



## APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 1, 2016.** Please include this application form with electronic entry.

### PROGRAM INFORMATION

County: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Category: \_\_\_\_\_

### CONTACT INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

### SIGNATURE OF COUNTY ADMINISTRATOR OR CHIEF ADMINISTRATIVE OFFICER

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Brief Summary

In April 2011, Chesterfield County Sheriff's Office created the Bridge program, a program targeted to assist substance dependent individuals while serving time incarcerated. The purpose of Bridge is to assist its participants in understanding the reasons they use drugs and facilitate skill-development so they are empowered to interact with the world in a more positive way. Program content addresses deep-rooted, unresolved childhood issues and teaches skills that empower the individual to learn how to interact with the world in a substance and crime-free way. Curriculum addresses criminogenic factors of its targeted population in order to reduce recidivism and create a safer community for the citizens of the county.

The outcomes of the program are measured using statewide recidivism data as well as information from post release clients about their improved quality of life. The statistical way the program's effectiveness is measured is through the software program, CORIS. CORIS provides statewide data about recidivism. Our current success rate is 49%. Other measures of program evaluation include an evidence-based tool, SOCRATES. SOCRATES is a 19 question self-reporting questionnaire administered both pre- and post- to program participation. Questionnaire content targets how the participant feels about their drug use and their ability to make a change.

Although Bridge started off as an interagency collaboration, by 2014 the program was solely operated by Sheriff's Office personnel. In 2015 the program added a private-practice music therapist. Bridge is open enrollment and accepts new program participants on a continual basis. The program housing unit can hold 24 participants and accommodates both state and local offenders who meet program qualifications.

I. The Problem

In 2010, staff from Community Corrections and Adult Drug Court replicated the national Arrestee Drug Abuse Monitoring (ADAM II) study with the arrestees of Chesterfield County. The study was conducted over a two week time period. Inmates were surveyed within 48 hours of arrest and entry into jail. The survey consisted of a face-to-face interview and included a 16 question survey focused on current and past drug use; as well as prior contact with service providers. The participation rate was similar to the federal ADAM II study in which 86% of inmates consented to be interviewed and 69% provided a urine sample to researchers. Chesterfield County arrestees were found to be similar to other study participants at the national level.

- 76% of the sample reported at least one prior arrest
- 61% of the sample reported a previous incarceration in the past 12 months
- 65% of the sample indicated they would participate in substance abuse treatment while incarcerated
- 47% of the sample tested positive at arrest or admitted to the use of at least one illicit drug in the past 30 days
- 62% of the sample reported taking potentially addictive prescription drugs in the last 30 days
- 35% of the sample tested positive at arrest or admitted to using a prescription in the last 30 days without a valid prescription

It was due to the results of this study that the Chesterfield County Sheriff's Office, along with other county entities, created the Bridge program for the purpose of addressing these needs.

II. Fulfillment of Awards Criteria

The creation of Bridge used a collaboration of interagency partnerships including: Chesterfield Mental Health Support Services, Chesterfield Community Corrections, and Chesterfield/Colonial Heights Drug Court. Staff members from the above agencies along with non-county government entities, State Probation and SAARA Center, delivered program content to program participants throughout 2011. Due to mitigating

circumstances, in 2012 the Sheriff's Office continued with a modified version of the Bridge program. During this time program content changed minimally and program delivery was continued predominately by Chesterfield County Sheriff's Office staff.

III. Program Overview

Program participants must qualify for the program and meet the minimum requirements: be able to participate in the program for a minimum of 90-days, hold a minimum of an eighth-grade education, and identify as being substance-dependent with a willingness to change.

The curriculum of Bridge addresses the dynamic and static needs of its population. The curriculum consists of: Moral Reconition Therapy (MRT), Music Therapy, Relapse Prevention, Houses of Healing, Anger Management, Criminal & Addictive Thinking, Living in Balance, 12-Step Meetings, and a group on developing employment skills. Additional components of the program include structure by way of weekly community meetings, daily morning meetings, one-on-one case management and treatment planning, role-plays, and the delivery of peer presentations.

The program is strictly voluntary and not court-ordered. Program staff utilizes two different levels of screening and meets with each individual to learn qualitatively more about their substance use and life history. The first level of screening is the TCU Drug Screen V. This screen is a two-sided form and provides staff a snapshot of the individual's use and past treatment. The information collected is a good starting point to identify participants who are substance-dependent and ready for change. Based on this screen and where the individual is within the court system determines whether or not the individual progresses to the second level of screen.

**Bridge Program**  
**Chesterfield County, Virginia**

The second screen is a software program called COMPAS. COMPAS gathers information on criminogenic factors including: antisocial attitudes, antisocial friends and peers, antisocial personality, family/marital, substance abuse, school/work, and leisure/recreation. The software program compiles this information, along with other information gathered, and provides a report on the individuals' risk-need treatment factors. This information is then reviewed by staff to determine program eligibility. Additionally, participants of the target population must demonstrate a readiness for change.

Once a participant qualifies for Bridge they are moved into the program housing unit and are orientated to the program. The pre-SOCRATES questionnaire is administered, which is then measured against the post- SOCRATES questionnaire. This tool measures participant's level of readiness to change and whether a participant is able to identify negative consequences in their life due to substance use. Individuals who are considered to have successfully completed the program have finished all program curriculum and show skill-development in active listening, problem-solving, awareness, time management, conflict management, assertive communication, and preparation. On average it takes a minimum of five months to accomplish these requirements.

In 2015, a contingency management program was implemented for Bridge participants. Contingency management is used as positive reinforcement through use of the social learning theory. Program participants are rewarded for following rules and showing positive change in their life while experiencing negative consequences for not doing so. Contingency management operates by use of a point system and points are redeemed for tangible items on a weekly basis. Additionally, based on behavior,

participants may also earn the viewing of a bi-monthly Hollywood movie. A couple examples of tangible items one may earn, or “purchase,” with their points include: travel-size hygiene products, instant coffee, coffee creamers, greeting cards, and sketch pads of paper.

**IV. Financing and Staffing**

The concept of the Bridge program is a model other jurisdictions can tailor to their needs. Bridge started as a grant-funded program through the Residential Substance Abuse Treatment (RSAT) grant. It was through the grant that most capital costs were covered. Although the capital expenses below were all covered by the grant, they would be an expense for replication.

TOTAL CAPITAL EXPENSE PAID FOR BY THE GRANT: \$21,121.04

**These expenses include:**

- The purchase of two laptops for program staff (\$3,000.00)
  - o Case Manager and Clinician
- Program curriculum (\$5,000.00)
- COMPAS software (including the licensing fee, maintenance and support, set-up fee, on-site consulting, hosting fee, and the project management fee (\$8,198.04)
  - o Annual hosting fee: (\$1,323.00)
- Training for Moral Reconciliation Therapy facilitator (\$3,600)

Ongoing operating expenses include salary for the staff position, hourly pay for the music therapist, and a reoccurring expense for the contingency management program.

- Case Manager position including benefits: \$52,053.00
- Private-practice music therapist: \$9,000.00
- Contingency Management: \$500.00 (annually)

TOTAL OPERATING EXPENSE: \$61,553.00

The initial start-up cost of this program is: \$82,674.04. However, once the one time capital expenses are paid the program has a reoccurring annual expense of: \$61,553.00.

**V. Program Results**

The outcomes of the program are measured using statewide recidivism data as well as information from post-release clients about their improved quality of life. The statistical way the program’s effectiveness is measured is through the software program,

**Bridge Program**  
**Chesterfield County, Virginia**

CORIS. CORIS provides statewide data about recidivism. Our current success rate is 49%. Other measures of program evaluation include an evidence-based tool, SOCRATES. SOCRATES is a 19 question self-reporting questionnaire administered both pre- and post- to program participation. Questionnaire content targets how the participant feels about their drug use and their ability to make a change.

The Bridge program has been operating for five years. Throughout this time, recidivism data has been reviewed a couple of times by use of the CORIS software. Although recidivism data can be measured many different ways, Chesterfield County looks at recidivism from a state level. This means when looking at the overall effectiveness of the Bridge program, data about repeat offenses by previous Bridge participants is gathered state-wide, not merely jurisdictionally. The current success rate of Bridge is 49%; this is compared to the national drug court success rate, which on average reduces recidivism by 10-15%. This reduction in incarceration has saved the taxpayers \$360,349.20.

However, researchers and professionals would consider true success of the program to be measured on a much smaller scale. For individuals who struggle with the disease of addiction it is imperative to consider how one's quality of life has improved after receiving treatment. For instance, remaining sober for more consecutive days than ever before, obtaining a 12-step sponsor, engaging in support services, and/or attending 12-step meetings on a regular basis are a few smaller ways to measure success in the life of someone in recovery. However, it is proven difficult to collect this data due to the population being rather transient.

**Bridge Program**  
**Chesterfield County, Virginia**

Throughout the time an individual participates in Bridge, positive and supportive relationships between staff and the participant are formed. Evidence of this comes in almost daily phone calls the case manager receives from individuals who previously completed Bridge. The small successes shared during these phone calls include: an individual being proud they went to a meeting when they were struggling with thoughts of getting high, moving into a healthier living situation, obtaining a 12-step sponsor, and having an “ah ha” moment about their own self-discovery while interacting with the world. These are all examples of skill-development as a result of the Bridge program.

The Bridge program is an innovative approach to meeting a societal need. According to the ADAMS II research study, over 65% of Chesterfield offenders surveyed stated they would participate in substance abuse treatment while incarcerated. The intergovernmental collaborative efforts between Chesterfield County Sheriff’s Office, Chesterfield Mental Health Support Services, Chesterfield Community Corrections, and Chesterfield/Colonial Heights Drug Court made the development of treatment possible. As you can see, the development of the Bridge program provided new services to Chesterfield County residents by filling a need where there was previously a gap. The implementation of Bridge has already shown a cost-savings to county constituents. With continued efforts, these cost savings will increase.

Appendix A: Short Overview

In April 2011, Chesterfield County Sheriff's Office created the Bridge program, a program targeted to assist substance dependent individuals while serving time incarcerated. The purpose of Bridge is to assist its participants in understanding the reasons they use drugs and facilitate skill-development so they are empowered to interact with the world in a more positive way. Program content addresses deep-rooted, unresolved childhood issues and teaches skills that empower the individual to learn how to interact with the world in a substance and crime-free way. Curriculum addresses criminogenic factors of its targeted population in order to reduce recidivism and create a safer community for the citizens of the county.

Bridge was developed by a multitude of inter-government agencies including: Chesterfield Mental Health Support Services, Chesterfield Community Corrections, and Chesterfield/Colonial Heights Drug Court. Staff members from the above agencies along with non-county government entities, State Probation and SAARA Center, delivered program content to program participants throughout 2011. Due to a myriad of circumstances, many of the facilitators were unable to continue with program delivery by the second year of the program; Sheriff's Office staff picked up responsibilities during this time to sustain the program.

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**Bridge Program**  
**Chesterfield County, Virginia**

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