



TAYLOR COUNTY CSCD
SUBSTANCE ABUSE
TREATMENT FACILITY

1133 South 27th

Abilene, Texas 79602

(325) 691-7407

www.taylorcscd.org

Taylor County CSCD

Substance Abuse Treatment Facility Program Overview

Mission

The Taylor County Substance Abuse Treatment Facility's (SATF) mission is to teach recovery, rehabilitation, and relapse awareness to defendants in order to allow them the opportunity to gradually reintegrate into the community as a responsible and sober citizen. Community Correctional Facilities have a financial and moral responsibility to reintegrate offenders into society by providing protection to the community through supervision of the offender, and opportunities for rehabilitation to the offender by identifying the risk and the needs of an individual and applying the appropriate intervention, substance abuse treatment, family/anger issues, or financial/employment problems, as well as teaching cognitive skills which allows the resident to make positive changes. The rehabilitative programs will provide a chance for offenders to choose to become productive, law-abiding citizens.

In an effort to fulfill this mission the Taylor-Callahan-Coleman Counties Community Supervision and Corrections Department, governed by the District Courts, has founded the Taylor County Substance Abuse Treatment Facility (SATF) as a community correctional facility to be used as a sanction and an alternative to incarceration in the Institutional Division for eligible offenders according to Article 42.12 of the Texas Code of Criminal Procedure.

Program Description

The SATF is a 9 month, supportive residential treatment program with a cognitive behavioral approach that provides its residents a minimum of 6 hours of chemical dependency classes per week to include monthly individual counseling provided by Licensed Chemical Dependency Counselors who maintain a caseload of no more than 20 residents. The program addresses responsibility by determining the resident's risk and needs and providing evidenced based cognitive and behavioral models through class instruction or group counseling designed to promote self-awareness and correct negative thinking patterns vital to reducing recidivism.

The Treatment Phase of the program is a 6-month structured living environment where residents attend substance abuse education, cognitive skills classes, life skills, social skills, re-entry, 12 step study, peer group, process group big group, employment skills as well as individual counseling and if warranted adult education, trauma and anger management. Residents also participate in recreation time, 12 step meetings, and perform community service hours. Residents meet regularly with their residential supervision officer. During the treatment phase and sometimes into the employment phase, the residential supervision officer helps the residents look into surcharges and classes working towards becoming a legal driver. Family Day, Family Education, and Kid Connection are all family-oriented programs that are offered to residents during the treatment phase.

The Employment Phase of the program is 3 months continued in the structured living environment where residents begin working in the community. They attend classes that focus on early recovery, relapse, relapse prevention, and motivation and learning how to build and maintain a recovery support system as well as process group and 12 step meetings. During the employment phase they pay room and board, transportation, laundry, commissary, and court ordered fees and have the opportunity to send money home to their families. Furloughs are privileges offered during the employment phase to residents who exhibit good behavior. If circumstances other than behavior prohibit them from participating in furloughs, they are allowed to continue to participate in Family Education and Kid Connection.

Aftercare is a 12-month program, with the potential for early release after 8 months, for all Taylor County residents and any resident who chooses to relocate to Taylor County. Aftercare begins with a 90-day transitional housing requirement with SAT group requirements led by an LCDC/CI and 12 step meetings are required throughout the duration.

Eligible offenders are non-title 5, felony and misdemeanor offenders who are 17 years old or older and are employable. Offenders who are prescribed narcotics, sleep aids, psychotropics, or other mood-altering medications are not eligible. The Taylor County SATF processes new residents monthly and typically has no waiting period other than the time between monthly intakes.

Resident Responsibilities

During treatment, scrubs will be provided to the defendants. They do not have to pay room, board, transportation or laundry but are responsible for their commissary. If they do not have money, essential commissary items are provided and they will reimburse the facility for those items during employment. During employment, they wear their own clothes, see approved list below. They will pay for room, board, transportation, laundry, and commissary. Beginning January 1, 2019, a \$35.00 Program Fee for books and materials will be charged to each defendant. The fee will be collected at any point during their stay that they have the funds available.

Referral Process

Any county interested in placing a defendant on the waiting list for the Taylor SATF may do so using the following contact information: **Jennifer Cauthen** at (325) 691-7407 or **Email: jcauthen@taylorcscd.org**. The referring county will provide the paperwork listed on the Intake Checklist below via email, mail or fax (325) 691-7432 and arrange for a complete medical evaluation and TB screening within 10 days of placement using the CJAD approved forms below. Defendants must be in custody 10 days prior to placement and transported to the facility. If out of county cases choose to remain in this jurisdiction following completion of the program, court ordered aftercare and transitional housing conditions will be required. **This is a Tobacco Free Program; residents will not be allowed to use or possess any tobacco products during the program.**

Eligibility Requirements

These requirements were developed to ensure compliance with CJAD standards and to reduce the number of inappropriate placements into the facility.

Defendants must be deemed physically and mentally capable to participate in treatment and employment.

All defendants must have the approved, completed physical exam form conducted by a qualified health care professional within **10 days** of placement.

Tuberculosis screening must have been administered within the 12 months of placement date.

Defendants who are currently taking prescription medication must bring a **30 supply**. There are limits on approved medications, see list below.

Both felony and misdemeanors defendants are court ordered by their respective judge in lieu of incarceration, not to exceed 24 months. See example court order below.

Offenders who are on probation for Title V offenses are not eligible for the program.

Offenders who have any pending cases are not eligible until the cases are resolved.

Call or email **Jennifer Cauthen** to place a defendant on the waiting list.
Phone (325)-691-7407 Fax (325)-691-7432 Email: jcauthen@taylorcscd.org

**TAYLOR COUNTY CSCD SATF
RESIDENT INTAKE CHECKLIST**

DEFENDANT'S NAME: _____

- _____ Amended Conditions of Probation for Placement
- _____ Original Conditions of probation
- _____ Copies of all other Modifications to Probation
- _____ PSI
- _____ Offense Report
- _____ Current CH with full rap sheet
- _____ Transfer /Transmittal Form, including OID and PID Numbers
- _____ CCF Physical Exam Form
- _____ Uniform Health Status Updated (Completed only if prior medical history exists)
- _____ TB Test Results
- _____ TX ID, DL or Certified copy of Birth Certificate and SSC
- _____ Proof of Education/Assessment Given
- _____ Any discharge summaries from prior treatment or psychological reports
- _____ SASSI 3 or SASSI 4 or a comparable substance abuse assessment tool

Example Court Order for Admission to SATF

CAUSE # _____

THE STATE OF TEXAS

IN THE _____ TH DISTRICT COURT

VS.

OF

_____ **COUNTY, TEXAS**

ORDER AMENDING CONDITIONS OF COMMUNITY SUPERVISION

On this date, the Supervision Officer requested the conditions of Community Supervision in the above numbered Cause be amended. It is the finding of this Court that this request is in the best interest of the public as well as the defendant, and it is the Order of this Court that the original Order Granting Community Supervision dated the _____, under the Community Supervision Law be amended to read as follows:

Condition () amended as follows: Defendant is to self- surrender by Insert Time on Insert Date to Taylor County Adult Detention Center and remain in custody until placed into the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility;

Condition() amended as follows, effective Insert Date: As an alternative to incarceration in the Institutional Division, Texas Department of Criminal Justice, you shall serve an alternative Community Supervision sentence of up to twenty four months in the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility. You will:

1. Remain within the confines of the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility at 1133 South 27th Street, Abilene, Texas, unless otherwise authorized by the Center Director or his/her designee.
2. Participate and complete all programs as determined by the Treatment Team.
3. Obey all rules and regulations of the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility.
4. Pay as required, a percentage of your income to the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility for room and board, transportation and laundry.
5. Pay a percentage of your salary, as required, to your dependents for their support while you are in the employment component.

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RESIDENT'S LIST OF APPROVED POSSESSIONS DURING EMPLOYMENT

UNDERGARMENTS

4 each – underwear & socks
1 thermal bottom

SHOES

3 pair – tennis shoes, boots, loafers, work boots/shoes
1 pair – shower shoes

BOTTOMS

6 - any combination – pants, jeans, sweats, shorts

TOPS

6 - any combination - shirts, t-shirts, crew neck pullover sweatshirts

HEADGEAR

1 – do-rag/skull cap for sleeping in room only
1 – ball cap, hats, toboggan

JEWELRY

1–watch 1–wedding ring 1-Religious Jewelry (kept in locker)

JACKETS

1 – jacket/sweatshirt (jackets with zip-out linings or jackets/sweatshirts with hoods not allowed)

ACCESSORIES

1-pair sunglasses 1-pair glasses 2-belts 1-wallet 1–pair weight lifting gloves

COMBS, HAIRBRUSHES, PLASTIC PICK

1 - of each (no pointed or metal combs, picks, etc.)

LETTERS, CORRESPONDENCE, ETC.

All photographs must be stored in the plastic box provided at Intake. Only the extra folder for letters, CSR slips, and misc. paperwork. All papers must be three-hole punched/nothing allowed in folder pockets. No pornographic material, of any kind allowed.

WORK UNIFORMS/CLOTHES

1 - work jacket or coveralls 1 – work hat/visor
Uniforms issued by employer only, number determined by employer

Family Medical History

Does anyone in your family have a history of any of the following?

Health Problem	Yes	No	Who (mother, father, grandparent or sibling)	Health Problem	Yes	No	Who (mother, father, grandparent or sibling)
Alcoholism				Epilepsy / Seizures			
Arthritis				High Blood Pressure			
Cancer				Kidney Disease			
Bleeding Disorder				Mental Illness			
Diabetes				Mental Retardation			
Drug Addiction				Stroke			
Heart Disease				Thyroid Disease			

Past Medical History: (accident, injury, major hospitalizations, surgery): _____

Last tetanus immunization: _____ **Recent fall, head injury or surgery:** _____

Do you now have or have you ever been told that you have any of the following problems?

	Yes	No	Swelling of	Yes	No		Yes	No		Yes	No
Alcoholism			Ankles/Legs			Syphilis			Drug abuse		
Allergies			Gout			Gonorrhea			Seizures		
Anemia			Cancer			Herpes			Stroke		
Asthma			Diabetes						Slurred Speech		
Bronchitis			Thyroid disease			Other STD's			Numbness		
Chronic Cough			Kidney disease			Broken bones			Paralysis		
Frequent colds			Gallbladder			Back problems			Dizziness		
Hay fever			Heartburn			Dentures			Fainting		
Shortness of breath			Gastrointestinal Ulcers			Hearing loss Left / Right Ear			Headaches Frequent/Severe		
Sinusitis			Nausea			Hearing Aid			Males Only		
Emphysema			Vomiting			Eye glasses			Prostate problem		
Tuberculosis			Sickle Cell			Contact Lens					
Pneumonia			Hepatitis			Glaucoma			Females Only		
Wheezing			Arthritis			Cataracts			Pregnant		
Coughing up Blood			High Cholesterol			High Blood Pressure			Last Menstrual Cycle		Date
Chest pain			Hernia			Hemorrhoids			Missing periods		
Heart disease			Varicose veins			Constipation			Last Pap Smear		
Heart Murmur			Leg Cramps			Diarrhea			Last Breast Exam		
Pace Maker			Vascular disease			Blood in stool			Postmenopausal		

If you answered yes to any of the questions above, please explain: _____

Are there any other health problems not included in the list above? _____

Family physician's information if applicable: _____

Dental Problems: (any current dental problems that require immediate attention): _____

Mental illness current or past history: (any past history of suicide attempts or ideation) _____

Are you currently having any thoughts of harming yourself or others? _____

Have you ever received treatment for mental illness? Yes ___ No ___ When? _____ Where? _____

Have you ever been diagnosed with any of the following, **please circle one or all that apply:**

Depression Schizophrenia Compulsive disorder Attention deficit disorder Others _____

Anxiety disorder Bipolar disorder Eating disorder Hyperactivity Disorder _____

Panic attacks Sleep disorders Memory Loss Mental Retardation **None:** _____

Are you currently receiving mental health services? _____ Last doctor's visit: _____

Attending Psychiatrist: _____ Telephone #: _____

Do you smoke or use other tobacco products? Yes ___ No ___ If the answer is yes, what type? _____
 Length of time smoking/using: _____ Amount used daily _____
 Have you ever attempted to stop smoking or using tobacco products? Yes ___ No ___ When _____
 Comments: _____

Alcohol and Drug Use/Abuse History: Inquire about the use of various types of alcohol (beer, wine, liquor), illicit drugs, inhalants, prescription drugs, over-the counter drugs of abuse, and any other drugs not mentioned.

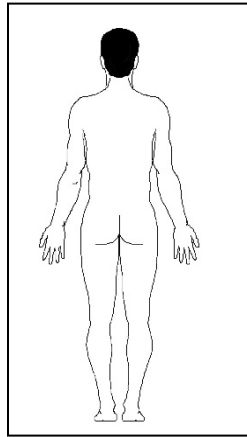
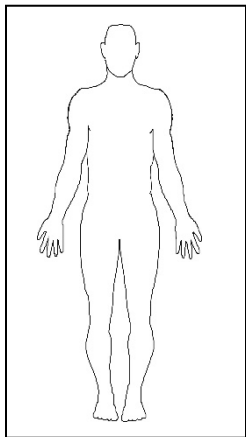
Types of alcohol and drugs used:	Mode of Use (IV, smoke, oral, etc)	Amounts Used	Frequency of Use	Problems after stopping use	Last date used

General Observations:

- Behavior which includes state of consciousness, mental status, appearance, conduct, tremors and sweating.
- _____
- _____
- _____

2. Body deformities, ease of movement, limited range of motion, assistive devices required: _____

3. Condition of skin, including trauma markings, bruises, lesions, open sores, jaundice (yellow), skin rashes, infestations of the skin (lice, scabies, etc..) and needle marks or tracks or other indication of drug abuse:



4. Special skin markings (Tattoos, body piercing, etc.) _____

**Codes for Body Outline: A - abrasion, B -bruises, C - cut, L - laceration, P - piercing, R - rash, T- tattoo
S - scar, N - needle marks/ tracks, BR - burn, O - open sore, ST – stitches.**

Regular Diet: Yes _____ No _____

Special Dietary Needs: _____

Activity Level: Total _____ Limited _____

Lower bed bunk required: Yes _____ No _____

Physical restrictions: _____

Cleared for Kitchen Duty: Yes _____ No _____

Recommendations:

Printed Name and Title
(Physician, PA, NP, RN, LVN, EMT-P)

Signature and Title
(Physician, PA, NP, RN, LVN, EMT-P)

Date

I verify that the information that I have provided regarding my past medical history and current medical problems are correct to the best of my knowledge, and I authorize this information to be released to the residential facility.

Resident's Printed Name

Resident's Signature

Date

TEXAS UNIFORM HEALTH STATUS UPDATE

NAME _____ DOB: ___/___/___ AGE: _____
Last First Mi
STATE ID# _____ RACE: _____ SEX: Male _____ Female _____
COUNTY/TDJC# _____ WT: _____ HT: _____

CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- 1. None
2. Asthma
3. Cardiovascular/Heart Trouble
4. Dental Priority
5. Diabetes
6. Dialysis
7. Drug Abuse/Alcoholism
8. Hypertension
9. Orthopedic Problems
10. Pregnancy
11. Seizures
12. Mental Retardation
13. Mental Illness (specify diagnosis)
14. Recent Surgery

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

- 1. None
2. Skilled Nursing Facility
3. Extended Care Facility
4. Psychiatric Inpatient Facility
5. Respiratory Isolation
6. Other:

B. Transportation

- 1. Routine
2. Crutches/Cane
3. Wheelchair/Wheelchair Van
4. Prosthesis:

C. Pending Specialty Clinic Appointment:

None _____ Type _____

NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (409) 294-2228 for clients with insulin dependent diabetes mellitus(DDM), current mental illness or any chronic disease symptoms deemed unstable.

B. Preventive Medicine

- 1. Tuberculosis Status
Skin Test: Date Given: ___/___/___ Date Read: ___/___/___ Results _____ mm
X-Ray: Date: ___/___/___ Normal ___ Abnormal ___ Anti-Tuberculosis Treatment? No ___ Yes ___
2. Hepatitis: A ___ B ___ C ___ Other:
3. HIV Antibody -Test Date: ___/___/___ Results: Negative ___ Positive ___ CD4: ___
4. Syphilis: Date ___/___/___ Type: ___ Treatment Completed: ___ Yes ___ No

NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attached Tuberculosis record.

Other Health Care V. Allergies ___ NKA
problems: _____

CURRENT PRESCRIBED MEDICATIONS None

Table with 3 columns: Medication, Dosage, Frequency

Completed By: _____ Facility: _____
Date: ___/___/___ Phone Number: _____

Taylor County SATF

Unapproved Medication List

Brand Name	Generic Name
Abilify (includes Maintena)	Aripiprazole
Adderall, Adderall XR	Mixed amphetamine salts
Ambien	Zolpidem
Ativan	Lorazepam
BuSpar	Bupirone
Catapres	Clonidine
Celexa	Citalopram
Clozaril	Clozapine
Cogentin	Benztropine Mesylate
Concerta	Methylphenidate
Cymbalta	Duloxetine
Dalmane	Flurazepam
Dantrium	Dantrolene
Depakene	Valproic Acid
Depakote	Divalproex Sodium
Desyrel	Trazodone
Dilaudid	Hydromorphone
Doral	Quazepam
Effexor	Venlafaxine
Elavil	Amitriptyline
Eskalith/Lithobid/Lithonate	Lithium Carbonate
Etrafon-Triavil	Perphenazine/Amitriptyline
Fanapt	Iloperidone
Fiorinal with Codeine	Butalbital/Codeine
Flexeril	Cyclobenzaprine
Focalin, Focalin XR	Dexmethylphenidate
Geodon	Ziprasidone
Haldol (includes Decanoate injection)	Haloperidol
Halcion	Triazolam
Invega (incl. Sustenna/Trinza)	Paliperidone
Klonopin	Clonazepam
Lamictal	Lamotrigine
Latuda	Lurasidone
Lexapro	Escitalopram Oxalate
Librium	Chlordiazepoxide

Brand Name	Generic Name
Luvox	Fluvoxamine
Maxalt	Rizatripan/Rizatripan Benzoate
Mallari	Thiothixene
Methadose	Methadone
Midrin	Isometheptene/ Dichloralphenzone/ APAP
Navane	Thiothixene
Neurontin	Gabapentin
Noctec	Chloral Hydrate
Nuvigil	Armodafinil
Orap	Pimozide
Oxy-IR, OxyContin	Oxycodone
Pamelor	Nortriptyline
Parafon Forte	Chlorzoxazone
Paxil	Paroxetine
Phenergan	Promethazine
Pristiq	Desvenlafaxine
Prolixin /Decanoate	Fluphenazine
ProSom	Estazolam
Provigil	Modafinil
Prozac	Fluoxetine
Remeron	Mirtazapine
Restoril	Temazepam
ReVia/Depade	Naltrexone
Risperdal /Consta	Risperidone
Ritalin, Ritalin LA	Methylphenidate
Robaxin	Methocarbamol
Rozerem	Ramelteon
Saphris	Asenapine
Serax	Oxazepam
Seroquel	Quetiapine Fumarate
Sinequan	Doxepin
Skelaxin	Metaxalone
Soma	Carisoprodol
Sonata	Zaleplon
Stadol	Butorphanol/Naloxone

Lioresal	Baclofen	Stelazine	Trifluoperazine
Loxitane	Loxapine	Suboxone	Buprenorphine/Naloxone
Luminal	Phenobarbital	Subutex	Buprenorphine
Lunesta	Eszopiclone	Symbyax	Olanzapine/Fluoxetine
Brand Name	Generic Name	Brand Name	Generic Name
Tegretol	Carbamazepine		
Thorazine	Chlorpromazine		
Tranxene-SD	Clorazepate		
Trilafon	Perphenazine		
Trileptal	Oxcarbazepine		
Tylenol w/Codeine	Codeine/Acetaminophen		
Ultram	Tramadol		
Valium	Diazepam		
Vicodin/Lortab/Norco	Hydrocodone		
Viibryd	Vilazodone		
Vistaril	Hydroxyzine Pamoate		
Vyvanse	Lisdexamfetamine		
Wellbutrin	Bupropion		
Xanax/Niravam	Alprazolam		
Zanaflex	Tizanidine		
Zoloft	Sertraline		
Zyprexa / Relprevv	Olanzapine		