



LAYERS OF TRAUMA, LAYERS OF TREATMENT

Using Participant Experiences to Reform Texas'
In-Prison Substance Use Treatment Program

TEXAS CRIMINAL JUSTICE COALITION

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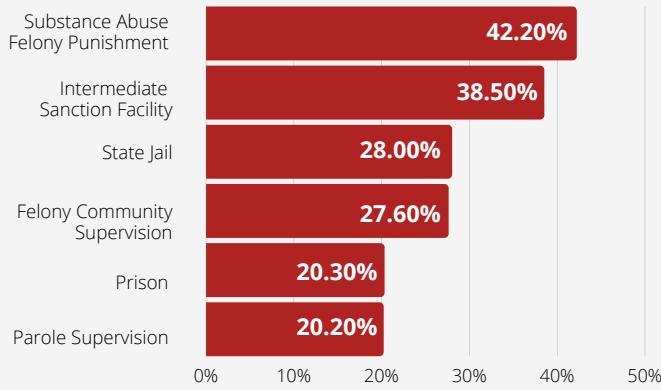
Texas' SAFP Program is Failing Clients & Wasting Taxpayer Money

The Substance Abuse Felony Punishment (SAFP) program was created in 1992 and serves as Texas' in-prison substance use treatment program for people at risk of probation or parole revocation due to repeated drug or alcohol use.¹ The SAFP program provides six to nine months of intensive drug and alcohol treatment, followed by three or more months of aftercare.²

While the SAFP program is uniquely positioned to help people with a substance use disorder who become entangled in the justice system, **it has an alarmingly high recidivism rate of 42.2 percent** – higher than rates of (re)incarceration following felony community supervision, prison, state jail, Intermediate Sanction Facilities, and parole supervision (see *Figure 1*).³

Figure 1

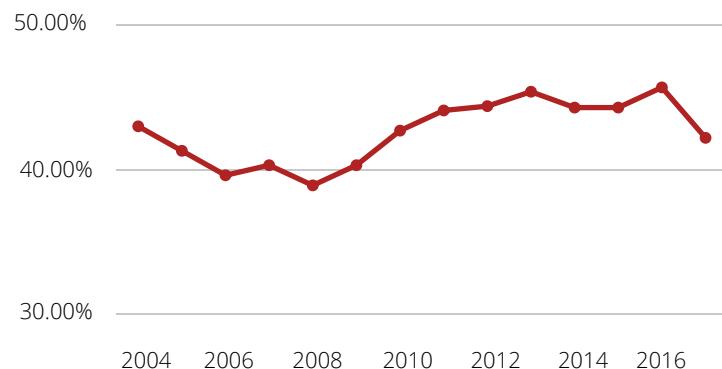
Incarceration or Re-Incarceration Rates by Program Type (2017 Release Cohort)



And the rate of re-incarceration following SAFP programming has been climbing over time. In looking at individuals released from SAFP facilities from 2008 to 2016, and measuring re-incarceration over the following three years, the rate grew from 38.9 percent⁴ to 45.7 percent⁵ (see *Figure 2*). SAFP programs have increasingly failed to address clients' needs or provide them the tools to live successfully in the community.

Figure 2

Reincarceration Rates Within Three Years of Release from a SAFP Facility, Fiscal Years 2004-2017



Also problematic, the SAFP program has not been independently evaluated since 2001 – but even then, concerns with programming success and costs were flagged.

The investigators for the evaluation, commissioned by the Texas Department of Criminal Justice (TDCJ), reported that, "There is little analysis of the number of offenders who will benefit from this specific approach to addressing problems of criminality and chemical dependency. [...] These programs can be critical in our attempts to reduce recidivism, but should be carefully implemented with the proper infrastructures in place to be able to achieve this goal. Otherwise, we might end up with a very popular but ineffective and costly intervention."⁶

Now, two decades later, the lack of further examination or course correction has likely contributed to the SAFP program's growing failure rate, which harms public safety and wastes taxpayer dollars associated with re-arrest and incarceration.

It is time to take a closer look at this program and its functionality, and for the state to implement systems for proper placement, curriculum review, and outcome tracking to improve SAFP program success rates and help clients safely reintegrate back into the community.

Multi-Phase Research Project

Through an interdisciplinary research effort, a criminology researcher from Texas Tech University (TTU), Dr. Andrea Button-Schnick, and the Texas Criminal Justice Coalition (TCJC) are partnering to better understand how the SAFP program can be tailored to serve clients more effectively as they work towards recovery and reentry.⁷

The research team consists of policy analysts, social workers, public health professionals, an expert in criminology, and undergraduate- and graduate-level research assistants from three universities. The team has also received ample input from Texas probation chiefs, probation officers, and judges.

The research team has devised a multi-phase project:

- I. Interview individuals who have previously participated in the SAFP program.
- II. Interview individuals who are currently participating in the SAFP program, as well as current SAFP program staff (administrators, counselors, guards, etc.).
- III. Conceptualize a pilot program that focuses on individualized, evidence-based, trauma-informed treatment programming, allowing for a smooth transition from intensive residential treatment into aftercare and supports.

The research project is currently in Phase I. Since the summer of 2020, the research team has been conducting in-depth interviews with former SAFP program clients, seeking to answer a primary research question: What are the experiences of individuals who participated in the SAFP program? To date, the team has interviewed 26 former SAFP clients. Interviews have been conducted and recorded virtually; all research participants are asked the same battery of questions to maintain consistency; and interview length ranges from 30 to 60 minutes. Participants are sharing how their childhood shaped their adulthood, how they became addicted to alcohol and/or drugs, their substance use history, the sentencing process, their experiences in the SAFP program, how the SAFP program impacted their recovery process, their transition from the SAFP program to aftercare facilities, and their personal journey of maintaining sobriety.

Preliminary Research Findings

Because the primary form of data collection for this research project involves interviews with former SAFP participants, each interview is recorded, transcribed verbatim, and coded in order to assess and analyze patterns and common themes between the interview transcripts. Thus far, qualitative analysis has yielded a number of significant findings.

1. **Clients were more engaged in substance use treatment when they were receiving clinical therapeutic services from counselors who seemed invested in their recovery – but that happened infrequently.** An overwhelming number of clients mentioned limited access to one-on-one counseling; some clients had as few as one individual counseling session per month. Many clients also mentioned that their group therapy sessions were run by their peers and, because of the lack of counselor oversight, they did not always feel comfortable sharing their experiences in peer-led group therapy.
 - *"There were about thirty people in weekly group therapy sessions, which meant I usually didn't get to talk at all. We had individual therapy once a month." (Participant 117)*
 - *"I know that they were CI's [counselor interns] – it's basically a training ground for people who wanna be LPCs and LCSWs. So a lot of [counselors] didn't necessarily seem like they wanted to be there. [I] didn't really feel like [I was] getting much treatment or getting much counseling." (Participant 142)*
 - *"[There's a] cultural stigma that comes with substance use. So people don't seek treatment because they don't want people to know. I took the training to be a recovery coach and I really saw the ways that helped me were traditional 12 step stuff and that kind of thing. But then [I'd hear] people say, 'It doesn't work for me. I don't like that.' But it's pounded into our head that's the only way. [But] that that doesn't have to be the only way. And people aren't lying when they say, 'That doesn't work for me. I don't relate to that, and so could we try other things?' And I think that's a huge, huge barrier that there's one understanding and one way to do this, and that's it." (Participant 119)*
 - *"The only thing I found useful was cognitive intervention and that was led by the only licensed psychiatrist. He did those groups. It was effective. The rest of the groups... I didn't get anything out of that." (Participant 119)*

2. Long periods of non-therapeutic-focused programming led clients to feel like they were missing out on opportunities to concentrate on personal rehabilitation. A majority of clients mentioned being instructed to sit upright in chairs with their hands on their lap, without moving, unless they were excused to use the bathroom or eat breakfast and then lunch – after which point, they were required to immediately return.

- “We spent months on what they called a ‘shut down,’ where we sat in chairs for 14 hours a day with our hands on our laps. And I watched a lot of women break. They just couldn’t take the stress of that.” (Participant 141)
- “I did not like people being forced to sit there and urinate on themselves because they wouldn’t let us get up and go to the bathroom 14 hours a day.” (Participant 132)
- “We got put on ‘chairs.’ That was just a miserable, miserable situation. And I didn’t see anybody really changing from it. I just I didn’t really see an effect with that.” (Participant 112)

3. The current SAFP curriculum lacks a trauma-informed, intersectional approach to treatment. As it stands, it is unclear if any administrators ensure that program materials are evidence-based and trauma-informed, and that treatment is tailored to each individual based on a clinical assessment or diagnosis, or the person’s unique rehabilitative needs.

- “They told us, ‘Look around the room. There’s 30 of you in here and only two of you are going to stay sober.’ I mean, if this is your result, you’re doing a terrible job. If you had a treatment for diabetes that 2 out of 30 people were successful and everybody else died, I don’t think you would continue to use it.” (Participant 119)
- “It needs to be more focused on rehabilitation. They had one guy... this warden: ‘I’m gonna make ‘em march and all this.’ What does that have to do with anything?” (Participant 120)

“We spent months on what they called a ‘shut down,’ where we sat in chairs for 14 hours a day with our hands on our laps. And I watched a lot of women break. They just couldn’t take the stress of that.”

- “In my pod there were a lot of women that I did a lot of time with – 15, 20 years. You take us from being institutionalized and living in prison culture and you put us in a setting like this, and it was explosive. I’m not fixing to drop a slip⁸ on somebody and say, ‘well, I’m letting the counselor know that so-and-so shared a burrito yesterday or cut in line.’ Because in prison, I have been trained to mind my business. Because it keeps me safe. And now I come here and you’re telling me I’m not safe if I’m not minding other people’s business? It was too much of a cultural difference.” (Participant 119)

“They told us, ‘Look around the room. There’s 30 of you in here and only two of you are going to stay sober.’ I mean, if this is your result, you’re doing a terrible job. If you had a treatment for diabetes that 2 out of 30 people were successful and everybody else died, I don’t think you would continue to use it.”

4. The transition from the SAFP program to transitional housing is abrupt, and clients feel unprepared to reenter society. Numerous clients expressed identical barriers to reentry, including an inability to obtain meaningful employment, being taken to transitional housing far from their home, living in areas with no public transportation, and lacking appropriate shoes and clothing.

- “They focus on reentry status once they get you to the halfway house. There was no focus on job skills or interviews or how to deal with the collateral consequences.” (Participant 125)
- “There’s no long-term help for these people and I think that’s why the recidivism rate keeps continuing. Like homeless people on the streets cannot get out of homelessness because there’s just no resources. And I think the money that they put into these SAfps would be better spent on community resources for housing and sober living homes, especially sober living homes that could help people long-term rather than just throwing them into SAFP in a prison setting because they’re getting the funding for it. That money would be so much more well spent in the community than in the prison system.” (Participant 113)

Policy Solutions

Through our research, we have identified innovative policy solutions that would reshape and strengthen the SAFP program. The following are cost-saving, program-enhancing solutions that, if enacted, could serve to reduce SAFP recidivism rates and elevate each client's ability to engage in lifelong recovery.

Recommendations

- Ensure that placement into the SAFP program is not based on a plea agreement but on a clinical assessment tool** that determines if a client meets substance use disorder criteria and is a good candidate for in-prison substance use treatment. This policy change will reduce the rate of misplacement into the program, as well as the corresponding misallocation of resources towards unnecessary treatment, in turn saving taxpayer dollars.
- Require the Texas Department of Criminal Justice to produce an annual, publicly available report that includes data on SAFP and aftercare program participation, as well as recidivism rates for SAFP and aftercare programs.** Transparency through data collection and timely reporting is key in bolstering accountability and assessing efficiency. Furthermore, it can shed light on any SAFP program vendors that are not meeting previously established standards; their contracts should be terminated in efforts to reduce failure rates.
- Require the Department of State Health Services to review and update the SAFP program curricula every five years** to ensure evidence-based, trauma-informed treatment methodologies are being utilized. Programming must lead to effective recovery outcomes, which improves public health and safety.
- Require the regular, independent evaluation of SAFP program effectiveness,** which will further all goals for client success, improved public safety, transparency and accountability, and taxpayer savings.

Next Research Steps

Once our research team has completed 30 interviews with former SAFP program participants, we will report final qualitative findings.

Next, the research project will enter Phase II, during which we will seek interviews with current participants in the SAFP program, as well as SAFP program and aftercare facility staff. We will document our findings and recommendations as we continue to gain a deeper understanding of the SAFP program.

Lastly, Phase III will culminate in the construction and proposal of a pilot program, backed by years of data collection and evidence, that will serve to enhance the program model currently in place at SAFP facilities.

We hope to provide the Texas Department of Criminal Justice with our data and insights to assist in reimagining the SAFP program, including its aftercare component, to achieve proper program placement, a consistently effective curriculum, greater client engagement, a smoother reentry process, ongoing outcome tracking, and a lower recidivism rate.



Clinical assessment tool



Annual public reporting



Program review every five years



Regular, independent evaluation

APPENDIX A: SAFP Program Recommendations in 2001 and 2021

In 2001, after having completed an independent evaluation of the SAFP program, Texas' Criminal Justice Policy Council made recommendations similar to those made by our research team on page 4.⁹ The table below demonstrates the similarities, indicating that the changes advised 20 years ago were not heeded.

Criminal Justice Policy Council Recommendations (2001)	Texas Criminal Justice Coalition and SAFP Research Project Team Recommendations (2021)
<p>Develop and implement a standardized screening and assessment tool; prioritize placement based on agreed upon assessment criteria.</p> <ul style="list-style-type: none">• Assess for clinical need and intensity of treatment.• Assess motivation and readiness to change.• Assess the likelihood of program/treatment completion.	<p>Utilize a clinical assessment tool to determine if a client meets substance use disorder criteria and is a good candidate for in-prison substance use treatment.</p>
<p>Develop, implement, and evaluate an integrated in-prison therapeutic community, transitional treatment center, and outpatient treatment demonstration program that contains all elements of a therapeutic community.</p> <ul style="list-style-type: none">• The demonstration program can serve as the program model and assist in developing contract requirements for future transitional treatment centers and the aftercare experience.	<p>Require the Texas Department of Criminal Justice to produce an annual, publicly available report that includes data on SAFP and aftercare program participation, as well as recidivism rates for SAFP and aftercare programs. Terminate the contracts of SAFP vendors that are not meeting previously established standards.</p>
<p>Ongoing evaluation aimed at improving program success and determining cost-effectiveness of the SAFP program is needed as part of an interactive planning and implementation process.</p> <ul style="list-style-type: none">• Evaluate the screening, assessment, and selection process.• Conduct a three-year outcome study to determine the trajectory of recidivism rates.• Evaluate the aftercare portion of SAFP to determine if it is effective.• Continually monitor staff turnover, retention rates, and other factors that affect retention in treatment programs.	<p>Require regular, independent evaluation of SAFP program (and aftercare) effectiveness.</p>

APPENDIX B: SAFP Research Project Participant Demographics

To date, the Texas Criminal Justice Coalition and SAFP Research Project Team have interviewed 26 former SAFP clients. Seventeen participants (65.4%) identified as female. Fifteen participants (57.7%) identified as being in the 40 to 50-year-old age range. Sixteen participants (61.5%) identified as white. And participants are located in numerous regions throughout Texas.

Participant ID	Gender	Age Range	Race	Location
101	female	40s	White	Abilene
108	female	50s	White	Abilene
109	female	40s	White	Austin
110	male	40s	Black	Dallas
111	male	40s	Black	Dallas-Fort Worth
112	female	20s	White	Abilene
113	female	40s	White	Dallas-Fort Worth
114	female	40s	White	Abilene
117	female	30s	Hispanic	Abilene
119	female	40s	White	Austin
120	male	50s	Mixed race	Goliad
122	female	N/A	N/A	N/A
123	male	40s	Black	Dallas-Fort Worth
124	female	40s	Hispanic	Houston
125	female	50s	White	Onalaska
126	male	30s	White	Dallas
127	male	60s	White	Houston
130	female	40s	White	Plano
131	female	30s	White	Hamshire
132	female	30s	White	Dallas-Fort Worth
133	male	50s	White	Austin
136	male	30s	White	Round Rock
139	female	50s	Hispanic	Houston
141	female	40s	White	North East Texas
142	male	30s	Asian	Dallas-Fort Worth
144	female	50s	Black	Dallas

Citations

1. Texas Government Code § 493.009, 1991.
2. Texas Department of Criminal Justice, *Rehabilitation Programs Division: Substance Use Treatment Program*, https://www.tdcj.texas.gov/divisions/rpd/substance_abuse.html.
3. Legislative Budget Board (LBB), *Statewide Criminal and Juvenile Justice Recidivism and Revocation Rates*, January 2021, 6, https://www.lbb.state.tx.us/Documents/Publications/Policy_Report/6293_CJDA_Recidivism-Revocation.pdf.
4. LBB, *Statewide Criminal and Juvenile Justice Recidivism and Revocation Rates*, January 2013, 42, https://www.lbb.state.tx.us/Documents/Publications/Policy_Report/Statewide%20Criminal%20Justice%20Recidivism%20and%20Revocation%20Rates2012.pdf.
5. LBB, *Statewide Criminal and Juvenile Justice Recidivism and Revocation Rates*, January 2021, 14.
6. Criminal Justice Policy Council, *The Texas Treatment Initiative: Overview and Recommendations from the Criminal Justice Policy Council Program Evaluations*, 2001, <https://www.ojp.gov/pdffiles1/Digitization/155529NCJRS.pdf>.
7. The Texas Criminal Justice Coalition and Texas Tech University applied for and received institutional review board (IRB) approval. The research team has been granted access to interview former SAFP clients about their experiences while in SAFP and aftercare programming. The battery of questions used in each research participant interview is standardized, with each participant receiving the same questions. Interviews are recorded and transcribed for qualitative data analysis. Confidentiality is upheld.
8. Participant 119 uses the word “slip” because the SAFP program has an accountability system in place where clients are expected to write up their fellow peers when they make mistakes. Clients must meet a certain quota of slips before they are permitted to move up in their treatment program.
9. The Criminal Justice Policy Council was the last outside agency to complete a formal evaluation of the SAFP program; this was conducted in 2001. The Texas Criminal Justice Coalition, in partnership with Texas Tech University, is the only other outside agency to conduct a follow-up evaluation; that evaluation process began in 2020 and is currently underway.

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Authors include current and former TCJC Policy Associates Theresa Laumann, Shruti Patil, and Katelyn Caldwell, along with Senior Policy Analyst Doug Smith and Texas Tech University professor Andrea Button-Schnick, Ph.D.

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