

Colorado Department of Corrections  
Office of Planning and Analysis

# Overview of Substance Abuse Treatment Services: Fiscal Year 2008



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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).

Substance abuse programs operate under CDOC Behavioral Health Services as the division of Alcohol and Drug Services. The mission of this division is “To assess substance abusing offenders and provide them a continuum of interventions for ongoing self-change.” Assessment information is used as a guide for making treatment placements into available treatment services which vary in duration and intensity.

The delivery of substance abuse services within Colorado’s criminal justice system was dramatically changed with the passage of Colorado Revised Statute (C.R.S.) 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 a 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 may vary. These programs must incorporate urinalyses and substance abuse education that strives to increase awareness of the effects of drug and alcohol usage. The hours for this level are generally open to the facilities own guidelines.

**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. 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. The general parameters of Weekly Outpatient treatment is 1 to 3 hours per week within a 3 to 12 month duration.

**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. 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 for 4 to 6 weeks with continuing care 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 treatments.



**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 4d is generally 5 or more hours of treatment per week.

**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. During FY08 the alcohol and drug services were provided by contract service providers. However, beginning July 1, 2008 the contract positions, with the exception of the Denver Women's Correctional Facility Therapeutic Community staff, were converted to CDOC state employees. The offender 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, 2009. 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 overview. Information regarding successful completion criteria 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 (see Appendix A for list of facility acronyms), 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.

### **Level 2: Drug Education and Increased Urinalysis**

***Relapse Prevention Program.*** The relapse prevention program is designed for offenders 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                           |
|----------|----------|----------|-------------------------------------|
| CCF      | ONGOING  | VARIES   | RICHARD MARTINEZ<br>CYNTHIA SCHAUER |
| CSP      | 6 MONTHS | VARIES   | RICHARD MARTINEZ<br>CYNTHIA SCHAUER |

**Strategies for Self-Improvement and Change (SSC).** The SSC curriculum is comprised of three phases. Which phases are offered depends on the counselor and the facility. Groups may also include mental health core curriculum, substance abuse education and relapse prevention. SSC is a cognitive-behavioral based approach designed specifically for substance abusing offenders. In Phase I, offenders are challenged to alter their thinking patterns by helping them to develop self-awareness. They are taught that altering their thoughts and behaviors are necessary to make positive changes. Phase II encourages offenders to focus on developing and implementing action plans and Phase III helps offenders develop critical thinking necessary to resolve conflict and begin to deal with their issues. Most facilities offer Phase I, some offer Phase II, but typically Phase III is available in the community.

| FACILITY | DURATION  | SCHEDULE          | COUNSELOR                           |
|----------|-----------|-------------------|-------------------------------------|
| CCF      | 10 MONTHS | 7:30 – 8:30 AM M  | RICHARD MARTINEZ<br>CYNTHIA SCHAUER |
| CCF      | 10 MONTHS | 8:30 – 9:30 AM M  | RICHARD MARTINEZ<br>CYNTHIA SCHAUER |
| CCF      | 10 MONTHS | 9:30 – 10:30 AM M | RICHARD MARTINEZ<br>CYNTHIA SCHAUER |

### Level 3: Weekly Outpatient Therapy

**Relapse Prevention Program.** Relapse prevention is designed for offenders 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     |
|----------|----------|--|---------------|
| FLCF     | 12 WEEKS | 8:00 – 11:00 AM &<br>1:30 – 3:45 PM M – TH | SANDRA YBARRA |

## Level 4a: Enhanced Outpatient Therapy

**Boot Camp Program.** The Boot Camp Program utilizes SSC Phase I. The purpose of SSC 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. This group is required for all offenders assigned to Boot Camp which means some offenders may not have an identified substance abuse treatment need. The program includes groups, individual counseling, peer interactions and feedback. Successful completion requires 72 hours of drug and alcohol treatment plus 24 hours of AA.

| FACILITY | DURATION | SCHEDULE               | COUNSELOR                         |
|----------|----------|------------------------|-----------------------------------|
| CCAP     | 12 WEEKS | 7:30 – 9:00 AM M – TH  | JOY SORRELL<br>CHRISTOPHER TEIPEL |
| CCAP     | 12 WEEKS | 9:30 – 11:00 AM M – TH | JOY SORRELL<br>CHRISTOPHER TEIPEL |
| CCAP     | 12 WEEKS | 2:00 – 3:30 PM M – TH  | JOY SORRELL<br>CHRISTOPHER TEIPEL |

**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, so, offenders may move into this program after completion of the Steps to Recovery Program.

| FACILITY | DURATION | SCHEDULE   | COUNSELOR     |
|----------|----------|--|---------------|
| DCC      | 4 WEEKS  | 8:30 AM – 3:30 PM**<br>M,T,TH,F<br>8:30 – 11:30 AM W | GLEND A MAJOR |

\* This is a paid assignment by facility

\*\*There is a one-hour break for lunch at 11:30.

**Strategies for Self-Improvement and Change (SSC).** The SSC curriculum is comprised of three phases, which phases are offered depends on the counselor and facility. Groups may also include mental health core curriculum, substance abuse education and relapse prevention. SSC is a cognitive-behavioral based approach designed specifically for substance abusing offenders. In Phase I, offenders are challenged to alter their thinking patterns by helping them to develop self-awareness. They are taught that altering their thoughts and behaviors are necessary

to make positive changes. Phase II encourages offenders to focus on developing and implementing action plans and Phase III helps offenders develop critical thinking necessary to resolve conflict and begin to deal with their issues. Most facilities offer Phase I, some offer Phase II, but typically Phase III is available in the community.

| FACILITY | DURATION | SCHEDULE                               | COUNSELOR                       |
|----------|----------|--|---------------------------------|
| CCCF     | 12 WEEKS | 7:30 – 10:00 AM T,TH                   | WANONA WIKER                    |
| CCCF     | 12 WEEKS | 1:30 – 4:00 PM T,TH                    | MATTHEW VALDEZ                  |
| DWCF     | 12 WEEKS | 1:00 – 3:00 PM M,T,TH                  | BRENDA NOBLE                    |
| KCCF     | 14 WEEKS | 8:00 – 10:30 AM &<br>1:30 – 4:00 PM T  | SORAYA FRANK<br>ANSLEY PETERSON |
| KCCF     | 14 WEEKS | 8:00 – 10:30 AM &<br>1:30 – 4:00 PM W  | SORAYA FRANK<br>ANSLEY PETERSON |
| KCCF     | 14 WEEKS | 8:00 – 10:30 AM &<br>1:30 – 4:00 PM TH | SORAYA FRANK<br>ANSLEY PETERSON |
| KCCF     | 14 WEEKS | 8:00 – 10:30 AM &<br>1:30 – 4:00 PM F  | SORAYA FRANK<br>ANSLEY PETERSON |
| LVCF     | 7 WEEKS  | 6:00 – 8:00 PM M – TH                  | LINDA THRALL                    |

## Level 4b: Intensive Outpatient Therapy

***Steps to Recovery Program.*** This program encompasses 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 a character-building component, as well as 20 hours of anger management.

| FACILITY | DURATION | SCHEDULE   | COUNSELOR    |
|----------|----------|--|--------------|
| DCC*     | 10 WEEKS | 8:30 AM – 3:30 PM**<br>M,T,TH,F<br>8:30 – 11:30 AM W | GLENDA MAJOR |

\* This is a paid assignment by facility.

\*\*There is a one-hour break for lunch at 11:30.

***Strategies for Self-Improvement and Change (SSC).*** The SSC curriculum is comprised of three phases, which phases are offered depends on the counselor and facility. Groups may also include mental health core curriculum, substance abuse education and relapse prevention. SSC is a cognitive-behavioral based approach designed specifically for substance abusing offenders. In Phase I, offenders are challenged to alter their thinking patterns by helping them to develop self-awareness. They are taught that altering their thoughts and behaviors are necessary

to make positive changes. Phase II encourages offenders to focus on developing and implementing action plans and Phase III helps offenders develop critical thinking necessary to resolve conflict and begin to deal with their issues. Most facilities offer Phase I, some offer Phase II, but typically Phase III is available in the community.

| <b>FACILITY</b> | <b>DURATION</b> | <b>SCHEDULE</b>   | <b>COUNSELOR</b>                             |
|-----------------|-----------------|---|--|
| AVCF            | TBD             | TBD   | <b>VACANCY:</b><br>COUNSELOR                 |
| BCCF            | 12 WEEKS        | 8:00 – 11:00 AM M – TH  | STEVEN VALDEZ                                |
| BCCF            | 12 WEEKS        | 8:00 – 11:00 AM M – TH  | RAQUEL LUCERO                                |
| BCCF            | 12 WEEKS        | 1:00 – 4:00 PM M – TH   | STEVEN VALDEZ                                |
| BCCF            | 12 WEEKS        | 1:00 – 4:00 PM M – TH   | RAQUEL LUCERO                                |
| BVCF*           | 5 WEEKS         | 7:25 – 11:25 AM &<br>1:25 – 3:25 PM M – TH                      | ED SNEAD                                     |
| BVMC*           | 8 WEEKS         | 9:00 – 10:30 AM &<br>1:00 – 2:30 PM M – W<br>9:00 – 10:30 AM TH | HIMANT ELLIS<br><b>VACANCY:</b><br>COUNSELOR |
| CMRC            | 4 – 8 WEEKS     | 8:00 – 11:00 AM M – W, F  | <b>VACANCY:</b><br>COUNSELOR                 |
| CMRC            | 4 – 8 WEEKS     | 1:00 – 4:00 PM M – W, F   | <b>VACANCY:</b><br>COUNSELOR                 |
| CTCF            | 12 WEEKS        | 7:50 – 10:50 AM M<br>9:00 AM – 11:00 AM T – TH                  | CLAYTON SIMPSON                              |
| CTCF            | 12 WEEKS        | 1:00 – 3:50 PM M<br>1:00 – 3:00 PM T – TH                       | CLAYTON SIMPSON                              |
| FCF             | 8 – 9 WEEKS     | 8:00 – 10:30 AM M – TH  | RICK ARTHURS                                 |
| FCF             | 8 – 9 WEEKS     | 1:00 – 3:30 PM M – TH   | RICK ARTHURS                                 |
| FLCF            | 12 WEEKS        | 1:30 – 3:45 PM M – TH   | JAMES GRIBBLE                                |
| FMCC            | 8 WEEKS         | 8:00 – 10:30 AM M – TH  | LAURIE SCHWIEM                               |
| FMCC            | 8 WEEKS         | 1:00 – 3:30 PM M – TH   | LAURIE SCHWIEM                               |
| FMCC            | 8 WEEKS**       | 5:30 – 7:45 PM M – TH   | LAURIE SCHWIEM                               |
| HPCF            | 12 WEEKS        | 8:00 – 10:30 AM M – TH  | CHARLES AVERY                                |
| LCF*            | 10 WEEKS        | 8:30 – 11:00 AM M – TH  | WAYNE DRIVER                                 |
| LCF*            | 12 WEEKS        | 3:00 – 5:00 PM M – TH   | WAYNE DRIVER                                 |
| LVCF*           | 4 WEEKS         | 7:30 – 10:30 AM &<br>1:30 – 3:45 PM M – TH                      | NORMA WARNER                                 |
| SCF             | 12 WEEKS        | 8:15 – 10:30 AM M – TH  | KRYSTAL FABIAN<br>RACHAEL MILES              |
| SCF             | 12 WEEKS        | 2:00 – 4:15 PM M – TH   | MINDY ESTRADA<br>RACHAEL MILES               |

| FACILITY | DURATION | SCHEDULE                                   | COUNSELOR        |
|----------|----------|--|------------------|
| SCF      | 12 WEEKS | 8:15 – 10:30 PM M – TH                     | MICHAEL HOTZ     |
| TCF      | 4 WEEKS  | 8:00 – 11:00 AM &<br>1:00 – 3:00 PM M – TH | ANITA ARCHIBEQUE |

\*This is a paid assignment by facility.

\*\*Occasionally groups are offered at this time

### 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          | ≤48     | ≤48        | ≤48             | ≤48         |
| MONTHS TO MRD          | 9 – 96  | 9 – 96     | 9 – 96          | 9 – 96      |
| MONTHS SINCE LAST COPD | 6**     | 6          | 6**             | 6           |
| P-CODE                 | 1 – 3   | 1 – 3      | 1 – 3           | 3 – 5†      |
| M-CODE                 | 1 – 3   | 1 – 3      | 1 – 3           | 1 – 3       |
| S-CODE                 | 1 – 2   | 1 – 2      | 1 – 2           | 1 – 2       |

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

\*\*This criteria can be waived on a case by case basis depending on the infraction.

† Level 3 cannot have a T qualifier and must have at least a score of 30 on the Brief Psychiatric Rating Scale.

***Challenge to Change TC.*** The Challenge to Change TC earned American Correctional Association (ACA) accreditation in June of 2009. This 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 a 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*  |
|----------|----------|---|---|
| DWCF     | 65       | ORIENTATION: RESIDENTS<br>ATTEND 8 HRS OF GROUP<br>PER DAY. PHASES I, II, III:<br>RESIDENTS WORK 20 HRS<br>PER WEEK AND ATTEND AT<br>LEAST 4 HRS OF GROUP<br>PER DAY. | CHERI GOODWIN, SUPERVISOR<br>REGINA DAVIS<br>DIANE DONALDSON<br>CANDICE BERNARD (MH SPECIALIST)<br><b>VACANCY:</b><br>COUNSELOR |

\*ARTS Contract

***Crossroad to Freedom House TC.*** Crossroad to Freedom House TC has been ACA accredited since August of 2003. This TC 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 kitchen and the greenhouse, which includes the bee program and the fishery. For senior members of the TC there is a leadership class which meets bi-weekly for approximately 2.5 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. In July of FY10 this TC will double its capacity with the addition of a 96 bed unit.



| <b>FACILITY</b>               | <b>CAPACITY</b> | <b>SCHEDULE</b>   | <b>COUNSELOR*</b>  |
|-------------------------------|-----------------|---|--|
| ACC                           | 96              | OFFENDERS ARE REQUIRED TO WORK AND ATTEND GROUPS. WORK SCHEDULES VARY BY WORK ASSIGNMENT. OFFENDERS SPEND ON AVERAGE 3 HRS PER DAY APPROXIMATELY 4 DAYS PER WEEK IN GROUPS. | VINCENT ROMERO, SUPERVISOR<br>ANDREA HERNANDEZ<br>CONNIE PALM<br>HEATHER MAESTAS<br>HOWARD STUMPF<br>ANDREW ALDIS<br>ANDY ABALOS<br>APRIL CRESPIN<br>LORRIE DURAN<br>PAULA APPLETON<br><b>VACANCIES:</b><br>3 COUNSELORS |
| PEER I TRANSITION             |                 | 4 DAYS PER MO AT ACC  | MICHAEL DENT, ARTS   |
| INDEPENDENCE HOUSE TRANSITION |                 | AS NEEDED   | LAURIE LUCERO  |

\*Staff reflects anticipated FY10 expansion.

***O.U.R. House TC.*** The O.U.R. House TC has been ACA accredited since January of 2007. This TC is based on a cognitive-behavioral model and uses intensive group therapy that is highly structured and confrontational. Therapeutic tools such as recognizing and correcting thinking errors, journaling, rational emotive behavioral therapy, group therapy, encounter groups, and intensive relapse prevention programs are featured. Offenders with mental illness 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.

| <b>FACILITY</b>   | <b>CAPACITY</b> | <b>SCHEDULE</b>  | <b>COUNSELOR</b>   |
|-------------------|-----------------|--|--|
| 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, SUPERVISOR<br>JANET KIPP<br>BRYAN COX<br>MICHELLE SJOBERG<br>ELIZABETH KING<br><b>VACANCIES:</b><br>SUPERVISOR<br>2 COUNSELORS |
| PEER I TRANSITION |                 | BI-WEEKLY  | MICHAEL DENT, ARTS   |

**Personal Reflections TC.** The Personal Reflections TC earned ACA accreditation in May of 2009. 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. Both SSC and Dialectical Behavior Therapy groups are offered within the TC. 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  |
|----------------------------------|----------|--|--|
| SCCF                             | 35       | RESIDENTS ATTEND GROUPS FROM 7:00 AM – 6:30 PM, EXCEPT WHEN WORKING. RESIDENTS WORK 3.5 HRS PER DAY, 5 DAYS PER WEEK | ART DUCHARME<br>JOHN DI IORIO<br>VIRGINIA MOLLI<br>DESEREE PALACIO<br><b>VACANCY:</b><br>COUNSELOR |
| INDEPENDENCE HOUSE<br>TRANSITION |          | ONCE EVERY 3 MOS AT<br>SCCF  | LAURIE LUCERO  |

## 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, after-care programs, 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.

**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. Some facilities 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. The group is open-ended, with female recruits attending the group the entire time they are housed at CCAP.

| FACILITY | DURATION | SCHEDULE          | COUNSELOR   |
|----------|----------|-------------------|-------------|
| CCAP     | ONGOING  | 9:30 – 11:45 AM F | JOY SORRELL |

**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, CMRC, DCC, DWCF, KCCF, LVCF and SCF.

**The Christian 12-Step Ministry.** The program is a teaching ministry presenting the message of recovery and freedom from addiction, through a Christian perspective. This program is offered at CCF and CSP.

**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 offenders at DRDC or throughout the facilities. 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.

| FACILITY      | ASSESSOR  |
|---------------|---|
| CANON COMPLEX | MARVEL WOLKEN   |
| CCCF          | MATTHEW VALDEZ  |
| DRDC          | GEORGE SIKES, DANITA ST. VRAIN, AND MARGUERITE TAYLOR |
| SCF           | MINDY ESTRADA AND KRYSTAL FABIAN*                     |

\*These counselors spend half their time doing assessments.

**White Bison.** This program, which is available at BCCF, CCCF, and KCCF uses the Medicine Wheel and 12-Step program to provide a culturally appropriate recovery support program for Native American offenders. 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               |
|----------|----------|------------------------|-------------------------|
| DWCF     | ONGOING  | 9:00 – 10:00 AM T OR F | SANDRA EWING, VOLUNTEER |

## OVERVIEW OF COMMUNITY BASED SERVICES

Through 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 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 Division of Behavioral Health. 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 case managers. TASC further monitors parolees’ substance abuse through urinalyses, breathalyzers, and oral swabs. Mile High (MH) TASC incorporates a Co-Occurring Service (COS) team that works exclusively with offenders who have been dually diagnosed with serious mental illness and chemical addiction. 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<br>DENVER<br>(303) 595 – 4194 | 8:30 AM – 12:30 PM | ANITA HOFFMAN , DIRECTOR<br>CHAD EDSON, COS COORDINATOR<br>ESTHER KAISER (COS)                      |
|  | 1:30 PM – 6:00 PM  | THOMAS CHATFIELD (COS)<br>KATHERINE GARCIA<br>FRANCISCO HINOJOSA<br>LYNN KOENCK, INTAKE COORDINATOR |

| OFFICE   | SCHEDULE*  | CASE MANAGER   |
|--|--|--|
| MILE HIGH TASC<br>ENGLEWOOD<br>(303) 761 – 7554        | 8:30 AM – 1:00 PM<br>2:00 PM – 5:30 PM               | MATTHEW PLUMB<br>DONNA STOREY<br>MICHAEL ROMEROS, INTAKE COORDINATOR<br><b>VACANCY: INTAKE COORDINATOR</b>   |
| NORTHEAST TASC<br>WESTMINSTER<br>(303) 428 – 5264      | 8:00 AM – 12:00 PM<br>1:00 PM – 6:00 PM              | KRISTOFOR CATCH<br>KAREN WAGNER<br>ANTHONY WASH<br>DORINDA ROBINSON<br>DAVID CLINE, INTAKE COORDINATOR   |
| NORTHEAST TASC<br>GREELEY<br>(970) 336 – 9034          | 7:30 AM – 12:00 PM<br>1:00 PM – 5:00 PM              | JESSICA PERBECK, DIRECTOR<br>CHRIS KESTERSON, INTAKE COORDINATOR   |
| NORTHEAST TASC<br>FT. COLLINS<br>(970) 223 – 2232      | 8:00 AM – 5:00 PM M,T,F<br>10:00 AM – 6:00 PM W      | <b>VACANCY: CASE MANAGER</b>   |
| NORTHEAST TASC<br>LONGMONT<br>(303) 678 – 9941         | 8:00 AM – 5:00 PM<br>M – W,F<br>9:00 AM – 6:00 PM TH | ERIC JACOBI  |
| SOUTHEAST TASC<br>COLORADO SPRINGS<br>(719) 444 – 0882 | 8:00 AM – 5:00 PM                                    | DAVID ROBINSON, DIRECTOR<br>WILLIAM BAILEY<br>MATTHEW BUSTOS<br>JASON HUMPHREY<br>JONATHON TEISHER<br>MICHELA TOADDY<br><b>VACANCY: INTAKE COORDINATOR</b> |
| SOUTHEAST TASC<br>PUEBLO<br>(719) 543 – 0690           | 8:00 AM – 1:00 PM<br>2:00 PM – 5:00 PM               | MICHAEL BOTELLO<br>TIFFANY ESQUIBEL<br>BRENDAN DE LAO, INTAKE COORDINATOR<br>MELISSA IPPOLITO, CO TASC DIRECTOR  |
| WESTERN TASC<br>GRAND JUNCTION<br>(970) 242 – 2800     | 8:00 AM – 12:00 PM<br>1:00 PM – 6:00 PM              | LUXIE GANNON, DIRECTOR<br>DAVID JOSLYN<br>TANYA HARGROVE<br>BRYN BROCKLESBY<br>TERRY LIDDELL, INTAKE COORDINATOR   |
| WESTERN TASC<br>DURANGO<br>(970) 385 – 8561            | TBD  | <b>VACANCY: CASE MANAGER</b>   |

\*Monday through Friday unless otherwise noted.

## Level 4c: Intensive Residential Treatment (IRT)

**San Luis Valley.** 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<br>(719) 589 – 5134 | ALAMOSA  | 20 HRS OF COUNSELOR-LED THERAPEUTIC ACTIVITIES<br>20 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 gender and drug of choice. 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 SSC, Thought-Field Therapy, and Eye Movement Desensitization and Reprocessing. 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.<br>(719) 473 – 4460 | COLORADO SPRINGS | 20 HRS OF COUNSELOR-LED THERAPEUTIC ACTIVITIES<br>20 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, résumé 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<br>(970) 498 – 7527 | FORT COLLINS | 20 HRS OF COUNSELOR-LED THERAPEUTIC ACTIVITIES<br>20 HRS OF OTHER STRUCTURED ACTIVITIES | 45 DAYS               |

**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 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.

| PROVIDER  | LOCATION       | WEEKLY SCHEDULE   | SUCCESSFUL COMPLETION |
|---|----------------|---|-----------------------|
| ARAPAHOE HOUSE<br>(303) 412 – 3844 (FEMALE)<br>(303) 412 – 3961 (MALE)                    | COMMERCE CITY  | MINIMUM OF 112 THERAPEUTIC HRS AND THEN TRANSITION INTO AN OUTPATIENT PROGRAM | 14 DAYS               |
| CROSSROADS’ TURNING POINTS, INC.<br>(719) 566 – 0234 (MALES)<br>(719) 545 – 1811(FEMALES) | PUEBLO         | MINIMUM OF 112 THERAPEUTIC HRS AND THEN TRANSITION INTO AN OUTPATIENT PROGRAM | 14 DAYS               |
| MESA COUNTY CRIMINAL JUSTICE SERVICES<br>(970) 244 – 3336                                 | GRAND JUNCTION | MINIMUM OF 112 THERAPEUTIC HRS AND THEN TRANSITION INTO AN OUTPATIENT PROGRAM | 14 DAYS               |



| PROVIDER  | LOCATION     | WEEKLY SCHEDULE  | SUCCESSFUL COMPLETION |
|---|--------------|--|-----------------------|
| LARIMER COUNTY<br>COMMUNITY CORRECTIONS<br>(970) 498 – 7518 | FORT COLLINS | MINIMUM OF 112<br>THERAPEUTIC HRS AND THEN<br>TRANSITION INTO AN<br>OUTPATIENT PROGRAM | 14 DAYS               |

**Women’s Remediation Program (WRP).** WRP is a 15 bed 120 day residential treatment program for female offenders. It offers Phase I SSC, life skills, relationship, and female specific groups. Treatment classes also include parenting, money management, anger management, and recreation therapy. Phase II clients receive vocational services. Clients are linked to resources outside of the program prior to their graduation and encouraged to use these resources when they leave.

| PROVIDER                         | LOCATION            | WEEKLY SCHEDULE   | SUCCESSFUL COMPLETION |
|----------------------------------|---------------------|---|-----------------------|
| COMCOR, INC.<br>(719) 473 – 4460 | COLORADO<br>SPRINGS | PHASE I: 20 HRS OF<br>COUNSELOR-LED<br>THERAPEUTIC ACTIVITIES                               | 45 DAYS               |
|                                  |                     | 20 HRS OF OTHER<br>STRUCTURED ACTIVITIES<br>PHASE II: 26 HRS<br>VOCATIONAL AND LIFE SKILLS. | 75 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, Personal Reflections TC, and O.U.R. House 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 & COLORADO ASSESSMENT AND TREATMENT CENTER | 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 to 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. In addition Peer I has a reach-in component that visits CDOC at ACC TC, SCF TC, CMRC, and BVCC on a regular basis.

| PROVIDER | LOCATION | # RESIDENTIAL BEDS                                  | SUCCESSFUL COMPLETION     |
|----------|----------|---|---------------------------|
| ARTS     | DENVER   | 127 (INCLUDES PROBATION, DIVERSION, AND DRUG COURT) | 9 – 12 MONTHS RESIDENTIAL |

**Sisterhood Teaching Alternatives for 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 |

***Therapeutic Community for Southern Colorado (TCSC).*** This TC is a male only program that treats offenders from the southern region of Colorado who have demonstrated severe and chronic substance abuse issues. This is a very rigorous and confrontational program that demands a high standard. The participants are held accountable for their thoughts and actions. After completing the residential phase of the program clients move into a non-residential phase that can last up to 12 months.

| <b>PROVIDER</b>                | <b>LOCATION</b> | <b># RESIDENTIAL BEDS</b> | <b>SUCCESSFUL COMPLETION</b> |
|--------------------------------|-----------------|---------------------------|------------------------------|
| CROSSROADS TURNING POINT, INC. | PUEBLO          | 60                        | 9 – 12 MONTHS RESIDENTIAL    |

***The Haven Modified TC.*** The Haven is a unique long term residential substance abuse treatment center for women and their children and has the 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 childcare, 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. The average length of stay is 12 to 18 months for residential/day-treatment status and 9 to 12 months of outpatient TC. Graduates may remain under Haven monitoring for the duration of their sentence.

| <b>PROVIDER</b> | <b>LOCATION</b> | <b># RESIDENTIAL BEDS</b>  | <b>SUCCESSFUL COMPLETION</b> |
|-----------------|-----------------|--|------------------------------|
| 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) | 12 – 18 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-Revised (SOA-R), is explored. Finally, staffing patterns and actual services rendered are analyzed.

The June 30, 2008 CDOC jurisdictional population ( $N = 32,436$ ), 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 needs. A 5 – point severity index is used with higher scores denoting a greater priority for services. Offenders scoring three or higher are considered to have a need in that area.

### Prevalence Rates

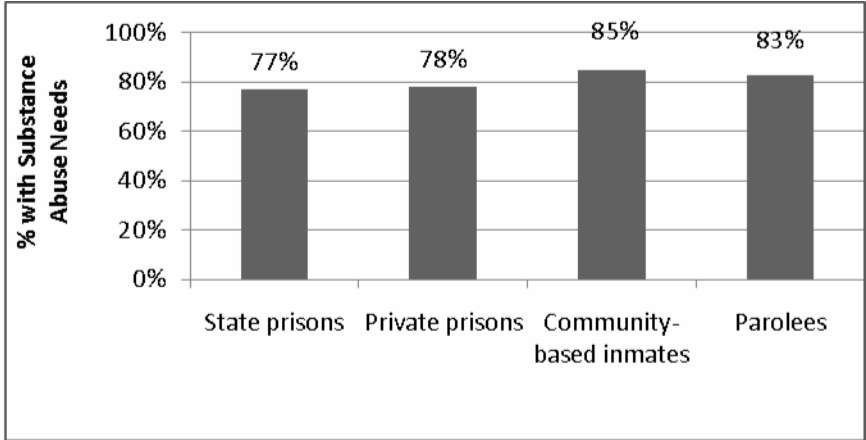
The prevalence of substance abuse across the offender and parole population as of June 30, 2008 was analyzed. Substance abusers were defined as having a diagnostic need level of 3 through 5 while non-abusers included offenders with level 1 or 2. The substance abuse needs level is calculated from offenders' SSI-R scores and number of alcohol/drug related arrests within the last 5 years, using an algorithm that takes into account both self-report (SSI-R score) and a behavioral indicator (number of arrests). Thus, offenders who under-report substance use on the SSI-R but have substance-related arrests are still identified as substance abusers.

There were 1,029 offenders with missing substance abuse needs levels, reducing the population size to 31,407. Overall, 79% 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 offenders (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

Demographic and criminal history data were compared for substance abusers (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.

Criminal history data showed that substance abusers were of greater recidivism risk as measured by the LSI-R but non-abusers tended to have slightly 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 for both substance abusers and non-abusers (see Figure 2). Missing data ranged from 8 cases in academic and vocational needs to 436 cases in self destructive needs. The two groups had similar needs in most areas, although the substance abusers had lower medical, assaultiveness, and sex offender treatment needs than non-abusers. The groups were similar on development disabilities and vocational needs.

The SOA-R was administered to 4,619 offenders in FY08. There were 19,798 of the June 30, 2008 CDOC population who had active assessments—17,317 male offenders and 2,481 female offenders. Estimates of the substance abuse needs were calculated from this data across treatment modalities and by gender (see Figure 3).

**Table 1** Comparison across Demographic and Criminal History Data

|                           | Substance Abusers<br>(n = 24,965) | Non-Abusers<br>(n = 6,442) |
|---------------------------|-----------------------------------|----------------------------|
| Gender                    |                                   |                            |
| Male                      | 88%                               | 88%                        |
| Female                    | 12%                               | 12%                        |
| Ethnicity                 |                                   |                            |
| Caucasian                 | 47%                               | 47%                        |
| Latino/Latina             | 31%                               | 28%                        |
| African American          | 19%                               | 21%                        |
| Other*                    | 3%                                | 4%                         |
| Mean age (st. dev.)       | 36.0 (9.6)                        | 38.0 (12.0)                |
| High school certificate** |                                   |                            |
| Diploma                   | 19%                               | 30%                        |
| GED                       | 55%                               | 45%                        |
| Neither                   | 26%                               | 25%                        |
| Felony class***           |                                   |                            |
| 1                         | 1%                                | 3%                         |
| 2                         | 5%                                | 7%                         |
| 3                         | 25%                               | 29%                        |
| 4                         | 42%                               | 39%                        |
| 5                         | 20%                               | 18%                        |
| 6                         | 7%                                | 4%                         |
| Mean LSI-R (st. dev.)     | 30.3 (7.5)                        | 23.9 (8.0)                 |

\*Other includes Native American and Asian ethnic groups.

\*\*1,779 offenders were missing high school certificate information.

\*\*\*46 offenders were missing felony class information.

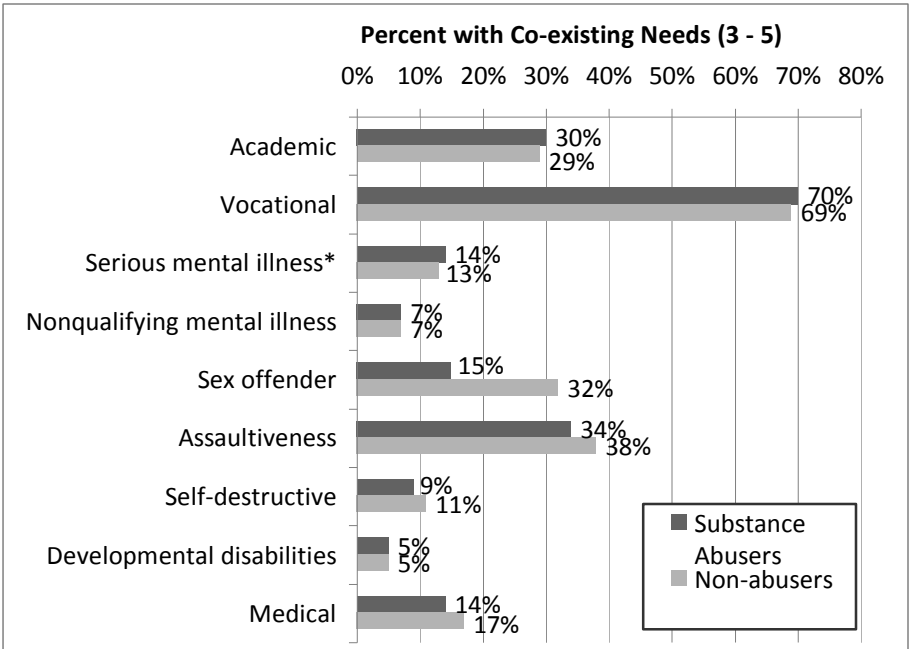
The highest treatment needs of offenders were levels 4b (intensive outpatient treatment) and 4c (IRT). The generally high treatment needs demonstrated in this sample would be expected among incarcerated offenders because they represent the extreme end of the criminal justice population. It would not be expected that a large percentage of offenders would require level 2 treatment, which consists of only substance abuse education. The higher treatment levels incorporate the

psycho-educational components as well as therapy. An interesting finding revealed that female offenders are identified with higher treatment needs overall than males—49% of the assessed female population were identified as needing a residential treatment program compared to 26% of males.

**Service Delivery**

Beginning in March of 2003 and continuing through June of 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 which resulted in significant cuts in offender programs.

**Figure 2** Needs among Substance Abusers and Non-abusers (N = 31,407)



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

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 have empirically demonstrated their effectiveness at both the local and national level, 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 3** Estimated Substance Abuse Treatment Needs by Gender for Offenders

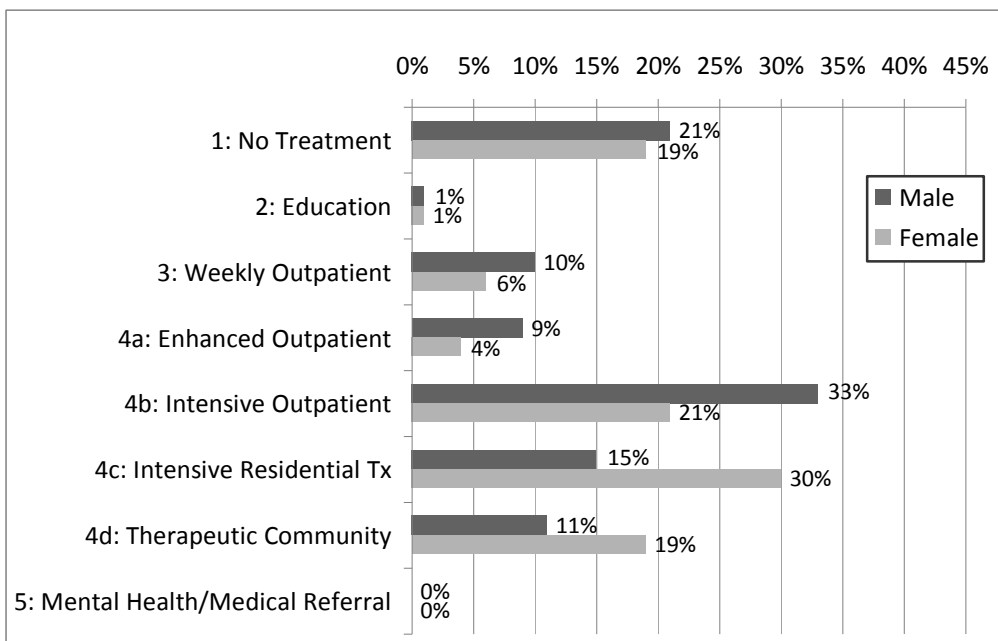
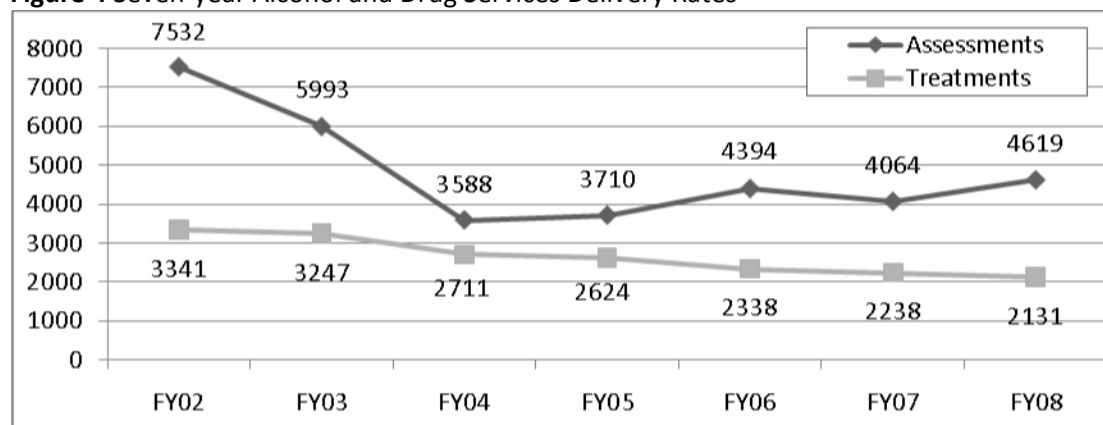


Figure 4 displays the assessment and treatment services across a 7 – year span. Assessments in particular declined in FY03 and FY04, as did treatment delivery although the decline was not as dramatic. Although Alcohol and Drug Services has been working to increase staffing and program availability across all facilities it has yet to reach the service delivery rates that existed prior to the FY03 and FY04 budgetary cuts.



**Figure 4** Seven-year Alcohol and Drug Services Delivery Rates



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 offenders' 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 FY08.

Termination reasons for FY08 program discharges were examined by treatment level (see Table 2). Transfers noted in the table are usually due to offender movements between facilities or release to a community center or parole. Discharges attributed to "Other" include offenders who were administratively terminated for medical/mental health 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 those in other treatment levels. 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 program tend to drop out, regardless of the sanctions that might ensue. Participants who do not comply with the program rules are subject to termination by staff in order to maintain the required positive peer culture. Treatment program discharges (all types) 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

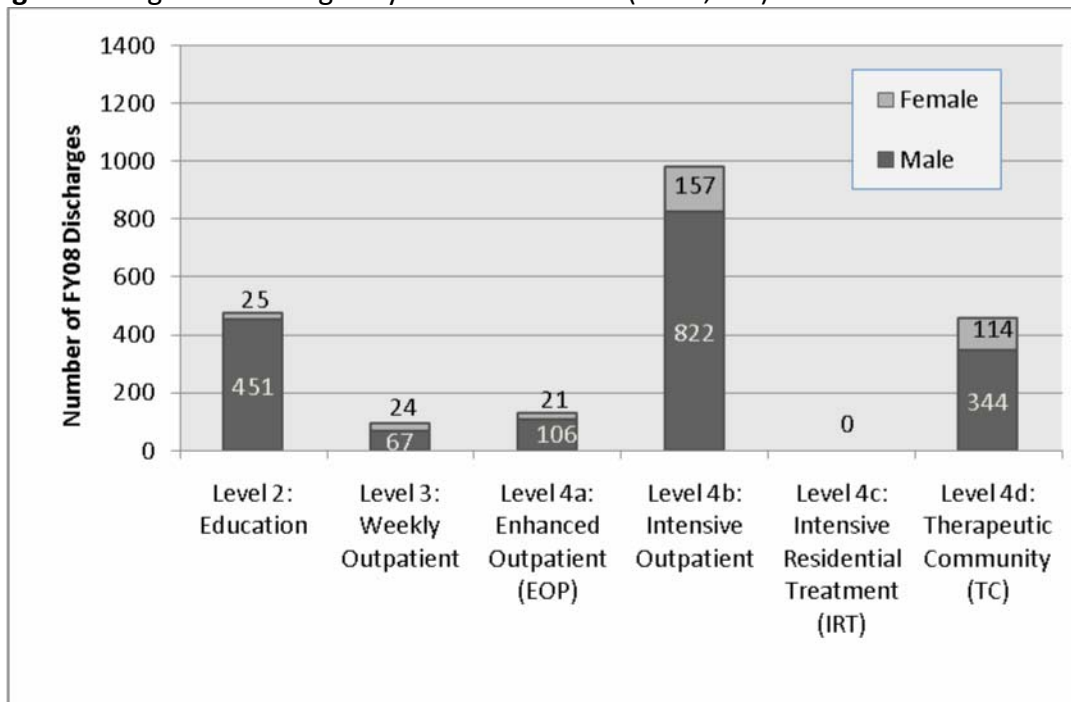
processing prison admissions. Services were not provided at CCC, CSP, SCC and FCF due to limited resources and staff vacancies.

**Table 2** Termination Reasons for FY08 Treatment Discharges (N = 2,131)

|             | <b>2: Educ</b><br><i>n</i> = 476 | <b>3: WOP</b><br><i>n</i> = 91 | <b>4a: EOP</b><br><i>n</i> = 127 | <b>4b: IOP</b><br><i>n</i> = 979 | <b>4c: IRT</b><br><i>n</i> = 0 | <b>4d: TC</b><br><i>n</i> = 458 | <b>Total</b> |
|-------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|--------------------------------|---------------------------------|--------------|
| Finished    | 71%                              | 78%                            | 93%                              | 88%                              | 0%                             | 48%                             | 76%          |
| Transferred | 9%                               | 7%                             | 6%                               | 8%                               | 0%                             | 7%                              | 7%           |
| Quit        | 2%                               | 0%                             | 0%                               | 0%                               | 0%                             | 9%                              | 2%           |
| Expelled    | 1%                               | 0%                             | 1%                               | 2%                               | 0%                             | 21%                             | 6%           |
| Other       | 17%                              | 15%                            | 0%                               | 2%                               | 0%                             | 15%                             | 9%           |

The following are the mean number of treatment hours for each level of treatment; level 2 had a mean of 73 hours, level 3 had a mean of 67 hours, level 4a had a mean of 62 hours, and level 4b had a mean of 67 hours. There were no level 4c programs available during FY08. Level 4d programs are much longer in duration, with a mean length of stay of 210 days.

**Figure 5** Program Discharges by Treatment Level (N = 2,131)



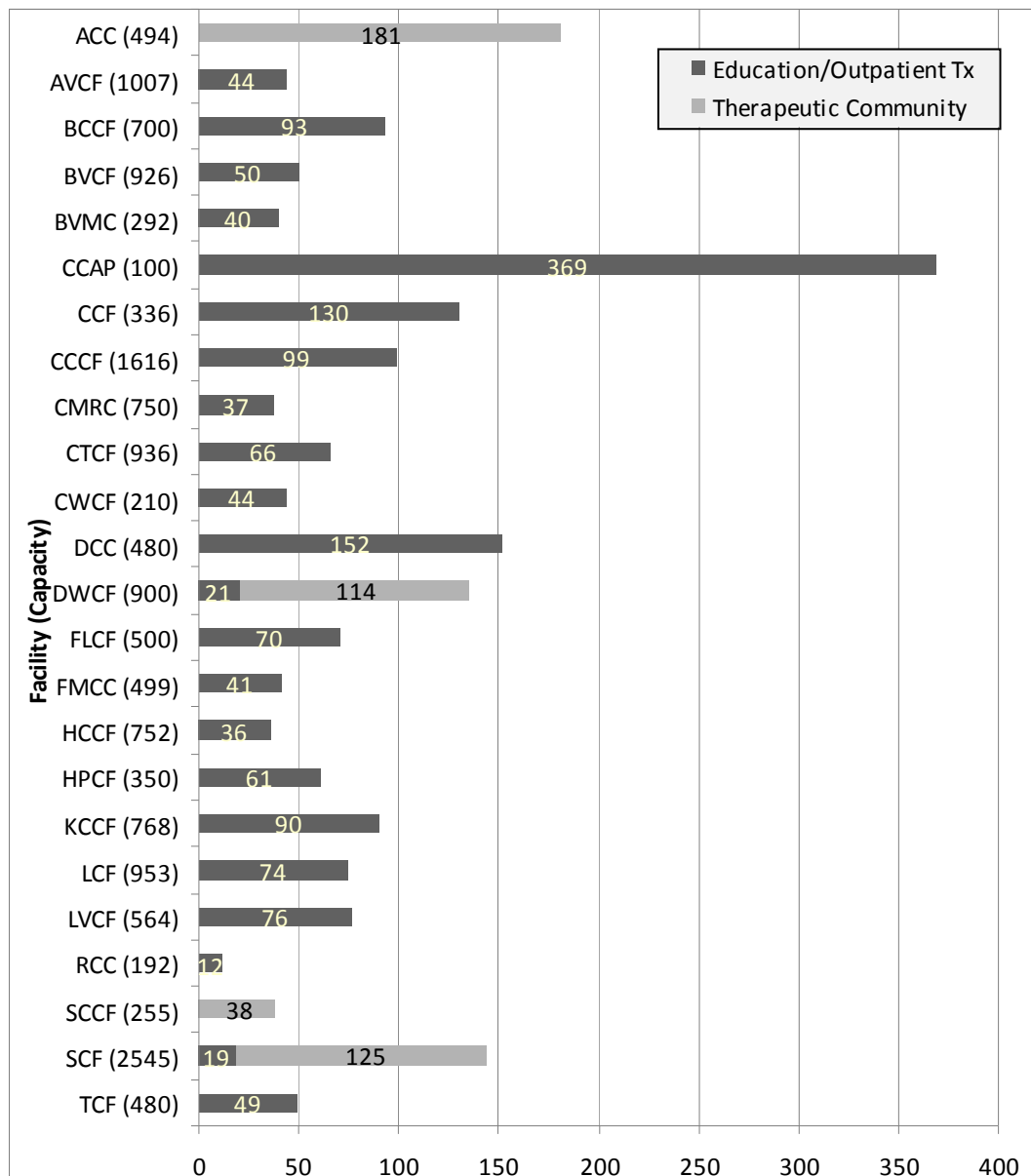
Offender needs to modality matching patterns were examined to determine how often offenders accessed programs that met their treatment needs. Of the 2,131 treatment discharges in FY08, 109 offenders had multiple treatment episodes and were only counted once in the analyses and 182 cases were excluded due to missing assessment data.

Table 3 shows matching patterns for FY08 treatment participants. Percentages on the diagonal represent accurate matching of need to modality; those below the diagonal represent offenders 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* = 1,840)

| Rendered Services           | Assessed Need |           |           |            |           |            |
|-----------------------------|---------------|-----------|-----------|------------|-----------|------------|
|                             | 2             | 3         | 4a        | 4b         | 4c        | 4d         |
| 2: Education/ increased UAs | <b>0%</b>     | 3%        | 7%        | 7%         | 2%        | 2%         |
| 3: Weekly outpatient        | 0%            | <b>0%</b> | 1%        | 1%         | 1%        | 1%         |
| 4a: Enhanced outpatient     | 0%            | 1%        | <b>2%</b> | 2%         | 1%        | 0%         |
| 4b: Intensive outpatient    | 0%            | 2%        | 13%       | <b>31%</b> | 1%        | 0%         |
| 4c: Intensive residential   | 0%            | 0%        | 0%        | 0%         | <b>0%</b> | 0%         |
| 4d: Therapeutic community   | 0%            | 0%        | 0%        | 1%         | 12%       | <b>10%</b> |

**Figure 6 Treatment Program Discharges by Facility (N = 2,131)**



## 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 (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            |
| 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                 |
| HPCF    | High Plains 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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