



# **TAYLOR COUNTY CSCD SUBSTANCE ABUSE TREATMENT FACILITY**

**1133 South 27<sup>th</sup>**

**Abilene, Texas 79602**

**(325) 691-7407**

**[www.taylorcscd.org](http://www.taylorcscd.org)**

## **Taylor County CSCD Substance Abuse Treatment Facility Program Overview**

The Taylor County CSCD Substance Abuse Treatment Facility is a state grant funded facility that focuses on intensive inpatient substance abuse treatment and rehabilitation for court ordered defendants with serious alcohol and drug abuse and dependency issues. The facility houses 60 male residents, serving both felony and misdemeanor cases, from any judicial district in the State of Texas. Residents are court ordered to participate in and complete an intensive and individualized 3 phase treatment program designed to last six months. This is followed by a three month employment period and an aftercare component with a transitional housing requirement. Licensed counselors will determine program length and progress of the resident.

**The mission of the SATF 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.** The SATF utilizes a program based on the “What Works” Cognitive Model, therapeutic concepts of 12 Step Program and Recovery Dynamics and Hazelton/Kelly Foundation Training material and Strategies for Self-Improvement and Change. The Program also includes components of Adult Education (GED), Financial Management Life Skills, Employment Training, Community Service Restitution and Anger Management.

During the first 2 treatment phases, uniforms will be provided to the residents, while street clothes are allowed during the final phase and during the Employment Phase. A supervision and treatment plan will be developed by the on-staff Licensed Chemical Dependency Counselors. The resident will be held accountable for the completion of all assigned treatment components and classes as well as meeting supervision plan goals. Process Groups and individual counseling will increase the effectiveness of their recovery process.

The population targeted for the SATF is the offender with a serious alcohol and/or drug abuse problem. To qualify for the SATF the offender must meet one of the following criteria:

- Lengthy arrest history for DWI, generally with at least two felony arrests for DWI (Those normally sent to prison);
- Offenders found to be abusing alcohol or narcotics while on community supervision;
- Indigent offenders in need of inpatient treatment;
- Offenders using drugs intravenously.

The referring county/facility will arrange for a complete medical evaluation and TB screening within 10 days of placement. The SATF Screening Checklist will be utilized and must be filled out completely, and attached to the file for screening. CJAD approved screening documents will be utilized. Out of county cases require a Transfer Transmittal Request Form. Defendants must be in custody 10 days prior to placement and transported to the facility. **Court Ordered defendants will be required to bring \$75.00 to establish a financial account.** If out of county cases choose to remain in this jurisdiction following completion, court ordered aftercare and transitional housing conditions will be required. **This is a Tobacco Free Program; residents will not be allowed to possess any tobacco products during the treatment phases.**

## **Taylor County SATF**

### **Medical and Eligibility Requirements for Placement**

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

All defendants must have the approved completed physical exam form (see placement packet) conducted by a qualified health-care personnel within **10 days** of placement date.

Tuberculosis screening must be administered within **7 days** of placement date.

A list of all medications and any refill orders will be provided to the facility if defendants are currently taking prescription medication.

Felony defendants are placed in the SATF, at the order of a District Judge in lieu of incarceration in TDCJ-ID, SJ Division or a county jail, for a sentence not to exceed 12 months.

Misdemeanor defendants are placed in the SATF, at the order of a County Judge in lieu of incarceration in a county jail, for a sentence not to exceed 12 months.

Offenders must be deemed physically and mentally capable to participate in all Treatment Programs.

Offenders must meet the following criteria for placement:

- did not cause serious bodily injury or death of another as the result of the commission of the offense;
- did not use a deadly weapon during the commission of or flight from the offense;
- matches the profile of offenders historically committed to county jail/prison, or the offender has high risk/needs, who, if supervised at a lower level of supervision would have the increased likelihood of violating the Conditions of Probation;
- must not be suffering from any mental disorder;
- not on probation for a Title V offense or have a history of assaultive behavior.
- must be 17 years of age or older.
- must not have any other court cases pending.

Offenders assessed as inappropriate placements will be returned to sending jurisdictions at their expense.

**TAYLOR COUNTY CSCD SATF  
RESIDENT INTAKE  
INSTRUCTIONS AND CHECKLIST**

1. Call or email **Bill Dean, Senior Supervisor** to put your Probationer on waiting list.  
Phone (325)-691-7407      Fax (325)-691-7470      Email: bdean@taylorcscd.org
  
2. Send the following paperwork for Admission consideration as soon as possible. Please be sure to send clear legible copies. Once the referral is screened, the Senior Supervisor will notify the sending county if it was accepted with a tentative placement date. Then the **Intake Checklist** can be completed and all the medical appointments can be made.

- \_\_\_\_\_ PSI (Must be faxed)
- \_\_\_\_\_ Offense Report
- \_\_\_\_\_ Current CH with **full rap sheet**
- \_\_\_\_\_ Original Conditions of probation
- \_\_\_\_\_ SASSI 2 or SASSI 3 or a comparable substance abuse assessment tool
- \_\_\_\_\_ Latest Risk & Needs Assessment
- \_\_\_\_\_ SCS Score Sheet and completed Force Field
- \_\_\_\_\_ Uniform Health Status Updated (Completed only if prior medical history exists)

3. **Intake Checklist** - Send the following paperwork to complete intake packet. **(Mandatory upon Admission)**

- \_\_\_\_\_ Transfer /Transmittal Form, including OID and PID Numbers
- \_\_\_\_\_ Amended Conditions of Probation for Placement **(See example order in packet)**
- \_\_\_\_\_ Copies of all other Modifications to Probation
- \_\_\_\_\_ CCF Physical Exam Form or CJAD approved Medical Screening Form  
**(Physical done within 10 days of admission)**
- \_\_\_\_\_ TB Test Results **(Mandatory - no more than 7 days prior to admission date)**
- \_\_\_\_\_ **Any discharge summaries from prior treatment or psychological reports**
- \_\_\_\_\_ Proof of Education/Assessment Given
- \_\_\_\_\_ TX ID or Current Driver's License
- \_\_\_\_\_ Social Security Card

**Example Court Order for Admission to SATF**

CAUSE # \_\_\_\_\_

THE STATE OF TEXAS

IN THE \_\_\_\_\_TH DISTRICT COURT

VS.

OF

Defendant's Name

\_\_\_\_\_ 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 twelve 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.

CONTINUED NEXT PAGE



## RESIDENT'S LIST OF APPROVED POSSESSIONS

All clothing should be clean and in good repair. Clothing that is too small, too big, has inappropriate logs, rips, etc. is not allowed and will not be issued. Valuable or sentimental items discouraged as the facility is not responsible for loss or damage. **ALL HYGIENE AND LAUNDRY ITEMS WILL BE ISSUED UPON ADMISSION. As residents progress through the program, these items will be available for purchase through commissary.**

**All donations (clothing, money, etc.) from family will only be taken on WEDNESDAYS BETWEEN 8:00AM AND 8:00PM**

### SLEEPWEAR

1 Top and 1 bottom - may be regular pajamas or shorts and t-shirt

### UNDERGARMENTS

7 each - underwear, socks, undershirts (white only)

### SHOES

1 pair - tennis shoes for exercise      1 pair - boots, loafers

1 pair - flip flops                              1 pair - shower shoes

### BOTTOMS - PANTS, BLUE JEANS, SLACKS, WARMUPS, SHORTS

4 - any combination with one pair for physical exercise

### TOPS - SHIRTS, T-SHIRTS

4 - any combination with one for physical exercise

### HATS, CAPS, HEADGEAR

2 - any combination (caps, hats, do rags/skull caps)

### JEWELRY

1 - watch              1 - wedding ring              (No piercings worn)

### JACKETS

1 - lightweight/sweatshirt              1 - heavyweight

### ACCESSORIES

1 - pair sunglasses      2-belts      1 - wallet

### COMBS, HAIRBRUSHES, PLASTIC PICK

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

### LETTERS, CORRESPONDENCE, ETC.

All letters, papers, pictures, etc. limited to one box (provided at Intake).

No pornographic material, of any kind allowed.

### WORK UNIFORMS/CLOTHES

2 - Sets only per job, 7 or more if issued by Employer

1 - pair work boots/shoes              1 - work jacket or coveralls

1 - non-aerosol cologne, after shave, body spray

### MEDICATION

Prescription drugs (30 day supply) for a current condition, in the unopened bag from the pharmacy.

Over-the-counter drugs for a current condition (not "just in case") must be approved in writing by a Dr, must be in their original, unopened package. Dr's written authorization is required to take more than the normal adult dose. NO NARCOTIC MEDICATIONS ALLOWED. NO TYLENOL PM OR OTHER SLEEP AIDS ALLOWED

**Upon entering the Center, bring all belongings in a plastic bag which will be disposed of at Intake.**

# Items Allowed at Intake

## For SATF – Taylor County Cases

Out of County please refer to Approved Possessions List

- 7 pair underwear
- 7 pair socks
- 7 t-shirts- white only
- 1 pair shoes/boots or loafers
- 1 pair tennis shoes for physical exercise
- 1 set of top and bottoms for physical exercise
- 1 jacket
- 1 sleep top
- 1 sleep bottom
- 1 pair house shoes
- 1 pair shower shoes
- 2 pictures
- 1 Bible
- Writing Materials - Pen, paper, envelopes and stamps

**Taylor CSCD Substance Abuse Treatment Facility**

1133 South 27<sup>th</sup>, Abilene, Texas 79602

Tel. (325)-691-7407 Fax (325)-691-7470

**CCF PHYSICAL EXAM FORM**

**OFFENDER PERSONAL DATA:**

Sex: Male / Female Cause Number: \_\_\_\_\_ County of Origin: \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City

County State Zip Code  
(\_\_\_\_)

Home Phone Number \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL STAFF SECTION:**

(The Physician or Medical Staff Certifying the Offender Must Review this section)

- 1. Date: \_\_\_\_\_ 2. Time: \_\_\_\_\_ a.m. or p.m.
- 3. Temperature: \_\_\_\_\_ 4. Pulse: \_\_\_\_\_
- 5. Blood Pressure: \_\_\_\_\_ 6. Weight: \_\_\_\_\_ 7. Recent Weight Changes: Yes \_\_\_ No \_\_\_

(If Yes, Explain): \_\_\_\_\_

8. Height: \_\_\_\_\_

9. Food Allergies: \_\_\_\_\_

10. Medication Allergies: \_\_\_\_\_

11. Body Deformities: \_\_\_\_\_

12. Activity Level: \_\_\_\_\_ Ambulatory: \_\_\_\_\_

13. History, Evidence, or an Observation of the following Medical Conditions:

- |                        |       |                |       |
|------------------------|-------|----------------|-------|
| Back Strain            | _____ | Asthma         | _____ |
| Diabetes               | _____ | Dentures       | _____ |
| Glaucoma               | _____ | Contact Lenses | _____ |
| Hearing Deficiency     | _____ | Pacemaker      | _____ |
| Kidney Problems        | _____ | Eyeglasses     | _____ |
| Respiratory Difficulty | _____ | Hearing Aid    | _____ |

**Page 2**

OFFENDER \_\_\_\_\_  
Last First

Nervous Breakdown	_____	Heart Murmur	_____
Heart Trouble	_____	Hernia	_____
Bowel Problems	_____	Hypertension	_____
Artificial Limbs	_____	Venereal Disease	_____
Dental Problems	_____	Infectious Disease	_____
Mental Health Problems	_____	Suicide Attempts/Ideation	_____
Convulsions	_____	Tremors	_____
Sweating	_____		

14. Tobacco History: Currently Use? Yes \_\_\_ No \_\_\_ Number of Years: \_\_\_\_\_ Number of Packs Per Day: \_\_\_\_\_

15. Unusual Behavior, obvious mental problems, odd appearance: \_\_\_\_\_  
\_\_\_\_\_

16. Medical History:

- a) Surgeries: \_\_\_\_\_
- b) Medical Hospitalization: \_\_\_\_\_
- c) Present Medical Physician: \_\_\_\_\_
- d) Medication (s) with dosage and times per day: \_\_\_\_\_  
\_\_\_\_\_
- e) Medication taken today: \_\_\_\_\_
- f) Condition of Skin (scars, bruises, sores, rashes, needle marks, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
- g) Date of last Tuberculosis Test: \_\_\_\_\_ Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

17. Is offender able to perform strenuous physical labor and exercise without limitations?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please list all restrictions).

COMMENTS / NOTES/ RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Name Printed Physician's Signature Date  
Office, Clinic, or Hospital Phone for Physician: (\_\_\_\_)\_\_\_\_\_

I certify that all the information given by me to medical and probation staff is true and correct to the best of my knowledge:

\_\_\_\_\_  
Offender'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 problems: \_\_\_\_\_

**CURRENT PRESCRIBED MEDICATIONS** \_\_\_\_\_ None

Medication	Dosage	Frequency

Completed By: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**V. Allergies**  
 \_\_\_\_\_NKA  
 \_\_\_\_\_