.

¹² Community Mental Health and Substance Abuse Programs Services Section, Texas Department of State Health Services. Please see Appendix E for Department of State Health Services reimbursement rates for substance abuse treatment services.

¹³ These rates were provided by TDCJ in response to an open records request. Please see Appendix F for TDCJ's full response to the open records request submitted by TCJC in regards to per diem rates for SAFPs, Halfway Houses, and TTCs.

- f. **Funding for TTCs, as well as out-patient and aftercare programs, should be increased, and SAFP facilities should use evidence-based treatment practices while following a 3-pronged approach.**

Of individuals with substance abuse problems, 85% can be treated in community-based programs, but 15% will require programs like SAFPs. All SAFP facilities must utilize a 3-pronged approach to be effective:

- i. Substance abusers must stay in a SAFP for at least 9 months instead of the current 6-month stay.
- ii. After a stay in a SAFP, individuals must be admitted to a Transitional Treatment Center for 90 days.
- iii. Individuals must spend at least 9-10 months in an out-patient program.

As has been demonstrated in past attempts to use a SAFP to address drug addiction for those who cannot be treated in community-based programs, recidivism rates do not decrease without implementation of all three of these components.

Note: The State should ensure that SAFPs, TTCs, and out-patient programs have the resources to hire qualified professionals.

(2) Agencies Should be Encouraged to Coordinate and Share Information to Meet the State's Public Safety Needs.

- a. **Texas should fund and expand the ability of probation, TDCJ institutional administrators, parole, health and human service departments, and the community-based service providers who contract with them to communicate and coordinate their resources.**

Many criminal justice agencies do not communicate with each other, due in part to the absence of uniform datasets across agencies. Sharing information will help practitioners implement evidence-based practices by allowing them to match risk level and criminogenic needs to responsive interventions, which has been proven to increase the success of clients.

Ultimately, departments must be given incentives and provided with resources to share information, making their supervision strategies more effective and better assisting judges and treatment providers. Creating gateways of communication between departments will allow supervisors to coordinate efforts and provide a holistic service to increase the success rate of those under supervision.

In addition, agencies must be encouraged to share best practices. The Community Justice and Assistance Division at TDCJ should compile an annual report to be distributed to practitioners that assesses the successes and failures of all programs using evidence-based outcome measures. Post-completion program evaluations should include an examination of rates of recovery, employment, and educational attainment.

* * * * *

The costs associated with a larger investment in substance abuse coordination, availability, and provision may be viewed as the greatest difficulty of actualizing survey respondents' recommendations.

However, the social benefits to be gained by assisting those suffering with addiction outweigh the budgetary costs and will produce long-term savings. With a greater allocation of state funding towards substance abuse treatment, Texas will further its mission to improve public safety by producing more capable, law abiding, and productive citizens.

APPENDIX A: TCJC SURVEY QUESTIONS

SURVEY INSTRUCTIONS

Answering this survey will allow us to provide your input to the members of the House Corrections Committee and other key stakeholders in regards to the following legislative interim charge:

House Charge #6: Review and research the availability, coordination, efficiency, and allocation of substance abuse treatment resources for probationers, pretrial defendants, people in the custody of the Texas Department of Criminal Justice (TDCJ), and parolees. This review should include methods to reduce and improve current assessments, training, and referring protocols and the identification of any barriers that may be impeding all of the above. (Joint Interim Charge with the House Committee on Appropriations)

The time you spend on the survey will be worthwhile. It should only take you about 15 minutes to complete.

We are looking for information about programs and services available in Texas, regardless of whether they currently serve the re-entry population or specifically exclude this population.

TCJC will summarize and release the survey results in order to make your job as a substance abuse service provider easier and more effective. Your name/program name will only be included in our findings and publications if you so instruct us at the end of this survey. Otherwise your feedback will be anonymously tabulated with the remaining respondents' information. Because of this, you should feel comfortable speaking freely about your professional experiences in this area.

Please note that only one survey should be completed for each program you are involved with. However, PLEASE also take 15 minutes to fill out our Re-Entry Service Provider Survey if you provide criminal justice re-entry services.

Your assistance in completing these surveys is invaluable and greatly appreciated. If you have any questions or concerns about the survey, please contact Eden Davisson, Director of Re-Entry and Best Practices, at (512) 854-8123 x 102 or at edavisson@criminaljusticecoalition.org.

To learn more about us, log on to www.criminaljusticecoalition.org.

I. PROGRAM INFORMATION

1. Please identify your role in the criminal justice substance abuse services field:

- Judge
- Parole Board Member
- Parole Officer
- Probation Officer
- Wyndham School District Educator

- Community-based Program Practitioner (Private/Non-Profit/Non-TDCJ Employee)
- Community-based Public Program Practitioner (County, State)
- TTC Program Practitioner (Official TDCJ Transitional Therapeutic Community)
- Official TDCJ Halfway House Program Practitioner
- State Jail Program Practitioner/Employee
- Official TDCJ Substance Abuse Felony Punishment Facility Program Practitioner (SAFPs)
- Official TDCJ In-Prison Therapeutic Community Program Practitioner (IPTCs)
- Federal Prison Program Practitioner
- Veterans Administration Re-Entry Program Practitioner
- Other

2. Please indicate how many clients you serve per week:

- 1-25
- 26-50
- 51-75
- 76-100
- 100+
- Not Applicable
- Comments

3. What are your sources of funding? (Choose all that apply)

- Private donations
- Federal grants
- Federal contracts
- State grants
- State contracts (DSHS/TDCJ, etc.)
- CSCD/CJAD contracts
- County and city grants (Some DWI Courts, etc.)
- County and city contracts
- Insurance reimbursements
- Client payments
- I don't know
- Other
- Please specify your major funding sources:

4. To your knowledge, is there a waiting list or backlog of clients waiting to receive your services?

- No
- Yes
- I don't know

Not Applicable

5. If you answered “yes” to Question 4, how many people do you estimate are waiting for your services?

Not Applicable

1-25

26-50

51-75

76-100

100-200

200-300

300-400

400+

II. INFORMATION SHARING AND COORDINATION

6. Please indicate to what degree your communication and information-sharing with the following professionals could improve.

NOTE: In the Comments section, please feel free to provide recommendations that would assist or encourage specified professionals to communicate and share information with you.

- ***Presiding judges***

Not relevant to my work

Already have adequate communication

Need some additional communication

Need significantly more communication

- ***Parole Board***

Not relevant to my work

Already have adequate communication

Need some additional communication

Need significantly more communication

- ***Parole Officers (Parole Divisions)***

Not relevant to my work

Already have adequate communication

Need some additional communication

Need significantly more communication

- ***Probation Officers (Community Supervision and Correction Department [CSCDs])***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication

- ***State Jail Substance Abuse Program Practitioners***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication

- ***State Prison Substance Abuse Program Practitioners (SAFP)***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication

- ***State Prison Substance Abuse Program Practitioners (IPTC)***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication

- ***Federal Prison Substance Abuse Program Practitioners***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication

- ***Community-based Substance Abuse Treatment Providers (TTC)***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication

- ***Community-based Substance Abuse Treatment Providers (HWH)***
 - Not relevant to my work
 - Already have adequate communication

- Need some additional communication
- Need significantly more communication
- ***Community-based Substance Abuse Treatment Providers (private or non-profit)***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication
- ***Community-based Substance Abuse Treatment Providers (Mental Health/Mental Retardation/MHMR authorities of Texas)***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication
- ***Veterans Administration Substance Abuse Program Practitioners***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication
- ***Health and Human Service Commission's Department of State Health Services***
 - Not relevant to my work
 - Already have adequate communication
 - Need some additional communication
 - Need significantly more communication
- ***Other (please specify)***

III. BARRIERS TO SERVICE PROVISION

7. How often do you experience the following administrative obstacles to starting up and maintaining your type of program/service/District Reentry Center:
- ***Lack of certified/trained workforce***
 - Never
 - Rarely

- Sometimes
- Often
- N/A

- ***Restrictions on professional licensure for people with convictions***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Lack of staff due to high turnover***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Lack of staff due to insufficient funding***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Lack of reimbursement by insurance companies for mental health services***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Lack of reimbursement by insurance companies for substance abuse treatment***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Insufficient per-diem reimbursement by the federal government***
 - Never

- Rarely
- Sometimes
- Often
- N/A

- ***Insufficient per-diem reimbursement by the state***

- Never
- Rarely
- Sometimes
- Often
- N/A

- ***Statutory restrictions on starting up the program***

- Never
- Rarely
- Sometimes
- Often
- N/A

- ***Restrictions on qualifying for government contracts***

- Never
- Rarely
- Sometimes
- Often
- N/A

- ***Requirement to provide both security and treatment as contract provisions***

- Never
- Rarely
- Sometimes
- Often
- N/A

- **Please elaborate on the most severe limitations here:**

8. To what extent do you experience the following barriers/obstacles to providing quality services to people with convictions?

- ***Legal restrictions on staff contacting clients for follow-up evaluation and services***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Legal restrictions preventing recovered clients from outreach in jails/prisons***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Lack of trained/certified workforce***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Restrictions on professional licensure for people with convictions***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Lack of information referral networks among providers***
 - Never
 - Rarely
 - Sometimes
 - Often
 - N/A

- ***Watered-down services in my agency due to insufficient funding***
 - Never

- Rarely
- Sometimes
- Often
- N/A

- ***Lack of providers in rural areas***

- Never
- Rarely
- Sometimes
- Often
- N/A

- ***Lack of providers that are DSHS/TDCJ certified***

- Never
- Rarely
- Sometimes
- Often
- N/A

- ***Too much time lapse between sentencing and treatment***

- Never
- Rarely
- Sometimes
- Often
- N/A

- ***Too much time lapse between release from incarceration and community-based treatment***

- Never
- Rarely
- Sometimes
- Often
- N/A

- **Suggestions (please specify)/Other**

9. If you experienced insufficient funding as a barrier to efficiently providing substance abuse services to individual clients, approximately how much more money do you need per year or per diem to remove or significantly minimize the barrier(s)?

- I do not experience insufficient funding.

- I experience insufficient funding, and suggestions are below.
- N/A

Amount needed:

10. Are there any laws you are aware of that hinder clients with criminal records from getting and keeping meaningful employment or other essential components of their recovery (housing, education, skills training, etc.)?

- No
- Yes

If yes, please describe the nature of the laws:

IV. LICENSURE AND ASSESSMENTS

11. What substance abuse assessment instrument(s) do you use?

- ASI – Addiction Severity Index
- TCU CJ CI – Texas Christian University (TCU) Criminal Justice Comprehensive Intake
- BHIPS – Behavioral Health Integrated Provider System Intake
- TCU CJ CEST – TCU Criminal Justice Client Evaluation of Self and Treatment
- N/A

Other (please specify)

12. What improvements – if any – do you think would make the assessment you use more efficient, while preserving quality and validity?

Suggestions for improving ASI

Suggestions for improving TCU CJ CI

Suggestions for improving BHIPS

Suggestions for improving TCU CJ CEST

Suggestions for improving another assessment

13. Recently the Department of State Health Services updated the occupational license statute for LCDCs to reflect longer waiting periods between conviction and qualification for internships/licensure (for people with convictions or who have been on community supervision). The waiting period was previously between 1 and 10 years depending on the offense. Now, the waiting period is between 5 and 20 years (see Texas Occupational Code Ch.504 §140.430e). A large number of LCDCs are people who have had a conviction and have recovered from addiction.

In what ways do you anticipate this recent change will impact your field?

14. What are your training credentials? (Check all that apply)

- I do NOT provide substance abuse interventions/counseling
- LCDC Certification
- Certified Criminal Justice Professional Certification
- Faith-based Counseling Certification
- Licensed Professional Counselor Certification
- Psychology Degree
- Social Work Degree
- Counseling Degree

Other (please specify)

V. **PROGRAM EVALUATION**

15. Do you check the success rate of your clients after 1 year?

- No
- Yes
- I don't know
- N/A

16. Do you check the success rate of your clients after 3 years?

- No
- Yes
- I don't know
- N/A

17. How does your program measure whether or not its clients are successful? (Please be as specific as possible, and check all that apply)

- We don't measure client outcomes
- Examining employment status after a given time period.

- Examining re-arrest for any violation after a given time period
- Examining re-arrest for certain violations after a given time period
- Examining educational attainment
- Examining contributions to community after a given time period
- Examining sobriety and relapses
- I don't know
- N/A
- Other

Other, please specify:

18. If you do not measure the success of your clients, what prevents you from doing so?

19. Has an evaluation of this program been conducted?

- No
- Yes
- I don't know
- N/A

If you answered "no," what has prevented your program from being evaluated? If you answered "yes," when and by whom?

20. If you answered yes to Question 19, can TCJC receive a copy of the evaluation results and may we share this with other criminal justice decision-makers? (If so, we will contact you for a copy of the results.)

- No
- Yes
- N/A

VI. CONTACT INFORMATION

21. How may we use your written responses?

- ONLY use my written responses anonymously.
- You may quote me for my written responses.

22. May we inform you of opportunities to voice your concerns to law-makers?

- No
- Yes

23. If you provide direct services, is your organization already registered with the 2-1-1 Information and Referral Network?

- I don't provide direct services
- Yes, we are registered
- No, we are not registered
- I don't know

24. If you would like us to contact you for future collaboration or information, please fill out the following contact information you would like us to have.

Program Name	<input type="text"/>
Contact Name	<input type="text"/>
Contact Phone	<input type="text"/>
Contact Email	<input type="text"/>
Program Address (please include zipcodes)	<input type="text"/>
Program Website	<input type="text"/>

APPENDIX B: ALL RESPONSES TO TCJC SURVEY QUESTIONS

I. PROGRAM INFORMATION

1. Role in the Criminal Justice Substance Abuse Services Field

- 3.6% are TTC Program Practitioners (Official TDCJ Transitional Therapeutic Community)
- 6.1% are Community-based Public Program Practitioners (County, State)
- 25.9% are Community-based Program Practitioners (Private/Non-Profit/Non-TDCJ Employee)
- 31.4% identified themselves as Other (Judges, Parole Officers, Wyndham School District Educators, Official TDCJ Halfway House Program Practitioners, Veterans Administration Re-entry Program Practitioners, Employees in the Corrections Field, Non-profit and For-profit Practitioners and Administrators, and Faith-based Service Providers)
- 33.0% are Probation Officers

2. Clients Served Per Week

- 30.6% serve 1-25 clients per week
- 19.4% serve 26-50 clients per week
- 10.2% serve 51-75 clients per week
- 4.6% serve 76-100 clients per week
- 26.0% serve 100+ clients per week
- 9.2% claimed this is not applicable to their work

3. Sources of Funding¹⁴

- 27.8% receive private donations
- 13.9% receive federal grants
- 5.7% receive federal contracts
- 23.7% receive state grants
- 26.8% receive state contracts (DSHS/TDCJ, etc.)
- 39.7% receive CSCD/CJAD contracts
- 6.2% receive county and city grants (some DWI courts, etc.)
- 14.4% receive county and city contracts
- 7.2% receive insurance reimbursements
- 33.0% receive client payments
- 5.2% receive funding from other sources
- 14.9% answered “I don’t know”

¹⁴ The percentages in these responses do not add up to 100% because respondents were given the option of selecting more than one source of funding.

4. **Waiting List or Backlog of Clients Waiting to Receive Services**

- 43.1% of respondents claim that, to their knowledge, clients are on a waiting list to receive their services
- 44.2% of respondents claim that, to their knowledge, clients are not on a waiting list to receive their services
- 6.1% of respondents claim this is not applicable to their work
- 6.6% of respondents answered “I don’t know”

5. **Estimated Number of People Waiting for Services**

Of respondents who claimed that clients are on a waiting list to receive their services:

- 61.8% estimate that 1-25 clients are waiting for services
- 13.5% estimate that 26-50 clients are waiting for services
- 4.5% estimate that 51-75 clients are waiting for services
- 6.7% estimate that 76-100 clients are waiting for services
- 6.7% estimate that 100-200 clients are waiting for services
- 1.1% estimate that 200-300 clients are waiting for services
- 0.0% estimate that 300-400 clients are waiting for services
- 5.6% estimate that 400+ clients are waiting for services

II. **INFORMATION SHARING AND COORDINATION**

6. **Degree to Which Communication and Information-sharing with the Following Professionals Could Improve:**

Presiding judges

- 15.3% claim this is not relevant to their work
- 46.0% feel they already have adequate communication
- 22.2% feel they need some additional communication
- 16.4% feel they need significantly more communication

Parole Board

- 68.1% claim this is not relevant to their work
- 4.8% feel they already have adequate communication
- 11.2% feel they need some additional communication
- 16.0% feel they need significantly more communication

Parole Officers (Parole Divisions)

- 39.4% claim this is not relevant to their work
- 27.7% feel they already have adequate communication
- 18.6% feel they need some additional communication
- 14.4% feel they need significantly more communication

Probation Officers (Community Supervision and Correction Department [CSCDs])

- 8.5% claim this is not relevant to their work
- 58.2% feel they already have adequate communication
- 21.2% feel they need some additional communication
- 12.2% feel they need significantly more communication

State Jail Substance Abuse Program Practitioners

- 40.2% claim this is not relevant to their work
- 18.5% feel they already have adequate communication
- 21.2% feel they need some additional communication
- 20.1% feel they need significantly more communication

State Prison Substance Abuse Program Practitioners (SAFP)

- 34.6% claim this is not relevant to their work
- 31.9% feel they already have adequate communication
- 19.1% feel they need some additional communication
- 14.4% feel they need significantly more communication

State Prison Substance Abuse Program Practitioners (IPTC)

- 51.1% claim this is not relevant to their work
- 13.8% feel they already have adequate communication
- 19.1% feel they need some additional communication
- 16.0% feel they need significantly more communication

Federal Prison Substance Abuse Program Practitioners

- 65.2% claim this is not relevant to their work
- 6.4% feel they already have adequate communication
- 13.4% feel they need some additional communication
- 15.0% feel they need significantly more communication

Community-based Substance Abuse Treatment Providers (TTC)

- 18.6% claim this is not relevant to their work
- 44.1% feel they already have adequate communication
- 23.4% feel they need some additional communication
- 13.8% feel they need significantly more communication

Community-based Substance Abuse Treatment Providers (HWH)

- 28.2% claim this is not relevant to their work
- 30.3% feel they already have adequate communication
- 27.1% feel they need some additional communication
- 14.4% feel they need significantly more communication

Community-based Substance Abuse Treatment Providers (private or non-profit)

- 12.2% claim this is not relevant to their work
- 46.3% feel they already have adequate communication
- 28.2% feel they need some additional communication
- 13.3% feel they need significantly more communication

Community-based Substance Abuse Treatment Providers (Mental Health/Mental Retardation/MHMR authorities of Texas)

- 12.7% claim this is not relevant to their work
- 33.9% feel they already have adequate communication
- 32.8% feel they need some additional communication
- 20.6% feel they need significantly more communication

Veterans Administration Substance Abuse Program Practitioners

- 27.7% claim this is not relevant to their work
- 16.5% feel they already have adequate communication
- 38.3% feel they need some additional communication
- 17.6% feel they need significantly more communication

Health and Human Service Commission's Department of State Health Services

- 23.4% claim this is not relevant to their work
- 27.1% feel they already have adequate communication
- 30.9% feel they need some additional communication
- 18.6% feel they need significantly more communication

III. BARRIERS TO SERVICE PROVISION

7. Frequency with which the Following Situations Pose Administrative Obstacles to Starting Up and Maintaining a Program/Service/District Reentry Center:

Lack of Certified/Trained Workforce

- 15.6 claim this is not applicable to their work
- 7.5% feel this is never an obstacle
- 13.3% feel this is rarely an obstacle
- 35.3% feel this is sometimes an obstacle
- 28.3% feel this is often an obstacle

Restrictions on Professional Licensure for People with Convictions

- 22.5% claim this is not applicable to their work
- 17.3% feel this is never an obstacle
- 18.5% feel this is rarely an obstacle

- 22.0% feel this is sometimes an obstacle
- 19.7% feel this is often an obstacle

Lack of Staff Due to High Turnover

- 16.8% claim this is not applicable to their work
- 11.0% feel this is never an obstacle
- 21.4% feel this is rarely an obstacle
- 28.9% feel this is sometimes an obstacle
- 22.0% feel this is often an obstacle

Lack of Staff Due to Insufficient Funding

- 16.2% claim this is not applicable to their work
- 7.5% feel this is never an obstacle
- 8.7% feel this is rarely an obstacle
- 23.1% feel this is sometimes an obstacle
- 44.5% feel this is often an obstacle

Lack of Reimbursement by Insurance Companies for Mental Health Services

- 60.1% claim this is not applicable to their work
- 15.6% feel this is never an obstacle
- 6.9% feel this is rarely an obstacle
- 6.4% feel this is sometimes an obstacle
- 11.0% feel this is often an obstacle

Lack of Reimbursement by Insurance Companies for Substance Abuse Treatment

- 54.3% claim this is not applicable to their work
- 16.2% feel this is never an obstacle
- 6.4% feel this is rarely an obstacle
- 6.9% feel this is sometimes an obstacle
- 16.2% feel this is often an obstacle

Insufficient Per-Diem Reimbursement by the Federal Government

- 61.0% claim this is not applicable to their work
- 18.6% feel this is never an obstacle
- 8.1% feel this is rarely an obstacle
- 1.7% feel this is sometimes an obstacle
- 10.5% feel this is often an obstacle

Insufficient Per-Diem Reimbursement by the State

- 41.6% claim this is not applicable to their work
- 15.0% feel this is never an obstacle
- 11.6% feel this is rarely an obstacle

- 8.7% feel this is sometimes an obstacle
- 23.1% feel this is often an obstacle

Statutory Restrictions on Starting Up the Program

- 45.9% claim this is not applicable to their work
- 14.0% feel this is never an obstacle
- 13.4% feel this is rarely an obstacle
- 16.9% feel this is sometimes an obstacle
- 9.9% feel this is often an obstacle

Restrictions on Qualifying for Government Contracts

- 43.6% claim this is not applicable to their work
- 18.0% feel this is never an obstacle
- 14.0% feel this is rarely an obstacle
- 12.2% feel this is sometimes an obstacle
- 12.2% feel this is often an obstacle

Requirement to Provide Both Security and Treatment as Contract Provisions

- 51.5% claim this is not applicable to their work
- 14.0% feel this is never an obstacle
- 15.2% feel this is rarely an obstacle
- 9.4% feel this is sometimes an obstacle
- 9.9% feel this is often an obstacle

8. Frequency with which the Following Situations Pose Barriers/Obstacles to Providing Quality Services to People with Convictions:

Legal Restrictions on Staff Contacting Clients for Follow-Up Evaluation and Services

- 33.5% claim this is not applicable to their work
- 26.6% feel this is never an obstacle
- 19.7% feel this is rarely an obstacle
- 14.5% feel this is sometimes an obstacle
- 5.8% feel this is often an obstacle

Legal Restrictions Preventing Recovered Clients from Outreach in Jails/Prisons

- 37.6% claim this is not applicable to their work
- 15.6% feel this is never an obstacle
- 15.0% feel this is rarely an obstacle
- 16.2% feel this is sometimes an obstacle
- 15.6% feel this is often an obstacle

Lack of Certified/Trained Workforce

- 14.5% claim this is not applicable to their work
- 11.0% feel this is never an obstacle
- 12.8% feel this is rarely an obstacle
- 35.5% feel this is sometimes an obstacle
- 26.2% feel this is often an obstacle

Restrictions on Professional Licensure for People with Convictions

- 24.9% claim this is not applicable to their work
- 13.9% feel this is never an obstacle
- 20.2% feel this is rarely an obstacle
- 24.3% feel this is sometimes an obstacle
- 16.8% feel this is often an obstacle

Lack of Information Referral Networks Among Providers

- 15.0% claim this is not applicable to their work
- 6.9% feel this is never an obstacle
- 26.0% feel this is rarely an obstacle
- 30.1% feel this is sometimes an obstacle
- 22.0% feel this is often an obstacle

Watered-Down Services in My Agency Due to Insufficient Funding

- 19.8% claim this is not applicable to their work
- 15.1% feel this is never an obstacle
- 18.0% feel this is rarely an obstacle
- 22.1% feel this is sometimes an obstacle
- 25.0% feel this is often an obstacle

Lack of Providers in Rural Areas

- 25.4% claim this is not applicable to their work
- 6.4% feel this is never an obstacle
- 6.4% feel this is rarely an obstacle
- 19.1% feel this is sometimes an obstacle
- 42.8% feel this is often an obstacle

Lack of Providers that are DSHS/TDCJ Certified

- 25.6% claim this is not applicable to their work
- 9.9% feel this is never an obstacle
- 11.0% feel this is rarely an obstacle
- 27.3% feel this is sometimes an obstacle
- 26.2% feel this is often an obstacle

Too Much Time Lapse Between Sentencing and Treatment

- 24.3 claim this is not applicable to their work
- 5.2% feel this is never an obstacle
- 13.9% feel this is rarely an obstacle
- 27.7% feel this is sometimes an obstacle
- 28.9% feel this is often an obstacle

Too Much Time Lapse Between Release From Incarceration and Community-Based Treatment

- 30.2% claim this is not applicable to their work
- 6.4% feel this is never an obstacle
- 14.5% feel this is rarely an obstacle
- 24.4% feel this is sometimes an obstacle
- 24.4% feel this is often an obstacle

9. For Those Who Experience Insufficient Funding as a Barrier to Efficiently Providing Substance Abuse Services to Individual Clients: The Additional Funds Needed Per Year or Per Diem to Remove or Significantly Minimize the Barrier

- 26.6% claim this is not applicable to their work
- 19.7% feel they do not experience insufficient funding
- 53.8% feel they experience insufficient funding

10. Knowledge of Laws That Hinder Clients with Criminal Records from Getting And Keeping Meaningful Employment or Other Essential Components of Recovery (Housing, Education, Skills Training, Etc.)

- 59.0% claim they do not know of any such laws
- 41.0% claim they do know of such laws

VI. LICENSURE AND ASSESSMENTS

11. Substance Abuse Assessment Instrument(s) Used¹⁵

- 49.4% claimed this is not applicable to their work
- 37.2% use the ASI – Addiction Severity Index
- 4.9% use the TCU CJ CI – Texas Christian University (TCU) Criminal Justice Comprehensive Intake
- 26.2% use the BHIPS – Behavioral Health Integrated Provider System Intake
- 4.3% use the TCU CJ CEST – TCU Criminal Justice Client Evaluation of Self and Treatment
- 56.0% use a different assessment instrument

¹⁵ The percentages in these responses do not add up to 100% because respondents were given the option of selecting more than one assessment instrument.

12. Improvements that Would Make Assessment Instrument More Efficient, While Preserving Quality and Validity¹⁶

- 15.9% had suggestions for improving ASI
- 9.1% had suggestions for improving TCU CJ CI
- 45.5% had suggestions for improving BHIPS
- 6.8% had suggestions for improving TCU CJ CEST
- 22.7% had suggestions for improving a different assessment instrument

13. Ways in which Recent Change to Occupational License Statute (lengthened waiting periods between conviction and qualification for internships/licensure, including for LCDCs) will Impact the Substance Abuse Field¹⁷

- 11.7% believe the statutory change will improve the field.
- 64.1% believe the statutory change will cause a further shortage of practitioners in the field.
- 9.7% believe that the statutory change will result in fewer people with recovery experience.
- 14.6% believe the statutory change will have no impact on the field.

14. Training Credentials¹⁸

- 48.5% of respondents do not provide substance abuse interventions/counseling
- 22.4% of respondents have an LCDC certification
- 17.6% of respondents have a Certified Criminal Justice Professional certification
- 12.1% of respondents have a Faith-based counseling certification
- 5.5% of respondents have a Licensed Professional Counselor certification
- 5.5% of respondents have a Psychology degree
- 12.7% of respondents have a Social Work degree
- 10.9% of respondents have a Counseling degree
- 10.9% of respondents provided a different or additional training credential

V. PROGRAM EVALUATION

15. Evaluation of Client Success Rates after 1 Year

- 14.1% of respondents claim this is not applicable to their program
- 32.5% of respondents' programs do not check client success rate
- 51.5% of respondents' programs do check client success rate
- 1.8% of respondents answered "I don't know"

¹⁶ The percentages in these responses do not add up to 100% because respondents were given the option of providing more than one suggestion.

¹⁷ The percentages in these responses do not add up to 100% because respondents were given the option of providing all feedback they felt was necessary.

¹⁸ The percentages in these responses do not add up to 100% because respondents were given the option of selecting more than one training credential.

16. Evaluation of Client Success Rates after 3 Years

- 17.8% of respondents claim this is not applicable to their program
- 50.3% of respondents' programs do not check client success rate
- 27.6% of respondents' programs do check client success rate
- 4.3% of respondents answered "I don't know"

17. How Programs Measure Client Success Rates¹⁹

- 12.9% of respondents claim this is not applicable to their program
- 8.0% of respondents' programs do not measure client outcomes
- 33.1% of respondents' programs examine employment status after a given time period
- 52.1% of respondents' programs examine re-arrest for any violation after a given time period
- 26.4% of respondents' programs examine re-arrest for certain violations after a given time period
- 25.2% of respondents' programs examine educational attainment
- 22.1% of respondents' programs examine contributions to community after a given time period
- 55.2% of respondents' programs examine sobriety and relapses
- 11.7% of respondents' programs use a different benchmark
- 4.9% of respondents answered "I don't know"

18. What Prevents Programs from Measuring Client Success Rates

- 23.0% of responses indicate that lack of staff prevents programs from measuring client success rates
- 13.0% of responses indicate that lack of time prevents programs from measuring client success rates
- 19.0% of responses indicate that lack of contact information for this population prevents programs from measuring client success rates
- 39.0% of responses indicate that lack of funding opportunities prevents programs from measuring client success rates
- 6.5% of responses indicate that that other issues prevent programs from measuring client success rates

19. Programs that have Undergone Evaluation

- 17.2% of respondents claimed this is not applicable to their program
- 31.3% of respondents' programs have not undergone evaluation
- 33.7% of respondents' programs have undergone evaluation
- 17.8% of respondents answered "I don't know"

¹⁹ The percentages in these responses do not add up to 100% because respondents were given the option of selecting more than one measurement of clients' success.

APPENDIX C: FREE-RESPONSE COMMENTS FROM RESPONDENTS, BY QUESTION

The following are written comments from survey respondents that they completed for particular questions.

Question 1: Please identify your role in the criminal justice substance abuse services field.

OTHER ROLES
(1) Judge
(2) Judge
(3) Parole Officer
(4) Parole Officer
(5) Parole Officer
(6) Parole Officer
(7) Wyndham School District Educator
(8) Official TDCJ Halfway House Program Practitioner
(9) Veterans Administration Re-Entry Program Practitioner
(10) State Program Official
(11) TDCJ Chaplaincy Volunteer
(12) Division Director
(13) Operations Manager For Rehabilitation and Reentry Programs Division
(14) Manager Of Operations for Rehabilitation and Reentry
(15) Trinity River Baptist Association of Churches
(16) Wichita Falls Faith Mission, Inc.
(17) Referral to substance abuse - Religious Pastoral Services
(18) Residential Christian ministry house
(19) Faith based follow-up as Mentor level for TDCJ
(20) Loaves and Fishes, All Saints' Episcopal Church, offers a weekly program to provide a little financial help to indigent persons, but does not offer specific substance abuse help. We do have an informal group of parents and grandparents of substance abusers who meet regularly for support, but we do not work directly with substance abusers.
(21) Executive Director
(22) Executive Director
(23) Chief Executive Officer
(24) Drug Court
(25) Drug Court Director
(26) Administrator
(27) Business Dev. - Community Outreach
(28) Client, resident, recipient
(29) Counselor
(30) Counselor
(31) DAAC (Certificate)
(32) Employment Case Manager/Trainer

- (33) Facility Compliance Advisor - Private Drug/Alc Tx Facility
- (34) Homeless services provider
- (35) Instructor
- (36) Intervention Program Mgr
- (37) Licensed Professional Counselor, not specifically substance abuse
- (38) Ministry to inmates and ex-offenders
- (39) Motivational Counselor
- (40) Residential Ex-Offender Housing Administrator
- (41) Sex Offender Unit

Question 2: Please indicate how many clients you serve per week.

COMMENTS
<ul style="list-style-type: none"> (1) 30 bed residential addiction treatment (2) Intensive Adult Outpatient SA Services (3) 270 offender in our program every 60 days (4) Three counties - weekly substance groups (5) I do psychosocial and substance abuse assessments on all new felonies in our county and make treatment recommendations and referrals (6) We are a referring agency (7) Women & Children/Specialized Female (8) We serve both residential and outpatient clients (9) We serve both residential and outpatient clients (10) In substance abuse caseload only (11) SUPERVISE OFFICERS WHO HANDLE CASES (12) We serve 30 people a week but have no idea how many, if any, are substance abusers. (13) Most of the people coming here, are straight from prison (14) Youth and adult in residential and outpatient substance abuse treatment services (15) Work on an informal Christian basis with folks in transitional housing and also Gist State Jail: "Operation Rebound" (16) The department supervises approximately. 600 direct probationers (17) For all programs over 150 (18) Average caseload size per supervision officer – 100 (19) Most Client through CPS, few from Parole or Probation

Question 3: What are your sources of funding?

MAJOR FUNDING SOURCES
<ul style="list-style-type: none"> (1) United Way (2) Fees and private donations

- (3) Foundation Grants Churches Individuals
- (4) Local private foundation grant
- (5) One main sponsor, and self-funded
- (6) Pledges from people who believe ex-offenders need help making the adjustment from incarceration to free world
- (7) Private donations
- (8) Private donations
- (9) Private donations and fundraisers
- (10) Private pay and insurance clients are served but these clients are not housed or associated with TDCJ clients.
- (11) The Southern Baptist Churches making up Trinity River Baptist Association
- (12) Ministry and donations.
- (13) I and a number of others --pay our on way
- (14) Individuals and Other Christian organizations whom we serve
- (15) Individuals, churches, and various donation driven fundraising efforts
- (16) Church sponsored
- (17) Church support
- (18) Churches
- (19) 60% private pay
- (20) Client fees
- (21) Client payments
- (22) County Hospital District
- (23) Local County Matching Funds
- (24) Travis County General Fund
- (25) DARS, TWC/WIA, Student loans
- (26) CJAD
- (27) CJAD
- (28) CJAD
- (29) CJAD
- (30) CJAD Funding & supervision Fees
- (31) CJAD funding and locally generated funds
- (32) CJAD funding and probationer fees collected
- (33) CJAD State Aid Funding
- (34) CSCD/CJAD Contracts
- (35) Funding from CJAD and probation budget to operate Central Texas Treatment Center
- (36) basic supervision ccp
- (37) Basic Supervision Funds Diversion Program Funds Community Corrections Program Funds Diversion Program funds Probation Fees
- (38) Funding is by our department through Basic Supervision made up of State money and probationer payments to our CSCD
- (39) Employed by CSCD, paid out of CCP money
- (40) State Aid, and Probation Fees collected
- (41) Probation fees
- (42) grants from TDCJ-CJAD
- (43) TDCJ / CJAD
- (44) TDCJ CJAD funding
- (45) TDCJ-CJAD

- (46) Legislative mandated state funded State Department of Criminal Justice
- (47) TDCJ Contract
- (48) TDCJ Contract
- (49) TDCJ Substance Abuse Treatment
- (50) DSHS, probation departments and drug courts
- (51) TDCJ & TDSHS
- (52) Department of State Health Services and United Way
- (53) DOJ, DSHS, Private Health Insurance
- (54) DSHS
- (55) DSHS
- (56) DSHS
- (57) DSHS
- (58) DSHS & United Way
- (59) DSHS and SAMHSA
- (60) DSHS contract
- (61) DSHS Contract
- (62) DSHS for youth (girls/boys) and specialized services for women
- (63) DSHS, County Contracts
- (64) State Contract (DSHS)
- (65) State contracts
- (66) State Grants
- (67) State Mental Health Mental Retardation
- (68) State Monies, Offender Fees, Grants
- (69) Self-generated funds and State Funding
- (70) Agency legislative budget
- (71) TAIP
- (72) Federal programs (VA)
- (73) Medicaid and state contracts
- (74) Special VA programs
- (75) Hud and State and Federal mental health funds
- (76) HUD, HOPWA
- (77) Private Pay Medicare (applied for) TRICare (applied for)
- (78) We have never had any type of funding or donations
- (79) Funding for Sex Offenders
- (80) Non salaried volunteer

Question 6: Please provide recommendations that would assist or encourage professionals to communicate and share information.

- RECOMMENDATIONS**
- (1) MHMR is insignificant and does little if anything to assist in the process
 - (2) Transitional Housing Providers

Question 7: Please elaborate on the most severe limitations to starting up and maintaining your type of program/service/District Reentry Center:

ADMINISTRATIVE OBSTACLES

- (1) As cost of living rises, funding per-diem has not increased with the inflation. Have received a two dollar increase, per day, in the past 13 years.
- (2) Low state reimbursement rates.
- (3) Lack of reimbursement for cost of service by State and Federal funding.
- (4) State rate for treatment is far below cost of providing service.
- (5) Rates paid by TDCJ are horrible and haven't been increased in 12 years; Per diem rates paid by DSHS are substandard and costs Serenity Foundation of Texas (Abilene) \$600,000 in FY07 to subsidize state funded clients. We are currently preparing to surrender our TDCJ contract for rate deficiencies and micro management contractual obligations and with DSHS contract in Region 8 due to daily losses.
- (6) Capacity building is limited by funding. We already have to raise 50% more funds to provide treatment over the state rate. There is no money to fund start up or expansion of new programming.
- (7) There are limited public funds for programs.
- (8) Lack of local government involvement/desire.
- (9) Getting LCDC counselors in / rural setting where wages compete against oilfield work.
- (10) The West Texas area has very few counselors available, and we can't pay enough to attract people to move here.
- (11) Funding and qualified staff are more limited in rural counties served.
- (12) Geographical difficulties, Unable to pay mileage for travel.
- (13) NIMBY syndrome when trying to site a program.
- (14) Lack of trained staff.
- (15) Lack of funding to employee most qualified staff and lack of licensed professionals.
- (16) Funding for staff.
- (17) Severe problem attracting and keeping licensed substance abuse counselors due to low pay.
- (18) Lack of funding / lack of staff / High staff turnover.
- (19) Lack trained substance abuse counselors, persons in addiction recovery who might seek training, don't because of criminal background standards.
- (20) Lack of staffing.
- (21) Length of employee approval process by TDCJ is the greatest hindrance to having a sufficient work force in place to remain in contract compliance.
- (22) Insufficient reimbursements do not allow for the amount of security needed.
- (23) Security provision and escorted transportation is costly and prevents organizations from providing quality treatment.
- (24) Lack of proper funding.
- (25) Lack of funding.
- (26) Restricted to doing only OSAR and not treatment.
- (27) State wants more done with less money.
- (28) DSHS funding is below cost as is CSCD funding for clts.

Question 8: Please provide comments on barriers/obstacles to providing quality services to people with convictions.

SUGGESTIONS

- (1) Need more communication between volunteers & the state.
- (2) There are gaps in service, such as health/dental care and transportation which make it difficult. The TDCJ only certification is a bit of a barrier.
- (3) Need more networking between faith-based organizations and court systems.
- (4) Let the Faith based community help.
- (5) There is a big gap for individuals on medication, and individuals who need supportive temporary housing.
- (6) Funding shortage
- (7) Largest barrier is not enough money for inpatient residential.
- (8) Need funding for peer-to-peer recovery services, continuum of care funding.
- (9) Need more funding.
- (10) Lack of funding to adequately cover costs and meet needs.

Question 9: If you experienced insufficient funding as a barrier to efficiently providing substance abuse services to individual clients, approximately how much more money do you need per year or per diem to remove or significantly minimize the barriers?

FUNDING NEEDED PER YEAR

- (1) \$100.00
- (2) \$2,000
- (3) 5000
- (4) \$10,000
- (5) \$20,000.00
- (6) \$25,000 for 1/2 salary and expenses of a substance abuse counselor. Due to our small population, and rural location, the counselor could be shared with another county
- (7) \$25,000 for non-residential and \$100,000 for residential
- (8) \$25,000.00 / year more
- (9) \$25,000.00 to \$50,000.00
- (10) \$25,000/YEAR
- (11) Need more money to hire another counselor, \$40,000
- (12) need to increase funding for taip counselor, have been unable to hire one for \$27000.00
- (13) \$40,000 - \$50,000
- (14) \$45,000 per year for addition salaries for substance abuse counselors to be added to salaries of 9 counselors, that is \$5,000 additional per year per counselor
- (15) 50,000
- (16) \$50,000
- (17) \$60K
- (18) There are plenty of licensed applicants, the lack is for competent licensed applicants. Reimbursements allowing competative salaries = \$75K per FTE

- (19) 75000
- (20) \$100,000.00 in Basic Supervision Funding
- (21) \$100,000/yr.
- (22) 100k/yr
- (23) \$100,000.00
- (24) \$100,000.00
- (25) \$100,000
- (26) \$150,000
- (27) \$200,000
- (28) Additional \$200,000 annually
- (29) 200,000 annually
- (30) \$200,000 for in patient and out patient services.
- (31) I could use \$200,000 to hire more counselors.
- (32) \$200,000
- (33) 250,000
- (34) 250,000/year We want to expand statewide; we are faith based and do not want moneys that hinder our mission.
- (35) 250,000.00
- (36) \$250,000
- (37) 300,000
- (38) 300,000 for 4 additional LCDCs to cover a 10 county area
- (39) 300,000. for individual and family counseling
- (40) \$300,000.00
- (41) \$375,000.00
- (42) \$400,000.00
- (43) \$400,000 to adequately cover costs and serve rural area
- (44) More methadone funded slots for the rural area for 100 client slots at \$11.00 a day x 7 days x 52 weeks = \$400,400
- (45) 500,000.00
- (46) 500,000
- (47) 500,000.00
- (48) Between \$500,000 and \$ 1 mil for inpatient treatment for probationers in Tarrant Co.
- (49) \$600,000
- (50) \$1,000,000
- (51) 3 million

FUNDING NEEDED PER DAY OR WEEK

- (1) Aftercare residential rates are \$11 a day we need at least \$22
- (2) My current county contract is \$25/per day less than my state contract. I cannot afford to continue to provide the county services at the current rate
- (3) \$28.00 per day as Access to Recovery program, annual will be based on needs of client.
- (4) \$50 a day for supportive services / \$80 a day for intensive
- (5) \$60 individual \$20 group session
- (6) 70/day

- (7) \$80.00 / day
- (8) \$80/per diem
- (9) \$85 per diem Intensive Residential - \$50 per diem Supportive Residential
- (10) Our cost per day per client is \$85. We are reimbursed about \$69. We could do more if we were better funded.
- (11) DSHS - detox per diem \$150, actual cost \$210; intensive residential per diem \$74, actual cost \$84, TDCJ, per diem \$30, actual cost 35.14. These rates would create a break even situation, not counting on increased minimum wage increase this summer.
- (12) increase daily residential rates from \$74 to \$165
- (13) \$500 per week

ADDITIONAL SUGGESTIONS FOR FUNDING CHANGES

- (1) The funding would need to at the very least be consistent w/the reimbursement that we currently receive from DSHS for our other grants from which we provide services
- (2) A per diem increase to the Federal Level would be sufficient.
- (3) Access to city funding
- (4) ALL CJAD FUNDING NEEDS TO BE INCREASED AND AT A MINIMUM, CCP / DP FUNDING NEEDS TO BE RESTORED.
- (5) Better cooperation at the state agency level between TDCJ and DSHS in establishing comparable reimbursement rates for contract providers
- (6) Comparable rates
- (7) funding too low for contract with most criminal justice programs
- (8) it isn't so much more per diem, but a need for funding to be provided for a longer period of time for each client
- (9) Need consistent funding the up & down funding / does not work
- (10) need more clients to offer group sessions instead of individual sessions
- (11) Our ability to provide quality treatment has not been hindered, however, continued insufficient funding will no doubt effect our ability on a long term basis. We are in need of a newer facility, as we currently provide services in a 70 year old building which requires constant maintenance. The per-diem we recieve hardly covers the cost of housing our residential clients, and does not afford us funding to provide a new treatment center in the future.
- (12) potential population is so large it is impossible to estimate
- (13) Greater realization of need by funding agencies
- (14) Undetermined at this time
- (15) I do not know how much.
- (16) Grants for education, being a private school, but with less than 300 students, and less than 15 staff. We want grants for our students to attend school, but are restricted due to being "for Profit". ICDS is the most affordable 570 hour training program to our knowledge in the state, over computer and medical technician, yet there is no or limited funding for our student, and stigma associated with this training by funding sources we do have access to.

Question 10: Are there any laws you are aware of that hinder clients with criminal records from getting and keeping meaningful employment or other essential components of their recovery (housing, education, skills training, etc.)?

NATURE OF THE LAWS

- (1) Inability to receive State licenses.
- (2) When employers find out that a person has a criminal background, they are scared to hire these individuals. Therefore, they are relegated to working low pay jobs just to get a job.
- (3) Employment restrictions regarding ex-offenders.
- (4) TX. Occupations Code relating to working in the chemical dependency field, barriers by employment contracts (funding sources of employers).
- (5) Felons have a difficult time obtaining jobs in certain career/professional areas.
- (6) Barriers through TWC and DARs for student/employment training funding.
- (7) License restrictions.
- (8) Background checks in schools, healthcare and daycare settings.
- (9) Felony restrictions to accessing employment.
- (10) Locksmiths unable to keep licenses after 10 year old conviction for DWI.
- (11) Yes, state laws prohibit some licensing of convicted felons from getting licenses as barbers, LCDC, etc. I can't remember the exact number of restrictions on professional licenses at the moment.
- (12) Many employers will not allow persons with criminal records to be hired.
- (13) Some employers are reluctant to hire ex offenders. It is a matter of trust.
- (14) With all professional licenses except licensed chemical dependency counselor and community supervision officer.
- (15) Lose license if you owe child support.
- (16) "Have you been convicted of a felony?"
- (17) Employers in some companies have policies that don't allow hiring individuals with criminal back grounds.
- (18) Working in the substance abuse field
- (19) Prohibitions against holding a position in trades and professions.
- (20) Also, Texas Department of Criminal Justice, the entity that tells inmates that if they clean up their act and go straight and stay sober and they'll be able to lead a successful, productive life, won't hire them for 15 years! How hypocritical is that?
- (21) Education- especially if they desire to receive a state license (beautician, doctor, dental assistant).
- (22) Company employment applications that ask about a person's criminal record.
- (23) Laws that allow background searches go back over a lifetime regardless of person's record today.
- (24) Tarrant County does not allow people with felonies to work in certain if not all positions.
- (25) Laws relating to Sex Offenders as they pertain to Child Safety zones, housing and jobs that have direct contact with children. The same would hold true for education i.e. GED classes, Adult Basic Education classes etc. if children under the age of 18 are also attending these classes.

- (26) Sex offenders have so many restrictions they can not get help or go forward with their lives.
- (27) Statutory restrictions affect sex offenders on housing and employment.
- (28) HUD regulations for housing sex offender legislation ...every aspect is designed to send them back to prison.
- (29) The Sex Offender Laws are getting too restrictive. Educate employers that if these people are not given a chance, they will definitely go back to crime. They have to survive somehow.
- (30) Laws (especially for Sex Offenders) are preventing them from getting housing, the new law that was just implemented will list there place of employment so employers will not hire them just to avoid the hassle.
- (31) No residential treatment centers for sex offenders who are on probation.
- (32) Laws regarding sexual offenders do not seem to differentiate between high risk offenders and low risk offenders. For example, a man who at 18 years old had consensual sex with a 17 year old female is treated the same as a child molester and restricted to where he can live upon release.
- (33) Adequate housing for those who have sexual abuse charges of any kind.
- (34) Difficulty obtaining identification upon re-entry.
- (35) Offenders have a hard time getting new identification.
- (36) Need of Identification to access services, housing and employment.
- (37) Acceptable identification.
- (38) Barriers to ex-offenders living in certain housing developments.
- (39) Inability to lease.
- (40) Section 8 Housing Rules.
- (41) Prohibitions against housing.
- (42) Statutory restrictions affect substance abuse offenders on housing and employment.
- (43) Substance related convictions preventing these offenders for qualifying for government subsidized housing.
- (44) Housing-felons have difficulty renting apartments.
- (45) Felons are not approved for housing.
- (46) Housing restrictions are too stringent.
- (47) They frequently have significant problems acquiring housing.
- (48) Felony restrictions to accessing housing.
- (49) HUD housing is restrictive to those whom have been convicted of drug offenses, even if they get clean they still can't always make it on their own. The restriction, though good in theory, is setting those truly seeking to succeed up to fail
- (50) Federal Housing Law prohibit convicted felons from receiving assistance.
- (51) Having warrants out for a client can make it difficult to continue with supportive treatment when she cannot get ID without serving her time on tickets.
- (52) HUD restrictions for felony convictions and many landlords refuse to lease to felons, The recent increase in restrictions by HHSC for hiring, including "cruelty to animals" and Public Intoxication. are difficult for those in recovery.
- (53) Clients with criminal records are unable to obtain suitable housing due to this constraint.
- (54) Local Housing Authority Rules, certain State rules that are automatic bars to employment for entities that receive state funding.
- (55) Housing --cannot lease HUD housing or most apt. complexes.
- (56) Any clients with drug convictions are ineligible for any type of government assistance,

- including public housing, section 8 (HUD), food stamps, and grants for education.
- (57) Not sure if they are laws but some of my probationers have been kicked out of housing due to post and current convictions.
 - (58) Real estate lease requirements, professional licensing boards, private business discrimination, and lack of federal education grant money for drug offenders.
 - (59) Not being able to get an apartment with a felony.
 - (60) Housing
 - (61) As a convicted felon myself, I know first hand what an ordeal it is to secure a decent job and adequate housing. If the only apartments that will rent to you are infested with drugs, is it any wonder that people return to jail.
 - (62) I believe a criminal record often keeps clients out of housing programs.
 - (63) Criminal records are a substantial barrier in housing (particularly HUD housing) Employment and job training programs.
 - (64) education enrollment
 - (65) Cannot qualify for Pell Grants if you have a drug conviction.
 - (66) Student Loan barriers.
 - (67) These clients do not qualify for education grants due to their records.
 - (68) Felons do not qualify for financial assistance in securing an education.
 - (69) Transportation barriers.
 - (70) Prohibitions against welfare assistance.
 - (71) The law on criminal history is starts at date of conviction. Texas erroneously starts it at date of release, a very damaging error!
 - (72) Felony restrictions to accessing food services.
 - (73) Having to pay probation fees for people who only make enough money to survive on.
 - (74) There aren't laws it people and their attitudes towards ex-offenders not wanting to give them a second chance which keeps them from being able to become productive citizens in society.

Question 11: What substance abuse assessment instrument(s) do you use?

- OTHER INSTRUMENT**
- (1) LSIR
 - (2) Mast, sassi
 - (3) Overcomers,12 step
 - (4) SAE
 - (5) sae
 - (6) SAE (substance abuse evaluation), which is an abbreviated form of the ASI
 - (7) SAE, TDCJ-CJAD tool that is like ASI but with criminal history component
 - (8) SAES, Modified ASI, SALCE
 - (9) sae-substance abuse evaluation
 - (10) SALCE
 - (11) salce
 - (12) salce
 - (13) SALCE

- (14) SALCE
- (15) SALCE
- (16) SALCE-Substance Abuse Life Circumstance Evaluation
- (17) SAMSHA
- (18) SASSI
- (19) SASSI
- (20) sassi
- (21) SASSI
- (22) sassi
- (23) SASSI
- (24) SASSI
- (25) SASSI
- (26) SASSI
- (27) SASSI
- (28) SASSI
- (29) SASSI
- (30) SASSI
- (31) SASSI
- (32) SASSI
- (33) SASSI 3
- (34) SASSI and SAE
- (35) SASSI and SAE
- (36) sassi and saq
- (37) SASSI II, Mast, NDP
- (38) SASSI III, ASE
- (39) SASSI Screening, SAE (TDCJ_CJAD approved Substance Abuse Evaluation)
- (40) SASSI, BADDS, TCU Drug Screen, TCU Criminal Thinking Scales
- (41) SASSI, SAE
- (42) SASSI, SAQ - Adult Probation 3
- (43) SASSI, SAQ-III
- (44) SASSI-3
- (45) Screening based on DSM-IV Substance Abuse/Dependence Criteria
- (46) Structured Clinical Interview by Licensed Master's level clinician
- (47) Substance Use Assessment tool - SUAT
- (48) the GAIN for adolescents and trauma assessments
- (49) various others based on specifics of contracts
- (50) would like more info TCU CJ CI
- (51) AUDIT-C
- (52) Community Self-motivated InnerView
- (53) Faith Mission Substance Abuse evaluation entry form
- (54) From Garbage To Gems
- (55) Intervention does not currently utilize above tools
- (56) LCDC uses their own assessment questionnaire

Question 12: What improvements – if any – do you think would make the assessment you use more efficient, while preserving quality and validity?

SUGGESTIONS FOR IMPROVING THE ADDICTION SEVERITY INDEX (ASI)

- (1) Training on Motivational Interviewing
- (2) We cannot find training for our counselors to use this instrument.
- (3) Adding a mental health component and criminal history component.
- (4) Make it adolescent friendly
- (5) Change client placement guidelines to give greater weight to the substance use. This is a good assessment but a lousy way to manage the waitlist.
- (6) Very weak. Limited for most

SUGGESTIONS FOR IMPROVING THE TEXAS CHRISTIAN UNIVERSITY CRIMINAL JUSTICE COMPREHENSIVE INTAKE (TCU CJ CI)

- (1) Add extra training requirements
- (2) Face validity
- (3) Funding

SUGGESTIONS FOR IMPROVING THE BEHAVIORAL HEALTH INTEGRATED PROVIDER SYSTEM INTAKE (BHIPS)

- (1) More in depth questions regarding substance use, family and social interactions and psychological issues.
- (2) Include more mental health related questions.
- (3) Add mental health and criminal justice questions, so that providers only have to deal with one assessment type as they serve both criminal justice and non-criminal justice clients.
- (4) Make it a quicker and less cumbersome system.
- (5) Updating monthly data entry on the graphs.
- (6) It's way too time consuming.
- (7) Allow 2 way and third party consents.
- (8) Must be faster and more efficient over all. (break downs)
- (9) Billing more streamlined so a layman can work it instead of having to hire someone to bill.
- (10) We need ability, on one screen/page to read/print a chronological order of all group/counseling/case management services for that day.
- (11) Shorten the length of the process.
- (12) Faster processing in BHIPS.
- (13) The required time frame in BHIPS violates the current 448 rules. BHIPS requires the "ASSESSMENT" be completed prior to admission while the rules say that the assessment must be completed and in the chart within 3 service days. The BHIPS assessment is too vague in it's questions and it is not at all user friendly

- (14) Expected improvement with CMBHS.
- (15) No access to see data outcomes
- (16) We do not have access, but feel that we should.
- (17) Use the complete ASI.
- (18) Make it adolescent friendly.

SUGGESTIONS FOR IMPROVING THE TEXAS CHRISTIAN UNIVERSITY CRIMINAL JUSTICE CLIENT EVALUATION OF SELF AND TREATMENT (TCU CJ CEST)

- (1) Face Validity
- (2) Since is self report, should be used for development of treatment plan after the assessment.

Question 13: Recently the Department of State Health Services updated the occupational license statute for LCDCs to reflect longer waiting periods between conviction and qualification for internships/licensure (for people with convictions or who have been on community supervision). The waiting period was previously between 1 and 10 years depending on the offense. Now, the waiting period is between 5 and 20 years (see Texas Occupational Code Ch.504 §140.430e). A large number of LCDCs are people who have had a conviction and have recovered from addiction.

In what ways do you anticipate this recent change will impact your field?

IMPROVEMENTS ANTICIPATED

- (1) Likely that already understaffed substance abuse treatment providers will continue to experience staffing difficulties, though in the long run, there may be a positive impact in the services clients receive.
- (2) It will make sure the person is actually recovered but put a lapse time between the counselors and availability.
- (3) I believe a waiting period is appropriate. This change may reduce the number of currently dwindling addictions professionals, but it may in the long run improve the quality of the field.
- (4) I believe that a longer waiting period is going to improve the quality of services that are provided by individuals with long term recovery.
- (5) Provide a number of longer recovered addicts practicing as a LCDC.
- (6) I believe this will strengthen the worth of this profession. It will allow the offender longer periods to develop living skills and hopefully decrease the likelihood of recidivism.
- (7) We will have fewer employees who are not prepared to provide services to clients who are substance abusers due to their short time in recovery.
- (8) I think that is a good idea, because due to my experience with individuals who have recovered from their addictions, some not all, tend to waive their license without providing the services that they are hired to do.

- (9) I really don't know - there are too many factors to take into consideration however I would think the longer a person is crime free the more we can rely on the fact that they have indeed made positive changes in their lives.

DECREASE IN LCDC STAFF AVAILABLE

- (1) We understood that a committee had been giving suggestions to these increased lengths of time, but no notice of an official change has been disseminated from DSHS. Some office notification would be helpful rather than think that providers should always surf their web page for new rule changes, etc. Who has time, when running programs under staffed, to spend countless hours reading their web page. If this is really the new rule, it will obviously increase the difficulty and number of recovering persons entering the field. Who in graduate programs are frothing at the mouth to work in traditionally underpaid treatment programs? So, who will be available to fill needed counseling positions? Was the old system broken? We have not noticed anything broken about it so why would anyone decide to make it more difficult to get into this field, one that is already in dire need of additional LCDC's.
- (2) Fewer licensed staff available.
- (3) It will prevent otherwise qualified and highly motivated candidates from entering the field.
- (4) Going to miss out on a lot of good counselors
- (5) Fewer licensed staff available
- (6) More difficulty in hiring LCDC's to supervise programs, especially those who are CTP's and require LCDC on facility grounds when a CI has less than 2000 hours.
- (7) Not going to have as many available counselors
- (8) It may affect the whole treatment program by the length of time required.
- (9) This will add to the current shortage of LCDC's. Increasing the waiting period removes the very people who have an interest in helping and giving back to society.
- (10) It is apparent to me that we already have a shortage of people coming into the counseling field. This would only turn a serious situation into a critical situation.
- (11) Another barrier to staffing larger programs.
- (12) We are losing some good men and women who can help the next generation. These men and women would bring experience with their knowledge, we need them now
- (13) The longer we wait to allow qualified individuals to enter the fields where they realize and know the need, the greater the loss.
- (14) We have already had a significant drop in the number of licensed LCDC's in the state. Making the wait longer will drive people into other, better paying jobs.
- (15) Less substance abuse providers.
- (16) Make it more difficult to get LCDC's
- (17) Reduce the number of trained available counselors
- (18) The field is already being impacted with only one half of the licensed LCDC's as we had 5 years ago. This has resulted in a dwindling workforce and expectations of fewer candidates to replace those who are aging out of the workforce
- (19) I have been looking for lcdc's in my community for 5 months and have had 0 applicants even though we are paying a higher than average rate.

- (20) Fewer providers will be available
- (21) Being able to hire someone
- (22) Fewer LCDC's will be available--especially in rural areas
- (23) Less LCDCs will be available for hire as counselors.
- (24) Could have a drastic impact, we are already experiencing a lack of LCDCs within our area
- (25) It will make it harder to obtain counselors to provide quality services to the offender population
- (26) Lack of LCDC certified counselors
- (27) I think that we may lose a lot of good counselors.
- (28) Reduction in qualified counselors, lack of counselors
- (29) It already has. There is no one to hire! We frequently are out of compliance because of the lack of qualified applicants.
- (30) LESS LCDC'S AVAILABLE
- (31) Reduction in the number of counseling staff.
- (32) I anticipate that it will have some impact but will be less in rural areas such as my own.
- (33) This will make a shortage in LCDC's
- (34) Will decrease the number of LCDC's in the field and appears contrary to assisting ex-offenders and the reentry focus.
- (35) Lack of qualified LCDC's to provide adequate counseling programs for clients. It will be more difficult to find placement for substance abuse counseling.
- (36) The field is impacted more by the increase in educational requirements but will also be affected by the longer wait making an added problem finding qualified professionals.
- (37) Lack of counselors.
- (38) It could present a significant impact to our field by reducing the number of applicants for jobs.
- (39) This is a long waiting period for people who really want to help others, and may impact our ability to contract with LCDC's. There is already a shortage of qualified counselors.
- (40) There is a shortage of LCDC's and increased training and licensing requirements. Treatment rates need to increase so that wages can be competitive.
- (41) We are currently short staffed and restricted to hiring people with criminal history based on your funding source. This will increase the shortage.
- (42) We have few LCDCs at the present, and this will further reduce the number of people available for this licensure. A large number of college graduates are not wanting to work within the field of LCDCs or related employment due to the low pay scale. Therefore, the outlook for this field will be scarce for the next few years.
- (43) Less LCDC's to employ, but the need to fill the positions are increasing and that leaves clients on waiting list until LCDC is hired.
- (44) Less than adequate staffing..
- (45) There is already a shortage of LCDCs in rural areas like ours. It can only get worse.
- (46) This is new blow for us old timers in the field of addiction/LCDCs. Between 4 and 10 years is more than sufficient. This group of people make a bigger difference in helping individual thru the process. This puts a bigger obstacle as there will be less qualified LCDCs with a sole expertise including the process of "recovered from addictions.
- (47) Decrease LCDC's
- (48) It limits number of licensed counselors and discourages recovering offenders from seeking licensure

- (49) Keep out highly qualified personnel
- (50) Fewer qualified people will be able to enter the field.
- (51) This will further significantly increase the shortage of QCC's in the state.
- (52) It will be more difficult to find LCDCs which are already in great demand.
- (53) Cause the shortage of counselors to increase.
- (54) We will begin to see greater needs due to significant reduction in professionals in the workforce
- (55) Less licensed counselors
- (56) Will further reduce the number of professionals in the SA Treatment workforce. Fewer are going into this area to begin with because of lack of reimbursement and pay
- (57) There is already a critical shortage of LCDCs and to respond to that shortage this is the type of action we took. My question is was this done because there were problems? The impact will be that we will find it impossible to spend the money that the legislature has put into substance abuse out patient treatment because of lack of practitioners. In patient programs will have overburdened practitioners and will be less effective.
- (58) A risen need for qualified licensed healthcare works.
- (59) In a field where there is already a shortage, it will become even more deprived of those that can serve.
- (60) Limit workforce
- (61) Hinders help
- (62) The need for LCDCs will become even greater and less and less clients will be seen due to the lack of workforce.
- (63) Severely negatively impact our ability to recruit qualified personnel.
- (64) Already programs are closing or reducing the number of clients served for lack of staff, it will only get worse.
- (65) It will decrease the qualified staff who can identify and relate to those whom they are serving. This is sad!
- (66) Fewer LCDC available for workforce.
- (67) Reduced the number of LCDC counselors. It is getting very difficult to find LCDC counselors.
- (68) Mean fewer providers available, demand for services will increase
- (69) We will see less LCDCs like we have in the last 20 years, the number of hours are longer.
- (70) Even less LCDC's to provide treatment.

DECREASE IN RECOVERY ROLE MODELS

- (1) LESS PEOPLE WHO ARE ALSO IN RECOVERY
- (2) People just letting the license go and not attempting to get back in the occupation when the time period is over
- (3) Less people who have been there, are grateful, and want to give back who will not have the opportunity.
- (4) Eliminate a good number of persons in recovery who would/could make excellent counselors
- (5) It will discourage persons who have made mistakes from working in the substance abuse field, as it was probably intended.

- (6) There will be less “experienced” counselors and more “educated” counselors. As a general rule, clients don’t ‘hear’ someone with no experience. There needs to be a good balance of both in this field.
- (7) Some of my clients may have to find alternate means of employment in the interim if they are interested in becoming an LCDC.
- (8) Clearly, there are qualified people who could provide services who are not allowed licensure.
- (9) I think the field will lose qualified people who have a lot to give others with addiction.
- (10) You will have educated people becoming LCDC with no practical application or frame of reference except theoretical. I had an LCDC, MSW, ACP, LMFT, before my FELONY...I have practical application, but now do not qualify to render service to my own subculture.

NO CHANGES ANTICIPATED

- (1) I do not anticipate any major impact in my field.
- (2) NO CHANGE
- (3) No impact
- (4) No, impact
- (5) I do not anticipate any major impact on my field
- (6) None, \$27000.00 is not enough annual salary
- (7) It won’t. We will not hire counselors with felony records.
- (8) None at this time
- (9) No way
- (10) Not at all, I am an after-care facility, self funded
- (11) It will not affect my field as I am just a volunteer, but longer waiting periods are never a good idea.
- (12) NONE
- (13) None
- (14) None
- (15) None
- (16) No change

OTHER COMMENTS

- (1) In my opinion it is well intentioned but goes beyond a reasonable timeframe to ensure the individual is stable and unlikely to re-offend.
- (2) I think this will be a positive thing for my field because, while I believe that persons in recovery and who have been involved in the criminal justice system can often do a very good job of providing treatment services and of modeling recovery, I think that a waiting period of less than 5 years is too short for the person to have really established their own recovery.
- (3) Criminal History is not the problem, it is the low level training and education. Too many

- LCDCs are BA or less, no objectivity, cannot recognize co-occurring mental health problems, most do not understand Evidence Based Assessment or Treatment models only 12 step
- (4) Not an LCDC but it will not have people who have experienced addiction and recovery.
 - (5) Stop me for get my lpc
 - (6) Drastically
 - (7) We are already aging out in this profession and applicants in Texas are passing their exams at 30%
 - (8) I feel that it is a very poor choice, and people who don't think through the impact of changes like these have no foresight.
 - (9) People who have over come help those training to overcome. The system seems to want people to fail
 - (10) We have these types of ex-offenders that are coming into our program.
 - (11) Hard to tell since we don't have the funding to hire additional staff
 - (12) It will impact our field, but not our area, as we currently do not have any in our jurisdiction.
 - (13) Unsure, the new education requirements have already reduced the interest for new counselors
 - (14) There are many of us in the field who now administer programs who might not have even entered the field had this restriction been in place. We have a system built on experience rather than education. It will take years, if ever to get Master level LCDC in place. This is terrible news!
 - (15) Perfect example!! when do you start the waiting period??? Be honest
 - (16) No problems with this change.

Question 14: What are your training credentials?

- OTHER CREDENTIALS**
- (1) 10 years in social work, prison ministry, dealing with ex-inmates, in my home, on a daily basis, for 10+years
 - (2) Actual work experience in dealing with individuals with addictions
 - (3) ADC certification
 - (4) All of our counselors are LCDC certified
 - (5) Only services are as a supervision officer and communications that I make and referrals
 - (6) Pastoral Counseling
 - (7) Bachelors Degree in Business Administration
 - (8) BS Industrial and Labor Relations
 - (9) BS, MS, LCDC
 - (10) Criminal justice degree
 - (11) Public Management/Social Work (Bachelor of Arts)
 - (12) Ph.D. Licensed Psychologist 12 years experience in criminal justice
 - (13) Political Science Degree w/ minor in Sociology and 1 year of Law school
 - (14) Social Rehabilitation/Corrections degree
 - (15) LMFT

- (16) LMSW
- (17) LMSW
- (18) Master's Degree
- (19) Master's Degree and specific courses in counseling and pastoral care
- (20) I am an administrator and although I have a master's degree in counseling, I do not currently counsel clients.
- (21) Masters in Education
- (22) Law Degree
- (23) Licensed Marriage & Family Therapist
- (24) previous LPC and Certified prevention specialist
- (25) Certified Clinical Supervisor - I work as the CEO and do not provide counseling but retain my license/certification
- (26) CSO Certification
- (27) Intervention Specialist, Offender Employment Specialist, and Certified instructor for Institute of Chemical Dependency Studies which trains CD counselors and Cup's.
- (28) Ministerial license
- (29) CI
- (30) I attended Harris County Jail, Plane State, Lane Murry and Bridgeport Correctional Institutes
- (31) Genesis
- (32) Director of CSCD
- (33) We contract with LCDC's to provide these services in-house
- (34) I do not have licensure or work within this field; however, my LCDC was present when answering these questions for our department!
- (35) I was an LCDC/CADAC for 10 years, but I let my license lapse
- (36) None
- (37) I am a treatment and recovery activist.
- (38) Rehabilitation and Reentry Programs Division has a training section and the facilities are Clinical Training institutes
- (39) Rehabilitation and Reentry Programs Division has a training section and all treatment facilities are clinical training institutes.

Question 17: How does your program measure whether or not its clients are successful?

OTHER BENCHMARKS

- (1) Maintaining a sponsor and attending AA.
- (2) We also measure decrease in heavy use.
- (3) Are they working productive members of society.
- (4) Measuring homeless status and housing retention.
- (5) Maintaining a sponsor and attending AA.
- (6) We also measure decrease in heavy use.
- (7) Are they working productive members of society.
- (8) Measuring homeless status and housing retention.
- (9) We measure most for the client reported improvement in his/her quality of life.

- (10) Intact family life, continuing relationship in 12 step program and sponsorship, self-report of life satisfaction.
- (11) Family and social involvement, mental and emotional health.
- (12) They become leaders in our program and pass on their successful walk.
- (13) Examine whether clients have received services with our agency in the past.
- (14) If they are still in contact, that is a good sign they have stayed sober, or are trying to adjust to the 'outside'.
- (15) Revocation rates.
- (16) Examining success on probation.
- (17) Probationers are monitored during probation term only.
- (18) For TDCJ clients, we have no way to follow-up on re-arrests. TDCJ should provide that outcome since they have the ability to track "their" inmates. We don't have the ability, time, staff or money to do it with.
- (19) TDCJ has not measured recidivism rates since 2003. However, performance measures are completed quarterly and annually.
- (20) State funded clients are very difficult to make contact with. We currently provide 60 day follow-up for DSHS clients as required by DSHS contracts, however, this is an unfunded mandate and who pays for the yearly follow-up attempts?
- (21) DSHS post-treatment required follow-ups.
- (22) There are several others that we report to DSHS.
- (23) 90 day to six month follow-ups.
- (24) We operate under state contract and TDCJ might track outcomes.
- (25) We do not have funds that pay for the follow-up, but we try to gather outcomes from SAMHSA evaluations and BHIPS. Aftercare and Alumni Assoc.
- (26) Note: If we had the financial resources and qualified counselors we would love to be able to follow-up on a one to three year basis.
- (27) We serve as the gate to residential treatment, our outcomes relate to placement success.
- (28) Performance Measures.
- (29) Exams conducted verbally no automated tool.
- (30) We conduct Direct Client Follow- up interviews.
- (31) WE have three division to this department providing different substance abuse services. We only track successful outcomes at one of the programs but it is still in it's first year of discharging clients.

Question 18: If you do not measure the success of your clients, what prevents you from doing so?

- | OBSTACLES | |
|------------------|--|
| (1) | An instrument and guidance. |
| (2) | Collaboration with state agencies. |
| (3) | Lack of funding for the software needed to track the information. |
| (4) | Our outcome measures are limited due to lack of staff (funding). |
| (5) | Lack of time and staff. |
| (6) | We have the quality stories of client successes. If there were better grant opportunities to |

- hire staff to perform these functions, we would be glad to capture outcomes.
- (7) We do not have the resources, but would love to participate in research either through being provided funding to contract for it or if someone would provide it for us.
 - (8) Time, staff.
 - (9) To do it well requires a staff person and we are not funded through the state for this position.
 - (10) Time and manpower.
 - (11) Lack of time.
 - (12) Too difficult to track clients.
 - (13) Many pass through our city for 30-90 day treatment, then return to their home towns.
 - (14) Losing contact for any reason.
 - (15) Funding prevents us from measuring out to 1 and 3 years. Also, this is a mobile population which is hard to contact.
 - (16) Although we do measure the success of our clients, their inconsistent contact information often prevents us from making contact, i.e. telephone, address, friend/family.
 - (17) We see clients only once every six months and are only a temporary band-aid. Therefore, we have no means of evaluating people as we see them so seldom, frequently only once.
 - (18) They usually are in contact with me to let me know they are doing well.
 - (19) Resources.
 - (20) We would measure more frequently, as stated above, if we had the financial and employee resources.
 - (21) Funding.
 - (22) It costs money to conduct adequate treatment follow up and get valid outcomes.
 - (23) Funding.
 - (24) Need funding for research in every probation department.
 - (25) Do not have post-release clients yet but we are working on a reentry facility.
 - (26) We measure quality of services.
 - (27) This question was answered in the please specify section of the question 17. We do a 60 day follow-up on DSHS clients, but this is an unfunded mandate from DSHS and required if we want the funding.
 - (28) We follow up 90 days after the last level of care.
 - (29) Follow up ---our program is monitored and like many programs in the VA it collects data which relates to future funding allocations.
 - (30) As a state OSAR we are not required by our funder to do follow-ups.
 - (31) It's not my job.
 - (32) Nothing as far as I know.
 - (33) My volunteer status in prison.
 - (34) We do assessments and referrals to treatment. The agencies we refer to track clients success rates.
 - (35) New program, these measures have not yet been developed.
 - (36) Not part of the process for private, individual psychotherapy.

Question 19: Has an evaluation of this program been conducted? If “no,” what has prevented your program from being evaluated? If “yes,” when and by whom?

WHY PROGRAM HAS NOT BEEN EVALUATED

- (1) Due to number of years in operation.
- (2) Only in business 1 year.
- (3) We do not receive government funding and do our evaluations in house
- (4) Not at this time we have only been in business 1 yr
- (5) Waiting for end of program year.
- (6) Not enough data yet as program is less than one year old
- (7) Substance abuse is not the primary complaint of the clients we serve.
- (8) We are a faith based non-profit religious organization.
- (9) Dedicated financial resources are not available.
- (10) Not required by any agency, we try to follow trend and adjust we necessary.
- (11) There’s no evaluation process for probation, either they successfully complete or they are revoked
- (12) Due to number of years in operation.
- (13) Only in business 1 year.
- (14) We do not receive government funding and do our evaluations in house

FOR PROGRAMS THAT HAVE BEEN EVALUATED, DATE AND FACILITATORS

- (1) We are regularly reviewed for compliance by DSHS. Results are confidential for internal management
- (2) DSHS 2007 Harris County 2008
- (3) Programs are CARF accredited and are surveyed every 3 years. DSHS audits programs as well
- (4) Texas Department of Criminal Justice
- (5) Criminal Justice Policy Counsel 2003
- (6) The Criminal Justice Police Council, Austin, Texas, 200
- (7) Audits are conducted periodically by CJAD
- (8) DSHS
- (9) 1. Harris County Community Supervision 2. DSHS 3. Outside audits
- (10) The Criminal justice Policy Council Austin Texas 2003
- (11) April 2008, by TDCJ audit team. We are audited annually by Rehabilitation & Re-entry and TDCJ, and checked by-weekly by our TDCJ contract monitor.
- (12) Serenity is Joint Commission approved therefore a comprehensive “Program” evaluation was conducted in December 2007. If this question pertains to and is addressing a formalized “evidence based” evaluation has not been conducted on the curriculum that Serenity uses although it is a 12 step based curriculum augmented with cognitive behavioral therapy techniques, which has been evaluated as to it’s effectiveness.
- (13) Association of Gospel Rescue Missions 2007
- (14) Our substance abuse program in the state jails is scheduled to be evaluated by Travis

- County Criminal Justice Planning department the summer of 2008
- (15) Mr. Steck at Dawson State Prison is teaching Celebrate Recovery and is working with the state to evaluate this program

OTHER INFORMATION ABOUT PROGRAM EVALUATIONS

- (1) In-house evaluations at this time
- (2) Not a formal evaluation. We are offering Substance abuse counseling for individuals on probation, many of whom cannot afford payment, in a rural area of Texas. We will operate the program and strive to assist people in getting the necessary tools to live sober.
- (3) We have been tracking success of offenders and informal evaluations of the program in house. No formal evaluation by a person of university has been performed. We could ask our local university if they would be interested in performing one.
- (4) We are a private, religious organization and only do informal self-evaluations.
- (5) It is a self examination program
- (6) We are highly personal in our Ministry. Pretty much we know if an individual makes it or not.
- (7) By myself, and on a regular basis
- (8) We are not aware of the evaluation process
- (9) Collaboration with state agencies
- (10) We have several programs, we are trying to evaluate them, but we are small enough that we cannot have research staff and we don't know who to perform evaluations. With a small contribution from the Legislature, we can set up our computer systems to do the evaluations and find out which programs are successful. We are tracking all our programs, and I will try to get a university or agency to compare the program participant to re-arrest/success on probation, but we do not really have staff available to do this.

APPENDIX D: OCCUPATIONAL LICENSE STATUTE CHANGE REGARDING LICENSED CHEMICAL DEPENDENCY COUNSELORS

Texas Administrative Code (TAC) Chapter 450 regarding Criminal Background Standards and New Rule §140.430

CHAPTER 450. COUNSELOR LICENSURE

25 TAC §§450.100 - 450.126

The Executive Commissioner of the Health and Human Services Commission, on behalf of the Department of State Health Services (department), proposes new §§140.400 - 140.430, concerning the licensing and regulation of chemical dependency counselors.

Background and Purpose

The repeal of §§450.100 - 450.126 and new rules are necessary to implement amendments to Texas Occupations Code, Chapter 504, made by Senate Bill (SB) 155, which was adopted by the 80th Legislature, Regular Session, 2007. New and amended rule provisions implementing SB 155 include provisions relating to the approval of peer assistance programs, the certification of clinical supervisors, modifications to the continuing education requirement for renewal of the licensed chemical dependency counselor (LCDC) license, the recognition of other certifications on the LCDC license, and making all persons now licensed, registered, or certified under Texas Occupations Code, Chapter 504, subject to the same extent to disciplinary action and to the criminal history standards developed under that Chapter. The repeal and new rules also consolidate existing Professional Licensing and Certification Unit program rules into 25 Texas Administrative Code, Chapter 140, Health Professions Regulation.

New §140.430 proposes criminal history standards equally applicable to all licensees, registrants, and certificate holders under Texas Occupations Code, Chapter 504, as provided for by SB 155.

TITLE 25

PART 1

CHAPTER 450

REPEAL §§450.100-450.126

NEW SUBCHAPTER I

NEW §§140.400-140.430

HEALTH SERVICES

DEPARTMENT OF STATE HEALTH SERVICES

COUNSELOR LICENSURE

HEALTH PROFESSIONS REGULATION

LICENSED CHEMICAL DEPENDENCY COUNSELORS

§140.430. Criminal History Standards.

(e) Except as provided in subsection (j) of this section, the department shall deny the initial or renewal licensure, certification, or registration application of a person who has been convicted or placed on community supervision in any jurisdiction for a:

- (1) category X offense during the person's lifetime;
- (2) category I offense during the 15 years preceding the date of application;
- (3) category II offense during the ten years preceding the date of application;

- (4) category III offense during the seven years preceding the date of application; or
- (5) category IV offense during the five years preceding the date of application.
- (f) The department shall deny the initial or renewal license, certification, or registration application of a person who has been found to be incapacitated by a court on the basis of a mental defect or disease.
- (g) When a person's application is denied under subsection (e) or (f) of this section, the person may reapply when:
 - (1) the person receives a full pardon based on the person's wrongful conviction;
 - (2) the timeframes established in subsection (e) of this section have been met; or
 - (3) the person who had been found to be incapacitated is found to be no longer incapacitated, in which case the provisions of this section applicable to the status of the charge and prosecution at that time will apply.
- (h) The department shall suspend a license, certification, or registration if the department receives written notice from the Texas Department of Public Safety or another law enforcement agency that the individual has been charged, indicted, placed on deferred adjudication, community supervision, or probation, or convicted of an offense described in subsection (d) of this section. The licensee will remain subject to applicable renewal requirements during the period of suspension. Any license renewed during that period will remain suspended upon renewal and until the time frames set forth in subsection (e) of this section have been met.
 - (1) The department shall send notice stating the grounds for summary suspension by certified mail to the license, certification, or registration holder at the address listed in the department's records. The suspension is effective three days after the date of mailing.
 - (2) If no other bar to licensure, certification, or registration exists at the time, the department will restore the person's license, certification, or registration upon receipt of official documentation that the charges have been dismissed or the person has been acquitted, except that, where the dismissal follows a deferred adjudication, the time frames set forth in subsection (e) of this section will apply.
- (i) The department will defer action on the application of a person who has been charged or indicted for an offense described in subsection (d) of this section. If the person is convicted or placed on community supervision for the offense, subsection (e) of this section will apply. If the charges are dismissed or the person is acquitted, the application will be processed without adverse action under this section on the basis of those charges. However, the department may consider the facts and evidence underlying the charge in determining whether adverse action against the applicant might be warranted under §140.425 of this title (relating to Disciplinary Actions).

PROPOSED RULES

- (j) Notwithstanding subsection (e) of this section, if no other bar to LCDC initial licensure or renewal exists at the time, the department may issue or renew an LCDC license to a person convicted or placed on community supervision in any jurisdiction, within the timeframes set forth in subsection (e) of this section, for a drug or alcohol offense described in subsection (d) of this section, if the department determines that the individual has successfully completed participation in a peer assistance program approved by the department. When an LCDC licensure or renewal applicant successfully reaches the re-entry phase of a peer assistance program, the department may grant a temporary "re-entry approval," with a limited term and any appropriate conditions, set in conjunction with the peer assistance program, based upon the applicant's needs and the anticipated length of the re-entry phase of the peer assistance program for the applicant. At the end of the term

of the re-entry approval, the department may extend the term if the applicant is still successfully participating in the re-entry phase of the peer assistance program, may grant an LCDC license or renewal license if the department determines that the LCDC has successfully completed the peer assistance program, or shall deny the license under subsection (e) of this section, if the LCDC has failed to successfully complete the peer assistance program.

(k) A person whose license, certification, or registration has been denied or suspended under this section may only appeal the action if:

- (1) the person was convicted or placed on community supervision; and
- (2) the appeal is based on the grounds that the timeframes defined in subsection (e) of this section have been met.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's legal authority to adopt.

Filed with the Office of the Secretary of State on February 25, 2008.
TRD-200801120

The following document is available through the Department of State Health Services website: www.dshs.state.tx.us/sa/substanceabuserules.shtm

Effective February 1, 2004

Texas Administrative Code

TITLE 25 HEALTH SERVICES
PART 1 DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 450 COUNSELOR LICENSURE
RULE §450.115 Criminal History Standards

§450.115. Criminal History Standards.

(a) The Commission reviews the criminal history of every applicant for licensure. Reviews are conducted when:

- (1) an applicant registers with the Commission as an intern;
- (2) a LCDC applies for license renewal; and
- (3) the Commission receives information that a counselor or intern has been charged, indicted, placed on deferred adjudication, community supervision, or probation, or convicted of an offense described in subsection (d) of this section.

(b) An applicant shall disclose and provide complete information about all misdemeanor and felony charges, indictments, deferred adjudications, episodes of community supervision or probation, and convictions. Failure to make full and accurate disclosure will be grounds for immediate application denial, disciplinary action, or license revocation.

(c) The Commission obtains criminal history information from the Texas Department of Public Safety, including information from the Federal Bureau of Investigations (FBI).

(d) The Commission determines whether an offense is directly related to the duties and responsibilities of a LCDC. The Commission has identified the following related offenses and categorized them according to the seriousness of the offense. If an offense is not listed in one of these categories and the Commission determines that it is directly related to chemical dependency counseling, the Commission shall determine the appropriate category.

- (1) Category X includes:
 - (A) capital offenses;
 - (B) sexual offenses involving a child victim;
 - (C) felony sexual offenses involving an adult victim who is a client (single count);
 - (D) multiple counts of felony sexual offenses involving any adult victim; and
 - (E) homicide 1st degree.
- (2) Category I includes:
 - (A) kidnapping;
 - (B) arson;
 - (C) homicide lesser degrees;
 - (D) felony sexual offenses involving an adult victim who is not a client (single count); and
 - (E) attempting to commit crimes in Category I or X.
- (3) Category II includes felony offenses that result in actual or potential harm to others and/or animals not listed separately in this section.

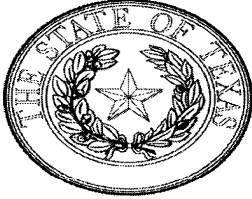
- (4) Category III includes:
 - (A) class A misdemeanor alcohol and drug offenses;
 - (B) class A misdemeanor offenses resulting in actual or potential harm to others or animals;
 - (C) felony alcohol and drug offenses; and
 - (D) other felony offenses that do not result in actual or potential harm to others and/or animals.
- (5) Category IV includes:
 - (A) class B misdemeanor alcohol and drug offenses; and
 - (B) class B misdemeanor offenses resulting in actual or potential harm to others or animals.

**APPENDIX E: DEPARTMENT OF STATE HEALTH SERVICES
REIMBURSEMENT RATES
FOR SUBSTANCE ABUSE TREATMENT SERVICES**

The following are the current reimbursement rates through the Department of State Health Services as of May, 2008.

DEPARTMENT OF STATE HEALTH SERVICES REIMBURSEMENT RATES FOR SUBSTANCE ABUSE TREATMENT SERVICES			
Type of Service	Age	Service	Unit Rate
Outpatient	Adult	Outpatient – Group/Specialized Female	\$17/hr
Outpatient	Adult	Outpatient – Individual/Specialized Female	\$54/hr
Outpatient	Adult	Outpatient – Group	\$17/hr
Outpatient	Adult	Outpatient-Individual	\$54/hr
Residential	Adult	HIV Residential	\$108/day
Residential	Adult	Intensive Residential	\$74/day
Residential	Adult	Intensive Residential/Specialized Female	\$79/day
Residential	Adult	Intensive Residential/Women and Children	\$177/day
Residential	Adult	Supportive Residential	\$41/day
Residential	Adult	Supportive Residential/Specialized Female	\$79/day
Residential	Adult	Supportive Residential/Women and Children	\$177/day

**APPENDIX F: TDCJ'S RESPONSE TO OPEN RECORDS REQUEST
FOR PER DIEM RATES FOR SAFPF, HWH, AND TTC**



Texas Department of Criminal Justice

Brad Livingston
Executive Director

May 19, 2008

Texas Criminal Justice Coalition
510 S. Congress, Ste 206
Austin, Texas 78704
Attn: Ms. Eden Davisson, MSW, Director of Re-Entry and Best Practices

Re: Public Information Request concerning per diem rates for SAFPF, HWH, and TTC

Dear Ms. Davisson:

In response to your Open Records request dated May 16, 2008, listed below are the average per diem rates for contracts for Halfway Houses, Substance Abuse Felony Punishment Facilities (SAFPF), and Therapeutic Treatment Communities (TTC) treatment and operational services.

Service	Avg. Rates
Halfway House	\$32.62/day
SAFPF – operation and treatment	\$43.44/day
SAFPF – treatment	\$7.79/day
TTC – supportive residential	\$32.61/day
TTC – relapse residential	\$54.53/day

If further assistance is needed, please feel free to contact me at (936) 437-7125 or email erica.minor@tdcj.state.tx.us,

Sincerely,

Erica Minor, CTPM

Erica Minor, CTPM
Contract Administrator

Enclosure

xc: Rhonda Slater

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

P.O. Box 99
Huntsville, Texas 77342-0099
(936) 437-7015
www.tdcj.state.tx.us



**TEXAS CRIMINAL
JUSTICE COALITION**

TEXAS CRIMINAL JUSTICE COALITION

510 S. Congress Ave., Ste. 206
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