

Statewide Bulletin: Analysis of Offender Substance Abuse Treatment Needs and the Availability of Treatment Services

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment

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December 2001

Abstract

Statewide offender drug/alcohol treatment needs data were compared to the availability of offender treatment services in order to determine the gaps in substance abuse treatment.

The statewide treatment capacity levels are listed in the table below (Level 2 – Education; Level 3 – Weekly Outpatient; Level 4 – Intensive Outpatient; Level 5 – Intensive Residential; Level 6 – Therapeutic Community).

In the analysis, treatment capacity was broken down into "Community Based Offender Admissions" and "Prison Admissions." Further, treatment capacity designed specifically for females was analyzed as a subset of all offenders.

Percent of Treatment Capacity Presently Being Met

Treatment Level	Community Based Offender Admissions		Prison Admissions	
	All Offenders	Female	All Offenders	Female
	(Male &	Specific	(Male &	Specific
	Female)	_	Female)	
Level 2	100%	100%	100%	0%
Level 3	100%	100%	62%	100%
Level 4	16%	27%	64%	63%
Level 5	35%	29%	n/a	n/a
Level 6	21%	30%	13%	36%

It was found that for community-based offender admissions (probationers, parolees, and community corrections clients) there are substantial gaps in substance abuse treatment capacity at Level 4, Level 5, and Level 6.

It was found for prison admissions, there are gaps in substance abuse treatment capacity at Level 3, Level 4, Level 6, and for female-specific Level 2 treatment.

Purpose of this Report

The purpose of this report is to identify the gaps between offender substance abuse treatment level need and the availability of offender substance abuse treatment services in Colorado. Statewide substance abuse treatment needs data were collected for institutionallybased as well as community-based offenders. This included prison inmates, parolees, community corrections (both diversion and transition) offenders, and probationers. Additionally, data were collected regarding state-funded, offender substance abuse treatment services provided by agencies licensed by the Alcohol and Drug Abuse Division (ADAD) for offender servicesⁱ. This data included the statewide capacity for each level of substance abuse treatment for offenders and also the availability of substance abuse treatment specific for female offenders.

Colorado's Standardized Offender Assessment (SOA)

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 and incentives for offenders. The Colorado Department of Corrections (CDOC), the State Judicial Department, the Division of Criminal Justice (DCJ) of the Department of Public Safety, and the Alcohol and Drug Abuse Division (ADAD) of the Department of Human Services launched a cooperative effort to fulfill these legislative mandates. Subsequently, a standardized assessment process was created which is known as Colorado's standardized offender assessment (SOA).

The SOA process is used by the criminal justice agencies that supervise offenders in order to make treatment placement decisions. It includes several instruments that are used to assess the offender.

The SOA process is based upon a matrix designed to prioritize felons for treatment. In this matrix, criminal risk scores and treatment needs severity scores are combined to produce objective criteria for placing offenders in the treatment continuum. Therefore, the highest risk and highest need offenders are prioritized for the most intensive treatment services.

Colorado's Standardized Treatment System for Substance Abusing Offenders

In conjunction with the SOA, a treatment system was formulated. *The Colorado Treatment Placement Criteria for Substance Abusing Offenders* was based on criteria from the American Society of Addiction Medicine. The treatment system, consisting of seven categorical levels, is contingent upon the SOA assessment battery. Scores on the SOA drive placement into one of the treatment levels. The treatment system provides substance abuse education and treatment services of varying intensity as follows:

- Level 1 No Treatment
- Level 2 Drug and Alcohol Education
- Level 3 Weekly Outpatient Therapy
- Level 4 Intensive Outpatient Therapy
- Level 5 Inpatient Residential Treatment
- Level 6 Therapeutic Community
- Level 7 No Treatment Assess for Psychopathy

Generally, the number of hours in treatment increases as the treatment level increases. The lower end of the continuum emphasizes didactic education on an outpatient basis. The higher end of the continuum involves process-oriented therapy on an inpatient basis.

Analysis of Offender Substance Abuse Treatment Needs and the Availability of Treatment Services

Scope of the Analysis

The treatment needs data in this report compares new offender admissions to treatment program capacity in a one-year time frame. Only new admissions were used, as opposed to the existing population, because this methodology provides the best estimate of how many

services are needed annually. Use of the entire population would be inflated by those serving sentences longer than a year, but not requiring a treatment stay for more than a year. Nonetheless, it should be noted that the methodology used in the present study underestimated the need for services. For example, a portion of the existing populations also consumes treatment services regularly. Additionally, offenders may test positive/relapse for substance use and need further assessment and/or treatment. Also, offenders may have multiple treatment episodes throughout their supervision, such as repeating a treatment level or requiring a referral to a higher or lower treatment intensity. Furthermore, depending on whether treatment is delivered in open or closed groups, offender attrition constantly affects treatment capacity. For example, offenders can enter open groups anytime a vacancy occurs. In contrast, when a slot is vacated in a closed group, it cannot be filled until completion of that treatment phase.

Method/Offender Populations

Colorado Department of Corrections (CDOC) Offenders

The CDOC provides a large array of substance abuse treatment services. These services are offered to prison inmates at all CDOC facilities, typically on a group basis, and to parolees through community-based treatment providers.

Offenders are admitted to the CDOC as prison inmates through the Denver Reception and Diagnostic Center (DRDC) and Denver Women's Correctional Facility (DWCF). It is at these facilities' diagnostic units that offenders are evaluated and screened for various programmatic needs, such as substance abuse.

Prison admissions during fiscal year 2000 (FY00) were examined to portray the needs of offenders entering the CDOC. Clinically recommended substance abuse treatment level data for the inmate prison population were taken from the CDOC <u>Overview of Substance</u> <u>Abuse Treatment Services, Fiscal Year 2000</u> (O'Keefe, M., Fisher, E.)

Inmates granted parole may be referred to the Treatment Accountability for Safer Communities (TASC) program, a community-based case management program. Only parolees are eligible for TASC services, and only those deemed appropriate by the parole officers are referred for an assessment and possible treatment referral. The SOA battery is conducted with parolees who are referred to TASC. Identified substance abusing offenders are referred to Approved Treatment Providers for treatment, and their attendance is monitored by case managers. TASC further monitors parolees' substance abuse through random urinalyses.

TASC admissions during fiscal year 2001 (FY01) were examined to portray the needs of offenders released to parole and enrolled in TASC. Clinically recommended substance abuse treatment level data for the TASC population was taken from a database maintained by the CDOC Office of Planning and Analysis.

Community Corrections Offenders

Community corrections offenders are those who are placed in 'halfway houses' as a means of community supervision and as an alternative to prison incarceration. These offenders are assessed with the SOA process and referred to community-based substance abuse treatment providers who have been approved by the CDOC and/or licensed by the ADAD.

The Community Corrections data combines both residential Diversion and Transition offenders. Diversion offenders are those sentenced directly by the Courts. Transition offenders are those referred by the CDOC after prison incarceration and before parole supervision.

In this report, instrument-derived substance abuse treatment level data were collected from offender case files for a sample of the total number of residential community corrections offenders served in FY 01. The sample data was then used to project the substance abuse treatment needs for the entire fiscal year.

Probationers

Probation provides assessment and community supervision for offenders. Offenders are screened and then assessed for various program needs, including substance abuse problems using the standardized offender assessment process and referred to communitybased substance abuse treatment providers who have been licensed by the ADAD. Offenders are supervised and compliance with treatment is monitored throughout the period of probation. Sanctions and incentives are utilized to increase compliance and community safety.

Probation admissions during FY01 were examined to define the treatment level need of new probation cases. As reported above, offenders are screened at initial assessment. Historically, the initial screening process has excluded 50% of the admission population for further assessment. For this reason, the data represented

in this report includes one-half of the new probation admissions for FY 01.

The probation population in this report does not include offenders who are assessed and referred subsequent to the initial assessment, or offenders who have been revoked, reinstated, reassessed, and referred to treatment. Offenders who were granted probation prior to July 1, 2000, and who are in treatment are also excluded.

Treatment Providers

The ADAD licenses programs throughout the state to provide comprehensive drug and alcohol treatment services. Programs are licensed for level(s) of care provided, services delivered, and specific populations. In addition, some of the licensed programs receive various forms of state funding to help provide treatment services. For the purpose of this report, only licensed programs for offenders, programs licensed specifically to treat women, and programs that receive some type of state funding were used in this analysis.

These treatment providers were surveyed regarding their capacity to provide substance abuse treatment to offenders (for levels 3 through 6) over a one-year timeframe. The level of service provided corresponds exclusively to their licensure through the ADAD. Also, agencies licensed to provide female-specific services were surveyed regarding their capacity to provide services to female offenders.

Cost of Substance Abuse Treatment for Offenders

The following is an example of the costs related to providing substance abuse treatment to offenders. The costs figures were taken from two Denver metro area treatment providers who are licensed by the ADAD to provide offender treatment services. Because costs of treatment vary widely by provider and locality, these figures do not represent the average statewide cost for each treatment level.

Example of the Cost of Treatment for One Offender

Treatment Level	Cost per session/day	Length of Treatment	Total Cost for Treatment
Level 2	\$50 per session	8 sessions	\$400
Level 3	\$50 per session	16 sessions	\$800
Level 4	\$50 per session	84 sessions	\$4200
Level 5	\$200 per day	15 days +	\$3000 + **
Level 6	\$55 per day	365 days	\$20075

As indicated above, the cost of providing substance abuse treatment to offenders increases as the level of treatment increases.

** This is the minimum cost for level 5 treatment and does not include additional days in treatment and does not consider the cost of aftercare (e.g. level 3 treatment). Therefore, level 5 is not necessarily less expensive than level 4 treatment.

Results

The graphs on the following pages compare the number of offenders at each substance abuse treatment level (2 through 6) and the treatment that is currently available to them.

The offender substance abuse treatment needs level was taken from either the instrument-derived or the clinically recommended treatment level produced by the SOA. Treatment capacity was determined by calculating the number of treatment slots/beds available to offenders over a one-year time period.

It should be noted that level 2 and level 3 treatment is used not only for new admission referrals, but also as aftercare, continuing care, and relapse prevention for offenders who were not included in this analysis.

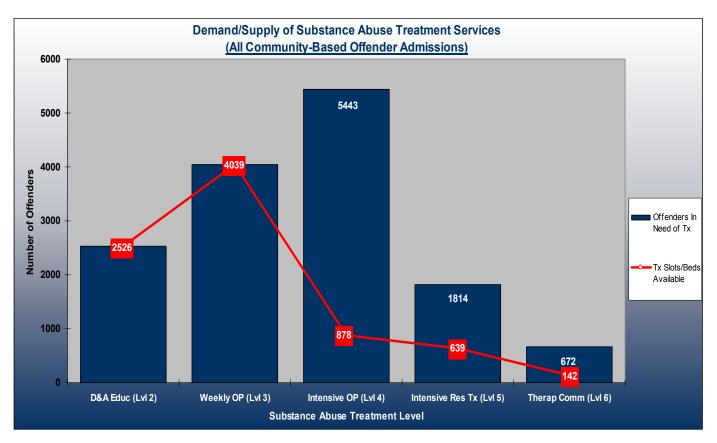
Recommendations

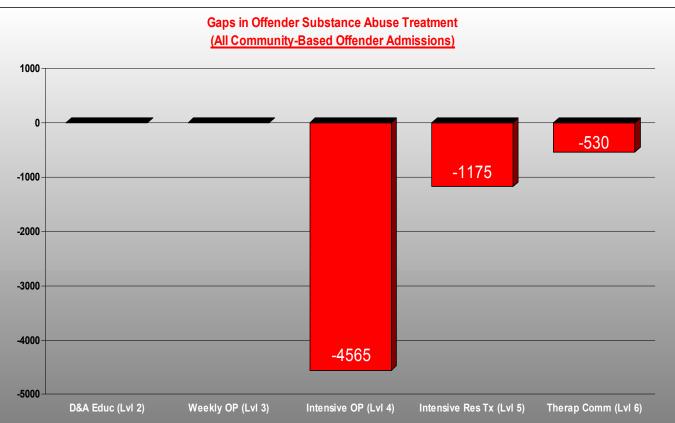
It was found in this analysis that gaps in substance abuse treatment are concentrated at the most intense levels of treatment. This would indicate that sufficient treatment is not available for the highest-risk and highest-need offenders across the state. This could have implications for appropriate treatment matching, which in turn, affects community safety. Therefore, there is a need for increased funding for the more intense levels of substance abuse treatment for offenders.

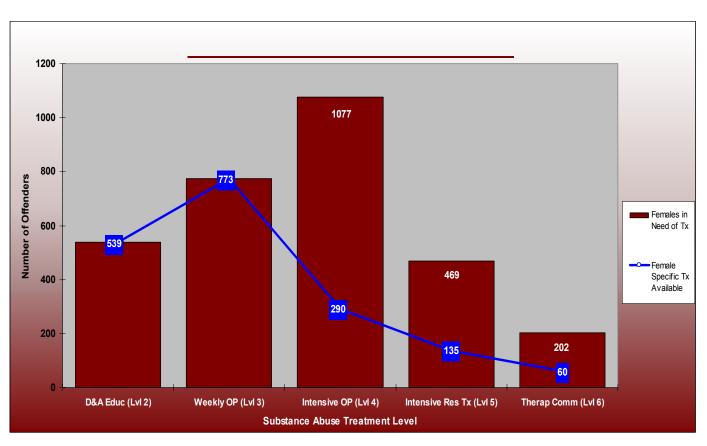
Statewide, there are also gaps in treatment designed specifically for females. Because female offenders have characteristics that warrant specialized treatment in order to maximize treatment effectiveness, there also exists a need for increased funding for female-specific substance abuse treatment.

It is important to note that the data used in this report consider only new offender admissions and initial assessment data. The analysis does not consider existing offender populations, which also consume treatment services on a regular basis. Furthermore, it does not take into account that non-offenders may utilize the available treatment slots/beds. Therefore, it should be considered that the methodology used in this analysis underestimates the true substance abuse treatment gaps.

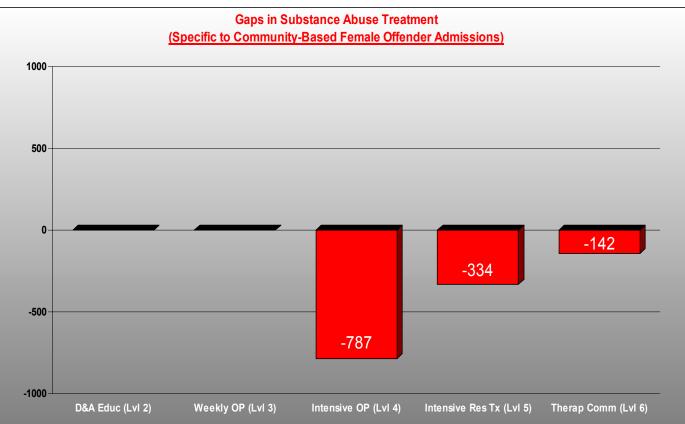
Substance Abuse Treatment Needs (Community-Based Offender Admissions) (Probation, Parole/TASC, Community Corrections)



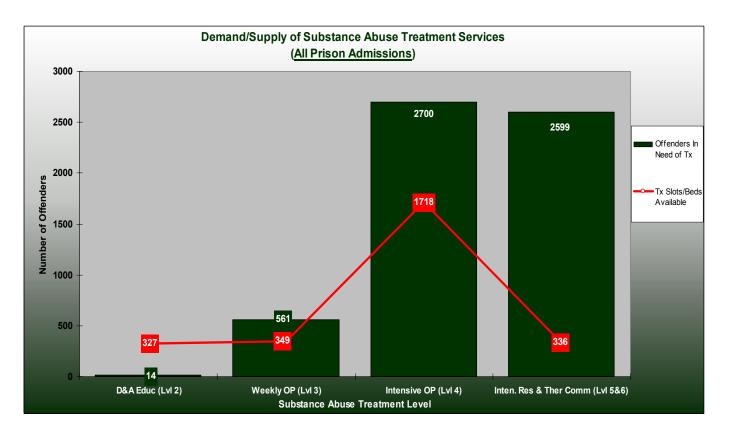


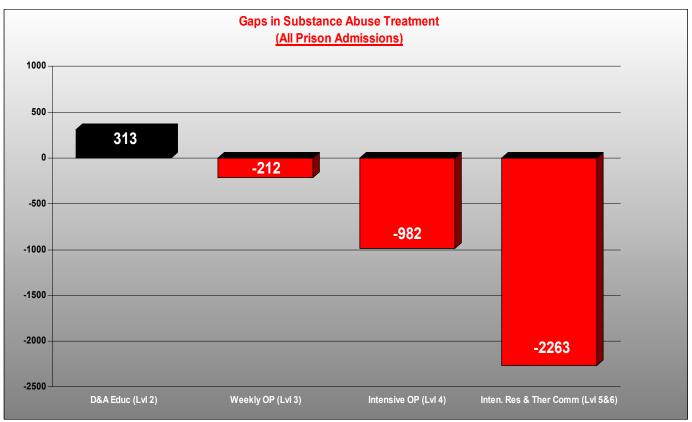


Community-Based Offender Admissions (continued)

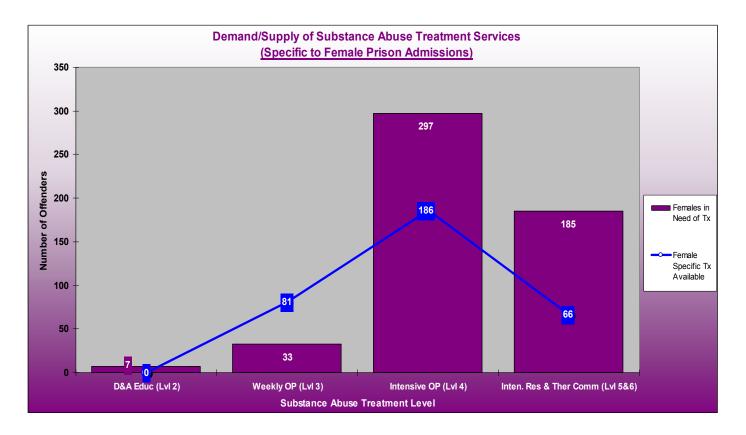


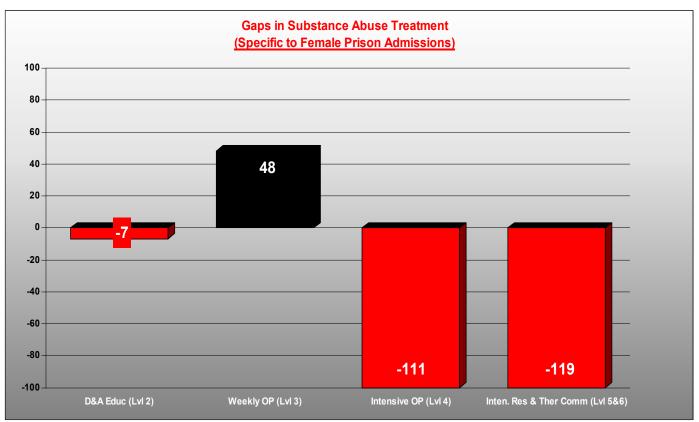
Substance Abuse Treatment Needs (CDOC Prison Admissions)





CDOC Prison Admissions (continued)





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¹ The ADAD licenses a number of treatment agencies, but only some are licensed statewide to provide offender treatment services. Some of the agencies on the CDOC's Approved Treatment Provider (ATP) list for substance abuse treatment are licensed by the ADAD to provide services, but not specifically offender treatment services. All other ATP substance abuse treatment providers are licensed by the ADAD specifically for offender treatment services.