SANTA CLARA COUNTY PROGRAMS

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SANTA CLARA COUNTY PROGRAMS: OVERVIEW

According to County demographic documents, Santa Clara County is one of the five largest of California's 58 counties and the largest of the nine San Francisco Bay Area counties. With a population of 1,463,500, one-quarter of all Bay Area residents live here.

This is a metropolitan county but contains a diverse mix of residential, commercial, industrial and agricultural land uses. The county is at the "heart of Silicon Valley". In 1988, $143M in crops were produced here, one out of every three workers was employed in manufacturing and the semi-conductor industry was responsible for 30% of all domestic computer-related products.

There are fifteen cities in the county. The largest city, San Jose, serves as the economic and cultural hub. San Jose has 719,000 residents and is the 23rd largest city in the nation.

According to the County's Advanced Planning Office, 62% of the county's residents are Caucasian, 21% Hispanic, 14% Asian and 3% are Black. Ethnic representation in arrest rates show that Hispanic males accounted for 36.2% of arrests and African Americans were 6.5% of arrests.

Justice System and Drug-Crime Indicators

A number of national, state and local law enforcement entities are present in Santa Clara County. These include 11 municipal police department and the County Sheriff's Office which patrols unincorporated areas of the county as well as some contracted smaller cities.

Once arrests are made, it is the county government which operates and pays for all subsequent CJS services, except for state prison commitments and parole services. County government oversees the following agencies and departments:

Probation. Supervises juvenile detention facilities and adult work furlough programs and manages field investigation and supervision functions;

Pretrial Services. Screens and recommends individuals for pretrial release, either supervised by pretrial officers or on the defendants "own recognizance";

Department of Correction (DOC). Runs the jails, the Public Service Program (PSP) a weekend, and/or day reporting and work system which functions as an early release mechanism, and the women's work furlough facility. (The Department of Correction has recently been ordered to be merged as part of the Probation Department, as of July, 1993);

Superior and Municipal Courts. Has 35 Superior Court and 32 Municipal Court judges and commissioners; and

Public Defender, *District Attorney* and *Sheriff's Offices* and the *Crime Lab*.

According to a county report, in 1989, Santa Clara County's jail system was the 10th largest in the country and larger than 35 state prison systems. In 1993, the system has 5000 beds for males and 1177 beds for females. There are two main jail sites: the Downtown facility and Elmwood. All women are booked and housed at the Elmwood facility. Inmates are generally housed based on a behavioral risk assessment.

The County's annual Drug and Alcohol Plan reports indicate that California has the highest rate across the nation for combined alcohol or drug-related arrests per capita at a rate of 26.7 per 1,000. In Santa Clara County, between 1977 and 1986, felony drug arrests increased by 164% and misdemeanor arrests increased by 316%, while arrests for other charges represented only a 54% and 41% increase, respectively.

Once arrested, offenders convicted of drug crime violations are more likely to receive some combination of jail and probation services than many other offenders. In 1989, 97.2% of felony drug sentences involved some incarceration. Only 2.8% received probation only. Nearly 70% received probation and jail; 2.4% received jail only; and 27% were sent to prison.

Drug Use Forecasting (DUF) results in San Jose showed that of the 939 males and 409 females tested from January through December of 1990, 55% of male arrestees and 57% of female arrestees tested positive for one or more drug (excluding alcohol) at the time of interview. Females tested higher for opiate use (12% to 7% for males) and lower for marijuana use (12% to 24% for males). Both males and females tested positive for more than one drug at similar rates (17% females, 20% males) and cocaine use (27% females, 26% males).

Treatment System and Clients Served

The treatment system in Santa Clara County is comprised of a combination of county-operated, non-profit, for-profit and hospital-based services. Most government-funded substance abuse treatment services (on-site or contracted-out) are provided within the Bureau of Alcohol and Drug Programs (Bureau). Targeted treatment services for criminal justice clients are housed within the Bureau's Justice Services Division. Other Bureau Divisions may serve CJS clients as part of their generic service delivery systems (methadone maintenance, outpatient drug-free, etc.).

Background of Targeted Criminal Justice Treatment Services

Until a few years ago, other than Alcoholics and Narcotics Anonymous meetings, which were sparsely available in most of the custody facilities, few treatment and recovery resources were expressly targeted for the CJS population. Overall, CJS clients were afforded a narrower range of services than others because some agencies preferred not to take CJS clients.

In 1988, Deuce, an alcohol intervention program intended to reduce recidivism among drinking drivers, was instituted in the men's jail. Later, a Women's Deuce unit was added (see study detail).

In 1989, as the result of a federal BJA grant entitled "Comprehensive Adjudication of Drug Arrestees" (CADA) and continued jail overcrowding, the county began a number of interventions intended to reduce the impact of drug arrests on the court and criminal justice systems. These included early identification of cases eligible for court drug diversion, quicker crime lab results, and the identification and increase of treatment resources for the drug-offending defendant.

As part of the CADA effort, Santa Clara County became one of the 25 Drug Use Forecasting (DUF) sites in the nation. Also, a plan for the development and implementation of a system of services for CJS clients, "Comprehensive Offender Drug Abuse Programming" or CODAP, was accepted by the County Board of Supervisors. CODAP was modeled heavily after the Treatment Alternatives to Street Crimes (TASC) concepts.

CODAP's system includes: screening, assessment, education, intervention, treatment, relapse prevention, and residential services. As funding became available, services described under the CODAP plan came to life. The Bureau designated a new Division, the Justice Services Division, to oversee DUF and CODAP.

As part of CODAP, the County funded a 90-day jail-based modified therapeutic treatment program for men, the Jail Education and Treatment (JET) program. Federal Anti-Drug Abuse Block Grant monies enabled a Women's Treatment Alternatives and Women's Relapse Prevention Program to begin in 1990 (see study detail). In 1991, the Treatment Alternatives Program added services to men and a men's relapse prevention program, "Next Step," was added.

In 1992, through State Department of Correction funds, several new services were added for the parolee population under the "Bay Area Services Network" (BASN). Additional contracted services for outpatient, relapse prevention, residential treatment, and alcohol- and drug-free housing became part of the Justice Services Division.

By 1992, the County Bureau of Alcohol and Drug Services, through its Justice Services Division, was overseeing criminal justice client-specific services to hundreds of individuals with an annual budget of approximately $2.3 million. During the 1990-93 time frame, services to this client population (primarily alcohol/drug education) were added through the County Department of Correction and non-profit agencies. Among these, the Economic and Social Opportunities, Inc. STEPS program increased services to outpatient CJS clients and women work furlough clients housed at Casa Esperanza (see study detail).

Clients

County Alcohol and Drug planning documents (1989-90) estimated that the there were a total of 102,000 drug users (excluding alcohol) and 103,000 problem drinkers in the county. Of drug users, 48,000 are calculated to be daily drug users, and 14,006 are heroin users. The local system could serve only approximately 7500 drug users, or 15% of the daily user population and 31% of the problem drinker population.

Ethnicity of those seeking treatment. Compared to the percentage of county residents in their group, there is an over-representation of Hispanic and African-Americans in the treatment population.

	Sought Treatment			
	Drugs	Alcohol	DDP	% of County Population
Caucasians	42.8%	60.0%	55.5%	62%
Hispanics	43.5%	25.0%	32.1%	21%
African-Americans	10.7%	8.4%	3.4%	3%
American Indians	1.5%	1.3%	0.8%	NA
Asians	1.7%	3.0%	5.4%	14%

CJS women needing treatment. According to the California Alcohol and Drug Data System (CADDS), 35.7% of all individuals receiving treatment for drug abuse were referred by some branch of the CJS. However, local treatment providers agree that this figure may be low. For instance, at intake, when these data are collected, many individual seeking treatment do not wish to admit that their participation is based on criminal justice sanctions.

For women in particular, many referrals are criminal justice related, but do not appear so in the data. The addicted mother may be under court supervision from the County Social Services Agency due to child abuse/neglect/endangerment. Family Court services may refer parents to treatment as a condition for maintaining child custody. Many women are referred for treatment due to childbirth, childcare, and parenting issues. The County Alcohol and Drug Bureau estimates that (in 1992) there were at any given time, at least 400-700 pregnant users in Santa Clara County and that annually 2,750 infants have been exposed to dangerous substances prenatally.

SANTA CLARA COUNTY SITE VISITS

Site visits in Santa Clara County were arranged through a series of telephone calls and written communications with the likely providers as well as with representatives of the criminal justice system. A group meeting of representatives from these groups was held and individual site visits were conducted over a two-day period in May of 1993.

The following programs were visited: Elmwood Women's Deuce Program (Deuce), the Treatment Alternatives Program (TAP), the Women's Relapse Prevention Project (WRPP), the STEPS Program (Sobriety Through Education and Prevention), and Casa Esperanza.

Overview of Programs

Both the public and non-profit sector are represented in the programs visited. In addition, each program receives funds from one or more of the following sources: local, state and national government funds, client fees, grants, and MediCal reimbursement. Table 1 provides some basic information about each program's history and capacity.

Variety of Services/Programming Offered

All programs combine both group and individual services as part of their treatment regimens. Participation in 12-step or similar support meetings are either mandatory or voluntary. Urine testing is conducted in the out-patient programs but is not considered part of the treatment and recovery program at Deuce. (Department of Correction staff may require tests, however.) Case management services are not formally provided in the Deuce program. But, in all programs, information and referral, individualized adjunct services and varying levels of interaction (including advocacy and follow-up) with other providers are part of the case management process.

The TAP program offers 120 hours of psychoeducation, group and individual counseling, urine testing, information and referral and case management. In addition, outside 12-step or similar support group participation is required, and ancillary support services are made available on a referral basis.

Table 2 reflects the variety of services and programming offered in the four treatment programs. Depending upon the individual program emphasis, the services may be an integral part of the program, considered as adjuncts to treatment, or only provided on a referral basis.

For all programs, treatment planning is initially standardized, rather than particular to the individual client. (Since the Deuce program is defined as "intervention," individual treatment plans are not developed.) Generally, the level of participation is the same for every client in the program. For the outpatient programs, hours of service delivery may vary and individual differences may take place occasionally, but, especially at the outset, uniformity prevails. Revisions in treatment plans usually include the client's input as well as that of: supervising staff (licensed therapists), staff providing group and education services only and probation/parole.

PROGRAM DESCRIPTIONS

The following sections provide brief sketches of the type, philosophy, eligibility and intake, and services of each program. Following the program descriptions is a concluding section summarizing and comparing the five programs.

Deuce

Deuce is a voluntary jail-based program developed in 1986 to provide intervention services to male inmates convicted of (or with histories of) driving under the influence. Services to women were added in 1988. Under current program requirements, any inmate with drug and alcohol problems is eligible for the program. Criminal justice providers can request that someone be referred to Deuce, but clients may not be court-ordered or sentenced to the program. According to program materials, Deuce is an alcohol and drug intervention and life

skills program that introduces tools for achieving recovery and sober lifestyles through intensive group activities. While in the program, each participant has an opportunity to focus on such life skills as communication, healthy relationships, and family dynamics as well basic health habits, self-esteem, increasing responsibility, and interpersonal relations.

Goals, Objectives, and Philosophy

The goals of the Deuce program are: (a) development of self-understanding of addictive alcohol and drug use and its resulting life dysfunction; (b) provision of a safe environment to motivate positive self-change; (c) development of positive support networks in and out of custody; and (d) reduction of DUI related recidivism.

Deuce objectives include: (a) the provision of intensive daily group activities to help individuals recognize the nature of their addictions and introduce tools for achieving recovery and sober lifestyles; (b) the encouragement of self-responsibility; (c) individualized exit planning; (c) creating an environment for positive peer support; (d) [staff] modeling, appropriate problem-solving methods in groups and with individuals; (e) providing presenters from recovery homes and other service agencies to provide a personal and direct link with the community; (f) planning post-release transportation options for those without driver's licenses; and, (g) focusing on life skills: communication, healthy relationships, family dynamics, basic health habits, practicing honesty, self-discipline, responsibility, and cooperation with others.

Intervention is the core of the program. Participation in Deuce is designed to prepare women for more intensive treatment and increase motivation and prepare inmates for further treatment experiences. Deuce, in a sense, provides pre-treatment, or an orientation to recovery.

The service delivery philosophy is to foster individual empowerment and independence through a supportive living environment, a positive peer support system, staff information and guidance and a curriculum focused on the development of healthy relationships and self-sufficiency. These factors are also seen to contribute to inmates' progress toward maintaining sobriety and understanding their addiction.

Outreach

For the in-custody Deuce program, staff originally did outreach to the many women's units within the jail system. This is no longer done due to staff time constraints. Now, most typically, women request admission to the program through an inmate request form. Outreach generally consists of talking to CJS officials and other potential referral sources, orienting them to the program, and providing flyers or brochures describing services. Clients also hear about the programs through "word-of-mouth" or other providers.

For Deuce, both pre- and post-sentenced women are eligible for program participation if they are classified by the jail as "minimum" custody inmates. Women must have a minimum of one month remaining on their sentence. If jail classification status changes to medium or maximum security (due to sentencing, behavior problems or other factors), the client must be

exited from the program. The program also excludes those with an extensive history of violence.

No particular type of inmate is given priority admission. Deuce rarely has a waiting list because the program is seldom completely filled (due partly to the variety of other programs within the women's units in the jail). A client may be placed on the waiting list because she is still completing another jail-based program. The wait is "usually not very long." (This is in contrast with male programs which have more specific admission and exclusion criteria and a longer waiting list.)

Intake

At Deuce, program staff interview inmates who are placed on the unit by the Department of Correction (as potential enrollees). On the basis of inmate request forms, Deuce in the program and deemed acceptable, she is admitted. Staff indicate that generally "no one is turned down." Once admitted, participants are oriented by their peers and introduced the next working day. New enrollees are required to stand in front of the group and ask questions about their addiction/use and motivation to participate in the program. They are then formally welcomed into the group.

Services

Treatment Plan

Deuce is an intervention program without formally developed individual treatment plans.

Program Content

In Deuce, the eight-week program is composed of a rotating, open-ended curriculum with all female inmates receiving the same program. The program week is composed of 35 hours of program activity. Mornings are usually devoted to the 8 week-rotating curriculum. In the second part of the day, voluntary acupuncture services, guest speakers and providers from other agencies, devoted to program wrap-up activities, discussion addressing issues on the unit and, where needed, one-on-one counseling and crisis intervention take place. All 48 of the female inmates living in the direct supervision unit participate in the program. The participants "eat, sleep, and program" in the unit.

Clients are eligible for graduation after they have completed at least 90 days in the program and the prescribed number of groups, meetings and other individual assignments. Clients may also choose to repeat the initial 8-week curriculum. After the initial 8 weeks, a weekly review with staff develops more individualized programs which include assignments developed in collaboration between inmates and staff. Projects, such as journal writing or 12-step assignments, are given with a specific time frame. This second phase can also incorporate GED and parenting programs.

Linkages with CJS Providers and Others

The county Probation Department provides the most significant link to program services since most inmates will be under some form of supervision through this department. As part of their advocacy services, staff may write letters to other criminal justice agencies and facilitate contacts with other agencies. Deuce staff also work closely with the local chapter of Friends Outside, particularly in exit planning.

As part of their "in-reach" activities, presenters from recovery homes and other service providers visit the Deuce participants within the jail to provide a "direct and personal link with the community." These presentations facilitate connections to continued services once a woman has been released from custody.

Each staff person is assigned as a "liaison" to one or more recovery homes in the community. This facilitates the smooth transition of clients from jail into the programs.

Educational and vocational services are provided through the county jail system, and inmates often first learn about program availability while in Deuce. Staff support their motivation to enroll in available programs and services.

Aftercare

Clients are taught relapse warning signs in their psychoeducation classes. They learn to identify and watch out for their own relapse signs and this is incorporated into their individual plans for continuing post-release recovery.

As part of their intervention focus, staff feel their job is to prepare and refer women to ongoing treatment within the community. In Deuce, emphasis is placed on exit planning during the last two weeks of the 8-week program. Participants meet in facilitated small groups to talk about and make individual plans for continuing post-release recovery. Through formal and informal relations with recovery homes and other community programs, staff are able to channel women into needed services upon their release from jail.

Compliance Issues

Non-compliance with program or custody rules is usually worked out on a one-to-one basis with the client, if possible, especially for minor infractions such as being late to class or not participating. Fighting or homosexual activity may result in an immediate "roll-up" (transfer out of the program).

TAP

The Treatment Alternatives Program (TAP) is an outpatient alcohol and drug treatment program that serves both men and women. Women comprise 15% of the program participants, but no designated slots are set aside for them. TAP combines several services including group and individual counseling, psychoeducation, and urine testing. Group counseling sessions are both co-ed and single gender. Individualized case management services and program content are tailored to meet the needs of addicted women. Clients may enter the program on a voluntary basis or be ordered to participate by a CJS provider.

Goals, Objectives, Philosophy

As part of the overall "Comprehensive Offender Drug Abuse Programming" System (CODAP) (referred to earlier in this report), TAP's goal is to reduce recidivism and drug abuse by "facilitating a crime and drug free lifestyle." TAP objectives are to assist them in developing community and social support systems and introduce client to recovery as a "life long process" instead of a "cure."

The program philosophy is similar to the Deuce program in that it reinforces individual responsibility and accountability. Staff state that they work hard to "keep the focus on the client." "We give them options and they make the decisions." The client is responsible for every action. "Showing up or not showing up has consequences. We believe in empowerment [versus reinforcing any victim mentality]. We help them reframe their thinking in order to see themselves as leaders." Personal responsibility is supported through "'gentle confrontation,' positive reinforcement, dignity, respect, honesty and telling the 'hard truth' to a client. Cleaning up is an inside job. They can't take short-cuts, they have to go through it, not around it."

TAP staff are beginning to use Samenow's criminal thinking model as a basis for working with their clients. Staff are encouraged to "know who you are working with. [These clients] are narcissistic, self-serving, and have severe thinking errors."

TAP believes in providing a safe environment for clients to deal with their feelings. Clients come to acknowledge the impact of continued use not only on themselves, but also their family (and particularly children). Staff educate clients about the risks and effects of continued use and teach clients how to live in recovery with their kids.

Referral

Outreach generally consists of talking to CJS officials and other potential referral sources, orienting them to the program, and providing flyers or brochures describing services. Clients also hear about the programs through "word-of-mouth" or other providers.

The Treatment Alternatives Program helped develop and disseminate a county directory of drug treatment resources targeted to the CJS community and engaged CJS members to serve on an Advisory Board.

Referrals come from a wide variety of sources: police pre-trial service agencies, probation, parole, the courts, attorneys, social services, other treatment programs (including in-patient) and other programs within the parent agency (if applicable). (Police agencies frequently complain that there is no place to "bring" a client who may be under the influence of drugs. They suggested that if there were such a place as an option, fewer individuals would be arrested. In practice, very few clients come directly from the police.)

For TAP, the referral must come from a CJS provider. TAP clients have to be able to complete the 90-day program or they are not enrolled. TAP will assess clients for eligibility pending court outcomes and provide a notice of acceptability to the courts. Then, if the client is given out-of-custody sanctions, he/she is enrolled in the program.

In-custody clients are excluded from consideration. Non-drug using/abusing candidates who, for instance, only sell drugs are not accepted. They must believe that drugs and alcohol have caused problems in their lives. "If all they did was deal, we won't touch them. It puts the rest of the clients in jeopardy." People on "all kinds of pain medication" are not accepted. It would be too difficult to determine whether mandatory urine test results were positive due to medication or illicit drug use. Also, it causes conflict with the other clients who are proscribed from taking any mood-altering substances. Individuals detoxing from methadone are accepted, but not if they are on methadone maintenance. Pregnant addicts are referred initially to the Bureau's Perinatal Treatment Program. However, if there is a Perinatal Program waiting list, the woman can participate in TAP pending enrollment.

A client who discloses HIV/AIDS status or has "any kind of medical problem" would be given priority. Women are given priority in this coed program, and there is rarely a waiting list for TAP female clients. However, there is a two to two and one-half week lag between referral time and enrollment due to staff reductions.

Intake

When TAP first started, assessment instruments were included as part of the clients intake packets. There appeared to be a good deal of resistance to their use. For instance, early in the program's implementation, it was determined that clients were completing the instruments but staff weren't scoring them. Staff seemed to see it as just another bit of paperwork. Also, they didn't see how the results on an instrument would affect the client's entry or non-acceptance to a program. Finally, they didn't believe that the client would tell the truth on the test, since most criminal clients "lie anyway." Therefore, the results of the assessments would be faulty. Because, in fact, clients were generally accepted regardless of their level of drug use/addiction, the instruments were discontinued.

TAP uses a group orientation, which occurs every two weeks. This starts the client off early in the "group process" orientation of the program and also reduces staff down time for "no shows." The program is described and clients are given a calendar showing the level of participation required. Clients talk about where they see themselves in the recovery process and staff assess clients' level of denial and readiness for treatment.

After the group orientation interview, participants must call back in two days to tell staff they're still interested in participating and see if they've been accepted. During this period, staff look at the clients, initial paperwork and go over the session.

At this point, clients may be rejected if they don't fit the screening criteria (don't have 90 days to serve), or are very resistant to participating. The client may decide she doesn't want to participate. If this happens, TAP staff notifies the CJS provider, who frequently convinces the client to enroll anyway. If accepted, candidates are scheduled for an individual intake appointment. If they are not accepted, they are given referrals to other programs and their CJS referring party is notified.

Services

Treatment Plan

At the individual intake interview, the counselor sets up the client's initial treatment. Clients do not help develop the content of their treatment plan, nor the timelines for achieving goals. Some areas of participation are negotiable, however. For instance, staff take in consideration the other demands on the client's time. Generally, outside demands must be reduced if they interfere with program participation.

Treatment plans are reviewed at every individual counseling session (which takes place every other week). Clients are allowed to request revisions during the course of treatment. Clients may be receiving services from a group facilitator, an individual counselor and a psychoeducation instructor. Input from any of these staff may be used in revising treatment plans, as well as input from the individuals' CJS supervisor (parole/probation, etc.). In addition, the client's case may be discussed at the weekly "clinical case conference," at which the client may be asked to participate.

Program Content

The TAP program offers 120 hours of psychoeducation, group and individual counseling, urine testing, information, and referral and case management. In addition, outside 12-step or similar support group participation is required, and ancillary support services are made available on a referral basis.

Each client participates in between 6 and 8 hours of structured activity on-site per week. This includes two process groups (90 minutes), one psychoeducation class. (Initially, TAP was able to provide community college credit to clients for their participation in the psychoeducation portion of the program. However, this benefit was lost when the local community college changed staff and increased enrollment from other sectors.) including extensive "lifeskills" training (2 1/2 hours) and a one-hour individual counseling session every other week. Group activity and individual "homework" assignments are also part of the curriculum. One process group is for women only. The other is coeducational. In addition, ancillary training/groups

may be given on parenting issues or other topics. Crisis counseling is also available, and clients can make telephone calls to their counselors in between sessions.

Clients are referred to outside classes or programs depending on their individual treatment needs. On-site childcare activities for children included such activities as viewing videos and playtime.

Linkages with CJS Providers and Others

TAP staff credit their positive linkages with the criminal justice system as one of the cornerstones of their program's success. "Sometimes they're here [at the program] more than the clients. They've had the same client for years and years and want to know what's going on."

CJS personnel are encouraged to connect with staff if they know of any significant changes in the client's life. Also, as noted earlier, the parole/probation/pretrial officer may ask for a change in the client's treatment plan.

From inception to approximately July of 1992, management of the Justice Services Division, which houses TAP, engaged CJS officials from management and policy making levels on an advisory board. This linkage seemed effective in achieving "buy-in" from the two systems: CJS and treatment. However, this advisory group was discontinued due to staff changes. CJS officials and other treatment providers do continue to interact as part of the Bay Area Services Network for parolees.

Other linkages utilized in TAP include: a Bureau-wide multidisciplinary team, a Health Department multidisciplinary team and a dual diagnosis task force. Community and government-based resources are also resourced through management's participation in a variety of networks and meetings including a Health Department monthly manager's meeting and Concurrent Problems, AIDS Service Provider and Perinatal Substance Abuse Network.

Aftercare

Upon completion of the 90-day TAP program, clients may partake of the "Next Step" aftercare program (for men) or the "Women's Relapse Prevention Project" (for women). Transition planning is conducted during individual counseling sessions. In addition, clients undergo a graduation ceremony at which time they are usually "quizzed" by their peers as to their continued recovery plans.

Clients may return to TAP for follow-up services for up to a year from release from program. This may include calling/visiting for referrals to other resources or just coming in to talk and problem solve. Care is taken that if the individual is in treatment elsewhere, the primary provider is aware of and approves of the continued contact with TAP.

Compliance Issues

TAP works on a system of graduated sanctions that is "highly individualized." In cases of non-compliance, "ninety-percent of the time," the client is given a "contract" that outlines increased sanctions and program participation. It may include options, but it is a "tight" contract because staff feel they have to be tight "with this type of population, provide strict boundaries and limits as they are learning the difference between [coping in mainstream society] and the crime game."

If the client has a positive urinalysis, her supervising CJS official will be notified. "Nine out of ten times" probation or parole ask program staff to give the client one more chance. Together, the CJS and treatment provider work out a plan of action.

If the client continues to test positive or is otherwise not adhering with the treatment plan, the case is brought to the clinical case conference and the decision to terminate is made by the staff as a group. The client is given referrals to other programs, if warranted.

WRPP

The Women's Relapse Prevention Project acts as a "home base" for clients after they complete primary treatment. Clients apply the new coping behaviors they learned during treatment and are assisted in maintaining a balance between work, recreation, family, educational and personal commitments and obligations. Clients may be referred by CJS or treatment providers and must prove that they have some link to the criminal justice system. Clients may be voluntary or court-ordered.

Goals, Objectives, and Philosophy

A flyer advertising WRPP services lists the following goals for the client: (a) develop hope and motivation; (b) learn the signs and symptoms of relapse; and (c) learn skills for effectively coping. Objectives that address these goals, according to the program's initial funding proposal, are to: (a) provide individual and group counseling services to women referred to it after completing [primary treatment programs]; (b) develop and implement an individualized treatment plan for each client; (c) provide clients with the opportunity to discuss personal and confidential issues, clarify goals and identify their personal resources and strengths; (d) link clients with existing community resources; (e) encourage self-disclosure and personal growth; and (f) reinforce successes and extinguish negative behaviors as they occur.

The parent organization for WRPP, Combined Addicts and Professionals Services, Inc., is a partnership between recovered addicts and professional caregivers. The agency's philosophy toward outpatient services is to use them to serve persons who have decided to confront their problem of excessive drug use while responsibly meeting their obligations to family, school, or work. The WRPP philosophy cited in their program flyer is: "You [the client] have the power to change." The flyer goes on to state that WRPP assists the client in making changes because

it "provides confidential treatment sessions, a safe and stable environment, management strategies to avoid relapse, action planning and practice and help in identifying and addressing special issues."

Referrals

Outreach generally consists of talking to CJS officials and other potential referral sources, orienting them to the program, and providing flyers or brochures describing services. Clients also hear about the programs through "word-of-mouth" or other providers.

Referrals come from a wide variety of sources: police,[1] pre-trial service agencies, probation, parole, the courts, attorneys, social services, other treatment programs (including in-patient) and other programs within the parent agency (if applicable).

WRPP will not enroll clients who haven't been through primary treatment and will not take pregnant drug users. WRPP gives priority to HIV+ and AIDS clients, cases referred by judges, and pregnant, non-using addicts. WRPP has a "horrible" waiting list of one month.

Intake

For WRPP, the candidate must call personally for an appointment. She is screened over the phone and an intake appointment is scheduled. At intake, she is told "everything she has to do." Sometimes a urinalysis is taken on intake, depending on the assessment of the client's stage of recovery.

Services

Treatment Plan

In WRPP, there are two levels of treatment available: an intensive track and a standard track. Clients are all started out on the standard track and "do the same thing" unless they bring in documentation excluding them from some activities. Treatment plans are reviewed weekly (by an MFCC) and discussed in clinical case conference meetings at the second month of treatment. The Marriage, Family and Child Counselor, program staff, and client are involved in revising treatment plans.

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[1] Police agencies frequently complain that there is no place to "bring" a client who may be under the influence of drugs. They suggested that if there were such a place as an option, fewer individuals would be arrested. In practice, very few clients come directly from the police.

Program Content

Each WRPP client participates in 3 hours of structured activities per week. This includes 2 hours of group and one hour of individual counseling. Crisis intervention is provided as needed and clients may drop in to bring in court papers or documentation or discuss advocacy needs. Participants must also attend three 12-step or other support groups per week. An incest survivors therapy group is provided on-site. Childcare is provided for all group activities. Some transportation is made available to clients. Participants are given individual "homework" assignments. Follow-up on whether or not the client contacted agencies for outside help is done by staff.

Linkages with CJS Providers and Others

WRPP staff report that their own participation in local 12-step meetings creates a unique kind of linkage. They see and hear their clients at meetings and thus (often) develop a greater knowledge of what's going on with them. In addition, staff participate in County Bureau of Alcohol and Drug Abuse Program's meetings and training, and interact with service providers in the local community on a case-by-case basis as well as visiting providers as needed. Staff send monthly reports to the client's supervising CJS official and often visit judges, probation offices and other CJS locales.

Aftercare

Since this is a relapse prevention program, continual focus on relapse warning signs and graduated sanctions (and increased treatment regimens) are part of the tools used to deal with relapse. Before being considered for release, the client must have no positive urine tests for a period of time. Prior to release from treatment, WRPP staff find out how many 12-step/other meetings the client will be attending and make "sure" she has a sponsor/mentor. They may recommend that she attend certain meetings (locales, types). The client has a written relapse prevention plan that includes an "emergency kit" consisting of change for phone calls, emergency numbers, lists of things and people to avoid (including family members, for some), and phone numbers of supportive friends. This kit is given to the woman when she transitions from the program.

Compliance Issues

"Not showing up" and "getting loaded" are grounds for dismissal at WRPP. Positive urine tests are discussed with the supervising CJS official and a plan for remediating action is devised. Usually the client is brought back to "Day 1," meaning she must start all over again in her treatment regimen.

STEPS

The STEPS program is an outpatient "drug-free" primary treatment program which provides individual and group counseling to both males and females. The STEPS program relies on both social model and relapse prevention orientations. STEPS deals with women at every stage of the criminal justice system: through diversion, pre-trial, post-adjudication, and probation. While the program is not solely for CJS clients, almost all of the females served by STEPS are criminal justice clients. Many women, motivated by their initial involvement with the criminal justice system, come to treatment on their own volition.

Goals

There are five primary goals of the STEPS program: (a) provide support and education on chemical dependency issues; (b) offer a tool for people maintaining sobriety; (c) introduce clients to the 12 steps or other self-help modalities; (d) network with community resources; and, (e) provide on-going support to clients in recovery. These goals are met through group and individual counseling sessions, referrals, treatment plans, and relapse prevention activities.

Referral

Outreach generally consists of talking to CJS officials and other potential referral sources, orienting them to the program, and providing flyers or brochures describing services. Clients also hear about the programs through "word-of-mouth" or other providers. If clients are undergoing adjudication due to child welfare issues, they may also be referred. STEPS will take "users" who are not necessarily "chemically dependent."

There are few exclusion criteria for STEPS: clients with histories of violence or mental health problems are admitted if they appear to be functioning and do not "act out" while in the program. For STEPS, no particular type of client is given priority admission as there is generally no waiting list.

Intake

For STEPS, when the client calls, an intake appointment is set up and the administrative assistant schedules group and individual sessions. Information concerning fees and schedules is given at that time. During this meeting, the counselor records appropriate information, including drug and criminal justice histories. The respondent noted that many clients are unsure of their obligation to the criminal justice system. STEPS staff explain that program participation is part of this obligation. Clients usually begin program sessions one week after their initial intake appointment.

Services

Treatment Plan

At STEPS, all clients are given a standard basic treatment plan initially, with individual modifications made by counselors during the course of treatment. Upon review of the plan, clients are permitted to request revisions and sign the completed plan. Treatment plans are reviewed after the first thirty days, at a three-month interval, and then as needed. Staff review plans as needed at a weekly meeting.

Program Content

The STEPS program is an out-patient program with a two-hour group or individual session and two required 12-step meeting per week. Relapse prevention workshops are available to current clients and program graduates. Family or couples therapy may be required once a month at the counselors, discretion.

Linkages with CJS Providers and Others

STEPS has a unique opportunity to provide a great variety of services through its parent agency, Economic and Social Opportunities, Inc. (ESO). ESO is the local federally designated Community Action Agency. Among its many services, ESO provides educational/GED services, vocational programs, and a unique parenting program for African-Americans.

Aftercare

Upon discharge, program participants are referred to an agency support group and relapse prevention workshops held on-site. Exit planning is a significant part of the STEPS program and focuses on the identification of needs in the areas of employment, relationships and recovery. A review of "what the client has learned" is conducted at the exit interview, and client evaluation of the program is also conducted at that time.

Compliance Issues

Non-compliance is measured by lack of attendance at STEPS group and outside 12-step meetings and is handled through a special contract designed to address the cause of the inappropriate behavior. Non-compliance is also reported to the referring agency through monthly activity reports. If a client continues to violate the terms of the special contract, a letter of termination is sent to the referring agency. Other than these monthly activity reports, STEPS staff have little ongoing contact with the referring parties.

Casa Esperanza

Because Casa Esperanza does not have a primary treatment focus, its description is less detailed. Casa Esperanza is a seven-bed work furlough facility for females released from California state prisons. Like other state work furlough programs, inmates are released from prison to the program near the end of their sentence. These programs primarily are designed to facilitate employment and the successful reintegration into society. This work furlough provides some drug treatment services but is not predominantly a substance abuse program.

About four hours per week are devoted to chemical dependence issues. These hours include 12-step meetings (coordinated by outside volunteers), drug and alcohol education, and group or individual counseling provided by STEPS program staff. Lifeskills training, particularly in terms of employment, self-sufficiency, and budgeting, are provided in evening workshops.

Development of money management skills is a high program priority and very important for this population. For example, staff noted that drug users are used to "easy money" and to "throwing money away" as a result of their former lifestyles. Guilt, particularly in terms of not having provided for their children in the past, also brings on unrealistic spending patterns.

SUMMARY

Several commonalities emerged from review of the programs visited. These include: services to women who are at various stages along a continuum of criminal justice involvement; a fairly open admissions policy; a screening and assessment practice that does not include formalized instruments; a wide variety of services and programming, each including 12-step or similar groups and "lifeskills" education/training; formal and informal linkages with the criminal justice system (CJS) and other providers/entities; an understanding that relapse does not necessarily mean program or client failure, but is rather a warning sign that warrants enhanced treatment measures; and aftercare planning.

All programs believe that empowerment, personal responsibility, and independence are essential aspects of their service delivery philosophy. Understanding the nature of their abuse/addiction, developing skills for coping with life without drugs (lifeskills, 12-step or similar support systems), and individualized planning are all aspects of the programs.

A history of chemical dependency or substance abuse is a requirement for all the programs. Prior or current criminal history is not usually a factor in screening the client. Mental health diagnoses do not generally exclude the client from treatment. Clients with mental health issues are screened and often referred for additional services, sometimes including medication. Motivation to change isn't a deciding factor in accepting the client. It is monitored during the course of her treatment. If the client can't get past "denial," she may eventually be asked to leave to make space for someone more motivated.

All programs cited act as "brokers" of other services for the client. In addition to the services depicted earlier, all providers described linkages with a wide range of programs including recovery homes, out-patient services, JTPA, social service agencies, job training/placement, religious programs, the public defender's office and battered women programs. Assistance is given in locating affordable housing, sober living environments, and other services such as Legal Aid.

All programs provide some type of advocacy services for their clients in terms of writing letters to judges, calling supervising probation officers, or even going to court with clients. Programs were quick to note, however, that rather than do the work for the clients, they teach women **how** to make contacts and utilize outside resources. Programs encourage empowerment and independence rather than "learned helplessness."

Exit planning takes place in each of the programs. Linkages with CJS and other providers facilitate the return of the client to the community (in the case of Deuce) and supports continuing recovery.

No formal assessment instruments are used in any of the programs. Programs rely on their staff's professional experience in assessing clients and employ socio-demographic forms which include a drug use, treatment and criminal history. Other than the above-noted eligibility and screening restrictions, most clients who are referred are accepted into the programs. Severity of abuse and treatment may occasionally cause a program to suggest in-patient treatment, but the dearth of treatment beds often predicates use of out-patient services instead.

The discussion below will include items central to the study that haven't been detailed earlier in the report. These include: program accountability; sensitivity to gender issues in providing services; the use of recovering staff as role models; and the incorporation of social, peer support and peer-oriented activities as part of the program. The use of recovering staff and encouraging peer support is seen as central to all the programs. The final section summarizes the programs' stated strengths and weaknesses and needs for improvement.

Program Accountability

As part of the County's service delivery system, all four programs have to report units of services delivered per year. A computerized data base management system called "OSCAR" is used by the County and some non-profit providers. OSCAR collects demographic and client participation information such as: number of treatment episodes, number of urine tests and results of such tests, length of time in treatment, whether or not treatment was terminated on a satisfactory basis, etc. Programs are also monitored by County and State agencies at least annually. In addition, both Deuce and TAP have been the subject of government-funded evaluation studies.

Performance measures are written into the agency's yearly plan. For example, the following were TAP's 1992-93's measures: (a) 45% of clients will complete the treatment/recovery goals successfully as agreed upon with the assigned counselor; (b) 45% of clients will have reduced barriers to recovery (ex: obtained jobs, housing, steady income, family reunification, recovery home placement); (c) 75% of clients will receive specific information

about how to reduce or eliminate "high risk" lifestyles including behaviors pertaining to perinatal abuse; and (d) 80% of clients will demonstrate satisfaction with services as evidenced by a client satisfaction survey.

WRPP has clients do an oral and written evaluation of the programs. Deuce also employs client evaluations that collect data on the programs, the staff and the curriculum. The program director uses these evaluations in program planning and modification. TAP had its own monitoring system, but it was discontinued due to staff and budget changes.

Sensitivity to Gender Issues

In the group meeting held prior to the individual site visits, criminal justice representatives noted that women tended to appear in the CJS somewhat later in their drug-using careers than men. "Drug use is the driving force in their [criminal] difficulty" compared to males, who are more likely to be involved in drug use and criminal activity concurrently. Women were seen as more likely to cooperate in meeting the CJS sanctions applied to their cases.

Others present at the meeting noted that women appear to be entangled in a variety of often conflicting obligations with several social service agencies as well as their criminal justice involvement. One respondent noted that overlapping agency obligations were often contradictory, setting up a woman for failure through unmanageable obligations. A TAP provider noted that their intake procedures attempt to assess this multitude of obligations and help the client prioritize her responsibilities, thus creating a realistic treatment plan.

Referral sources, it was noted, often are unaware of this "obligation overload." For example, a single mother who must rely on public transportation may have obligations and appointments with Child Protective Services, the Welfare department, a criminal justice supervisor, a mental health, and a substance abuse worker.

Individual Program Responses to Gender Issues

TAP sees a difference in how women and men should be treated in recovery planning. "Women have more relationship needs." They are in "constant pain" about relationships and have an "intense need to process and talk about relationships." Also, staff feel that "women are not socialized to be allies." TAP staff "teach the women how to trust, love and support each other as sisters."

The program provides women-only groups as a part of each client's treatment plan. Also, victimology/survivor issues (incest, rape, domestic violence) and other predominantly female issues are covered in the group and individual sessions with the women.

For TAP, the "survivor" (of incest or child abuse) issue is a large one, and women's issues have to be dealt with or a high relapse rate will continue. Staff see a higher relapse rate in women when these issues and other "emotional, unresolved" issues aren't covered. Staff also address birth control and safer sex, particularly with the women clients because "it's always their [the women's] job."

WRPP staff state that "90%" of their clients are dealing with child abuse issues (as victims). (Some women are in battered women's shelters while they receive treatment at WRPP). As a result, WRPP started conducting survivor's therapy groups. Staff also started looking for low-fee therapists in the community who would appropriately serve the client in conjunction with her ongoing recovery program. Staff recall that in 12-step recovery, "it used to be said" that you didn't deal with "these issues [incest/child abuse] until you had at least five years in recovery. Now, we see that if incest and child abuse aren't dealt with earlier, these issues often become a cause for relapse."

WRPP staff feel that while women are on drugs they have an inability to bond with anybody. Staff help try to break the barriers of mistrust between the women, many of whom know each other from other programs or jail.

If they've been away (in prison, residential treatment, mental facilities), they need time to bond with their children (and maybe not work for a while.) Intense treatment rules and other demands on the woman don't always make this possible. Also, a woman may refuse or be reluctant to enter residential treatment because it is another barrier to re-establishing a bond with her children. In light of this, outpatient treatment is frequently more amenable to the client.

Codependence is seen as a major problem for women. "We want these women to become independent. It's OK if they meet 'Mr. Wonderful,' but they still need to feel empowered to make decisions, accomplish things and make progress on their own. The [AA/NA] program tells them they are powerless, but we try to tell them to take power."

Shame is also a big issue for women. Staff report that if a client relapses or engages in other self-destructive behavior, "we do not shame these women. They've been shamed enough." If a pregnant addict relapses, staff will show their support for recovery by personally driving her to the Bureau's Perinatal program for enrollment.

For the drug-abusing female offender, promiscuity is a large problem. Some of the women enrolled in WRPP are "sex workers" (prostitutes). While nearly all programs visited provide some form of on-site or off-site AIDS education and counseling, WRPP goes one step further. They teach women how to use condoms as a "sensual experience."

Weight gain is seen as a primarily female issue. While using, their weight stays down. They get sober and gain weight. This affects their self-esteem. "I can't fit into any of my clothes" is a common refrain.

STEPS staff suggested that female clients tend to have greater transportation problems and child care needs. Staff also suggested that the "emotional state of the clients, depression usually," also interfered with the provision of treatment. Staff indicated that women often need more intensive groups than male clients and needed to deal with specific issues such as relationships, including family concerns, health, co dependence, self-esteem and incest.

Recovering Staff as Role Models

Recovering program staff act as role models in virtually all of the programs visited. Adults in recovery and other volunteers also serve as role models in some programs - Deuce, for example. Staff and volunteers from the programs see clients at the local 12-step meetings

and at clean and sober social activities, and many of the staff have been "down the same road" as the clients. This commonality of recovery and criminal history seems to "help with credibility," according to STEPS staff. WRPP staff include the modeling appropriate dress, mannerisms and problem-solving techniques as important factors in supporting the client's development of a positive lifestyle.

Peer Support

In Deuce, program participants provide peer support in maintaining a clean and sober living environment. Since Deuce is a live-in environment, social activities are frequent and integral parts of the program.

In TAP, social activities are planned by the clients and are part of the development of a positive group culture. This includes pot lucks, holiday parties and after-graduation pizza parties. Clients are also encouraged to call one another between treatment sessions and to go to 12-step or other activities collectively. There is a formal graduation ceremony whenever anyone completes the program. Also, program graduates are encouraged to come back to a psychoeducation group and "tell their story."

The WRPP clients participate in graduation ceremonies, potlucks and visits to local sites to learn how to interact socially while "clean and sober." STEPS program also sponsors family nights and graduation parties.

Program Strengths

Deuce. In addition to the strength of using recovering staff as role models, Deuce staff described the following program strengths: the flexibility of the program structure, which allows for consideration of individual needs within the basic program; an atmosphere of respect, familiarity, and trust created through staff and client interaction; the type of services (intensive intervention) and the appropriateness of the timing (in jail); and a diverse curriculum and activities that address a broad spectrum of inmate needs. Staff also indicated in the interviews that referral to support groups and other programs was a strength of the program.

TAP. A primary strength described by TAP staff is the program's good reputation with the CJS. The program staff are available to "talk, teach, and work" with the CJS. TAP is also proud that it has people who "want to work with offenders" and both non-chemically dependent (recovering) professionals and recovering staff. The program is also proud that it supports its staff in dealing with interpersonal conflicts through staff retreats where issues are worked out in order to reduce the effect of "personality problems" and agency politics on the clients. At the retreats, staff can "cry and scream and anything in order to continue in the right direction." Staff are very caring and supportive of one another and the clients. Other strengths include: the program is very structured, and its focus on individual responsibility and decision-making is geared for this population's (CJS client) thinking.

WRPP. Program staff include their success at "preventing drug episodes with women 'through everything we do'" and other agencies, "responsiveness to us due to our accountability"

to them as major strengths. They see program success in a client when she "shows up, is willing to do whatever she has to do to achieve her goals, instigates her own calls for help and calls the office when she needs to."

STEPS. In addition to the role of recovering staff as counselors, STEPS feels that one of its strengths is that "clients are treated with the utmost respect." Also, the program is seen as "fairly structured" but flexible enough to allow for interaction between and among counselors and clients and consideration for individual (client) needs.

Weaknesses and Areas Needing Improvement

At the group meeting held prior to beginning individual site visits, those present agreed upon several issues that weaken program effectiveness. These include: lack of communication between the many agencies that have authority over the client's activities; the need for a centralized referral system; and the need for comprehensive information of programs and whether or not they had available slots.

While several consortia or treatment provider groups were (or had in the past)been meeting regularly, the group noted a need for more direct and timely interaction. Some networking programs had been discontinued as a result of staff and funding changes.

The county is planning a centralized intake unit that would assess and refer clients to appropriate treatment services based on a managed-care model. Programs contracting with the county would be included in this unit. Unfortunately, programs not contracting with the county would not receive the placement services.

Printed information about programs is incomplete or quickly outdated. A resource guide that was developed for CJS providers is now out of date. The District Attorney's office published a guide, but it mainly focused on residential programs.

The following descriptions of program weaknesses are derived from program staff. Staff input regarding areas for improvement are also included.

Deuce

Program staff indicated that about 80% of the jail population was in need of Deuce services and described several barriers to receiving treatment. These barriers include short sentences, inmate denial of problem, program length, and having to live in the program unit. Only inmates housed in the Deuce program can participate in Deuce activities. The unit is self-contained in a minimum security direct supervision "pod," and other minimum-custody female clients may not participate in program. Staff noted that institutional events, such as lock-downs, can disrupt program schedules.

A lack of staff and some lack of cooperation from corrections staff were also reported to be problems. When asked to suggest improvements for the program, staff indicated a need for multi-agency coordination and more community programs for released female inmates.

Throughout the interview, program staff emphasized the "necessity" of this program. In these times of budget cuts, programs are always in danger of losing funding, but the high

recidivism of this population more than justifies programs that are designed to end the drug/jail cycle.

TAP

Reduced government funding and changes in the overall Bureau organizational structure, as well as staff changes and cutbacks, have created an unstable work environment, which "is a hardship." Even if TAP staff aren't cut further, seniority issues may cause staff to be shifted to other programs or laid off. This disturbance of the staff mix is very threatening.

In terms of serving women in particular, TAP staff state that if due to predicted further budget cuts, "we have to lose our child care services, we can't serve the women."

TAP staff could use more training and more time for a full range of assessment and follow-through activities with their clients.

WRPP

The waiting list issue, a need for therapists trained in recovery issues, and the lack of communication between and among providers were listed as major weaknesses in the existing service delivery system by WRPP staff. Other programs' waiting lists cause WRPP to keep clients in the program longer, thus reducing the total number of clients served annually. WRPP will keep a client in treatment rather than release her to wait out-placement. "If you're in the middle of a relapse and you're told that you have to wait thirty days before you can get in [the next program], you could die [during that time]."

Better interagency reporting, an understanding of confidentiality requirements, and ways to share information among agencies are needed. In one case, a woman lost custody of her child due to being in treatment. WRPP staff felt that if communications were better between agencies, the fact that the woman was in treatment might have strengthened her chances of keeping her child. "Not knowing all the issues" keeps the treatment providers "in the dark" and unable to most effectively develop client treatment plans. Also, last year, some of the welfare checks (for Aid to Dependent Children) were cut. "The women started reverting back to old behavior--stealing, prostitution, dealing drugs--doing whatever they needed to survive."

Communication is needed to help build better rapport with the CJS. For instance, many judges don't think outpatient treatment is adequate. WRPP works to show the courts that outpatient treatment is frequently just as "punitive" and "intense" as jail or residential treatment and "maybe more so." Funding sources and others also often have unrealistic expectations that programs fail to meet. In the first five months of the WRPP program, staff said "we had the blues. We wanted clients and knew the program concept was really good." But design requirements were unwieldy based on the competing demands on the client's time. Fortunately, the funding source (the Bureau) was willing to accept a revised program design that is now working well for the clients.

STEPS

For STEPS, clients' transportation and childcare problems are seen as major weaknesses in service delivery. Also, "emotional overload" was listed as a weakness in that many times, clients aren't ready to deal with recovery issues as well as everything else they are handling. While STEPS staff get some training, increased educational opportunities for staff would help in service delivery and increase employability skills.

Table 1. Overview of the Five Programs

	Program				
(Provider)	Deuce County	TAP N-Profit	WRPP N-Profit	STEPS N-Profit	Casa Esperanza
Began services to women	1988	11/90	6/90	1986	unknown
Capacity: static	40	12*	23	45-75*	7 beds
dynamic	350	53*	106		
Length of program	8 wks	3 mos	4 mos	6 mos	unknown
Typical length of stay**	6 weeks	4 mos	4+mos	6-9 mos	unknown

* These programs serve both men and women. The figures above reflect the average number of women served (TAP, women = 15%; STEPS, women = 30-50%).

** Typical length of stay: While Deuce program length is designed at 8 weeks (with an opportunity for a longer stay), six weeks is the typical length of stay for two reasons: women may be released or transferred prior to completion, and women who receive a classification of medium or maximum custody after starting the program (usually after sentence to state prison) are removed from the eligible housing unit. TAP and WRPP may extend program length to support clients dealing with difficulties in program participation arising out of single-parenthood, pregnancies, childcare issues, or other extenuating circumstance. STEPS extends program length so that clients can complete any missed sessions.

Table 2. Variety of Services/Programming Offered

Service/Programming	Deuce	TAP	WRPP	STEPS
Twelve step/similar group	X	X*	X*	X*
Alcohol & drug education	X	X	X	X
Individual (ongoing) cnslng	X	X	X	X
Substance abuse counsling	X	X	X	X
Crisis counseling	X	X	X	X
Family/couples counseling	X	X	X	X
Lifeskills training**	X	X	X	X
Parenting courses	X*	X*	X*	X*
Service/Programming				
AIDS education	X	X	X	X*
AIDS counseling	X*	X*	X	X*
Supervised recreation	X			
English as Second Language	X	X*	X*	X*
GED training	X	X*	X*	X*
Art classes	X			
Acupuncture	X	X*		
Relaxation and meditation	X	X		
Smoking cessation groups	X			
Incest survivors group/cnslng	X	X	X	X*
Grief work		X*		
Family Violence Prevention	X*	X*	X*	X*
Medical referrals & tx	X*	X*	X*	
TB Testing		X*		
Client advocacy w.	X	X	X	
Childcare		X	X	
Information & Referral	X	X	X	X
Perinatal Care	X*	X*	X*	X*

* Provided off site (may be in the same building, but by a different set of staff).

** Lifeskills training can include such topics as: anger management, financial planning, parenting education, problem solving, nutrition, job readiness, resume writing, communication skills, assertiveness, health care, domestic violence, codependency, childhood sexual abuse, self esteem, stress, and other topics.