to 33 percent of untreated inmates.

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Colorado's Cooperative Plan to Address Substance Abuse Among Offenders

A pilot study now underway is moving Colorado closer to full implementation of their visionary approach for handling drug-involved offenders. Colorado is designing a comprehensive system that will test its 12,000 convicted felony offenders per year, classify those with substance abuse problems in a standardized way, and then match offenders with a level and type of treatment and sanction that fits their individual needs and perceived risks. This treatment-offender match will be done using objective measures, so that judges and officers have a uniform and fair basis for making decisions.

The official planning for this comprehensive new system began in earnest when HB 91-1173 was signed into law on May 29, 1991. This law (see box for highlights) mandates that all offenders in Colorado should be assessed for substance abuse in an objective and uniform manner and that the system response should be one of integrated education, treatment, and criminal justice sanctions. The law also requires that all State departments involved with offenders and drug abuse treatment work together to develop and implement a single statewide system.

The pilot study is the culmination of many months of planning by representatives from all involved agencies. In this study, three sets of potential screening instruments are now being tested and cross-rated by evaluators—all trained for the study—from probation and parole offices, residential community corrections facilities, and from the Department of Corrections reception and diagnostic center in Denver.

For each set of screening instruments, the survey is asking evaluators about the information quality, quantity, ease of use, and their general satisfaction with the instruments. The study will also ask treatment providers about the appropriateness of the offender referrals made to them. The pilot study will help answer such key questions as:

- Which set of screening instruments is most effective and acceptable to Colorado staffs?
- What is the accurate level of prevalence, intensity, and scope of substance abuse issues in the State's offender population?
- Whether any additional instruments need to be developed?
- What types of treatment resources are lacking or excessive, based on the

What Colorado's HB 91-1173 Provides

Colorado's legislation is intended to provide a consistent response to substance abuse at all points of the State's criminal justice system, both in terms of initial assessment and postconviction sanctions. Any offender who tests positive for use of controlled substances or alcohol will receive intensified testing, treatment supervision, or other sanctions designed to control substance abuse. The law requires:

- All persons convicted of a felony, a misdemeanor, or a petty offense will be evaluated for substance abuse during their presentence or probation investigations; the court will order the person to comply with the recommendations of this evaluation.
- A standardized method, which includes an initial screening test at the presentence phase, will be used to assess offenders for their substance use and their risk of criminality; this assessment is to result in objective recommendations for treatment.
- A complete and flexible continuum of intervention programs will be provided to educate and treat offenders who are incarcerated or placed on probation, parole, or in community corrections; this intervention is to be appropriate for meeting the individual's needs.
- Offenders are to receive systematic drug testing as individually appropriate.
- A system of fair, consistent punitive sanctions will be applied to those offenders who test positive for substance use after they have taken an initial urine test and been placed in an education or treatment program.
- All departments will cooperate jointly in developing a comprehensive plan to implement the legislation; these departments include the State's Judicial Department, Department of Corrections, State Board of Parole, Division of Criminal Justice in the Department of Public Safety, and the Alcohol and Drug Abuse Division of the Department of Health.
- A systemwide management information system (MIS) will be developed to assist in tracking individual offender assessment, drug testing, treatment, and intervention/sanction records across all sectors of the criminal justice system.
- A surcharge was created according to the level of felony classification, ranging from $100 to $3,000. Such fees are earmarked to implement the legislation.

percentage of offenders found to need treatment at different intensity levels?

- What key structural obstacles are interfering with the making of appropriate treatment referrals?

Data collection and preliminary analysis will occur during the Spring of 1993. Once the most appropriate instruments have been selected, the statewide training program will begin. Training will cover use of the instruments, as well as models of addictions and relapse prevention.

How Colorado's approach differs from others

Colorado's plan differs from most other approaches because all programs—assessment, treatment, urine testing, and punitive sanctions—are being designed to work together in one overall system. The developers of this new plan expect it to offer significant benefits. By providing targeted treatment with an expanded range of sanctioning options, the plan is intended to reduce prison and jail populations—and the rate of recidivism related to drug use. In terms of the courts, this new system will improve the use of appropriate sanctions, offering judges a broader range of rehabilitation options at initial sentencing and at revocation.

In setting up a comprehensive, systemwide plan of this type, Colorado has had several key advantages. One was a substantial network of treatment resources already in place throughout the criminal justice system. The second was a pool of experienced and committed individuals from all the involved agencies who felt that substance abusers were a high priority and who were willing to commit both cash and in-kind resources to the program.

A third advantage was sufficient time. Sound planning was viewed as invaluable as the project moved toward full implementation.

Surcharges were assessed convicted drug offenders beginning in July 1991. This allowed the cash fund to build while a sound system of assessment and referral was developed based on empirical research findings.

Forging a common vision

The interagency cooperation that built this program began almost a year before the law was enacted, when the primary bill sponsors—both members of the Colorado Criminal Justice Commission—called together representatives from all the involved agencies. These representatives met regularly with staff from the legislative drafting office to develop the concept for the program. As the legislation was being written, this interagency group—through a process of give and take—developed increased mutual understanding and support. The result was a law that all were prepared to support and enforce.

After HB 91-1173 was enacted, the original interagency working group responsible for implementing the new law merged with a judicial task force on substance abuse. This expanded group was designated as the Offender Treatment Subcommittee by the Criminal Justice Commission. The Offender Treatment Subcommittee has been the guiding force since that time in developing Colorado's plan and in setting up the mechanisms to implement it.

Determining policies and priorities

The committee wanted to design a system embodying the best available knowledge about screening and treatment of substance-abusing offenders. Considerable effort went into reviewing the literature and numerous assessment instruments.

Based on this background, the subcommittee agreed on a clear set of principles to govern the system: (1) the offender's risk of criminality or recidivism, (2) the severity of the person's substance abuse (perceived by the committee as being a significant factor in both the commission of crimes and in impeding the offender's rehabilitation), and (3) the offender's responsivity to different types of services. Since research suggests that appropriate matching increases the client's motivation, the subcommittee felt there would be significant benefit from matching offenders to the most appropriate treatment method for them rather than randomly to any available treatment.

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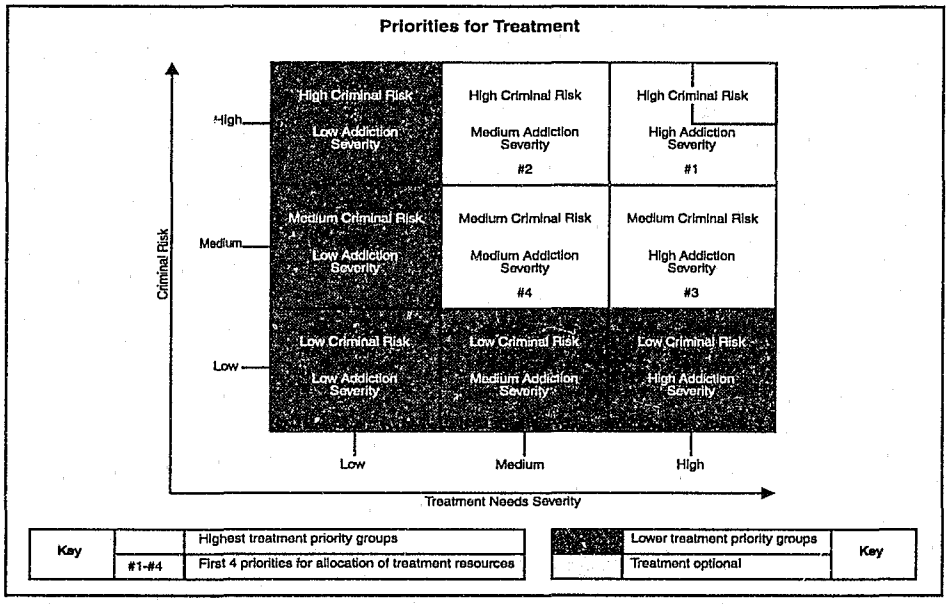
Funding Colorado's Cooperative Plan

The activities of the HB 91-1173 program are supported, at least in part, by surcharges levied against all convicted drug offenders. The law requires:

- Any drug offender who is convicted or receives a deferred sentence is required to pay a surcharge starting at $100; surcharges range from $150 to $400 for a misdemeanor and from $500 to $3,000 for a felony.
- Convicted offenders, unless indigent, are required at their own expense to pay for their alcohol/drug abuse evaluation and for any recommended treatment.

All agencies involved are currently allocating cash and in-kind resources to work with this offender population. Colorado's Offender Treatment Subcommittee continues to explore additional resources. Critical resources to date include a grant, with surcharge matching funds, from the Drug Control and Systems Improvement Block Grant Program awarded to the State Judicial Department. Technical assistance is being provided by the National Center for State Courts through a project supported by the State Justice Institute.



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How best to use limited resources raised many difficult issues. Should all substance-using offenders receive some, albeit superficial, treatment? Should resources be concentrated on those with the most severe problems or on those most amenable to treatment?

The subcommittee struggled to set priorities that could be implemented throughout the system on an objective basis—priorities that would bring maximum benefit for the money spent. The subcommittee decided:

- Priority for treatment should go to those at greatest risk of criminality and with more severe substance abuse; highest priority will be given to those in the upper 2/3 in both criminal risk and substance abuse severity (see the priority chart above).
- Levels of treatment should be matched to the offender's needs; more intensive services will be reserved for higher risk cases because they respond better to intensive services, while lower risk cases do as well or better with minimal-level services.
- Offenders unsuitable for treatment should be screened out; those at low-level risk and the small body of offenders at most extreme risk for both criminality and substance abuse will not receive treatment services because benefits have been found to be negligible for these groups regardless of the type of intervention
- A pilot test should be undertaken, along with staff training, to identify and test assessment instruments for statewide use; the selected instruments should be of recognized validity and reliability, cost effective to use, and acceptable to line workers in all agencies who will use them.

Matching treatment levels to individual needs

What factors should determine who belongs in what level of treatment? To yield an appropriate offender-treatment match requires looking at as many variables as possible. The Offender Treatment Subcommittee defined seven levels of treatment intensity, working out a detailed list of characteristics appropriate for offenders placed at each level.

These characteristics cover a range of variables in the individual's life, including demographic data, the history and extent of the person's substance abuse and prior treatment, health and mental health issues, and family and other sources of prosocial support. The seven treatment levels and attributes of offenders appropriate for each level are highlighted below.

Level 1. No treatment except normal supervision: for persons with no diagnosis of abuse, dependence, or drug problems for whom education and/or treatment has been recently completed or is not convenient or accessible.

Level 2. Education and intensified urines: for persons with no abuse, dependence, or withdrawal symptoms for whom drug education would be beneficial.

Level 3. Weekly outpatient treatment, including methadone where appropriate: for persons with no or mild withdrawal symptoms who have experienced no more than one consequence (such as excessive work absences) from their substance abuse. Treatment will include group therapy and help in building cognitive and life skills and in managing anger.

Level 4. Intensive outpatient treatment: for persons with admitted substance abuse, behavioral changes, and some physical problems who require more structured therapy than weekly outpatient treatment.

Level 5. Intensive residential treatment: for persons with acute intoxication or drug withdrawal and medical or psychiatric problems who are unable to care for their immediate needs and lack a positive support system.

Level 6. Therapeutic community: for persons who have an extensive history of involvement with the criminal justice system, antisocial behavior, and previous multiple treatments.

Level 7. No treatment due to extreme severity: for the small minority of persons at the extreme highest risk of criminality and

substance abuse, who have multiple failed treatments, no motivation, a lengthy criminal record, and psychiatric or cognitive impairments. These offenders will receive an evaluation for psychopathy and intensified surveillance only.

Some program interventions cut across the recommended range of treatment approaches and can be used in conjunction with one or more of them. These service adjuncts may include: (1) no adjustment or followup, (2) Antabuse, (3) intensified urine analyses, (4) self-help, (5) drug and alcohol education, (6) weekly therapy, and (7) intensive outpatient treatment. Followup services may include relapse prevention as well as any of the other adjunct interventions.

Selecting and testing assessment instruments

For screening of offenders needing treatment, the subcommittee decided on an initial, early screening procedure consisting of a combination of the Alcohol Dependency Scale (ADS) and the Drug Abuse Screening Test (DAST-20), both previously validated. Those scoring above a given point on the initial screening will be flagged and referred for more intensive substance abuse evaluations by the subsequent supervising agency—whether the Department of Corrections, probation, or residential community corrections. The sentencing judge will also have the option to require this additional assessment before sentencing, if desired.

At the supervising agency, each flagged offender will receive a second-tier, more in-depth substance abuse assessment by the actual supervising officer or case manager. The subcommittee agreed on the value of this strong case management model, in which the person who conducts the assessment will be working with the offender on the person's current needs and risks.

The subcommittee studied available assessment instruments, finding few that had been "normed" or validated for use on the offender population. No single off-the-shelf existing instrument met all the criteria needed for assessing both criminal risk and severity of substance abuse.

The subcommittee selected three combinations of instruments to compare in the pilot test. One set of instruments will be adopted for full implementation of Colorado's plan, and new instruments will be developed if necessary. The three candidates include:

- Offender Profile Index (OPI)
- Client Management Classification (CMC) combined with Drug Offender Profiles: Evaluation/Referral Strategies (DOPERS)
- Level of Severity Inventory (LSI) combined with Addiction Severity Index (ASI)

Scores from each of these instrument sets will translate into recommendations for treatment at one of the seven intensity levels. Getting this step right—transforming the scores into treatment recommendations that are reasonable and coherent with what an independent expert would recommend—is absolutely critical to the system. This carefully planned step involved:

- Extensive work by a subcommittee to derive score transformations for each instrument to be tested
- A pre-pilot test to set appropriate cut-off points within the transformed scores, making sure that instrument scores correlated with the independent recommendations of experts
- Some weighting of instrument scores to provide reasonable correlations

Reaching full implementation

When the plan is fully implemented, Colorado will have one of the few comprehensive classification systems in the country that identifies drug use patterns and then recommends a specific level and type of treatment service.

A major task still remaining is to set up a standardized database and tracking system to maintain information on offender assessments and outcomes. To set up this database requires that the assessment instruments be computerized for computer scoring or computer-assisted interviewing.

This future database offers a stunning opportunity—the chance to discover, using objective measures, what types of offenders respond best to what levels and kinds of treatment. The answers to such questions are critical for building a system, over time, that can provide each offender with the specific help most likely to benefit that individual. ☐

More Information on Colorado's Plan

Copies of Colorado's law HB 91-1173 or other information may be requested from Bradford M. Bogue, Project Director, Colorado Judicial Department, 301 Pennsylvania Street, Suite 300, Denver, CO 80203, phone (303) 861-1111.

A case study of the processes used in Colorado to create and implement HB 91-1173 will soon be available from the Center for Substance Abuse Treatment (CSAT). This report highlights the Colorado collaborative process and the factors that have made linkages possible among the many State departments involved. To obtain a copy, contact Jacqueline Edmonds at CSAT, phone (301) 443-8391.