

## **Introduction**

This report outlines the Colorado Department of Corrections' (CDOC) Administrative Segregation implementation plan and the ongoing development of Administrative Segregation and reclassification efforts for offenders with mental illness pursuant to SB 11-176, which states:

*"The Department is requested to submit a report to the Judiciary Committees and the Senate and House of Representatives on or before January 1, 2012, concerning the status of Administrative Segregations, Reclassification efforts for offenders with Mental Illness or Developmental Disabilities, including duration of stay, reason for placement, and number and percentage discharged; and any internal reform efforts since July 1, 2011".*

Internally, through the Department of Correction's strategic planning process, the management team identified the review and modification of the Administrative Segregation operation as a critical project. The strategic planning process began in April 2011, and the Department has made significant strides in realizing these objectives.

## **Administrative Segregation and Classification System Analysis and Review Process**

In April 2011, The Colorado Department of Corrections (CDOC) made a formal request to the National Institute of Corrections (NIC), U.S. Department of Justice, to have an external review and an objective analysis of our Administrative Segregation operations. Dr. James Austin, a national expert in Offender Classification Systems and Mr. Emmitt Sparkman, Deputy Commissioner of the Mississippi Department of Corrections, conducted this important work. Dr. Austin's expertise with Classification Systems and Administrative Segregation data analysis methodology, combined with Mr. Sparkman's operational expertise in Prison Operations, were essential to the overall analysis of the Department's Administrative Segregation policies and practices.

The two experts worked with DOC staff on-site in August, 2011. While in Colorado the consultants:

- met with DOC Executive Staff and senior management;
- met external stakeholders to hear concerns about the Department's use of administrative segregation;
- conducted site visits to facilities with Administrative Segregation Programs; and
- collected relevant data to conduct their analysis and review.

## **Executive Directive "28-11"**

In order to facilitate the Deputy Director Review process, an Executive Directive 28-11 was signed by Executive Director Clements on August 30, 2011. It directed that offenders who have been classified Administrative Segregation for more than a year will be reviewed by a Deputy

Director of Prisons. This was a proactive measure implemented prior to the independent review being completed. Additionally a multi-disciplinary working group was formed to accomplish the expectations of the legislature and the requirements in SB11-176. Since July, 2011, in compliance with Executive Directive 28-11, the Prison Operations Deputy Directors, have reviewed all offenders that had been assigned to Administrative Segregation for longer than 12 months, a total of 870 offenders.

### **Results of Deputy Director Reviews:**

Offenders who are housed in Administrative Segregation participated in a face-to-face interview with a staffing contingent that included at least one of the CDOC Deputy Directors, a facility Case Manager and a member from Central Classification. Based on the information gathered from the staffing, offenders were recommended for one of the following: 1) re-classified to close custody and placed in a cognitive program developed by NIC, *Thinking for a Change (T4C)*; 2) moved directly to a general population facility; 3) retained in the Offenders with Mental Illness (OMI) program; 4) recommended further evaluation for participation in the OMI program; 5) recommended protective custody; or 6) be retained in Administrative Segregation.

The Deputy Director's review of 870 offenders conducted in December, 2011 resulted in:

1. 262 offenders were reclassified to close custody in general population and placed in a cognitive education program.
2. 54 offenders were reclassified to close custody in general population.
3. 5 offenders were reclassified to close custody in general population and placed in the Security Threat Administrative Review (STAR) program at Limon Correctional Facility
4. 94 offenders retained in the OMI program.
5. 88 offenders were recommended for evaluation by Mental Health staff for placement in the OMI Program.
6. 24 offenders were recommended for Protective Custody / Special Housing.
7. 38 offenders refused to participate. The majority of these were currently in the OMI program.
8. 305 offenders to remain in Administrative Segregation and will be reviewed monthly.

As a result of the Deputy Director Reviews, 321 or 36.9% of the offenders were identified for movement from Administrative Segregation and reclassified to close custody. All but 32 offenders recommended for transition out of Administrative Segregation have been moved as of January 1, 2012. These 32 offenders will be moved by February 20, 2012.

### **National Institute of Corrections Technical Assistance #11P1022:**

In November 2011, DOC received the final report dated October 2011. Based on the findings of Mr. Sparkman and Mr. Austin, the following recommendations have been under review for consideration and implementation into appropriate Administrative Regulations.

1. *The criteria for which a person can be admitted to Administration Segregation is basically sound but needs to be narrowed to reflect recent developments in Ohio and Mississippi.*
2. *Require offenders to first complete Punitive Segregation and then be reviewed for placement in Administrative Segregation rather than using Administrative Segregation to serve as a substitute for Disciplinary Segregation.*
3. *Require a mental health review before placement in Administrative Segregation and monthly reviews thereafter. The mental health review must be an out of cell interview.*
4. *Require at a minimum a 30 minute out of cell contact with the offender each month with his caseworker.*
5. *Create a simplified four level system that has specific rules and privileges associated with each phase. This would be a substitute for the current 3 Level Quality of Life system.*
6. *The 4 level system would have (in general) 90-day periods, which would allow the offender to be returned to GP within 9 months if compliant with the program (Offenders would start at Level 2).*
7. *The current practice of automatic review to Administrative Segregation for persons re-admitted to prison should be discontinued. These cases should be decided on a case-by-case basis.*
8. *Strengthen Central Office role and influence on offenders admitted and released from Administrative Segregation.*
9. *The above changes would significantly reduce the current Administrative Segregation population.*
10. *The reduction in the Administrative Segregation population would allow the agency to re-configure the use of Sterling, CSP and CCF.*
11. *One scenario would be to concentrate the Administrative Segregation units at CCF South and North and have CSP and Sterling function as close custody general population facilities.*
12. *The responsibility for setting regulations and policies governing Administrative Segregation should rest with Offender Services.*

**Proposed Revision of Administrative Regulation 600-02, Administrative Segregation:**

The NIC representatives reviewed the current CDOC Administrative Regulation 600-02, Administrative Segregation, and recommended revisions to the policy. A multi-disciplinary team of CDOC staff members was formed and has made preliminary suggestions for the policy changes. The proposed revision of Administrative Regulation 600-02 incorporates major changes to enhance placement and movement of Administrative Segregation offenders. These changes include implementation of recent changes in statutory language regarding security threat groups (CRS 17-1-109) which states “(b) For the purposes of this subsection (2), unless the context otherwise requires, "security-threat group" means a group of three or more individuals acting in concert or individually in an activity that is characterized by criminal conduct or conduct that violates the department's code of penal discipline for the purpose of disrupting prison operations, recruiting new members, damaging property, or inflicting or threatening to inflict harm to employees, contract workers, volunteers, or other state inmates”.

Revisions to the policy dramatically strengthen the oversight role of Central Classification in Administrative Segregation admissions and releases. Recommended changes will require all potential Administrative Segregation offenders to be reviewed by a multi-disciplinary team who will explore alternative placements prior to recommending an Administrative Segregation hearing. This multi-disciplinary team will include, at a minimum, representatives from Case Management, Mental Health and Custody Control. If the Administrative Hearing proceeds and the offender is placed in Administrative Segregation, monthly staffing reviews will monitor offender progress. Offenders will have the opportunity to progress from Administrative Segregation to General Population typically within nine months. Offenders who pose a continuing safety and security risk will be reviewed and may remain in Administrative Segregation for a longer period of time based on the overriding penological interest of the Department.

#### **Additional Administrative Regulations Changes:**

Revisions will be made to Administrative Regulation 600-01, Offender Classification, in response to the final classification validation study and recommendations. Administrative Regulation 600-XX (number still to be determined), Protective Custody, is in the final process and will establish procedures for the development of a Protective Custody assignment. A Protective Custody unit is expected to begin operating in spring 2012, in repurposed Administrative Segregation beds at Sterling Correctional Facility.

#### **Pre-Release Service:**

Pre-release information for offenders who are discharging or paroling directly from an Administrative Segregation environment was developed and implemented. This process identifies offenders approximately 6 to 9 months from their Mandatory Release Date (MRD). These offenders are provided pre-release and re-entry services prior to their release. Administrative Segregation offenders in the OMI program receive specialized pre-release services that include transition planning for release.

## **Administrative Segregation Fiscal Year Review**

#### **Results of Implementation Efforts:**

Through the use of multi-disciplinary groups, we continue to move forward with innovative practices and policies designed to review and monitor the progression of Administrative Segregation offenders. The changes implemented within Administrative Segregation are noted in the table below:

Table 1  
Average AS Admissions, Releases, and Population Statistics

	FY09	FY10	FY11	FY-TD12
Placements (mthly avg)	51	57	65	39
Overall Releases (mthly avg)	49	53	41	92
Releases to Community (% mthly avg)	46%	38%	47%	22%
End of Period AS Population	5.2%	5.5%	6.8%	5.5%

*Note.* All data in this table are as of 12/31/2011.

### **Earned Time:**

Offenders who have reached the Quality of Life Incentive Level III in Administrative Segregation are eligible for earned time. Offenders may be awarded up to five days of earned time per month. From July 1, 2011 through November 30, 2011, 26 offenders were released from the DOC who accumulated earned time while classified in Administrative Segregation. These offenders released a total of 204 days early.

### **Reasons for Administrative Segregation:**

Table 2 defines the reasons for Administrative Segregation placements. There may be multiple reasons for placement in Administrative Segregation. The data is based on Administrative Segregation hearings that resulted in an offender being classified as Administrative Segregation.

Table 2

Reasons for Inmates Placed in Administrative Segregation for FY 2009-2011				
	FY09 (N=596) <sup>a</sup>	FY10 (N=661) <sup>b</sup>	FY11 (N=783)	FY-TD12 (N=217) <sup>c</sup>
<b>ASSAULT ON INMATES...</b>				
w/Injury	20	49	35	18
w/Weapon	70	93	100	36
Other	0	4	15	1
<b>ASSAULT ON STAFF...</b>				
w/Injury	17	30	20	8
w/Weapon	28	30	34	13
Other	0	4	6	1
<b>STG INVOLVEMENT...</b>				
Activity	186	234	270	71
Other	27	41	68	13
<b>INTRODUCTION OF...</b>				
Drugs/Tobacco	45	39	53	12
Dangerous Contraband	29	37	53	10
<b>POSSESSION OF...</b>				
Weapon	48	42	66	27
Drug Paraphenelia	15	9	12	3
<b>SEXUAL BEHAVIOR...</b>				
Sexual Assault on Inmate	5	3	2	1
Intimidation	17	18	20	6
Inappropriate Behavior	28	28	58	9
<b>PROGRAM FAILURE IN...</b>				
Diversions	1	1	5	1
Pro-Unit	24	10	8	2
CCF OMI-Unit	17	27	21	2
<b>OTHER...</b>				
Escape	10	12	17	6
Physical altercation/Fight	131	166	117	31
Compromising Staff	21	31	38	6
High Profile	2	5	0	4
Threats	79	94	109	33
Advocating Fac Disruption	168	178	194	61
Enciting Riot	41	43	19	8
Multiple COPDs	321	390	379	153
Serious Management Problem <sup>d</sup>	571	623	748	180
Refusing Assignment	9	5	1	3
Behavior at County Jail	10	18	26	8
Parole Revocation AdSeg	34	33	34	4
Other Reason	13	10	152	5
<p>Note. Multiple reasons can be selected for the decision to classify an offender as administrative segregation.</p> <p><sup>a</sup>The total number of administrative segregation admissions for FY09 was 665; data on placement reasons were only available in 596 of these cases.</p> <p><sup>b</sup>The total number of administrative segregation admissions for FY10 was 681; data on placement reasons were only available in 661 of these cases.</p> <p><sup>c</sup>The total number of administrative segregation admissions for FY-TD12 was 233; data on placement reasons were only available in 217 of these cases.</p> <p><sup>d</sup>Serious management problem was the only reason selected for administrative segregation placement for 6 cases in FY 2009, 6 cases in FY 2010, 5 cases in FY 2011, and 2 cases in FY-TD 2012.</p>				

## Administrative Segregation Admission and Release Patterns, FY09-FY-TD12

Following is an overview of the pattern of admissions, releases, and overall length of time spent in Administrative Segregation across the last three fiscal years and the current fiscal year to date for offenders with and without mental health needs (see Table 1). CDOC mental health codes (p-codes) range from 1-5, with 1 and 2 indicating an absence of current mental health problems and 3-5 indicating the need for clinical intervention.

Placement dates were calculated by fiscal year. Placements were defined as the number of times offenders were classified as Administrative Segregation. Therefore, it is possible for an offender to be counted multiple times.

Releases include reclassifications to lower custody levels as well as releases to the community; in several instances (e.g., offender deceased), the type of Administrative Segregation release did not fit into either one of these categories. Release statistics were computed by fiscal year, using the date on which the offender left Administrative Segregation, regardless of the reason.

Table 3  
Number of Releases<sup>a</sup> by Type

		FY09	FY10	FY11	FY-TD12 <sup>b</sup>
Reclassification	No MH Needs	215	254	158	310
	With MH Needs	103	142	102	121
Subtotal		318	396	260	431
Mandatory Parole	No MH Needs	80	86	89	43
	With MH Needs	43	58	66	36
Subtotal		123	144	155	79
Discretionary Parole	No MH Needs	53	27	24	14
	With MH Needs	25	6	3	3
Subtotal		78	33	27	17
Sentence Discharged	No MH Needs	38	24	22	14
	With MH Needs	26	23	28	10
Subtotal		64	47	50	24
Other	No MH Needs	0	13	1	3
	With MH Needs	4	4	2	0
Subtotal		4	17	3	3
Grand Total		587	637	495	554

<sup>a</sup>Releases include reclassifications to lower custody levels and releases to the community.

<sup>b</sup>Data for FY-TD12 as of 12/31/2011.

Length of time (see Table 4) in Administrative Segregation also was computed. As length of time is, as a variable, often positively skewed, the median number of days spent in Administrative Segregation is displayed rather than the mean. The timeframe between Administrative Segregation classification and release from Administrative Segregation was computed by fiscal year, with the release date referring to the date offenders left Administrative Segregation, regardless of the reason (e.g., reclassification, release to community).

Table 4  
Placements, Releases, and Length of Time in AS

		FY09	FY10	FY11	FY-TD12 <sup>a</sup>
Placements	No MH Needs	370	407	470	135
	With MH Needs	245	274	313	98
Total		615	681	783	233
Releases <sup>b</sup>	No MH Needs	386	404	294	384
	With MH Needs	201	233	201	170
Total		587	637	495	554
Length of Time in AS	No MH Needs	569	559	586	687
	With MH Needs	403	406	425	529

<sup>a</sup>Data for FY-TD12 as of 12/31/2011.

<sup>b</sup>Releases include reclassifications to lower custody levels and releases to the community.

As discussed throughout this report the Department of Corrections is committed to change in the management and oversight of its Administrative Segregation units and offenders classified as such. The process has, and will continue to be, well thought out, with input realized from both internal and external subject matter experts. The safety and security of staff, offenders and facilities will continue to be the primary goal. With that in mind, the implementation of a step down process for the Administrative Segregation population will assist with the preparation of offenders for placement into OMI, transitional programming, general population or re-entry to the community.

The development of relevant policy is nearing completion and many changes in practice, which are creating the opportunity for Administrative Segregation offenders to progress to less restrictive confinement, are already being implemented. The Department is committed to utilizing Administrative Segregation in the most effective manner to ensure the safety and security for all involved, which includes a clear path for offenders to progress back to general population based on behavior and risk.

## **Offenders with Mental Illness Program Overview**

The Administrative Segregation OMI program is a comprehensive incentive-based program that engages mentally ill offenders in intensive mental health treatment services. CSP and CCF program services include therapeutic and recreational activities, staff interaction, and progressive increases in out-of-cell time. Individualized treatment plans are utilized to improve the offender's functioning and decrease problematic behaviors which result in an Administrative Segregation classification. Treatment services are designed to alleviate psychiatric symptoms and assist offenders to develop successful self-management skills. Privileges are awarded as an incentive to participate in program services. As offenders progress through the program, treatment services are refocused to assist offenders in successful transitions to less restrictive facilities.

### **OMI Administrative Segregation Target Population/Selection Criteria**

The target population for the Colorado State Penitentiary Program for Offenders with Mental Illness is:

- The subset of P3-5 psychiatric needs offenders who have significant mental health treatment needs, and
- Classified as Administrative Segregation

Offenders may be classified P3-5 on the DOC psychiatric needs classification system for a variety of reasons. These include serious mental illness or problematic behaviors such as self injurious behavior. The offenders in this classification may have:



- Primary Diagnostic and Statistical Manual, IV-R (DSM) Axis I disorders that involve debilitating symptoms
- Primary DSM Axis II disorders that involve a persistent patterns of dysfunctional thought, choices and behavior that are often associated with behavioral problems
- DSM Axis I disorders that are psychiatrically stable with minimal symptoms and primary Axis II Personality disorders

The primary diagnosis is considered to be the problem area that is most in need of treatment.

In December 2011, 408 offenders at CSP were classified P3-5 in Administrative Segregation. Of those offenders:

- 42% Primary Axis I treatment needs
- 58% Primary Axis II treatment needs

The program is offered to offenders who meet the selection criteria. However it is important to recognize that offenders have the right to refuse treatment. Those who refuse are encouraged and offered multiple opportunities to participate in the program.

## **OMI Prioritization**

Administrative Segregation offenders classified as P3-5 shall be prioritized for placement in the OMI program based on the following guidelines:<sup>1</sup>

- Offenders with serious Axis I mental illnesses and symptoms are highest priority.
- Offenders with severe Axis II mental illnesses and symptoms are next highest priority.
- Offenders with less severe Axis I symptoms or primary Axis II diagnosis are lower priority.

Not all high needs offenders are willing to participate in this program. These offenders are given every opportunity to participate through direct observation of the program as well as to provide individual therapeutic attention. Offenders who present a danger to others or disruption of the programs may be removed from the program temporarily in order to assure safety and to give other offenders the opportunity to engage in treatment. Offenders who have been temporarily removed or who refuse the OMI program will be offered repeated opportunities to reconsider participation.

Many of the lower need or stable OMI offenders have progressed through existing programs such as *Thinking for a Change* rather than the more intensive OMI program. These are often primary Axis II offenders who may have mild Axis I anxiety or depression disorders that are well controlled or in remission.

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<sup>1</sup> Offenders who require close psychiatric monitoring in order to stabilize on psychotropic medications will usually be placed at the San Carlos Correctional Facility.

When offenders progress from the CSP program to the CCF step down program, they are re-classified to Close custody. Most offenders who are placed into the CCF OMI program progress from the CSP OMI program.

## **OMI Program Description**

### **Multi-disciplinary Team Approach**

The OMI program uses a multi-disciplinary team approach that includes management staff, unit staff and clinical services. The multi-disciplinary treatment team collaboratively identifies and addresses the offender's treatment needs and problematic behaviors. This team also staffs and assigns privilege levels based on the offender's progress. The multi-disciplinary team has been successful in developing a community culture within the living units.

### **Treatment Planning**

All offenders in the OMI program have an individually written treatment plan prepared by the mental health staff. The treatment plan is part of the discussion in the multi-disciplinary team meeting held regarding each offender in the OMI program. The plan is updated and changes as the offender progresses through the program. Some of the overall goals of the initial plan would remain as the offender progresses; however, the individual goals would more accurately reflect the progress of the offender.

The treatment plan contains four essential parts that hold the offender accountable for achieving desired outcomes. The four parts are as follows: 1) identification of issues or problems; 2) establishing goals or objectives for treatment; 3) identifying methods for achieving these stated goals; and 4) establishing timeframes. Treatment plans are developed collaboratively with the offender to assure offender agreement and commitment to treatment goals. The treatment plan guides treatment providers and holds the offender accountable for his behavior and progress.

The re-entry plan is part of the overall program and the recommendation doesn't necessarily mean re-entry into a community setting. One aspect of the "re-entry" plan is a transition plan to move from CSP to CCF and then to a general population setting. The treatment plan is determined by the individual needs of the offender and identifies the transition plan.

Offenders who are in the OMI program and within six months of moving to the community receive additional programming to assist in their transition. A plan is developed with the offender and the facility, mental health, and parole/community staff.

### **OMI Target Behavior Development**

In addition to developing a treatment plan, the offender works in collaboration with line staff and his therapist to identify specific target behaviors for change. Target behaviors are defined as "specific behaviors that are identified to help effectively assist the offender in achieving successful progression through the OMI program." These targets may identify positive behaviors to increase and/or dysfunctional or disruptive behaviors to decrease. Examples might be to decrease the number of times an offender covers his window when he is angry or to increase polite greetings to other offenders and staff.

The program uses a collaborative approach to creating treatment plans as well as identifying target behaviors. The therapists along with housing staff identify possible target behaviors and then discuss these ideas with the offenders. The offenders then work on these target behaviors weekly. The treatment plan is only developed with the therapist and offender. This way, the offender can discuss any sensitive issues he may want to work on individually.

The treatment plan is not updated as often as the target behaviors because these issues are more deeply ingrained and require more time to work through. The target behaviors are designed to be measured weekly so offenders have instant feedback.

All correctional staff, participates in identifying target behaviors, and monitors and evaluates whether the offender is achieving his behavioral goals. Target behaviors are tracked weekly by line staff, the offender, and therapist to ensure the behavior is increasing or decreasing depending on the stated goal. The team meeting includes a discussion regarding the offender's ability to meet expectations of targeted behaviors and makes recommendations about the progression of the offender to different levels within the program. These levels are discussed with the offender so they are involved with the treatment plan and individual program goals.

The staff has periodically asked the offenders to fill out the target behavior worksheet and their perception of progress. Staff then processes any misperceptions that the offenders have. This has been helpful because sometimes offenders think they are progressing nicely in groups when in fact, they have not met their target behaviors because their behavior when not in groups is different.

The following table represents the progression of privileges that offenders achieve as they progress in treatment and have met their target behaviors.

### Overview of Privileges at Each CSP OMI Level

	Exercise & Shower	Phone Sessions	Non-Contact Visits	Contact Visits	Canteen Amt	Canteen Restriction	T V	Work	# of OMI in Grps <sup>a</sup>	Unesc Moves	No Restraints Rec	Gym	No Restraints Tx
Level 1	1hr/day 5 days/week	20-min call/mth x1	1/mth	∅	\$5/wk	Hygiene & stamps only	∅	∅	∅	∅	∅	∅	∅
Level 2	1hr/day 5 days/week	20-min call/mth x4	2/mth	∅	\$20/wk	No special canteen orders	✓	∅	∅	∅	∅	∅	∅
Level 3	1hr/day 5 days/week	20-min call/mth x6	4/mth	∅	\$25/wk	∅	✓	✓	6 Booths (R) 4 Tables (R)	∅	∅	∅	∅
Level 4	1hr/day 5 days/week	20-min call/mth x6	4/mth	∅	\$25/wk	∅	✓	✓	6 Booths (R) 4 Tables (R)	1 at a time	∅	∅	∅
Level 5	1hr/day 7 days/week	20-min call/mth x6	6/mth	∅	\$25/wk	∅	✓	✓	6 Booths (½ R) 8 Tables (¾ R)	1 at a time	∅	∅	∅
Level 6	1hr/day 7 days/week	20-min call/mth x8	6/mth	∅	\$25/wk	∅	✓	✓	6 Booths (½ R) 8 Tables (½ R)	1 at a time	2 at a time	∅	∅
Level 7	1hr/day 7 days/week	20-min call/mth x8	6/mth	∅	\$35/wk	∅	✓	✓	6 Booths (½ R) 8 Tables (½ R)	1 at a time	2 at a time	2 at a time	4 at a time
Level 8	1hr/day 7 days/week	20-min call/mth x10	6/mth	✓	\$35/wk	∅	✓	✓	6 Booths (UR) 8 Tables (UR)	1 at a time	4 at a time	4 at a time	8 at a time

<sup>a</sup>R=fully restrained; ¾ R=leg restraints will not be secured to the table; ½ R=leg restraints will not be used at therapy tables OR wrist restraints will not be utilized in therapy booths; UR=unrestrained.

## Recruitment and Retention of Clinical Staff

There is a current shortage of behavioral health professionals in Colorado, particularly outside the metro Denver and metro Colorado Springs areas where most DOC prisons are located. In fact, a 2011 study<sup>2</sup>[1] of Colorado behavioral healthcare services concluded that there are too few providers in Colorado and the need is growing. Further, many clinicians are not interested in working with offender populations, let alone a dangerous Administrative Segregation population. As result, DOC continues concerted efforts to recruit qualified staff for this important program. Even though the DOC has made progress on filling the OMI positions, some newly hired employees did not adjust to the Administrative Segregation environment and left to pursue outside employment. Fortunately, DOC is retaining a growing number of recruits and is making progress on filling the positions. In addition, DOC recently obtained permission from DPA to

recruit out of state. Within the last six months, this has begun to show result and we have enhanced the number of potential candidates.

## **OMI Treatment Program Structure**

Offenders are assigned to treatment programs based on treatment needs. Three primary treatment tracks are offered:

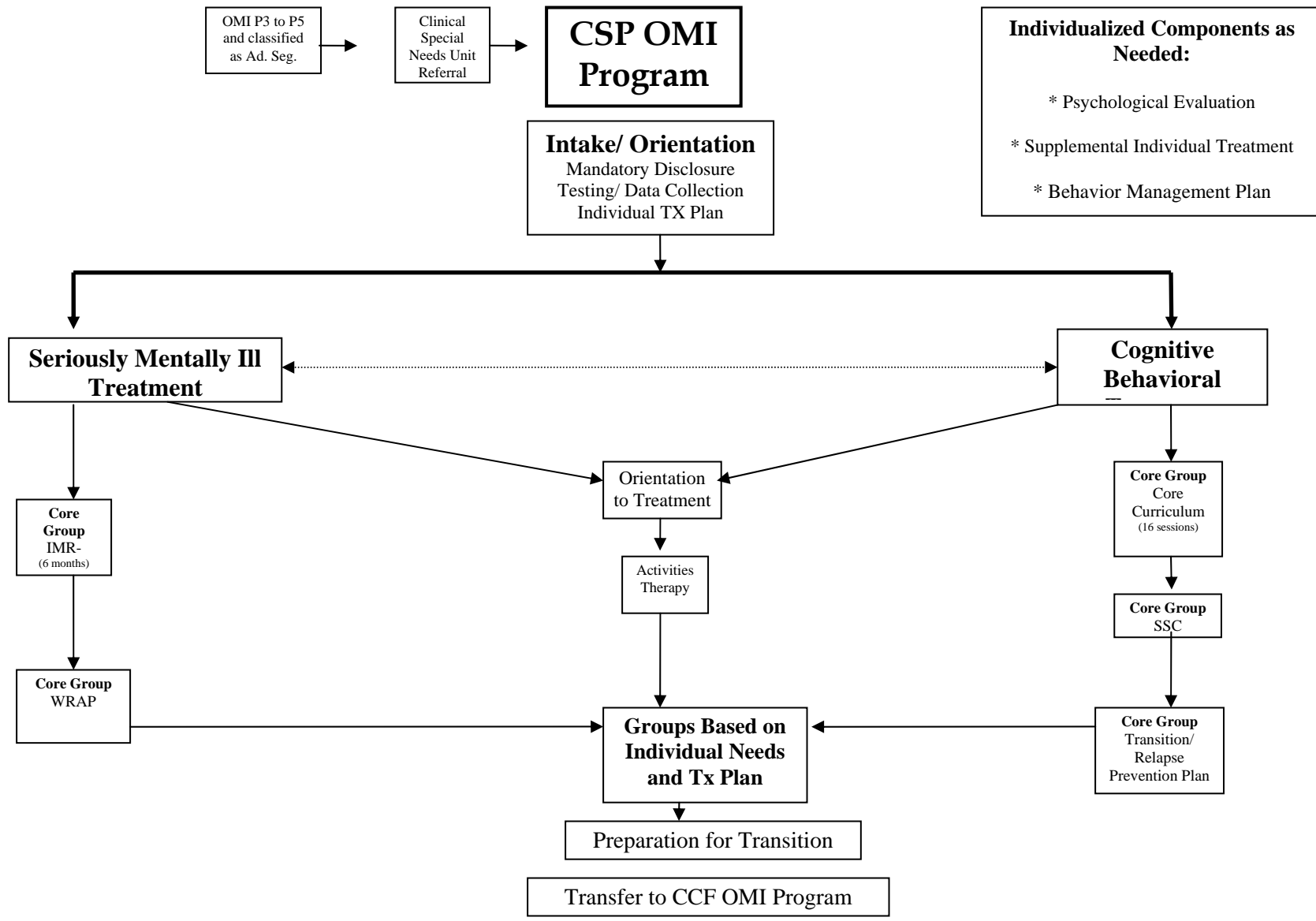
1. CSP Serious Mental Illness.
2. CSP Cognitive Behavioral Treatment for offenders with primary Personality Disorder diagnoses.
3. CCF Transition Planning and Preparation.

Offenders are evaluated and assigned to the track that most closely reflects their treatment needs. Offenders who are classified as Administrative Segregation will go to one of the CSP tracks prior to progressive move to CCF. Offenders often have multiple needs and participate in more than one track while at CSP.

Each track offers a core treatment program and assigned offenders participate in and complete the core program. Within each track, offenders participate in a Preparation for Transition component designed to assist them in planning for successful progressive movement, either to the CCF program, or from the CCF program to a general population, or to the community. Each track offers a menu of additional group treatment programs to address specific needs of the assigned offenders.

The majority of offenders will progress through the 12 levels in the program. Based on offender behavior, progress, and stability an offender may be staffed for alternative placements to include general population setting, without completing the entire program.

Figure 1, on the following page, presents a flow diagram showing treatment components and progression.



**Individualized Components as Needed:**

- \* Psychological Evaluation
- \* Supplemental Individual Treatment
- \* Behavior Management Plan

## Treatment Groups

Depression Management	Anxiety Management	Social Skills Training	Cognitive Behavioral Therapy for Psychotic Symptoms	Stress Management	Bipolar Management	Gang Avoidance	DBT
Anger Management	The Price of Freedom is Living Free	Substance Abuse	Social Anxiety in Schizophrenia	CALM Program	Depression Management	Journaling	Core Curriculum

## **Recreation Activities at Colorado State Penitentiary**

When OMI offenders reach Level 7 they are offered structured recreational activities in the gymnasium. These activities provide an engaging therapeutic and higher level of safe physical fitness. The recreation staff communicates with the Mental Health staff on the participant's progress and attitude while in the gymnasium. Flexibility and communication contributes to the success of the OMI gym program. When issues arise, a multi-disciplinary team is involved to ensure flexibility of programming for participants. Being able to adjust the gym activities around the individuals has had a positive response.

## **Centennial Correctional Facility (Levels 9-12) OMI Program**

Offenders who successfully progress to Level 7 or 8 in the CSP OMI Incentive Levels system may be recommended for progressive move into the CCF OMI Program. Though they remain in a Level 5 facility, offenders are reclassified and managed as Close custody when they progress to CCF Level 9-12. This program is designed to provide continued support for offenders with mental illnesses and assist in their successful progression to general population/community placements.

The CCF program continues to reinforce and extend the core treatment program initiated at CSP and offenders are able to complete any core treatment requirements that they may have missed at CSP. Additional groups are recommended based on offender needs. The CCF program emphasizes the application of coping, social and cognitive skills. These skills are applied to assist offenders with daily conflict resolution, and to enhance pro-social behaviors.

Because the program emphasizes the application of skills, group programs focus on structure and monitored activities, with staff observation and interventions to encourage the offenders to utilize skills and to manage conflicts or obstacles in a positive manner. Group programming includes the discussion of specific life scenarios; and the application of concepts to activities of daily living.

This program utilizes the evidenced based treatments: Dialectical Behavior Therapy (DBT); Choice Theory and Solution Focused therapy. There is an emphasis on anger management, irrational thinking and challenging perceptions. Through these modalities offenders are able to develop better social, coping and communication skills; while at the same time decreasing criminal thinking patterns.

The OMI offenders at CCF are receiving Level II Drug and Alcohol (D/A) treatment. These groups run approximately 3-4 months and then D/A counselors rotate to another OMI pod. After successful completion of group the offender receives a certificate for completing a Level II Drug and Alcohol treatment program

This program continues to emphasize preparation for transition through utilization of the Wellness Recovery Action Plan (WRAP) and participation in a transition specific group. Transition plans originally developed at CSP are reviewed and updated with a focus on the anticipation of issues related to living in lower security facilities. For those who may be eligible for community placements, the planning includes positive adjustment to the community. This includes access to and utilization of mental health services, disability benefits if applicable, as well as anticipation of successful management of stress and conflict.

## Program Feedback

DOC sought offender feedback to assess the program. All offenders that were assigned to the Colorado State Penitentiary/Centennial Correctional Facility OMI program on December 6, 2011, were asked to voluntarily complete a two question survey. Offenders completed the following two questions anonymously:

- 1) Do you think the OMI program has helped you?     Yes     No  
If yes, please explain how the program has helped you:  
2) What else would help you?

One hundred fifty six (156) of the 237 OMI participants completed the survey:

- 124 reported the program had helped them,
- 16 reported the program had not helped them, and
- 16 were unclear

The majority of the surveys included written comments from the offenders. The following represent a sample of the comments as written.

1. *I was very depressed when I first got here. It was giving me tools and coping skills to work through my depression and anxiety.*
2. *I believe it is a sincere program in the sense that the people running it care about what their doing which is easier for me to be open and ask for help- it is changing my way of looking at certain things that I realize now was a cop out- plus I like the fact that besides the group therapy they take the time to follow up one on one with you*
3. *I've learned so much, for a lot of years in my incarceration I blamed a lot of my bad behavior due to gang involvement but, now that I've learned how to identify some of my mental problems, I know how to stop the problem before it gets out of hand.*
4. *It opened my eyes to different things than hurting myself.*
5. *It has helped me to realize that I am not alone there are many other people with mental health issues, I can be comfortable discussing my issues and get feed back in groups.*
6. *It has got me out of ad-seg. Plus to, it helps me with my paranoia issues. It also makes me think of my future down the road.*
7. *OMI help me out a lot it helped me see things different. And it helped me on my anger.*
8. *It has pretty much given me some hope that some change is in fact happening in Colorado Corrections. If we have to be the "pioneers" of the program then so be it, as long as it has long lasting effects for others.*

Based on the survey answers and comments, the program appears to be making a positive impact on the offender's attitude and adjustment. Most importantly offenders believe in their ability to progress from their current Administrative Segregation placement to general population.



## Program Data

Program data is available for offenders who participated in the CSP OMI program and progressed to the CCF OMI program. Since January 2011, 34 offenders have successfully completed the OMI program at CSP. On average, they were in the program 227 days or 7.5 months before completion. They have an average of 295 days in Administrative Segregation before enrollment in the program. There were 57 offenders who were unsuccessful in completing the OMI program after an average of 165 days or 5.5 months in the program; 9 of these offenders have since re-enrolled in the program. When offenders are unsuccessful, they are offered additional opportunities to participate in the OMI program. This group of 57 offenders spent an average of 943 days in Administrative Segregation before entering the program.

There are also six offenders since January who were released to the community while in the program. This group of offenders was in the program for an average of 248 days or 8.2 months in the program. Prior to leaving CSP, they were actively participating in groups for an average of 43 sessions. Their average time in Administrative Segregation before going into the program was 337 days. In addition to the groups offered in the OMI program, these offenders received groups designed to assist with their transition to the community. They received services from the re-entry staff in addition to the clinical groups. Five of the offenders remain on parole. One offender was returned to prison for 180 days on a technical parole violation and is in a general population facility. He will return to parole in February 2012.

The table below demonstrates the levels of the offenders involved in the program at the end of each month beginning with the month of March, 2011. It includes information about offenders at CSP and their move to CCF. The OMI program utilizes a level system without arbitrary time frames being required for movement. It is based on the expectation of meeting target behaviors and treatment goals to move through the different levels and gain incentives. Offenders are not required to stay at certain levels for a specific time. Offenders are moved from CSP to CCF at level 7 or 8.

Number of CSP OMI Program Participants at Each Level (at the end of each month)

	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
Level 1	1	4	2	5	0	0	2	3
Level 2	4	2	2	5	1	4	3	2
Level 3	25	15	21	25	27	34	41	46
Level 4	18	17	15	14	21	24	22	33
Level 5	68	47	31	26	23	21	23	20
Level 6	21	53	48	38	32	32	27	28
Level 7	7	14	34	29	34	25	21	12
Level 8	0	0	4	1	2	0	1	0
	144	152	157	143	140	140	140	144

Number of CSP OMI Progressing to CCF from Each Level<sup>a</sup>

	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
Level 7	0	0	0	18	3	3	3	6
Level 8	0	0	0	3	0	4	3	2

<sup>a</sup>OMI who have successfully completed the CSP OMI program have progress from either Level 7 or Level 8.

The following table is a summary of the offenders who have participated in the OMI program at Centennial. There were 237 offenders assigned to the OMI program between 12/01/2007-6/30/2010. As of November 30, 2011 338 offenders participated

### CCF OMI Program Participation Summary

	<b>12/01/2007 - 6/30/2010</b>	<b>7/1/2010-11/30/2011</b>	<b>TOTAL</b>
<b>Participants</b>	237	101	338
<b>OMI Program Completion</b>	34	44	78
<b>Failures and reclassified to Administrative Segregation</b>	59	25	84
<b>Released prior to completion</b>	55	28	83

In reviewing the numbers in the above table, it is clear that the addition of the CSP component to the overall OMI program is having a positive impact on the numbers of offenders transitioning from CSP to CCF. The number of successful completions has increased from 34 for the CCF only program to 44 for the CSP/CCF program. The 44 completions were accomplished in a shorter period of time. The number of failures has been reduced when offenders participated in the CSP portion prior to transitioning to CCF.

The OMI program has positively impacted offenders with mental illness who are in Administrative Segregation. Offenders are able to apply the skills learned in the program to assist with social, cognitive and conflict resolution which enhance pro-social behaviors. The data demonstrates they are progressing through the program levels and successfully transitioning to general population facilities. If offenders with mental illness are transitioning to parole, the transition services are preparing them to move successfully to the community.