



# Oklahoma

---

**PRISON PROGRAM**

Oklahoma Department of Corrections

**JUVENILE AND YOUNG ADULT PROGRAM**

State of Oklahoma Office of Juvenile Affairs

## Prison Program



Oklahoma Department of Corrections

Current FY21 Funding: \$274,449 (state match \$91,483)\*

### OVERVIEW OF PROGRAM

The Oklahoma Department of Corrections (ODOC) operates eight RSAT programs statewide. From July 1, 2019, through June 30, 2020, there were 737 total participants across all programs. As of June 30, 2020, there were 159 men and women still participating and 398 completions. Residents reside in dedicated housing units. The residents receive evidence-based services and trauma-informed care.

RSAT programming is offered at the following facilities:

- Dick Conner Correctional Center (DCCC): Substance Abuse Treatment (SAT)
- Eddie Warrior Correctional Center (EWCC): Regimented Treatment Program (Women)
- Jackie Brannon Correctional Center (JBCC): SAT
- John Lilley Correctional Center (JLCC): SAT
- Mack Alford Correctional Center (MACC): SAT (min & med)
- Northeast Oklahoma Correctional Center (NEOCC): SAT
- James Crabtree Correctional Center (JCCC): SAT
- Mabel Bassett Correctional Center (MBCC): SAT(Women)

---

\* Funding information estimated or extracted from best available information and may be subject to change

## ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Men and women entering ODOC RSAT programs must have an assessed need and/or court order for substance use disorder (SUD) treatment. At reception to ODOC, individuals are given a Level of Service Inventory – Revised (LSI-R) and Adult Substance Use Survey (ASUS) assessment to determine their risk level and severity of SUD. Individuals who screen for a moderate to high need for SUD treatment are then transferred to a facility that sends them to the appropriate RSAT program.

Upon entry into the program participants undergo further assessment with the DSM-5 and Texas Christian University (TCU) core forms that include the criminal thinking scale (CTS), social functioning (SOC), psychological functioning (PSY), and treatment needs and motivation (MOT) to determine areas of responsibility and need. The results of this testing assist staff in forming individualized treatment plans and determine what areas the treatment plan will focus on to reduce their risk of recidivism.

## MODALITY OF RSAT PROGRAM

RSAT programs at ODOC facilities are therapeutic communities utilizing cognitive behavioral modalities, cognitive behavioral interventions for substance abuse (CBI-SA), and the *Changing Offender Behavior* (COB) program.

The typical length of treatment for program participants is between 6 and 9 months. There are no specific phases in programming as progress in treatment is unique to the individual's treatment plan.

Classes and groups include:

- Anger management;
- Associates for Success (peer associations);
- social skill development;
- cognitive restructuring;
- problem solving;
- parenting groups; and
- career technology classes.

Individuals must complete all their treatment plan goals and objectives, show growth in their assessments and behavior to graduate from the program.

## CONTINUING CARE/REINTEGRATION

The ODOC partners with The Virtue Center in Norman; COPE, Inc., in Oklahoma City; and CREOKS in Tulsa. These partners assist with treatment services upon discharge. The DOC further utilizes the SAMHSA locator tool to find treatment centers within a 5- to 30-mile radius for each participant. This tool provides individuals with information such as contact info, types of treatment available, and insurance information for local providers. Additionally, prior to discharge, individuals attend transitional workshops and work with ODOC transition coordinators to develop viable reentry plans.

### PROGRAM HIGHLIGHT

Oklahoma DOC utilizes the latest research in evidence-based practices for the biggest impact on recidivism for its participants. ODOC programs are above the national average for effectiveness under the correctional program checklist (CPC) 2.0 assessments.

## CONTINUING CARE PROVIDERS

### **Teresa Collado**

The Virtue Center (addiction services)  
Norman, OK

### **Ms. Ting**

COPE, Inc., (education, prevention, and treatment services)  
Oklahoma City, OK

### **Brandi Smith**

CREOKS (comprehensive health, wellness, and social services)  
Tulsa, OK

## PROGRAM CONTACT INFORMATION

Erica Love, Clinical Services Coordinator  
405.962.6129  
[Erica.love@doc.ok.gov](mailto:Erica.love@doc.ok.gov)

Leon Frost, Program Manager  
[leon.frost@doc.ok.gov](mailto:leon.frost@doc.ok.gov)

Robert Stultz, Program Manager  
[Robert.stultz@doc.ok.gov](mailto:Robert.stultz@doc.ok.gov)

# Juvenile and Young Adult Programs



State of Oklahoma Office of Juvenile Affairs

Current FY19 Funding: \$111,716\*

## OVERVIEW OF PROGRAM

The RSAT Program for Oklahoma youth is known as the Juvenile Relapse Avoidance Project (JRAP). The Office of Juvenile Affairs partners with Moore Youth and Family Services (MYFS), a Department of Mental Health and Substance Abuse-certified provider that goes into facilities to provide evidence-based substance use/relapse prevention services and trauma-informed care to eligible youth. During the COVID-19 pandemic, providers interact with group participants through a virtual platform with a trained facilitator at the group home.

There are currently 36 youth receiving JRAP services at four group homes in Cleveland County.

## ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Each youth is given the Youth Level of Service/Case Management Inventory (YLS/CMI) prior to disposition. If an individual scores moderate or higher for substance use, the program manager/aftercare coordinator of the JRAP Program refers them to MYFS. MYFS conducts an intake utilizing the Teen-Addiction Severity Index (T-ASI) to assess the severity of the substance use and then works with the youth to jointly develop an individualized relapse prevention plan. The relapse prevention plan follows the youth throughout the reentry process. T-ASI is used to determine the duration and frequency of services once the youth returns to the community.

Individual program participants and their counselor from MYFS work together to develop a treatment plan, which is shared with the caseworker in the returning community. Team meetings are held prior to the youth's return to the community. The relapse prevention planning begins as soon as the youth is placed outside the home. This plan changes as the needs change. If a youth is unsuccessful with the plan (i.e., stops attending, positive drug screen, etc.), then the team adjusts the plan to respond to the new circumstances.

---

\* Funding information estimated or extracted from best available information and may be subject to change

## MODALITY OF PROGRAM

The JRAP Program provides youth with trauma-informed cognitive behavioral therapy (CBT) with family systems perspective. Youth participate in group counseling, team meetings (e.g., youth, parent/guardian, caseworkers, counselors, etc.), family counseling, and educational and career advocacy.

The JRAP Program is 6 to 12 months depending on success of relapse prevention plan and T-ASI findings.

Phases and stages of JRAP include:

1. Adjudication; YLS/CMI assessment.
2. Disposition; custody and initial treatment planning.
3. Placement in least restrictive Level E demonstration sites; continuing care/remigration planning begins with caseworker.
4. Youth scoring moderate or higher on YLS/CMI referred to JRAP at MYFS.
5. MYFS counselor provides intake, T-ASI assessment, relapse prevention plan development.
6. Weekly groups for youth in program while in placement.
7. Individualized plan updates.
8. Team meeting with youth, family, caseworkers, returning community service providers, placement staff, and JRAP therapist.
9. Soft transition to community provider. Urinalysis (UA) provided by caseworkers and tracked in online tracking system. Frequency and duration of individual, group, and family therapy are based on UAs, successful completion of treatment goals (i.e., community engagement, negative UAs, completion of court ordered requirements, engagement in community-based services), and ongoing review of relapse prevention plan with youth.
10. Throughout planning process, juvenile caseworkers work with youth on academic and career goals. The education director is contacted if advocacy is needed to ensure youth returns to school within returning community.
11. Closure upon successful completion of treatment goals. This includes the necessary supports to ensure ongoing success of relapse prevention plan.

Participants continue to have drug tests after they leave the group home. This, combined with their success in the community and achievement of treatment goals, is how completion of the JRAP program is determined.

### **PROGRAM HIGHLIGHT**

Families may receive counseling services while youth are enrolled in the RSAT Program. Providers are incentivized with a higher rate to provide family counseling with the youth present.

## CONTINUING CARE/REINTEGRATION

The local juvenile services unit caseworker identifies appropriate services for youth reentering the community. If available, the youth can continue with the JRAP program with an identified SUD provider through the Department of Mental Health. Oklahoma has a youth service agency network that provides a variety of prevention and intervention services throughout the state.

### PROGRAM CONTACT INFORMATION

Alison Humphrey, Program Manager  
405-990-1164

*Information updated 8/31/2020*