

Colorado Department of Corrections

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Overview of Substance Abuse Treatment Services: Fiscal Year 2003

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INTRODUCTION

Substance abuse is known to have a high occurrence rate among incarcerated populations. Colorado is no exception. The present study evaluates the needs of offenders and the availability of treatment services within the Department of Corrections (DOC).

DOC substance abuse services operate under the division of Alcohol and Drug Services. The mission is “To assess substance abusing offenders and provide them a continuum of interventions for ongoing self-change.” Available treatment services vary in duration and intensity; assessment information is used as a guide for making treatment placements.

Standardized Treatment Delivery

The delivery of substance abuse services within Colorado's criminal justice system was dramatically changed with the passage of Colorado Revised Statute 16-11.5. This legislation mandated three important components for felons: (1) a standardized procedure for assessment of substance abuse including chemical testing, (2) a system of education and treatment programs for substance abusers, and (3) a system of punitive sanctions for offenders who test positive after the initial test. The DOC, the State Judicial Department, the Division of Criminal Justice of the Department of Public Safety, and the Department of Public Health launched a cooperative effort to fulfill these legislative mandates.

The standardized offender assessment (SOA) is comprised of four instruments. The primary assessment includes the Level of Service Inventory – Revised (LSI-R; Andrews & Bonta, 1995), a recidivism risk measure, and the Simple Screening Instrument (SSI; Winters & Zenilman, 1994), a substance abuse screening measure. The Adult Substance Use Survey (ASUS; Wanberg, 1997) and the Substance Use History Matrix (SUHM; Bogue & Timken, 1993) are administered as the secondary assessment. All offenders need to be assessed on the primary assessment; only those identified with an alcohol or drug problem by the SSI require a secondary assessment.

In conjunction with the standardized offender assessment, a treatment system was formulated. The treatment system, consisting of seven categorical levels, is contingent upon the assessment battery. Scores on the standardized assessment drive placement into one of the treatment levels. The treatment system provides education and therapy services of varying intensity.

Level 1: No Treatment. Offenders assigned to the first level include those who require no substance abuse treatment. Level 1 individuals have no current clinical diagnosis of substance abuse or dependence.

Level 2: Drug Education and Increased Urinalyses. The second treatment level is prescribed for individuals with no clinical diagnosis of substance abuse or dependence and no withdrawal symptoms. Participants must be mentally, physically, and cognitively capable of participation. Offenders in this modality are generally motivated to participate in treatment and have a strong support system. Level 2 treatment is relatively unstructured in terms of content and program length of stay. However, these programs must incorporate urinalyses and substance abuse education that strives to increase awareness of the effects of drug and alcohol usage.

Level 3: Weekly Outpatient Therapy. Weekly outpatient treatment, level 3, is structured for individuals who may have a clinical diagnosis of substance abuse or dependence. Level 3 programs are designed for individuals who experience up to two of the following consequences of substance abuse: employment difficulties, legal difficulties, or damaged personal relationships. As well, individuals may be appropriate for weekly outpatient treatment if they completed a more intensive program and need continuing support. It is recommended that participants at this level are voluntary, motivated, and have positive support systems outside of treatment.

Level 4: Intensive Outpatient Therapy. Level 4, intensive outpatient treatment, is designed for individuals who require more structured therapy than is provided through weekly outpatient treatment. Individuals may be assigned to level 4 treatment if their histories indicate unsuccessful treatment attempts, prolonged intoxication or lengthy withdrawal, and serious behavioral changes (e.g., legal or family problems) due to substance abuse. Intensive outpatient programs are best suited to individuals who realize the seriousness of their substance abuse problems, but have negative or non-existent support systems and are a high risk for continued drug use. This level may be appropriate for individuals who have a dual diagnosis, present as risk to self or others, or have successfully completed an intensive residential program.

There is some difficulty in distinguishing level 4 from level 3. They appear to differ primarily in intensity since no clear guidelines exist regarding content. The two levels can be distinguished from each other based on length of stay, sessions per weeks, hours per week, or total program hours. Level 4 programs are typically 4 to 6 weeks in program length, 3 to 7 sessions per week, 9 to 21 hours per week, or 36 to 126 total program hours. Level 4 treatment should be followed by level 3 treatment.

Level 5: Intensive Residential Treatment. Level 5 is an intensive residential program for individuals presenting with serious substance abuse problems. Intensive residential programs typically last 30 days,

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however, some programs may be as short as 14 days or as long as 45 days. The purpose of level 5 treatment is to provide a brief, intense treatment intervention. Level 5 treatment programs accommodate individuals experiencing acute intoxication or withdrawal symptoms (e.g., hallucinations, disorientation, delirium tremens). As well, they are structured to accommodate persons requiring medical attention, particularly for disorders related to prolonged substance abuse. Individuals who are diagnosed with a chronic psychiatric disorder or present a danger to self or others are appropriate for placement in a level 5 program. Additionally, level 5 programs treat individuals who lack a positive support system, experience substantial denial, and exhibit inability to sustain independent functioning outside of a controlled environment.

Level 6: Therapeutic Community. Level 6 programs, like level 5, are residential in nature but have greater lengths of stay and are more structured. Typically, therapeutic communities have a 12-month length of stay at a minimum. Therapeutic communities are designed for individuals with extensive criminal histories, antisocial behavior, and multiple unsuccessful treatment attempts. Level 6 programs use confrontation techniques and place high levels of responsibility on the individual participants for their treatment.

Level 7: Assess for Psychopathy—No Treatment. The final level of treatment, level 7, characterizes individuals with the most serious substance abuse problems. Typically, individuals have lengthy criminal histories, no motivation, a negative attitude, and oftentimes a psychiatric disorder such as cognitive impairment. Due to the extreme severity of their psychological problems, individuals in this category are considered inappropriate for treatment.

A system of punitive sanctions for continued substance use comprises another mandate under C.R.S. 16-11.5. The system of sanctions is related to the SOA and takes the following factors into consideration: (1) level of criminal risk, (2) severity of substance abuse, (3) compliance in supervision, and (4) treatment participation and compliance. Recognizing that each agency must develop their own policies and procedures to respond to offender substance use, specific sanctions (e.g., SOA reassessment, increased supervision, loss of privileges) are suggested depending on the four factors.



OVERVIEW OF PRISON BASED SERVICES

Substance abuse treatment programs are offered at all DOC facilities. These treatment programs are primarily delivered by contract service providers. Inmate population, administrators, mental health coordinators, and treatment providers influence the drug and alcohol programs available at each facility. However, one commonality across facilities is that treatment is generally offered on a group basis. Counselors may offer individual sessions to their group participants if the need is indicated.

This program guide describes substance abuse services provided by Alcohol and Drug Services in DOC facilities. The programs are categorized by treatment level in order to emphasize placement of offenders into treatment programs as prescribed by the standardized assessment. Each treatment program is briefly described in this program guide. Information regarding successful completion criteria, treatment providers, and group schedules accompanies the program descriptions. The schedule of groups establishes the frequency with which groups meet. The group schedules offer additional information including the facilities that offer the groups, the capacity of each group, the meeting times, and the counselors' names. It should be noted that schedules frequently change; however, the present schedules provide a general framework.

Refer to Appendix A for a list of facility acronyms.

Contractor Acronyms are as follows:

ARP – Addiction Recovery Programs

CCA – Correctional Corporation of America

RMBH – Rocky Mountain Behavioral Health

ARTS – Addiction Research & Treatment Services

MMH – Midwestern Mental Health

Mirror – Mirror, Inc.

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Level 2: Drug Education and Increased Urinalysis

Behavioral Health Care Education. This substance abuse treatment program is delivered to inmates via television. The program focuses on problem solving, communication skills, and stress management. Participants are assigned homework from the televised program, and counselors follow-up with offenders on an individual basis through cell doors. The substance abuse counselors work closely with mental health counselors. The result is a team effort to provide a wide spectrum of services that extend beyond substance abuse to include anger management and biofeedback. Successful completion requires 50 hours of treatment.

Facility	Capacity	Schedule	Counselors	Contractor
CCF	30	9:00 – 10:00 am M – Th	Roy Rall Ellen McCoy	RMBH
CSP	30	1:00 – 2:00 pm M – Th	Roy Rall Ellen McCoy	RMBH

Level 3: Weekly Outpatient Therapy

Boot Camp Program. The Boot Camp Program is similar in design to the Comprehensive Treatment Program. However, this program varies in one significant aspect. This treatment is considered to be part of the entire boot camp program; hence, all offenders located at CCAP are required to attend. For this reason, there are offenders in the group who are not substance abusers. The counselors adapt the addiction model for these offenders by focusing on criminality rather than substance abuse. Because of the large group size, this program is being offered as a level 3 treatment program. Successful completion requires 99 hours of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
CCAP	41	7:30 – 9:00 am M – Th	Mary Lynn Marshall	ARP
CCAP	41	9:30 – 11:00 am M – Th	Mary Lynn Marshall	ARP
CCAP	41	2:00 – 3:30 pm M, T, Th, F	Mary Lynn Marshall	ARP

Chemical Addiction Recovery Program (CARP) – Spanish Speaking Group. This treatment program is designed for offenders whose primary language is Spanish. A bi-lingual counselor leads this group, and clients are encouraged to speak in English as much as possible. Through group processing, clients learn the consequence of their maladaptive behavior including the use of drugs and alcohol. They also work on learning to take personal responsibility for change. Successful completion requires 40 hours of treatment.

While offered consistently at ACC, this program rotates between FMCC and SCC in the East Canon Complex. Contact Karen McCamen at ARP Headquarters, (719) 276-5170, to find out the start dates for each facility.

Facility	Capacity	Schedule	Counselor	Contractor
ACC	12	8:00 – 10:30 am F	Bea Martinez	ARP
FMCC	12	1:30 – 3:30 pm M – W	Bea Martinez	ARP
SCC				

Substance Abuse Education and Relapse Prevention. This program is offered to offenders identified as developmentally disabled in programming with mental health at CTCF. It offers education in frequently abused substances including alcohol and the addictive process. During the relapse prevention portion of this group, offenders will learn about relapse, and take a look at their own relapses in the past. They will also learn the usefulness of relapse prevention planning and focus on techniques to prevent relapse. The “Brain Wise – 10 ways to stop and think” curriculum is utilized in this program. Successful completion requires 20 hours of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
CTCF	12	1:00 – 3:00 pm Th	Jean Connett	ARP

Recovery Plus. The Recovery Plus program is designed to establish the foundation skills necessary for offenders to establish abstinence from all chemicals and establish recovery as a complete life style change. Each week of the program focuses on a different topic, with topics including how to change a substance using lifestyle, criminal thinking errors, consequences and reasons for use. Clients are required to spend 3 hours in individual counseling with the therapist in order to develop their own recovery plan. Successful completion requires 51 hours of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
CTCF	15	1:00 – 3:00 pm M, W	Clay Simpson	DCCCA
CTCF	15	9:00 – 10:50 am T, Th	Clay Simpson	DCCCA

Relapse Prevention. The relapse prevention program is designed for inmates who have suffered substance abuse relapse, usually indicated by a positive urinalysis, while incarcerated. As well, many parole violators are included in this group. Within the program, offenders develop their own plan to remain abstinent while incarcerated as well as following their release to the community. In particular, this group focuses on connecting offenders to some other form of treatment such as Alcoholics Anonymous or individual counseling. This program is offered as a level 4 intensive outpatient group in some facilities. Successful completion of level 3 requires 18 hours of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
CCCF	15	6:30 – 7:45 pm, M	Wanona Wiker	CCA
CCCF	15	6:30 – 7:45 pm, W	Wanona Wiker	CCA

Level 4: Intensive Outpatient Therapy

Comprehensive Correctional Systems. This program includes Phases I and II of the Strategies for Self-Improvement and Change (SSC) curriculum. This curriculum operates from a cognitive-behavioral perspective. Offenders address their criminal and addictive thinking. Participants examine factors that may influence them to relapse or repeat their criminal behavior. During the program, offenders develop a relapse prevention plan. Successful Completion requires 178 hours of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
SCF	16	8:00 – 10:45 am M – Th	Francine Reade	DCCCA
SCF	16	8:00 – 10:45 am M – Th	Mike McGrath	DCCCA
SCF	16	8:30 – 10:45 am M – W, F	Mimi Packard	DCCCA
SCF	16	1:00 – 3:30 pm M – Th	Mike McGrath	DCCCA
SCF	16	1:00 – 3:30 pm M – Th	Francine Reade	DCCCA
SCF	16	1:30 – 3:45 pm M – W, F	Mimi Packard	DCCCA

Comprehensive Treatment Program. Substance abuse education comprises one-third of the comprehensive treatment program while two-thirds consists of group therapy. The purpose of the education component is to teach offenders the physiological and psychological effects of substance abuse. This component further requires offenders to address whether they have a substance abuse problem. The function of the therapy component is to present offenders with alternative options to substance abuse and criminal behavior. In presenting options, offenders are able to examine their own history of thought, belief and value patterns in an effort to make better choices in the future. The therapy section of this program also includes a relapse prevention or aftercare plan. This plan targets how offenders can prevent substance abuse relapse

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following treatment. This program incorporates the cognitive behavioral core curriculum, thereby enabling offenders to attain basic mental health credit. Successful completion requires 99 hours of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
BCCF	12	8:30 – 10:30 am M – Th	Susie Tenorio	CCA
BCCF	12	1:30 – 3:30 pm M – Th	Susie Tenorio	CCA
CCCF	15	8:00 – 11:45 am T, Th	Wanona Wiker/ Peggy Jo Gragert	CCA
CCCF	15	1:00 – 4:45 pm M, W	Wanona Wiker	CCA
HCCF	12	8:00 – 11:00 am M – Th	Michelle Howard	CCA

Relapse Prevention. The relapse prevention program is designed for inmates who have suffered substance abuse relapse, usually indicated by a positive urinalysis, while incarcerated. As well, many parole violators are included in this group. Within the program, offenders develop their own plan to remain abstinent while incarcerated as well as following their release to the community. In particular, this group focuses on connecting offenders to some other form of treatment such as Alcoholics Anonymous or individual counseling. This program is offered as a level 3 outpatient group in some facilities. Successful completion of level 4 requires a minimum 60 hours of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
DCC	12	TBD	Penny Hatter	MMH
FLCF	16	8:00 – 11:00 am, M – Th, 1:30 – 4:00 pm, M – Th	Sandra Ybarra	DCCCA
SCC	12	1:00 – 3:30 pm, M – Th	Diane Eastberg	ARP

Strategies for Self-Improvement and Change (SSC.) This program covers Phase I of the SSC curriculum as well as mental health core curriculum, substance abuse education and relapse prevention. This cognitive-behavioral approach is designed specifically for substance abusing offenders. In Phase I, offenders are challenged to change. To motivate offenders to change, instructors help the offender develop self-awareness and learn the role of thought and behavior associated with changes. Phase II is offered in several facilities as well as in the community. Phase III is available in the community. Successful completion requires 63-96 hours of treatment, depending on the contractor.

Facility	Capacity	Schedule	Counselor	Contractor
ACC	12	1:00 – 3:30 pm M – Th	Beatriz Martinez	ARP
AVCF	13	8:00 – 11:00 am, 1:00 – 3:00 pm M – Th	Bobby Vogt	ARP
BCCF	12	9:15 – 11:15 am M – Th	Bella Vigil	CCA
BVCF	12	7:30 – 10:30 am, 1:00 – 3:00 pm M – Th	Ed Snead	ARP
BVMC	12	7:45 – 10:15 am, 12:45 – 3:15 pm M – Th	Roberta Bolton	ARP
CCCF	12	TBA	Wanona Wiker	ARP
DCC*	16	8:30 am – 3:30 pm M, T, Th, F; 8:30 am – 11:30 am W	Penny Hatter	MMH
DWCF	15	1:00 – 3:00 pm M – Th	Brenda Noble	ARTS
FCF	12	8:00 – 10:30 am M – Th	Vacant	ARP
FLCF*	16	8:00 – 11:00 am M – Th, 1:30 – 4:00 pm M – Th	Sandra Ybarra	DCCCA

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Facility	Capacity	Schedule	Counselor	Contractor
FLCF*	16	1:30 – 4:30 pm M – Th, 6:00 – 8:00 pm M – Th	Tracey Garcia	DCCCA
FMCC	14	1:00 – 3:30 pm M – Th	Marvel Wolken	ARP
FMCC	14	5:30 – 8:00 pm M – Th	Marvel Wolken	ARP
HCCF	15	1:00 – 4:00 pm M – Th	Lucy Galvan	ARP
KCCF	12	TBA	Vacant	CCA
PMC	15	7:30 – 10:30 am M – Th 12:30 – 3:30 pm M – Th	Tammy Guillen	ARP

* This group continues on to do Phase II when Phase I is completed.

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Level 6: Therapeutic Community

Below is a matrix of the admission criteria for each prison therapeutic community.

Criteria	ACC	DWCF	LCF	SCF	SCCF
Gender	M	F	M	M	M
SOA Level	5-6	4-6	5-6	5-6	5-6
Custody Level	Min-R, Min	Min-R, Min	Med, Close	Min-R, Min	Min – Med
Months to PED/MRD	>=6	>=6	>=9	>=6	18-24
Months since last COPD	6	3	Conditional	6	N/A
P-Code	1-3	N/A	Conditional	1-2	3-5
M-Code	1-3	N/A	N/A	1-2	N/A
S-Code	1-2	N/A	Conditional	1-2	Conditional
Psychotropic Meds	Stable	Stable	Stable	Stable	Yes

Challenge to Change Therapeutic Community. The “Challenge to Change” Therapeutic Community is a long term residential behavior modification program for substance dependent/abusing female adults. The program offers affective and cognitive components. Completion can be achieved in 9 to 12 months with the length of time being primarily determined by the motivation of the individual client. The program contains an earned privilege system, which includes phases for upward mobility and recognition of taking ownership for past and present behaviors.

Facility	Capacity	Schedule	Counselor	Contractor
DWCF	72	Orientation - Residents attend 8 hrs of group per day. Phases I, II and III- Residents work 20 hrs per week, and attend at least 4 hrs of group per day	Mike Champion Virginia Collins Dennis Yost Sarah Lester	ARTS

Crossroad to Freedom House Therapeutic Community. Crossroad to Freedom House is shared by substance abusing offenders and sexual offenders, although the groups reside in separate housing units and attend groups independently. This TC operates from a cognitive-behavioral perspective. The TC model provides a highly structured, intensive treatment opportunity for incarcerated offenders entrenched in an addictive, criminal lifestyle. The program places high demands and expectations on community members, yet also provides them a prospect for recovery. The rules of the TC model those within society. This program has 25 beds reserved for dually diagnosed offenders. Responsibility within the community is stressed to residents. There are several integrated work sites including the greenhouse, the apple orchard, the bee program, and the kitchen. This program also has a reach-in transition component with the community based Peer I and Independence House TC programs. Successful completion requires 6 – 12 months of treatment. This program is the only TC program in the nation accredited by the American Correctional Association.

Facility	Capacity	Schedule	Counselor	Contractor
ACC	96	Residents attend therapeutic groups for 4 half days per week and work for 5 half days per week	Tania Garcia Andy Abalos Rick Arthurs Celeste Cardenas Brad Doremus Margarita Ochoa-Smith Shannon Ready	DOC Staff ARP
Peer I Transition		4 days per month at ACC	Vacant	ARTS

Independence House Transition	As Needed	Eugene Strauber
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O.U.R. House Therapeutic Community. This TC is based on a cognitive-behavioral model. Intensive group therapy that is highly structured and confrontational is utilized. Therapeutic tools such as thinking errors, journaling, rational emotive behavioral therapy (REBT), group therapy, “games,” and intensive relapse prevention programs are featured. Treatment staff team up with case managers, other key facility providers and community service providers to assist offenders in reintegration to the community. Successful completion requires 8 – 12 months of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
SCF	96	Residents work 4 hrs in the morning, and spend the remainder of the day attending at least 3 hrs of group	Dave Booth Nick Baxa Janet Kipp Sam Mosley Barbara Wegener	DOC Staff & DCCCA
Peer I Transition		4 days per month at SCF	Vacant	ARTS

Personal Reflections Therapeutic Community. This modified TC is designed for offenders who have a dual diagnosis, indicating both a chronic mental illness and a substance abuse problem. The TC model is based on the idea that drug abuse manifests itself globally within individuals, thereby affecting social and psychological management. This particular program operates from a cognitive-behavioral orientation in which offenders address problem behavior in the forum of the community. The program stresses individual accountability and responsibility to the community. The substance abuse staff interfaces with other DOC staff for anger management and sex offender treatment. Successful completion requires 9-15 months of treatment.

Facility	Capacity	Schedule	Counselor	Contractor
SCCF	32	Residents attend groups from 7:00 am – 9:00 pm except when working. Residents work 5 hrs per day, 5 days per week	George Blansett Robert DeLarosa Art DuCharme Norma Warner	ARP
Independence House Transition		2 days per month at SCCF	Mike Urban	

Redirections Therapeutic Community. This TC is designed for offenders who have serious problems with drugs, alcohol, and violent behavior. The program blends long-term offenders with short-term offenders, but priority is given to those with less than 5 years to release date. This program operates on the model that substance abuse is a disease of the whole individual. Individual responsibility within the community is stressed; offenders use confrontational techniques with each other when there is a violation of community rules. Participants are involved in the program during the daytime and reside together in the same living unit.

Facility	Capacity	Schedule	Counselor	Contractor
LCF	52	Residents attend group four days a week from 7:30 am – 4:00 pm	Lori Lamer Darlene Donahoo Ken Hofelich Joe Martin Vacant	Mirror

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Other Programs

Other substance abuse related programs exist within DOC that do not fit within the realm of the seven treatment levels. Nevertheless, these programs provide valuable services to offenders. Included in these other programs are self-help groups, assessment and referral services for substance abuse treatment, case management, and groups that focus on the transition to the community.

After-Care Program/Hep-C Pre-Interferon Group. The after-care group is currently offered at three facilities, although it is possible for the group to exist where there is a treatment program, depending on facility permission. This program is established at various facilities in accordance with demonstrated offender need. The after-care group is a voluntary program for inmates who have completed some form of drug and alcohol treatment (e.g., SSC). The purpose of the after-care program is to provide continued support to substance abusing offenders. The group addresses how to handle current problem situations and provides an opportunity for offenders to process their emotions. Offenders with Hepatitis-C are required to complete six months of substance abuse treatment before being eligible for Interferon treatment. This program allows them to complete that requirement.

Facility	Capacity	Schedule	Counselor	Contractor
CCF	8	9:00 – 10:00 am 1 st & 3 rd Monday/month	Roy Rall Ellen McCoy	RMBH
CCF	8	9:00 – 10:00 am 1 st & 3 rd Tuesday/month	Roy Rall Ellen McCoy	RMBH
CCF	8	9:00 – 10:00 am 1 st & 3 rd Wednesday/month	Roy Rall Ellen McCoy	RMBH
CCF	8	Unit C: 3:00 – 4:00 pm 1 st & 3 rd Wednesday/month	Roy Rall Ellen McCoy	RMBH
CCF	8	9:00 – 10:00 am 1 st & 3 rd Thursday/month	Roy Rall Ellen McCoy	RMBH
CCCF	15	10:00 am – 12:00 pm M	Wanona Wiker/ Peggy Jo Gragert	CCA
FLCF	25	8:00 – 9:00 am F	Sandra Yabarra	DCCCA
FLCF	25	8:00 – 9:00 am F	Tracey Garcia	DCCCA
FMCC	Open	1:00 – 2:00 pm T	Marvel Wolken	ARP

Alcoholics Anonymous (AA). The AA program is a 12-step, self-help group. These groups are available to all offenders at all facilities on a voluntary basis. Volunteers from the community usually oversee the groups.

Boot Camp Program – Female Process Group. This group is offered to all females in the Boot Camp Program in addition to the required Comprehensive Treatment Program. The group is a processing group addressing issues unique to the female offender. Volunteers from AA facilitate this program. The group is open-ended, with female recruits attending the group the entire time they are housed at Boot Camp.

Facility	Capacity	Schedule	Facilitator	Contractor
CCAP	10	9:00 – 10:30 am F	Volunteer	ARP

Narcotics Anonymous (NA). The NA program is a 12-step, self-help group for offenders experiencing problems with drugs other than alcohol. The group offers recovering addicts peer support. NA is offered at BCCF, DCC, DWCF, and RCC.

Substance Abuse Assessment Program. The purpose of this program is to conduct standardized offender assessments with incoming DOC inmates. With the implementation of the LSI-R as the basis for the

diagnostic process, the assessment team augments diagnostic programmers' assessments by completing only the ASUS and SUHM instruments. The DRDC assessment team also provides several orientation groups per week, which outline the treatment opportunities within DOC.

Facility	Capacity	Schedule	Counselor	Contractor
DRDC	N/A	7:00 am – 5:00 pm M – F	Lou DiDomenico George Sikes Daphne Walker	ARP



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Through the Treatment Accountability for Safer Communities (TASC) programs, offenders who have paroled to the community are referred to substance abuse treatment. Treatment is provided by Approved Treatment Providers (ATPs). ATPs have applied to the Alcohol and Drug Services division of the DOC to gain approved status. Counselors must meet the same background requirements as DOC or prison-based contract employees.

This overview lists community based ATPs and the groups that they offer. Group schedules in the community tend to be variable and may change according to the offenders’ needs. Please call the treatment providers to inquire about scheduling for specific groups. Group size is limited to 12 unless otherwise noted.

Treatment Accountability for Safer Communities (TASC). The TASC program is a community-based case management agency for parolees. Parolees are referred to TASC for a substance abuse assessment. Identified substance abusing offenders are referred to ATPs for treatment, and their attendance is monitored by TASC. TASC further monitors parolees’ substance abuse through urinalyses, breathalyzer, and substance monitoring skin patches.

Agency	Schedule	Counselor	Contractor
Mile High TASC Denver	8:00 am – 7:00 pm M – Th	Julie Hoffman Chris Corson Chad Edson Anita Hoffman Layne Jacobson	Peer Assistance Services, Inc.
Mile High TASC Englewood	8:00 am – 6:00 pm M – Th	Dale Brotski Donna Storey	Peer Assistance Services, Inc.
Northeast TASC Westminster	8:30 am – 7:00 pm M - F	Larry Taylor Barbara Heuerman Jerry Stayton Karen Wagner	Peer Assistance Services, Inc.
Northeast TASC Westminster	8:30 am – 7:00 pm M - F	Larry Taylor Barbara Heuerman Jerry Stayton Karen Wagner	Peer Assistance Services, Inc.
Northeast TASC Greeley	9:30 am – 6:30 pm M, T, W, F	Thomas Gonzales	Peer Assistance Services, Inc.
Northeast TASC Ft. Collins	10:00 am – 6:00 pm Th	Thomas Gonzales	Peer Assistance Services, Inc.
Southeast TASC Colorado Springs	8:00 am – 5:00 pm M – Th 8:00 am – 4:00 pm F	Lois Lifto David Robinson	Peer Assistance Services, Inc.
Southeast TASC Pueblo	8:00 am – 5:00 pm M - F	Michael Botello Darrin Roberts	Peer Assistance Services, Inc.
Western TASC Grand Junction	7:00 am – 12:00 pm 1:00 – 6:00 pm M - F	Melissa Ippolito Brandy Lake	Peer Assistance Services, Inc.

Agency	Schedule	Counselor	Contractor
		Michael Stucker	

Level 2: Drug Education and Increased Urinalyses

Basic Education. This program provides parolees with basic knowledge of addiction and errors in thinking that can lead to overuse or relapse. In group, clients will explore the effects of abuse, the signs of an abuse problem, and how to make healthy choices.

Provider	Location	Attendance Requirement	Successful Completion
A.B. Counseling (303) 340-8990	Lakewood	One 2-hr group/wk	Min. 6 weeks
Addictions Recovery Center (303) 441-1275	Boulder	One 90-min group/wk	8 weeks
Aurora Center for Treatment (303) 340-8990	Aurora	One 2-hr group/wk	Min. 12 weeks
Pikes Peak Mental Health (719) 572-6200	Colorado Springs	Two 1-hr groups/wk	Min. 18 weeks

Level II Therapy. This group process looks at individual use of alcohol and other drugs and to develop other kinds of strategies rather than continued use/abuse of substances. Utilizing a workbook as well as other methods to accomplish its goal, the program provides structured exercises for self-assessment, stress reduction, natural highs, refusal skills, self-esteem, progression, violence, anger, high risk factors of substance abuse and models for change. Discussion by group members further enhances the opportunity to make effective changes.

Provider	Location	Attendance Requirement	Successful Completion
Counseling, Evaluation, & Treatment Program (303) 279-3626	Golden	One 2-hr group/wk min.	Open-ended
A.B. Counseling (303) 237-3599	Lakewood	One 2-hr group/wk	Min. 21 weeks

Level 3: Weekly Outpatient Therapy

Comprehensive Addiction Recovery Program (CARP). This program combines 48 hours of group therapy with 6 hours of individual counseling. CARP is considered phase I to be followed by a minimum of 4 months of CARP Aftercare (phase II). The program is psycho-educational with the curriculum based on a cognitive behavioral modification approach. Specific curriculum topics include, but are not limited to, chemical dependence education, drug transference and synergism, self-esteem, co-dependency issues, spirituality issues, grief and loss issues, stress management, infectious disease, and family roles and rules.

Provider	Location	Attendance Requirement	Successful Completion
Pathfinder Clinic (970) 259-6588	Durango	Two 2-hr groups/wk, plus 1-hr counseling session every other wk	12 weeks

Aftercare. These programs vary by provider, but are designed for clients who have been through other intensive substance abuse treatment. Length of treatment is determined on an individual basis, based on the

OVERVIEW OF COMMUNITY BASED SERVICES

client’s attendance, participation and commitment to recovery, but for a minimum of four months. Maintenance of sobriety and relapse prevention are the primary focuses of this program.

Provider	Location	Attendance Requirement	Successful Completion
Pathfinder Clinic (970) 259-6588	Durango	One 90-min group/wk	Min. 4 months
Counseling, Evaluation, and Treatment Program (303) 279-3626	Golden	One 2-hr group/wk	12 weeks

Intensive Outpatient Program – White River. An intense two-phase program for individuals dealing with chemical dependency that permits them to learn to cope with stressors in their environment while establishing recovery. Utilizing a variety of techniques, clients begin the exploration of internal and external conditions that lead to drug/alcohol usage.

Provider	Location	Attendance Requirement	Successful Completion
White River Counseling (970) 945-1228	Glenwood Springs	One 2-hr group/wk	Open-ended

Primary Group. This is a counselor-led support group of men and women who are exploring abstinence from drugs/alcohol. Through group processing, they learn to recognize what led them to substance abuse and how to escape the cycle. Participants commit to being drug/alcohol free during their involvement in the program.

Provider	Location	Attendance Requirement	Successful Completion
White River Counseling (970) 945-1228	Glenwood Springs	One 2-hr group/wk	Open-ended

Relapse Prevention. Though offered by different providers and covering somewhat different content, most relapse prevention programs are designed for offenders who want to stay clean and sober rather than get clean and sober. Most are cognitive-behavioral in structure. Group activities may include interactive education, role-playing, stress management, and development of long-range relapse prevention plans. Please call providers for more specific information regarding specific contact.

Provider	Location	Attendance Requirement	Successful Completion
A. B. Counseling (303) 237-3599	Lakewood	One 2-hr group/wk	Min. 20 weeks
Addictions Recovery Center (303) 441-1275	Boulder	One 90-min group/wk	Open-ended
Advantage Treatment Centers (303) 936-2035	Denver	One 75-min group/wk	16 weeks
Alpine Counseling (970) 945-7858	Glenwood Springs	One 2-hr group/wk	Open-ended
ARC Counseling Center (970) 352-6537	Greeley	One 90-min group/wk	20-50 groups
ARTS Outpatient (303) 388-8191	Denver	One 90-min group/wk	36 weeks
Aurora Center for	Aurora,	One 90-min group/wk	26 weeks

Provider	Location	Attendance Requirement	Successful Completion
Treatment (303) 340-8990	Brighton,& Strausburg		
Barnabas Center (303) 796-9911	Denver	One 2-hr group/wk	Min. 20 groups
Bridge to Awareness (719) 471-2514	Colorado Springs	One 90-min group/wk	Min. 30 hours
Counseling Center of the Rockies (303) 806-0933	Littleton	One 2-hr group/wk	Open-ended
Dove Counseling (303) 216-9873	Golden	One 2-hr group/wk	Min. 20 groups
Dove Counseling (303) 429-3400	Thornton	One 2-hr group/wk	Min. 20 groups
Clarity Counseling (970) 882-1253	Dolores	One 2-hr group/wk	Open-ended
Colorado Assessment and Treatment Center (303) 757-6019	Denver	One 1-hr group/bi- weekly	Open-ended
Creative Treatment Options (303) 467-2624	Westminster	One 2-hr group/wk	20 weeks
Pikes Peak Mental Health (719) 572-6200	Colorado Springs	One 1-hr group/wk	Min. 36 weeks

Strategies for Self-Improvement and Change (SSC). This program is designed for individuals with substance abuse problems and a history of criminal conduct. This program brings together effective cognitive-behavioral treatment approaches for changing the behaviors of individuals who have both problems of substance abuse and criminal behavior. The main goals of the SSC treatment are to correct the behavior of the offender, bring the offender’s behavior into compliance with the laws of society, and prevent recidivism. All locations offer Phase I of the SSC curriculum and most offer Phases II and III as needed.

Provider	Location	Attendance Requirement	Successful Completion
A. B. Counseling (303) 237-3599	Lakewood	One 2-hr group/wk	52 weeks*
Addictions Recovery Center (303) 441-1275	Boulder & Longmont	One 90-min group/wk	52 weeks*
Advantage Treatment Centers (303) 936-2035	Denver	One 75-min group/wk	52 weeks*
Alpine Counseling (970) 945-7858	Glenwood Springs	Phase I:Two 2-hr groups/wk Phases II & III: One 2-hour group/wk	52 weeks*
ARC Counseling Center (970) 667-8700	Loveland	One 2-hr group/wk	52 weeks*
Alcohol Counseling and Education Services (970) 221-3425	Fort Collins	One 2-hr group/wk	52 weeks*
Arapahoe House (303) 657-3700	Denver	One 2-hr group/wk	52 weeks*

OVERVIEW OF COMMUNITY BASED SERVICES

Provider	Location	Attendance Requirement	Successful Completion
ARC Counseling Center (970) 352-6537	Greeley	One 90-min group/wk (Phases I and II only)	20-30 Sessions
ARTS Outpatient (303) 388-8191	Denver	One 90-min group/wk	52 weeks*
Bridge to Awareness (719) 471-2514	Colorado Springs	One 90-min group/wk	50 weeks*
Dove Counseling (303) 429-3400	Thornton	One 2-hr group/wk	52 weeks*
Dove Counseling (303) 279-3626	Golden	One 2-hr group/wk	52 weeks*
Cadrec (303) 295-2521	Denver	Two 2-hr groups/wk	52 weeks*
Colorado Assessment and Treatment Center (303) 757-6019	Denver	One 2-hr group/wk	52 weeks*
Creative Treatment Options (303) 467-2624	Westminster	One 2-hr group/wk	52 weeks*
Island Grove (970) 669-1700	Loveland	One 2-hr group/wk	52 weeks*
Pikes Peak Mental Health (719) 572-6200	Colorado Springs	One 2-hr group/wk	50 weeks*

*Time needed to complete all three phases of SSC.

Substance Abuse Therapy Group. This is an ongoing weekly process group in which members examine psychosocial functioning in order to improve recovery. It is an open-ended group, and clients discharge from group once they understand their cycle of addiction and have developed effective coping strategies and a relapse prevention plan.

Provider	Location	Attendance Requirement	Successful Completion
Colorado Assessment and Treatment Center (303) 757-6019	Denver	One 1-hr group/wk	Open-ended

Substance Use Awareness Program. This program focuses on wellness and change and is designed to help the client think more realistically about his/her relationship with substance use. Course curriculum provides information about change in a supportive environment thereby creating an opportunity for the client to make healthier decisions. The goal is to provide tools that allow clients to consider making changes.

Provider	Location	Attendance Requirement	Successful Completion
White River Counseling (970) 945-1228	Glenwood Springs	One 2-hr group/wk	8 weeks

Level 4: Intensive Outpatient Therapy

Intensive Offender Outpatient Program – Females. This program is a 36-week intensive program for female substance abusing offenders. The curriculum is made up of SSC, Trauma Recovery Empowerment

(TREM), and Journey Beyond Abuse. TREM is a gender-specific treatment program geared for female survivors of abuse.

Provider	Location	Attendance Requirement	Successful Completion
Arapahoe House (303) 657-3700	Denver	Weeks 1-8: three 3-hr groups/wk Weeks 9-16: three 2-hr groups/wk Weeks 17-36: one 2-hr group/wk	160 hours (36 weeks)

Intensive Offender Outpatient Program – Males. The Intensive Offender Outpatient program is an intensive 5-week program as a follow-up to the Denver based Short-Term Intensive Residential Remedial Treatment (STIRRT) program. The curriculum is based on the SSC and relapse prevention models.

Provider	Location	Attendance Requirement	Successful Completion
Arapahoe House (303) 657-3700	Denver	Three 3-hr groups/wk	45 hours

Intensive Outpatient Program – CETP. This intense three phase program was created to take a look at substance abuse, behaviors, and the effect that those have on the family and the community. During the program, clients take a look at their own substance abuse history and share it with other group members. During the second week, family members are invited to join the groups. Family roles, dynamics and support are discussed. The third week is focused on cognitive restructuring, problem solving, anger management and coping skills to maintain a sober lifestyle.

Provider	Location	Attendance Requirement	Successful Completion
Counseling, Evaluation, & Treatment Programs (303) 279-3626	Golden	Four 3-hr groups/wk	3 weeks

STIRRT – Pueblo Aftercare. This program is a mandatory outpatient program for all graduates of the Pueblo STIRRT program. It provides a continuum of care by offering phases II and III of the SSC model. This phase of treatment may include family involvement and preservation through continued education and therapy

Provider	Location	Attendance Requirement	Successful Completion
Crossroads Managed Care (719) 546-6666	Pueblo	Min. 9 hrs/wk	5 weeks

Level 5: Intensive Residential Treatment

Community Intensive Residential Treatment (CIRT). CIRT is a 42-bed program that provides treatment for male offenders. The program is based on the first two phases of the SSC curriculum. The goal of their approach is to prevent criminal recidivism and substance abuse relapse within community-based and correctional settings. Clients are provided with knowledge about addictive substances and abuse through journaling and writing assignments. Clients learn techniques to change their irrational beliefs and criminal thinking patterns. Other approaches to treatment are also incorporated, such as 12-step, interpersonal relationships, life skills and leisure activities.

OVERVIEW OF COMMUNITY BASED SERVICES

Provider	Location	Weekly Schedule	Successful Completion
San Luis Valley Mental Health Center (719) 589-5134	Alamosa	30 hrs of counselor-led activities 2½ hrs of other structured activities	45 days

ComCor Life Choices (CLC). CLC is a 12-bed IRT program for male and female offenders. While in the CLC program, clients are assigned to particular groups based on criteria such as drug of choice and gender. The client’s individual needs will be factored into group placement. The SSC curriculum is used in all groups of offenders. Various other types of treatment are available to clients in this program, such as EMDR and Thought-Field Therapy. Vocational services are also provided. Clients are linked to resources outside of the CLC program prior to their graduation, and encouraged to use these resources when they leave.

Provider	Location	Weekly Schedule	Successful Completion
ComCor, Inc. (719) 473-4460	Colorado Springs	40 hrs of counselor-led activities 10 hrs of other structured activities	45 days

Drug and Alcohol Residential Treatment (DART). DART provides short-term drug and alcohol treatment for 24 male and 10 female offenders. This program is founded on a 12-step approach to treatment, although the staff subscribes to several different perspectives. Other approaches used to supplement the 12-step model are cognitive behavioral, humanistic or client centered, rational emotive, and alternative methods of treatment (acupuncture and Tai Chi). Recently the Design for Living Hazelden curriculum has been introduced to the program.

Provider	Location	Weekly Schedule	Successful Completion
Community Education Center (303) 377-1110	Denver	38 hrs of counselor-led activities 7 hrs of other activities	42 days

Provider	Location	Weekly Schedule	Successful Completion
Community Education Center (719) 390-1303	Colorado Springs	38 hrs of counselor-led activities 7 hrs of other structured activities	42 days

Residential Treatment Center (RTC). The RTC program provides services for 30 male and 10 female offenders. RTC is located at the Halfway House/Community Corrections center in Greeley. Women are assigned to rooms on a different floor than the men. Various sources are utilized in treatment groups including the 12-step model, the Design for Living Hazelden curriculum, and cognitive-behavioral techniques. Clients attend large, lecture-type groups as well as smaller therapy groups.

Provider	Location	Weekly Schedule	Successful Completion
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Avalon Correctional Services (970) 351-7223	Greeley	20 hrs of counselor-led activities 5 hrs of other structured activities	30-60 days (depending on funding source)
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Short-Term Intensive Residential Remedial Treatment (STIRRT). STIRRT is highly structured compacted drug and alcohol treatment program for male offenders who are at high risk of re-offending. The primary goal of the STIRRT program is to initiate a change in the clients’ substance use and criminal involvement. The program aims to temporarily remove clients from society and return them to the community with the skills to reduce criminal involvement and substance abuse so they will avoid further incarceration or jail time. The program has a largely cognitive behavioral emphasis. The program utilizes Phase I of the SSC curriculum. The cognitive behavioral approach is integrated in the educational and employment skills groups. A full schedule of groups is held each day, Sunday through Saturday.

Provider	Location	Weekly Schedule	Successful Completion
Arapahoe House (303) 289-3391	Commerce City	46 hrs of counselor-led activities 10½ hrs of other structured activities	14 days

Provider	Location	Weekly Schedule	Successful Completion
Crossroads Managed Care (719) 546-6666	Pueblo	49 hrs of counselor-led activities 28 hrs of other structured activities	14 days

Level 6: Therapeutic Community

Peer I Therapeutic Community. Residential TC activities are divided among intensive and transitional services. Intensive services are aimed at addressing and changing attitudes, values and behaviors, as well as increasing motivation, readiness for treatment, and ownership of change. The goal of transitional services is reintegration into the community, with specific emphasis on employment, budgeting, family support groups, and appropriate leisure activities. Clients who transition to non-residential services learn independent living skills while continuing to engage in weekly treatment groups.

Treatment Provider: Addiction Research and Treatment Services (ARTS)

Location: Ft. Logan, Englewood

Number of Residential Beds: 82 (includes probation, diversion, and drug court)

Successful Completion: Graduation depends on progress in treatment. Average length of stay is 9-12 months on residential status and 1 year on non-residential status. Graduates may remain under Peer I monitoring for the duration of their sentence.

The Haven Therapeutic Community. The Haven TC is structured similarly to the Peer I TC. Residential activities are divided among intensive and transitional services, addressing the same areas as Peer I. The Haven additionally addresses parenting and domestic violence issues. There is also a day treatment option available for up to eight females. Women in day treatment reside in apartments off-site, but under Haven supervision, and attend treatment daytimes during the week. This option enables women to reunite with their children sooner than the traditional TC tract.

Treatment Provider: Addiction Research and Treatment Services (ARTS)

OVERVIEW OF COMMUNITY BASED SERVICES

Location: Ft. Logan, Englewood

Number of Residential Beds: 42 (includes probation, diversion, drug court, and social services)

Successful Completion: Graduation depends on progress in treatment. Average length of stay is 9-12 months on residential/day-treatment status and 9-12 months of outpatient TC. Graduates may remain under Haven monitoring for the duration of their sentence.

Independence House Therapeutic Community. The Independence House TC is a modified community-based TC designed to transition offenders who are dually diagnosed from the Crossroads to Freedom House and Personal Reflections TC programs. The overall goal of this TC is to assist residents in making choices in their lifestyles that enhance and foster personal growth and responsibility. Residents learn how to maintain a positive lifestyle free of drugs and crime by receiving education about resources available at the community, state, and federal levels. Each resident may earn the privilege of working based on progress in treatment.

Treatment Provider: Addiction Recovery Programs (ARP)

Location: Denver

Number of Residential Beds: 30

Successful Completion: Graduation is dependent upon progress in treatment. A minimum of 9 months residential treatment is required prior to progressing to outpatient aftercare services.



EVALUATION OF OFFENDER TREATMENT NEEDS

The DOC provides a large array of substance abuse treatment services. It is important for programs to identify the treatment needs of the clientele and determine whether the services are meeting that need. This section compares substance abusers to non-abusers, examines the treatment needs of substance abusers, and explores offender-to-modality matching patterns for inmates.

EVALUATION OF OFFENDER TREATMENT NEEDS

Prison Admissions

Offenders are admitted to DOC through the Denver Reception and Diagnostic Center (DRDC) and Denver Women’s Correctional Facility (DWCF). It is at these facilities’ diagnostic units that offenders are evaluated and screened for various programmatic needs, such as substance abuse, mental health, and vocational. A 5-point severity index is used, where higher scores denote a greater priority for services.

Prison admissions during fiscal year 2003 (FY03) were examined to portray the needs of offenders entering DOC. Data was collected on this cohort to compare substance abusers to non-abusers. Only new adult court commitments with substance level data were included in the sample ($N = 5,276$). Offenders with two or more admissions during the fiscal year were included only once so as to meet the statistical assumption of independent observations.

The new court commitment cohort was divided into two groups, substance abusers and non-abusers, according to their substance abuse level. Substance abusers comprised inmates with levels 3 through 5 while non-abusers included inmates with levels 1 or 2. The substance abuse needs level is calculated from offenders’ SSI scores and number of alcohol/drug related arrests within the last 5 years. The substance level algorithm (see Table 1) takes into account both self-report (SSI score) and a behavioral indicator (number of arrests). Thus, inmates who under-report substance use on the SSI but have substance-related arrests are still identified as substance abusers.

The substance abuse needs level court commitments as substance average SSI score was 5.12 ($SD = 4.37$), at or above the recommended cut-off mean number of substance-related ($SD = 2.72$).

Substance abusers were compared to across multiple variables. Chi-square used for categorical data and *t*-tests were continuous data, with an alpha level of

Demographic characteristics were Table 2). Substance abusers were less married, but there were no other differences existed between groups.

Table 1. Substance Abuse Level Algorithm

Level	SSI Score	# Arrests
1	0 – 1	0
2	0 – 1	1
2	2 – 3	0
3	0 – 1	>=2
3	2 – 3	>=1
3	4 – 8	<=1
4	4 – 8	>=2
4	9 – 14	<=1
5	9 – 14	>=2

identified 82% of abusers. The with 53% scoring score of 4, and the arrests was 2.86 non-abusers analyses were used for .001. examined (see likely to be

Table 2. New Court Commitments Demographic Characteristics (N = 5,276)

	Substance Abusers ($n = 4,315$)		Non-Abusers ($n = 961$)		<i>p</i>
	<i>n</i>	%	<i>n</i>	%	
Gender					n.s.
Male	3,807	88%	863	90%	
Female	508	12%	98	10%	
Ethnicity					n.s.
Caucasian	2,124	49%	429	45%	
Latino	1,331	31%	325	34%	
African American	756	18%	176	18%	
Other	104	2%	31	3%	
Marital Status					<.001
Single	1,622	38%	335	35%	
Married	859	20%	238	25%	
Common law	951	22%	169	18%	
Divorced/ other	872	20%	216	22%	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	

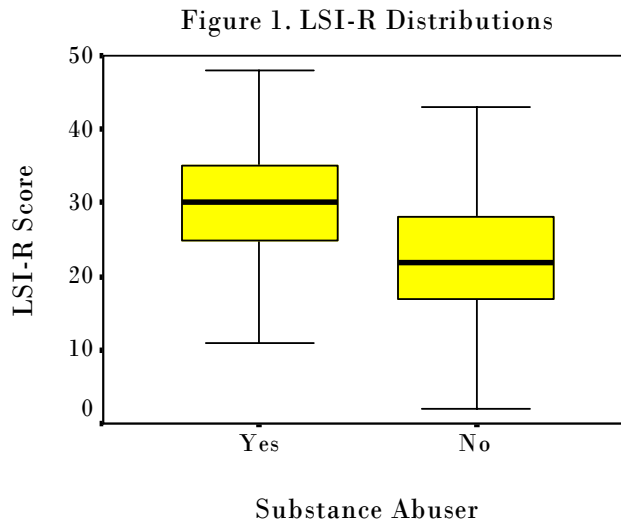
Age	32.07	9.52	32.96	11.76	n.s.
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Note. Marital status was missing for 14 inmates.

Comparisons across groups were made for several criminal history variables. Substance abusers had significantly more crimes on their current incarceration ($M = 2.39, SD = 1.26$) than non-abusers ($M = 2.13, SD = 1.35$), $t(5,274) = 5.59, p < .001$. Substance abusers averaged nearly 6 times as many drug crimes as non-abusers (.63 versus .11), $t(5,274) = 17.74, p < .001$. Substance abusers were more likely to have a prior DOC incarceration (23%) as compared to non-abusers (18%), $\chi^2(1, N = 5,276) = 12.29, p < .001$. The LSI-R provides an overall measure of criminal risk. Figure 1 displays LSI-R score distributions; substance abusers scored substantially higher on the LSI-R than non-abusers, $t(4,774) = 28.84, p < .001$. Taken together, these findings indicate that substance abusers have more serious criminal histories than non-abusers.

Co-existing needs areas substance abusers and non-2). Offenders with a score of were considered to have a co-that area. The only 'seriously mentally ill' identified by a 'C' or 'O' mental health scale. Because psychological evaluation immediately upon intake, as 'C' or 'O' within 90 days was considered seriously

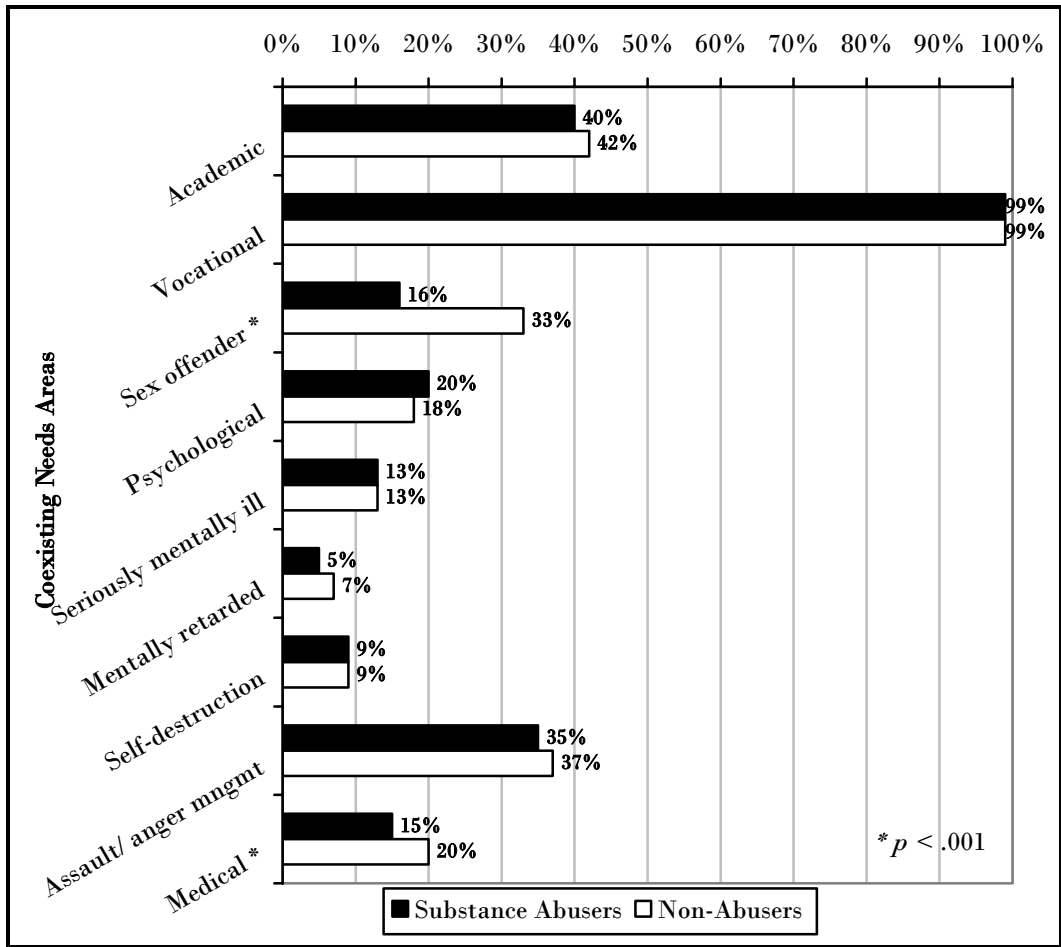
There were no differences except on the sex offender levels. Substance abusers are identified as a sex offender, 148.58, $p < .001$, or have (1, $N = 5,249$) = 14.31, $p < .001$



were examined for abusers (see Figure three or greater existing need in exception is the category, which is a thorough may not take place any inmate coded of their admission mentally ill. between the groups and medical needs less likely to be $\chi^2(1, N = 5,249) =$ medical needs, χ^2

Figure 2. Coexisting Needs for New Court Commitments ($N = 5,249$)

EVALUATION OF OFFENDER TREATMENT NEEDS



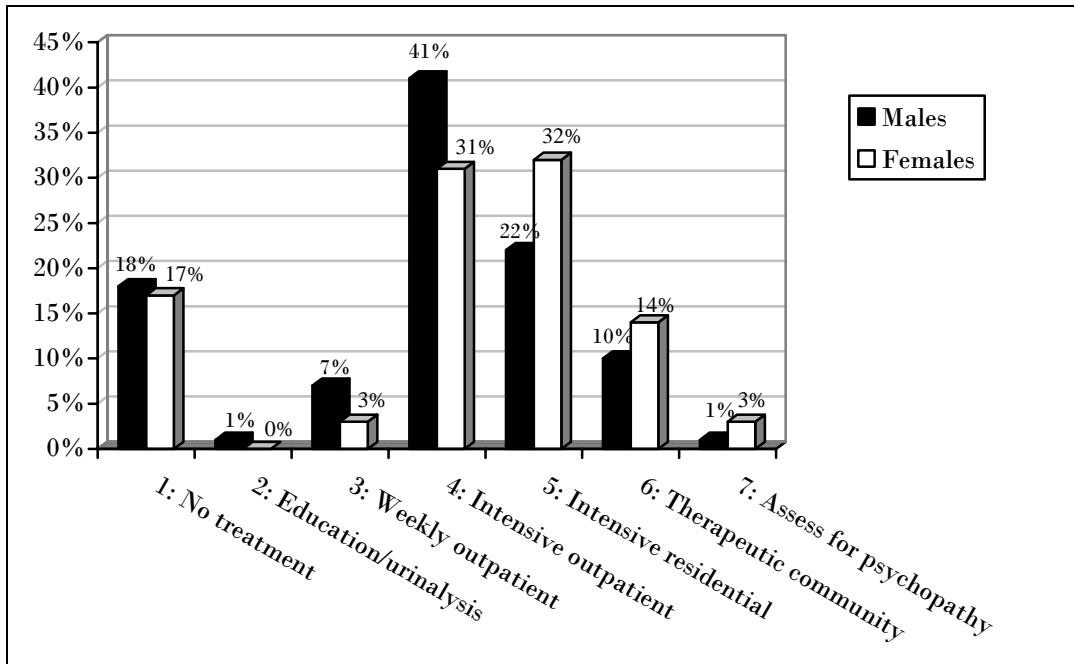
The SOA was administered to 58% of the prison new court commitments ($N = 3,052$). This figure represents a significant increase in the number of SOAs conducted on new commitments as compared to previous years. The sample was divided into males and females to elaborate on gender-specific needs. ASUS subscale scores are presented for both samples in Table 3. The recommended treatment level of assessed clients was analyzed in Figure 3.

The highest needs of inmates are treatment levels 4 through 6. The generally high treatment needs demonstrated in this sample would be expected among inmates because they represent the extreme end of the criminal justice population. It would not be expected that inmates would require level 2 treatment, which integrates only education. The higher levels incorporate the psycho-educational component but additionally include therapy. An interesting finding revealed that female offenders are identified with higher treatment needs overall than males.

Table 3. ASUS Subscale Scores for New Court Commitments ($N = 3,052$)

	Males ($n = 2,677$)		Females ($n = 375$)	
	<i>M (SD)</i>	Norms	<i>M (SD)</i>	Norms
Involvement	9.28 (6.44)	High-medium	9.56 (6.91)	High-medium
Disruption	15.11 (16.23)	Low-medium	22.56(17.96)	Low-medium
Social	11.89 (5.28)	Low-medium	11.20 (5.18)	Low-medium
Mood	6.43 (5.33)	Low-medium	8.42 (5.84)	Low-medium
Defensive	10.36 (4.09)	High-medium	8.58 (4.31)	High-medium

Figure 3. Treatment Needs of New Court Commitments

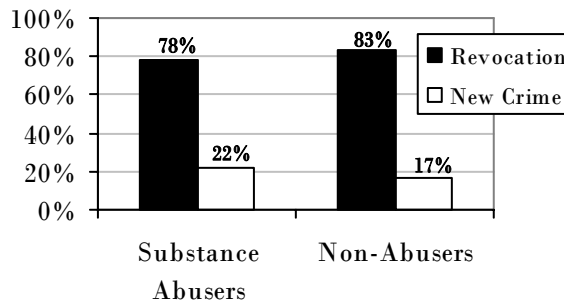


Parole Returns

Substance abusers comprised returns during FY03. Substance as offenders with a substance needs Parolees are returned either for a new crime (see Figure 4).

Demographic characteristics substance abusers and non-abusers of the comparisons revealed differences.

Figure 4. Types of Parole Returns



85% of the parole abusers are defined level of 3 or greater, parole revocation or were examined for (see Table 4). None significant

Table 4. Parole Returns Characteristics (N = 2,283)

	Substance Abusers (n = 1,939)		Non-Abusers (n = 344)		p
	n	%	n	%	
Gender					n.s.
Male	1,749	90%	315	92%	
Female	190	10%	29	8%	
Ethnicity					n.s.
Caucasian	852	44%	151	44%	
Latino	528	27%	91	26%	
African American	504	26%	88	26%	
Other	55	3%	14	4%	
Marital Status					n.s.
Single	818	42%	146	43%	
Married	335	18%	70	20%	
Common law	373	19%	61	18%	
Divorced/ other	412	21%	66	19%	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	

Demographic

EVALUATION OF OFFENDER TREATMENT NEEDS

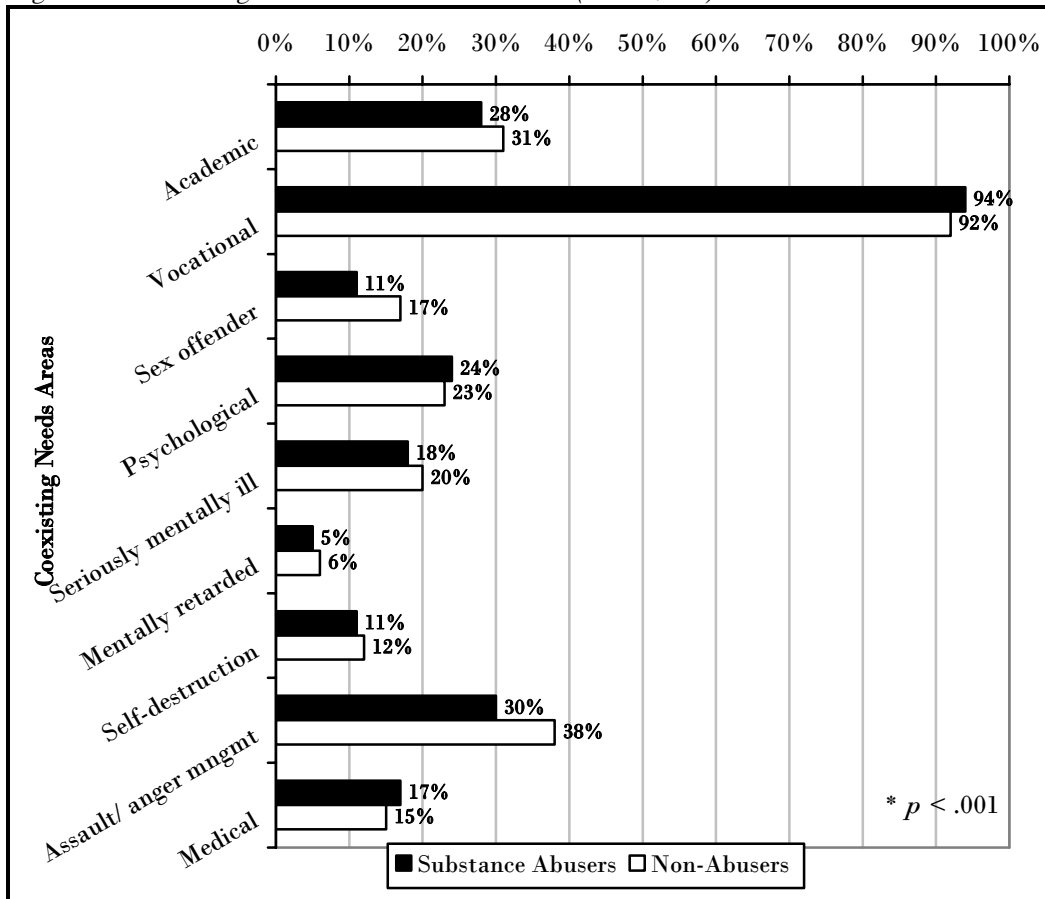
Age	34.44	8.49	33.36	8.91	n.s.
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Note. Only inmates with substance abuse levels were included above. Marital status was missing for 2 inmates.

Substance abusers had the same number of crimes on the current incarceration as non-abusers, averaging 3.94 crimes and 3.78 crimes respectively. However, they had three times as many drug-related crimes as substance abusers, 1.02 crimes versus .32 crimes. $t(2,281) = 9.38, p < .001$. Substance abusers had higher LSI-R scores ($M = 32.08, SD = 6.27$) than non-abusers ($M = 27.48, SD = 6.92$), $t(1,011) = 8.09, p < .001$. However, it should be noted that 56% of parole returns had no current LSI-R scores.

Co-existing needs areas were examined for substance abusers and non-abusers (see Figure 5). Offenders with a score of three or greater were considered to have a co-

Figure 5. Coexisting Needs for Parole Returns (N = 2,243)



existing need in that area. The only exception is the ‘seriously mentally ill’ category, which is identified by a ‘C’ or ‘O’ qualifier on the mental health scale. There were no significant differences between substance abusers and non-abusers on any of the needs scales.

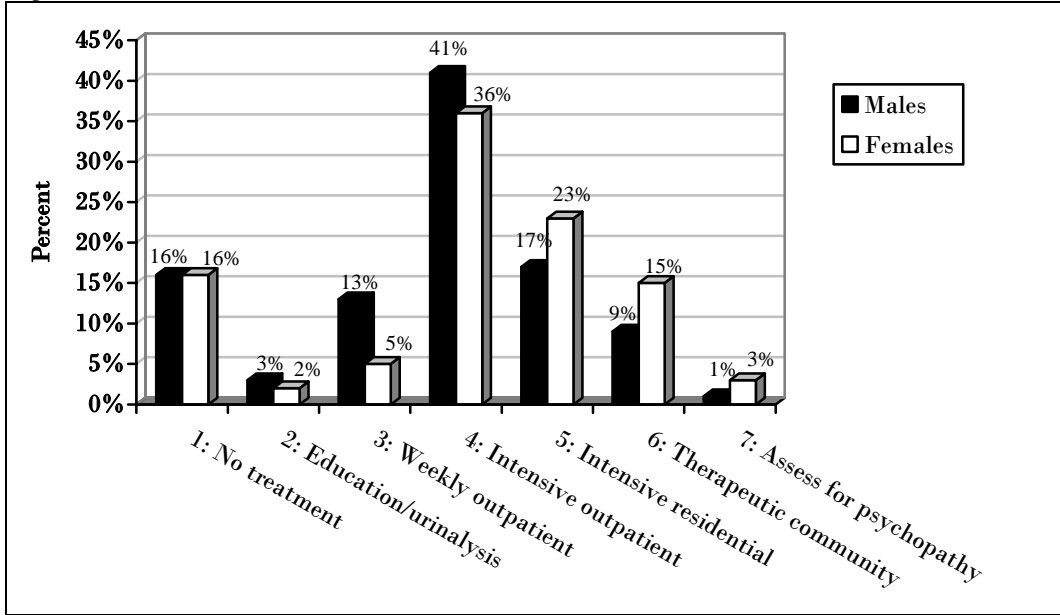
SOA scores for 2,346 parole returns were examined (see Table 5 and Figure 6). Similar to new commitments, the greatest treatment needs are from level 4 through 6, with females demonstrating somewhat greater treatment needs than males.

Table 5. ASUS Subscale Scores for Parole Returns Sample (N = 2,346)

	Males (n = 2,146)		Females (n = 200)	
	M (SD)	Norms	M (SD)	Norms
Involvement	9.13 (6.67)	High-medium	9.41 (5.90)	High-medium
Disruption	15.93(16.54)	Low-medium	21.95(18.43)	High-medium

Social	12.22 (5.54)	High-medium	10.46 (4.77)	Low-medium
Mood	5.92 (5.01)	Low-medium	7.84 (5.49)	Low-medium
Defensive	9.04 (4.34)	High-medium	7.99 (3.98)	High-medium

Figure 6. Estimated Treatment Needs of Parole Returns



EVALUATION OF OFFENDER TREATMENT NEEDS

Prison Population

Seventy-seven percent of the prison population on June 30, 2003 were substance abusers, as identified by the substance abuse needs level. However, 806 inmates have *no* current substance abuse level and, therefore, were excluded from all analyses.

Demographic comparisons presented in Table 6 reveal significant differences between substance abusers and non-abusers on several factors. Substance abusers were more likely to be Latino, common-law married, and younger.

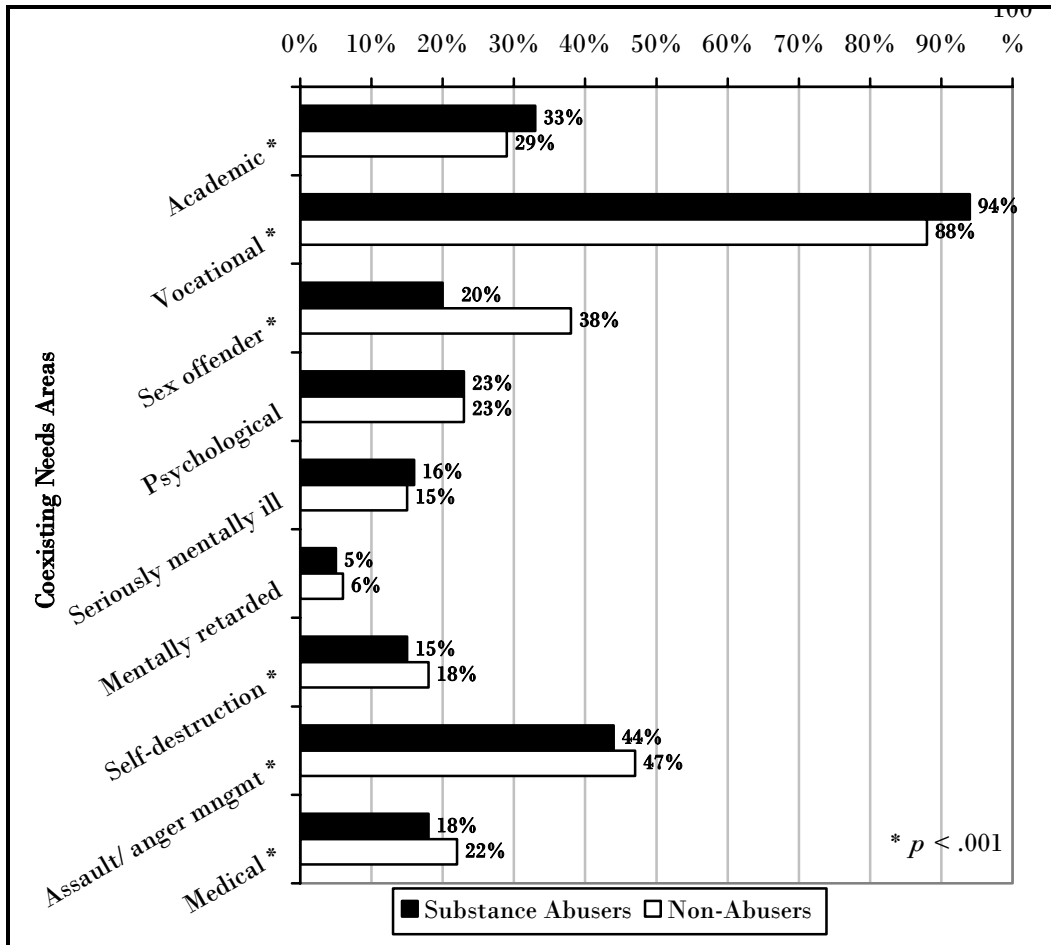
Table 6. Prison Population Demographic Characteristics (N = 15,365)

	Substance Abusers (n = 11,887)		Non-Abusers (n = 3,478)		<i>p</i>
	<i>n</i>	%	<i>n</i>	%	
Gender					n.s.
Male	10,996	92%	3,235	93%	
Female	891	8%	243	7%	
Ethnicity					<.001
Caucasian	5,202	44%	1,722	50%	
Latino	3,691	31%	939	27%	
African American	2,609	22%	699	20%	
Other	385	3%	118	3%	
Marital Status					<.001
Single	4,889	41%	1,328	39%	
Married	2,339	20%	806	23%	
Common law	2,000	17%	424	12%	
Divorced/ other	2,613	22%	905	26%	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Age	34.29	9.50	36.83	12.10	<.001

Note. Only inmates with substance abuse levels were included above. Marital status was missing for 61 inmates.

Co-existing needs areas were examined for substance abusers and non-abusers (see Figure 7). Offenders with a score of three or greater were considered to have a co-existing need in that area. The only exception is the ‘seriously mentally ill’ category, which is identified by a ‘C’ or ‘O’ qualifier on the mental health scale. It should be noted that 935 inmates were missing data on at least one of the needs scales. Chi-square analyses revealed that substance abusers were statistically different from non-abusers on several needs areas: academic, $\chi^2(1, N=14,430) = 19.56, p < .001$, vocational, $\chi^2(1, N=14,430) = 106.12, p < .001$, sex offender, $\chi^2(1, N=14,430) = 457.62, p < .001$, self-destruction, $\chi^2(1, N=14,430) = 11.83, p < .001$, assaultiveness, $\chi^2(1, N=14,430) = 11.35, p < .001$, and medical, $\chi^2(1, N=14,430) = 27.30, p < .001$.

Figure 7. Coexisting Needs for Prison Population (N = 14,430)



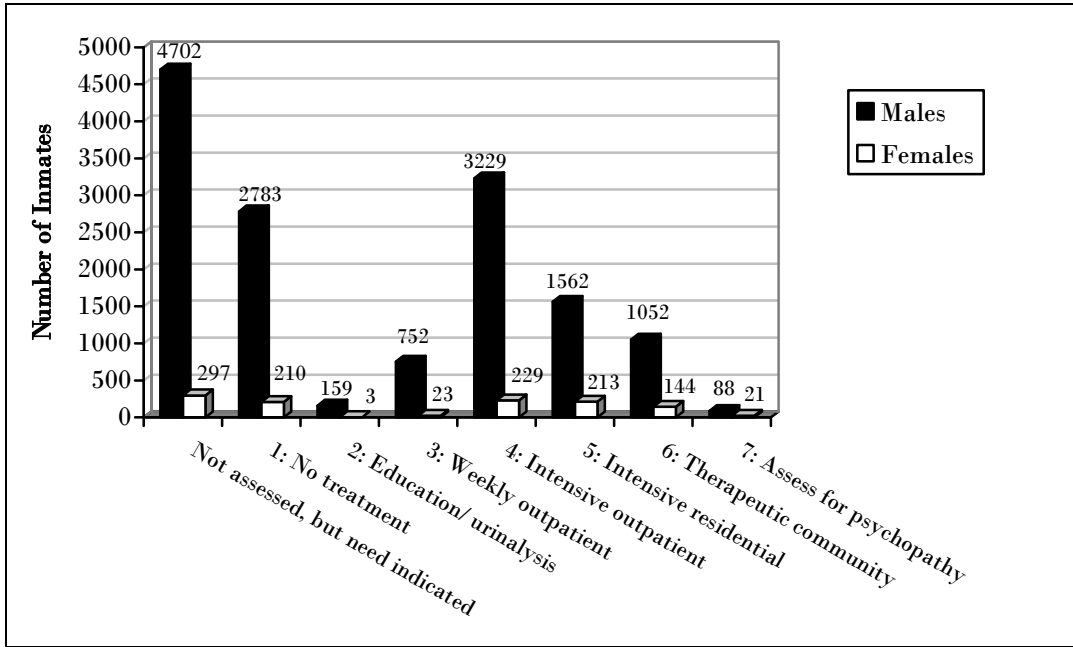
Treatment needs, as measured by the SOA, were examined for the inmate population as of June 30, 2003. ASUS scores are presented in Table 7 and treatment needs are shown in Figure 8. This figure includes inmates who were never assessed; those identified as substance abusers (substance level of 3, 4, or 5) are shown in the ‘not assessed’ category, whereas those identified as non-abusers (substance level of 1 or 2) are included in the ‘no treatment’ category.

Table 7. ASUS Subscale Scores for Prison Population (N = 7,510)

	Males (n = 6,876)		Females (n = 634)	
	M (SD)	Norms	M (SD)	Norms
Involvement	9.39 (7.02)	High-medium	9.49 (6.87)	High-medium
Disruption	16.55 (17.40)	High-medium	21.16(18.44)	High-medium
Social	12.38 (5.53)	High-medium	10.82 (5.20)	Low-medium
Mood	6.86 (5.74)	Low-medium	8.35 (6.01)	Low-medium
Defensive	9.07 (4.23)	High-medium	8.38 (4.09)	High-medium

Figure 8. Estimated Treatment Needs of June 30 Prison Population

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Note. 704 inmates have

neither a substance abuse diagnostic level nor SOA.

Prison Releases

Prison releases during FY03 were examined to make comparisons across substance abusers and non-abusers (see Table 8). Only first releases with substance abuse needs levels were included in the sample for those who released more than once within the year ($N = 6,792$). Substance abusers comprised 85% of releases. There were no differences between groups on gender or age; non-abusers were more likely to be Caucasian and married than were substance abusers.

Table 8. Prison Releases Demographic Characteristics (N = 6,792)

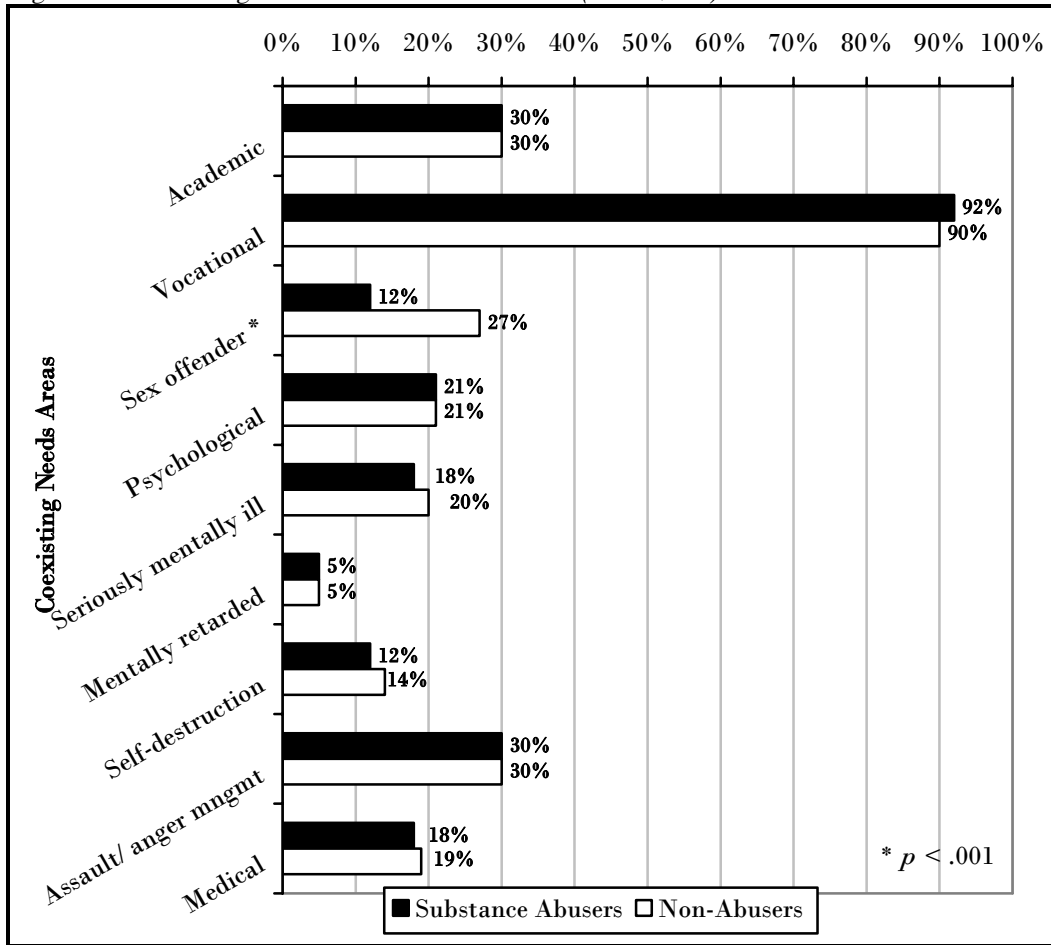
	Substance Abusers ($n = 5,752$)		Non-Abusers ($n = 1,040$)		<i>p</i>
	<i>n</i>	%	<i>n</i>	%	
Gender					n.s.
Male	5,139	89%	926	89%	
Female	613	11%	114	11%	
Ethnicity					<.001
Caucasian	2,637	46%	510	49%	
Latino	1,683	29%	287	27%	
African American	1,283	22%	204	20%	
Other	149	3%	39	4%	
Marital Status					n.s.
Single	2,411	42%	378	37%	
Married	1,049	18%	241	23%	
Common law	956	17%	172	17%	
Divorced/ other	1,319	23%	245	24%	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Age	34.60	9.08	35.03	11.39	n.s.

Note. Marital status was missing for 21 cases.

Co-existing needs areas are presented for prison releases in Figure 9; 218 releases were missing at least one need level. Substance abusers had lesser sex offender needs, $\chi^2(1, N = 6,574) = 150.11, p < .001$. There were no differences across the other needs levels.

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Figure 9. Coexisting Needs for Prison Releases (N = 6,574)

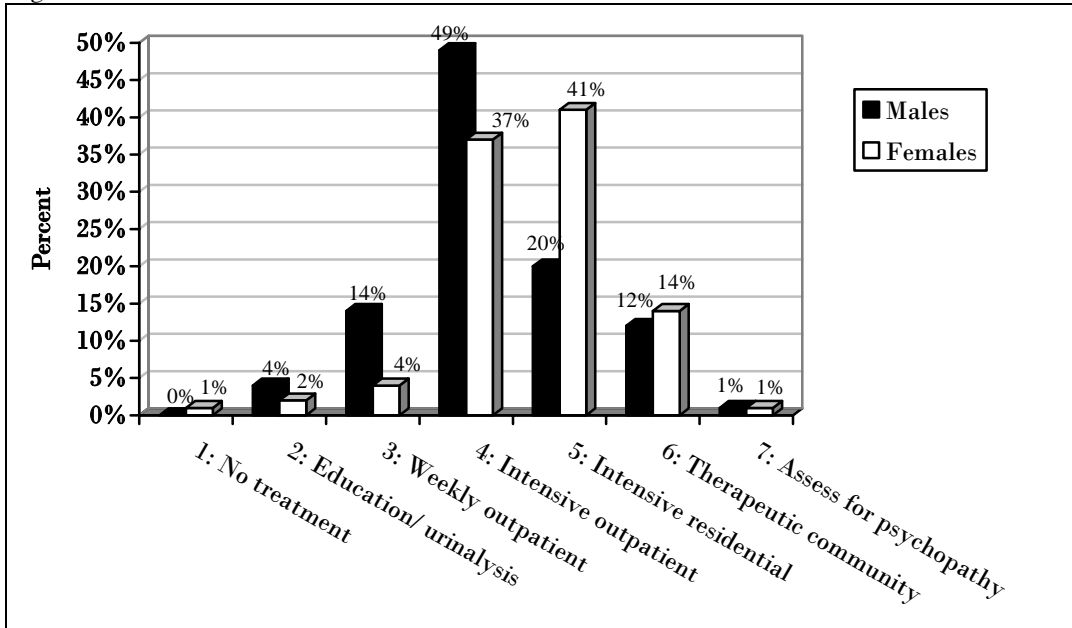


The SOA battery is utilized for treatment placement for parolees who are referred to TASC. Only parolees are eligible for TASC services, and only those deemed appropriate by the parole officers are referred for an assessment and possible treatment referral. Treatment needs were examined for 1,684 parolees with active assessments admitted to TASC during FY03. The SOA battery was not completed for 588 parolees. ASUS scores are presented in Table 9 and treatment recommendations are shown in Figure 10.

Table 9. ASUS Subscale Scores for Prison Releases (N = 1,684)

	Males (n = 1,455)		Females (n = 229)	
	M (SD)	Norms	M (SD)	Norms
Involvement	9.1 (6.7)	High-medium	9.4 (6.0)	High-medium
Disruption	15.5 (16.1)	High-medium	20.8 (17.3)	High-medium
Social	12.0 (5.2)	High-medium	9.9 (4.6)	Low-medium
Mood	6.2 (4.8)	Low-medium	7.9 (5.4)	Low-medium
Defensive	8.9 (3.8)	High-medium	7.8 (3.6)	High-medium

Figure 10. Treatment Needs of Parolees Referred to TASC



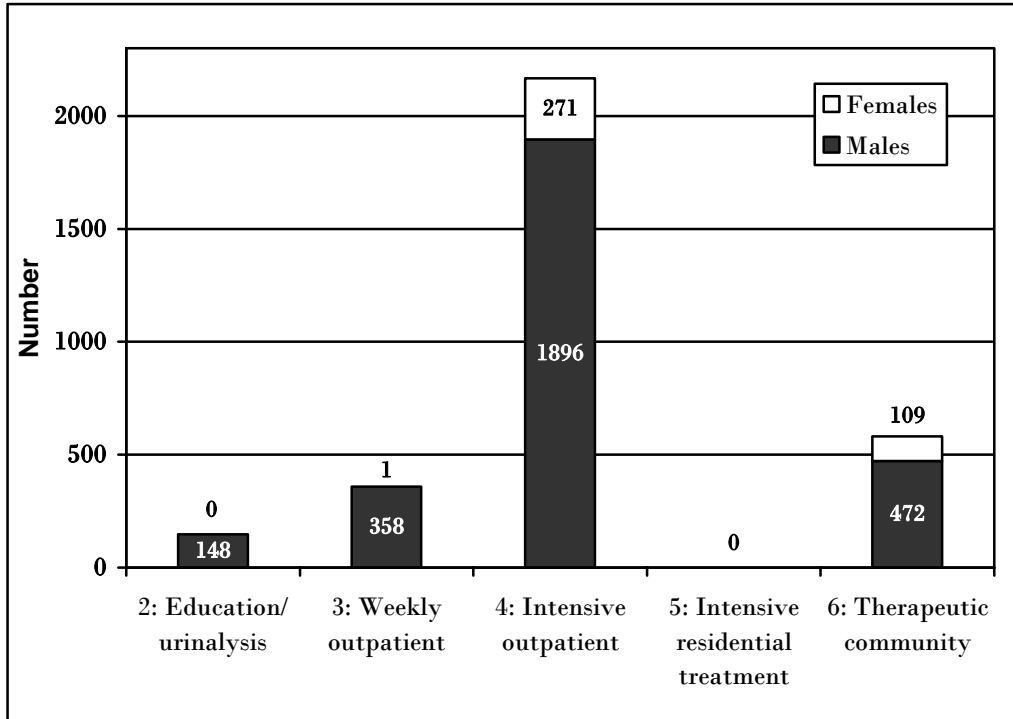
In the past, the SOA battery was conducted by TASC case managers. A new policy was implemented during FY03 that required TASC to use existing assessments. Because of this change, treatment needs of parolees in TASC appear to have risen dramatically. Fifty-five percent of female parolees were assessed as needing residential treatment in FY03 as opposed to 33% in FY02, $\chi^2 (4, N = 443) = 30.44, p < .001$. Male offenders requiring residential treatment also rose from 21% in FY02 to 33% in FY03, $\chi^2 (4, N = 3,038) = 75.33, p < .001$.

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Available Services

Substance abuse treatment services were available at nearly all DOC prison facilities. The availability of services was examined using discharge summary data because enrollment data is not uniformly available and discharge data gives a more complete depiction of inmates’ involvement in treatment. Figure 11 shows the number of program terminations for each treatment modality. Level 4 treatment was the predominant modality available within DOC during FY03.

Figure 11. Program Discharges by Treatment Level (N = 3,255)



Termination reasons for FY03 program discharges were examined by treatment level (see Table 10). Transfers noted in the figure are usually related to inmate movements between facilities or release to a community center or parole. Discharges attributed as “other” include offenders who were terminated for medical reasons or referred to treatment elsewhere. Most treatment participants successfully completed treatment; level 6 participants quit or were expelled at a higher rate than for other treatment modalities. This finding is consistent with the intensity of the TC modality. Because participation in TC is voluntary, offenders struggling with the intensity of the modality tend to drop out, regardless of sanctions that might ensue. Participants who do not comply with the program rules are subject to termination by staff in order to maintain the required positive peer culture.

Treatment discharges were separated into two groups, therapeutic community and education/outpatient, and examined for all DOC facilities (see Figure 2). Although offender assessment services were provided, treatment services were not provided at DRDC where facility resources are dedicated to processing prison admissions. Services rendered were not considered at CCCF as they had not received licensure from Colorado’s Alcohol and Drug Abuse Division. Data was not available from KCCF. Although all other facilities provided drug and alcohol treatment, differences were found in terms of treatment modality provided and number of inmates served.

Table 10. Termination Reasons for FY03 Discharges (N = 3,255)

	3: Weekly Outpatient	4: Intensive Outpatient	6: Therapeutic Community	Total
2: Education				

Finished	90%	77%	83%	39%	75%
Transferred	4%	15%	5%	15%	8%
Quit	2%	1%	3%	10%	4%
Expelled	1%	1%	4%	21%	7%
Other	3%	6%	5%	15%	7%

Length of stay is an important predictor for success in any treatment modality. Lengths of stay in treatment were analyzed using discharge summary data. Generally fewer contact hours were associated with less intense treatment; level 2 had a median 50 hours, level 3 had a median 40 hours, and level 4 had a median 80 hours. Level 6 programs are much longer in duration, with the median length of stay in a TC program being 221 days.

Offender needs to modality matching patterns were examined to determine the frequency with which inmates were able to access programs best suited to their treatment needs. Of the 3,255 treatment discharges in FY03, assessment data was missing for 254 inmates and 161 inmates were admitted multiple times to treatment; for the purposes of examining treatment-matching patterns, only the first treatment episode was examined.

Table 11 displays matching patterns for those who participated in treatment during FY03. Percentages on the diagonal represent accurate matching of need to modality; those below the diagonal represent inmates who received more intense services than required while those above the diagonal received less intense services than needed.

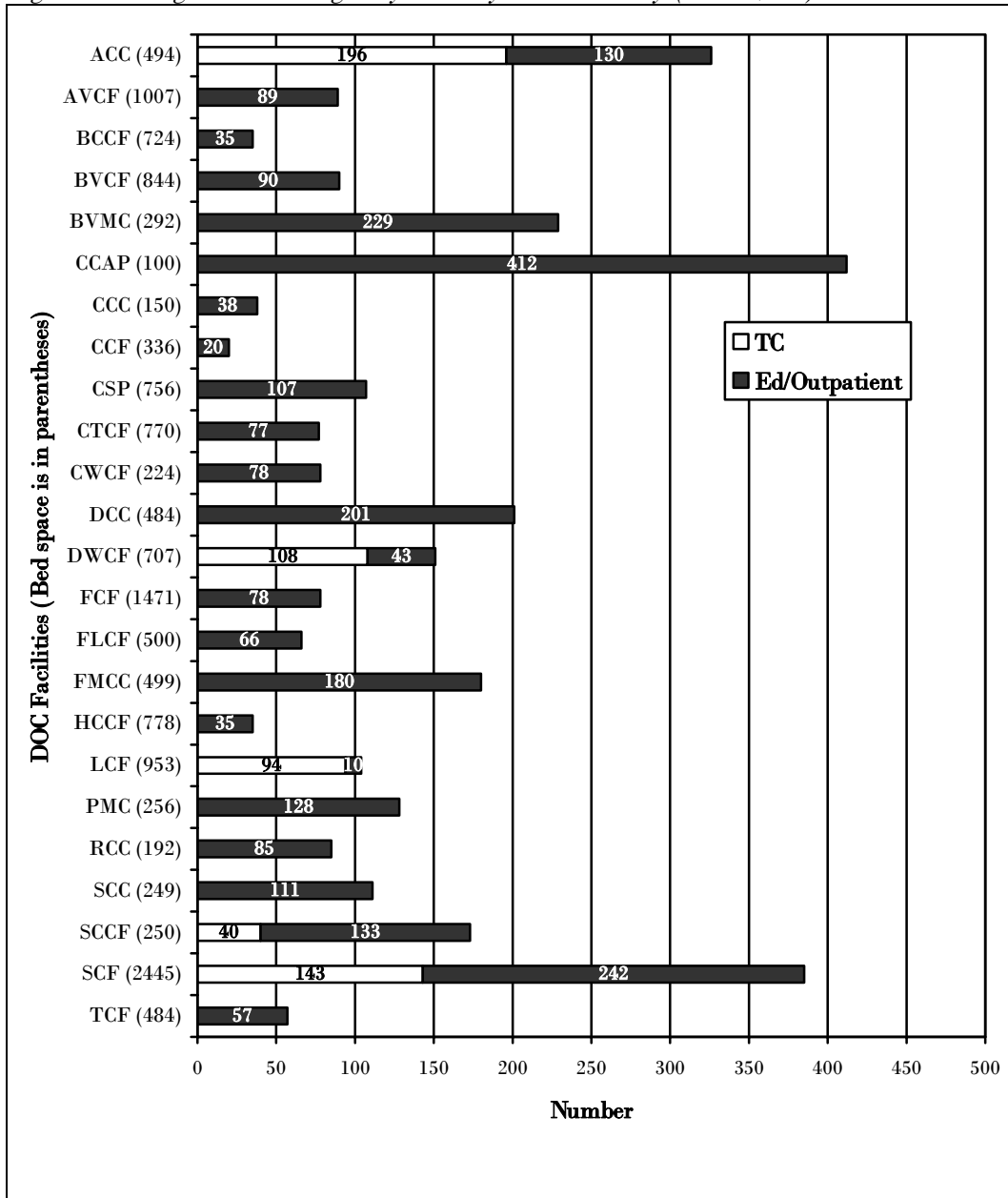
Offender-to-modality matching patterns excluded inmates who did not receive treatment. Of the 6,863 individuals released in FY03, there were 5,835 (85%) identified as needing substance abuse treatment. However, only 48% of those ($n = 2,800$) received treatment while in prison. Therefore, more than half (52%) of the prison releases who needed substance abuse treatment received none while incarcerated.

Table 11. Comparison of Offender-to-Modality Matching Patterns (N = 2,835)

Rendered Services	Assessed Need				
	Level 2	Level 3	Level 4	Level 5	Level 6
Level 2: Education/ urinalysis	0%	1%	2%	1%	1%
Level 3: Weekly outpatient	0%	1%	5%	2%	2%
Level 4: Intensive outpatient	1%	7%	37%	15%	8%
Level 5: Intensive residential	0%	0%	0%	0%	0%
Level 6: Therapeutic community	0%	0%	1%	9%	7%

EVALUATION OF OFFENDER TREATMENT NEEDS

Figure 12. Program Discharges by Facility and Modality (N = 3,255)



Recidivism

Inmates who released between July 1999 and June 2002 for sentence discharge, discretionary parole, or mandatory parole were included in the recidivism analyses. Only offenders with complete SOA data were included in the analyses. Table 12 presents recidivism rates by treatment level. Time out of prison was controlled by limiting 3-year recidivism rates to individuals who released during FY02 and similarly, 2-year rates were limited to the FY01 and FY00 release cohorts.

Results indicate that recidivism rates incrementally increase as the treatment level is higher. This finding suggests good validity of the SOA process.

Table 12. Recidivism Rates of Substance Abusers

Treatment Level	1 Year (N = 7,378)		2 Year (N = 4,515)		3 Year (N = 2,058)	
	# releases	% returns	# releases	% returns	# releases	% returns
1	130	19%	88	25%	46	39%
2	283	19%	191	31%	87	37%

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3	878	23%	505	35%	201	39%
4	3,501	31%	2,128	43%	959	47%
5	1,473	32%	909	45%	438	51%
6	1,059	34%	659	48%	310	56%
7	54	37%	35	43%	17	47%
Total	7,378	30%	4,515	42%	2,058	48%

Further research is needed to evaluate recidivism rates of inmates who participate in substance abuse treatment, in comparison to those who do not. It is difficult to measure the effectiveness of treatment programs as a whole because a great many factors vary between participants who receive services and who do not. Comparison between groups, when differences remain unknown or unmeasured, do not produce reliable conclusions. Careful outcome evaluation is needed to evaluate the effectiveness of the various treatment modalities.



APPENDIX A

Acronym	Facility
ACC	Arrowhead Correctional Center
AVCF	Arkansas Valley Correctional Facility
BCCF	Bent County Correctional Facility
BVCF	Buena Vista Correctional Facility
BVMC	Buena Vista Minimum Center
CCAP	Colorado Correctional Alternative Program
CCC	Colorado Correctional Center (Camp George West)
CCCF	Crowley County Correctional Facility
CCF	Centennial Correctional Facility
CSP	Colorado State Penitentiary
CTCF	Colorado Territorial Correctional Facility
CWCF	Colorado Women's Correctional Facility
DCC	Delta Correctional Center
DRDC	Denver Reception and Diagnostic Center
DWCF	Denver Women's Correctional Facility
FCF	Fremont Correctional Facility
FLCF	Fort Lyons Correctional Facility
FMCC	Four Mile Correctional Center
HCCF	Huerfano County Correctional Facility
KCCF	Kit Carson Correctional Facility
LCF	Limon Correctional Facility
PMC	Pueblo Minimum Center
RCC	Rifle Correctional Center
SCC	Skyline Correctional Center
SCCF	San Carlos Correctional Facility
SCF	Sterling Correctional Facility
TCF	Trinidad Correctional Facility