

# State Court Administrator's Office – Colorado Division of Probation Services

## Technical Assistance Project Report



*"This project was supported by Grant No. 2006-RE-CX-K102 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice."*

## Introduction

The Council of State Governments/American Probation and Parole Association (APPA) was awarded a Cooperative Agreement from the Bureau of Justice Assistance (BJA) to assist community corrections agencies to develop, implement, and enhance effective supervision and programming strategies for addressing issues faced by methamphetamine addicted offenders returning to the community from jail, prisons, or other institutions. The main objectives of this project were to:

- Research and identify effective supervision and programming strategies for addressing the issues faced by methamphetamine addicted offenders returning to the community.
- Develop a tool that will help community corrections agencies assess their supervision and programming strategies for addressing the needs of methamphetamine addicted offenders returning to the community to determine technical assistance needs.
- Provide technical assistance to up to three sites.
- Disseminate project information.

## Site Selection

A major component of this project was the provision of technical assistance to three sites for the purpose of enhancing their programming strategies in working with methamphetamine addicted offenders in the reentry process. To aid in the selection of potential technical assistance sites, a technical assistance tool was developed by APPA staff with input from the APPA Executive Director and BJA staff (Appendix A). The tool was designed to help community corrections agencies assess their supervision and programming strategies for addressing the needs of methamphetamine addicted offenders returning to the community. The five-page technical assistance tool was electronically distributed on August 7, 2007 to a total of 2,500 individuals including focus group members, DiscussMeth List-serve, APPA Institute methamphetamine workshop participants, APPA's Board of Directors and select APPA members. A total of 36 technical assistance tools were completed and returned, primarily from states west of the Mississippi River. APPA staff independently reviewed and rated each of the requests received. Based on the returned tools, three sites were selected by APPA staff and approved by BJA in October of 2007: (1) Maricopa County Adult Probation, Phoenix, AZ; (2) Colorado State Court Administrators Office-Division of Probation Services; and (3) South Dakota Board of Pardons and Parole: Intensive Methamphetamine Treatment (IMT) Program.

## Nature of the Technical Assistance Request

The request for technical assistance was submitted by the Colorado State Court Administrator's Office, Division of Probation Services. The request indicated a need for technical assistance to "develop more appropriate supervision plans for offenders and be able to effectively increase community safety and reduce recidivism." The application noted that substance abuse treatment services and meth-specific services were lacking in rural and mountain areas throughout the state.

## Summary of Technical Assistance Activities

A series of telephone meetings were conducted between key informants within the Colorado Division of Probation Services, APPA Meth Reentry Project Manager Michelle Metts, and APPA consultant Michael Shafer to provide a greater understanding of, the general structure of the Colorado system, the context within which probation services were organized, and, the nature of the technical assistance request. In addition to these telephone meetings, a number of documents were provided to APPA for review (Appendix C). It was decided, based on the results of the telephone interviews and document reviews, that site visits would be conducted in three districts across the state. The purpose of the site visits would be to identify strengths and areas for enhancement of community supervision of offenders with methamphetamine and other substance use disorders.

The state of Colorado is divided into 22 judicial districts, ranging from single municipality districts (District 2), to large, multi-county districts encompassing vast land masses and population bases that meet Federal definitions for *frontier* areas (e.g., District 15). These areas are characterized by a number of small, rural towns with limited employment options and underdeveloped social, health, and welfare services. The lack of digital and transportation infrastructure in these areas create significant challenges, including community correctional supervision.

Each Judicial District is headed by a Chief District Judge and a Chief Probation Officer. The probation office provides investigation/assessment and supervision of adult and juvenile offenders. In each probation office, the Investigations Officers and/or Regular Supervision Officers are responsible for administering the *Standardized Offender Assessment* (SOA) and making treatment referrals. According to reports reviewed, the majority of SOA administration lies with investigating officers when a jurisdiction has a formal investigation unit. The Interagency Advisory Committee on Adult and Juvenile Correctional Treatment, comprised of the five state agencies identified in the accompanying table, was established in 1991 to provide a multi-agency response to the provision of effective treatment of substance using adult and juvenile offenders. Both the Alcohol/Drug and the Mental Health Services of

the Division of Behavioral Health (DBH) have agency members on the Interagency Committee. DBH subdivides the state into seven service regions to monitor the SAMHSA-funded block-grants through four managed service organizations (Provider Service Organizations-PSO's) that contract with 40 treatment providers. The PSO's also establish compliance rules for and monitor substance use disorder treatment rules with an additional 250 treatment providers. The state identified six priority service populations under its Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) block grant, including persons under court order treatment for substance abuse treatment.

<b>Interagency Advisory Committee on Adult and Juvenile Correctional Treatment</b>
Department of Human Services Division of Behavioral Health Division of Youth Corrections
Department of Corrections
Department of Public Safety Division of Criminal Justice
State Board of Parole
State Court Administrator's Office Division of Probation Services

In FY 2003, the Colorado legislature passed SB 03-318, designed to decrease the felony class level and resulting penalties associated with the possession and use of smaller amounts of illicit substances. The Colorado Interagency Advisory Committee on Adult and Juvenile Correctional Treatment issued a report in January 2007 documenting a cost savings in excess of \$2.2 million as a result of reduced prison housing capacity (beds) resulting from this legislation. The Colorado legislature subsequently appropriated \$2.2 million to the Judicial Department to be allocated to local judicial districts for the purposes of providing enhanced substance abuse treatment services to offenders. Districts were required to establish a Drug Offender Treatment Board to identify issues specific to their jurisdiction and propose targets for treatment expansion and/or enhancement. Overall, the districts indicated their goals were to reduce the prevalence of substance abuse among offenders and to reduce recidivism rates. Ten districts identified methamphetamine use to be a significant local problem with eight of these districts proposing to utilize funding to establish or enhance methamphetamine specific treatment options. Additionally, ten districts proposed to utilize funding to enhance treatment services for Drug Court offenders. The site visits for this project were conducted within the first year of funding allocation of SB03- 318 therefore each district was at varying stages of program implementation associated with these new funds.

## Site Visits

Site visits were conducted in Districts 18, 14, and 7 on June 4, 5, & 6, 2008 by APPA Program Manager Michelle Metts, APPA Consultant Michael Shafer, and Dana Wilks, Management Analyst, Colorado Division of Probation Services. Each site visit was approximately four to five hours in duration and consisted of a facilitated group discussion with a cross section of key informants from within the districts including the District Chief Probation Officer, one to four probation officers, representatives from local substance abuse

and/or mental health treatment agencies, local law enforcement officers, local judges, and other members of the community. In total, the site visit team met with approximately 35 individuals. While a standard agenda had been established prior to the site visits, the activities, sequence, and foci of discussions varied based upon the presence of particular informants and the nature of the local community. Field notes were made by the APPA team members to identify common themes, explore program and systems issues influencing local community supervision and treatment practices, and areas for program enhancement. (See Site Visit Meeting Agenda, Appendix B)

Each of the three districts includes large geographically dispersed areas comprised of small, rural and isolated communities. Probation officers are challenged by the vast distances between these communities which severely hamper their supervisory abilities and require significant travel time to conduct home and workplace visits. Likewise, the availability and quality of treatment services, particularly intensive outpatient treatment and/or residential treatment services, is hampered by the small nature of these communities and the lack of a sufficient mass of clients to provide a financially viable base. In District 18, for example, a treatment provider from the Denver metropolitan area has established a new treatment program in the community using an itinerant counselor who commutes 100 miles, one way, twice a week. There is an insufficient base of clients within the surrounding community, to make it financially viable for this provider to offer full time treatment services. As such, while individual and group counseling is now available in this community, intensive outpatient treatment services, defined as treatment three to five days per week, is not available.

## Overall Observations and Recommendations

**Strengthen Interagency Cooperation at the Local Level.** In spite of the work of the Interagency Advisory Committee at the state level, interagency cooperation at the local level appeared to be a common and recurrent problem in two of the three districts, (18 & 14). Within District 7, the much heralded Delta Program Task Force represented a model of local interagency cooperation and collaboration that the state should replicate in other communities. District 18 has resorted to contracting with a Denver-based provider due to the apparent lack of cooperation from the established mental health and substance abuse provider in the community. Within District 14, the relationships among the three providers that attended the site visit meeting and the judicial district appeared strained. Probation officers in general expressed varying levels of satisfaction with the quality of services and responsiveness provided by local treatment providers. Further, there did not appear to be any formal linkages between the judicial district offices and local social service, especially child welfare services, which are organized at the county level.

It is recommended that the Division of Probation Services and the Colorado Department of Human Services, Division of Behavioral Health (DBH) promote the establishment of local Interagency Committees that mirror the state committee and included representation of

county government to establish and maintain localized memoranda of understanding specifying minimal standards of treatment and common referral and reporting requirements.

**Make Greater Utilization Of Onsite Physiological Assessments And Motivation Incentives To Promote Abstinence.** Research on the effective treatment of offenders in particular, and substance abuse clients in general, has noted the effectiveness of frequent urinalysis providing immediate feedback, and linking this feedback to a progressive program of rewards and punishment (“carrots & sticks”). The utilization of onsite urine screening equipment, either dips or integrated cups, has the benefit of providing immediate results, as opposed to lab-base urine testing. Immediate response coupled with motivational enhancement, which places positive emphasis upon clean test results, as opposed to negative emphasis on dirty test results, creates a context for the probation officer to highlight positive behavior development (e.g., abstinence). The formal use of tangible rewards, identified as motivational incentives or contingency management, has been found to be highly effective in promoting long term and sustained abstinence among methamphetamine, cocaine, and other classes of substance abusers (Petry, N.M., & Stitzer, M.L. (2005) *Contingency Management: Using Motivational Incentives to Improve Drug Abuse Treatment*; West Haven, CT: Yale University Psychotherapy Development Center).

It is recommended that the Division of Probation Services consider requirements for judicial districts to utilize onsite urine screening and formalized programs of motivational incentives as components of a comprehensive program for substance abusing clients.

**Promote Mutual Aid and Support Groups.** Not a substitute for intensive outpatient treatment services, mutual aid and other recovery-oriented support communities can provide an invaluable adjunct to treatment. For a significant number of individuals experiencing substance use disorders, remission and abstinence can be achieved without the need for formal treatment. For many of these individuals, participation in some form of mutual support (such as AA or NA) or engagement in a faith-community is effective in achieving and maintaining sobriety. Non-religious based forms of mutual aid, such as Rational Recovery ([www.rationalrecovery.org](http://www.rationalrecovery.org)) are also available and documented as effective.

It is recommended that the Division of Probation Services actively promote participation in mutual aid groups for probationers with known substance use disorders. At a minimum, making information available to probationers on the location and meeting times of mutual support groups along with information on the growing number of online recovery support communities should be considered. Further, it is recommended that DPS, in conjunction with DBH, stimulate and encourage the establishment of mutual aid and self-help recovery groups in rural communities. Establishing partnerships with local nonprofits and existing treatment and social service agencies to serve as host facilities for such groups, providing small start-up funding packages for initial supplies and program material, and identifying and encouraging successful probationers to become engaged as self-help sponsors are some of the



activities that could be undertaken to establish adjuncts to formal treatment options in rural communities.

**Address the Transportation Issue.** The lack of transportation was identified in all of the districts visited as a significant impediment to substance abuse treatment. Establishing set-asides in funding for innovative transportation options, such as the purchase or use of computers or cell phones for probationers to participate in treatment, report to their probation officer, or maintain contact with their 12-step sponsor or recovery coach, should be considered. In many states, "flex funds" have been utilized; these funds provide probation officers or case managers the financial means to address the transportation barriers of their clients/offenders by paying for car repairs, providing gas vouchers to attend treatment, or paying a friend or family member to drive a client to treatment. Likewise, emergent technology is producing promising results on the use of computer based counseling, telephone based counseling and support groups, and other computer, web-, and phone-based interventions, reporting systems, and support groups for establishing and maintaining drug abstinence.

## Conclusion

Effective supervision of offenders with substance use disorders in general, and those experiencing methamphetamine use disorders in particular, requires the coordination of evidenced based approaches to offender management coupled with the provision of evidence-based approaches to the treatment of substance use disorders. While the terms of probation are time-limited and in accordance with judicial orders, increasing evidence is documenting that recovery from substance use disorders is best managed from a long-term, chronic care model. As such, effective treatment of offenders with substance use disorders will be best achieved as these offenders are linked to and engaged in services and treatment that can continue even after probation supervision has ceased.

The State of Colorado, with the establishment of the State Interagency Committee on Adult and Juvenile Correctional Treatment, sets forth the structure for providing greater coordination between those governmental systems with the joint responsibility of treating offenders with substance use disorders. The site visits reported here reveal varying degrees of coordination among these systems at the local community level. The model of community-based interagency coordination that is evidenced in District 7 was exemplary and should be used as a model for replication in other Districts and counties. The rural nature of the Districts that were site visited present significant challenges to the treatment of offenders, as transportation and the sparseness of population create particularly vexing issues in the development and sustainability of accessible ongoing treatment and support options. Greater utilization of web-based and telephonic counseling and support options, promoting the development of recovery oriented communities, and creative solutions to address the transportation barriers faced by clients are areas for the state to consider in meeting the needs of offenders with substance use disorders. Finally, making greater utilization of motivational enhancement strategies - including motivational interviewing and contingency management

tied to onsite urine screening - provide opportunities to strengthen the effectiveness of probation officers and promote greater offender engagement in substance abuse treatment and the initiation of sobriety.

***This report submitted by:***

Michelle Metts, Research Associate, American Probation and Parole Association

Michael S. Shafer, Ph.D. Professor, School of Social Work, Director, Center for Applied Behavioral Health Policy, Arizona State University

Dana Wilks, Management Analyst, Evaluation Unit, Colorado Judicial Branch, Division of Probation Services



## **APPENDIX A**

# **Colorado Technical Assistance Request**

## APPA Reentry of Methamphetamine Addicted Offenders

### *Community Corrections Agency Technical Assistance Assessment Checklist*

Name: Susan Jones/Dana Wilks

Title: Education Specialist

Agency: State Court Administrators Office – Division of Probation Services

Address: 1301 Pennsylvania Street Suite 300

City/State/Zip: Denver, CO 80203

Telephone Number: 303-861-1111

Fax Number: 303-837-2340

Email Address: [susan.jones@judicial.state.co.us](mailto:susan.jones@judicial.state.co.us)  
[dana.wilks@judicial.state.co.us](mailto:dana.wilks@judicial.state.co.us)

*If different from information at left:*

Head of Agency: Tom Quinn

Title: Director of Probation Services

Address: same

City/State/Zip:

Telephone Number: 303-861-1111

Fax Number:

Email Address: [thomas.quinn@judicial.state.co.us](mailto:thomas.quinn@judicial.state.co.us)

*Please return your completed form by **08-22-2007**. You can mail, email or fax the form to:*

*Michelle Metts  
American Probation and Parole Association  
P.O. Box 1190  
Lexington, KY 40578  
Phone: (859) 244-8058  
Fax: (859) 244-8001  
Email: [mmetts@csg.org](mailto:mmetts@csg.org)*

*This four-page technical assistance assessment checklist is designed to guide Community Corrections staff in their assessment and planning for the implementation of effective strategies with Methamphetamine (Meth) Addicted Offenders returning to the community.*

<b>JURISDICTIONAL INFORMATION</b>				
Is your agency local, state, or private?		<b>State</b>		
		<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is your agency currently involved in a Meth Task Force or Advisory Group?		X	<input type="checkbox"/>	<input type="checkbox"/>
If yes, to what extent?	Tom Quinn, DPS Director, is a member of a statewide meth TF and also serves on the statewide DEC Committee; other staff are on subcommittees			
Has your agency staff received any type of meth training?		X	<input type="checkbox"/>	<input type="checkbox"/>
If so, what type of training? (Signs/symptoms of use, treatment strategies, relapse rates, common household products used to manufacture meth, lab recognition and safety, etc.)	Meth First Responder – signs/symptoms of use, meth lab awareness and Drug Endangered Children Training			
Please list the frequency/number of hours. Is there any cross-training with agency partners?	Approximately 8 hours every other month			
Is this training part of an annual mandatory in-service?	Yes			
Do your officers have arrest powers?		X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have an Intensive Supervision unit or other type of unit tasked with supervising substance abusing or other high risk offenders?		X	<input type="checkbox"/>	<input type="checkbox"/>
Many meth offenders are prone to violence, including domestic violence. If your agency has a DV unit, has this unit also received any type of meth training?		X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency handle pre-trial supervision?		<input type="checkbox"/>	x	<input type="checkbox"/>
Does your agency have a separate unit that completes pre-sentence reports?		X	<input type="checkbox"/>	<input type="checkbox"/>
During the pre-sentence investigation, are the offender's drug history, prior mental health or drug abuse treatment, and readiness for treatment addressed by the officer?		X	<input type="checkbox"/>	<input type="checkbox"/>
If so, in what way?	Offender submits drug test at the time of report, Adult Substance Abuse Survey completed for treatment recommendations, as well as any prior assessments and records are obtained and reviewed for appropriate treatment needs and recommendations.			
Prior to jail or prison release, is a mental health assessment completed for the offender?		X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency check prescription drugs, prescribing physician and the offender's Medicaid eligibility?		X	<input type="checkbox"/>	<input type="checkbox"/>

<b>AGENCY PARTNERSHIPS</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
Do you work with local law enforcement on a regular basis?		X	<input type="checkbox"/>	<input type="checkbox"/>
If so, to what extent?	Probation collaborates with law enforcement for home visits, absconder apprehension, field arrests and training.			
Does your agency have an established working relationship with substance abuse treatment facilities or staff?		X	<input type="checkbox"/>	<input type="checkbox"/>

If yes, are you working separately, or is there active collaboration?	Active collaboration between probation and treatment providers occurs regularly. We share trainings, client information, meetings and policy discussion with various agencies.			
Does your agency have an established working relationship with mental health facilities or staff?		X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency work with a local drug task force or meth partnership?		X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a working relationship with meth lab first responders?		X	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there a protocol or clearly defined role of notification of a suspected meth lab? Please explain.	Policy is currently being written on this issue. Most districts have local policy surrounding this issue. In most cases, if a meth lab is detected, law enforcement is contacted immediately and the probation officers leave the building and take on a secondary role once law enforcement arrives.			
Do you work with any federal agencies such as DEA?		<input type="checkbox"/>	X	<input type="checkbox"/>
If so, to what extent?				
<b>AGENCY PARTNERSHIPS (cont.)</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
Do you work with community agencies and faith-based organizations on a regular basis?		X	<input type="checkbox"/>	<input type="checkbox"/>
If so, what type of agencies and to what extent?	Probation works with the Community corrections providers along with community service officers. Officers can work along side faith based organizations if the offender is in counseling and approved by officer.			
Does your agency have a working relationship with local Child Protective Services and Domestic Violence agencies?		X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency involve health care &/or mental health providers in reentry planning for meth offenders?		X	<input type="checkbox"/>	
If yes, please explain:	Probation works with The Division of Human Services and various other mental health agencies to provide a continuum of care for the offender.			
Does your agency work with specialized courts (Drug Courts, Treatment Courts, etc?)		X	<input type="checkbox"/>	<input type="checkbox"/>
Are these inter-agency partnerships formal or informal?	Formal			
Please explain (Interagency agreements, MOU's, contracts, etc.)	All services provided with the use of state funds require either a contract or a written agreement for use of an MOU. This can include contract positions with the court or probation, and treatment providers who provide services to the offender.			
Does your agency participate in victim notification prior to offender's release?		X	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUPERVISION ISSUES</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
Does your agency have standardized conditions for all offenders?		X	<input type="checkbox"/>	<input type="checkbox"/>
Do you conduct unscheduled home visits?		X	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how often are home visits conducted?	The frequency is dependant upon the case plan. ISP clients are seen more frequently.			
Does your agency require drug testing of meth offenders?		X	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what types of drug tests are used?	Urine, Saliva and Rapid Drug Recognition			

If yes, how often are drug tests conducted?	Determined by the case plan based on the need of the offender.		
Does your agency have drug testing procedures?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a protocol that addresses offender's return to drug use?	X	<input type="checkbox"/>	<input type="checkbox"/>
Are there "treatment-sensitive" conditions for offenders involved in substance abuse treatment?	X	<input type="checkbox"/>	<input type="checkbox"/>
Are your officers familiar with the offender's drug using "triggers" and relapse indicators?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency conduct searches of the offender's person, residence or vehicle upon reasonable suspicion?	X	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does your agency have a written search policy?	Yes, both at the State level and local levels.		
If your agency conducts a search of an offender's residence is it with the assistance of law enforcement?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency assign officer caseloads that are in a certain geographic area?	X	<input type="checkbox"/>	<input type="checkbox"/>
If no, by what means are cases assigned?			
Are high risk felons in any way "red flagged" by your agency?	X	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how?	High risk cases are staffed by supervision team and appropriate supervision plans are coordinated by officer, treatment provider and any collateral family or employers that are willing to work with the team.		
Does your agency partner with local law enforcement to focus on high risk offenders?	X	<input type="checkbox"/>	<input type="checkbox"/>
If yes to the preceding question, do the agencies conduct probation "sweeps" to simultaneously focus on the highest risk offenders?	X	<input type="checkbox"/>	<input type="checkbox"/>
If a police officer questions an offender, a field interview, is this information forwarded to your agency?	X	<input type="checkbox"/>	<input type="checkbox"/>
If yes, in what format?	Both formally and informally, in certain cases a police report is filed and sent to the probation officer. In other cases, the police officer may contact the PO by phone.		
Does your agency's meth training include meth treatment strategies and meth relapse rates?	<input type="checkbox"/>	X	<input type="checkbox"/>
<b>SUPERVISION ISSUES (cont.)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is the offender's family involved in reentry planning or the pre-sentence investigation?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency assist in addressing health care needs of meth offenders?	X	<input type="checkbox"/>	<input type="checkbox"/>
As a condition of bail, are defendants prohibited from possessing illegal drugs, alcohol, prescription drugs, drug manufacturing supplies and equipment?	X	<input type="checkbox"/>	<input type="checkbox"/>
Are offenders prohibited from the items listed above as a sentencing condition?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a working relationship with area physicians and dentists to address offender's health care needs and Medicaid eligibility?	<input type="checkbox"/>	X	<input type="checkbox"/>
If yes, please explain:			

## **Reentry of Meth Offenders Technical Assistance Needs**

*(Please answer only the questions that are applicable to your agency)*

With what specific areas of response to returning meth addicted offenders to the community would your agency like technical assistance?

The technical assistance we would like to focus on is the re-entry of offenders. We currently have an Intervention and Recovery training which looks at contingency contracts, road mapping and identifying triggers; however, this training is for more general drug users. We currently do not have meth specific re-entry training. In particular, offenders returning to rural or mountain areas have little in the way of services to address substance abusing or mental health needs. This problem is shared by the Department of Corrections and community corrections agencies (which are operated locally).

Does your agency already have an internal systematic response (developing policies, procedures, protocols) for meth offenders? If not, does your agency need assistance with developing an internal systematic response for meth offenders?

We have tools that officers can use; however, these policies and procedures are currently under development. This includes police and procedure of dealing with a meth addicted offender, re-entry of the offender, training of the probation officer as well as safety of the officer in dealing with meth and the meth addicted offender.

Does your agency already participate in meth community response teams or partnerships? If not, does your agency need assistance with developing effective partnerships with courts, treatment community, law enforcement and others?

This is an area that we are strong in. On the state level we serve on the Meth Task Force as well as DEC. We also collaborate with different local law enforcement agencies for training. Local departments also collaborate with law enforcement for training purposes.

What are the foreseeable obstacles or challenges that may be encountered in implementing recommendations for technical assistance?

Having resources available to our rural districts to implement recommendations may be an obstacle. We can also foresee that cooperation from community agencies and finding additional time on behalf of the officer may also be obstacles.

What resources does your agency have available to support technical assistance efforts?

We have multiple training facilities that are ready for use. We have support from the various Chief Probation Officers for ongoing training, as well as the strong relationships that we have



already established with local law enforcement, Department of Corrections, community corrections and other community agencies.

Who are the stakeholders in your organization that need to be involved in TA?

The Division of Probation Services, Chief Probation officers, Probation Supervisors, Department of Corrections, Department of Human Services, community corrections agencies, and line staff.

Do you know of any stakeholders from outside organizations that need or want to be involved in TA?

It would also be beneficial to include the District Attorney, Public Defender, Division of Human Services, Division of Corrections, Division of Youth Corrections, and any treatment or community agencies that would be interested.

On average, how many years experience do potential TA participants have in your organization?

10 years.

What do you think participants would want to know or be able to do as a result of receiving TA?

Develop more appropriate supervision plans for offenders and to be able to effectively increase community safety and reduce recidivism. Participants in the outlying smaller jurisdictions with limited resources would also benefit from supervision strategies on how to supervise the meth addicted offender with limited resources.

What kind of information and/or outcomes would the agency/organization expect as a result of the TA?

Our hope would be for more supervision compliance on the side of the offender with a decreased recidivism rate resulting in greater community safety.

Do you think the potential participants would want to attend a training program regarding Meth? If so, what specific topic areas?

Yes, supervision planning, meth re-entry, intermediate sanctions for meth offenders, strength based approaches.

What do you think are your agency's strengths in regards to being able to participate in effective strategies with meth-addicted offenders?

We have strong support from the stakeholders and we are proactive in our supervision styles. The majority of state staff is trained in motivational interviewing and we have introduced new trainings surrounding relapse prevention and strength based interventions. The state is also committed to implementing programs that are evidence based.

What do you think are your agency's weakest areas in regards to being able to participate in meth-addicted offender initiatives?

Our weakest area is around the scarcity of substance abuse treatment in general and the availability of meth specific treatment in particular. The rural and frontier areas of the state are even further challenged by lack of basic services such as public transportation. Another weak

area may be in understanding what is different about the meth addicted offender and how treatment needs to be changed to accommodate those differences.

What kind of timeframes do you have in mind regarding the scheduling of this technical assistance?

We are prepared to receive assistance within 30 days of award notice.

Are there any particular technical assistance needs for meth-addicted offenders in your district that have not been addressed by this checklist?

Assisting us and our sister agencies in establishing a supervision-treatment protocol for these offenders; assistance in particular with those offenders returning to communities of little or no treatment support; and strategies to fill those gaps in treatment.

Any additional comments you'd like to share?

Our agency is excited and willing to implement new ideas and strategies around working with the meth addicted offender. We would like to enhance the programs and services already in place to increase community safety as well as the offender's chance of success on probation and re-entry into the community.

**\*Note:** This Meth Reentry Project includes on-site technical assistance visits for 3 sites. If your agency is interested in site visit consideration, please check:  Interested in Site Visit Consideration, if not interested, please check:  Not Interested.

Thank you for taking the time to complete this meth technical assistance checklist. **Please return the completed checklist** by no later than **08-22-2007**. You may return the survey by email, fax, or regular mail to:

Michelle Metts  
American Probation and Parole Association  
c/o Council of State Governments  
P.O. Box 11910  
Lexington, KY 40578  
Fax: 859-244-8001 Email: [mmetts@csg.org](mailto:mmetts@csg.org)

**APPENDIX B**  
**Site Visit Protocol**

**American Probation and Parole Association  
Methamphetamine Technical Assistance Project  
Colorado Site Visit Protocol**

**Purpose:** The purpose of these site visits is facilitate discussion regarding the relatives strengths and areas for enhancement of community supervision and interagency coordination if the provision of treatment services to offenders with methamphetamine and other substance use disorders.

**Site Visit Team:** Michelle Metts, American Probation and Parole Association  
Michael S. Shafer, Ph.D., Consultant, Arizona State University, Center for Applied Behavioral Health Policy

**Site Visit Itinerary**

Tuesday, June 3	District 18	Chief Leaf
Wednesday, June 4	District 14	Chief Martinez
Thursday, June 5	District 7	Chief Warner

**Site Visit Agenda**

**10:00**            **Arrival**

**10 – 11:30**      **Orientation and Facilitated Discussion of Probation Programming**  
APPA and District Probation Staff

**11:30 – 12:30 Working Lunch**

**Presentation:** *Moving Toward Recovery Oriented Systems of Care for Offenders with Methamphetamine and other Substance Use Disorders*  
Michael S. Shafer, Ph.D.

**Facilitated Discussion:** What are the elements of a recovery oriented system of care in place within the district; what elements are absent?

What are the prevailing attitudes, biases, and stigma that community members within the district have toward persons with methamphetamine and other substance use disorders?

**12:30 – 1:45**    **Action Planning:** What are the action steps, resources, and timelines needed to ensure the development and sustainability of a recovery oriented system of care for offenders with methamphetamine and other substance use disorders within the district?

**1:45 – 2:00**    **Wrap Up and Departure**

## **APPENDIX C**

### **Colorado Supporting Documents**

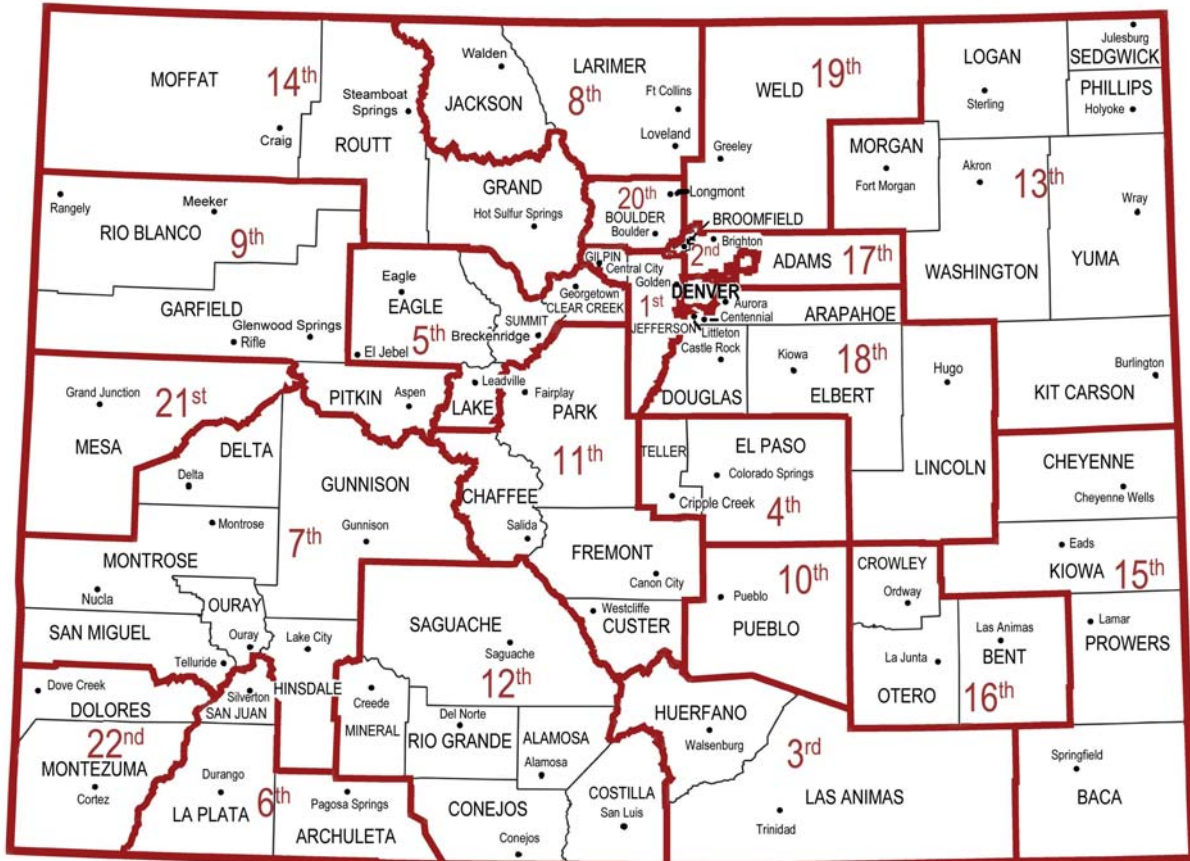
Judicial Districts of Colorado Map

Colorado Interagency Committee on Adult & Juvenile Correctional Treatment  
Statewide Bulletin December 2001

Code Probation 93-01 Urinalysis Screening in Probation

Regional Treatment Meeting Funding Summary 2008

# Judicial Districts of Colorado







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

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment

**Prepared by:**

**Bennie Lombard** – Department of Human Services, Alcohol and Drug Abuse Division

**Maureen O’Keefe** – Department of Corrections, Office of Planning and Analysis

**Daniel Reed** - Department of Corrections, Office of Planning and Analysis

**Ken Schlessinger** – Judicial Branch, Division of Probation Services

**Glenn A. Tapia** – Department of Public Safety, Division of Criminal Justice

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 (Male & Female)	Female Specific	All Offenders (Male & Female)	Female Specific
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 institutionally-based 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 services<sup>1</sup>. 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 Overview of Substance Abuse Treatment Services, Fiscal Year 2000 (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 community-based 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	<b>\$400</b>
Level 3	\$50 per session	16 sessions	<b>\$800</b>
Level 4	\$50 per session	84 sessions	<b>\$4200</b>
Level 5	\$200 per day	15 days +	<b>\$3000 + **</b>
Level 6	\$55 per day	365 days	<b>\$20075</b>

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.

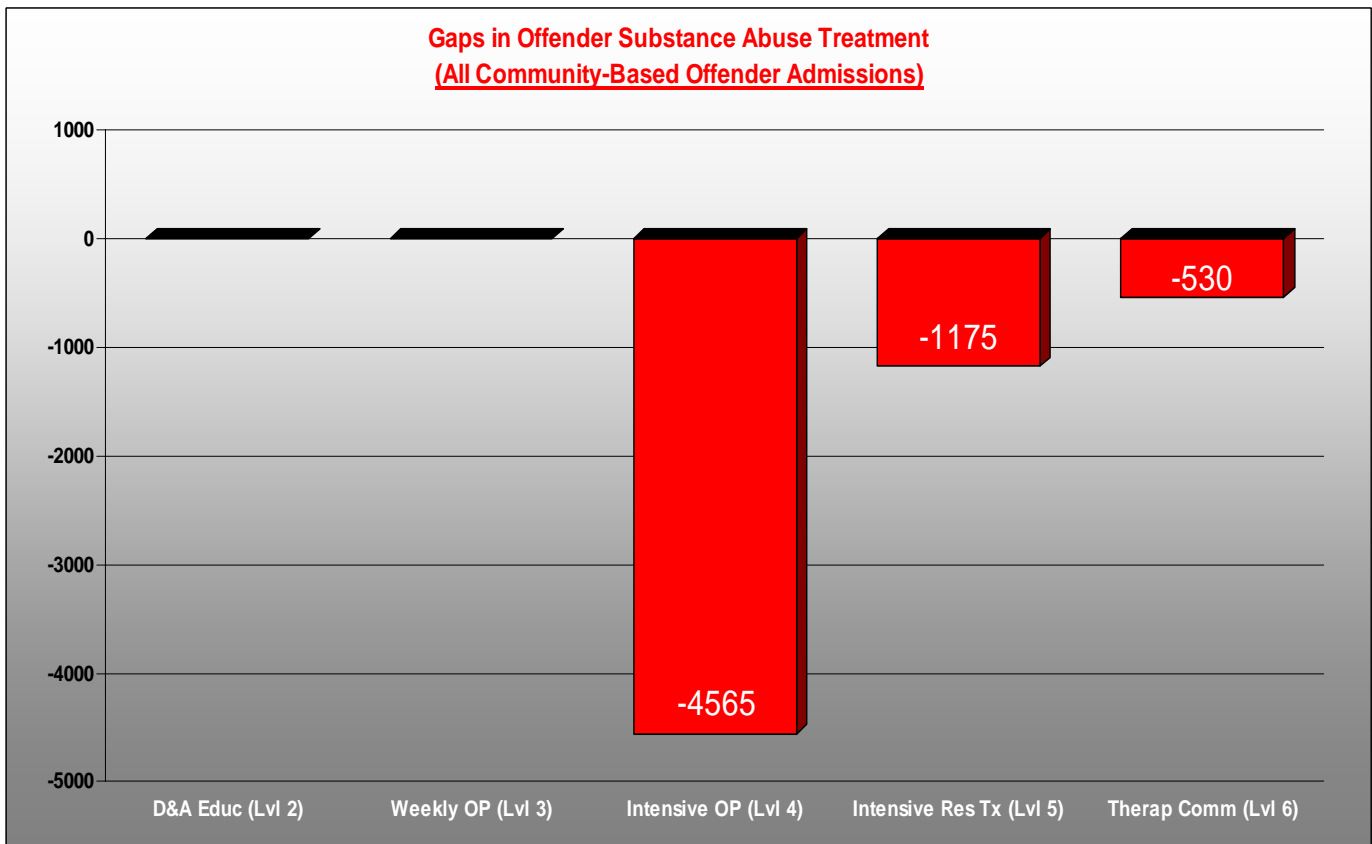
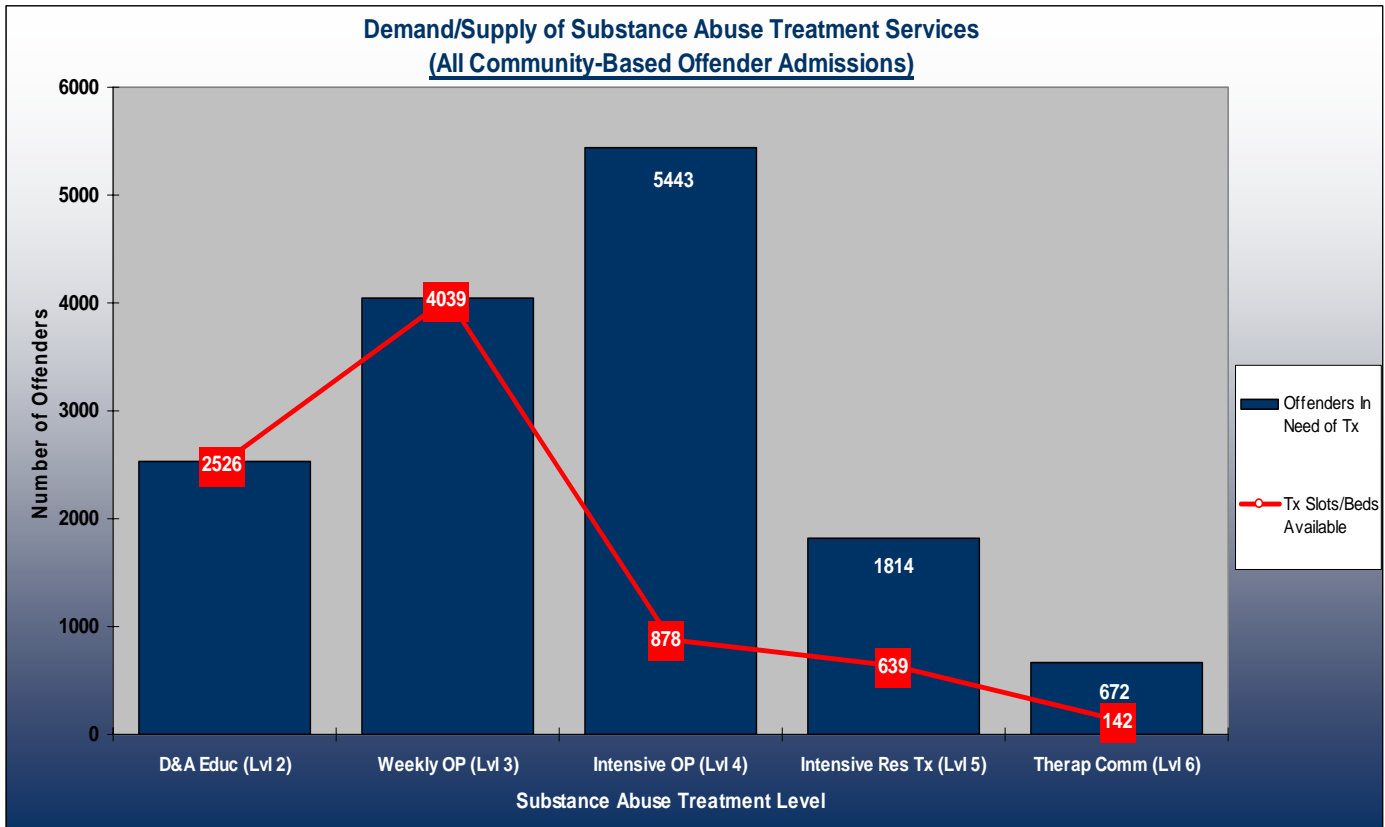
## Recommendations

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.

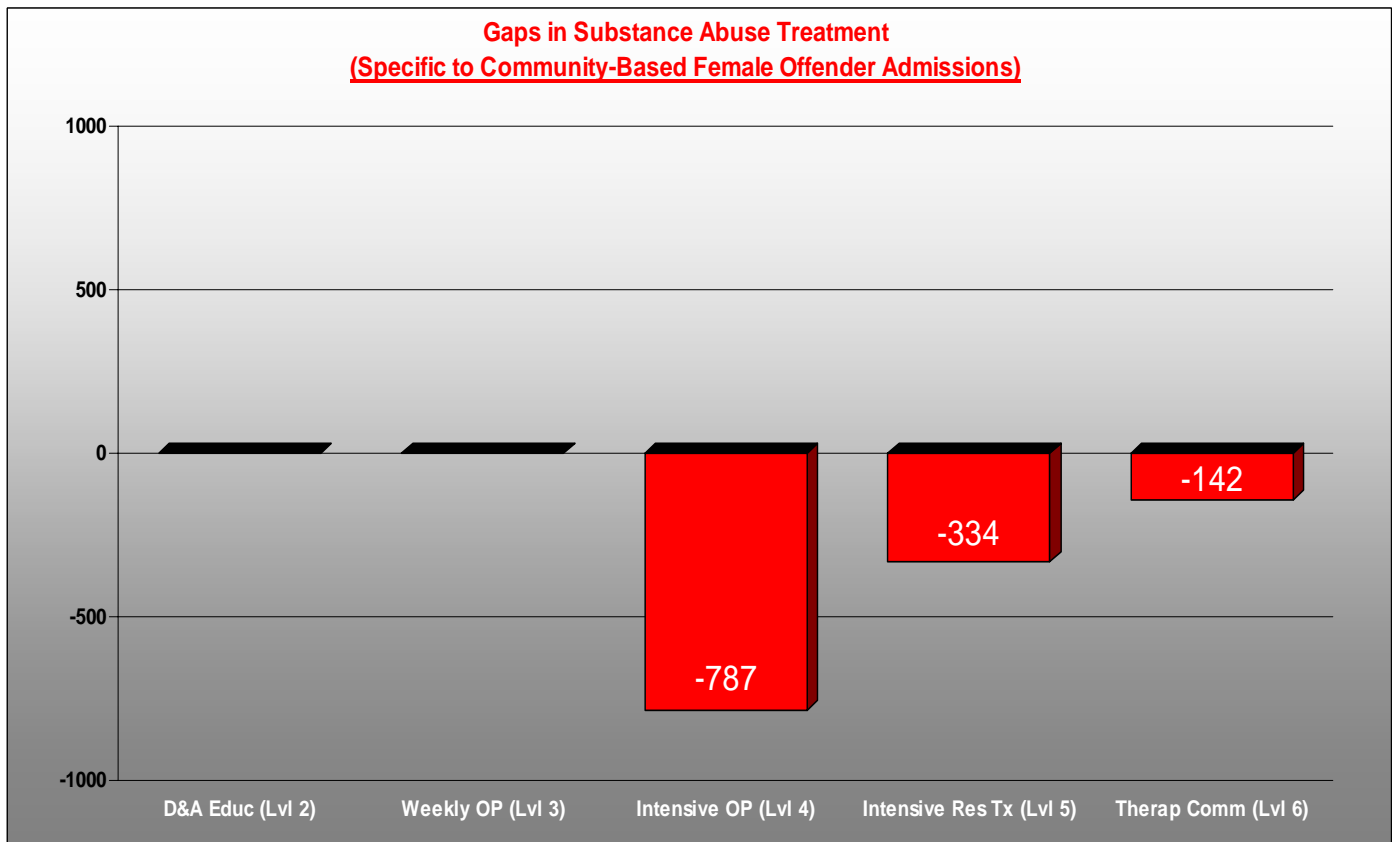
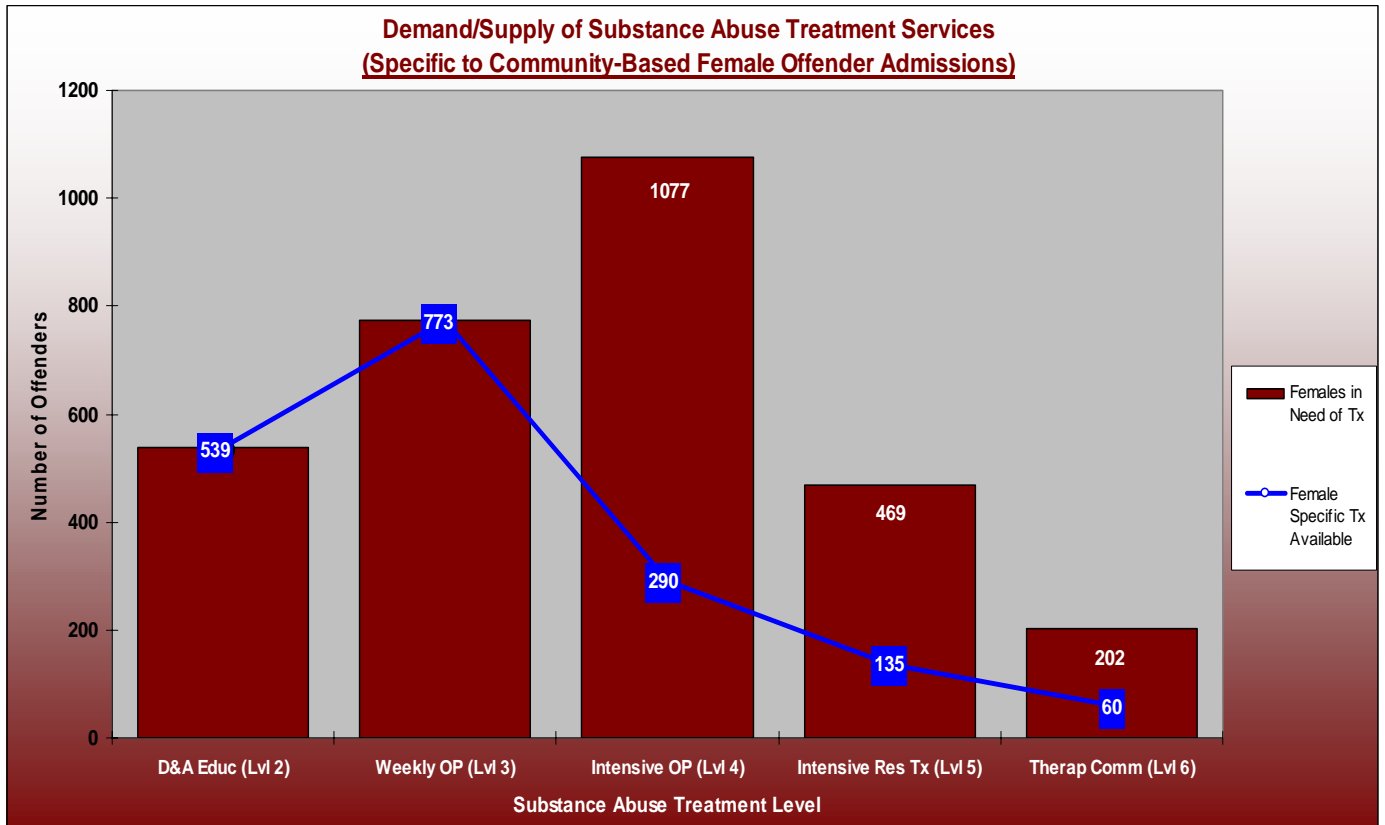
Statewide, there are also gaps in treatment designed specifically for females. Because female offenders have characteristics that warrant specialized treatment in order to maximize treatment effectiveness, there also exists a need for increased funding for female-specific substance abuse treatment.

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)

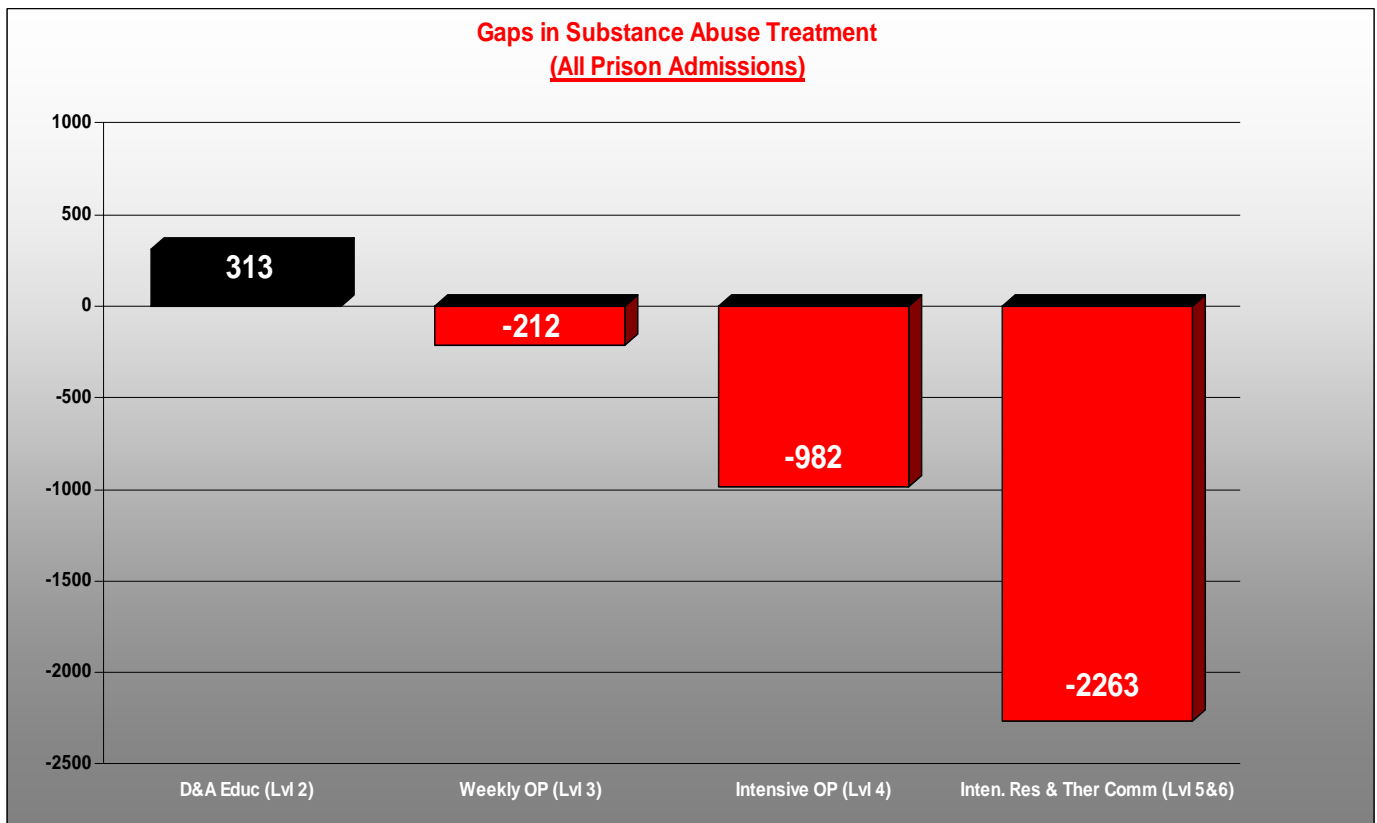
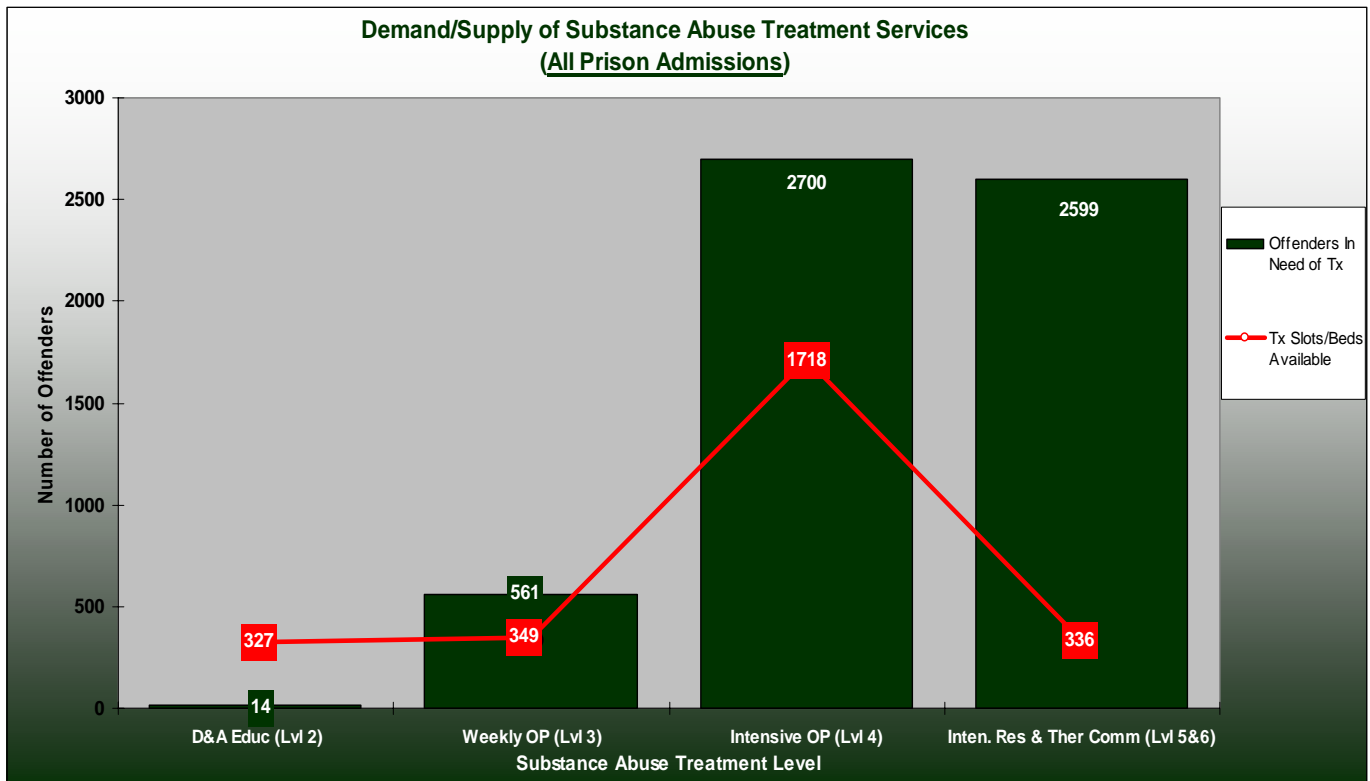


## Community-Based Offender Admissions (continued)

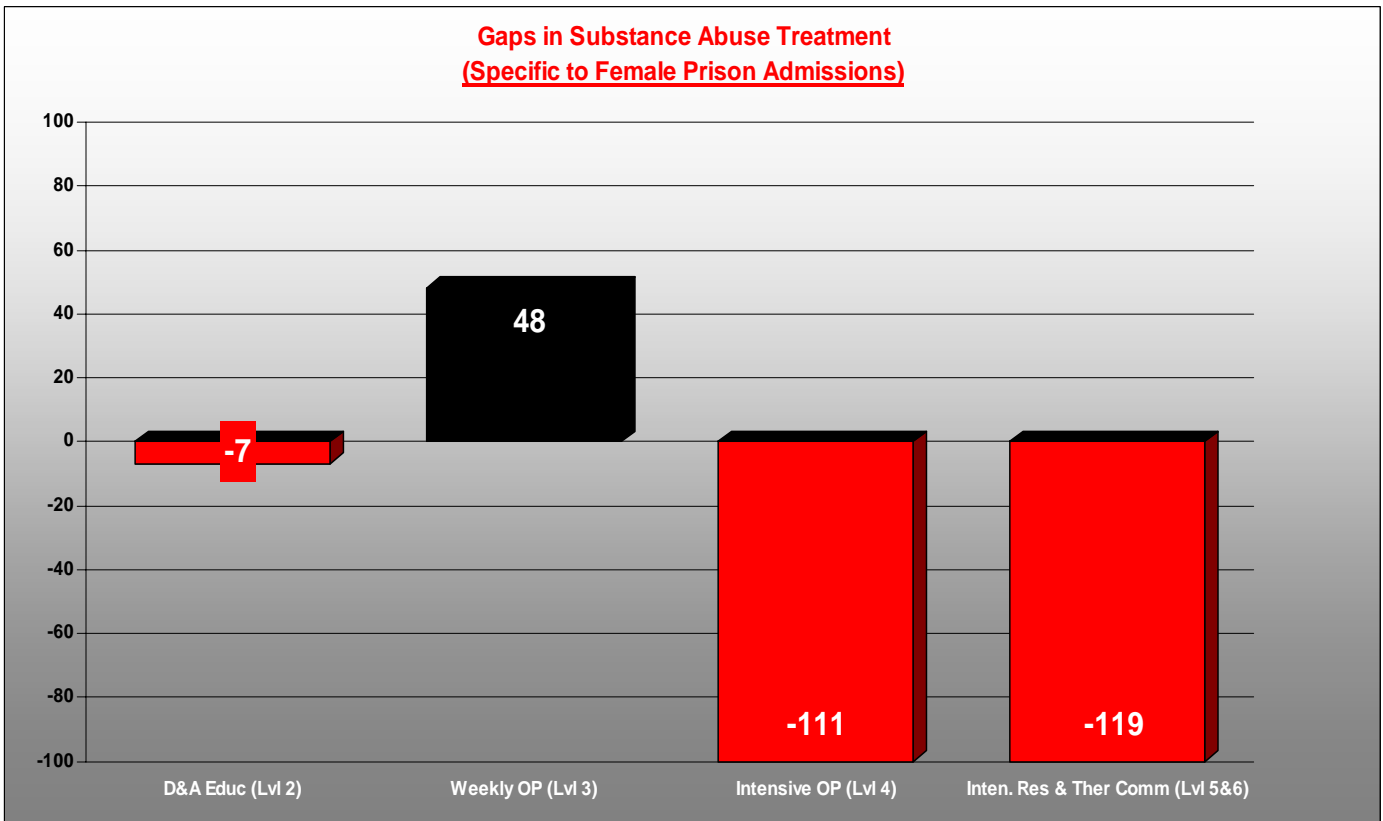
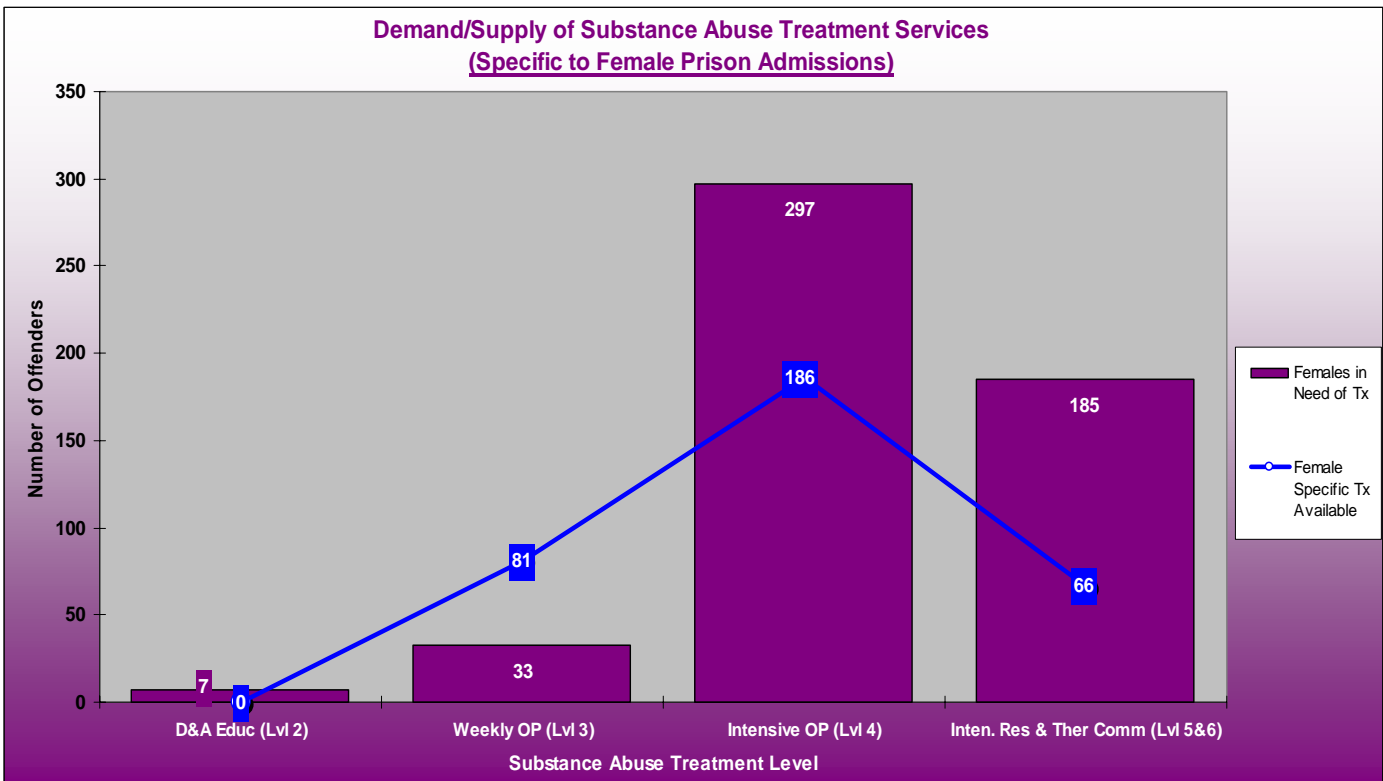




## Substance Abuse Treatment Needs (CDOC Prison Admissions)



## CDC Prison Admissions (continued)



**The Interagency Advisory Committee  
on Adult and Juvenile Correctional Treatment**

**Dennis Kleinsasser, Ph.D., Director of Programs**  
Department of Corrections

**Tom Barrett, Ph. D., Director**  
Mental Health Services, Department of Human Services

**Vern Fogg, Director**  
Division of Probation Services, State Court Administrators Office

**Stephan Bates, Director**  
Division of Youth Corrections, Department of Human Services

**Jeaneene Miller, Director**  
Division of Adult Parole and Community Corrections, Department of Corrections

**Raymond T. Slaughter, Director**  
Division of Criminal Justice, Department of Public Safety

**Janet Wood, Director**  
Alcohol and Drug Abuse Division, Department of Human Services

**Rod Gomez, Board Member**  
Board of Parole

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<sup>i</sup> 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.

STATE COURT ADMINISTRATOR  
**MEMO**

**ADMINISTRATIVE**

MEMORANDUM



CODE: Probation 93-01  
DIST: C.J. & C.P.O  
DATE: May 14, 1993

SUBJECT: Urinalysis Screening in Probation

**I. PURPOSE**

To provide uniform policy and procedures governing urine screening within the Judicial Department.

**II. POLICY STATEMENT**

Drug screening is an effective tool and resource in identifying, monitoring and treating substance abuse. The principle objectives of drug testing/screening is to monitor compliance with court-ordered conditions; to identify drug usage during the period of supervision; to make appropriate treatment referrals; and to generally deter the probation population from substance abuse.

**III. APPLICABILITY**

All probation departments.

**IV. REFERENCES**

Sections 16-11-204 (1), 16-11.5-102 CRS, 8A, (1991 Supp.). Sections 19-2-102 2), 19-2-705 CRS, 8B (1986), 19-2-1502 9(f) CRS, 8B (1992 Supp.) and Standards for Probation in Colorado, 4/21 (Revised 1992).

**V. GENERAL PROCEDURES**

A. Urinalysis testing shall be conducted upon all probationers according to existing state law and specialized program assignment. Specialized programs, such as Intensive Supervision Probation (ISP), Juvenile Intensive Supervision (JISP), and the Specialized Drug Offender Program (SDOP), shall issue specific testing frequencies and violation response policies to be adhered to by the local departments. Pre-sentence drug screening shall be conducted according to existing state law and departmental policies.

- B. In accordance with specific drug screening methods, local departments shall perform urinalysis collection, testing protocols and transfer procedures in accordance with existing policy and standards.
- C. Cost Recovery: Section 16-11.5-104 CRS 8A (1991 Supp.), requires offenders to pay for pre-sentence drug screening and confirmatory testing unless determined to be indigent. Indigency determination for the purposes of the policy is to be established according to the Eligibility Income Guidelines established for court-appointed counsel. Assessment shall be made at the time of sentencing and collected as a court imposed cost.

Offenders subject to supervision screening shall be responsible for payment unless found to be indigent. Any indigent probationer shall have the testing cost fully paid by the department, until such time as the probationer has an ability to pay.

On-site collection testing cost is established at \$3.00 per screen. Contract testing cost should be assessed according to the actual cost incurred by the department.

Recover all drug testing collections to probation operating (608) drug testing (2820-01, object code). All Judicial Department Fiscal Procedures shall apply to the collection and disbursement of collected fees.

- D. Documentation: Documentation regarding all urine screening must be maintained in the case record. Minimum documentation must include test, date, type of test employed, results, actions taken, and any fee collected or assigned. ISP and SDOP programs shall submit the Drug Screening Monthly Report as outlined in the Specialized Programs Guidelines. All pre-sentence drug screening in accordance with section 16-11.5-102, C.R.S 8A (1991 Supp.) shall be reported to the State Court Administrator by the 10<sup>th</sup> day of the month following the close of the reporting month.
- E. Screening Methodology: The following general methodologies are applicable for both supervision and pre-sentence screening.

- Radioimmunoassay (RIA)
- Enzyme Immunoassay (EIA)
- Latex Agglutination Immunoassay (LAIA)
- Florescent Polarization Immunoassay (FPIA)

Any additional or substitute technology shall be approved by the Judicial Department.

1. Pre-sentence screening – Pre sentence screening shall consist of a minimum 5 screen panel. Substances to be screened shall be determined by local districts.
  2. Positive contested screens resulting in court revocation procedures should be confirmed by Gas Chromatography, Mass Spectrometry (GC/MS).
  3. All confirmed positive samples must be retained for a minimum of six (6) months following confirmation testing. Offenders shall be advised that they may request a second confirmation test within 30 days. All second confirmation testing shall be at the offenders' expense.
  4. All on-site testing methodology are subject to Judicial Department contracts.
- F. Violation Response: All positive test results, determined to represent continued drug use, shall result in sanctions being applied consistent with both treatment and supervision plans. With Specialized Programs (ISP, SDOP, and JISP) responses to positive urinalysis results shall be governed by specific program guidelines (Revised 1992). All responses shall be documents, reviewed by a supervisor for compliance with statutes and policy requirements.
- G. Any refusal to submit to urine screening shall be deemed a violation of the terms and conditions of probation and shall subject the probationer to sanctions.
- H. Custody: A probationer shall be taken into custody if the officer has probable cause to believe the probationer is under the influence of controlled substances, and as a result thereof, is presenting an unreasonable risk of serious bodily harm to self or others; or the offender is likely to flee from further legal action. Any arrest/custody or search and seizure action shall follow departmental procedures established pursuant to the Standards for Probation in Colorado or Judicial Department policy.
- I. Confidentiality: Results of drug screening and confirmation testing are to be considered confidential and should not be released without proper releases or court orders.
- J. Health & Hygiene Standards: With the expanded use of on-site drug testing methodologies, it is necessary to establish minimum requirements for the protections of employees performing specimen collection and



K. testing. It is imperative that employees performing such tests adhere to basic health and safety precautions.

1. General Requirements: In addition to procedures continued in the specific manufacturer's training manual, the following health protections measures must be strictly observed. There must be an adequate supply of a 0.5% household bleach/water solution, various sized of latex gloves, lab coats, face masks eye goggles, waterproof sterilization containers, and disposable bags in every office performing on-site urine collections and testing. **Latex gloves and lab coats must be worn during all phases of collections and testing.** Hand washing is the single most important safety practice in the prevention of infections agent transmission. Wash hands thoroughly after completing collection, testing and cleaning procedures. Protective clothing should be cleaned on a regular basis.
2. Specimen Collection: Specific health precautions must be taken during the observation and handling of urine specimens. Collection may occur in public access rest rooms, provided that a reasonable degree of privacy is afforded the probationer. The department must provide access to face masks and eye protection, to be used by officers during specimen collection at the officer's discretion.
3. Specimen Handling: Blood in the urine is indicative of a variety of serious health problems. Officers are directed not to handle samples with the appearance of blood. Once the probationer has provided a sample, the probationer shall hold up the sample for observation by the officer for the appearance of blood. If the officer believes the urine contains blood, the probationer shall be instructed to dispose of the sample, and place the container in the disinfectant container of 0.5% bleach/water solution.
4. Testing Site: The testing site must be in an area so designated and used solely for the purposes of testing urine samples. **Officers are NOT to conduct drug testing in their offices, or in any other public area.** The area must be of sufficient size to accommodate a refrigerator, and storage of all related equipment. Each testing site must have a waterproof container, sufficient to hold the bleach solution. The disinfected container shall be properly sealed to control odors. Any disposable material utilized in testing, shall be placed in the solution and disposed of daily. All disposable, including cleaning materials, shall be placed in water-tight bags, and removed from the testing site daily.

Upon completion of any testing session, the officer shall wipe down the testing surfaces with bleach solution. Eating, drinking, food storage and smoking is prohibited in the testing site. Ideally, the testing site should be locked area, and not accessible to the public. Carpet should be removed from the testing site and replaced with a washable surface.

5. Disposal: Urine samples may be disposed of by use of conventional lavatory facilities. All testing items shall be placed in the disinfectant solution prior to disposal in the disinfectant solution prior to disposal in the water-tight bag. The water-tight bag shall be placed in trash containers, used solely for this purpose. Disposable bags should be tightly sealed prior to daily disposal. Bleach/water solution shall be changed daily, and disposed of in conventional drains.

L. Hepatitis B. Vaccinations will be made available, at no cost, to all personnel who perform urine screens or come into direct contact with urine samples. Each employee shall be advised in writing of such availability and advised to consult their physician regarding any vaccination risk. Employee who decline vaccination will be required to execute a declination form. An employee may request vaccination at any time, regardless of a prior declination.

Vaccination services are the responsibility of the employee, however, the department will pay any expenses incurred beyond insurance coverage.

# STATE OF COLORADO



**Colorado Department of Human Services**

*people who help people*

**BEHAVIORAL HEALTH SERVICES**  
Janet Wood, M.B.A., M.Ed., Director

**ALCOHOL AND DRUG ABUSE DIVISION**  
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Denver, Colorado 80236  
Phone 303-866-7480  
TDD 303-866-7479  
FAX 303-866-7481  
[www.cdhs.state.co.us](http://www.cdhs.state.co.us)



Bill Ritter, Jr.  
Governor

Karen L. Beye  
Executive Director

## **Regional Treatment Meetings 2008 FUNDING SUMMARY**

**Access to Recovery (ATR):** In order for adolescents to receive a voucher for substance abuse treatment and/or recovery support services they must have

- A substance abuse or dependence problem requiring treatment services
- **Be 25 or younger**
- Have no private or public health insurance covering substance abuse treatment or inadequate insurance coverage for the SA services needed
- If court ordered to treatment, they must let the ATR assessment dictate the level of care and allow the client free choice as to where they want to go
- Participate in an independent assessment of treatment needs conducted by Mines and Associates
- Be referred by an SBIRT Health Educator

Contact information: Bert Singleton, Project Director, ADAD, 303-866-7860,  
[Bert.Singleton@state.co.us](mailto:Bert.Singleton@state.co.us)  
Katie Wells, Coordinator of Adolescent Services, ADAD  
303-866-7501 [Katie.Wells@state.co.us](mailto:Katie.Wells@state.co.us)

**Adolescent Substance Abuse Prevention and Treatment Fund:** Created by SB 06-122. Established an additional surcharge of \$25.00 for all illegal possession or consumption of ethyl alcohol by and underage person, by which this money goes into this fund. The moneys in the fund shall be subject to annual appropriations by the general assembly to the Alcohol and Drug Abuse Division for adolescent substance abuse prevention and treatment. ADAD distributes this money to areas of most need.

Contact information: Katie Wells, Coordinator of Adolescent Services, ADAD

**Short Term Intensive Residential Remediation Treatment (STIRRT) Program:**

The STIRRT program is a 9-month program which begins with two-weeks of residential treatment with a minimum of 112 therapeutic hours over the two week residential stay and 8 to 9 months of continuing care services. It is designed specifically for the substance-abusing offender either male or female; is at least 18 years of age or older and is facing jail/prison time if not compliant with STIRRT.

Admission Criteria for Residential Treatment:

1. 18 years of age or older
2. At least one (1) felony conviction
3. No cases pending.
4. SOA-R Level 4 or better (4a, 4b, 4c, 4d)
5. LSI score 29 or above.
6. No medical or mental health conditions that may interfere with program
7. If on medication client must be stable on medication and bring medication with them
8. If client is a violent and/or a sex offender, they must meet agency admission criteria and PSI and/or criminal history must be sent to agency
9. A client may go to STIRRT more than 1 time if:
  - The client has graduated or been out of STIRRT for at least one (1) year
  - The client must enter a different STIRRT program
  - The accepting program has final say on accepting or not accepting the client
  - Regular referrals have priority
10. After completing residential program, client is referred for continuing care services

Admission Criteria for Continuing Care Treatment:

1. Successfully completed STIRRT Residential Treatment
2. Enter STIRRT Continuing Care Services within two-weeks of discharge from STIRRT Residential Treatment

STIRRT Continuing Care Referral Procedure for Probation and/or Parole:

**Probation Client**, referral to a service provider in the client's town of residence who;

1. 1<sup>st</sup> option is to the STIRRT residential provider agency
2. 2<sup>nd</sup> option, when 1<sup>st</sup> isn't available is another MSO network provider who is licensed for offender services and who uses the SSC curriculum
3. 3<sup>rd</sup> option, when 1<sup>st</sup> or 2<sup>nd</sup> isn't available, is to refer to a provider licensed by ADAD for offender services, who uses the SSC curriculum

**Parole (DOC) Client**, referral to a service provider in the client's town of residence who;

1. 1<sup>st</sup> option is to the STIRRT residential provider agency, as long as that agency is an *ATP* (DOC approved provider list)

2. 2<sup>nd</sup> option, when the 1<sup>st</sup> is not available, is to refer to an MSO network provider who is an *ATP* and uses the SSC curriculum
3. 3<sup>rd</sup> option, when 1<sup>st</sup> or 2<sup>nd</sup> isn't available, is to refer to a provider licensed by ADAD for offender services, is an *ATP*, and uses the SSC curriculum

STIRRT Continuing Care Reimbursement Rate:

- Group= \$30/group
- 1x1(individual session)= \$30 per session (sessions must be at least 30 minutes in length)
- UAs= \$15/test (maximum of 1 test per week)
- Each service has an MSO administrative fee of 10%.

STIRRT Continuing Care Billing Procedure:

- Each month the agency submits a continuing care billing form to the MSO who is contracting for services in the Region where the service was provided.

Contact Information: Bennie Lombard, MA., CACIII, Coordinator of Offender Services, ADAD  
(303) 866-7519      [bennie.Lombard@state.co.us](mailto:bennie.Lombard@state.co.us)

**Offender Treatment and Services Fund (JUV and ADULT):** This probation fund includes money collected from offenders' supervision fees, from the Drug Offender Surcharge and the Sex Offender Surcharge. There is also some general fund dollars for drug testing and electronic home monitoring.

There will be about 7 million dollars available for FY 09. Historically about 34% of these funds are used for substance abuse treatment. (2.3 million)

These funds are allocated to the local judicial districts by formula and the local districts determine the amount of money to be allocated for each service based on their community's need.

In addition to substance use treatment, the Offender Treatment and Services Fund supports the following services: sex offender polygraphs/assessment/treatment, mental health services, education/vocational assistance, emergency housing, transportation, domestic violence treatment, interpreter services, GPS, EHM, drug testing and restorative justice.

Probation officers generally provide vouchers to the offender for services covered by these funds based on need and to remove barriers to treatment.

Contact information: Paul Hofmann, Division of Probation Services  
[Paul.hofmann@judicial.state.co.us](mailto:Paul.hofmann@judicial.state.co.us) 303-837-3642

**SB 03-318 and the District Drug Offender Treatment Boards (JUV and ADULT):** Senate Bill 03-318 was written and passed by the General Assembly with the intention of decreasing the

felony class level and resultant penalties (sentences) for use and possession of small amounts of illegal drugs. These decreases in penalties were expected to result in less costly sentences, producing a savings to the state's general fund. This savings would then be used to create a new drug offender treatment fund. Funding disbursement decisions are made by the Interagency Task Force on Treatment (ITFT), an entity also created by that statute. Once a savings of at least \$2.2 million is realized as a result of the passage of SB03-318, then the Judicial Department is to submit a request to the Legislature for the Drug Offender Treatment Fund. This request was granted for FY 2009 in the amount of \$2.2 million. Local drug treatment planning boards are allocated funds on a formula basis and decide how to use the funds, usually to fill gaps in treatment in their community.

**Grants (JUV and ADULT):** Some probation departments have access to grant funds to support services to offenders. Some of these grants support Problem Solving Courts, like DUI Courts and Drug Courts. These funds are all managed at the local level.

Contact information: Paul Hofmann, Division of Probation Services  
[Paul.hofmann@judicial.state.co.us](mailto:Paul.hofmann@judicial.state.co.us) 303-837-3642

### **DUI OFFENDERS** (JUV and ADULT):

**Persistent Drunk Driver (PDD) funding:** Through legislation passed in 2006, HB 1171 increased the PDD surcharge assessed on all DUI offenders and broadened the scope for how this fund can be used, to include assistance to PDD offenders to pay a portion of the costs for required intervention (ignition interlock) or treatment services (Level II). A flat amount is available through a voucher to eligible offenders for assistance in payment of ignition interlock devices and/or Level II Education/Treatment. This funding will not be available until approximately July 1, 2008.

Eligibility criteria:

- Be a PDD offender (more than one drinking driving offense or a first offense with a BAC of .17 or greater) with a triggering offense on or after 1/1/07
- On probation, and meet probation guidelines for receipt of offender services

Contact information: Christine Byars, DUI Services Coordinator, ADAD  
(303) 866-7496 [christine.byars@state.co.us](mailto:christine.byars@state.co.us)  
Paul Hofmann, Probation Services  
(303) 837-3642 [paul.hofmann@judicial.state.co.us](mailto:paul.hofmann@judicial.state.co.us)

**First Time Drunk Driving Offender Fund:** Through legislation passed in the 2008 legislative session, HB 1194 creates a First Time Drunk Driving Offender Account to assist persons who apply for a restricted license who are unable to pay the full cost of an ignition interlock device. The fund will be administered by the Department of Revenue, Motor Vehicle Division. Since

this bill just passed, the details, including eligibility criteria, have yet to be established. Expected implementation is 1/1/09.

Contact information: DMV, Driver Control, Customer Service (303) 205-5613  
Christine Byars, DUI Services Coordinator, ADAD  
(303) 866-7496 [christine.byars@state.co.us](mailto:christine.byars@state.co.us)

## **MISCELLANEOUS**

**Access to Recovery (ATR):** ATR funding is available *for adults, of any age*, if they meet the following criteria:

- They have a *methamphetamine* abuse or dependence problem requiring treatment services
- *Have used methamphetamines in the past 30 days or if institutionalized, in the 30 days prior to institutionalization*
- *Be referred by an SBIRT health educator*
- Have no private or public health insurance covering substance abuse treatment or inadequate insurance coverage for the SA services needed
- If court ordered to treatment, they must let the ATR assessment dictate the level of care and allow the client free choice as to where they want to go
- Participate in an independent assessment of treatment needs conducted by Mines and Associates

Contact information: Bert Singleton, Project Director, ADAD, 303-866-7860,  
[Bert.Singleton@state.co.us](mailto:Bert.Singleton@state.co.us)  
Katie Wells, Coordinator of Adolescent Services, ADAD  
303-866-7501 [Katie.Wells@state.co.us](mailto:Katie.Wells@state.co.us)

### **Screening, Brief Intervention and Referral to Treatment (SBIRT):**

- SAMHSA/CSAT grant awarded to Colorado in 2006,
- \$2.8 million per year for 5 years, approaching 3 year,
- Integrating screening, brief intervention, referral and treatment procedures into primary healthcare (medical) settings,
- Encourage primary healthcare providers to
- Screen for high-risk substance use, including tobacco use
  - Identifying high-risk substance use,
  - Provide appropriate intervention for high-risk users,
  - Refer abuse or dependence level users to appropriate level of care,
    - Effect policy change to promote better working relationships between primary and behavioral healthcare providers
- Small amount of funds are directed to pay for patient access to treatment services
  - Established collaboration with ATR to expand the availability of treatment resources,

Contact information: Peer Assistance Services, 303-369-0039 X245

www.improvinghealthcolorado.org  
Webster Hendricks, ADAD, 303-866-7499  
[Webster.Hendricks@state.co.us](mailto:Webster.Hendricks@state.co.us)

**Medicaid:** An outpatient substance abuse treatment benefit is currently available for Medicaid eligible clients. Providers must acquire a national Provider Identification Number and complete application with Colorado Department of Healthcare Policy and Finance (HCPF) to become a Medicaid certified provider

Medicaid can pay for any therapy "if medically necessary", including Level II Therapy. Proper documentation is required for reimbursement, including an assessment and a treatment plan, as well as individual treatment notes documenting progress toward a treatment goal. This benefit will not include Level I or Level II education services.

Contact information: Jim Rowan, ADAD, 303-866-7487 [Jim.Rowan@state.co.us](mailto:Jim.Rowan@state.co.us)  
Jenny Nickerson, HCPF, 303-866-7936