

Building Stronger Networks:  
Summary of Community Corrections  
Practitioners Responses to a 2004 Survey



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Scott Sylak  
President  
National TASC

Mary Shilton  
Director

## Preface

In the spring of 2004 National TASC wrote to 75 community corrections agencies at the state and local level and asked that they participate in a survey that would provide information describing their programs. This report provides a summary of responses by community corrections agencies to that survey and discusses similarities and differences to similar responses from TASC programs around the country.

This National TASC survey is similar to a TASC agency survey done at the same time. The purpose of this survey was to learn how community based offender management agencies such as community corrections are providing TASC-like services to persons who are under supervision in the community. TASC programs have offered screening, assessment, diversion and treatment for drug involved offenders. Simultaneously many states have community corrections agencies that apply similar practices and principles.

There are several differences between TASC programs and community corrections programs. TASC programs operate within an intergovernmental and interagency network that blends the thirteen TASC core principles with both criminal justice and human service approaches. These principles have been explored in several extensive evaluations of TASC programs.<sup>1</sup> Anglin et al suggested that TASC programs greatest but unstudied asset may be their ability to bridge systems, provide networks and leverage resources even when federal funding was scarce. This study was then geared to explore how TASC agencies do this, and also to also find examples of community corrections agencies that do similar work. This was intended to find out how community corrections may also build systems, provide networks and leverage scarce resources.

Although there are wide varieties in both TASC and community corrections agencies, this study explores what TASC agencies and community corrections agencies have in common. ( For example, they serve similar clients, use similar tools and monitor their cases) This study also explores differences. (For example TASC agencies may operate in the social services or behavioral health systems, and describe their cases as “clients”; on the other hand, probation, parole and community corrections use the term “offenders” to describe the cases and operate within the justice system. ) Another difference is that staff working in the field may use the terminology of “community corrections, probation, parole or some other term. This study does not impose definitions on those who provided answers but allows them in some responses to select the term that describes what work is performed in a particular area. This present report provides an overview of our information gathered from community corrections practitioners. By highlighting how 12 corrections agencies describe their work we hope to explore the role of community corrections as it deals with an increasing number of clients in need of medical, substance abuse and mental health services, housing, employment, education and family support.

Although only twelve surveys were completed, the information that has been gathered provides new indications about the converging substance abuse treatment field and community corrections. The report is prepared for criminal justice leaders, policy makers, behavioral healthcare providers and the public. We hope it will help them explore what can be learned from the experiences of both TASC and community corrections programs in the area of offender case management and substance abuse.

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<sup>1</sup> For example see, Anglin, Douglas M., Longshore, Douglas, and Susan Turner, “Treatment Alternatives to Street Crime: An Evaluation of Five Programs, *Criminal Justice and Behavior* 26, No. 2 June 1999 a p. 192 for a discussion of the evidence and clinically effective practices of TASC programs.

## Survey Overview

### What is the context of this report?

Many researchers have thought that the 30 year development of community corrections legislation has helped stabilize and enhance some probation, parole and community corrections functions. Despite a number of positive evaluations of particular community corrections programs and a body of “what works” research in the field, there are many questions about the relationship of community corrections to the work of TASC and other substance abuse referral and treatment programs. The thesis of this study is that TASC and Community Corrections programs are potentially beneficial parts of the criminal justice system and their common purposes should be more systematically considered when looking for resources and models for effectively managing offenders. Statewide programs that use both TASC funding sources and criminal justice sources are able to provide resources for targeted clients that may need support long after they are released from supervision. Community practitioners should be able to look to tested TASC models for examples of effective assessment diversion and treatment of offenders. Conversely, TASC practitioners should use offender management principles and correctional tools to increase offender accountability.

While community corrections systems may have similar elements to TASC programs, there is little comparative information about what choices jurisdictions make in operating community corrections, TASC or both types of programs.

- What are the elements that are presently funded and what are the gaps?
- What can be learned and shared between TASC and community corrections agencies to improve criminal justice outcomes?
- Do TASC programs and community corrections address a community need that has changed recently or over time?”

By asking descriptive questions, we highlight similarities and differences in the core elements of the work of TASC and community corrections in the responding sites. Agencies often see themselves in a closed environment without resources outside of the justice system. It is our intent to help community corrections and TASC think outside the box about resources and their environments

In order to get a better understanding and collect current information, National TASC surveyed community corrections agencies to find out more about the nature of their work and their challenges. This document presents the responses of community corrections agencies in 2004 and suggests new directions in the field. These new directions must be explored to develop a better understanding of the work of community corrections with substance abusing offenders.

In 1990 the National Institute of Corrections funded a study of community corrections agencies that focused on their funding histories and legislation. At that time these states were surveyed for development of a guide entitled “Community Corrections Acts for State and Local Partnerships” there were 18 states with community corrections acts and several additional states such as New York with probation and parole subsidy programs statewide.<sup>2</sup> In 2004 there were more than 35 states with community corrections acts or probation subsidies. But because these agencies exist within a diverse system of 50 states and their local governments, there is very limited available information about the nature of their work around the country.

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<sup>2</sup>Shilton, M.K., *Community Corrections Acts for State and Local Partnerships*, American Correctional Association, c. 1992.



### **Why survey both TASC and community corrections agencies?**

At the same time that community corrections programs were developing in some areas, TASC programs grew in other areas. This was accomplished through a combination of funding initiatives at the federal, state and local levels. TASC agencies focus on substance abuse, mental health, diversion, youth and juvenile prevention. TASC agencies were mostly funded through criminal justice and substance abuse block grant funding mechanisms, although there were dedicated federal allocations in the 1980s and 1990s.

Community corrections acts were funded mostly through statewide legislation, and some agencies received allocations of federal categorical funding such as the Correctional Options program through the Bureau of Justice Assistance. Both Community Corrections and TASC programs continued to function without a dedicated allocation over the past decade and both types of programs have incurred budget cuts due to scarce resources. Scarce funding was the number one challenge identified by both TASC and Community Corrections agency respondents. Some of the respondents have been funded at the state and local levels and others have gone out of business entirely.

This study suggests that these funding changes have had an impact. However, despite funding problems many agencies continue to strive toward their goals when using limited resources.

### **What questions shaped our survey?**

With these contextual elements in mind National TASC asked a variety of questions. Among the questions that we covered, we included the following topics:

- How are community corrections agencies staffed and organized?
- What types of offenders do they serve?
- What programs and services do community corrections agencies provide?
- What activities and components are included in substance abuse services?
- What is the average treatment cost per offender?
- What functions does case management serve and who performs it?
- What ancillary support services are available?
- What are the challenges to community corrections agencies?

This study provides an overview of how responding agencies answered these questions. We also note where the answers are similar and different from those provided by TASC agencies. By doing this, we hope to document trends, practices and challenges relating to public safety and substance abuse fields.



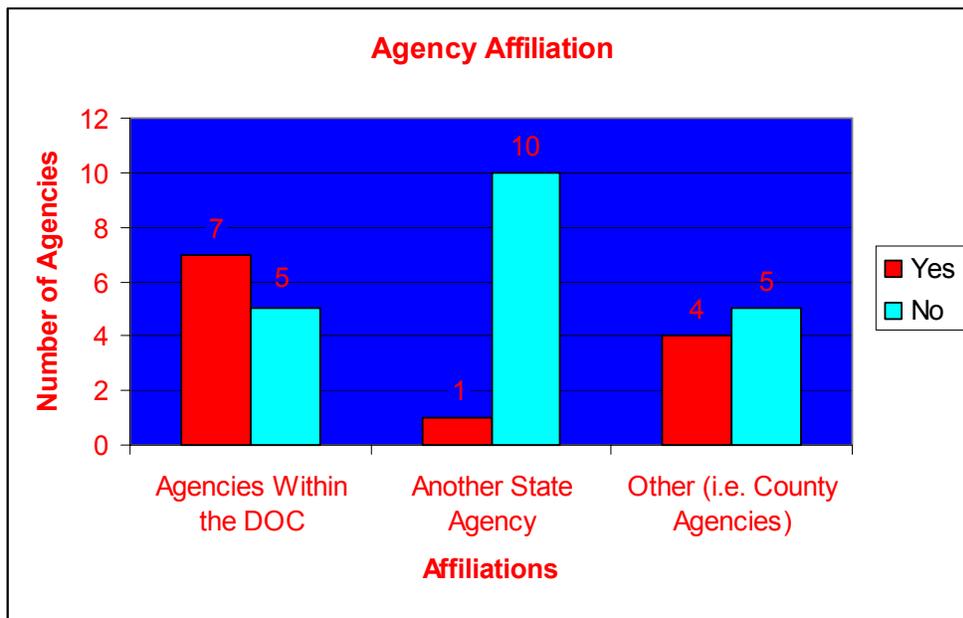
### **What areas need future study?**

1. Does placement of community corrections agencies within a statewide structure help community corrections to meet its offender management mission? Also does it impact its ability to meet community needs and expectations due to statewide requirements? Community corrections responses varied widely by agency affiliation, type of staff and number of clients. However, community corrections respondents were more likely to be affiliated with a state Department of Corrections, probation, parole or court system. Does reliance on a state source of revenue increase agency stability but limit agency innovation?
2. Are there differences in how TASC and community corrections hire, train, manage and utilize their staff and volunteers? Future studies should examine in detail the roles and perceived expectations of staff in community corrections and TASC agencies. Are TASC agencies working more with neighborhoods, local recovery peer support groups and informal social control networks such as churches and schools? What are examples of how community corrections has developed neighborhood based initiatives so as to meet local needs?
3. What are the differences/similarities in assessment, and treatment programs operated by community corrections and TASC? What are the similarities between how community corrections and TASC agencies rely on a mix of professional, support and volunteer staff? Preliminary indications are that TASC programs often use individuals and faith based peers and mentors to help provide community support networks.
4. Is community corrections more than likely to offer evidence based programs in the corrections field but not the substance abuse field? How are TASC agencies indicating that they use evidence based practices?
5. What type of work is routinely done by community corrections workers as part of offender case management? Is it possible that treatment attendance, and substance abuse test results are less often emphasized and or available in community corrections than in TASC programs? What choices should jurisdictions make in overseeing the outcomes of case management?
6. With respect to mental health and physical health assessments both TASC and community corrections programs are challenged to provide referrals and access to treatment. What vehicles are in place to see that these entities meet their goals?
7. What can community corrections learn from TASC programs and what can TASC programs learn from community corrections experiences in the field?

## Part I-Agency Profiles

Twelve agencies from six states responded to this survey. Seventy five surveys were sent to community corrections agencies. Follow-up calls were made to encourage responses and answer questions. As a result of this effort twelve surveys were received from six states. For a 16% return rate. Although this rate of return provides only a small number of responses, the detail and specific nature of the responses indicates that great care was taken in providing answers.

**Figure 1 Agency Affiliation**



Community corrections respondents were more likely to be affiliated with a state agency than were TASC respondents. However there is a trend for TASC agencies in general to have an affiliation with a state or a county government. Seven community corrections agencies were situated within a Department of Corrections and one was situated in conjunction with another state agency. Four re-

**Please indicate the number of staff in each of the following categories.**

Nine agencies responded to this question. Of the nine, seven agencies were using volunteers. Four agencies had less than 15 professional staff and the highest number of professional staff was 86. There were two medium sized community corrections agencies that did not mention professional staff or volunteers.

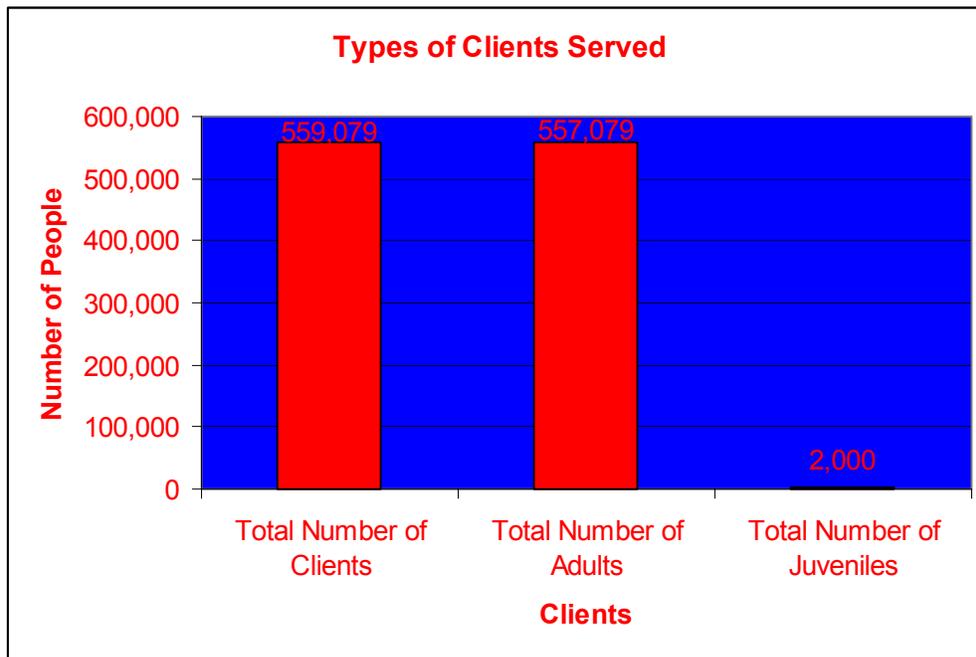
**Figure 2- Number of Staff by Type of Staff**

Number	Professional	Support	Volunteers
1—15	4	6	6
16-35	2	2	1
41-85	2	0	0
86 +	1	1	0

Although community corrections agencies exist in many states that did not participate in this study, many of these agencies do not have large staff. They often work closely with a variety of other community agencies and leverage their resources by utilizing volunteers, mentors and other means of community support.

**What do we know about community corrections clients?**

**Figure 3-Clients Served**



The mean number of clients served in 2003 was 108,610. Of the 7 agencies that were not statewide the range of clients in 2003 was from 260 to 10,600. The total number of adults served was 557,079. The total juvenile clients (2000) were estimated by 12 community corrections respondents for the 2003 year. TASC agencies tend to have a higher number and percentage of juvenile programs than do the surveyed community corrections agencies.

## Part II-Treatment Services

### What programs and services do community corrections agencies provide?

Community corrections agencies provide an array of services directly and through other agencies. This survey reveals that community corrections agencies collaborate with a wide variety of agencies. Although two thirds of the respondents conducted in-house drug testing, offender management, and treatment services were often conducted outside the agency as depicted in Figure 5 below. These core services are nearly identical to those offered by TASC agencies.<sup>3</sup>

### What types of programs and services does your agency provide to offenders and how are they provided? Check all that apply.

**Figure 4-Types of Programs and Services**

	Outsource Agency	In-House Staff	In-House Contractor	Not Provided
Assessment	47.1%, (8)	29.4%, (5)	17.6%, (3)	5.9%, (1)
Offender Management	60.0%, (5)	26.7%, (4)	6.7%, (1)	6.7%, (1)
Drug Testing	26.7%, (4)	66.7%, (10)	NA	6.7%, (1)
Screening	50.0%, (8)	31.3%, (5)	12.5%, (2)	6.1%, (1)
Treatment Planning	44.4%, (8)	38.9%, (7)	11.1%, (2)	5.6%, (1)
Treatment Services	56.3%, (9)	18.8%, (3)	18.8%, (3)	6.3%, (1)
Treatment Readiness	40.0%, (6)	40.0%, (6)	13.3%, (2)	6.7%, (1)

The table above demonstrates the types of services the agencies provide to their clients. It also indicates if they are provided In-house Staff/ Contractor, Out-sourced or not provided at all. The types of services we listed include: Assessment, Offender Management, Drug Testing, Screening, Treatment Planning, Treatment Services, and Treatment Readiness.

The majority of our respondents provided most of their services through an out-source client with “assessment” provided by 47.1 percent (8 agencies), “Offender Management” at 60 percent (9 agencies), “Screening” at 50 percent (8 agencies), “Treatment Planning” at 44.4 percent (8 agencies), “Treatment Services” at 56.3 percent (9 agencies), and “Treatment Readiness” at 40 percent (6 agencies). In-house Staff offered “Drug Testing” at a higher rate than the other categories with its percentage of responses as 66.7 or 10 agencies. In every type of response, one out of twelve agencies did not provide any of the services.

<sup>3</sup>Shilton, M.K. Aukerman, R. & Vail P., *TASC and Offender Management Systems 2004 Agency Survey Report*, National TASC, 2005.

**What kinds of assessments are provided by your agency and others? Check all that apply.**

**Figure 5-Assessments Provided by Agency and Others**

	Substance Abuse	Mental Health	Physical Health	Risk/Needs	Employment
Outsource Agency	47.4%, (9)	56.3 %, (9)	41.7%, (5)	14.3%, (1)	25.0%, (4)
In-House Staff	36.8%, (7)	31.3%, (5)	16.7%, (2)	71.4%, (10)	50.0%, (4)
In-House Contractor	10.5%, (2)	6.3%, (1)	NA	7.1%, (0)	12.5%, (2)
Not Provided	5.3%, (1)	6.3%, (1)	41.7%, (5)	7.1%, (1)	12.5%, (2)

Three out of the five types of assessments are provided mostly by out-source agencies. These assessments include “substance abuse” at 47.4 percent (9), “mental health” 56.3 percent (9), and “physical health” 41.7 percent (5). In-house staff in most of our responding agencies offered both “risk needs” and “employment” with “risk needs” at 71.4 percent (10) and “employment” at 50 percent (4). Of the services not provided, “physical health” was the most frequently mentioned by any of the agencies with 41.7 percent. This percent is equal to the percent of agencies that provide “physical health” by an out-source agency. The types of assessment and proportions of agencies providing the types listed are remarkably similar to TASC programs.

**What do we know about program components and requirements?**

The criminal justice and treatment systems are dealing with both limited resources and program limitations. They are imposed by statutes, courts, and agency administrative practices. In order for offenders to benefit from treatment and correctional services there should be access to an array of services throughout the entire supervision process. This is needed because many offenders have multiple problems including substance abuse and mental illness. Because of this, clients may not progress in a program that does not factor in their needs and risks. Among the most frequently utilized evidence based approaches are those that are skill oriented, or involve cognitive processes of clients. This list includes these approaches: the Texas Christian University-Preparation for Change; Women’s Treatment for Trauma, Seeking Safety, Cognitive Behavioral Therapy (CBT); Brief Strategic Family Therapy; Co-occurring Disorders, Multi-systemic Therapy, Motivational Enhancement Therapy and Reasoning and Rehabilitation programs.<sup>4</sup>

**What percentage of Community Corrections offenders are required to participate in substance abuse treatment?**

**Figure 6 -Required Substance Abuse Treatment**

Respondent 1	30 %
Respondent 2	50 %
Respondent 3	60 %
Respondent 4	65 %
Respondent 5	70 %
Respondent 6	70 %
Respondent 7	80 %
Respondent 8	90 %

<sup>4</sup>North Carolina Department of Health and Human Services and North Carolina Department of Corrections, Memorandum of Understanding, pp.1&2.

Figure 6 above points out the percentage of each responding agency's community corrections offenders that are required to participate in substance abuse treatment.

**What percentage of Community Corrections offenders are required to participate in mental health treatment?**

It has been long recognized that prisons and jails are the largest providers of services to mentally ill offenders. We ask questions to learn about mental health in community corrections as depicted in the figure below.

**Figure 7-Required Mental Health Treatment**

Respondent 1	10 %
Respondent 2	10 %
Respondent 3	5 %
Respondent 4	12 %
Respondent 5	20 %
Respondent 6	10 %
Respondent 7	20 %
Respondent 8	15 %

This table expresses the percentage of community corrections offenders that are required by the agency to participate in mental health treatment. Most of the agencies do not require a large amount of offenders to participate in these programs. Overall, the percentages are rather small. Respondent 3 requires only 5 percent of offenders to participate. Respondent 1, respondent 2 and respondent 6 require only 10 percent. Respondent 4 requires 12 percent. Respondent 8 require only 15 percent. Both respondent 5 and respondent 7 require only 20 percent of their offenders to participate in mental health treatment programs.

**What percentage of Community Corrections offenders are required to participate in other treatment? (Please specify)**

**Figure 8-Required Other Types of Treatment**

Respondent 1, Sex Offenders TX	80 %*
Respondent 2, Sex Offenders	5 %
Respondent 4, Anger Management, Sex Offenders	19 %
Respondent 5, Sex Offender	15 %
Respondent 8, Sex Offender	15 %

\*This respondent answered this question based on percentage of sex offenders required rather than overall offender population.

Anger management and sex offender treatment were the most frequently mentioned "other treatment" categories.



**What activities and components are included in substance abuse services?**

**Which of the following in-house substance abuse services do you offer? Check all that apply.**

**Number of Education Programs**

**Figure 9-In-House Substance Abuse Services**



The number of in-house substance abuse treatment programs that our respondents offered include; 5 educational programs (33%), 4 aftercare programs (27%), 4 treatment programs (27%), and 2 prevention programs (12%).

**Please indicate the number of treatment primary programs for Community Corrections that focus specifically on offenders.**

**Figure 10-Number of Primary Treatment Programs**

	Educational Programs	Treatment Programs	Prevention Programs	Aftercare Programs
Respondent 1	2 programs	2 programs	2 programs	2 programs
Respondent 10	0 programs	49 programs	0 programs	49 programs
Respondent 3	30 programs	0 programs	0 programs	0 programs
Respondent 4	0 programs	0 programs	0 programs	0 programs
Respondent 5	3 programs	3 programs	0 programs	3 programs
Respondent 6	1 programs	2 programs	1 Program	1 program
Respondent 8	0 programs	20 programs	0 programs	2 programs

The table above depicts the number of educational programs for community corrections that focus on offenders specifically. The range of programs is from 1 to 30. Our results show that Respondent 6 has 1 program that focuses specifically on their offenders. Respondent 1 has 2 programs. Respondent 5 has 3 programs. Respondent 3 has the highest amount of programs with as many as 30 programs that focus specifically on the offenders.

The number of primary treatment programs ranged from 2 to 49. Respondent 6 noted 2 programs that focus specifically on their offenders. Respondent 1 noted 2 programs, respondent 5 noted 3, and respondent 8 noted 20 programs. Respondent 10 has the highest amount of programs with as many as 49 programs that focus specifically on offenders.

Only 2 of our respondents claim that they provided prevention programs that focus specifically on their offenders. These two respondents are respondent 1 with 2 programs and respondent 6 with 1 program.

Lastly, the range of aftercare programs was 1 to 49 according to the agencies. Respondent 6 provided 1 program that focuses specifically on its offenders, both respondent 8 and respondent 1 noted 2 programs, respondent 5 noted 3 programs, and Respondent 10 indicated 49 programs.

**Indicate the percentage of licensed counselors in in-house substance abuse programs affiliated with community corrections.**

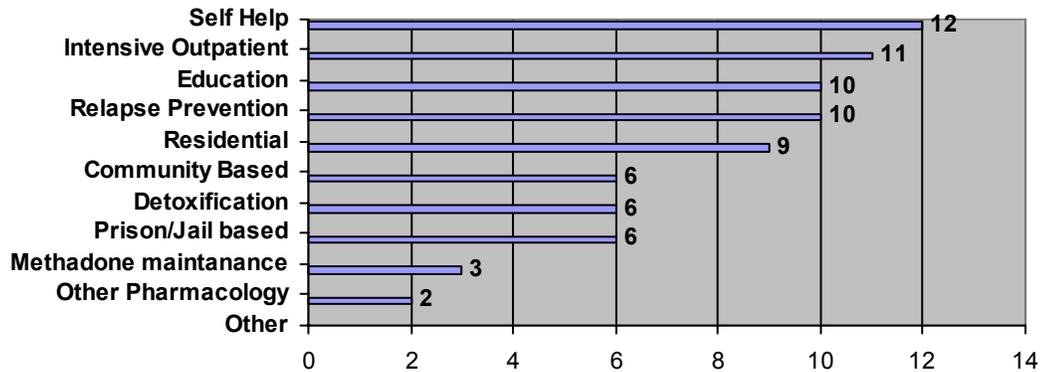
**Figure 11-Description of Counselors in House**

	Licensed Counselors In-House	Certified Counselors In-House	Accredited Counselors
Respondent 9	0%	25 %	0%
Respondent 10	100 %	100%	100%
Respondent 3	0 %	17%	0%
Respondent 5	0 %	0%	5%
Respondent 8	Unknown	Unknown	Unknown
Respondent 7	10%	30%	0%

The table above examines the percentage of licensed in-house counselors, certified in-house counselors, and accredited counselors for substance abuse programs that are affiliated with community corrections. The responses indicate a range of differences between these categories and the different responses relate to how states and jurisdictions vary in the licensing, certification and accreditation of counselors. These discrepancies point out the need for common national standards and terminology that can be easily shared across the states.

**What substance abuse treatment services are currently available to community corrections offenders through these primary providers? Check all that apply.**

**Figure 12-Substance Abuse Services by Provider Type**



A majority of the respondents indicated that they have some substance abuse treatment available to community corrections offenders through primary providers. Self help was made available by 12 agencies. Intensive outpatient was made available by 11 agencies. Education was provided by 10, and relapse prevention was provided by 10 agencies. Residential was reported by 9 of the agencies. Therapeutic community was 6. Detoxification was reported by 6 agencies. Prison or jail-based therapeutic community was reported by 6. Methadone maintenance was reported by 3. Other pharmacological services was reported by 2 agencies. Other was reported by 1 agency.

**Of the treatment service provided either in-house or out-sourced, please indicate which of these specific evidence based practices is included.**

Treatment services that the agencies provide, both in-house and/or out-sourced, include specific evidence-based practices. Included are Reasoning and Rehabilitation which is provided by a total of 3 percent of the agencies in both in-house and out-source agencies. Motivational Enhancement Therapy is provided by 7 agencies. Co-occurring Disorders Treatment is provided by 9 agencies. Cognitive Behavioral Treatment is provided by 9 agencies (mostly by out-sourced agencies). Both Women Treatment for Trauma (5) and Texas Christian University Preparation (1) are provided by out-sourced agencies. Other/Evidence based Practices are provided by 1 in-house and 3 out-source agencies.

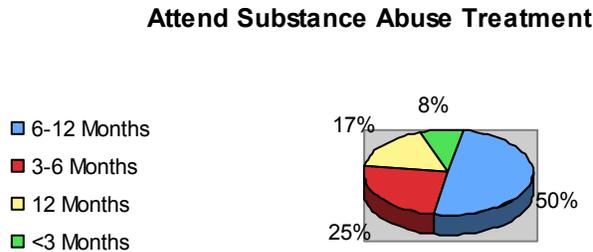
**Figure 13-Evidence Based Practices**

	In House	Out-Sourced	Both	Total
Reasoning and Rehabilitation	0	1	2	3
Motivational Enhancement Therapy	3	3	1	7
Co-Occurring Disorders Treatment	0	2	1	3
Cognitive Behavioral Therapy	1	3	5	9
Women's Treatment for Trauma	0	5	0	5
TCU Preparation	0	1	0	1
Other/Evidence Based of Practices	0	1	3	4

**In general, how long are participants required to attend substance abuse treatment?**

Whether or not an offender receives treatment, and for how long may be influenced by conditions of probation or parole rather than a thorough needs assessment. Another problem is that treatment resources are in short supply and this may affect access to treatment and length of treatment.

**Figure 14- Attendance in Substance Abuse Treatment**



Half of respondents indicated a range of 6-12 months requirement for substance abuse treatment. Twenty-five percent (3) respondents required 3-6 months. Two respondents (16.7%) required a year. Eight percent required less than three months.

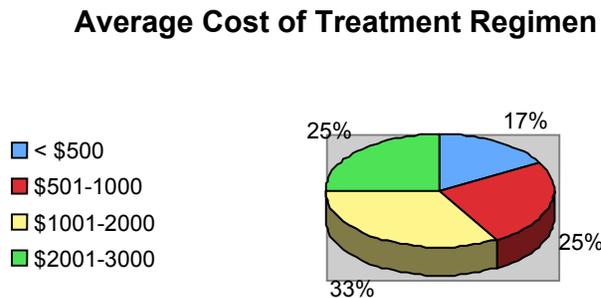
**Figure 15- Available Services**

**Are the following services available for community corrections offenders? Check all that apply.**

Services for:	Number of Agencies
Victims/perpetrators	12
Mentally Ill	11
Gender Specific/Women Only	10
Culturally Competent Programming	9
Non-English Speakers	8
Persons who are HIV positive	7
Pregnant/Post-partum women	7
Physical Examination	5
Primary Health Care	5
Dental Care	4

The table above demonstrates the services available for community corrections offenders. Services for victims or perpetrators were made available by 12 agencies, services for persons who are mentally ill or have a co-occurring mental health and substance abuse disorder were made available by 11 agencies. Services for gender-specific/women only programming are available in 10 agencies. Services for culturally competent programming are offered by 9, and services for non-English speaking participants were offered by 8. Services for persons who are HIV positive and for pregnant/ postpartum women are made available by 7. Services for physical examination and primary health care services are made available by 5, and lastly, dental care was available by 4.

**Figure 16- Average Cost of Treatment Regimen**



The range in treatment cost was from less than \$500 per client to \$3,000 per client. A majority of respondents were in the \$1,000 - \$3,000 per client categories.

Although all respondents indicated that drug testing was available, there were differences in what agencies actually conducted drug testing. Ten respondents (37%) identified parole/probation departments; 9 respondents identified community corrections staff (32%); eight (29%) listed treatment providers and one (3.6%) mentioned drug courts. This indicated that there are various types of arrangements in nearly one third of the respondents that include other agencies such as drug courts, TASC or treatment providers.

Community corrections respondents indicated a variety of drug testing technologies were used. Ten respondents mentioned immunoassay, gas chromatography or mass spectrometry. Instant tests were mentioned by four respondents and field test strips by six respondents. These tests were then confirmed by a toxicology lab.



**What is the average turnaround time for drug and alcohol tests?**

**Figure 17- Drug Testing**

Respondent 8	2 Days
Respondent 5	3 Days
Respondent 3	2 Days
Respondent 4	½, 3-5 Days
Respondent 1	3 Days
Respondent 2	Immediate, 1-2 Days
Respondent 7	1-2 Days
Respondent 10	1-3 Days
Respondent 6	10 Days
Respondent 11	Varies by Jurisdiction

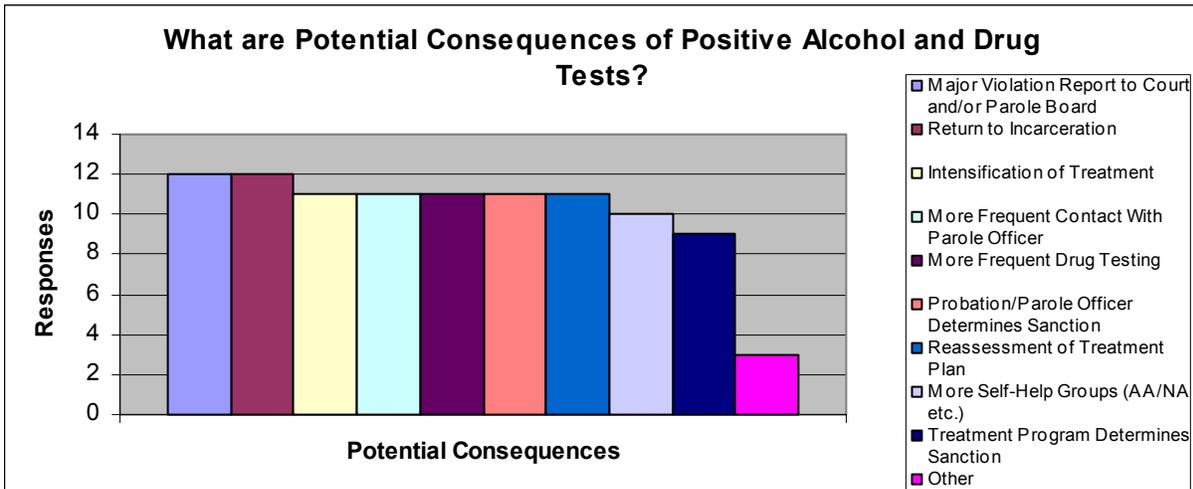
The implications of Figure 17 is that there must be a system for communicating testing results between the various agencies involved in offender treatment and case management. If there are delays, then there are lost opportunities for monitoring offender compliance. The ability for correctional supervision agencies to access and utilize drug testing has long been recognized as a public safety and offender management tool. If agencies can respond to indications of drug use with relapse prevention or sanctions, then the individual offender may be deterred from future criminal conduct. In our community corrections survey, the average turnaround time, which is the period of time that elapses from the time of drug testing until the result of the test is received by the agency, for drug and alcohol tests as mentioned by the respondents were 2 days according to respondent 8.

**What are the potential consequences of positive alcohol tests? Check all that apply.**

Chemical testing of offenders for drug abuse requires swift intervention. Intervention during treatment and after completion of a program is known as relapse prevention. It has long been a problem that zero tolerance of drug testing can fill prisons and jails unnecessarily with persons who can be safely managed in the community using other sanctions. TASC programs have long worked to develop such a range of sanctions and this survey points out that many community corrections agencies may also use a range when alcohol and drug tests are positive.

Although community corrections agencies universally classify this as a major violation and potential reason for returning an offender to incarceration, the remaining responses indicate that there are procedures in place in many agencies to use other sanctions and incentives to manage substance abuse problems. This points to the growing recognition that reassessment of treatment plans, frequent monitoring and self help group support can also be responses.

**Figure 18- Potential Consequences**

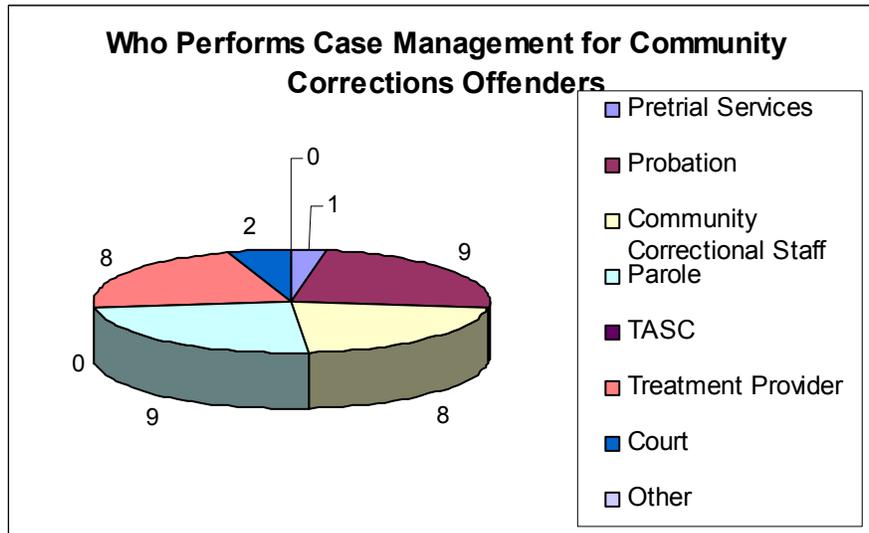


The figure above indicates the potential consequences of positive alcohol tests. Twelve stated that it was a major violation report to court and/or parole board and a return to incarceration. Eleven agencies stated that it was an intensification of treatment, more frequent contact with a parole officer, more frequent drug testing, probation/parole officer determines sanction, and reassessment of treatment plan. Ten agencies stated that their should be more self-help groups (AA/NA). Nine stated that treatment programs determine sanction, and lastly, 3.0 percent (3) said “Other.”

## Part III-Case Management

This section asked community corrections agencies to identify the various methods and agencies that provide offender management. It should be noted that the terminology used to describe this work varies in the states and counties surveyed. Parole or probation may do the case management work similar to a community corrections agency or TASC agency in another state or county. As mentioned earlier, community corrections staff can encompass various entities in the states depending on their statutory use of the term. For purpose of this survey the respondents used the term as they understood it in their state. Therefore this figure reflects how respondents defined their roles.

**Figure 19- Case Management for Offenders**



In the Figure above, case management was performed most frequently by probation (9 agencies), and parole (9 agencies). Community corrections staff and treatment providers were each mentioned by 8 agencies. Courts, pretrial and other agencies were less frequently mentioned. With respect to case management, we wanted to see if community corrections performed similar case management functions to TASC agencies. It appears that the orientation in community corrections is based more on a correctional case management model than a clinical case management model. However the presence of evidence based practices, services and support indicate in other responses to questions imply a shift toward incorporating clinical practices that are evidence based. If there is such a shift, this should be studied and documented to assess its impact and potential for improving outcomes.

### Case Management Functions

The Table below lists the most frequently mentioned case management activities. Like TASC agencies, all of the respondents were involved in client supervision, coordination between criminal justice and treatment, drug testing, and referral. Twelve respondents were also involved in preparation of reports and case staffing. Although the following functions were nearly universal in TASC programs, a slightly smaller proportion of community corrections agencies reported screening (9), assessment (8) and referral(8).

**What functions does offender case management entail? Please check all that apply.**

**Figure 20- Offender Case Management**

	Number of Agencies
Client Supervision	12
Coordinate Between Criminal Justice and Treatment	12
Drug Testing	12
Participation in Case Staffing	12
Preparation of Reports	12
Referral to Additional Services (i.e. parenting, vocational training, etc.)	12
Appearance at Status Hearing	11
Referral to Treatment Dedicated Community Corrections	11
Fee Collection	10
Treatment Program Monitoring/Management	10
Referral to Treatment Non-dedicated Community Corrections	9
Screening	9
Assessment	8

**Type of Training Provided**

Although training is provided, clinical training is less evident in community corrections in the substance abuse and mental health areas. If there is movement in this direction, then clinical training is needed to make sure that clinical services and support are delivered by staff who are adequately trained in the substance abuse and mental health fields.

The figure below indicated that criminal justice training was universally provided to community corrections staff (12). Eleven respondents indicated that the provided training concerning substance-involved offenders, street drugs use and terminology, and referral policies and procedures. Nine programs provided motivational interviewing and mental health systems. Less frequently mentioned training (7 or less mentions) was relapse prevention (7), substance abuse counseling(6), and dual diagnosis (7).

**Figure 21- Types of Training**

	Number of Agencies
Criminal Justice	12
Referral Policies and Procedures	11
Street Drugs, Use, and Terminology	11
Substance-Involved Offenders	11
Mental Health Symptoms	9
Motivational Interviewing	9
Dual Diagnosis	7
Relapse Prevention	7
Substance Abuse Diagnosis and Treatment	7
Substance Abuse Counseling Techniques	6
Other	1

## Average Caseload

For the twelve agencies the range in caseload was between 52 and 152 clients per one staff member. The mean was 73 clients per staff. One agency had an average client caseload of between 50 and 60 per field staff. Three respondents were in the 60-70 clients per staff caseload range. Four (30%) were in the 70-80 range. One each indicated 80-90 and 90-100 range. Three agencies revealed more than 100 clients per officer.

**Figure 22- Agencies with Designated Average Caseload Files**

<i>Respondent number</i>	<i>Average Number of Caseload Files</i>
Respondent 11	152
Respondent 7	78
Respondent 12	52
Respondent 2	60-80 for specialized cases 150+ for non specialized cases
Respondent 1	65
Respondent 5	65
Respondent 3	65
Respondent 4	70-75
Respondent 8	75
Respondent 6	89
Respondent 9	94.3
Respondent 10	Varies by risk-classification

## Field Staff Preparation of Individual Client Reports

The table below indicates that frequency of preparing client reports ranged from once a week to more than one a month. Most respondents revealed that the majority of their cases prepared individual client reports once a month.

**Figure 23- Frequency of Preparing Client Reports**

	Percentages Once Per Week	Percentages Twice Per Week	Percentages Once Per Month
Respondent 1	10	10	80
Respondent 2	15	10	55
Respondent 3	2	N/A	15
Respondent 4	35	N/A	55
Respondent 5	5	10	63
Respondent 6	70	5	5
Respondent 7	70	2	N/A

**Estimate the Number of Cases in which Community Corrections Clients Report to Case Managers.**

**Figure 24– Cases Reported to Case Manager**

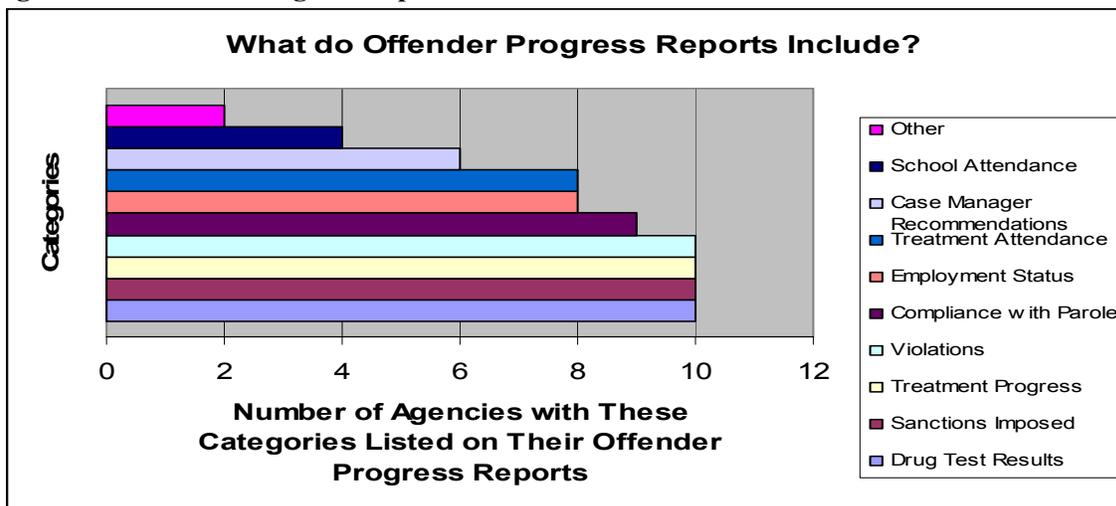
	More than once a week	Once a week	Twice a week	Once a month	More than once a month
Respondent 7	10 %	70%	5%	5%	10%
Respondent 3	15%	15%	10%	55%	5%
Respondent 4	2%	5%	10%	63%	20%
Respondent 8	0%	10%	10%	80%	0%
Respondent 2	0%	2%	0%	15%	0%
Respondent 1	0%	35%	0%	55%	0%
Respondent 6	0%	70%	2%	0%	0%

With respect to cases where clients reported more than once a week, only three respondents indicated that the highest percentage was 15 percent and the lowest was 2 percent. Seven of the respondents indicated that they had cases assigned for reporting once a week. Two jurisdictions indicated a high of 70 percent of their cases and 2 percent was the lowest. Of the 5 respondents answering to the number of cases reporting twice a week, our results range from only 10 to 2 percent. Six respondents indicated a percentage of cases that range was from 5 to 80 percent. This is for the respondents that indicated more than half of their cases reported once a month. Lastly, three respondents indicated reporting more than once a month. The range was from 5 to 20 percent of the cases.

**Contents of Client Progress Reports**

Community corrections agencies client progress reports were most likely to include drug test results, information about violations, treatment progress and sanctions imposed (10 responses each). Compliance with parole was mentioned in 9 of 12 responses. Treatment attendance and employment were mentioned in 8 responses. Case manager recommendations and school progress were 6 and 4 responses.

**Figure 25- Offender Progress Reports**



**Who reviews reports from field staff?**

Nine of the respondents indicated that a manager or supervisor reviewed progress reports and two indicated that the court or a parole board reviewed responses. One indicated that the District Attorney might be involved.

## Part IV-Support Services

Both TASC and Community corrections programs responding to this survey indicated a substantial need for housing, education, employment, domestic violence, transportation, family and social service assistance. This information is important because it documents the linkages that have been established by the surveyed agencies. It challenges the conventional definition that community corrections serves mainly an offender oversight function. There is very little descriptive information available across jurisdictions as to the depth and breadth of community corrections involvement with such support services.

This section of the survey asked responding agencies to indicate what types of services were most often available. Community corrections like TASC agencies provide a range of offender support services although TASC agencies are more likely to provide health and substance abuse services.

Many of these services are designed to prevent future criminal behavior and prevent relapse from substance abuse. The categories indicate that community corrections agencies are more likely to provide mental health referral. Mental health treatment is sometimes available when agencies refer clients. Housing and transportation assistance were also noted by 9 agencies each as “sometimes available.”

### How often are the following services available to community based corrections offenders?

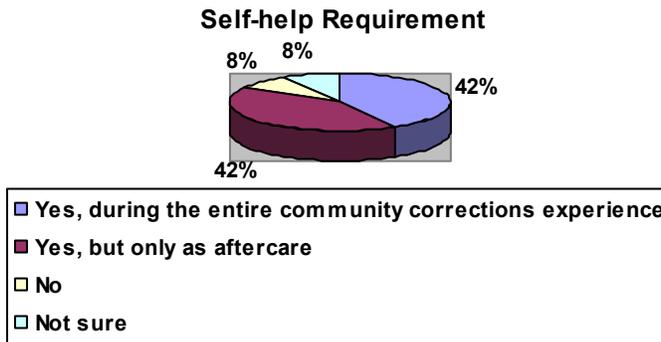
**Figure 26- Support Services**

Services	Always Available	Sometimes Available	Never Available
Mental Health Treatment	16.67% (2)	83.33%, (10)	NA
Mental Health Referral	91.67%, (11)	8.33%, (1)	NA
Vocational Training	58.33%, (7)	25%, (3)	16.67%, (2)
Job Placement	25%, (3)	58.33%, (7)	16.67%, (2)
Housing Assistance	25%, (3)	75%, (9)	NA
Housing Referral	50%, (6)	50%, (6)	NA
Parenting Education	66.67%, (8)	33.33%, (4)	NA
Education Remediation/GED	66.67%, (8)	25%, (3)	8.33%, (1)
Domestic Violence Intervention	83.33%, (10)	16.67%, (2)	NA
Transportation Assistance	25%, (3)	75%, (9)	NA
Anger Management	75%, (9)	25%, (3)	NA
Life Skills Training	41.67%, (5)	50%, (6)	8.33%, (1)
Stress Management	33.33%, (4)	58.33%, (7)	8.33%, (1)
Relapse Prevention	58.33%, (7)	41.67%, (5)	NA
Health Care	16.67%, (2)	58.33%, (7)	25%, (3)
Childcare	33.33%, (30)	66.67%, (6)	NA

Figure 26 above indicates the support services that are provided by each of the agencies. The majority of respondents indicated the following services were always available: mental health referral (91.67%), vocational training (58.33%), parental education and education remediation (66.67%), domestic violence intervention (83.33%), anger management (75%), and relapse prevention (58.33%). The services which are provided sometimes include: mental health treatment (83.33%), job placement (58.33%), housing assistance and transportation assistance (75%), life skills training (50%) stress management and health care (58.33%), and childcare (66.67%).

**Are participants required to attend AA, NA, or other self-help support groups?**

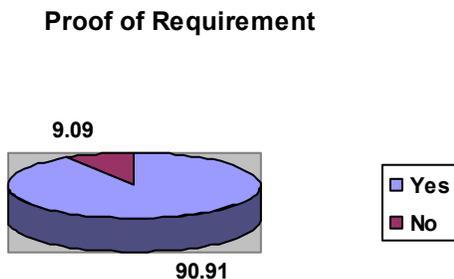
**Figure 28- Self Help Requirement**



As indicated in the figure above, the requirement for attending “self help groups, AA, and NA” was a necessity for a majority of our respondents. Five respondents (41.67%) stated that they required offenders to attend self help groups both “during the entire community corrections experience” as well as “only as aftercare.” One respondent (8.33%) said they did not require attendance, and one (8.33%) mentioned that they were unsure.

**Are participants required to show proof of attending AA/NA or other support meetings?**

**Figure 29- Proof of Requirement**



Approximately ninety-one percent (90.91%) of agencies (10 agencies) stated that they required a proof of attendance from the offenders that had attended a self-help meeting. The other 9.09 percent (1 agency) did not require a proof of attendance.

**Which of the following methods, if any, has your agency employed to establish formal relationships? Check all that apply.**

**Figure 30- Methods of Formal Relationships**

<b>Method of Formal Relationship</b>	
Service Agreement	9
Memorandum of Understanding	8
RFP	8
Community Corrections Legislation	7
Qualified Service Organization Agreement	2

The figure above shows an even distribution between most of the formal methods the agencies employed to establish formal relationships with other agencies. Service agreement was used by 9 agencies, both memoranda of understanding and RFP were used by the respondents. Community corrections legislation was used by 7. Qualified service organization agreement was used by 2 of the respondents.

**Please indicate any challenges of barriers to your agency's services and programs.**

Implementing best practices is mentioned by eleven. Availability of resources was mentioned by ten respondents. A shortage of funds was mentioned by eleven for a total of twenty one resource related mentions. Adequate services were mentioned by eleven. Waiting listing to get into programs were mentioned by two.

## Conclusion

This study provides answers to questions about the work of 12 community corrections agencies. It suggests that TASC and Community Corrections programs are compatible and often similar parts of the criminal justice system. There are differences in funding, structure, management and mission. However, when their common purpose is quite similar, then a blended TASC/community corrections approach should be considered when looking for resources and models for effectively managing offenders. Statewide programs that use both TASC funding sources and criminal justice sources are able to provide resources for targeted clients that may need support long after they are released from supervision. Community practitioners should be able to look to tested TASC models for examples of effective assessment diversion and treatment of offenders. Conversely, TASC practitioners should feel free use offender management principles and correctional tools to increase offender accountability.

This study is the first of its kind to ask TASC and Community Corrections similar questions about their history, structure, cases and the work that they do. It reveals that TASC and Community Corrections do very similar work and serve justice clients in similar ways. Some TASC programs are part of probation and courts systems but most are private nonprofit agencies. Most community corrections operate from statewide probation, parole, courts or community corrections systems and they may include public and private agencies all working to manage persons under justice supervision. However, they may lack the ability to secure substance abuse and mental health treatment, community reentry assistance, and other needs. This is where community corrections can team with TASC programs, role up their sleeves and increase their effectiveness

Over the past 30 years or more community corrections and TASC programs have struggled to respond to growing numbers of offenders under supervision in the community. Both types of programs have a high proportion of subjects who are involved with substance abuse or have a history of mental disorders. Both types of programs exist at the local and state level and coordinate services for offenders across a variety of systems and agencies.

Community corrections systems address many of the same problems that TASC agencies are designed to address. For example, TASC programs can be enlisted to support probation and community corrections in motivating and engaging persons in mental health or drug treatment. TASC programs can involve peer, mentors, faith, family and other community support networks for long term support and aftercare. TASC can enlist the help of community service agencies and funding streams that may not be available to criminal justice clients, and see that they are tapped once a person is no longer under supervision or in detention. Conversely, community corrections can target its most difficult cases such as sex offenders for community surveillance and management, while it works with TASC agencies on cases that are making rehabilitative strides. They must find and deliver treatment resources that are proven to be effective for criminal justice clients. For example cognitive behavioral and other evidence based approaches may be effective treatments, but they remain unavailable to many correctional populations.

Both community corrections and TASC programs have incorporated evidence-based practices. Both rely on drug testing, case management, and substance abuse treatment.

TASC programs appear to be more often involved in networking with community groups. However community corrections responses revealed agencies that were also moving in this direction. Both fields work with other justice system components. However TASC programs indicated that they take clients through more referral sources.



These responses indicate the growth and changes in such programs in various parts of the country.

It is important that additional research be done in the future to examine some of the factors that were revealed by respondents to this survey. There are a number of areas where research is lacking to guide the field. The following bullets are a few examples:

- How does the traditional model of community corrections influence its outcomes?
- For what types of cases is a TASC model approach going to yield greater safety and more cost effective results?
- How does the single agency funding structure of community corrections, limit access for offender treatment and support ? Will it help garner resources if it adopts a TASC- like funding approach?
- How does the adoption of drug testing, assessment and screening require new development of treatment access for community corrections and how will this demand be met in times of scarce resources?
- What types of health and behavioral health practices employed by TASC programs and now also community corrections programs will yield health benefits for the general population?
- How are the case outcome studies for TASC programs stacking up for the various community corrections programs that use evidence based treatment and support programs?
- What are the relative costs and benefits of TASC and community corrections programs considering both short and long term measurements?
- Are their differences in how community corrections and TASC programs engage and motivate their clients? What are the principles on which these approaches are based?

Implementing best practices is a prominent concern that was expressed by respondents along with shortage of funding and resources. Adequacy of services was another concern. When virtually all of the community corrections agencies identified such similar barriers, it is time to look at every available model and resource. This study suggests that TASC agencies, offer one such possibility for future exploration, collaboration and study.





# Appendix A -Community Corrections Survey Results

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## Survey Overview

### **Instructions Provided To Respondents**

Answer questions as they relate to you. For most answers, check the boxes most applicable to you or fill in the blanks.

### **Respondent Metrics**

Respondents: 12  
First Response: 7/28/2004  
Last Response: 8/3/2004

## Survey Results

The following is a tabular depiction of the responses to each survey question. Additional comments provided by respondents, if any, are included after each table.

### **Section 1: Agency Demographics**

**1. Is your agency within the State Department of Corrections?**

58.3%	7	yes
41.7%	5	no

**2. Another State Agency? (If yes, indicate agency) \_\_\_\_\_**

90.9%	10	no
9.1%	1	yes

**3. Other? (If yes, indicate agency or organization) \_\_\_\_\_**

55.6%	5	no
44.4%	4	yes

**4. Please describe your agency's clients. Total number served in 2003:**

10,600 (Respondent 12)  
1400 (Respondent 5)  
16,803 prisoners, 67,530 field cases, 33,038 active supervision (Respondent 10)  
2000 (Respondent 1)  
260 (Respondent 6)  
27,366 (Respondent 9)  
352 (Respondent 3,)  
431,983 (Respondent 11)  
475 (Respondent 8)  
60000 (Respondent 2)  
6900 (Respondent 7)  
940 (Respondent 4)

**5. Please describe your agency's clients. Number of adults:**

1400 (Respondent 5)  
2000 (Respondent 1)  
260 (Respondent 6)  
27,366 (Respondent 9)  
352 (Respondent 3)  
431,983 (Respondent 11)  
475 (Respondent 8)  
60000 (Respondent 2)  
6500 (Respondent 7)  
9000 (Respondent 12)  
940 (Respondent 4)

**6. Please describe your agency's clients. Number of juveniles:**

0 (Respondent 4)  
0 (Respondent 5)  
0 (Respondent 1)  
0 (Respondent 8)  
0 (Respondent 2)  
0 (Respondent 3)  
0 (Respondent 11)  
0 (Respondent 9)  
1600 (Respondent 12)  
400 (16-17) (Respondent 7)

**7. Please indicate the number of staff you have in each of the following categories.**

**Professional staff:**

12 (Respondent 8)  
20 (6 technical) (Respondent 5)  
22 (Respondent 1)  
3 (Respondent 6)  
406 (Respondent 9)  
58 (Respondent 11)  
6 (Respondent 3)  
7 (Respondent 4)  
82 (Respondent 7)

**8. Please indicate the number of staff you have in each of the following categories.**

**Support Staff:**

1 (Respondent 3)  
1 (Respondent 6)  
2 (Respondent 4)  
2 (Respondent 8)  
28 (Respondent 7)  
28 (Respondent 11)  
3 (Respondent 1)  
4 (Respondent 5)  
97 (Respondent 9)

**9. Please indicate the number of staff you have in each of the following categories.**

**Volunteers:**

- 0 (Respondent 5)
- 0 (Respondent 3)
- 0 (Respondent 11)
- 0 (Respondent 9)
- 1 (Respondent 4)
- 1 (Respondent 8)
- Varies 25 (Respondent 2)

<b>Section 2: Treatment Services</b>
--------------------------------------

**10. What types of programs and services does your agency provide to offenders and how are they provided? Check all that apply.**

**11. Assessment**

- 47.1% 8 Outsourced Agency
- 29.4% 5 In-House Staff
- 17.6% 3 In-House Contractor
- 5.9% 1 Not Provided

**12. Offender Management**

- 60.0% 9 In-House Staff
- 26.7% 4 Outsourced Agency
- 6.7% 1 In-House Contractor
- 6.7% 1 Not Provided

**13. Drug Testing**

- 66.7% 10 In-House Staff
- 26.7% 4 Outsourced Agency
- 6.7% 1 Not Provided

**14. Screening**

- 50.0% 8 Outsourced Agency
- 31.3% 5 In-House Staff
- 12.5% 2 In-House Contractor
- 6.3% 1 Not Provided

**15. Treatment Planning**

- 44.4% 8 Outsourced Agency
- 38.9% 7 In-House Staff
- 11.1% 2 In-House Contractor
- 5.6% 1 Not Provided

**16. Treatment Service**

56.3%	9	Outsourced Agency
18.8%	3	In-House Contractor
18.8%	3	In-House Staff
6.3%	1	Not Provided

**17. Treatment Readiness**

40.0%	6	In-House Staff
40.0%	6	Outsourced Agency
13.3%	2	In-House Contractor
6.7%	1	Not Provided

**18. What kinds of assessments are provided by your agency and others? Check all that apply.**

note: respondent changed "out-sourced agency" to "other state agency or private" for this question. (Respondent 2)

**19. Substance Abuse**

47.4%	9	Outsourced Agency
36.8%	7	In-House Staff
10.5%	2	In-House Contractor
5.3%	1	Not Provided

**20. Mental Health**

56.3%	9	Outsourced Agency
31.3%	5	In-House Staff
6.3%	1	In-House Contractor
6.3%	1	Not Provided

**21. Physical Health**

41.7%	5	Not Provided
41.7%	5	Outsourced Agency
16.7%	2	In-House Staff

**22. Risk/Needs**

71.4%	10	In-House Staff
14.3%	2	Outsourced Agency
7.1%	1	In-House Contractor
7.1%	1	Not Provided

**23. Employment**

50.0%	8	In-House Staff
25.0%	4	Outsourced Agency
12.5%	2	In-House Contractor
12.5%	2	Not Provided

**24. Other**

DUII Evaluations (Respondent 3)

psychopathy (in-house); sex offender assessment and treatment (through contracted partners) (Respondent 12)

Respondent writes "see cover letter," which states: "CJAD provides funding and oversight to local Community corrections and Supervision Departments (CSCD) in Texas. These local departs total 121 and provide supervision to offenders who have been placed on community supervision (probation). These offenders have not served time in prison. The Treatment Alternative to Incarceration (TAIP) program is administered by CJAD. CJAD does directly provide services to offenders...most of the questions asked in the survey would need to be answered by the local programs...I have answered the questions in the survey that pertain to CJAD functions. (Respondent 11)

Sex Offender Risk is provided by In-House staff. (Respondent 1)

Sex offender treatment Respondent 9

**25. What percentage of Community Corrections offenders are required to participate in substance abuse treatment?**

- 30 (Respondent 1)
- 50 (Respondent 2)
- 60 (Respondent 3)
- 65 (Respondent 4)
- 70 (Respondent 5)
- 70 (Respondent 6)
- 80 (Respondent 7)
- 90 (Respondent 8)

**26. What percentage of Community Corrections offenders are required to participate in mental health treatment?**

- 10 (Respondent 1)
- 10 (Respondent 2)
- 10 (Respondent 6)
- 12 (Respondent 4)
- 15 (Respondent 8)
- 20 (Respondent 5)
- 20 (Respondent 7)
- 5 (Respondent 3)

**27. What percentage of Community Corrections offenders are required to participate in other treatment? (please specify)**

- 15 (sex offender) (Respondent 5)
- 15 (sex offenders) (Respondent 8)
- 19 (anger management/sex offender) (Respondent 4)
- 5 (sex offenders) (Respondent 2)
- 80 (Sex Offender TX) (Respondent 1)
- Condition of judgment-sentencing or offender accountability plans (Respondent 10)

### Section 3: Available Services

**28. Which of the following in-house substance abuse services do you offer? Check all that apply.**

33.3%	5	education
26.7%	4	aftercare
26.7%	4	treatment
13.3%	2	prevention

**29. Please indicate the number of the educational primary programs for Community Corrections that focus specifically on offenders.**

0 (Respondent 10)  
1 (Respondent 6)  
2 (Respondent 1)  
3 (Respondent 5)  
30 (Respondent 3)  
Treatment (Respondent 4)

**30. Please indicate the number of treatment primary programs for Community Corrections that focus specifically on offenders.**

2 (Respondent 1)  
2 (Respondent 6)  
20 (Respondent 8)  
3 (Respondent 5)  
49 (Respondent 10)

**31. Please indicate the number of prevention primary programs for Community Corrections that focus specifically on offenders.**

1 (Respondent 6)  
2 (Respondent 1)

**32. Please indicate the number of aftercare primary programs for Community Corrections that focus specifically on offenders.**

The Commonwealth has contracts for indigent probationers and parolees to provide substance abuse treatment. However, this only exists in our three largest metropolitan areas. The Dept. of Corrections contracts for 303 treatment slots for this purpose. Probationers who are ordered by the court to receive treatment do not have to report any sort of quality control information to the probation and parole office. Consequently, the DOC has little or not information about the nature of much of the treatment for this population. (Respondent 9)

1 (Respondent 6)  
2 (Respondent 8)  
2 (Respondent 1)  
3 (Respondent 5)  
49 (Respondent 10)

n.b.--respondent writes "there are many across the state--no number to guess" for this batch of questions.  
(Respondent 2)

**33. What substance abuse treatment services are currently available to community corrections offenders through these primary providers? Check all that apply.**

15.8%	12	self-help (AA/NA, etc.)
14.5%	11	intensive outpatient
13.2%	10	education
13.2%	10	relapse prevention
11.8%	9	residential
7.9%	6	community-based therapeutic community
7.9%	6	detoxification
7.9%	6	prison or jail-based therapeutic community
3.9%	3	Methadone maintenance
2.6%	2	other pharmacological (e.g. Naltrexone)
1.3%	1	Other:

**34. Of the treatment services provided either in-house or out-sourced, please indicate which of these specific evidence-based practices is included.**

All SA services outsourced (Respondent 2)

Not sure how to answer this--we are not a treatment facility--we are adult parole and probation. (Respondent 8)

**35. Reasoning and Rehabilitation, Ross & Fabiano, T-3 Associates, Ottawa, Canada**

66.7%	2	Both
33.3%	1	Out-Sourced

**36. Motivational Enhancement Therapy/Motivational Interviewing**

42.9%	3	In-House
42.9%	3	Out-Sourced
14.3%	1	Both

**37. Co-Occurring Disorders Treatment/Dartmouth Co-Occurring Disorders Research Group**

66.7%	2	Out-Sourced
33.3%	1	Both

**38. Cognitive Behavioral Therapy (CBT)**

55.6%	5	Both
33.3%	3	Out-Sourced
11.1%	1	In-House

**39. Women's Treatment for Trauma, Seeking Safety**

100.0%	5	Out-Sourced
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**40. TCU-Preparation for Change: The Tower of Strengths and Weekly Planner**

100.0%	1	Out-Sourced
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**41. Other/Evidenced-based or Research Validated Practices (describe) \_\_\_\_\_**

75.0%	3	Both
25.0%	1	Out-Sourced

**42. Do the substance abuse treatment programs affiliated with community corrections meet state or local licensing and/or certification requirements?**

100.0%	12	yes
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**43. Indicate the percentage of licensed counselors in in-house substance abuse programs affiliated with community corrections.**

0 (Respondent 5)  
10 (Respondent 7)  
100 (Respondent 10)  
Not known (Respondent 8)

**44. Indicate the percentage of certified counselors in in-house substance abuse programs affiliated with community corrections.**

0 (Respondent 5)  
100 (Respondent 10)  
17 (Respondent 3)  
25 Respondent 9  
30 (Respondent 7)  
Not known (Respondent 8)

**45. Indicate the percentage of accredited counselors in in-house substance abuse programs affiliated with community corrections.**

100 (Respondent 10)  
5 (Respondent 5)  
Not known (Respondent 8)

**46. Indicate the percentage of licensed counselors in out-sourced substance abuse programs affiliated with community corrections.**

100 (Respondent 2)  
100 (Respondent 10)  
15 (Respondent 7)  
Not known (Respondent 8)  
Unknown (Respondent 5)

**47. Indicate the percentage of certified counselors in out-sourced substance abuse programs affiliated with community corrections.**

100 (Respondent 2)  
100 (Respondent 10)  
35 (Respondent 7)  
40 Respondent 9  
40 (Respondent 3)  
Not known (Respondent 8)  
Unknown (Respondent 5)

**48. Indicate the percentage of accredited counselors in out-sourced substance abuse programs affiliated with community corrections.**

There is a certification process for direct service providers pursuant to KRS 309.08. Such credentialed individuals can be found both in-house and in the out-source groups. However, since the Commonwealth subscribes to a collaborative model in community supervision, there is a trained clinician, employed by the Dept. of Corrections, in each Probation and Parole district. This person operates as case manager and screens/assesses offenders and makes appropriate referrals based on need and local treatment provider availability. This model is somewhat unusual in that it involves collaboration between the Executive and Judicial branches. (Respondent 9)

100 (Respondent 10)

Not known (Respondent 8)

Unknown (Respondent 5)

<b>Section 4: Program Components and Requirements</b>
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**49. In general, how long are participants required to attend substance abuse treatment overall?**

50.0%	6	6-12 months
25.0%	3	3-6 months
16.7%	2	12 months
8.3%	1	<3 months

**50. Are the following services available for community corrections offenders? Check all that apply.**

15.4%	12	services for victims or perpetrators of domestic violence
14.1%	11	services for persons who are mentally ill or have co-occurring mental health and substance abuse disorders
12.8%	10	gender-specific/women-only programming
11.5%	9	culturally competent programming
10.3%	8	services for non-English speaking participants
9.0%	7	services for persons who are HIV positive
9.0%	7	services for pregnant/postpartum women
6.4%	5	physical examination
6.4%	5	primary health care services
5.1%	4	dental care

**51. What is the average cost of the typical treatment regimen for a single community corrections offender?**

33.3%	4	\$1001-2000
25.0%	3	\$2001-3000
25.0%	3	\$501-1000
16.7%	2	< \$500

**52. Is random alcohol testing conducted as part of the community corrections program?**

100.0%	12	yes
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**53. Is random drug testing conducted as part of the community corrections program?**

100.0%	12	yes
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**54. Who conducts drug testing for community corrections? Check all that apply.**

- 35.7% 10 parole/probation department
- 32.1% 9 community corrections staff
- 28.6% 8 treatment provider
- 3.6% 1 drug courts

**55. What technology is used in drug and alcohol tests?**

- Field test strips--confirmed by toxicology lab. (Respondent 6)
- Immunoassay; gas chromatography; t mass spectrometry (Respondent 10)
- Instant tests (most) and/or confirmation by Redwood Laboratory (Respondent 4)
- On site tests by P&P/Community Corrections; lab tests for others (i.e., mainly used to confirm on-site results) (Respondent 2)
- Portable breathalyzer; standard u/a tests/ on-site instant drug screens (Respondent 1)
- Repeat immunoassay (Respondent 8)
- Urinalysis (Respondent 7)
- Urinalysis, breathalyzer (Respondent 3)
- Urine and saliva (Respondent 5, )
- Varies by jurisdiction. Both portable and stationary systems are used. (Respondent 11)

**56. What is the average turnaround time for drug and alcohol tests?**

- 2 days (Respondent 8)
- 3 days (Respondent 5)
- 3 days on UA (Respondent 3)
- 30 seconds or 3-5 days (Respondent 4)
- breathalyzer and on-site u/a are instantaneous; standard u/a about 3 days (Respondent 1)
- Immediate for on-site; a day or a few for confirmations at a lab, if needed. (Respondent 2)
- instant; 1-day or 2-day return (Respondent 7)
- lab reports: negative results within 24 hours of receiving. Lab reports confirmed positive results within 72 hours of receiving specimen. (Respondent 10)
- ten days for lab tests (Respondent 6)
- varies by jurisdiction (Respondent 11)

**57. What are the potential consequences of positive alcohol tests? Check all that apply.**

- 11.9% 12 major violation report to court and/or parole board
- 11.9% 12 return to incarceration
- 10.9% 11 intensification of treatment
- 10.9% 11 more frequent contact with parole officer
- 10.9% 11 more frequent drug testing
- 10.9% 11 probation/parole officer determines sanction
- 10.9% 11 reassessment of treatment plan
- 9.9% 10 more self-help groups (AA/NA etc.)
- 8.9% 9 treatment program determines sanction
- 3.0% 3 other (describe)

**58. What are the potential consequences of positive drug tests? Check all that apply.**

11.9%	12	major violation report to court and/or parole board
11.9%	12	return to incarceration
10.9%	11	intensification of treatment
10.9%	11	more frequent contact with parole officer
10.9%	11	more frequent drug testing
10.9%	11	probation/parole officer determines sanction
10.9%	11	reassessment of treatment plan
9.9%	10	more self-help groups (AA/NA etc.)
8.9%	9	treatment program determines sanction
3.0%	3	other (describe)

<b>Section 5: Case Management</b>
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**59. Who performs case management for community corrections offenders? Check all that apply.**

24.3%	9	parole
24.3%	9	probation
21.6%	8	community corrections staff
21.6%	8	treatment provider
5.4%	2	court
2.7%	1	pretrial services

**60. Who has primary offender case management responsibility? Check all that apply.**

32.1%	9	probation
28.6%	8	parole
25.0%	7	community corrections staff
7.1%	2	treatment provider
3.6%	1	court
3.6%	1	pretrial services

**61. What functions does offender case management entail? Check all that apply.**

8.6%	12	client supervision
8.6%	12	coordinate between criminal justice and treatment
8.6%	12	drug testing
8.6%	12	participation in case staffing
8.6%	12	preparation of reports
8.6%	12	referral to additional services (e.g. parenting, vocational training, etc.)
7.9%	11	appearance at status hearings
7.9%	11	referral to treatment dedicated community corrections
7.1%	10	fee collection
7.1%	10	treatment program monitoring/management
6.4%	9	referral to treatment non-dedicated community corrections
6.4%	9	screening
5.7%	8	assessment

**62. What training has been provided to field staff? Check all that apply.**

13.2%	12	criminal justice
12.1%	11	referral policies and procedures
12.1%	11	street drugs, use, and terminology
12.1%	11	substance-involved offenders
9.9%	9	mental health symptoms
9.9%	9	motivational interviewing

7.7%	7	dual diagnosis
7.7%	7	relapse prevention
7.7%	7	substance abuse diagnosis and treatment
6.6%	6	substance abuse counseling techniques
1.1%	1	other (describe)

**63. What is the average caseload per field staff member?**

152 (Respondent 11)

1:78 (Respondent 7)

52 cases per parole/probation officer (Respondent 12)

60-80 for specialized cases. 150 + for non-specialized officers. Some areas average 110, due to more stable workforce (i.e., less vacancies). (Respondent 2)

65 (Respondent 1)

65 (Respondent 5)

65 offenders per PPO (Respondent 3)

70-75 (Respondent 4)

75 (Respondent 8)

89 (Respondent 6)

94.3 Respondent 9

caseload/workload assigned by office and varies by risk-classification of offenders. (Respondent 10)

**64. Estimate the percentage of cases in which community corrections clients report to the case manager/field staff assigned more than once per week.**

10 (Respondent 7)

15 (Respondent 3)

2 (Respondent 4)

**65. Estimate the percentage of cases in which community corrections clients report to the case manager/field officer assigned once a week.**

10 (Respondent 8)

15 (Respondent 3)

2 (Respondent 2)

35 (Respondent 1)

5 (Respondent 4)

70 (Respondent 7)

70 (Respondent 6)

**66. Estimate the percentage of cases in which community corrections clients report to the case manager/field officer assigned twice a week.**

10 (Respondent 8)

10 (Respondent 3)

10 (respondent crossed out "week" and wrote "month") (Respondent 4)

2 (Respondent 6)

5 (Respondent 7)

**67. Estimate the percentage of cases in which community corrections clients report to the case manager/field staff assigned once a month.**

15 (Respondent 2)  
5 (Respondent 7)  
55 (Respondent 1)  
55 (Respondent 3)  
63 (Respondent 4)  
80 (Respondent 8)

**68. Estimate the percentage of cases in which community corrections clients report to the case manager/field staff assigned more than once a month.**

10 (Respondent 7)  
20 (Respondent 4)  
5 (Respondent 3)

**69. Estimate the percentage of cases in which community corrections clients report to the case manager/field staff assigned on a basis not listed above. Please describe.**

As needed (Respondent 8)

Depending on offender accountability plan requirements per verification section of plan, there are no reporting standards, as it varies by offender. (Respondent 10)

Depends on risk assessment but anywhere from one to four times per month (Respondent 5)

n.b.--respondent changed question to "How often are client reports prepared?" Response was "varies, depending on attitude compliance." (Respondent 12)

**70. Estimate the percentage of cases in which individual client reports are prepared by field staff more than once a week.**

10 (Respondent 7)

**71. Estimate the percentage of cases in which individual client reports are prepared by field staff once a week.**

2 (Respondent 9)  
60 (Respondent 7)

**72. Estimate the percentage of cases in which individual client reports are prepared by field staff twice a week.**

20 (Respondent 7)  
Respondent changed "week" to "month" (Respondent 4)

**73. Estimate the percentage of cases in which individual client reports are prepared by field staff once a month.**

25 (Respondent 1)  
5 (Respondent 7)  
75 (Respondent 3)  
90 (Respondent 9)

**74. Estimate the percentage of cases in which individual client reports are prepared by field staff more than once a month.**

25 (Respondent 3)  
5 (Respondent 7)

**75. Estimate the percentage of cases in which individual client reports are prepared by field staff on a basis not listed above. Please describe.**

As needed (Respondent 8)

Less than once a month=8% (reports are prepared on as-needed basis) Respondent 9

n.b.--Respondent changed question to "How often do offenders report?" Response was: "High risk report 2x/month (25%); low/limited risk report zero times per month (25%), except low/limited risk sex offenders report once every three months. (Respondent 12)

Notice of violation memo of reprimand are incident-driven. 90 days prior to end of supervision, court notified of compliance/noncompliance and request for termination or status report to county. (Respondent 10)

Offender reports are only prepared when violation occurs (Respondent 5)

Officers average 3-4 reports per officer per week. (Respondent 4)

Unknown (Respondent 2)

**76. What do offender progress reports include? Please check all that apply.**

13.0%	10	drug test results
13.0%	10	sanctions imposed
13.0%	10	treatment progress
13.0%	10	violations
11.7%	9	compliance with parole
10.4%	8	employment status
10.4%	8	treatment attendance
7.8%	6	case manager recommendations
5.2%	4	school attendance
2.6%	2	other (describe)

**77. Who reviews the reports from the field staff?**

Court; parole board; supervisor (Respondent 6)

Courts (judges) and/or parole boards (Respondent 2)

Director (Respondent 8)

District supervisor or assistant supervisor Respondent 9

Field supervisors; district attorney; court (Respondent 1)

Managers within each field office. (Respondent 7)

Supervisor or lead CCO if not requesting jail time (Respondent 10)

Supervisor/director (Respondent 4)

Supervisor/director (Respondent 3)

Supervisors (Respondent 5)

Supervisors, courts (Respondent 12)

Varies by size and structure of local department (Respondent 11)

## Section - Part 6: Support Services

**78. How often are mental health treatment services available to community corrections offenders?**

83.3% 10 sometimes available  
16.7% 2 always available

**79. How often are mental health referral services available to community corrections offenders?**

91.7% 11 always available  
8.3% 1 sometimes available

**80. How often are vocational training services available to community corrections offenders?**

58.3% 7 always available  
25.0% 3 sometimes available  
16.7% 2 never available

**81. How often are job placement services available to community corrections offenders?**

58.3% 7 sometimes available  
25.0% 3 always available  
16.7% 2 never available

**82. How often are housing assistance services available to community corrections offenders?**

75.0% 9 sometimes available  
25.0% 3 always available

**83. How often are housing referral services available to community corrections offenders?**

50.0% 6 always available  
50.0% 6 sometimes available

**84. How often are parenting education services available to community corrections offenders?**

66.7% 8 always available  
33.3% 4 sometimes available

**85. How often are educational remediation/GED services available to community corrections offenders?**

66.7% 8 always available  
25.0% 3 sometimes available  
8.3% 1 never available

**86. How often are domestic violence intervention services available to community corrections offenders?**

83.3% 10 always available  
16.7% 2 sometimes available

**87. How often are transportation assistance services available to community corrections offenders?**

75.0% 9 sometimes available  
25.0% 3 always available

**88. How often are anger management services available to community corrections offenders?**

75.0% 9 always available  
25.0% 3 sometimes available

**89. How often are life skills training services available to community corrections offenders?**

50.0%	6	sometimes available
41.7%	5	always available
8.3%	1	never available

**90. How often are stress management services available to community corrections offenders?**

58.3%	7	sometimes available
33.3%	4	always available
8.3%	1	never available

**91. How often are relapse prevention services available to community corrections offenders?**

58.3%	7	always available
41.7%	5	sometimes available

**92. How often are health care services available to community corrections offenders?**

58.3%	7	sometimes available
25.0%	3	never available
16.7%	2	always available

**93. How often are childcare services available to community corrections offenders?**

66.7%	6	sometimes available
33.3%	3	never available

**94. What other services are available to community corrections offenders? Please describe.**

The above answers depend on area of the state (Respondent 2)

**95. Are participants required to attend AA, NA, or other self-help support groups?**

41.7%	5	yes, but only as aftercare
41.7%	5	yes, during the entire community corrections experience
8.3%	1	no
8.3%	1	not sure

**96. Are participants required to show proof of attending AA/NA or other support meetings?**

90.9%	10	yes
9.1%	1	no

**97. Which of the following methods, if any, has your agency employed to establish formal relationships?  
Check all that apply.**

26.5%	9	Service Agreement
23.5%	8	Memoranda of Understanding
23.5%	8	RFP
20.6%	7	Community Corrections legislation
5.9%	2	Qualified Service Organization Agreement

**98. Please indicate any challenges or barriers to your agency's services and programs.**

Availability of resources; competing community provider caseloads (Respondent 10)

Challenges: Adequate pre-release preparation services; housing for offenders returning to community; placement of offenders in positions that provide sufficient financial support and potential for upward mobility. (Respondent 7)

Implementing Best Practices in a large and diverse community corrections system. (Respondent 11)

Lack of services available due to budgetary cutbacks. Most offenders are indigent or low income with limited, if any, insurance. (Respondent 4)

Money (Respondent 3)

Shortage of funds (Respondent 8)

The wait to get into other agencies' programs is very long (too many offenders, not enough services). (Respondent 2)

**99. Are there any other issues or needs that are important to your agency that were not addressed in the National TASC Community Corrections Survey? Do you know of any other programs we should contact? If so, please add any comments below (or attach additional pages as needed):**

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