

2015 National Exemplary Awards for
Innovative Substance Abuse Prevention Programs, Practices and Policies
APPLICATION COVER SHEET
(INCLUDE WITH APPLICATION)

1. Has this intervention been submitted for an Exemplary Award in previous years? [Circle one]

Yes No

2. What is the primary target for this program, practice or policy? [Circle one]

Individual School-Based Family/Parent Peer/Group
Workplace Environmental/Community-Based Other

If Other, explain: STATE PRISONERS IDENTIFIED AS SUBSTANCE ABUSE DISORDERED.

PROGRAM INFORMATION

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I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

[Signature]
Program Director Signature

Date

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Nominating Agency Signature

Date

RAMAN SINGH

- Describe the program's ability to effect community-wide change: At what scale or level is outreach conducted? Does it succeed in changing community norms? Is there adequate capacity to elicit community-wide change?
- What is the number of individuals in the community, and what percent of these individuals were impacted through the implementation of this program?
- What aspects or elements of the program can be replicated or adapted to other sites?

G. Evaluation (40 points)

Provide information on the program's effectiveness, including verifiable data derived from information on the program's process and outcome evaluation. The primary question to answer is, "How can I demonstrate the impact this intervention has had on my community?" Evaluation results should be congruent with the program's stated goals and objectives, and should include quantifiable data.

Answer the following questions:

- What are the major outcomes, impacts, and changes accomplished due to this program? We are looking for measures and data that demonstrate impact.
- What evidence can be used to support the answer described above?
- How do the outcomes relate to the program's goals and objectives?
- How do the results derived from the evaluation meet the needs for which the program was designed?

H. Program Management (15 points)

Describe the organizational structure of the program and how it is managed with respect to its mission, goals, and objectives.

Include: 1) an organizational chart for the program, and 2) a budget narrative that specifies sources of income (or support) and expenses.

Answer the following questions:

- What resources are available to the program, and how is the program able to maximize or optimize the resources available to it?
- What systems are in place to help ensure effective communication and coordination among program staff and administration, consumers/clients, the media, policymakers, and others?

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Abstract

The Steve Hoyle Intensive Substance Abuse Program is a therapeutic community that provides substance use treatment to moderate and high risk offenders from across the state of Louisiana. The rationale of the SHISAP program is to reduce recidivism rates by targeting risk factors and increasing protective factors through assessing and matching offenders into individualized treatment utilizing the Texas Christian University (TCU) Criminogenic Needs Assessment Battery. The program is located at the Bossier Parish Correctional Center in Plain Dealing, Louisiana and houses 600 offenders. The program offers evidence based treatment curriculum that includes Moral Reconciliation Therapy (MRT), Living in Balance (LIB), Victim Awareness, and Risk Factor Management. In addition, Alcoholic Anonymous and Narcotics Anonymous meetings are offered and lead by volunteers from the community. Offenders may be matched to Anger Management or mental health TCU groups (e.g. PTSD, depression) based on individual needs indicated on their TCU assessment. SHISAP partners with many community organizations in order to provide additional resources to the offenders, such as housing, employment and community based aftercare, in order to offer holistic rehabilitation. Offenders are either placed in a 90 day, 6 month, 9 month or a 1 year program.

The program is innovative due to its Strengthening Family program, in which the offenders learn about the familial dynamic. Since relocating to Bossier three years ago, SHISAP has been effective in reducing recidivism rates by 18.4% for the overall offender population, and by 11.3% for SHISAP graduates who participated in the Strengthening Families program. The results are significantly smaller compared to average 2 year post release of the state. Outcome data comparing offenders' pre and post TCU Criminogenic Assessment test reveal that offenders who participate in SHISAP show significant reductions in criminal thinking, impulsiveness, expectancy to use drugs or alcohol, anxiety and depression, and improved self esteem, motivation and social support.

A. Philosophy

The purpose of the Steve Hoyle Intensive Substance Abuse Program (SHISAP) is to treat substance use clients, teach adherence to a “no illegal or high-risk use” message, and decrease criminogenic factors that are related to increased risk of recidivism. SHISAP also strives to strengthen positive father-child engagement, increase pro-social activities, improve employment and economic mobility opportunities, and improve healthy relationships. The rationale is that in order to reduce recidivism, family bonds need to be improved, individual criminogenic needs have to be addressed, and substance use must be eliminated. Historically, the focus of treatment was on the incarcerated parent, while the needs of families and children were generally ignored. SHISAP addresses the needs of family members and children of an incarcerated parent, hoping to mitigate the negative effects the incarceration typically has on the family and the children.

SHISAP’s philosophy is that a “one size fits all” type of substance abuse treatment is not effective. The SHISAP program treats moderate to high risk clients, and targets the client’s individualized treatment needs. Upon intake and completion of the program the clients are given a Texas Christian University (TCU): Institute of Behavioral Research Criminogenic Needs Assessment Battery. The assessment is utilized to determine the criminogenic needs of the clients. The SHISAP program teaches an abstinence stance towards alcohol, tobacco, and other drugs (ATOD). One of the core messages of the program is to instill risk management techniques. The risk management component of treatment emphasizes to the clients that no illegal drug use is acceptable by introducing the clients to the 27 common risk factors of substance abuse and discussing the negative impact of these risk factors on their family, occupational and social areas of functioning.

B. Needs Assessment

Louisiana’s crime rate (2013) is 35% higher than the national average. Additionally, Louisiana’s incarceration rate is 114% higher than the national average of incarcerated adults. Even though the average annual cost per inmate in Louisiana is low (\$17,486) compared to the national average (\$31,286), the high rates of incarceration in Louisiana can cost the state millions of dollars annually. Further, Louisiana spends approximately \$663 million annually on security, housing, feeding and providing medical services to inmates.

Louisiana has the highest incarceration rate in the country. Nearly 92% of people incarcerated are male; and 1.1 million incarcerated males are fathers who are parents of minor children (ages 0-17). Approximately 2.7 million children in the U.S. have an incarcerated parent; that is, every 1 in 28 children have an incarcerated parent. The average adult offender in Louisiana’s prison system enters prison with a fifth-grade education. About 80% of all Louisiana’s prisoners have a substance abuse problem, and/or were incarcerated for a drug-related crime. Furthermore, approximately 60% of male offenders are a parent of a minor and have a drug offense; and of those offenders, 4 in 10 parents in the nation’s prisons have received a substance abuse treatment.

Male ex-offenders reentering into the community face substantial challenges, such as lack of contact with the offender's family during incarceration, limited family education, and little or no substance abuse treatment and support programs for families in their geographical areas. In the late 1980's and early 1990's substance abuse treatment in prison was confined to boot camps. As research progressed, personnel with the Louisiana Department of Corrections deemed they needed a facility that was solely dedicated to substance abuse. The Steve Hoyle Rehabilitation Clinic, created in Tallulah, Louisiana, was developed to provide these services to offenders in order to equip them for successful re-entry into society. Rehabilitating offenders and augmenting their protective factors (e.g. GED, motivation, family engagement) helps decrease recidivism and substance abuse.

During intake, clinicians assess risk and protective factors such as mental health deficits, history of violent crime or behavior, and educational or vocational history. Prior to placement into the program, offenders are assessed for the following information for reentry planning: criminogenic needs and risk level assessment; mental health concerns; educational status and needs; occupational history and needs; residential plans; and substance abuse severity. Offenders receive a clinical assessment from a master's level therapist. A battery of psychological tests will be given and reviewed for treatment planning including the following measures provided by Texas Christian University (TCU): Drug Screen (TCUDS-II), Criminal Thinking Scale (CTS), Treatment Needs and Motivation (MOT), Psychological Functioning (PSY), Social Functioning (SOC), Friends and Family Assessment (A-FMFR), Mental Trauma and PTSD Screening (TRMA), and the Criminal History Risk Assessment (CRHS). This individual assessment allows for thorough treatment planning and offender specific interventions based on criminogenic needs. Provisions are made for poor or non-readers (ex. peer facilitators, audio books, and literary training).

Offenders are matched to the appropriate level of care based on their individual treatment needs. Treatment is provided by using evidence based treatment materials, which have been validated empirically. The SHISAP Clinical Staff keeps abreast of current trends in treatment for substance abuse, treatment, and correctional literature. Many resources are used to gather data and information such as Texas Christian University: Institute of Behavioral Research, Department of Labor: Bureau of Labor Statistics, the United States Census Bureau, and the National Institute of Corrections among others. The clinical mental health treatment staff target and address the criminogenic risk and needs of the offenders through the following evidenced-based programs utilized in the Substance Abuse Treatment component: Moral Reconciliation Therapy (MRT), Living in Balance (LIB), Understanding and Reducing Angry Feelings (TCU), and Risk Factor Management.

MRT is based on Cognitive-Behavioral Theory and was created for the anti-social substance abuser. The participants are asked to describe and examine their beliefs and attitudes. They are also asked to express and improve the quality of their current relationships. Offenders formulate and establish both short and long-term life goals. They are challenged to improve their self-concept by working through activities designed to enhance their ego development. MRT has been recognized as an "Evidence-Based Program" for offenders and substance abusers by SAMHSA's NREPP. The LIB curriculum by Hazelden: Moving From a Life of Addiction to a Life of Recovery is a manual-based, comprehensive addiction treatment program that

emphasizes relapse prevention. There are thirteen core sessions and thirteen supplemental sessions that help the offender learn definitions, concepts, addiction triggers, relapse prevention, and a number of life management tools. Originally tested as part of a National Institute on Drug Abuse (NIDA)-funded project entitled Strategies to Enhance Cocaine Treatment and Outpatient Retention (SECTOR) from 1990 through 1993, LIB has been implemented in every state. LIB is included in SAMHSA's NREPP.

The third program is the psycho-educational program, Mind Altering Substance: Phase 1-Identification and Phase 2-Understanding, developed by Dr. Eric Cohen of the Louisiana Professional Academy. This program is recognized as an evidenced based program through the Louisiana Department of Public Safety & Corrections (Louisiana DPS&C). Phases 1 and 2 are each twelve-week courses that increase the awareness and understanding of risk factors that increase the likelihood of substance use. This program delineates twenty-seven risk factors that are studied in multi-function workbooks. With this the offender develops awareness in recognition and planning for these certain risk factors after release. This psycho-educational program has pre-release and post-release testing for measurement of knowledge gain.

Understanding and Reducing Angry Feelings is a program designed and published by Texas Christian University for criminal justice populations. This program is an ancillary program that is utilized for offenders who have identified anger management concerns either through self-report, criminal history, or criminogenic needs assessment. It is a twelve-week course that teaches offenders to understand anger, recognize triggers, and develop healthier ways to deal with anger. Understanding and Reducing Angry Feelings is included in SAMHSA's NREPP.

In addition to the main substance abuse treatment, offenders are also offered the Strengthening Families program, which was added in 2011, as an ancillary program. The Strengthening Families Program filled the void of giving the client's the opportunity to make a healthy transitional back to their families. The Strengthening Families Program teaches offenders alternative ways to discipline their children and effective communication techniques to improve family relationships. The program offers the opportunity for family therapy for those families who are invited to Family Day. Families come into the prison church on the second and last Friday of every month and participate in family therapy with their loved ones who are incarcerated.

During the required Reentry Preparation Program offenders will complete 100 hours of a standardized reentry curriculum designed for the Louisiana Department of Public Safety and Corrections. The following topics are covered during the three-month program: Personal Development; Problem Solving and Decision Making; Anger Management; Values Clarification, Goal Setting, and Achieving; Employment Skills; Job Placement Assistance; Money Management Skills; Reentry Support Resources; Counseling on Individual Community Reentry Concerns. The training will help facilitate the transition from incarceration back into society.

Prior to the completion of the SHISAP program, clinicians re-administer the Texas Christian University (TCU) battery in order to measure the offender's progress from the beginning to the end of treatment. We utilize the data gathered pre- and post-treatment

assessment to measure the effectiveness of treatment in reducing risk factors associated with criminal behavior, including but not limited to: criminal thinking, risk-taking behavior, depression levels, self-esteem levels, and levels of hostility. We also assess whether or not the offenders are satisfied with the treatment they received at SHISAP and if they felt good rapport with their therapist, as both factors are associated with effectiveness of treatment and likelihood of maintaining sobriety.

Gaps in service delivery are constantly assessed, and filled by outside vendors and contractors. Clinical staff at Steve Hoyle Intensive Substance Abuse Program maintains relationship with outside resources to fill the gaps listed above. Resources include areas such as; recovery housing, community based aftercare treatment, support groups (such as Alcoholics Anonymous), legal services, employment, vocational rehabilitation, and therapeutic resources. Resources will include but are not limited to: Goodwill Industries, Louisiana Workforce Commission, Center for Families, Louisiana Department of Probation and Parole, Shreveport Family Counseling Center, The Job Company, Shreveport-Bossier Rescue Mission, The Center of Recovery (CORE), and Council for Alcoholism and Drug Abuse (CADA).

As mentioned above, the program filled the need for a correctional based substance abuse program for those who are incarcerated in the state of Louisiana. Prior to the program being developed there was a need for a program in which the state could send client's specifically for substance abuse treatment and criminogenic needs treatment. The SHISAP program has received many awards during it's time in existence. The program received the Harvard Kennedy School Ash Center for Democratic Governance and Innovation Bright Ideas Reward. The program was also recognized as a Model Program by the National Institute of Corrections.

C. Population

SHISAP population served 1,200 male offenders annually through the Department of Corrections. The population is selected from Louisiana Department of Correction offenders who have been identified as medium to high risk with regard to salient factor score. As research shows medium to high risk offenders require more intensive treatment in order to reduce recidivism rates, while placing low risk offenders in intensive treatment with moderate to high risk offenders tends increase their likelihood of reoffending. SHISAP also only treats offenders with identifiable substance use disorders.

The offender population served at SHISAP tends to be from the lower economic status and many of them do not have a high school diploma or equivalency degree. Many have elevated patterns of criminal thinking and low levels of positive social support. SHISAP participants also tend to have strained family relationships, which need to be addressed prior to their discharge in order to help protect against recidivism risk. Resiliency factors seen with the offenders in treatment are elevated desires for help, high levels of motivation for treatment, and strong desires to repair damaged relationships with their family members.

All staff is required to attend training annually that addresses how to provide services for multicultural and cultural sensitivity. The programs also have multilingual treatment materials and staff that are bilingual which ensures cultural competency. We address special need

populations through special groups or individual therapy. Processing groups, which includes tutors, are offered for clients that can't read or write to help them with homework and comprehending treatment material. Individual counseling is offered for clients that have been diagnosed with a mental health disorder or who are struggling with an issue that requires more individualized attention than what is provided in treatment groups.

Clients are recruited by them personally writing to be screened for the substance abuse program because they want treatment for their substance abuse or by court ordered referrals for substance abuse treatment. SHISAP retains the client by assessing and evaluating their level of care and providing individualized substance abuse treatment. In addition, SHISAP retains participants by utilizing a reward program that recognizes the offender's positive behavior by a variety of rewards, including, but not limited to: prizes, additional recreational time or material, and verbal praise.

D. Building Capacity

The Louisiana Department of Public Safety and Corrections' (Louisiana DPS&C) Steve Hoyle Intensive Substance Abuse Program (SHISAP) at Bossier Correctional Center (BCC) is an intensive substance abuse program grounded in evidence-based practices providing cognitive behavioral therapy, as well as behavioral modification that focuses on multiple community prevention strategies. These include responsible parenting, child maltreatment, healthy marriage and relationship skills, domestic violence, housing, employment, economic stability, and economic mobility. Without treatment to address these issues, the reentering individual's risk of returning to prison increases. Few institutions offer services that address these prevention strategies during incarceration and even fewer provide prevention services to those returning home. Through multiple partnerships with community outreach programs, SHISAP has established a program that provides treatment pre and post-release to offenders, offenders' significant others, and offenders' children.

Through a partnership with Goodwill of Louisiana, SHISAP is able to provide economic stability, economic mobility training, and resources. Goodwill provides training for offenders and their family members in intensive job readiness training in subsidized employment, job placement, job retention, and financial management training. Goodwill provides subsidized employment opportunities upon release from the SHISAP program in the Goodwill store and warehouse facilities.

Another agency that SHISAP links offenders with upon discharge is the Louisiana Workforce Commission. The Louisiana Workforce Commission provides employment services for the offenders. They also provide a free service called HIRE (Helping Individuals Reach Employment) which provides employment tools for job seekers including resume building assistance, education opportunities, and job training services. SHISAP collaborates with the State of Louisiana Department of Health and Hospitals (DHH) for offenders releasing to the community with a mental health diagnosis. DHH provides mental health counseling and psychiatric appointments post discharge. The relationship between SHISAP and DHH allows for continuum of care for mental health offenders. If an offender's family needs counseling

services, we refer the family to Center for Families, which provides a variety of counseling services geared toward needs of families.

We also work with a number of Military Veteran Programs for Military Veterans that discharge from our program. We have made appointments with various Veteran Administration Hospitals for offenders releasing that have needed additional mental health counseling, substance abuse treatment, or psychiatric services. Another outreach program for Veteran's that we collaborate with is Health Care for Reentry Veterans (HCRV).

If an offender is releasing and he feels like he needs additional treatment there are a variety of organizations that we work with. Council on Alcoholism and Drug Abuse (CADA) is a local substance coalition that provides community outreach programs for recovering addicts. CADA offers substance abuse treatment in the form of individual and group counseling. CADA also has sober living housing units that will accept discharges from SHISAP. Additional programs that offer sober living and additional substance abuse treatment that we utilize are Oxford House, O'Brien House, Job Company, Rescue Mission, and Last Chance Ranch. If we have an offender that needs additional treatment for a gambling disorder, we collaborate with Center of Recovery (CORE) who provides inpatient and outpatient gambling treatment. Outside volunteers from local AA/NA meetings conduct AA/NA meetings for offenders participating in SHISAP while they are incarcerated. Upon discharge the volunteers are able to assist our offenders with sober living houses. The volunteers also work with discharging offenders helping them find mentors for them to contact and work with when they release.

The final collaboration SHISAP uses is with the Louisiana Department of Probation and Parole. They will provide supervision of our program participants that are still on parole and monitor their compliance of the conditions of parole; the probation and parole officers will also provide random drug screens of all offenders under community supervision.

E. Strategic Planning

The objective of the program is to treat medium and high risk offenders who have substance abuse problems in the state of Louisiana. The goals of the program are to place the offenders in a program that is suitable to their level of addiction, giving the offenders treatment classes that lower their chances to recidivate; use personalized treatment plans based on the TCU assessment for each offender's treatment needs in order to decrease risk factors related to criminal behavior and increase protective factors; reestablish the bond between offenders and their children through Read to Me Daddy and Guiding Light; provide offenders and their families the opportunity to learn more about addiction through the Family Recovery Educational Series; and allow the offenders and their families the capability to begin repairing family ties and restore hope with the use of family day.

The information that will place the offenders in their groups comes from data that is gathered from previous participants and other data from empirical research related to criminology and substance abuse treatment. Also the offenders are given a criminogenic needs assessment upon intake that indicate their criminogenic risk factors and protective factors. Following in accordance to the goals and objectives of the program, the offender will be placed

in a treatment program that is tailored for them based upon the results of their assessment and their initial intake in order to target their specific risk factors and further increase their protective factors.

Most offenders will be offered treatment at one time or another during their incarceration. The population that is expected to be served yearly is around 3% of all incarcerated within the Department of Corrections with felony charges in the state of Louisiana. The offenders that enroll in treatment are within three years of work release eligibility or discharge.

Methods that are in place to maintain long term sustainability of the program are multi-fold. The financial aspect is in place at the federal and at the state level through federal and state grants. Also the program maintains a low recidivism rate, which keeps the program viable. Recidivism rates are always tracked by the staff at SHISAP, and periodically checked by the administrators at the Louisiana Department of Corrections Headquarters. As offenders progress through the program they are monitored to ensure that they are compliant with the program rules and when needed staff will notify and counsel the offender on any incurred disciplinary reports. If the offenders get too many disciplinary infractions they may get an extra month added to their treatment. If they continue to get disciplinary infractions, they will be removed from the program.

F. Implementation

The program is constantly assessed to ascertain whether the treatment programs utilized are relative to the current research methodologies. What makes the program innovative is the current progression in the application of treatment to the offenders. The program's directors and staff constantly research addiction and correctional literature to stay abreast of clinical trends.

Another aspect that makes the program innovative is the ancillary component, the Strengthening Families Program. The Strengthening Families Program is a therapeutic processing group in which the offenders learn about the familial dynamic. As the offender progresses in the group, the offender's immediate family will be brought in for an afternoon of family therapy.

Attached to the Strengthening Families Program is the Family Recovery Education Series, which are DVD's of recorded substance abuse groups that take place at SHISAP which are mailed to the family members of participants of SHISAP. This program allows family members of SHISAP participants to learn about addiction and to become familiar with some of the therapeutic techniques that their loved ones are learning in treatment.

Two more programs that make the SHISAP innovative are the Read to Me Daddy and Guiding Light programs. Both of the programs were created for the offenders to have contact with their children. With both programs, the offenders select a book to read to their school-aged child and are then recorded reading that book. The clinician will then send the book and a DVD of the recording to the child of the SHISAP participant.

Another way SHISAP differs from other programs is the way which treatment is administered. The offenders who are chosen to participate in treatment are screened carefully to ascertain the severity of their addiction. The offenders then are placed in a program according to the severity of their addiction. The program utilizes a holistic approach to treatment. The offender is given groups that will assist them in recovery. The offenders are constantly in treatment from 8:00 A.M. to 4:30 P.M. Monday through Friday. When the offenders are not in class, they are participating in treatment in the dormitory. Programs offered are 90 days, six months, nine months and one year.

The SHISAP operates in a fluid manner. The offenders are screened by the mental health director. Applicants are constantly screened, but there is a constant flow of letters from potential applicants who would like to be admitted to the program. The offenders are reviewed by the time in which they have left, whether they are eligible for parole, transitional work programs, or will be an immediate release upon completion of their program. The offender's who are allowed into the program have less than three years left in incarceration or before they are work-release eligible. Once the offenders have been selected, they are then transported from all correctional facilities from around the state to Bossier Sheriff's Correctional Maximum Security Facility. Due to good rapport between treatment administration, judges, and district attorney's some of the future offender will be sentenced from courtrooms directly to the program.

If the aforementioned happens, the offender will be sent to the nearest correctional facility, and will be sent to Bossier Sheriff's Correctional Maximum Security Facility. The offenders are then assessed by the mental health staff. The offenders also go through a medical and security screening. At the end of the assessment process the offenders are then brought to their final housing area, either the Bossier SHISAP building or the Bossier Medium Security Facility. The offenders will be assessed again by security, their property will be checked, and the offenders will be placed inside their dormitory. Upon the offenders entering their dormitory they will be given a treatment plan. Their treatment plan will assess the offender's substance abuse severity, assign them treatment groups based on their criminogenic risks, state their diagnosis, and determine their treatment length. Before the program starts, the offenders will be given orientation and TCU's Unlock Your Thinking to prepare them for treatment.

During the program, the offender's behavior is tracking with a "Flag System" in which they are given demerits, or "Yellow or Red Flags", for negative infractions, and given "Positive's" for positive instances. The offender will receive demerits for all rule infractions in which they disobey institutional rules. For minor demerits, the offenders will receive a yellow flag. If the offender receives three yellow flags, the offender is counseled about his behavior by a clinician. The three yellow flags are also converted into a Red Flag. If the offender receives three red flags, the offender will then be removed from treatment. The offender is also awarded for good behavior. The offender is rewarded with "Green Flags." If the offender receives 10 green flag they can request to have a yellow flag removed. If the offender does not want a flag removed they may request rewards in the form of notepads, pencils, pens, erasers, or other rewards. Upon graduation, the offender will have their time reduced if their sentencing act allows such modifications. The offenders will either be immediate release or if they have more time to serve they are screened to go to a transitional work program.

The people who are conducting the treatment at SHISAP consist of master's level or higher treatment staff. SHISAP staff contains the following: licensed addictions counselors, licensed professional counselors, certified professional healthcare providers, social workers, a licensed counseling psychologist, and a licensed clinical psychologist. Some of the staff members are classified as state employees and the rest are contractors. The program also institutes outside volunteers to conduct AA and NA groups. Also, volunteers come and assist with the Strengthening Families Family Day. The volunteers that assist with the Strengthening Families Family Day are either licensed marriage and family therapists or licensed professional counselors.

The implementation of the SHISAP program addresses the cultural needs of the offender population for the state of Louisiana. The program is placed in a facility in which the offenders are separated by the length of their treatment. The staff is equipped to handle those who are minorities through cultural sensitivity training and because SHISAP has a multiethnic staff. The staff also has literature on hand for offenders who are multi-lingual. Some of the SHISAP staff is also multi-lingual.

The core infrastructure was put in place by the Louisiana Department Public Safety and Corrections. The Louisiana Department of Corrections decided to place the program in Bossier Sheriff's Correctional Facility in Plain Dealing, Louisiana. The collaboration between the two aforementioned entities keeps the program running and also provides the funding sources that keep the program functioning.

There are many support systems that are utilized to implement the SHISAP program. One of the support systems pertains to the way in which treatment is provided after the offender releases into the community. Goodwill is one of the support systems in which the SHISAP program utilizes for post-release participants for housing resources, job opportunities, and job training. Another resource that is utilized is the Shreveport-Bossier Rescue Mission. The Shreveport-Bossier Rescue Mission assists the program by providing house for the offenders post incarceration. While at the rescue mission, the offenders are also provided medical and dental treatment.

The program's outreach is wide. The program's main outreach is the Strengthening Families Program. The offenders who participate in the Strengthening Families Program have the option of inviting their families in to the correctional facility for a family therapy session. Another outlet for the Strengthening Families Program is the Family Recovery Education Series DVD's because the offenders have the option of getting Family Recovery Education Series DVD's sent to their families. The offenders also have the option of participating in the Read to Me Daddy Program or Guiding Light Program, which connects the incarcerated father with their children. Also the AA/NA volunteer conducted groups provide resources for the offenders entering the community and get the offenders ready to phase into AA/NA groups outside of incarceration.

The program has changed the landscape and outcomes of treatment programs by reducing the norms of recidivism. A main component that assists SHISAP in reducing recidivism is the Strengthening Families Program. The normal recidivism rate without any type of treatment is

29.1%. Those who complete the SHISAP Program had recidivism rates at 18.4%. Furthermore those who had the Strengthening Families Program while they were participating in the SHISAP program had recidivism rates of 11.3%.

The clinical treatment team of SHISAP collaborates with a multitude of outside agencies to assist and ease the transition of offenders from incarceration to re-entry to post-incarceration. The agencies include; Goodwill, Louisiana Workforce Force Commission, Louisiana Department of Health and Hospitals, Military Veteran's Program with Veteran's Administration Hospitals, Health Care for Re-Entry Veterans, C.A.D.A., C.O.R.E., Oxford House, Job Company, Shreveport-Bossier Rescue Mission, and Louisiana Department of Probation and Parole. All of the agencies listed above assist the offenders without questions. A common goal is shared by all of these organizations and that is to keep the offenders from recidivating.

The numbers of individuals in the community who are impacted are enormous. Approximately more than 1,200 Louisiana Department of Corrections offenders complete SHISAP per year. That number is approximately 3% of the 39,000 offenders who are incarcerated in the State of Louisiana. There are over 400 family members who participate in Family Day each year. Beside the offender seeing his family while he is incarcerated, the families are impacted by the offender returning home sober, with a new frame of mind. The offender and their family members start the healing process during participation in Strengthening Families, which helps ease the returning offender back into their role in their familial dynamic.

The program can be replicated at easily other sites. All that is required in order to replicate this program is qualified staff, class room space availability, and some materials. Staff would have to be trained and certified to teach Moral Reconciliation Therapy and Strengthening Families. Training for both programs is easy to arrange, but does require some financial backing. Classroom space is required in order to facilitate classes, hold individual therapy, and to conduct family therapy. Materials that are required to replicate the program include, but are not limited to: desks for class; paper and a copier to make treatment books; video recorder, DVD's, children books; and Moral Reconciliation Books.

G. Evaluation

The effectiveness of the program is measured in three ways. The first way is by looking at recidivism rates. Recidivism is defined by an offender returning to custody following conviction for a new felony or technical violation of supervision after having been released from incarceration. According to the most recent data released, normal 2 year recidivism rates for those releasing from Louisiana Department of Public Safety and Corrections Facilities (LDPS&C) is 29.1%. Graduates of SHISAP who have not participated in the Strengthening Families component of treatment have a significantly smaller 2 year recidivism rate of 18.4% than those who release from LDPS&C Facilities. When you further break it down and only look at graduates of SHISAP who have participated in Strengthening Families the recidivism rate further drops down to 11.3% at 2 years post release.

The second way we analyze the impact of treatment is by comparing pre- and post-treatment data on criminogenic factors measured by the TCU assessment. Completion of

SHISAP has been shown to decrease levels of criminal thinking in the following areas: entitlement, justification, power orientation, cold heartedness, criminal rationalization, and personal irresponsibility. Graduates of SHISAP also show increases in many protective factors including higher levels of self-esteem, increase in decision making skills, decreases in the number of those that plan to use drugs, lower levels of anxiety and depression, and increases in levels of social support. Post-treatment data also shows a decrease in hostility and risk taking behaviors. Research shows that treatment is only really effective if a client is satisfied with treatment and feels a connection with their therapist, so we also examine if SHISAP graduates are satisfied with treatment and experience good rapport with their therapist. SHISAP post-treatment data shows that graduates have higher levels of treatment satisfaction and rapport with their therapist than the norms established by TCU for the assessment.

Lastly, we use anecdotal reports from participants and their families. Multiple participants' families have called or written letters to us, David Wade Correctional Center, Bossier Sheriff Julian C. Whittington, and LDPS&C Headquarters indicating how much they have appreciated SHISAP helping their family member. These calls and letters also talk about the positive changes they have witnessed in their family member during and after treatment. We have also had program graduates write and call thanking us for helping them become sober and for "saving" their lives.

We have received numerous calls reporting that the Read to Me Daddy and Guiding Light videos sent to the children have had nothing but positive effects on the children. We have been told that the children will watch the video and read their books "over and over" because it means so much to them. Additional reports indicate that some of the children have to have the video playing in order for them to fall asleep at night. Clients who participate in the Read to Me Daddy and Guiding Light recordings state that their children report that they love the video and the clients feel like it has helped them reestablish a bond with their children, some who they have not seen in years.

Families who receive the Family Recovery Educational Series have reported that they really enjoy the videos. They have told us that the DVD's allow them to learn things that they did not know about addiction and gives insight into what their family members are learning. In addition for those who don't get to see their family members during treatment they report it takes away the mystery of treatment.

Clients who participate in family day report to their therapists that they appreciate participating because it means a lot for them to see their family and has helped them start the healing process. Family members of the clients have called and written letters reporting that they learned a lot from participating in family day. The families also state that it helps them have hope for when their loved one gets home. Clients who participate in family day also indicate on their TCU post-treatment assessment that their relationship with the family has improved and strengthened.

H. Program Management

Our treatment program is overseen by Dr. Susan Tucker, who is a clinical psychologist and warden of care and treatment for the Steve Hoyle Intensive Substance Program (SHISAP) and Family Therapy Services for the Louisiana Department of Corrections. The program manager and mental health director for the treatment services is Jason Burns, M.S. Licensed Addiction Counselor. The assistant director and program manager is Lori Fischer, M. S. Licensed Addiction Counselor. The managers supervise 10 counselors, 1 staff psychologist, 2 support education staff, and an administrative coordinator.

Dr. Susan Tucker, Jason Burns, and Lori Fischer have weekly staffing meetings and clinical supervision on supervised staff and offenders being treated in programming. Jason Burns and Lori Fischer have weekly staff meetings and clinical supervision with treatment staff. Additionally on a bi-monthly basis we have staff meetings to discuss new intakes, case reviews, problems, and any other programming needs. Annually, all staff are trained on offender management and assessed for treatment delivery skills.

Annually the Louisiana Department of Corrections reviews our program services and evaluates recidivism, certified treatment rehabilitation programming credit, education programming, and substance abuse program completion, and family therapy treatment services.

Offender's have the opportunity to communicate with treatment staff through multiple outlets. Offenders are assigned a dorm therapist that is responsible for treatment planning and day to day concerns. Offenders also have the opportunity to discuss concerns in various treatment classes throughout the week. The program managers will go to treatment classes and speak with offenders on treatment services and answer questions related to their treatment planning.

The SHISAP program utilizes multiple funding sources including the Louisiana Department of Corrections (LA DOC) budget, Residential Substance Abuse Treatment Grant (RSAT), Government Efficiency Management Support Funding (GEMS), and Bossier Parish Sheriff's Department. The LA DOC funds the salaries of 9 ½ full time positions, The RSAT funding provides 3 treatment positions, The GEMS funding provides 5 treatment positions, and The Bossier Parish Sheriff's department provides security staff and 2 ½ treatment positions.

Organizational Chart:

Dr. Susan Tucker,
Director Warden Care
& TX



Jason Burns, CCHP, LAC
MH Director/Program
Manager



Lori Fischer, M.S. LAC
Asst. MH Director /
Program Manager



State Treatment
Providers:
William Calhoun, M.S.
LAC ATAP 3
Sandra Burton, M.S.
ATAP 3
Jason Johnson, M.S.
ATAP 2
Sex Offender
Coordinator



Contract Treatment
Providers:
Stuti Patel, M.S.
Counselor
Angela Engelson, M.S.
Counselor
Jean Robbinson, M.S.
Counselor
Laurel Karikari, M.S.
Counselor
Aerial Robinson, Social
Worker
Alex St. Romain, M.S.
Counselor



State Treatment
Providers :
Tim Albritton,
M.A. LPC 4
Eron Colvin, M.S.
ATAP 1

Dusty Sims, Ed
Coordinator
Stormy Gay,
Education Teacher



Dr. Anita Flye,
Staff
Psychologist
Cathline
Boudreau
Admn
Coordinator

Open Position,
Classification
Officer

