

**Foundation of Integrative Supervised Living (ISL) Request for Proposal  
(Tactical Implementation – Formative Evaluation - Operational Guidelines)**

**Akamai University**

**RES 643**

**By: Kyle Dudzinski**

**Contact Information: [kyledudzinski1984@gmail.com](mailto:kyledudzinski1984@gmail.com)**

## **Introduction**

Extended Foster Care (EFC) is a voluntary program that assists young adults', those turning eighteen DFPS care, transition to adulthood and independence. The Substance Abuse and Mental Health Services Administration's (SAMHSA) website states, "youth transitioning into adulthood have some of the highest rates of alcohol and substance abuse." Respectively, young adults in EFC, at some point in time, will likely engage in alcohol and/or substance use. Considering data on the 2015 AFCARS reveals parental alcohol abuse (6%) and parental drug abuse (32%), as the percentages of reported reasons for child removals from parental custody, any alcohol and/or substance use by this population is highly concerning. Addiction studies reveal that environmental and genetic factors play substantial roles in the etiology of substance use disorders. While genetic factors determine heritability, and are essentially unalterable; environmental factors are changeable, and can greatly improve. Housing settings which improve environmental factors, for those with heritability of addiction, are likely fundamental to the long-term sobriety of individuals "at-risk" of developing substance use disorders.

Recovery residences (RR)'s can provide safe, sober, and supportive living environments that promote recovery and facilitate the process towards personal independence. In most cases, sobriety is the necessary prerequisite to attaining independence outcomes for those with heritability of addiction. Residents who remain compliant with the RR's rules, participate fully, and take advantage of the services provided, are likely to achieve their personal independence goals when determined to do so. Many "at-risk" young adults could benefit by living amongst, and collaborating with, compliant, goal-oriented, and service-minded peers. Residents who reside in RRs typically participate within the recovery community. Service-work is a fundamental component within the recovery community. Faith in a higher power helps generate the courage to serve others. The act of serving others generates empowered experiences and strengthens personal conviction. Sequentially, strengthened personal conviction develops certainty, purpose, and hopeful outlooks of the future.

The experience, strength, and hope provided by those advancing their recovery are likely the most beneficial contributions to a preventative intervention. Successful preventative interventions will reduce potentials of alcohol and/or substance use of a targeted population. Progressions toward substance use disorders are mitigated by successful preventative interventions. Considering the high percentage of parental substance abuse and the experimental nature of the age group, there is a heightened need to implement preventative interventions, for assessed "at-risk" young adults, which are transitioning to EFC.

Integrative Supervised Living (ISL), a model for dual-providers, is a program that intends to blend the fundamental prevention practices of a RR provider with the casework and helpful support services of a SIL provider. Support and collaboration is needed to ensure ISL's intended long-term outcomes are realized. An experienced operator, residing on-site with an established RR provider, could likely monitor the tactical implementation of the ISL program. An effectiveness trial with an established recovery residence provider appears to be the best setting to facilitate this intervention.

## **ISL Tactical Implementation**

The Integrative Supervised Living (ISL) program intends to facilitate the healthy transition to adulthood for “at-risk” young adults. ISL is specifically designed for both private-sector recovery residents, and DFPS Supervised Independent Living (SIL) applicants, which meet ISL placement criteria for admission. For the project, target population refers to young adults who are both eligible and have applied to the SIL program and have been assessed “at-risk” to develop a substance use disorder”.

The core intentions which guide decision-making, and the steps of tactical implementation, are listed below:

### Goal (A)

Decrease the potential for substance use, misuse, and abuse among the target population.

#### Goal (A) Priorities

- Identify the target population’s risk factors and clarify them.
- Thoroughly monitor the social environment (house and peer-group) and assess whether any risks factors identified currently exist.
- Assess whether the organization’s current policies, protocols, code of conduct, and agreements (house rules) need amendments to eliminate any identified risk factors.
- Make amendments to house rules, as necessary, to prevent/eliminate environmental risks in the future.
- Use mandatory in-house meetings to enhance the culture of disciplined behavior, personal responsibility, and peer-accountability within the house.
- Develop a culture of service within the house by promoting benefits of service-work and affirming peers who are actively engaged.

### Goal (B)

Increase the potential for independence and wellness among the target population.

#### Goal (B) Priorities

- Identify the target population’s protective factors and clarify them.
- Determine which support services and casework responsibilities are needed to enhance protective factors
- Create a comprehensive curriculum designed to develop life-skills, job readiness, and promote wellness.
- Become familiar with the course offerings and enrollment periods at the local community college and post these at the house.
- Discover community service opportunities within five miles from the house.

## Goal (C)

Present a sustainable solution to alleviate capacity shortage for the Supervised Independent Living (SIL) program.

### Goal (C) Priorities

- Generate a one year budget projection for the Integrative Supervised Living (ISL) dual-provider program.
- Submit a robust proposal for SIL facility enrollment (Texas, region 6) for the ISL dual-provider program.
- Create an ISL handbook and update it throughout the first year of operations, aiding compliance, positive outcomes, and standardization for program dissemination.

## **Formative Evaluation**

Several dimensions of program success needed to monitor ISL implementation and enhance likelihood of success are presented and considered below. These elements include; program acceptability, program impact, social validity, implementer competence, program integrity, and institutionalization.

### Program Acceptability

Program acceptability “refers to the perspectives of stakeholders regarding program feasibility, importance, probable success, and congruence with [their] worldviews” (Hitchcock & Nastasi, 2016, p. 85). The SIL reimbursement rate for “young adult only” currently exceeds the cost of housing and services. This ensures feasibility given the available resources. The ISL dual-provider program is important because it meets the immediate and long-term needs of the target population. Facilitating the target population’s transition to adulthood, while deterring any engaged alcohol and/or substance use, is a worthy intervention of high importance. Likelihood of program success should improve by maximizing the overlapping strengths, and minimizing the isolated weaknesses, of recovery residences (RR) and/or SIL providers individually. Collaboration between the on-site RR operator and the young adults’ caseworkers will likely improve outcomes of the target population. The desire to uplift the human condition is presumed a “core” stakeholder intention; consequently, an operational ISL program should demonstrate congruency with their current worldviews. Will stakeholders value the program design and commit to ISL?

- Health and Human Services (HHS) – ISL could be a long-term solution for the SIL capacity shortage. Approving SIL facility enrollment will demonstrate commitment to ISL.
- Department of Family Protective Services (DFPS) – Establishing partnerships are critical during the initial entry into a new culture. DFPS’s mission is to “protect the unprotected.” ISL’s program design, with an on-site operator to monitor the “housing-setting”, intends to provide the least risk and greatest protective factors of any SIL program.
- Caseworkers – Trust in RR prevention practices, collaborations with the on-site operator, and the rigorous screenings for the best-fit applicants will demonstrate commitments to ISL.

## Program Impact

Program impact is “the intended or unintended effects of the intervention on recipients, implementers, related stakeholders, or context” (Hitchcock & Nastasi, 2016, p. 99). Considering ISL is a conceptual model, and currently non-operational, only intended effects of the intervention shall be expounded upon.

- Program Recipients – ISL will provide a long-term housing-setting which meets related needs of the recovery residents and target population equally. The intervention will prevent alcohol and/or substance use of the target population and facilitate opportunities of service-work for those already advancing their recovery. The healthy transition, for both groups, towards adulthood and independence are ensured.
- Implementer(s) – The skillsets needed to guide behavioral change will be enhanced. The wisdom gained sequentially during intervention development, execution, and evaluation will help generate program success and streamline disseminations.
- Related Stakeholders – ISL will raise awareness of the target population needs. Sound estimates of the nature, quality, and/or ability of SIL applicants will result. Collaborative efforts between caseworkers and the operator(s) will improve recipient outcomes. An operational ISL will lessen the capacity shortage of the SIL program.
- Contextual – ISL will initiate cultural (co-)construction. Cultural (co-)construction “refers to the dialogic process among individuals that leads to development of shared beliefs, values, and norms reflecting the integration of thinking from all parties” (Hitchcock & Nastasi, 2016, p. 18).

## Social Validity

Social validity “refers to the extent to which the program goals/objectives and intended outcomes are socially valued within the target context or everyday lives of recipients” (Hitchcock & Nastasi, 2016, p. 85). The ISL dual-provider program is an evolutionary step from the traditional RR. RR’s have been socially valued by those advancing their personal recovery for decades. Most residents desire healthy relationships, financial independence, and consequently, support their peers’ efforts to accomplish the same. By establishing a risk-free environment, most efforts of the on-site operator, and target population’s peers, can be directed towards continually improving factors of protective for program recipients. Consequently, the target populations’ integrations to the peer group, their intermediate achievements, and their personal independence outcomes are more greatly assured. Will applicants of the ISL program likely feel the same?

- Target Population – ISL will operate similar to other SIL programs in that individuals must apply for placement before admission may be granted. Their desire to live a sober, healthy, and productive lifestyle; to develop meaningful relationships; to attain their personal independence; and their voluntary application submission will prove ISL is socially valued by the target population.
- Recovery Residents – With the target population comprising half the ISL peer group, and potentially remaining for two years or more, ISL should demonstrate improved retention ratios and less variability when compared to traditional RRs. The recovery residents will experience a

more stable environment and likely develop the inclinations to mentor their long-term peers. Through their willingness to serve, and by recognizing the individual and group benefits of their contributions, their convictions will strengthen and their recoveries will advance. ISL is designed to establish a long-term sober cooperative (LTSC) and has more rigorous placement criteria than many RRs. Individuals who desire a LTSC, the housing-setting, and the services provided will voluntarily apply, and in by doing so, should validate ISL's social value.

### Implementer Competence

Implementer competence is “the knowledge, attitudes, and skills of those delivering the program that are necessary to implement the program with integrity and to adapt the program to meet the cultural and contextual needs of the recipients” (Hitchcock & Nastasi, 2016, p. 99). The intended implementer has gained valuable life experiences, which span many years, across several phases of Recovery-oriented systems of care (ROSC). In addition to competence, the intended implementer has been the RR operator/manager at the housing-setting of the planned SIL facility enrollment. Adaptive capacity is ensured, as previous program adaptations were effectively implemented meeting the cultural and contextual needs of current recipients. The fact that the intended implementer has conceptualized the ISL model, will be responsible and accountable for program design, can monitor its tactical implementation, supervise its execution, and perform its evaluations is likely to be the most valuable contributions of program success. What knowledge, attitude, and skill are needed to implement programs with adaptive capacity and integrity?

- Recognition and Understanding – Having years of experience within naturalistic settings observing human behavior is likely advantageous. Program recipients’ “core” issues must be identified for comprehensive needs assessment. The abilities to examine changes within the environment, identify population differences, and assess the extent to which these changes and differences are likely to affect outcomes are needed as well.
- Internalization and Application – Implementers must be self-reflective and capable of drawing on similar situations previously experienced. This can enhance problem-solving strategies when cultural and contextual variables are encountered. Knowledge is not power, it's the application of knowledge that is power. Consistently making decisions to perform tasks through direction and routine will be vital to successful program integrity and adaptation.

### Program Integrity

Program integrity “refers to the extent to which the program is implemented as designed” (Hitchcock & Nastasi, 2016, p.86). ISL is assured to be implemented as designed. Merging qualified SIL applicants with RR residents is a deep structure component of the program. The core program elements linked to outcomes will be the prevention practices, a comprehensive curriculum, and the provided support services and casework on-site. Some surface structure components subject to modifications will likely be sliding-scale stipend disbursements, within a minimum and maximum range, as a means for behavioral modification; the selection of modules for teaching, as opposed to monthly curriculum, for individual considerations; and the best approach for in-house mentorships, as a collaborative effort designed by those engaged, will likely be a dynamic process which evolves over time. ISL's deep and surface structure components are briefly expanded on below:

- Operational Guidelines – The standards for ISL placement and the adherence to an integrative and balanced peer-group will likely be the greatest determinants of program integrity. See ISL Operational Guidelines below:
- Comprehensive Services – A holistic curriculum focused on wellness and developmental life-skills is currently underway. Additionally, an upcoming feasibility study will assess casework and support services needed for best outcomes and program success.
- Sliding-Scale Stipend – SIL providers disburse monthly stipends to young-adults in their SIL programs. Adding an additional layer of accountability for young-adults in ISL, stipend payments will be disbursed on a sliding scale between a minimum and maximum range. This tactic will generate an additional incentive for full-participate in the ISL program.
- Mentorship - As mentioned above, service work may be the greatest contribution to a preventative intervention. Establishing the culture of mentorship at the housing-setting could take time. Recovery residents mentoring the SIL young adults will be a voluntary act of service. Discovering effective ways to initiate service work could potentially become the most valued outcome of the ISL program.

### Institutionalization

Institutionalization refer to “the capacity of the organization to continue specific or related program efforts over time and the extent to which programming has become integral to the system” (Hitchcock & Nastasi, 2016, p.99). ISL should demonstrate the capacity for specific preventative interventions far into the future. This assumption originates from the substantial number of “at risk” individuals in EFC, as well as, the publically acknowledged capacity shortage of SIL throughout Texas. The ISL program could become integral to the system. As mentioned above, ISL essentially is an evolution of the RR. RR’s are prevalent throughout Texas and the United States as well. The RR providers’ recognitions of mutual benefit, adaptive capacities, tactical implementations, and program executions will likely determine ISL’s capacity for institutionalization.

- Sustainability - ISL should not require outside funding beyond the SIL reimbursement rate for continued operations. The initial calculation, derived from the information available, reveals that SIL reimbursement rates, minus stipend disbursements and other expenses, are likely to improve financial conditions of many RR providers. If validated, ISL program’s feasibility could generate the initial recognitions of mutual benefit from other RR providers.
- Diversification – ISL, once established, should facilitate implementations of women’s’ “young adult only” facilities as well.

### **ISL Operational Guidelines**

The purpose of these operational guidelines is to ensure the safest integration of the target population; to enhance likelihood of a healthy, supportive, and productive peer group; and to standardize ISL operations for program success and dissemination. Note that this initial version of “ISL Operational Guidelines” is subject to correction or revision to safeguard program efficacy.

### ISL Placement Criteria for the Target Population:

1. The “young adult only” male applicant must qualify to benefit from a “basic” service level environment as described in the Texas Service Levels Resource Guide.
2. The applicant’s caseworker must have knowledge of parental substance abuse, and/or documentation of the applicant’s substance abuse, misuse, or use on Form K-908-2087ex, and the applicant must provide a written “statement of intent” to remain abstinent from alcohol and drugs, on or off the premise, throughout their placement in the ISL program .
3. The applicant must not rely on other residents for transportation (although this may be provided upon request periodically). They must be willing and capable of walking to the local grocery store (1/4 mile from facility), riding a bike to the local community college (1 mile from facility), and attaining a bus pass for public transportation to employment opportunities if necessary (bus stop is across the street).
4. While the applicant has the right to request, and be granted removal from the ISL program at any time, they must produce a written statement expressing intent to remain at the ISL program throughout their entire EFC eligibility (The written “statements of intent” for number 2 and 4 may be combined on the same document).
5. The applicant must open their primary checking account at a bank (preferably Chase Bank) with a Quick-Pay option to assist timely stipend disbursements from the ISL dual-provider.

### ISL Placement Criteria for Recovery Residents:

1. Has graduated a treatment program, and/or has previously worked, or is currently working the 12 steps of AA, and has at least 90 days sobriety by the date of placement.
2. Must be a “Male” and equal to, or greater than, twenty-five years of age.
3. Must have a valid form of identification.
4. Must be medically capable of working a part-time job.
5. Cannot be diagnosed with any co-occurring disorders, excluding depression or anxiety.
6. Cannot have any current legal stipulations, excluding probation for a drug or alcohol related offense.
7. Cannot have any felonies convictions, excluding a single drug or alcohol related felony conviction.
8. No habit forming prescription medicines permitted.
9. Must have adequate savings or the combined total income from personal, family, and/or government assistance equal to, or greater than, \$1,500 per month.

### Operations

1. ISL Setting and Criteria – The initial ISL dual-provider program will be a “shared-housing” setting in Texas (Region 6) for SIL “young adult only” males, as well as, for recovery residents who meet ISL placement criteria.
2. Maximum Capacity – The facility, in its current layout, safely accommodates a maximum capacity of 13 individuals.
3. Occupancy Ratios- To prevent overloading of either SIL young adults or recovery residents residing at the ISL facility, no greater than fifty-percent of the total reserved beds will be occupied by either group. The calculation is as follows: 13 total beds, (1) bed for the operator, (12) total reserved beds, (6) beds for SIL applicants, (6) beds for recovery residents. Note that during the initial nine month phase-in period of the DFPS SIL program, the progression towards a balanced and compliant ISL dual-provider program, this occupancy ratio criterion may not apply.
4. Maintaining EFC Eligibility – In an attempt to promote resiliency, confidence, and more greatly ensure successful outcomes for the SIL applicants; applicants will likely need to accept some strong suggestions; their employment criteria may need more rigorous planning; and an additional criteria

for EFC eligibility may need approval from Health and Human Services (HHS)/DFPS before contract provisions are signed. See recommendations and proposed negotiations below:

- a. School Campus - SIL applicants intending to enroll in community college, who do not have a vehicle, will strongly be advised to enroll at Lone Star College (Victory-Center) due to the campus's close proximity to the facility. Programs of interest, available programs, and start dates should be researched before ISL admission is allowed.
  - b. Education - SIL applicants, who have not demonstrated passing test scores on the Texas Success Initiative assessment (TSI) test, yet still display strong conviction to attend college, should be recommended to pursue shortened certification programs, or limit their class enrollments to six hours per semester.
  - c. Employment - EFC employment requirements will likely be more challenging to adhere to than education requirements for those placed at the initial ISL facility. Consequently, any SIL applicant should already know who they will be working for, and where they will be working, in order for the caseworker and applicant to assess feasibility of reliable transportation and long-term employment before admission will be accepted. Periodic work (landscaping, HVAC helper, furniture mover etc.) may be available temporarily from live-in recovery residents; however, these opportunities must not be relied on to satisfy EFC employment eligibility requirements.
  - d. Expanded EFC Eligibility Criteria - Situations will arise that are beyond an individual's control. When this happens, it is helpful to have safeguards in place which protect the unprotected. In addition to education, employment, and medical approval for EFC eligibility; an expanded criterion for EFC eligibility, when necessary, to include 80 hours per month of community service, at a non-profit organization, will be proposed and strongly recommended. This expanded criterion should promote more graceful transitions for students between semesters, protection against those who could experience layoffs or reduced hours, and support "service-to-others" philosophies, commitments to community, and healthy relationships.
5. Adherence to House Rules – All residents admitted to ISL will adhere to the organization's policies, code of conduct, protocols, and agreements for continued residency. While mild behavioral issues, wastefulness, and stagnation is anticipated, and shall be tolerated temporarily; the SIL applicants and their caseworkers must understand, the zero-tolerance drug and alcohol policy is non-negotiable, and its non-compliance will result in the immediate termination from the program.
  6. Safe Transition - The ISL program will be a long-term "shared-housing" living environment. SIL residents will eventually complete their transition over to the privately rented beds in the ISL facility, move in with family or friends, into their own apartments, or into some other living environment external of the ISL facility. The successful transition from dependency to empowered independence takes time and can result in unexpected situations, such as, waiting for approval from apartments, co-signed lease agreements, the dissolution of friendships, unsuccessful family unification, or simply changes in life purpose or goals. Consequently, during the final six months before the SIL resident's twenty-first birthday, fifty-percent of their disbursed stipend amount will be withheld. This amount will be held and credited towards prepaying the resident's bed at the ISL facility for their first two months following their twenty-first birthday. This will provide an additional security net for the recently transitioned resident to make a sound decision whether they desire to continue living at the facility or request transition planning services from the on-site operator for facility discharge.

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