

Colorado Department of Corrections
Office of Planning and Analysis

Overview of Substance Abuse Treatment Services: Fiscal Year 2007



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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 Colorado Department of Corrections (CDOC).

CDOC substance abuse services operate under the division of Alcohol and Drug Services where 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.

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 CDOC, the State Judicial Department, the Division of Criminal Justice of the Department of Public Safety, and the Department of Human Services launched a cooperative effort to fulfill these legislative mandates.

STANDARDIZED ASSESSMENT

The standardized offender assessment – revised (SOA-R) is comprised of four instruments. The primary assessment includes the Level of Supervision Inventory – Revised (LSI-R) as recidivism risk measure and the Simple Screening Instrument – Revised (SSI-R) as a substance abuse screening measure. The Adult Substance Use Survey – Revised (ASUS-R) and the Treatment Recommendation Worksheet (TxRW) 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-R require a secondary assessment.

STANDARDIZED TREATMENT SYSTEM

In conjunction with the SOA-R, a treatment system was formulated. The treatment system, consisting of eight categorical levels, is tied to 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 and duration.

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 and Alcohol 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. Level 2 education should be structured and curriculum-based; however, content and program length may vary. 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 4a: Enhanced Outpatient Therapy. Enhanced outpatient treatment, level 4a, is also structured for individuals who may have a clinical diagnosis of substance abuse or dependence. Individuals may have an emotional, behavioral, or cognitive disorder requiring intensive monitoring to minimize distractions from treatment. Individuals may also have performed poorly in weekly outpatient while under supervision and may have a poor support system, which necessitates more intensive treatment services. As well, individuals may be appropriate for enhanced outpatient treatment if they completed a more intensive program and need continuing support. It is recommended, although not required, that participants at this level are voluntary and motivated. Level 4a programs typically involve 3 to 8 hours of treatment services each week for a period of 4 to 12 weeks. Level 4a treatment should be followed by level 3 treatment.

Level 4b: Intensive Outpatient Therapy. Level 4b, intensive outpatient treatment, is designed for individuals who require more structured therapy than is provided through weekly or enhanced outpatient treatment. Individuals may be assigned to level 4b 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 a risk to self or others, or have successfully completed an intensive residential program. Level 4b differs from levels 3 and 4a primarily in intensity; level 4b programs are typically 9 to 19 treatment hours per week and should be followed by level 4a or level 3 treatment.

Level 4c: Intensive Residential Treatment (IRT). Level 4c 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 120 days. The purpose of level 4c treatment is to provide a brief, intense treatment intervention. IRTs 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 4c program. Additionally, level 4c programs treat individuals who lack a positive support system, experience substantial denial, or exhibit inability to sustain independent functioning outside of a controlled environment. Level 4c treatment should be followed by a progressive continuum of level 4b, 4a, and 3 treatment.

Level 4d: Therapeutic Community (TC). Level 4d programs are similar to level 4c in that they are residential in nature, but 4d programs have greater lengths of stay and are more structured than the lower levels. Typically, TCs have a 6 to 12-month length of stay. Therapeutic communities are designed for individuals with extensive criminal histories, antisocial behavior, limited social support and multiple unsuccessful treatment attempts. Level 4d programs use confrontation techniques and place high levels of responsibility on the individual participants for their treatment.

Level 5: Medical/Mental Health Referral. The final level of treatment, level 5, characterizes individuals with the most serious cognitive, emotional, and/or behavioral problems. Typically, individuals have a psychiatric disorder or a severe medical issue that warrants a suspension of substance abuse treatment until the issue can be addressed. Due to the extreme severity of their psychological or physical problems, individuals in this category may be considered inappropriate for treatment and should be referred for a medical and/or mental health evaluation by a licensed professional.

SANCTIONS

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-R 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-R 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 most CDOC facilities. These services are primarily delivered by contract service providers, although beginning July 1, 2008, most contract positions will be converted to state employees. 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 CDOC facilities as of June 30, 2008. 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 duration 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
- ARTS – Addiction Research and Treatment Services
- CCA – Correctional Corporation of America
- CMH – Colorado Mental Health
- DCCCA – DCCCA, Inc.
- GRW – GRW Corporation
- Mirror – Mirror, Inc.
- MMH – Midwestern Mental Health
- RMBH – Rocky Mountain Behavioral Health

LEVEL 2: DRUG EDUCATION AND INCREASED URINALYSIS

Choices. This program is designed for offenders assigned to the CCF Diversion Program. The initial segment explores the connection between thoughts, attitudes, beliefs and behaviors. The next component looks at the anatomy of the brain and discusses how different areas influence our thought process. Additionally, the program inquires into which areas of the brain are affected by certain drugs and how drug use affects the cognition process. The closing component of Choices concentrates on the present and how tomorrow can be improved with respect to the choices made today. The group also explores drugs in our culture and the extent to which they influence the choices people make. Successful completion requires 24 hours of treatment.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
CCF	24 weeks	12:30 – 1:30 pm M	Richard Martinez Cynthia Schauer	RMBH RMBH

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
CCF	24 weeks	2:30 – 3:30 pm M	Richard Martinez Cynthia Schauer	RMBH RMBH
CCF	24 weeks	12:30 – 1:30 pm W	Richard Martinez Cynthia Schauer	RMBH RMBH
CCF	24 weeks	2:30 – 3:30 pm W	Richard Martinez Cynthia Schauer	RMBH RMBH
CCF	24 weeks	12:30 – 1:30 pm Th	Richard Martinez Cynthia Schauer	RMBH RMBH
CCF	24 weeks	2:30 – 3:30 pm Th	Richard Martinez Cynthia Schauer	RMBH RMBH

Boot Camp Program. The Boot Camp Program utilizes a modified version of the Comprehensive Treatment Program. Substance abuse education comprises one-third of the comprehensive treatment program and the remaining two-thirds consists of group therapy. One significant difference in this modified version relates to the fact that all offenders assigned to the Boot Camp are required to attend this treatment, which means 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. The purpose of the education component is to teach offenders the physiological, behavioral, and psychological effects of substance abuse. 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. Successful completion requires 99 hours of drug and alcohol treatment plus 20 hours of AA.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
CCAP	12 weeks	7:30 – 9:00 am M–Th	Joy Sorrell	ARP
CCAP	12 weeks	9:30 – 11:00 am M–Th	Joy Sorrell	ARP
CCAP	12 weeks	2:00 – 3:30 pm M–Th	Joy Sorrell	ARP
CCAP	12 weeks	7:30 – 9:00 am M–Th	Joshua Flowers	ARP
CCAP	12 weeks	9:30 – 11:00 am M–Th	Joshua Flowers	ARP
CCAP	12 weeks	2:00 – 3:30 pm M–Th	Joshua Flowers	ARP
CCAP	12 weeks	7:30 – 9:00 am M–Th	Patrick Drawbridge	ARP
CCAP	12 weeks	9:30 – 11:00 am M–Th	Patrick Drawbridge	ARP
CCAP	12 weeks	2:00 – 3:30 pm M–Th	Patrick Drawbridge	ARP

Relapse Prevention Program. The relapse prevention program is designed for inmates who have suffered substance abuse relapse, usually indicated by a positive urinalysis, while incarcerated or on parole. 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.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
CCF	Ongoing	Varies	Richard Martinez Cynthia Schauer	RMBH
CSP	Ongoing	Varies	Richard Martinez Cynthia Schauer	RMBH

Substance Abuse Education and Relapse Prevention. This program is offered to offenders identified as developmentally disabled. It provides education on substance abuse, the addictive process, and positive decision-making. During the relapse prevention portion of this group, offenders learn about relapse and examine their own relapses in the past. They also engage in 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 32 hours of treatment.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
CTCF	16 weeks	9:00- 10:00 am M 1:00- 2:00 pm M	Glenna Claunch KarenMcCaman	ARP

LEVEL 3: WEEKLY OUTPATIENT THERAPY

Relapse Prevention Program. The relapse prevention program is designed for inmates who have suffered substance abuse relapse, usually indicated by a positive urinalysis, while incarcerated or on parole. 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.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
BCCF	Ongoing	8:00 – 10:00 am F	Steven Valdez	CCA
FLCF	6 weeks	8:00 – 11:00 am & 1:30 – 3:45 pm M-Th	Sandra Ybarra	DCCCA
HPCF	8 weeks	1:00 – 3:00 pm F	Vacant	GRW

Strategies for Self-Improvement and Change (SSC). This program covers Phase II of the SSC curriculum as well as the mental health core curriculum, substance abuse education and relapse prevention. This cognitive-behavioral approach is designed specifically for substance abusing offenders.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
HPCF	10 weeks	8:30 – 10:30 am T	Vacant	GRW

LEVEL 4A: ENHANCED OUTPATIENT THERAPY

Recovery Plus. The Recovery Plus program draws from a cognitive behavioral perspective and utilizes unconventional methods to teach the foundation skills necessary for offenders to establish abstinence from all chemicals and embrace recovery as a complete lifestyle change. Each week of the program focuses on a different topic such as 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 55 hours of treatment plus an additional 5 hours of core curriculum for a total of 60 hours.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
CTCF	15 weeks	9:00 – 10:50 am T, Th	Clay Simpson	DCCCA
CTCF	15 weeks	1:00 – 3:00 pm M, W	Clay Simpson	DCCCA

Relapse Prevention Program. Relapse prevention is designed for inmates who have suffered substance abuse relapse, usually indicated by a positive urinalysis, while incarcerated or on parole. 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 4b intensive outpatient group in some facilities.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
DWCF	12 weeks	1:00 – 3:00 pm M, T, Th	Brenda Noble	ARTS

Strategies for Self-Improvement and Change (SSC). This program covers Phase I of the SSC curriculum as well as the 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. Phases II and III are also available in the community.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
CCCF	12 weeks	7:30 - 10:00 am T, Th	Wanona Wiker	CCA
CCCF	12 weeks	1:30 – 4:00 pm T, Th	Karen Latka	CCA
KCCF	14 weeks	8:00 – 10:30 am & 1:30 – 4:00 pm T	Jimmie Jones Soraya Frank Ansley Peterson	CCA
KCCF	14 weeks	8:00 – 10:30 am & 1:30–4:00 pm W	Jimmie Jones Soraya Frank Ansley Peterson	CCA
KCCF	14 weeks	8:00 – 10:30 am & 1:30–4:00 pm Th	Jimmie Jones Soraya Frank Ansley Peterson	CCA
KCCF	14 weeks	8:00 – 10:30 am & 1:30–4:00 pm F	Jimmie Jones Soraya Frank Ansley Peterson	CCA

LEVEL 4B: 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	DURATION	SCHEDULE	COUNSELOR	AGENCY
SCF	12 weeks	8:30 – 10:30 am M-Th	Krystal Fabian	DCCCA
SCF	12 weeks	2:15 – 4:00 pm M-Th	Krystal Fabian	DCCCA
SCF	12 weeks	1:30 – 3:30 pm M-Th	Mindy Estrada	DCCCA

Steps to Recovery Program. This program encompasses both Phase I and Phase II of the Strategies for Self-Improvement and Change (SSC) curriculum in addition to a section on physical health. It operates from a cognitive-behavioral perspective. The program includes the impact of crime on victims and also includes a character-building component. Another aspect of the program, taught by a registered nurse, focuses on the health component of addictions/drug abuse and how to take healthy steps towards recovery. The program demands 18 group hours each week for a total of 180 treatment hours.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
DCC	10 weeks	8:30 – 11:30 am M-F 12:30 – 3:30 pm M, T, Th, F	Glenda Major	CMH

Reality and Recovery. Within the program, offenders develop their own plan to remain abstinent while incarcerated as well as following their release to the community. At DCC, the Steps to Recovery Program and the Reality and Recovery Program run alternately, and each group of offenders will automatically graduate into this program after completion of the Steps to Recovery Program.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
DCC	10 weeks	8:30 – 11:30 am M-F 12:30 – 3:30 pm M, T, Th, F	Glenda Major	CMH

Strategies for Self-Improvement and Change (SSC). This program covers Phase I of the SSC curriculum as well as the 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. Phases II and III are also available in the community.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
AVCF	4 weeks	8:00 – 11:00 am & 1:00 – 3:00 pm M–Th	Bobby Vogt	ARP
BCCF	12 weeks	8:00 – 11:00 am M–Th	Steven Valdez	CCA
BCCF	12 weeks	8:00 – 11:00 am M–Th	Steven Valdez	CCA
BCCF	12 weeks	1:00 – 4:00 pm M–Th	Steven Valdez	CCA
BVCF	4 weeks	7:30 – 10:00 am M–Th 1:00 – 3:30 pm M–Th	Ed Snead	ARP
BVMC	6 weeks	8:00 – 10:30 am M,W,Th 1:00 – 3:30 pm M, W	Eugene Daniel Sturtz	ARP
CWCF	8 weeks	2:30 – 4:30 pm M–Th	Marvel Wolken	ARP
FLCF	4 weeks	8:00 – 11:00 am & 1:30 – 3:45 pm M–Th	Sandra Ybarra	DCCCA
FMCC	8 weeks	8:00 – 10:30 am M–Th	Laurie Schwiem	ARP
FMCC	8 weeks	1:00 – 3:30 pm M–Th	Laurie Schwiem	ARP

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
FMCC	8 weeks	5:30-7:45 pm M – Th	*Occasionally groups are offered at this time.	
HCCF	12 weeks	1:00 – 4:00 pm M–W	Lucy Galvan	CCA
HCCF	12 weeks	8:00 – 11:00 am M–W	Michelle Howard	CCA
HPCF	4 weeks	8:00 – 11:00 am M, W, Th	Vacant	GRW
LCF*	12 weeks (45 hrs)	8:30 – 10:30 am & 1:30 – 3:00 pm M,T,W,F	Nancy Maxwell	Mirror
LCF*	12 weeks (45 hrs)	8:30 – 10:30 am & 1:30 – 3:00 pm M–Th	Ken Hofelich	Mirror
LVCF	4 weeks	7:30 – 10:30 am & 1:30 – 3:45 pm M–Th	Norma Warner	ARP
RCC	6 weeks	8:30 – 11:00 am & 1:00 – 3:00 pm T, Th, S	Vacant	ARP
SCC*	8 weeks	1:00 – 3:30 pm M–Th	Vacant	ARP
SCC*	8 weeks	5:00 – 7:30 pm M–Th	Vacant	ARP
TCF	4 weeks	8:00 – 11:00 am & 1:00 – 3:00 pm M–Th	Anita Archibeque	ARP

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

LEVEL 4C: INTENSIVE RESIDENTIAL TREATMENT (IRT)

There are no level 4c – IRT programs offered in CDOC. Offenders assessed at this level should be referred to level 4d—Therapeutic Community.

LEVEL 4D: THERAPEUTIC COMMUNITY (TC)

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

CRITERIA	ACC	DWCF	SCF	SCCF
Gender	Male	Female	Male	Male
SOA-R Level *	4c – 4d	4c – 4d	4c – 4d	4c – 4d
Custody Level	Min-R	Min, Min-R	Min, Min-R, Med	Min – Close
Months to PED	<=60	>=6	<=48	12 – 18
Months to MRD	9 – 36	>=6	9 – 36	>=9
Months since last COPD	6	3	6	3
P-Code	1 – 3	1 – 2	1 – 2	3 – 5
M-Code	1 – 3	N/A	1 – 2	N/A
S-Code	1 – 2	N/A	1 – 2	Conditional
Psychotropic Meds	Stable	Stable	Stable	Yes

* Inmates with an 'N' qualifier need to be screened prior to TC placement.

Challenge to Change TC. The Challenge to Change TC is a long-term residential behavior modification program for substance dependent/abusing female adults. The program offers affective and cognitive components and is divided into five units: orientation lasts 21 days; phases I, II, and III each last approximately 2 months; and the phase III transitional period lasts

an additional 2 months. Completion of the entire program can be achieved in 9 to 12 months with the length of time primarily determined by the motivation of the individual client. The program contains an earned privilege system in which the residents progress through the phases as reward for taking ownership for past and present behaviors. The phase III transitional segment includes an aftercare in which offenders who have completed the program may stay in the unit for an additional 30 days to continue to attend groups and gain support before transitioning out of the TC unit.

FACILITY	CAPACITY	SCHEDULE	COUNSELOR	AGENCY
DWCF	65	Orientation: Residents attend 8 hrs of group/day. Phases I, II, III: Residents work 20 hrs/week and attend at least 4 hrs of group/day.	Jagruti Shah Regina Davis Diane Donaldson Jaqi Levy Candice Bernard (MH Specialist)	ARTS

Crossroad to Freedom House TC. Crossroad to Freedom House is shared by substance abusing offenders and sexual offenders, although the groups reside in separate housing units and attend most treatment sessions independent of each other. This TC operates from a cognitive-behavioral perspective, providing 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. A new addition to this program is a leadership class offered to senior members of the TC which meets weekly for approximately 2-1/2 hours. This program also has a reach-in transition component with the community-based Peer I and Independence House TC programs. Successful completion requires 6 to 12 months of treatment.

FACILITY	CAPACITY	SCHEDULE	COUNSELOR	AGENCY
ACC	96	Residents attend groups for 4 half days/week and work for 5 half days/week	Tania Garcia Andy Abalos Rick Arthurs Art DuCharme Andrea Hernandez Connie Palm Dawud Salaam	CDOC FTE & ARP
Peer I Transition		4 days/mo at ACC	Michael Dent	ARTS
Independence House Transition		As needed	Jennifer Remack	

O.U.R. House TC. This TC is based on a cognitive-behavioral model and uses intensive group therapy that is highly structured and confrontational. Therapeutic tools such as thinking errors, journaling, rational emotive behavioral therapy (REBT), group therapy, encounter groups, and intensive relapse prevention programs are featured. Offenders with mental illness (OMI) have a part-time staff person who is dedicated to address co-occurring needs. 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 9 to 12 months of treatment.

FACILITY	CAPACITY	SCHEDULE	COUNSELOR	AGENCY
SCF	96	Residents work or attend GED classes 4 hrs in the morning and spend the remainder of the day attending at least 3 hrs of group	Dave Booth Janet Kipp Debra Virgil Amanda Conner Bryan Cox	CDOC FTE & DCCCA
Peer I Transition		1 day/every other week at SCF	Michael Dent	ARTS

Personal Reflections TC. This modified TC is designed for offenders who have a dual diagnosis, indicating both a serious 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 CDOC staff for anger management and sex offender treatment. Successful completion requires 9 to 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	AGENCY
SCCF	35	Residents attend groups from 7:00 am – 9:00 pm, except when working. Residents work 5 hrs/day, 5 days/week	George Blansett Robert DeLarosa Virginia Mollica Deseree Palacio	ARP
Independence House Transition		2 days/month at SCCF	Jennifer Remack	

OTHER PROGRAMS

Other substance abuse programs exist within CDOC that do not fit within the standardized treatment level system but 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 health, prevention and transition groups.

Aftercare Program. The aftercare group offered at CCAP is specifically for graduates of the Boot Camp and serves to provide ongoing support to substance abusing offenders. The program is established in accordance with demonstrated offender need.

Aftercare Program/Hep-C Pre-Interferon Group. 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 aftercare 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	DURATION	SCHEDULE	COUNSELOR	AGENCY
FLCF	Ongoing	8:00 – 9:00 am F	Sandra Ybarra	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. It is offered at BCCF, CCCF, CSP, DWCF, and KCCF. DWCF and CSP offer an AA sponsorship program in which a community volunteer comes to the facility a few times a month to have private one-on-one meetings with a participating offender. At CCCF and BCCF, there are both English and Spanish AA groups offered.

Boot Camp Program – Female Process Group. This group is offered to all females in the Boot Camp Program in addition to the required education group. The group is a processing group addressing issues unique to the female offender in the Boot Camp environment which is predominantly male. 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.

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, CCCF, DCC, DWCF, KCCF, and RCC.

HIV 101 Workshop. The program is co-facilitated by counselors, teachers, and medical staff at CTCF under a grant from the Department of Health and emphasizes educating the offenders with prevention methods for Hepatitis-C, HIV, and other sexually transmitted diseases. This 3-hour workshop is offered approximately 6 times a year at CTCF and each class has approximately 80 attendees. The staff involved with this workshop include Clay Simpson, Mike Walsh, and Becky Kelly.

Substance Abuse Assessment Program. The purpose of this program is to conduct standardized offender assessments with incoming CDOC inmates at DRDC or throughout the system. 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-R and TxRW instruments. The DRDC assessment team also provides several orientation groups per week, which outline the treatment opportunities within CDOC.

FACILITY	ASSESSOR	AGENCY
Canon City	Heather Maestas	ARP
CCCF	Matthew Valdez	CCA
DRDC	Lou DiDomenico, George Sikes, Daphne Walker, & Danita St Vrain	ARP
SCF	Marquerite Taylor	DCCCA

White Bison. This program, which is available at BCCF and CCCF, uses the Medicine Wheel and 12-Step program to provide a culturally appropriate recovery support program for Native American people in prison. Participants watch a video that explains Medicine Wheel teachings and how to apply them to the Steps. In addition, participants share their insights and experiences in talking circle. They also learn how to mind map their own innate knowledge around these teachings and then apply that knowledge to their daily lives and decision making processes. The goal of the program is to create strong social and emotional bonds between the

individuals who participate to develop trust, autonomy, and other healthy feelings and thought patterns that will help them to grow emotionally, mentally, physically, and spiritually.

Relapse Prevention. This program is a psycho-educational substance abuse group for women living in the Special Needs Unit at DWCF, isolated from general population. The group adapts to its members and their needs and provides a simplified format. Alternating between Tuesdays and Fridays, it meets for one hour each week and is a continuous, on-going group.

FACILITY	DURATION	SCHEDULE	COUNSELOR	AGENCY
DWCF	Ongoing	9:00 – 10:00 am T or F	Sandra Ewing	Volunteer

OVERVIEW OF COMMUNITY BASED SERVICES

Through the Treatment Accountability for Safer Communities (TASC), a case management program within CDOC's Alcohol and Drug Services, offenders who have paroled and are living in the community are referred to substance abuse treatment. Treatment in the community is delivered by Approved Treatment Providers (ATPs). ATPs have applied to the CDOC to gain approved status; counselors must meet the same background requirements as CDOC or prison-based contract employees.

IRT and TC programs are offered in some community corrections programs. Oversight of these specialized programs is done through the Division of Criminal Justice and the Alcohol and Drug Abuse Division. This overview lists IRT and TC programs. Due to frequently changing ATPs and group schedules, outpatient services are not detailed here.

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 OSMI program which consists of two case managers who work exclusively with offenders with serious mental illness. All TASC services are provided through Peer Assistance Services, Inc. Office hours are listed below, but random urinalysis testing may be done 7 days per week.

OFFICE	SCHEDULE	CASE MANAGER
Mile High TASC Englewood (303) 761-7554	8:00 am – 6:00 pm M–F	Dale Brotski Donna Storey
Mile High TASC Denver (303) 595-4194	8:30 am – 6:30 pm M–F	Julie Hoffman , Director Chad Edson (OSMI) Anita Hoffman Jaimie Ficklin Esther Kaiser (OSMI) Katherine Garcia Chris Corson (UA monitor) Mimi Bernhardt (Benefits Outreach Coord)
Northeast TASC Westminster (303) 428-5264	9:00 am – 6:00 pm M–F	Layne Jacobson, Director Karen Wagner Eric Jacobi Anthony Wash Chris Kesterson (UA monitor) Dorinda Robinson
Northeast TASC Greeley (970) 336-9034	9:00 am – 5:00 pm M–F	Jessica Perbeck
Northeast TASC Ft. Collins	8:00 am – 5:00 pm M – F	David Scussel

OFFICE	SCHEDULE	CASE MANAGER
(970) 223-2232 Northeast TASC Longmont (303) 678-9941	8:00 am – 5:00 pm M-Th	Eric Jacobi
Southeast TASC Colorado Springs (719) 444-0882	8:00 am – 5:00 pm M–Th 8:00 am – 4:00 pm F	Lois Lifto, Director David Robinson Bonnie Saenz Don Hollesen (UA monitor) Jonathan Teisher
Southeast TASC Pueblo (719) 543-0690	8:00 am – 5:00 pm M–F	Michael Botello Tiffany Esquibel
Western TASC Grand Junction (970) 242-2800	8:00 am – 6:00 pm M– F	Melissa Ippolito, Director Luxie Gannon, Assistant Director David Joslyn Tanya Hargrove Bryn Brocklesby
Western TASC Durango (970)-385-8561	8:00 am- 5:00 pm M-F	Vacant

LEVEL 4C: INTENSIVE RESIDENTIAL TREATMENT (IRT)

San Luis Valley (SLV). San Luis Valley is a 46-bed program 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 36-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 are 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, SSC 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

Larimer County Residential Center. This program provides treatment services to 11 male offenders. The program incorporates SSC, Relapse Prevention, and a broad range of cognitive and life skills classes which concentrate on communication, management of emotions, healthy relationships nutrition, pro-social activities, budgeting/finances and resume writing and job searching. The program is a closed group model with new groups graduating every 45 days. Individual counseling is also available for clients with co-occurring mental health disorders. Each offender successfully completing the program transitions to the aftercare program or to another aftercare setting.

PROVIDER	LOCATION	WEEKLY SCHEDULE	SUCCESSFUL COMPLETION
Larimer County Community Corrections (970) 498-7527	Fort Collins	40 hrs of substance abuse education/ counselor-led groups	45 days

Residential Treatment Center (RTC). The RTC program provides services for 36 offenders. RTC is located at the 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	45 days (depending on funding source)

Short-Term Intensive Residential Remedial Treatment (STIRRT). STIRRT is a highly structured and compacted drug and alcohol treatment program for offenders at high risk of re-offending. It is a 9 month program which begins with 2 weeks of residential treatment and then 8-9 months of continuing care services. The primary goal of STIRRT is to initiate a change in the clients' substance use and criminal involvement. The program aims to temporarily remove clients from society and subsequently return them with the skills to reduce criminal involvement and substance abuse so they avoid further incarceration or jail time. The program has a largely cognitive behavioral emphasis, utilizing 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, for the 2-week program duration. As a result of the Governor's Recidivism Package, two new STIRRT programs received funding for FY 2007-2008 – Mesa County Criminal Justice Services and Larimer County Community Corrections. Both of these programs will provide specialized services for methamphetamine addiction and psychiatric services for dually diagnosed clients.

PROVIDER	LOCATION	WEEKLY SCHEDULE	SUCCESSFUL COMPLETION
Arapahoe House (303) 289-3391	Commerce City	Minimum of 112 therapeutic hours and then transition into an outpatient program	14 days
Crossroads' Turning Points, Inc. (719) 546-6666 (males) (719) 545-1811(females)	Pueblo	Minimum of 112 therapeutic hours and then transition into an outpatient program	14 days
Mesa County Criminal Justice Services	Grand Junction	Minimum of 112 therapeutic hours and then transition into an outpatient program	14 days
Larimer County Community Corrections	Fort Collins	Minimum of 112 therapeutic hours and then transition into an outpatient program	14 days

Women's Remediation Program (WRP). WRP is a 120-day residential treatment program for female offenders. While in WRP, clients participate in SSC groups, trauma services, relationship groups, and female specific groups. 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	20 hrs of counselor-led activities 20 hrs of other structured activities	120 days

LEVEL 4D: THERAPEUTIC COMMUNITY (TC)

Independence House TC. This program 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. Graduation is dependent upon progress in treatment. A minimum of 9 months residential treatment is required prior to progressing to outpatient aftercare services.

PROVIDER	LOCATION	# RESIDENTIAL BEDS	SUCCESSFUL COMPLETION
Independence House & Mental Health Corp. of Denver	Denver	40	9 months residential

Peer I TC. Residential TC activities are divided among intensive and transitional services. Intensive services are aimed at 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 engaging in weekly treatment groups. 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.

PROVIDER	LOCATION	# RESIDENTIAL BEDS	SUCCESSFUL COMPLETION
ARTS	Denver	127 (includes probation, diversion, and drug court)	9-12 months residential

Sisterhood Teaching Alternatives to Recovery (STAR) TC. This modified TC treats females with complex substance abuse needs. Women with co-occurring substance abuse and mental health needs as well as some who have level 5 treatment needs are accepted into the program on an individual basis. The program includes group and individualized treatment, cognitive behavioral therapy, relapse prevention groups, and gender specific/trauma informed women's treatment services. This residential treatment program has a duration of 4 to 5 months on residential status.

PROVIDER	LOCATION	# RESIDENTIAL BEDS	SUCCESSFUL COMPLETION
Crossroads Turning Point, Inc.	Pueblo	24	4-5 months residential

The Haven TC. The Haven is a unique long term TC 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 26 women with their infant children who reside with their mothers in treatment. The Haven serves women with chronic substance abuse disorders. The program offers 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. Graduation depends on progress in treatment. Average length of stay is 9 to 12 months on residential/day-treatment status and 9 to 12 months of outpatient TC. Graduates may remain under Haven monitoring for the duration of their sentence.

PROVIDER	LOCATION	# RESIDENTIAL BEDS	SUCCESSFUL COMPLETION
ARTS	Denver	91 treatment beds for pregnant mothers and mothers with their infants in residence. Pregnant women are prioritized first (includes probation, diversion, drug court, DHS, and self-referral)	9-12 months residential

EVALUATION OF OFFENDER TREATMENT NEEDS

The CDOC provides a large array of substance abuse treatment services. It is important for programs to identify the treatment needs of the clientele and to determine whether the services are meeting that need.

This section first profiles substance abusers by comparing them to non-abusers across demographic, criminal history, and other treatment needs. Next, the need for specific treatment modalities, as measured by the standardized offender assessment, is explored. Finally, staffing patterns and actual services rendered are analyzed.

The CDOC jurisdictional population ($N = 31,110$), excluding youthful offenders, jail backlog, and parolees supervised out of state, was used to profile substance abusers. Substance abusers are identified during the diagnostic assessment process at DRDC and DWCF. All prison admissions 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. Offenders scoring three or higher are considered to have a need in that area.

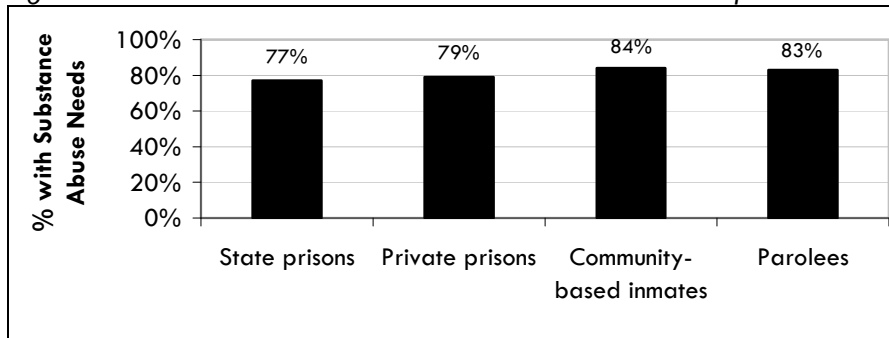
PREVALENCE RATES

The prevalence of substance abuse across the inmate and parole population as of June 9, 2008 was analyzed. Substance abusers were defined as having a diagnostic need level of 3 through 5 while non-abusers included inmates with level 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, using an algorithm that 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.

There were 1,084 offenders with missing substance abuse needs levels, reducing the population size to 30,026. Overall, 80% of the population was identified as having substance abuse needs.

Prevalence rates were examined by offenders' location (see Figure 1). Rates were fairly similar across state and private facilities, but they were slightly higher among parolees and community-based inmates (i.e., community corrections, ISP-inmates).

Figure 1. Substance Abuse Needs across CDOC Jurisdictional Population



Note. Excludes youthful offenders, jail backlog, and parolees supervised out of state.

SUBSTANCE ABUSE PROFILE

Substance abusers were compared to non-abusers on several demographic characteristics and criminal history data (see Table 1). Although similar to non-abusers on gender and ethnicity, substance abusers tended to be younger by two years. Overall, non-abusers were more likely to obtain their high school diploma than substance abusers while substance abusers tended to receive their GED more often.

Table 1. Comparisons across Demographic and Criminal History Data

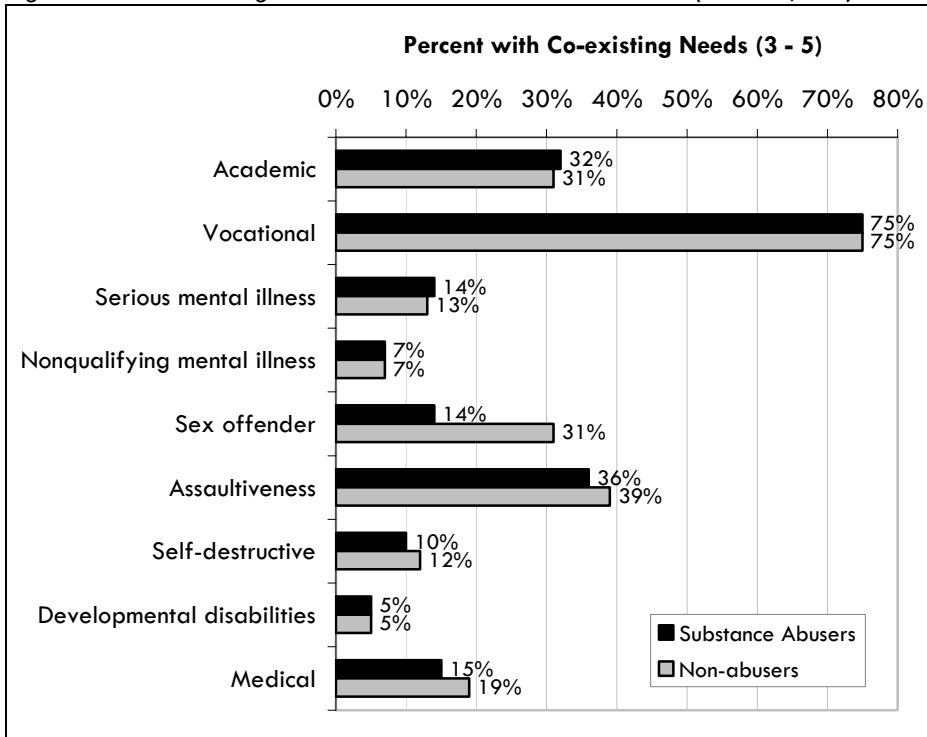
	Substance Abusers (n = 23,971)	Non-Abusers (n = 6,055)
Gender		
Male	88%	88%
Female	12%	12%
Ethnicity		
Caucasian	48%	48%
Latino/Latina	31%	28%
African American	18%	20%
Native American	2%	2%
Asian	1%	2%
Mean age (st. dev.)	35.0 (9.6)	37.0 (11.8)
High school certificate		
Diploma	18%	28%
GED	52%	43%
Neither	30%	29%
Felony class		
1	1%	3%
2	5%	8%
3	26%	30%
4	44%	39%
5	19%	17%
6	5%	3%
Mean LSI-R (st. dev.)	30.4 (7.4)	23.6 (8.0)

Criminal history data showed that substance abusers were of greater recidivism risk as measured by the LSI-R but non-abusers tended to have more serious offenses as indicated by the felony class. This is likely a result of substance abusers having an accumulation of more, albeit less serious, crimes in their past than the non-abusers.

Needs levels were examined differentially for substance abusers and non-abusers (see Figure 2). Groups were similar across most needs measures, however, substance abusers had lower medical and sex offender treatment needs than non-abusers. The groups were similar on development disabilities and vocational needs. Missing data ranged from 1 case in sex offender needs to 489 in developmentally disabled needs.

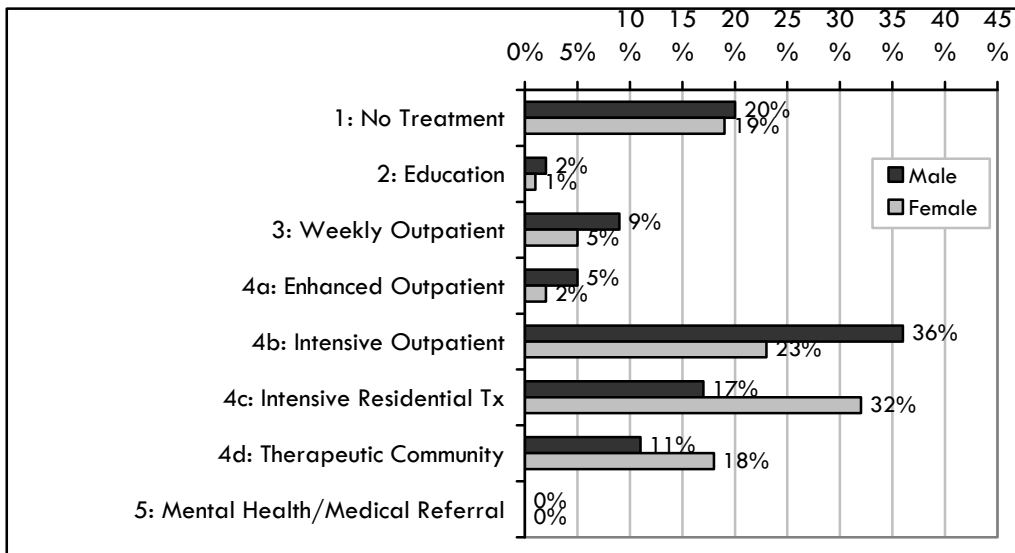
The SOA-R was administered to 4,062 offenders in FY07. There were 18,677 of the June 9, 2008 CDOC population who had active assessments—16,401 male inmates and 2,276 female inmates. Estimates of the substance abuse need were calculated from this data across treatment modalities and by gender (see Figure 3).

Figure 2. Needs among Substance Abusers and Non-abusers (N = 30,026)



* Serious mental illness had a C or O qualifier on the psychological level; nonqualifying mental illness included all other psychological 3-5 ratings.

Figure 3. Estimated Substance Abuse Treatment Needs by Gender for Inmates



The highest needs of inmates were treatment levels 4b (intensive outpatient treatment) and 4c (IRT). 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 a large percentage of 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—50% of the female population with active assessments were assigned a residential treatment program.

SERVICE DELIVERY

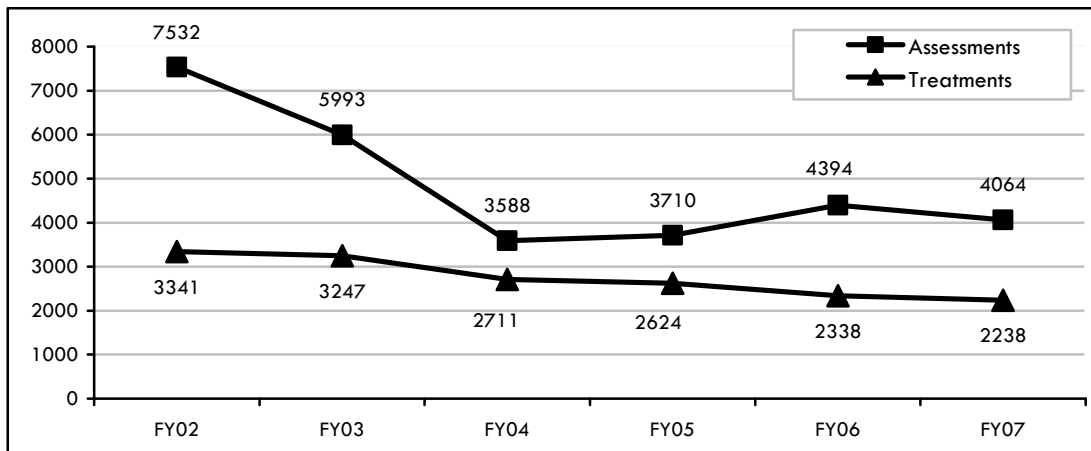
Beginning in March 2003 and continuing through June 2003, state agencies were informed that the state was suffering from a shortfall of anticipated income and budgets would be reduced. The CDOC budgets for FY03 and FY04 were revised and CDOC was forced to cut positions. Inmate programs were cut significantly.

The Alcohol and Drug Services subprogram was among those that received the largest cuts. The FY04 budget was 40% smaller than previous years. Due to 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.

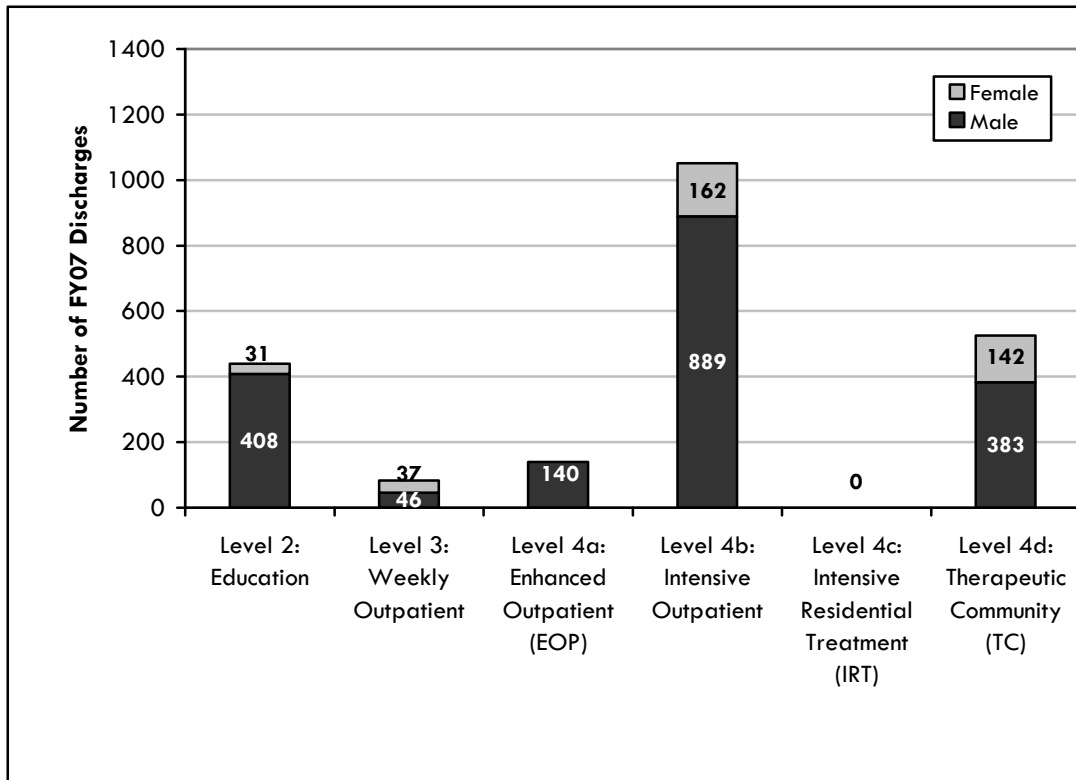
Figure 4 displays this reduction in assessment and treatment services across a 6-year span. Assessments in particular declined in FY03 and FY04. Although less dramatic, treatment delivery decreased as a function of the budget cuts.

Figure 4. Five-year Alcohol and Drug Services Delivery Rates



Substance abuse treatment services were available at most CDOC prison facilities with the exception of CCC, CSP, CMRC, CWCF, FCF, and RCC. 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 5 breaks down program terminations for each treatment modality by gender. Level 4b treatment was the predominant modality available within CDOC during FY07.

Figure 5: Program Discharges by Treatment Level (N = 2,238)



Termination reasons for FY07 program discharges were examined by treatment level (see Table 2). Transfers noted in the figure are usually related to inmate movements between facilities or release to a community center or parole. Discharges attributed to "Other" include offenders who were terminated for medical reasons or referred to treatment elsewhere. Most treatment participants successfully completed treatment; however, level 4d participants quit or were expelled at a higher rate than 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.

Table 2. Termination Reasons for FY06 Treatment Discharges (N = 2,238)

	2: Educ <i>n</i> = 439	3: WOP <i>n</i> = 83	4a: EOP <i>n</i> = 140	4b: IOP <i>n</i> = 1,051	4c: IRT <i>n</i> = 0	4d: TC <i>n</i> = 525	Total
Finished	79%	82%	94%	88%	0%	44%	76%
Transferred	1%	12%	4%	7%	0%	12%	7%
Quit	0%	1%	0%	2%	0%	13%	4%
Expelled	0%	4%	0%	1%	0%	24%	6%
Other	20%	1%	2%	2%	0%	7%	7%

Treatment program discharges were separated into two groups—therapeutic community and education/outpatient—and further divided by CDOC facility (see Figure 6). Although offender assessment services were provided at DRDC, treatment services were not, given that facility resources are dedicated to processing prison admissions. Services were not provided at CCC, CSP, FCF, and PMC due to budget cuts and staff vacancies.

Length of stay is an important predictor for success in any treatment modality. Generally, fewer contact hours were associated with less intense treatment; level 2 had a mean of 83 hours, level 3 had a mean of 75 hours, level 4a had a mean of 59 hours, and level 4b had a mean of 72 hours. There were no level 4c programs run during FY07. Level 4d programs are much longer in duration, with the mean length of stay 186 days.

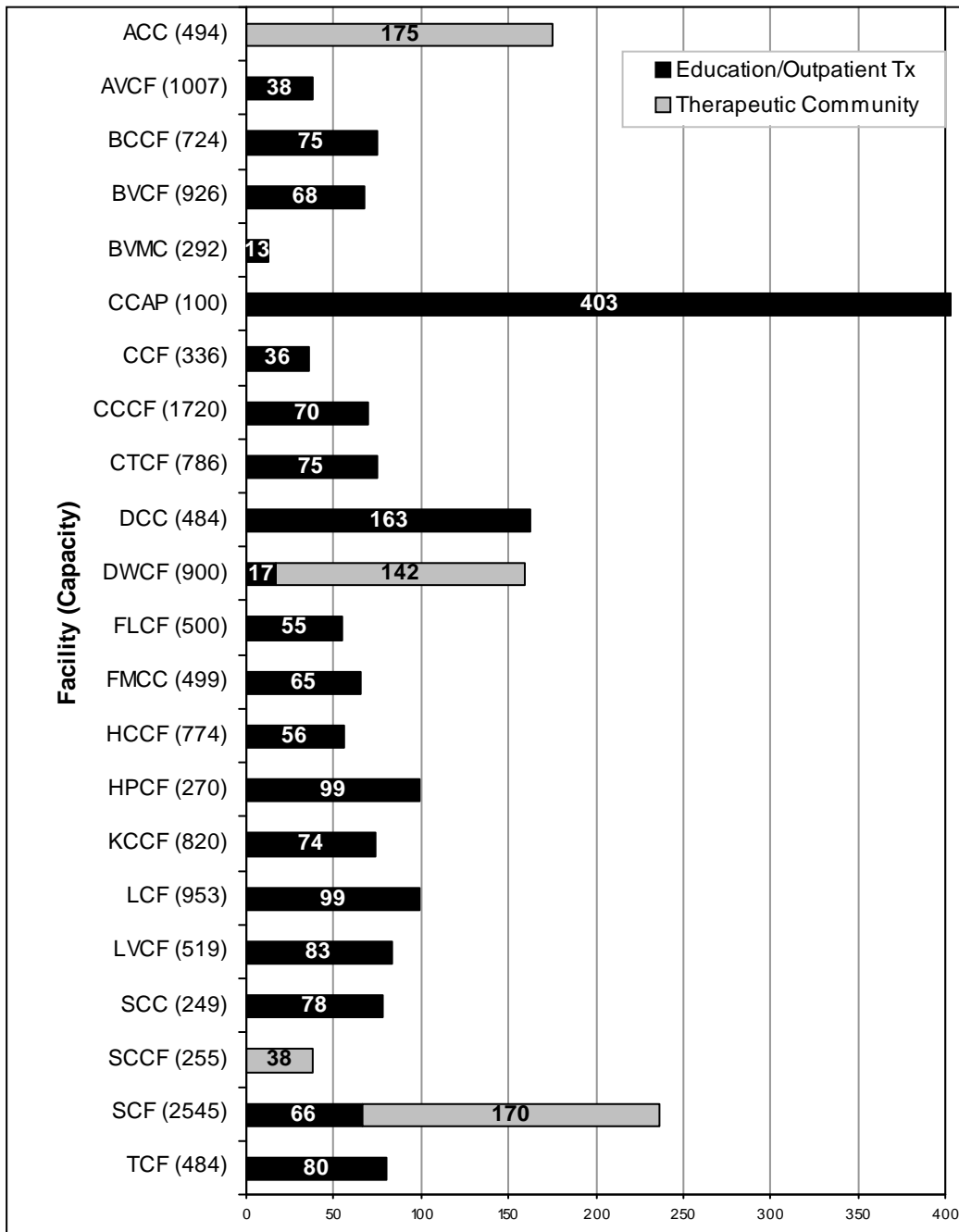
Offender needs to modality matching patterns were examined to determine how often inmates accessed programs that met their treatment needs. Of the 2,238 treatment discharges in FY07, 84 cases were excluded due to missing assessment data, multiple episodes for a single offender, or participation in a treatment program which could not be categorized into a treatment level of 2 through 4d.

Table 3 shows matching patterns for FY07 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 received less intense services than needed.

Table 3. Comparison of Offender-to-Modality Matching Patterns (N = 2,154)

Rendered Services	Assessed Need					
	2	3	4a	4b	4c	4d
2: Education/ increased UAs	0%	2%	4%	9%	3%	1%
3: Weekly outpatient	0%	0%	0%	1%	1%	1%
4a: Enhanced outpatient	0%	1%	1%	3%	1%	1%
4b: Intensive outpatient	0%	3%	4%	30%	7%	3%
4c: Intensive residential	0%	0%	0%	0%	0%	0%
4d: Therapeutic community	0%	0%	0%	1%	13%	10%

Figure 6. Treatment Program Discharges by Facility (N = 2,238)



APPENDIX A

Acronym	Facility
ACC	Arrowhead Correctional Center
AVCF	Arkansas Valley Correctional Facility
BCCF	Bent County Correctional Facility
BCF	Brush Correctional Facility
BVCF	Buena Vista Correctional Facility
BVMC	Buena Vista Minimum Center
CCAP	Colorado Correctional Alternative Program (Boot Camp)
CCC	Colorado Correctional Center (Camp George West)
CCCF	Crowley County Correctional Facility
CCF	Centennial Correctional Facility
CMRC	Cheyenne Mountain Re-entry Center
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 Lyon Correctional Facility
FMCC	Four Mile Correctional Center
HCCF	Huerfano County Correctional Facility
KCCF	Kit Carson Correctional Facility
LCF	Limon Correctional Facility
LVCF	La Vista Correctional Facility
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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