

Colorado Department of Corrections

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Overview of Substance Abuse Treatment Services: Fiscal Year 2004

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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 (IRT). Level 5 is an intensive residential program for individuals presenting with serious substance abuse problems. Intensive residential programs typically last 30 days, 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 (TC). 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

DCCCA – DCCCA, Inc.

RMBH – Rocky Mountain Behavioral Health

ARTS – Addiction Research & Treatment Services

MMH – Midwestern Mental Health

Mirror – Mirror, Inc.

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	Counselor	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/ SCC	12	1:30 – 3:30 pm F	Bea Martinez	ARP

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	To be determined	Peggy Jo Gragert	CCA
CCCF	15	To be determined	Peggy Jo Gragert	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	8:00 – 10:45 am M – Th	Krista Lindsey	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 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	CCA
CCCF	15	1:00 – 4:45 pm M, W	Peggy Jo Gragert	CCA
HCCF	12	To be determined	Michelle Howard	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	To be determined	Penny Hatter	MMH
FLCF	16	8:00 – 11:00 am, M – Th, 1:30 – 4:00 pm, M – Th	Sandra Ybarra	DCCCA

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	To be determined	Wanona Wiker	CCA
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	7:30 – 10:00 am M – Th	Diane Eastberg	ARP
FCF	12	1:00 – 3:00 pm M – Th	Diane Eastberg	ARP
FLCF*	16	8:00 – 11:00 am M – Th, 1:30 – 4:00 pm M – Th	Sandra Ybarra	DCCCA
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	CCA
HCCF	15	To be determined	Lucy Galvan	CCA
KCCF	12	8:00 – 10:30 am M, T	Jimmie Jones	CCA
KCCF	12	8:00 – 10:30 am W, Th	Jimmie Jones	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.

Level 5: Intensive Residential Treatment (IRT)

There are no level 5 programs offered in CDOC. Offenders assessed at this level should be referred to level 6.

Level 6: Therapeutic Community (TC)

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

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 was the first 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 Shannon Ready	DOC Staff ARP
Peer I Transition		4 days per month at ACC	Vacant	ARTS
Independence House Transition		As Needed	Vacant	

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. Offenders with mental illness (OMI) have a part-time staff person who is dedicated solely to them. 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 Krista Lindsey	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.

Counselors from SCCF also participate in staffing and provide aftercare groups for offenders who have transitioned from SCCF to the Independence House community corrections centers.

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	Kathy Carrington	

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 per week from 7:30 am – 4:00 pm	Lori Lamer Ken Hofelich Vacant Vacant	Mirror

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 Ybarra	DCCCA
FLCF	25	8:00 – 9:00 am F	Tracey Garcia	DCCCA

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



OVERVIEW OF COMMUNITY BASED SERVICES

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

Intensive Residential Treatment and TC programs are offered in some community corrections programs. These specialized programs are given oversight through the Division of Criminal Justice and the Alcohol and Drug Abuse Division.

This overview lists community based ATPs and descriptions of the groups that they offer, as well as descriptions of the specialized residential programs. 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. MH TASC oversees the OMI program which consists of two case managers who work exclusively with offenders with serious mental illness.

Agency	Schedule	Counselor	Contractor
Mile High TASC Englewood (303) 761-7554	8:00 am – 6:00 pm M – Th Random UAs 7 days/wk	Dale Brotski Donna Storey	Peer Assistance Services, Inc.
Mile High TASC Denver (303) 595-4194	8:00 am – 7:00 pm M – Th Random UAs 7 days/wk	Julie Hoffman Chad Edson (OMI) Anita Hoffman Layne Jacobson Bill Kulikowski (OMI)	Peer Assistance Services, Inc.
Northeast TASC Westminster (303) 428-5264	8:30 am – 7:00 pm M - F	Larry Taylor Barbara Heuerman Jerry Stayton Colleen Todd Karen Wagner	Peer Assistance Services, Inc.
Northeast TASC Greeley (970) 336-9034	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.

Agency	Schedule	Counselor	Contractor
Northeast TASC Longmont	8:30 am – 5:00 pm W	Karen Wagner	Peer Assistance Services, Inc.
Southeast TASC Colorado Springs (719) 444-0882	8:00 am – 5:00 pm M – Th 8:00 am – 4:00 pm F	Lois Lifto David Robinson Bonnie Signs	Peer Assistance Services, Inc.
Southeast TASC Pueblo (719) 543-0690	8:00 am – 5:00 pm M - F	Michael Botello Vacant	Peer Assistance Services, Inc.
Western TASC Grand Junction (970) 242-2800	7:00 am – 12:00 pm 1:00 – 6:00 pm M - F	Melissa Ippolito Don Engberg Brandy Lake Michael Stucker	Peer Assistance Services, Inc.

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) 694-3360	Centennial	One 2-hr group/wk	Min. 12 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
A. B. Counseling (303) 694-3360	Centennial	One 2-hr group/wk	Min. 12 weeks
UCHSC/ARTS CrossPoint (303) 388-8191	Denver	One 90-min group/wk	Open-ended

Level 3: Weekly Outpatient Therapy

Chemical Dependency. The program is a twelve-session group designed to assist the client in gaining positive coping skills needed to achieve sobriety. Clients may join at any time. Once the client has joined, it is important they complete the twelve sessions consecutively. It is not necessary for the client to wait for a missed session before completing a group. Once a client has completed this group, they may considered done with the group or, if further treatment is needed, may continue into Relapse Prevention or into another court ordered group. This group is generally recommended for clients who have produced positive UAs consecutively.

Provider	Location	Attendance Requirement	Successful Completion
Bridge to Awareness (719) 471-2514	Colorado Springs	One 90-min group/wk	Min. 30 hours

Enhanced Outpatient Program (EOP). This program combines 48 hours of group therapy with 6 hours of individual counseling. EOP is considered phase I to be followed by a minimum of 4 months of EOP 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 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
Addictive Behaviors Counseling (970) 945-4854	Glenwood Springs	One 2-hr group/wk	Min. 40 weeks

General Offender's Group. This group utilizes Cognitive-Behavioral therapy; with emphasis placed on alternative coping strategies to replace unhealthy behavior in high-risk situations with healthy choices. Addressing a wide range of problems may prove more effective than focusing on addictive behavior alone. Clients will gain knowledge on effects of substance use as well as some self-awareness of their own motivation for use and need for a behavior change.

Provider	Location	Attendance Requirement	Successful Completion
The Council (303) 825-8113	Denver	One 2-hr group/wk	20 weeks

Intensive Outpatient Program – White River. This is 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	Two 2-hr groups/wk	Open-ended

Life Skills. The program is a twelve-session group designed to assist the client in gaining the basic coping skills needed to achieve sobriety. Clients may join at any time. Once the client has joined, it is important they complete the twelve sessions consecutively. It is not necessary for the client to wait for a missed session before completing a group. Once a client has completed this group, they may be considered done with the group or, if further treatment is needed, may continue into Relapse Prevention or into another court ordered group. This group is generally recommended for DHS referred clients.

Provider	Location	Attendance Requirement	Successful Completion
Bridge to Awareness (719) 471-2514	Colorado Springs	One 90-min group/wk	Min. 30 hours

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) 694-3360	Centennial	One 2-hr group/wk	52 weeks*
Advantage Treatment Centers (303) 936-2035	Denver	One 75-min group/wk	16 weeks
Alpine Counseling (970) 945-7858	Glenwood Springs	One 90-min group/wk	Open-ended
Bridge to Awareness** (719) 471-2514	Colorado Springs	One 90-min group/wk	Min. 30 hours
Clarity Counseling, P.C. (970) 882-1253 x1	Dolores	One 2-hr group/wk OR one 1-hr individual/wk	Open-ended
Community Education Centers (719) 390-1303	Colorado Springs	One 60-min group/wk	12 Weeks

Provider	Location	Attendance Requirement	Successful Completion
Dove Counseling (303) 429-3400	Thornton	One 2-hr group/wk	Min. 20 groups
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
Crossroads' Turning Points, Inc. (719) 545-1181	Pueblo	One 90-min group/wk	19 weeks
Island Grove (970) 351-6678	Greeley	One 90-min group/wk	20 weeks
Men & Women Seeking Empowerment (303) 665-7037	Lafayette	One 90-min group/wk	Open-ended
The Council (303) 825-8113	Denver	One 90-min group/wk	20 weeks
White River Counseling (970) 645-1228	Glenwood Springs	One 90-min group/wk	Open-ended
White River Counseling (970) 625-3416	Rifle	One 90-min group/wk	Open-ended
White River Counseling (970) 434-6312	Grand Junction	One 90-min group/wk	Open-ended
UCHSC/ARTS CrossPoint (303) 388-8191	Denver	One 90-min group/wk	Min. 24 weeks
Yampa Valley Psychotherapists (970) 879-9454	Steamboat Springs	One 2-hr group/wk	20 weeks
Yampa Valley Psychotherapists	Craig	One 2-hr group/wk	20 weeks

* Time needed to complete all three phases of SSC.

** Advanced relapse prevention available at this location.

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.

OVERVIEW OF COMMUNITY BASED SERVICES

Provider	Location	Attendance Requirement	Successful Completion
A. B. Counseling (303) 694-3360	Centennial	One 2-hr group/wk	52 weeks*
A. B. Counseling (303) 237-3599	Lakewood	One 2-hr group/wk	52 weeks*
Addictive Behaviors Counseling (970) 945-4854	Glenwood Springs	One 2-hr group/wk	52 weeks*
Advantage Treatment Centers (303) 936-2035	Denver	One 75-min group/wk	52 weeks*
Advantage Treatment Centers (719) 346-6060	Burlington	One 2-hr group/wk	52 weeks*
Alpine Counseling (970) 945-7858	Glenwood Springs	Two 2-hr groups/wk (Phase I) One 2-hr group/wk	52 weeks*
Arapahoe House (303) 657-3700	Denver	One 2-hr group/wk	52 weeks*
Bridge to Awareness (719) 471-2514	Colorado Springs	One 90-min group/wk	50 weeks*
Cortez Addiction Recovery (970) 565-4109	Cortez	One 2-hr group/wk	52 weeks*
Creative Treatment Options (303) 467-2624	Westminster	One 2-hr group/wk	52 weeks*
Crossroads' Turning Points, Inc. (719) 545-1181	Pueblo	One 90-min group/wk	50 weeks*
Crossroads' Turning Points, Inc. (719) 589-5176	Alamosa	One 90-min group/wk	50 weeks*
Crossroads' Turning Points, Inc. (719) 846-4481	Trinidad	One 90-min group/wk	50 weeks*
Crossroads' Turning Points, Inc. (719) 738-2076	Walsenburg	One 90-min group/wk	50 weeks*
Island Grove (970) 351-6678	Greeley	One 90-min group/wk	52 weeks*
New Directions (303) 682-9473	Longmont	One 2-hr group/wk	52 weeks*
Pathfinder Clinic (970) 259-6588	Durango	One 2-hr group/wk	52 weeks*
Peoria Treatment Centers (303) 361-9895	Peoria	One 90-min group/wk	52 weeks*
Rocky Mountain Behavioral Health (719) 275-7650	Canon City	One 2-hr group/wk	52 weeks*
UCHSC/ARTS CrossPoint (303) 388-8191	Denver	One 90-min group/wk	52 weeks*
White River Counseling (970) 945-1228	Glenwood Springs	Two 2-hr groups/wk	52 weeks*
White River Counseling (970) 625-3416	Rifle	Two 2-hr groups/wk	52 weeks*

Provider	Location	Attendance Requirement	Successful Completion
White River Counseling (970) 434-6312	Grand Junction	Two 2-hr groups/wk	52 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	9 weeks

Women's Group. This program addresses issues that many women struggle with, especially if they are abusing alcohol and other drugs. Women grow and develop and have unique needs in recovery. Each woman's path of healing is unique but most find that it involves discovering the true self, connecting in healthy relationships with others, understanding sexuality and gaining some spiritual connection. Learning to change behavior by changing thought processes and moving from the emotion center to the thought center is the primary focus of this group.

Provider	Location	Attendance Requirement	Successful Completion
The Council (303) 825-8113	Denver	One 90-min group/wk	26 weeks

Level 4: Intensive Outpatient Therapy

Intensive Offender Outpatient Program – Females. These programs are specifically designed for female substance abusing offenders. Though curriculums may vary from provider to provider, the primary goal of these groups is to assist clients in achieving abstinence and developing coping skills. Past trauma is also addressed.

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)
Rocky Mountain Behavioral Health (719) 275-7650	Canon City	Minimum 9 hours/wk	30-90 days

Intensive Offender Outpatient Program – Males. Much like the female intensive programs, these programs exist to assist their clients in reaching long term abstinence from substance use. The intensity of the program is designed to meet the needs of individuals who are suffering from severe dependence to alcohol and/or drugs. The Intensive Offender Outpatient program at Arapahoe House is an intensive 5-week program as a follow-up to the Denver based Short-Term Intensive Residential Remedial Treatment (STIRRT) program.

Provider	Location	Attendance Requirement	Successful Completion
Arapahoe House (303) 657-3700	Denver	Three 3-hr groups/wk	45 hours
Rocky Mountain Behavioral Health (719) 275-7650	Canon City	Minimum 9 hours/wk	30-90 days
UCHSC/ARTS CrossPoint (303) 388-8191	Denver	Minimum 9 hours/wk	72 hours

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 I, 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' Turning Points, Inc (719) 545-1181	Pueblo	Minimum 5 hrs/wk	5 weeks

Level 5: Intensive Residential Treatment (IRT)

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.

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 male and 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). The Design for Living Hazelden curriculum as well as Strategies for Self-Improvement and Change (SSC) are both utilized in this program.

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
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)

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
Crossroads' Turning Points, Inc. (719) 546-6666 (Male Program) (719) 545-1811 (Female Program)	Pueblo	49 hrs of counselor-led activities 28 hrs of other structured activities	14 days

Level 6: Therapeutic Community (TC)

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, Denver

Number of Residential Beds: 112 (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 is a unique long term therapeutic community for women and children, with special interest and ability to serve pregnant and post-partum women. The Haven houses 38 women and The Haven Mother's House serves an additional 14 women with their infant children who reside with their mothers in treatment. The Haven serves women with chronic substance abuse disorders; over 50% of the women display a co-occurring mental health diagnosis. The

Haven offers comprehensive treatment services including group treatment; individualized treatment; psychiatric services; cognitive behavioral therapy; parenting education; infant developmental evaluations and services; on-site child care; medication monitoring; on-site medical services; supervised children's visitation; exercise and recreational activities; relapse prevention groups; gender specific/trauma informed women's treatment services; transitional housing; and day treatment.

Treatment Provider: Addiction Research and Treatment Services (ARTS)

Location: Ft. Logan, Denver

Number of Residential Beds: 38 women's treatment beds and 14 beds for mothers with their infants in residence (includes probation, diversion, drug court, and DHS)

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: Independence House and Mental Health Corp. of Denver

Location: Denver

Number of Residential Beds: 20

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.

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 2004 (FY04) 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 ($N = 5,317$). 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.

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

The substance abuse needs level identified 82% of court commitments as substance abusers. The average SSI score was 5.10 ($SD = 4.40$), with 53% scoring at or above the recommended cut-off score of 4, and the mean number of substance-related arrests was 3.00 ($SD = 2.95$).

Substance abusers were compared to non-abusers across multiple variables. Chi-square analyses were used for categorical data and *t*-tests were used for continuous data, with an alpha level of .001.

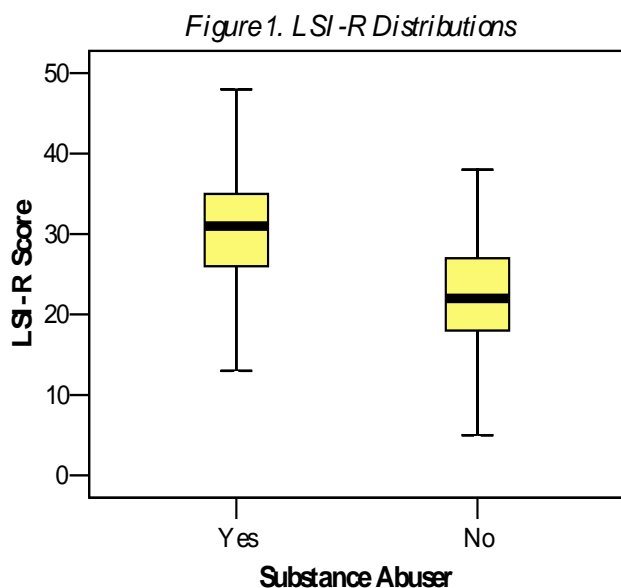
Demographic characteristics were examined (see Table 2). Substance abusers were more likely to be female, Caucasian, single, and younger.

Table 2. New Court Commitments Demographic Characteristics (N = 5,317)

	Substance Abusers (n = 4,370)		Non-Abusers (n = 947)		p
	n	%	n	%	
Gender					<.001
Male	3,766	86%	854	90%	
Female	604	14%	93	10%	
Ethnicity					<.001
Caucasian	2,183	50%	431	45%	
Latino	1,370	31%	318	34%	
African American	707	16%	166	18%	
Other	110	3%	32	3%	
Marital Status					<.001
Single	1,734	40%	309	32%	
Married	794	18%	252	27%	
Common law	962	22%	185	20%	
Divorced/ other	869	20%	199	21%	
	M	SD	M	SD	
Age	32.18	9.54	33.33	11.17	<.001

Note. Marital status was missing for 13 inmates

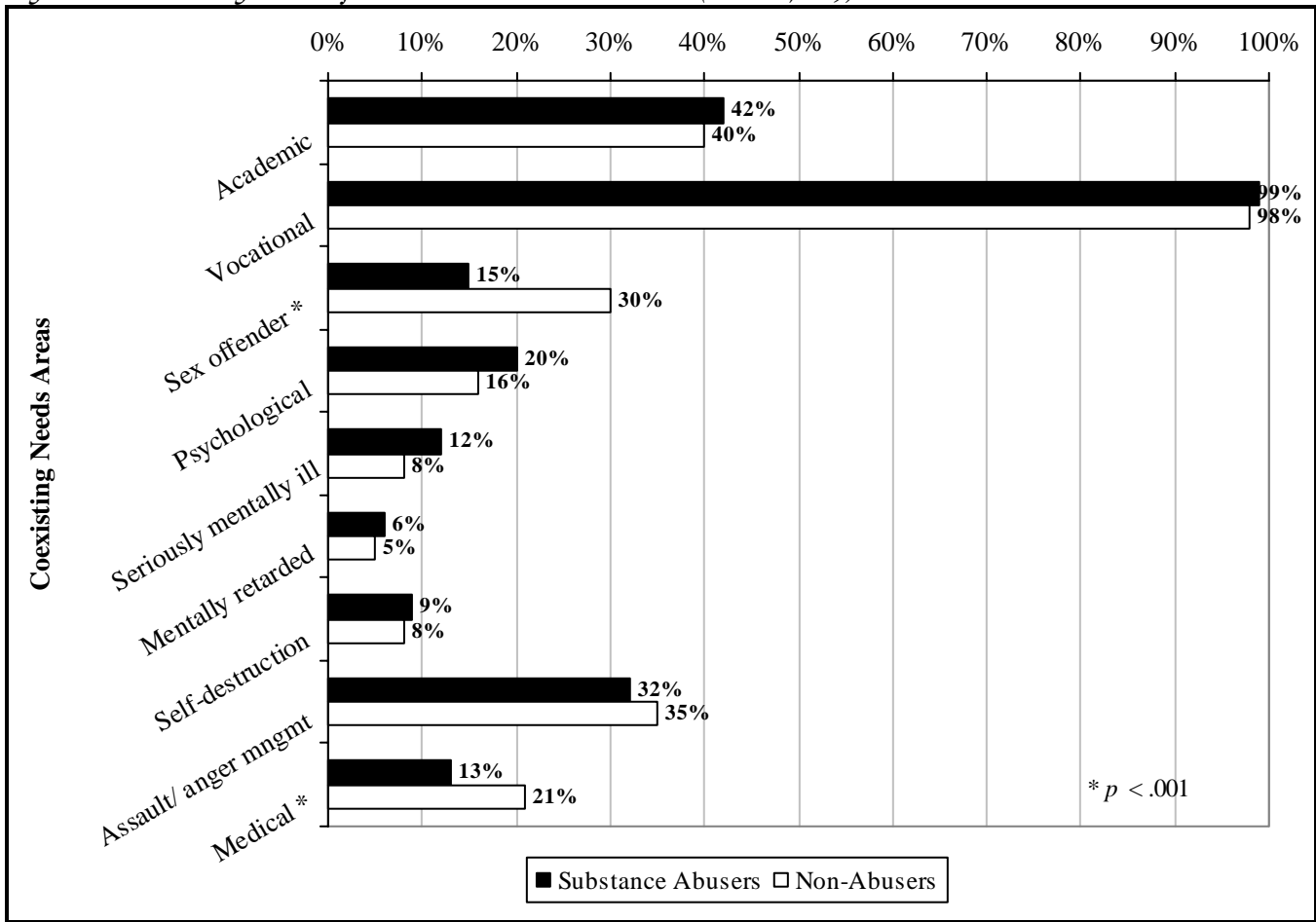
Comparisons across groups were made for several criminal history variables. Substance abusers had significantly more crimes on their current incarceration ($M = 2.31$, $SD = 1.23$) than non-abusers ($M = 2.09$, $SD = 1.22$), $t(5,315) = 4.91$, $p < .001$. Substance abusers averaged more than 6 times as many drug crimes as non-abusers (.64 versus .10), $t(5,315) = 18.20$, $p < .001$. Substance abusers were more likely to have a prior DOC incarceration (26%) as compared to non-abusers (19%), $\chi^2(1, N = 5,317) = 21.34$, $p < .001$. 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, $t(4,807) = 32.08$, $p < .001$. Taken together, these findings indicate that substance abusers have more serious criminal histories than non-abusers.



Co-existing needs areas were examined for substance abusers and non-abusers (see Figure 2). 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. Because a thorough psychological evaluation may not take place immediately upon intake, any inmate coded as 'C' or 'O' within 90 days of their admission was considered seriously mentally ill.

There were no differences between the groups except on the sex offender and medical needs levels. Substance abusers were less likely to be identified as a sex offender, $\chi^2(1, N = 5,288) = 120.49$, $p < .001$, or have medical needs, $\chi^2(1, N = 5,288) = 32.28$, $p < .001$.

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



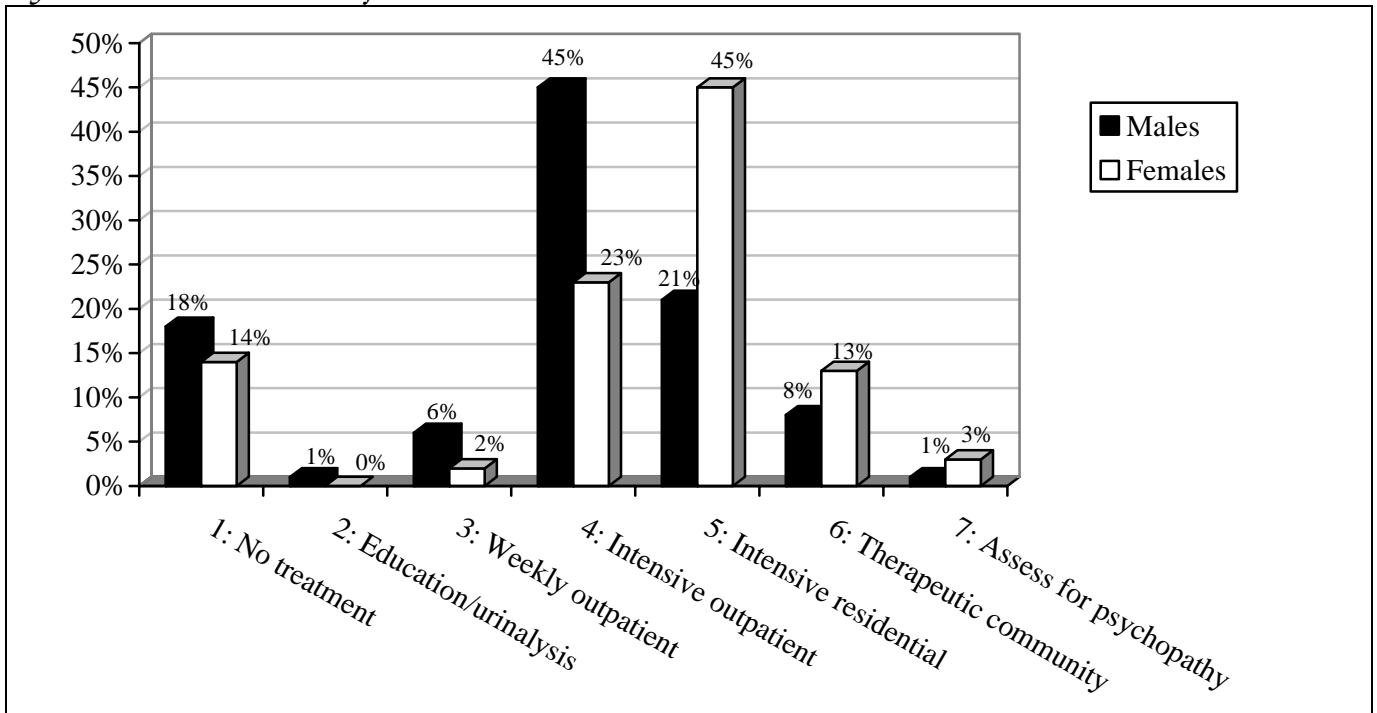
The SOA was administered to 57% of the prison new court commitments (N = 3,052). The sample was divided into males and females to examine gender-specific needs. ASUS subscale scores are presented for both samples in Table 3. The recommended treatment level of assessed clients was analyzed in Figure 3.

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 = 2,551)

	Males (n = 2,298)		Females (n = 253)	
	M (SD)	Norms	M (SD)	Norms
Involvement	9.60 (6.90)	High-medium	9.45 (6.91)	High-medium
Disruption	16.99(16.73)	High-medium	21.41(18.72)	High-medium
Social	12.33 (5.53)	High-medium	10.22 (5.35)	Low-medium
Mood	6.51 (5.23)	Low-medium	8.27 (6.16)	Low-medium
Defensive	10.51 (4.39)	High-medium	9.91 (4.84)	High-medium

Figure 3. Treatment Needs of New Court Commitments



Parole Returns

Substance abusers comprised 89% of the parole returns during FY04. Substance abusers are defined as offenders with a substance needs level of 3 or greater. Parolees are returned either for a parole revocation or new crime (see Figure 4).

Demographic characteristics were examined for substance abusers and non-abusers (see Table 4). None of the comparisons revealed significant differences.

Figure 4. Types of Parole Returns

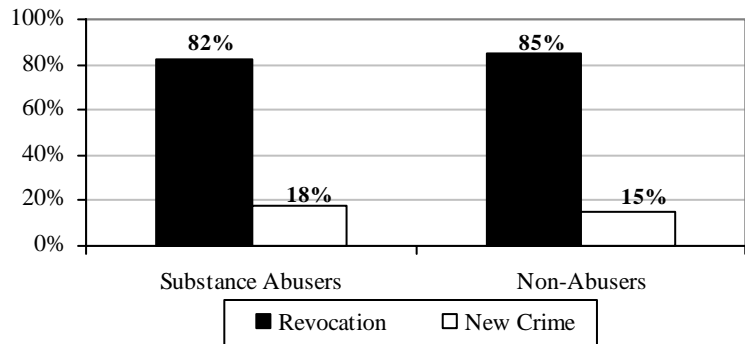


Table 4. Parole Returns Demographic Characteristics (N = 2,486)

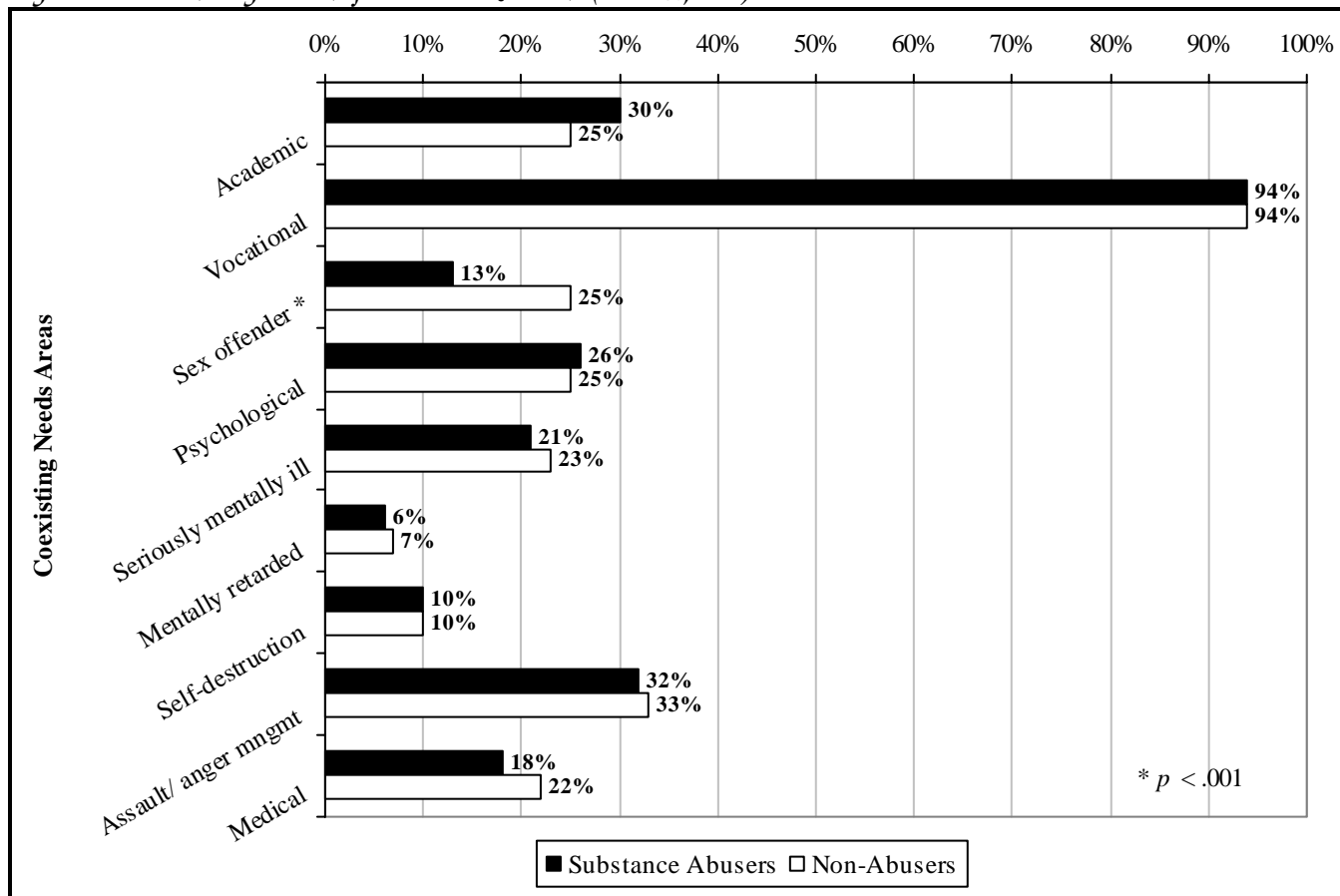
	Substance Abusers (n = 2,206)		Non-Abusers (n = 280)		p
	n	%	n	%	
Gender					n.s.
Male	1,981	90%	263	94%	
Female	225	10%	17	6%	
Ethnicity					n.s.
Caucasian	978	44%	135	48%	
Latino	639	29%	75	27%	
African American	525	24%	65	23%	
Other	64	3%	5	2%	
Marital Status					n.s.
Single	942	43%	102	37%	
Married	401	18%	60	22%	
Common law	411	19%	58	21%	
Divorced/ other	452	20%	57	20%	
	M	SD	M	SD	
Age	34.47	8.75	34.48	9.65	n.s.

Note. Only inmates with substance abuse levels were included above. Marital status was missing for 3 inmates.

Substance abusers had the same number of crimes on the current incarceration as non-abusers, averaging 3.89 crimes and 3.73 crimes respectively. However, they had three times as many drug-related crimes as substance abusers, .97 crimes versus .30 crimes, $t(2,484) = 8.34$, $p < .001$. Substance abusers had higher LSI-R scores ($M = 32.23$, $SD = 6.30$) than non-abusers ($M = 25.95$, $SD = 6.72$), $t(1,133) = 10.11$, $p < .001$. However, it should be noted that 54% 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-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. Substance abusers were less likely to be sex offenders than non-abusers, $\chi^2(1, N = 2,460) = 25.25$, $p < .001$. No other comparisons revealed significant differences between groups.

Figure 5. Coexisting Needs for Parole Returns (N = 2,460)

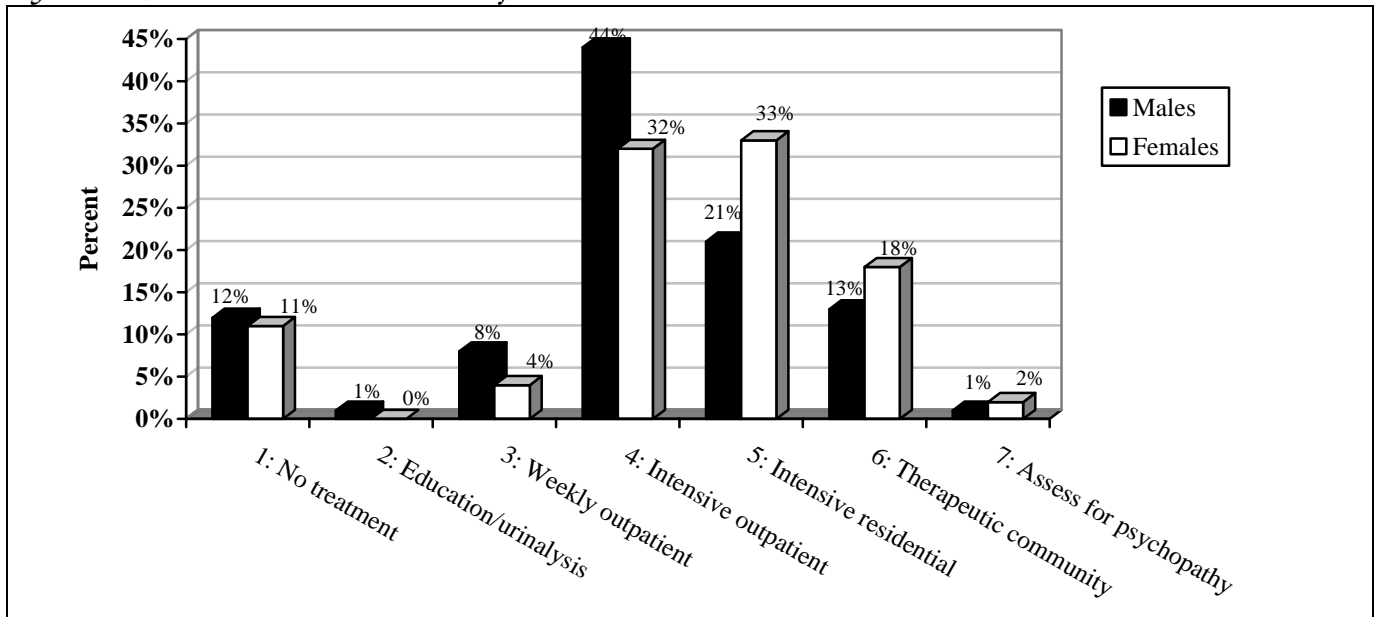


SOA scores for 2,019 parole returns were examined (see Table 5 and Figure 6). Similar to new commitments, the greatest treatment needs are from level 4 through 6, with females demonstrating greater treatment needs than males.

Table 5. ASUS Subscale Scores for Parole Returns Sample (N = 2,019)

	Males (n = 1,811)		Females (n = 208)	
	M (SD)	Norms	M (SD)	Norms
Involvement	9.08 (6.80)	High-medium	8.99 (6.67)	High-medium
Disruption	16.36(16.86)	High-medium	20.37(18.63)	High-medium
Social	12.70 (5.51)	High-medium	10.81 (5.79)	Low-medium
Mood	6.30 (5.36)	Low-medium	7.54 (6.24)	Low-medium
Defensive	8.82 (4.50)	High-medium	8.28 (4.02)	High-medium

Figure 6. Estimated Treatment Needs of Parole Returns



Prison Population

Seventy-eight percent of the prison population on June 30, 2004 were substance abusers, as identified by the substance abuse needs level. However, 812 inmates had 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, single or common-law married, and younger.

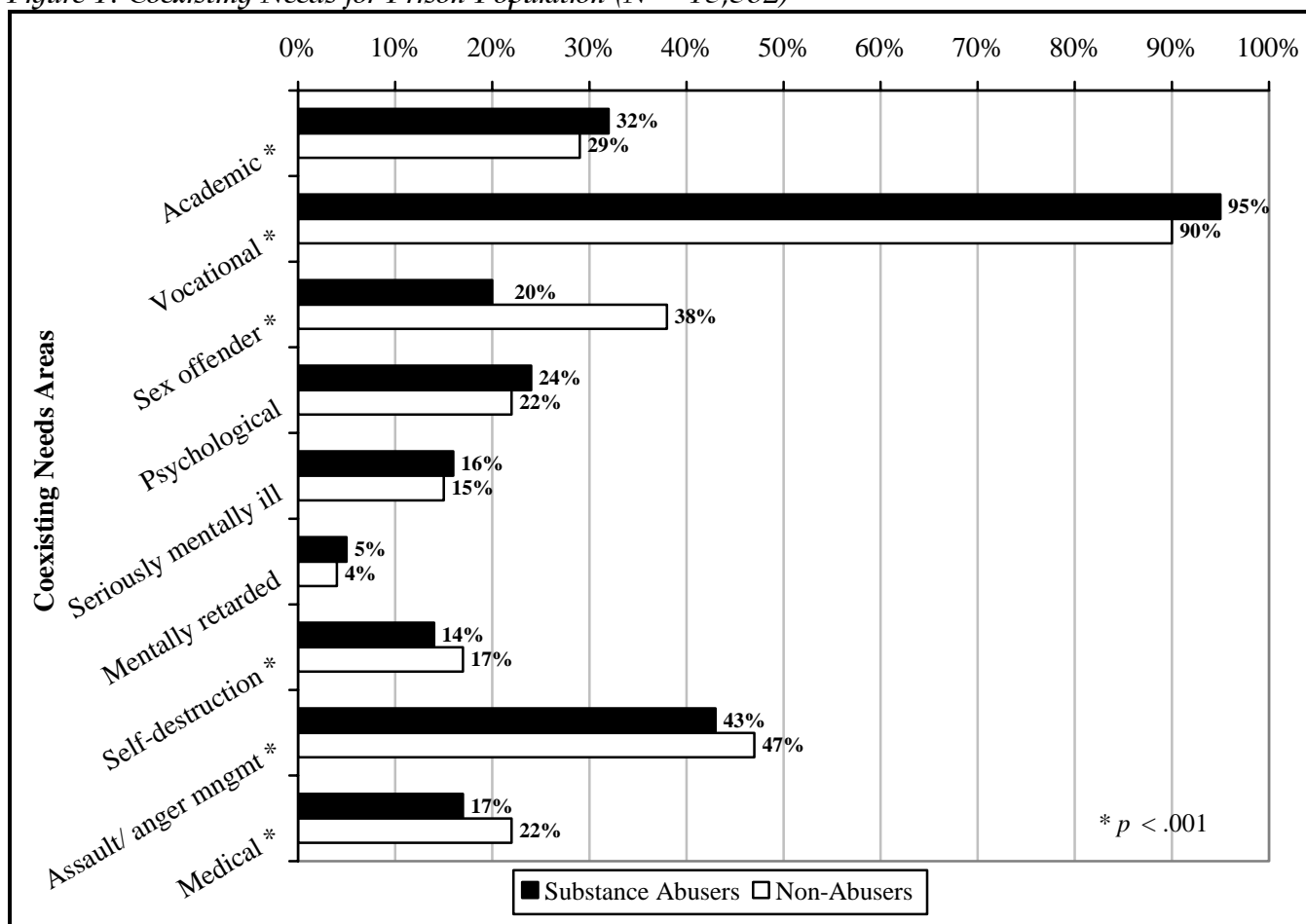
Table 6. Prison Population Demographic Characteristics (N = 16,191)

	Substance Abusers (n = 12,596)		Non-Abusers (n = 3,595)		p
	n	%	n	%	
Gender					n.s.
Male	11,526	91%	3,334	93%	
Female	1,070	9%	261	7%	
Ethnicity					<.001
Caucasian	5,620	45%	1,724	48%	
Latino	4,027	32%	1,026	29%	
African American	2,573	20%	727	20%	
Other	376	3%	118	3%	
Marital Status					<.001
Single	5,240	42%	1,310	36%	
Married	2,388	19%	846	24%	
Common law	2,299	18%	490	14%	
Divorced/ other	2,631	21%	932	26%	
Age	34.27	9.58	37.06	12.10	<.001

Note. Only inmates with substance abuse levels were included above. Marital status was missing for 55 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 829 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, $\chi^2 (1, N = 15,362) = 12.99, p < .001$, vocational, $\chi^2 (1, N = 15,362) = 101.70, p < .001$, sex offender, $\chi^2 (1, N = 15,362) = 498.99, p < .001$, self-destruction, $\chi^2 (1, N = 15,362) = 17.73, p < .001$, assaultiveness, $\chi^2 (1, N = 15,362) = 13.74, p < .001$, and medical, $\chi^2 (1, N = 15,362) = 44.53, p < .001$.

Figure 7. Coexisting Needs for Prison Population (N = 15,362)

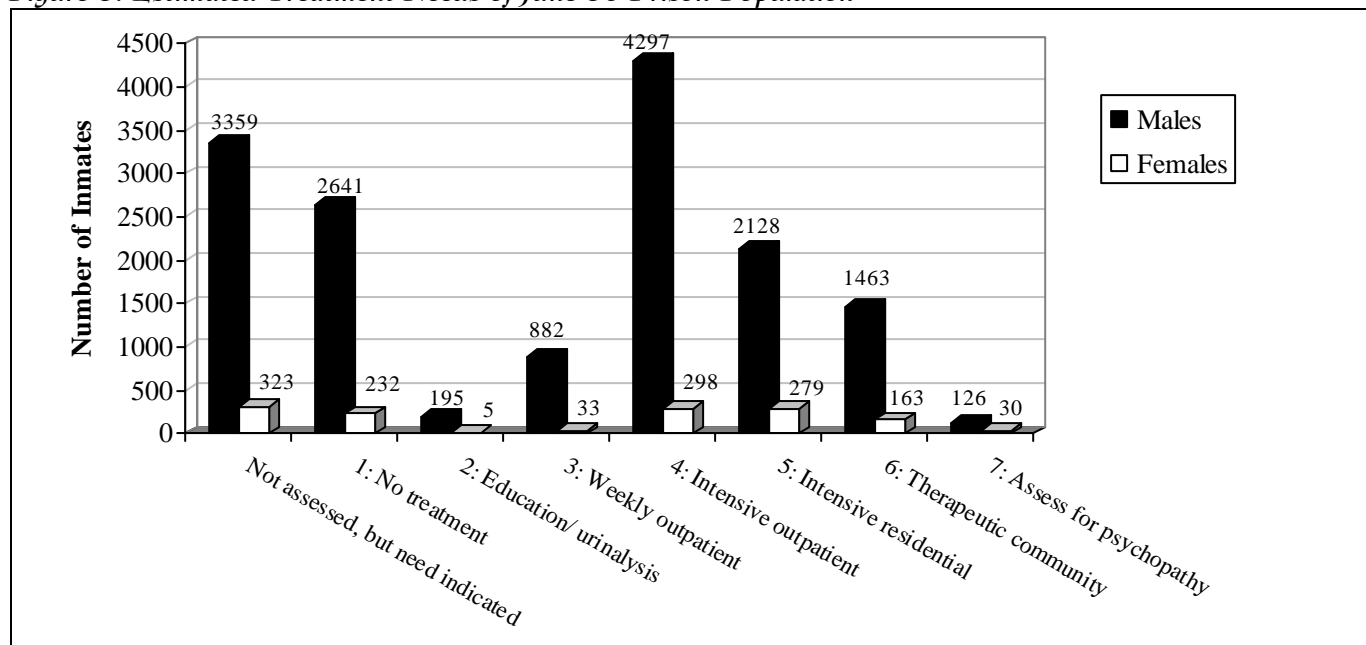


Treatment needs, as measured by the SOA, were examined for the inmate population as of June 30, 2004. ASUS scores are presented in Table 7 and treatment needs are shown in Figure 8. This figure includes inmates who were never assessed; those identified as substance abusers (substance level of 3, 4, or 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 = 9,684)

	Males (n = 8,899)		Females (n = 785)	
	M (SD)	Norms	M (SD)	Norms
Involvement	9.88 (7.61)	High-medium	9.59 (7.43)	High-medium
Disruption	18.17(18.13)	High-medium	21.89(20.04)	High-medium
Social	12.87 (5.76)	High-medium	11.11 (5.92)	Low-medium
Mood	7.07 (5.61)	Low-medium	8.78 (6.66)	Low-medium
Defensive	8.83 (4.37)	High-medium	8.37 (4.47)	High-medium

Figure 8. Estimated Treatment Needs of June 30 Prison Population



Note. 572 inmates had neither a substance abuse diagnostic level nor SOA.

Prison Releases

Prison releases during FY04 were examined to make comparisons between 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 = 7,152). Substance abusers comprised 85% of releases. There were no differences between groups on gender, marital status or age; releases with substance abuse problems were more likely to be African American than were non-abusers.

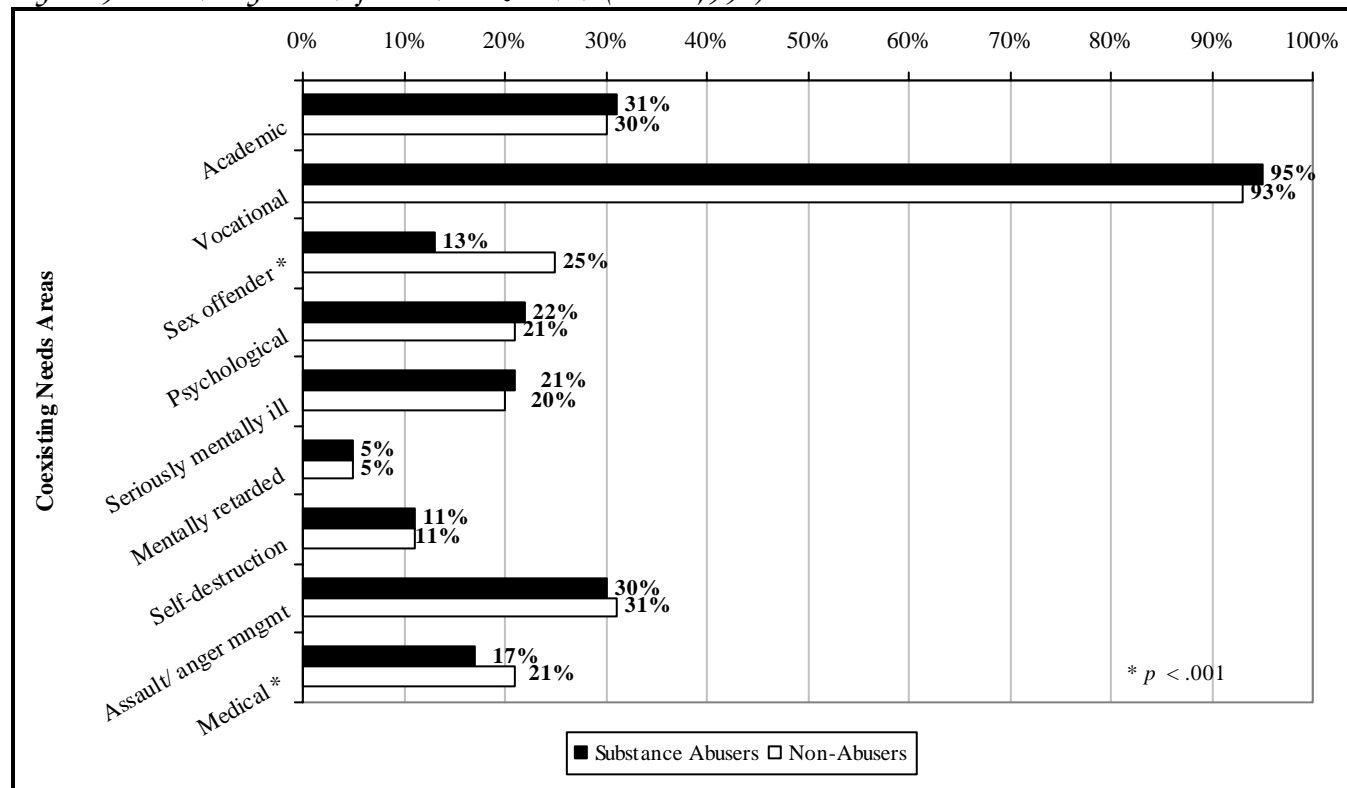
Table 8. Prison Releases Demographic Characteristics (N = 7,152)

	Substance Abusers (n = 6,055)		Non-Abusers (n = 1,097)		p
	n	%	n	%	
Gender					n.s.
Male	5,365	89%	980	89%	
Female	690	11%	117	11%	
Ethnicity					<.001
Caucasian	2,803	46%	546	50%	
Latino	1,772	29%	324	29%	
African American	1,305	22%	197	18%	
Other	175	3%	30	3%	
Marital Status					n.s.
Single	2,440	41%	408	37%	
Married	1,154	19%	263	24%	
Common law	1,106	18%	189	17%	
Divorced/ other	1,338	22%	236	22%	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Age	34.83	9.19	35.75	11.20	n.s.

Note. Marital status was missing for 18 cases.

Co-existing needs areas are presented for prison releases in Figure 9; 154 releases were missing at least one need level. Substance abusers had lesser sex offender needs, $\chi^2(1, N = 6,998) = 110.51, p < .001$, and lesser medical needs, $\chi^2(1, N = 6,998) = 14.66, p < .001$. There were no differences across the other needs levels.

Figure 9. Coexisting Needs for Prison Releases (N = 6,998)



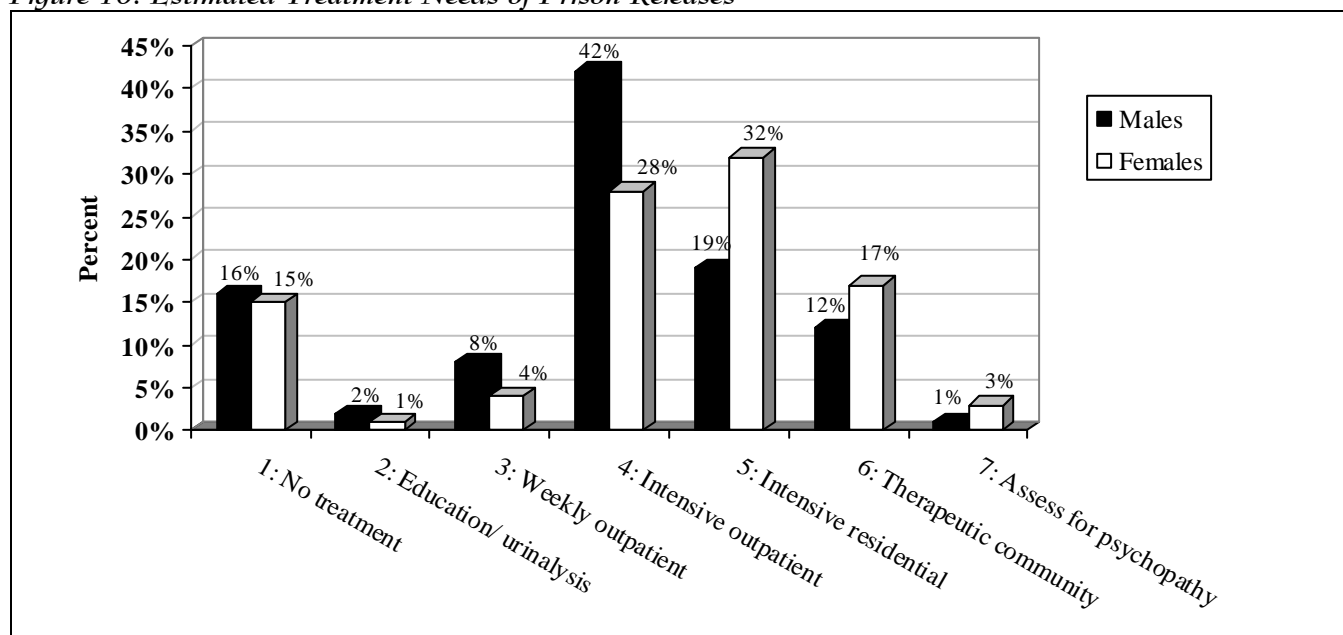
The SOA battery is utilized for treatment placement for parolees, many of whom are referred to TASC. Only parolees are eligible for TASC services, and only those deemed appropriate by the parole officers are referred for an assessment and possible treatment referral. However, with reductions in TASC staffing and ATP funds, many parolees are referred to treatment directly by their community parole officer.

Treatment needs were examined for 5,192 prison releases during FY04 with active assessments. The SOA battery was not completed for 1,960 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 = 5,192)

	Males (n = 4,589)		Females (n = 603)	
	M (SD)	Norms	M (SD)	Norms
Involvement	9.06 (6.88)	High-medium	9.36 (6.48)	High-medium
Disruption	16.05(16.87)	High-medium	21.49(18.22)	High-medium
Social	12.20 (5.52)	High-medium	10.63 (5.35)	Low-medium
Mood	6.12 (5.16)	Low-medium	8.00 (6.05)	Low-medium
Defensive	9.12 (4.50)	High-medium	8.03 (4.28)	High-medium

Figure 10. Estimated Treatment Needs of Prison Releases



Available Services

Beginning in March of 2003 and continuing through June 2003 state agencies were informed that the state was suffering from a shortfall of anticipated income and budgets would be reduced. The DOC budgets for FY03 and FY04 were revised, and DOC was forced to cut positions. Inmate programs were cut significantly.

The Alcohol and Drug Services subprogram of DOC was among the programs that received the largest budget cuts. The FY04 budget was 40% smaller than previous years. Because of these cuts, Alcohol and Drug Services was compelled to vacate positions and lay off staff at the beginning of FY04. The result was a dramatic decrease in the substance abuse treatment services provided to offenders.

Because TCs have been federally funded and demonstrated both nationally and locally their treatment effectiveness, Alcohol and Drug Services prioritized funds to keep those programs at full capacity. Outpatient treatment services were reduced at some facilities and totally eliminated at others.

There were some increases as FLCF and TCF reached operational capacity during FY03, and private prisons were funded through their overall contract with the state and therefore unaffected by subprogram budget cuts. Table 10 shows the number of groups as well as the numbers of substance abuse staff at each facility for the beginning of FY03 and the beginning of FY04.

Table 10. Number of Groups at each Facility for FY03 and FY04

Facility	Number of groups FY03	Number of staff positions FY03	Number of groups FY04	Number of staff positions FY04	Difference in number of groups	Difference in number of staff
ACC*	3	10	3	8	0	-2
AVCF	1	1	1	1	0	0
BCCF	1	1	3	2	+2	+1
BVCF	4	2	1	1	-3	-1
BVMC	3	2	1	1	-2	-1
CCAP	9	3	7	2	-2	-1
CCC	1	1	0	0	-1	-1
CCCF	6	2	3	2	-3	0
CCF	2	2	5	1	+3	-1
CSP	1	7	0	1	-1	-6
CTCF	4	2	3	1.5	-1	-0.5
CWCF	3	1	0	0	-3	-1
DCC	2	2	1	1	-1	-1
DRDC†	0	6	0	3	0	-3
DWCF*	1	8	1	6	0	-2
FCF	4	2	2	1	-2	-1
FLCF	0	0	3	2	+3	+2
FMCC	4	3	3	1	-1	-2
HCCF	2	2	2	2	0	0
KCCF	0	2	1	1	+1	-1
LCF*	0	5	0	3	0	-2
PMC	1	1	1	1	0	0
RCC	1	1	1	1	0	0
SCC	2	1	0	0	-2	-1
SCCF*	9	9	1	4	-8	-5
SCF*	9	12	6	8	-3	-4
TASC‡	0	28	0	17	0	-11
TCF	0	0	1	1	+1	+1
TOTAL	73	116	50	72.5	-23	43.5

† Substance Abuse Assessment Program

*These facilities house a TC which is included in count of staff, but not in group count

‡Treatment Accountability for Safer Communities, a community case management program.

Substance abuse treatment services were available at most 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 FY04.

Termination reasons for FY04 program discharges were examined by treatment level (see Table 11). 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; however, 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 challenges and structure 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.

Figure 11. Program Discharges by Treatment Level (N = 2,696)

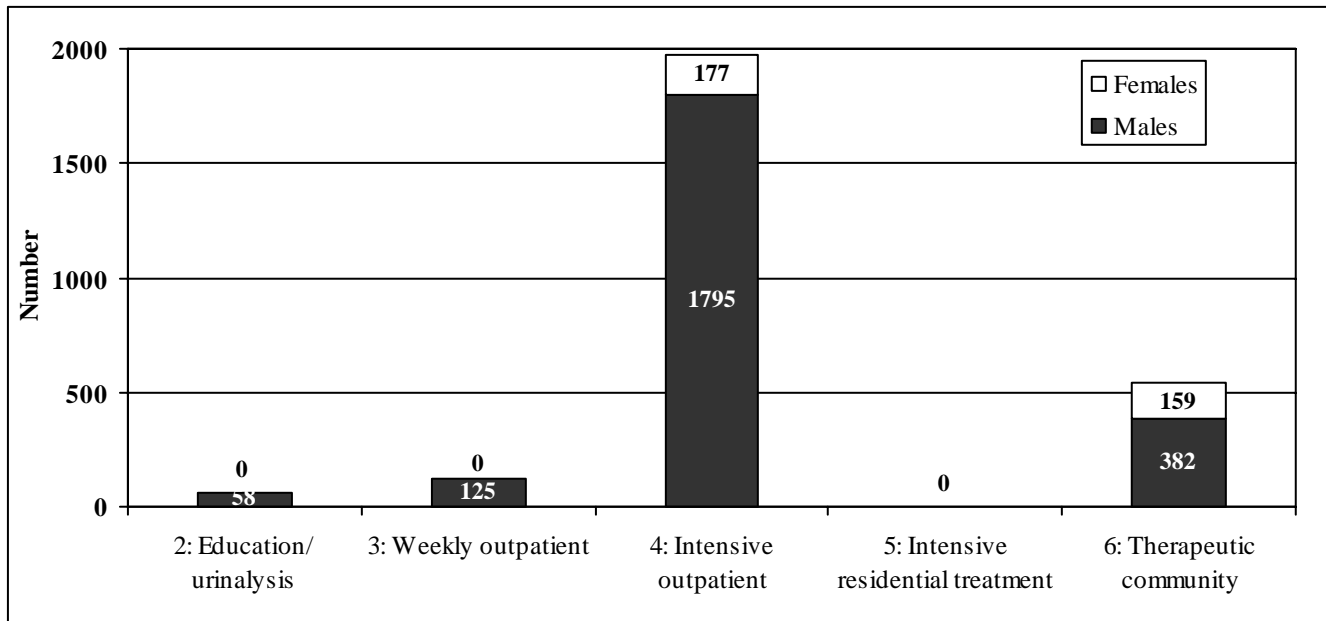


Table 11. Termination Reasons for FY04 Discharges (N = 2,696)

	2: Education (n = 58)	3: Weekly Outpatient (n = 125)	4: Intensive Outpatient (n = 1972)	6: Therapeutic Community (n = 541)	Total
Finished	81%	92%	82%	31%	73%
Transferred	3%	6%	6%	19%	8%
Quit	7%	1%	4%	8%	5%
Expelled	0%	0%	1%	30%	7%
Other	9%	1%	7%	12%	7%

Treatment discharges were separated into two groups, therapeutic community and education/outpatient, and examined for all DOC facilities (see Figure 12). Although offender assessment services were provided, treatment services were not provided at DRDC where facility resources are dedicated to processing prison admissions. Due to the budget cuts, CCC, CWCF, and SCC lost their substance abuse counselors, and therefore did not provide treatment. Counselors from CSP were moved to CCF, resulting in a loss of substance abuse treatment at that facility.

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 47 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 177 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 2,696

treatment discharges in FY04, assessment data was missing for 271 inmates and 101 inmates were admitted multiple times to treatment; for the purposes of examining treatment-matching patterns, only the first treatment episode was examined.

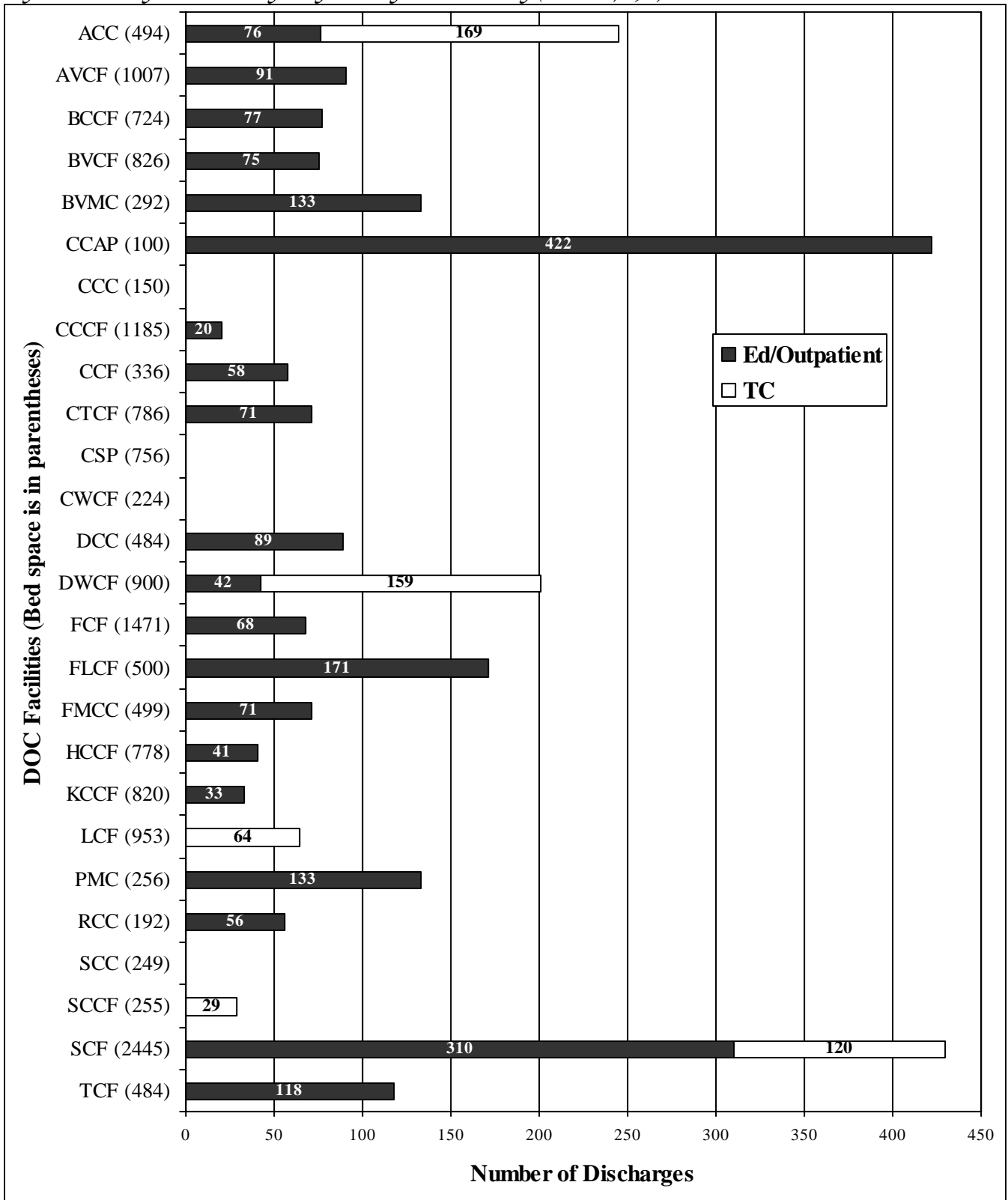
Table 12 displays matching patterns for FY04 treatment participants. Percentages on the diagonal represent accurate matching of need to modality; those below the diagonal represent inmates who received more intense services than required while those above the diagonal received less intense services than needed.

Offender-to-modality matching patterns excluded inmates who did not receive treatment. Eighty-five percent of the FY04 releases were identified as needing substance abuse treatment. However, only 50% of those ($n = 3,011$) received treatment while in prison. Therefore, half of the prison releases who needed substance abuse treatment received none while incarcerated.

Table 12. Comparison of Offender-to-Modality Matching Patterns (N = 2,330)

Rendered Services	Assessed Need				
	Level 2	Level 3	Level 4	Level 5	Level 6
Level 2: Education/ urinalysis	0%	0%	1%	1%	0%
Level 3: Weekly outpatient	0%	1%	1%	1%	1%
Level 4: Intensive outpatient	1%	7%	45%	14%	6%
Level 5: Intensive residential	0%	0%	0%	0%	0%
Level 6: Therapeutic community	0%	0%	2%	10%	9%

Figure 12. Program Discharges by Facility and Modality (N = 2,307)



Recidivism

Inmates who released between July 2000 and June 2003 for sentence discharge, discretionary parole, or mandatory parole were included in the recidivism analyses. Only offenders with complete SOA data were included. 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 FY01 and similarly, 2-year rates were limited to the FY02 and FY01 release cohorts.

Results indicate that recidivism rates incrementally increase as the treatment level is higher, suggesting good validity of the SOA process.

Table 13. Recidivism Rates of Substance Abusers

Treatment Level	1 Year		2 Year		3 Year	
	# releases	% returns	# releases	% returns	# releases	% returns
1	106	9%	72	19%	40	33%
2	432	10%	312	22%	168	24%
3	1,466	17%	961	34%	468	35%
4	5,953	23%	3,760	47%	1,756	52%
5	2,946	27%	1,871	56%	878	63%
6	1,972	27%	1,250	57%	591	66%
7	161	28%	109	58%	53	68%
Total	13,036	23%	8,335	48%	3,954	53%

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



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