

Post-Incarceration Supervision Task Force

Date: June 9, 2009, 9:00 - 11:30 AM

Attendees:

David Kaplan, Chair
Christie Donner, Task Force Leader
Christine Adams, DCJ/Researcher/Facilitator
Carl Blesch, DCJ/Community Corrections
Nida Brown, NAMI
Joe Cannata, Voices of Victims
Kerry Cataldo, DCJ
Kim English, DCJ
Karl Gilge, DOC
Tim Hand, Deputy Director of Regional Operations (Parole)
Regina Huerter, Manager of Denver Public Safety
Paul Herman, Consultant
Bill Lovingier, Denver Sheriff
Greg Mauro, Community Corrections
Shelby McKinzey, CU student
David Michaud, Parole Board Representative
Maureen O'Keefe, DOC
Glenn Tapia, DCJ/Community Corrections
Melissa Thrasher
Dianne Tramutola-Lawson, CURE
Heather Wells, DOC

Absent:

Lacey Berumen, Executive Director, National Alliance for the Mentally Ill (NAMI)
Pete Hautzinger, District Attorney (via the phone)
Carolyn Turner, CURE
Doug Wilson, State Public Defender

Issue/Topic:	Discussion:
Welcome and Introductions	<ul style="list-style-type: none"> David Kaplan welcomed the group, provided a background on the PIS task force since there were visitors, reviewed the agenda, and then everyone introduced themselves.

Issue/Topic:	Discussion:
CS-64: Credit for Time Served/H.B. 1263	<ul style="list-style-type: none"> House Bill 1263 was signed by the Governor on 4/3/2009. Attached at the end of this document is a copy of H.B. 1263.
<p>Action:</p> <p>Grayson Robinson is going to track the Arapahoe County jail. And he is going to ask his colleagues to track their jails.</p> <p>Christine Adams is going to talk to the Metro Area County Commissioners (MACC) to see if they are able to track this information for Metro Denver.</p>	<ul style="list-style-type: none"> Tracking the jail portion of this legislation/recommendation (see action to the left). Tracking the parole portion of this legislation/recommendation <ul style="list-style-type: none"> A problem has come up now with for the Division of Parole. <ul style="list-style-type: none"> F5 and F6 offenders can return to prison for up to 180 days, however most do not stay this long. The problem is with the people that need the full 180 days in order to get back on track. There was mention that DCJ can track the impact to parole, but won't be able to track the implementation. This would be something that DOC's time computation unit or CY system would need to track.

Issue/Topic:	Discussion:
<p>Structured Parole Decision Making: Release Decision Making</p>	<p>Paul Herman briefly went over his May presentation on Structured Parole Decision Making...</p> <p>Three strategies for structured decision making approaches:</p> <ol style="list-style-type: none"> 1. Individual decision making 2. Individual, evidence based approach 3. Policy-driven, evidence based approach <p>Structured decision making means having a policy to guide decisions that are:</p> <ol style="list-style-type: none"> 1. Explicit 2. Specific 3. Vital <p>The development of parole guidelines in Colorado: In July of 1987, the Colorado General Assembly, in House Bill 1311, created the Parole Guidelines Commission, chaired by the Attorney General and comprised of members representing public safety interests. The Commission's mandate was to oversee development, implementation, and validation of parole guidelines, a set of specific criteria used by the parole board in making release decisions. This legislation also mandated that the Division of Criminal Justice provide the Commission with an actuarial risk assessment scale.</p> <p>Policy Framework/Guidelines Models:</p> <ol style="list-style-type: none"> 1. Matrix 2. Decision tree

What other states are doing and their use of parole guidelines

- Michigan
- Texas
- Pennsylvania

For further detail regarding Paul's presentation please see the May 5th PIS minutes available at http://cdpsweb.state.co.us/cccj/Post_Incarceration-Reentry.html.

Issue/Topic:

Releases:
Initial vs. Revocation

Discussion:

There are differences between an initial release and subsequent/revocation releases. The nature and content of these may vary. An initial release may be much broader in terms of preparing for their release, while the subsequent release may track how things are going for the offender.

Issue/Topic:

National average for parole failure
rate

Discussion:

For the last 15 years, the national average of parole failures has been 45-47%. Parole failure is defined as returned to prison (new crime and/or technical violation).

Issue/Topic:

How does the PIS task force want to
proceed

Action:

Look at release decisions as a
priority. Plus David Kaplan is going
to start looking at revocations.

Rework the statute.

David Michaud is going to meet with
Paul Herman to obtain more
information about decision
trees/matrixes as well as what the
other states are doing.

Create a systems map.

Discussion:

- Look at evidence based practices (EBP)
- Must decide on what type of framework we want to use (matrix or decision tree) and how to create it.
 - Both Michigan and Kentucky do face to face parole hearings, and they are willing to talk with the Colorado Parole Board about what they have done.
- Should review the statute and make recommendations for statutory revisions.
- Need to invest resources in the treatment of the offenders; find evidence based treatment.
- Figure out who is succeeding on parole and then free up resources for the riskier offenders who need more programming.
- Should look at the workload of Parole Officers. How do you free up time for Parole Officers to work with TV and new crime parolees?
- Need to create a systems map.

Issue/Topic:	Discussion:
Sex Offender Risk Scale (SORS)	<p>Description:</p> <ul style="list-style-type: none"> • Was approved by the Sex Offender Management Board (SOMB) in 1998. • Study sample was 494 convicted sex offenders sentenced to probation or in prison (therapeutic community), parole, or community corrections between October 1996-December 1997. • Is used in the identification of Sexually Violent Predator (SVP)-must score 4 or more in 10 point scale. • Identifies about 20% of the SVP eligible population as high-risk to reoffend (3x as likely as those who score below 4) to be arrested for a violent crime within 5 years. • A copy of the SVP instrument and handbook are available at http://dcj.state.co.us/ors/risk_assessment.htm <p>Limitations of this instrument:</p> <ul style="list-style-type: none"> • Does not identify criminogenic needs • Only applies to convicted sex offenders in Colorado • Requires a therapist and a supervising officer to complete • Current SORS has 3 dynamic factors-these can change, whereas there is not provision in statute to change the SVP determination • Currently predicts violent arrest • New scale under review by the SOMB... <ul style="list-style-type: none"> ○ New scale built on same sample. ○ No dynamic factors. ○ 6 items, 9 points available ○ Predicts new sex crime arrest in 5 years ○ Will not identify criminogenic needs. ○ Offenders will score differently on the two scales (old vs. new). <p>Relationship to other scales:</p> <ul style="list-style-type: none"> • Part of the SVP assessment protocol. • Assesses only risk; supervision requires needs information. <p>A copy of this scale is attached to this document, following the minutes.</p>

Issue/Topic:	Discussion:
Colorado Actuarial Risk Assessment (CARAS)	<p>Background:</p> <p>The Division of Criminal Justice, pursuant to C.R.S. 17-22.5-404.5(b)(d)(e)(f), is required to develop and validate a risk assessment protocol for parole releases.</p> <p>The Division of Criminal Justice's (DCJ) Office of Research and Statistics (ORS) first developed and validated actuarial risk scales for the Parole Board in the mid-1980s. Since that time, four revisions have been made. This document describes Version 5 of the Colorado Actuarial Risk Assessment Scale (CARAS).</p> <p>The current version predicts:</p> <ul style="list-style-type: none"> • Re-arrest for any crime within 3 years • Re-arrest for violent crime within 3 years

- New court filing

In addition, the current version of the CARAS applies to female offenders and sex offenders, whereas prior versions did not apply to these populations.

Data Elements:

All data elements were extracted from the Department of Corrections Information System (DCIS) and provided to DCJ by the DOC.

Variables included...

- Incarceration number
- Prison admit and release dates
- Prison admit and release types
- Age
- Sex
- Ethnicity
- IQ
- Needs assessment data
- Assessed and Final Custody levels
- TABE total and sub scores
- LSI item scores
- Employment data
- SSI Scores
- Alcohol and Drug Use Questionnaire scores
- Adult Substance Use Survey subscale scores
- Prior CARAS item data
- Prior parole returns
- COPD violations
- Prior absconds
- Conviction crime types and felony class

Validation:

The scale has been validated on multiple samples: males, females, sex offenders, and violent offenders.

Limitation:

This scale does not capture technical violation return to prison.

A copy of this scale is attached to this document, following the minutes.

Issue/Topic:	Discussion:
Standardized Offender Assessment Revised	<p>Simple Screening Instrument-Revised (SSI-R): Substance abuse screener tool used to prioritize whether a client needs further assessment or not.</p> <p>Colorado Criminal Justice Mental Health Screen-Adult (CCJMHS-A): CCJMHS is a new instrument that was developed in Colorado. It is voluntary. It is used as a mental health screening used to prioritize whether a client needs</p>

further mental health assessment.

Level of Supervision Inventory (LSI):

The LSI is a risk and needs assessment. It is used to target areas that can be changed in the offender. The LSI is done through a semi-structured interview between the interviewer and offender. high score=high risk and low score=low risk.

Adult Substance Use Survey-Revised (ASUS-R):

The ASUS is a self-report substance abuse questionnaire.

Service/Treatment Recommendation Worksheet (TxRW):

The TxRW is a treatment matching component. It combines the LSI risk and needs with the ASUS needs to determine their treatment level (level 1-8).

Attached at the end of this document are copies of the SSI-R, CCJMHS-A, LSI, ASUS-R, and the TxRW).

Issue/Topic:	Discussion:
Psychological/Drug-Alcohol Screening and Assessment Tools used by the Department of Corrections at DRDC	Attached at the end of this document is a copy of the Psychological/Drug-Alcohol Screening and Assessment tools provided by DOC.

Issue/Topic:	Discussion:
Colorado Department of Corrections Classification tool	DOC uses an internal classification tool to assess the risk of offenders within an incarcerated setting (i.e. medical, mental health, violence, vocational, etc). They are scored on a level system. Level 1=no needs. Level 5=severe needs. If they score 3 or above, their code should be reviewed and treatment/programming assigned. Many of the codes don't change (e.g., medical, mental health, violence, vocational) but several do (e.g., work, pre-release, etc) showing the offender's progress or lack their of.

Issue/Topic:	Discussion:
Gaps seen in the assessment instruments	<ul style="list-style-type: none">• DOC is currently looking at the implementation of the LSI at diagnostic (e.g. how used quality issues, etc).• LSI does not address social support, mental health needs, or immediate human needs (e.g., housing, food, etc).

Issue/Topic:	Discussion:
Change of meeting date and time	<p data-bbox="560 239 1533 306">The PIS meetings are going to be changed from Tuesdays to Wednesdays and will now be held from 9AM-12PM. Here are the next several meeting dates:</p> <ul data-bbox="657 348 867 525" style="list-style-type: none"><li data-bbox="657 348 769 380">• July 8<li data-bbox="657 384 821 415">• August 12<li data-bbox="657 420 855 451">• September 9<li data-bbox="657 455 821 487">• October 7<li data-bbox="657 491 867 522">• November 11

NOTE: This bill has been prepared for the signature of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.



HOUSE BILL 09-1263

BY REPRESENTATIVE(S) Casso, Apuan, Kerr A., King S., Levy, McFadyen, Merrifield, Nikkel, Pace, Priola, Roberts, Ryden, Todd, Vigil, Waller;
also SENATOR(S) Carroll M., Groff, Morse, Newell.

CONCERNING TIME COMPUTATION WHILE AN INMATE IS INCARCERATED IN A COUNTY JAIL.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 17-26-109, Colorado Revised Statutes, is amended to read:

17-26-109. Deductions of time - good time - earned time.

(1) Every person who is sentenced to and imprisoned in any county jail of this state or SENTENCED to pay a fine and costs or either or all thereof and who performs faithfully the duties assigned to him OR HER during his OR HER imprisonment therein is entitled to a deduction from the time of his OR HER sentence of two days in ~~each month~~ ANY THIRTY-DAY PERIOD. If any such person escapes or attempts to escape from the county jail, he OR SHE shall forfeit all deduction from the time of his OR HER sentence which he OR SHE may have been entitled to up to the time of the escape or attempt at escape, as provided for in this section.

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(2) A PERSON WHO IS SENTENCED TO AND IMPRISONED IN ANY COUNTY JAIL OF THIS STATE OR SENTENCED TO PAY A FINE AND COSTS OR EITHER OR ALL THEREOF MAY BE AWARDED EARNED TIME OF UP TO THREE DAYS IN ANY THIRTY-DAY PERIOD AT THE DISCRETION OF THE COUNTY SHERIFF FOR THE SUCCESSFUL COMPLETION OF CERTAIN DESIGNATED PROGRAMS OR EDUCATIONAL ACTIVITIES, FOR OUTSTANDING PROGRESS IN ANY ASSIGNED PROGRAM OR ACTIVITY, OR FOR UNUSUAL OR EXTRAORDINARY ACTIONS AS DETERMINED BY THE COUNTY SHERIFF. EACH COUNTY SHERIFF SHALL DEVELOP AND IMPLEMENT AN EARNED TIME PROGRAM AND SCHEDULE FOR USE IN HIS OR HER COUNTY JAIL IN ACCORDANCE WITH THE EXPECTATIONS AND STANDARDS OF THE COMMUNITY IN WHICH HE OR SHE SERVES. EARNED TIME SHALL BE IN ADDITION TO GOOD TIME AS ALLOWED IN SUBSECTION (1) OF THIS SECTION AND SECTION 17-26-115.

SECTION 2. 17-26-115, Colorado Revised Statutes, is amended to read:

17-26-115. Trusty prisoners - good time. Persons confined in the county jail, undergoing any sentence in accordance with law, who are engaged in work within or outside the walls of the jail, and who are designated by the sheriff as trusty prisoners, and who conduct themselves in accordance with the rules of the sheriff of the county and perform their work in a creditable manner, upon approval of the sheriff, may be granted such good time, in addition to that allowed in section 17-26-109, as the sheriff may order, not to exceed ten days in any ~~one calendar month~~ THIRTY-DAY PERIOD.

SECTION 3. 18-1.3-405, Colorado Revised Statutes, is amended to read:

18-1.3-405. Credit for presentence confinement. A person who is confined for an offense prior to the imposition of sentence for said offense is entitled to credit against the term of his or her sentence for the entire period of such confinement. At the time of sentencing, the court shall make a finding of the amount of presentence confinement to which the offender is entitled and shall include such finding in the mittimus. ~~Such~~ THE period of confinement shall be deducted from the sentence by the department of corrections. A PERSON WHO IS CONFINED PENDING A PAROLE

REVOCATION HEARING IS ENTITLED TO CREDIT FOR THE ENTIRE PERIOD OF SUCH CONFINEMENT AGAINST ANY PERIOD OF REINCARCERATION IMPOSED IN THE PAROLE REVOCATION PROCEEDING. THE PERIOD OF CONFINEMENT SHALL BE DEDUCTED FROM THE PERIOD OF REINCARCERATION BY THE DEPARTMENT OF CORRECTIONS. If a defendant is serving a sentence or is on parole for a previous offense when he or she commits a new offense and he or she continues to serve the sentence for the previous offense while charges on the new offense are pending, the credit given for presentence confinement under this section shall be granted against the sentence the defendant is currently serving for the previous offense and shall not be granted against the sentence for the new offense.

SECTION 4. Act subject to petition - effective date. This act shall take effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly that is allowed for submitting a referendum petition pursuant to article V, section 1 (3) of the state constitution, (August 5, 2009, if adjournment sine die is on May 6, 2009); except that, if a referendum petition is filed against this act or an item, section, or part of this act within such period, then the act, item,

section, or part, if approved by the people, shall take effect on the date of the official declaration of the vote thereon by proclamation of the governor.

Terrance D. Carroll
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Peter C. Groff
PRESIDENT OF
THE SENATE

Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Karen Goldman
SECRETARY OF
THE SENATE

APPROVED _____

Bill Ritter, Jr.
GOVERNOR OF THE STATE OF COLORADO

PART 3A

COLORADO	SEXUALLY VIOLENT PREDATOR	ASSESSMENT SCREENING INSTRUMENT
Probation Officers are required to complete items 1-6. SOMB Evaluators are responsible for items 7-10. Trained DOC Staff/Contractor will complete items 1-10.		P 7 of 9
3A. SOMB SEX OFFENDER RISK SCALE (SORS)		
<p>Pursuant to 16-11.7-103(4)(c.5), C.R.S., the Division of Criminal Justice worked in consultation with the Sex Offender Management Board (SOMB) to develop an actuarial risk assessment scale to be used in the identification of an offender's risk to fail supervision/treatment. Data on demographic, index crime, criminal/juvenile history, sexual history and therapy/attitude characteristics were studied. This research is described in the SVP Handbook. Failure was measured at 12 and 30 months, and 5 years. Research conducted by DCJ in 2007 found that adult sex offenders scoring 4 or more on the 10-item scale below were three times as likely to be arrested for a violent crime as someone scoring below 4. Men and women who score 0-3 are considered low risk. Women who score 4-8 are considered high risk but the probability for revocation is unknown due to the small number of women in the study.</p> <p>Each item is scored 1 (YES) or 0 (NO). Please indicate the data source(s) (the list of sources can be found on page 3). In the event that the offender refuses to participate in the interview required to complete all 10 items on this scale, please proceed to Part 3C. Please see the SVP Handbook for further information on each of the items below.</p>		
P Probation Officer or Trained DOC Staff Please Complete Items 1 through 6		
NA 	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>1. The offender has one or more juvenile felony adjudications. (Include sex offenses, attempts and conspiracies, but <u>not</u> deferred judgments/adjudications or misdemeanors). Data Source(s) _____</p> <p>2. The offender has one or more prior adult felony convictions. (Include sex offenses, attempts and conspiracies, <u>and</u> deferred judgments/sentences). Data Source(s) _____</p> <p>3. The offender was employed less than full-time at arrest. This does not apply to women. (Part-time, sporadic, or day labor is not considered full-time. Full time student or multiple, concurrent, stable part-time jobs are considered full-time employment. Being disabled or retired is not considered full-time employment and must be coded yes. Full -time work refers to 35 or more hours per week). Data Source(s) _____</p> <p>4. The offender failed first or second grade. (Whatever the reason, if the offender failed these grades in elementary school, and was held back or repeated the grade, this item scores "yes". Score "no" for individuals who were unable to attend grammar school. Probation Officers may need to work closely with the SOMB evaluator and polygraph examiner to obtain this information). Data Source(s) _____</p> <p>5. The offender possessed or threatened a weapon during the current crime. (A weapon is defined as a gun, knife, or object that could be used to intimidate or harm a victim. The offenders need only to possess or threaten use of the weapon during the crime, not use the weapon. If the victim was led to believe that a weapon was present, regardless if it was, score this criterion "yes"). Data Source(s) _____</p> <p>6. The victim had ingested or was administered alcohol or drugs during or immediately prior to the current crime. Data Source(s) _____</p>		
E SOMB Evaluator or Trained DOC Staff Please Complete Items 7 through 10		
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/>
<p>7. The offender was NOT sexually aroused during the current crime. This does not apply to women. (Sexual arousal refers to an erection. The erection must have been sustained throughout the sexual assault. Data sources include self-report and/or corroborating documentation such as the victim report and police report). Note: If the offender was NOT aroused, mark yes). Data Source(s) _____</p> <p>These last three items on this scale are scored from the Colorado Sex Offender Management Board (SOMB) Checklist (attached).</p> <p>8. The offender scored 20 or above on the COLORADO-SOMB Denial Scale.</p> <p>9. The offender scored 20 or above on the COLORADO-SOMB Deviancy Scale. Responses from the Deviancy Scale reflect: <input type="checkbox"/> Current Behavior and/or <input type="checkbox"/> Time of Crime</p> <p>10. The offender scored 20 or below on the COLORADO-SOMB Motivation Scale.</p>		
TOTAL (Add up all the "Yes" responses in Part 3A)		
Meets DCJ SORS SCALE Criteria: (Total score of 4 or more "Yes" responses for both men and women). <input type="checkbox"/> Yes <input type="checkbox"/> No		

SOMB CHECKLIST

(The three required scales for items 8-10 on Part 3A)

Please endorse each of the following items as they apply to the client: "0" means "does not apply at all" to a "5" meaning "applies very much".

Date:	CR#:	SS#:
Client Name:		
SOMB Evaluator Name:	Referring Probation Officer Name:	

Not at all...Very Much

DENIAL

- Denies actual facts of offense. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Denies wrongness of actions. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Minimizes prior sex offenses. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Portrays self as victim. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Blames others for the crime. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Holds grudges against "system". ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Says victim "wanted it". ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Says therapy is unnecessary. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5

DEVIANT SEXUAL PRACTICES

- Has no socially appropriate sexual outlet. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Engages in many forms of deviant sexuality. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Obsessed with deviant sexual practices. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Engages in bizarre sexual practices. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Poor control of sexual behavior. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Talks constantly about sex. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Nothing seems "off limits" sexually. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Masturbation is compulsive or excessive. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5

Deviant Sexual Practice Responses Reflect: ☐ Current Behavior and/or ☐ Time of Crime

MOTIVATION

- Verbalizes desire for treatment. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Agrees with court order for intervention. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Pays attention to evaluator. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Arrives for appointments on time. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Is positive about evaluator's testing. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Actively participates in evaluation. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Completes evaluation requirements. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5
- Seeks additional help. ☐0 ☐1 ☐2 ☐3 ☐4 ☐5

2008 Colorado Actuarial Risk Assessment Scale (CARAS)

<i>Response</i>	<i>Points Assessed</i>	<i>Check the appropriate response for each item.</i>
1 2 3 to 4 5 or More	12 21 23 33	1. NUMBER OF CURRENT CONVICTION CHARGES The total number of felony conviction charges associated with the current incarceration.
None 1 to 3 4 to 9 10 or More	6 8 9 12	2. NUMBER OF COPD VIOLATION CONVICTIONS The total number of COPD infractions offender has been convicted of (this incarceration as well as prior incarcerations).
20 or Lower 21 to 29 30 to 38 & Missing 39 or More	6 10 12 15	3. LSI TOTAL SCORE The total of the 54 Level of Supervision Inventory (LSI) items
No & Missing Yes	11 17	4. ARRESTED UNDER AGE 16 Offender was arrested for criminal activity before age 16, according to LSI instrument.
47 or Older 40 to 46 39 or Younger	9 18 23	5. CURRENT AGE Age of offender when this assessment was run.
Yes No	5 8	6. ASSESSED AT MINIMUM CUSTODY LEVEL Offender is assessed to require minimum or minimum restrictive custody level supervision at date of assessment.
No Yes	4 6	7. PRIOR PAROLE RETURN ON NEW CRIME Offender has been returned to prison from a prior parole as a result of a new crime. Does not include returns for technical violations.
1 2 3 or More	23 30 35	8. INCARCERATION # The number of prison incarcerations resulting from a new court commitment offender has experienced. This does not include returns to prison for parole violations.
1 or 2 & Missing 3 or More	13 18	9. SUBSTANCE ABUSE NEED LEVEL The DOC case management level of need for substance abuse treatment determined during the initial needs assessment
	-88	CONSTANT

Cutpoints and Risk Groups

Range		Risk Group
Low Value	High Value	
1	23	Very Low
24	31	Low
32	36	Medium
37	43	High
44	79	Very High

Simple Screening Instrument (Revised) (SSI-R)

Name	DOB	Date
------	-----	------

DIRECTIONS

The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experiences **in the past 6 months (If incarcerated, use the past 6 months of time in the community.)**

During the past 6 months (of time in the community if incarcerated).....

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you used alcohol or other drugs (such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you felt that you use too much alcohol or other drugs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you tried to cut down or quit drinking or using other drugs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you gone to anyone for help because of your drinking or drug use (such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you had any health problems? For example, have you: | | |
| a. Had blackouts or other periods of memory loss? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Injured your head after drinking or using drugs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Had convulsions or delirium tremens (DTs)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Had hepatitis or other liver problems? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Felt sick, shaky, or depressed when you stopped? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Felt "coke bugs" or a crawling feeling under your skin after you stopped using drugs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Been injured after drinking or using? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Used needles to shoot drugs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Has your drinking or other drug use caused problems between you and your family or friends? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Has your drinking or other drug use caused problems at school or work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Have you been arrested or had other legal problems (such as bouncing bad checks, driving while intoxicated, theft, or drug possession)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Are you needing to drink or use drugs more and more to get the effect you want? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Do you feel bad or guilty about your drinking or drug use? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

The next questions are about your lifetime experiences.

- | | | |
|--|------------------------------|-----------------------------|
| 14. Have you ever had a drinking or other drug problem? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Have any of your family members ever had a drinking or drug problem? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Do you feel that you have a drinking or drug problem? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Thank you for completing this questionnaire.



Simple Screening Instrument (Revised) Scoring Sheet

Name	DOB	Date
------	-----	------

Item	Score (Yes =1, No = 0)
1	N/A - NOT SCORED
2	_____
3	_____
4	_____
(any of 5a – 5h) 5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	N/A - NOT SCORED
16	_____

Total Score

Preliminary Interpretation of Score (Probation and Community Corrections)

Score	Degree of Risk for AOD Abuse	Action
0 to 1	None to Low	No Further Assessment
2 to 3	Minimal	
> 3	Moderate to High	Possible need for further assessment

Substance Abuse Level Algorithm (DOC Clients Only)

SSI Score	# AOD Related Arrests	DOC Needs Level	Action
0-1	0	1	No Further Assessment
0-1	1	2	
2-3	0	2	
0-1	>=2	3	Further Assessment Needed
2-3	>=1	3	
4-8	<=1	3	
4-8	>=2	4	
9-14	<=1	4	
9-14	>=2	5	

Colorado Criminal Justice Mental Health Screen – Adult (CCJMHS-A)

Person's Name		First	Last	MI	Screen Date (MM/DD/YYYY)			
SSN (Optional)			Supervising Agency (Screening Site) ① Jail ② Pre-Trial ③ Adult Diversion ④ Adult Probation ⑤ Work Release ⑥ CommCorr Diversion ⑦ CommCorr Transition ⑧ Prison ⑨ Parole ⑩ Other		DOC #		SID #	
Date of Birth (MM/DD/YYYY)		Age (Yrs)			ML #		Case #	
Highest Grade Completed		Gender ① Male ② Female			Criminal Justice Involvement ① Charged ② Pre-Sentence ③ Sentenced ④ Sentence Modified		County of Residence (code from back page)	
Ethnicity (optional, all that apply) ① Native American ② Pacific Islander ③ Asian ④ Black ⑤ Hispanic/Latino ⑥ White					Payor Source (all that apply) ① Medicaid ② Medicare ③ Private Health Insurance ④ Uninsured/Self-Pay		County of Involvement (code from back page)	

PURPOSES OF THIS SCREEN – please complete the entire screen:

1. to determine if this person should be referred for a Mental Health Assessment to find out if mental illness is present;
2. to obtain treatment recommendations for the person, based on a Mental Health Assessment, regardless of whether mental illness is found or not

QUESTIONS FOR THE PERSON: (please indicate the person's answers to each question; ask all questions)

YES	NO	Interview Questions
<input type="radio"/>	<input type="radio"/>	1. Have you <u>ever been treated</u> for mental health problems?
<input type="radio"/>	<input type="radio"/>	2. Have you <u>been treated</u> for mental health problems <u>in the last 6 months</u> ?
<input type="radio"/>	<input type="radio"/>	3. Have you <u>been hospitalized</u> for mental health problems <u>in the last 2 years</u> ?
<input type="radio"/>	<input type="radio"/>	4. Have you <u>ever been prescribed</u> psychiatric medication?
<input type="radio"/>	<input type="radio"/>	5a. Are you <u>taking</u> psychiatric medication now?
		5b. What medications are you taking now? → <div style="border: 1px solid black; padding: 5px; width: 400px; float: right;">Medications currently being taken:</div>
<input type="radio"/>	<input type="radio"/>	6. Has anyone in your family been treated for a mental health problem?
<input type="radio"/>	<input type="radio"/>	7. Have you ever tried to harm or kill yourself? __ in last 6 months; __ in last 6 months to 2 years; __ over 2 years
<input type="radio"/>	<input type="radio"/>	8. Are you thinking about harming or killing yourself now?
<input type="radio"/>	<input type="radio"/>	9a. Do you currently have a mental health problem you need to talk to someone about?
		9b. Please describe your mental health problems → <div style="border: 1px solid black; padding: 5px; width: 400px; float: right;">Current mental health problems:</div>
<input type="radio"/>	<input type="radio"/>	10. (Observation) Has bruises, cuts, scrapes, burns on face, arms, back, or other physical injuries; has been a victim of domestic violence; or reports or appears to have been traumatized

TYPE OF REFERRAL

DECISION RULE FOR REFERRAL

<input type="radio"/>	IMMEDIATE REFERRAL	Contact a Mental Health Professional <u>now</u> if item 8 is marked 'Yes.'
<input type="radio"/>	ROUTINE REFERRAL	Send the person for Mental Health Assessment if any other item is marked 'Yes'.
<input type="radio"/>	REFER (Rater Judgment)	Refer even if person does not meet criteria for Immediate or Routine Referral.
<input type="radio"/>	DO NOT REFER FOR MENTAL HEALTH ASSESSMENT	

REFERRING AGENCY AND STAFF PERSON: Please attach a copy of this screen to all referrals

Name	Phone	Fax
Agency	Email	

COUNTY CODES

001 Adams (not Aurora)	023 Costilla	047 Gilpin	071 Las Animas	095 Phillips	117 Summit
003 Alamosa	025 Crowley	049 Grand	073 Lincoln	097 Pitkin	119 Teller
005 Arapahoe (not Aurora)	027 Custer	051 Gunnison	075 Logan	099 Prowers	121 Washington
007 Archuleta	029 Delta	053 Hinsdale	077 Mesa	101 Pueblo	123 Weld
009 Baca	031 Denver	055 Huerfano	079 Mineral	103 Rio Blanco	125 Yuma
011 Bent	033 Dolores	057 Jackson	081 Moffat	105 Rio Grande	127 Outside Colorado
013 Boulder	035 Douglas	059 Jefferson	083 Montezuma	107 Routt	129 Aurora (Adams County)
014 Broomfield	037 Eagle	061 Kiowa	085 Montrose	109 Saguache	131 Aurora (Arapahoe County)
015 Chaffee	039 Elbert	063 Kit Carson	087 Morgan	111 San Juan	133 No Permanent County
017 Cheyenne	041 El Paso	065 Lake	089 Otero	113 San Miguel	200 DOC Inmate
019 Clear Creek	043 Fremont	067 La Plata	091 Ouray	115 Sedgwick	999 Unknown
021 Conejos	045 Garfield	069 Larimer	093 Park		

LEVEL OF SUPERVISION INVENTORY

Full Name: _____

Date of Birth: ____/____/____

Gender: ☐ M ☐ F

Ethnicity: _____

INITIAL LSI: ☐ Yes ☐ No - Reassessment No. _____

Officer Name: _____

Date Completed: ____/____/____

CRIMINAL HISTORY

1. _____ Any prior convictions, adult/number
2. _____ Two or more prior convictions
3. _____ Three or more prior convictions
4. _____ Three or more present offenses/number
5. _____ Arrested under age 16
6. _____ Ever incarcerated upon conviction
7. _____ Escape history – institution
8. _____ Ever punished for institutional misconduct/number
9. _____ Charge laid or probation/parole suspended during prior community supervision
10. _____ Record of assault/violence

SUBTOTAL SCORE ____/10 = (____%)

EDUCATION/EMPLOYMENT

When in labor market:

11. _____ Currently unemployed
12. _____ Frequently unemployed
13. _____ Never employed for a full year
14. _____ Ever fired

School or when in school:

15. _____ Less than regular grade 10
16. _____ Less than regular grade 12
17. _____ Suspended or expelled at least once

Homemaker, pensioner: use 18 only

School, work, unemployed use 18,19,20

18. _____ Participation/Performance -

0	1	2	3
---	---	---	---

 +
19. _____ Peer interactions -

0	1	2	3
---	---	---	---

 +
20. _____ Authority interactions -

0	1	2	3
---	---	---	---

 +

SUBTOTAL SCORE ____/10 = (____%)

FINANCIAL

21. _____ Problems -

0	1	2	3
---	---	---	---

 +
22. _____ Reliance upon social assistance

SUBTOTAL SCORE ____/2 = (____%)

FAMILY/MARITAL

23. _____ Dissatisfaction with marital or equivalent situation -

0	1	2	3
---	---	---	---

 +
24. _____ Nonrewarding, parental -

0	1	2	3
---	---	---	---

 +
25. _____ Nonrewarding, other -

0	1	2	3
---	---	---	---

 +
26. _____ Criminal family/spouse

SUBTOTAL SCORE ____/4 = (____%)

ACCOMMODATION

27. _____ Unsatisfactory -

0	1	2	3
---	---	---	---

 +
28. _____ 3 or more address changes last year/number
29. _____ High crime neighborhood

SUBTOTAL SCORE ____/3 = (____%)

LEISURE/RECREATION

30. _____ No recent participation in organized activity
31. _____ Could make better use of time -

0	1	2	3
---	---	---	---

 +

SUBTOTAL SCORE ____/2 = (____%)

COMPANIONS

32. _____ A social isolate
33. _____ Some criminal acquaintances
34. _____ Some criminal friends
35. _____ Very few pro-social acquaintances
36. _____ Very few pro-social friends

SUBTOTAL SCORE ____/5 = (____%)

ALCOHOL/DRUG PROBLEMS

37. _____ Alcohol problem, ever
38. _____ Drug problem, ever
39. _____ Alcohol problem, currently -

0	1	2	3
---	---	---	---

 +
40. _____ Drug problem, currently -

0	1	2	3
---	---	---	---

 +

Specify drug: _____

41. _____ Law violation
42. _____ Marital/Family
43. _____ School/Work
44. _____ Medical
45. _____ Other clinical indicators

Specify: _____

SUBTOTAL SCORE ____/9 = (____%)

EMOTIONAL/PERSONAL

46. _____ Moderate interference
47. _____ Severe interference
48. _____ Mental health treatment, past
49. _____ Mental health treatment, current
50. _____ Psychological assessment indicated

Area: _____

SUBTOTAL SCORE ____/5 = (____%)

ATTITUDE/ORIENTATION

51. _____ Supportive of crime -

0	1	2	3
---	---	---	---

 +
52. _____ Unfavorable attitude toward convention -

0	1	2	3
---	---	---	---

 +
53. _____ Poor attitude toward sentence/conviction
54. _____ Poor attitude toward supervision

SUBTOTAL SCORE ____/4 = (____%)

TOTAL
SCORE

RATER BOX
TOTAL

INTERVIEWING/SCORING TIME (in minutes)

ADULT SUBSTANCE USE SURVEY (REVISED) ASUS-R

Kenneth W. Wanberg, Author

TO BE COMPLETED BY CLIENT					
NAME:	AGE:	GENDER [] Male [] Female	YEARS SCHOOLING:	DATE:	
ETHNICITY:	[] AFRICAN AM.	[] ANGLO-WHITE AM.	[] ASIAN AM.	[] HISPANIC AM.	[] NATIVE AM.
MARITAL STATUS:	[] SINGLE (NEVER MARRIED)	[] MARRIED	[] SEPARATED	[] DIVORCED	[] WIDOWED
EMPLOYMENT:	[] EMPLOYED	[] EMPLOYED PART TIME	[] UNEMPLOYED	[] STUDENT	[] RETIRED [] HOUSE SPOUSE
PRIOR ALCOHOL/DRUG OUTPATIENT TREATMENT:	[] NONE	[] 1-2 TIMES	[] 3 OR MORE TIMES	TOTAL NUMBER SESSIONS:	
PRIOR ALCOHOL/DRUG INPATIENT TREATMENT:	[] NONE	[] 1-2 TIMES	[] 3 OR MORE TIMES	TOTAL NUMBER DAYS:	

INFORMATION AND INSTRUCTIONS ON THE USE OF THIS SURVEY
THIS BOOKLET CONTAINS QUESTIONS ABOUT HOW YOU SEE YOURSELF. SOME QUESTIONS HAVE TO DO WITH YOUR USE OF ALCOHOL OR OTHER DRUGS. SOME QUESTIONS HAVE TO DO WITH PROBLEMS YOU MAY HAVE HAD IN YOUR COMMUNITY. OTHER QUESTIONS HAVE TO DO WITH YOUR FEELINGS AND EMOTIONS. THIS SURVEY WILL HELP THOSE WORKING WITH YOU TO UNDERSTAND YOUR CONCERNS AND QUESTIONS ABOUT YOURSELF. CAREFULLY READ EACH QUESTION AND EACH POSSIBLE ANSWER BEFORE MAKING YOUR CHOICE. FOR EACH QUESTION, CIRCLE THE LETTER UNDER THE ANSWER THAT BEST FITS YOU. PLEASE ANSWER EVERY QUESTION. GIVE ONLY ONE ANSWER TO EACH QUESTION. NOW YOU MAY BEGIN THE SURVEY.

For the list of drugs below, circle the letter under the answer that best fits you. For alcohol, it is the number of times in your lifetime you have been intoxicated. For all other drugs, it is the number of times in your lifetime that you have used the drug. On the right side of the page opposite the drug, indicate the number of times in the last six months in the community that you have been intoxicated on alcohol or the number you have used each of the other drugs. Circle "a" if you did not use alcohol or the other drugs in the six months. Circle "b" if you used the drug from one to 10 times, circle "c" if you used the drug from 11 to 25 times, etc. Then, for each drug that you have used in your lifetime, put your age you last used that drug.

	Total Number of Times in Lifetime					Times in the last six months	Age last used
	Never used	One to 10 times	11-25 times	26-50 times	More than 50 times		
1. Number of times intoxicated or drunk on alcohol (beer, wine, hard liquor, mixed drinks).	a	b	c	d	e	a b c d e	___
2. Marijuana (pot, hashish, hash, THC, dope, etc.).	a	b	c	d	e	a b c d e	___
3. Cocaine (coke, snow, crack, rock, blow, etc.).	a	b	c	d	e	a b c d e	___
4. Amphetamines/methamphetamine/stimulants used for nonmedical reasons (meth, ice, crystal, speed, diet pills, uppers, black beauties, white crosses, bennies, Dexedrine, Desoxyn, Ritalin, Adderall, etc.)	a	b	c	d	e	a b c d e	___
5. Hallucinogens (LSD, acid, peyote, mushrooms, PCP, angel dust, ecstasy, ketamine, etc.).	a	b	c	d	e	a b c d e	___
6. Inhalants (rush, gasoline, paint, glue, nitrous oxide, etc.).	a	b	c	d	e	a b c d e	___
7. Heroin (H, smack, junk, horse, skag, skunk, etc.).	a	b	c	d	e	a b c d e	___
8. Other opiates or pain killers used for nonmedical reasons (codeine, opium, morphine, Percodan, Dilaudid, Demerol, methadone, oxycodone, Oxycontin, Vicodin, Darvon, etc.).	a	b	c	d	e	a b c d e	___
9. Barbiturates/sedatives used for nonmedical reasons (Seconal, Nembutal, Amytal, Phenobarbital, Dalmane, Placidyl, quaaludes, sleeping medicines, blues, reds, yellows, ludes, etc.).	a	b	c	d	e	a b c d e	___
10. Tranquilizers used for non-medical reasons (Librium, Valium, Ativan, Xanax, Serax, Miltown, Equanil, Halcion, meprobamates).	a	b	c	d	e	a b c d e	___
11. As to your use of cigarettes (tobacco).	Never smoked	Do not smoke now	Up to half pack a day	Up to a pack a day	Up to two packs a day	More than two packs a day	
	a	b	c	d	e	f	

As a result of using alcohol or any of the other drugs on page 1, indicate how often any of the following have happened to you in your lifetime. Then, for each of the following statements, in the column on the right side of the page, indicate how many times it has happened to you in the last six months in the community. Circle an "a" if it did not happen to you, circle a "b" if it happened to you 1-3 times, circle a "c" if it happened to you 4-6 times, circle a "d" if it happened to you 7-10 times and circle an "e" if it happened more than 10 times.

	Total Number of Times in Lifetime					Number of times in the last 6 months
	Never	1-3 times	4-6 times	7-10 times	More than 10 times	
12. Had a blackout (forgot what you did but were still awake).	a	b	c	d	e	a b c d e
13. Became physically violent.	a	b	c	d	e	a b c d e
14. Staggered and stumbled around.	a	b	c	d	e	a b c d e
15. Passed out (became unconscious).	a	b	c	d	e	a b c d e
16. Tried to take your own life.	a	b	c	d	e	a b c d e
17. Became physically sick or nauseated.	a	b	c	d	e	a b c d e
18. Saw or heard things not there.	a	b	c	d	e	a b c d e
19. Became mentally confused.	a	b	c	d	e	a b c d e
20. Thought people were out to get you or wanted to harm you.	a	b	c	d	e	a b c d e
21. Had physical shakes or tremors.	a	b	c	d	e	a b c d e
22. Had a seizure or a convulsion.	a	b	c	d	e	a b c d e
23. Had rapid or fast heart beat.	a	b	c	d	e	a b c d e
24. Became very anxious, nervous and tense.	a	b	c	d	e	a b c d e
25. Became feverish, hot or sweaty.	a	b	c	d	e	a b c d e
26. Did not eat or sleep.	a	b	c	d	e	a b c d e
27. Were weak, tired and fatigued.	a	b	c	d	e	a b c d e
28. Unable to go to work or school.	a	b	c	d	e	a b c d e
29. Neglected your family.	a	b	c	d	e	a b c d e
30. Broke the law or committed a crime.	a	b	c	d	e	a b c d e
31. Could not pay your bills.	a	b	c	d	e	a b c d e

16 ☐ 17 ☐ 18 ☐ 2 ☐ 3 ☐

Have you used alcohol or other drugs for any of the following reasons? Circle the letter under the answer that best fits you.

	No	Sometimes	often	Very often
32. To feel less tense or stressed?	a	b	c	d
33. To feel less depressed?	a	b	c	d
34. To forget your problems?	a	b	c	d
35. To have fun with others?	a	b	c	d
36. To be more mentally alert or sharp?	a	b	c	d
37. To relax and unwind?	a	b	c	d
38. To change your mood or emotions?	a	b	c	d
39. To calm yourself down?	a	b	c	d
40. To get along with others?	a	b	c	d
41. To get the courage to commit a crime?	a	b	c	d 4 <input type="checkbox"/>

Please circle the letter for the answer for each question that best fits you.

	Never	1-2 times	3-4 times	5 or more times
42. When I was in my teen years, I got into trouble with the law.	a	b	c	d
43. I was suspended or expelled from school when I was a child or a teenager.	a	b	c	d
44. I have been in fights or brawls.	a	b	c	d
45. I have been charged with driving while impaired or under the influence of alcohol or other drugs.	a	b	c	d
46. As an adult, I have been in trouble with the law other than while driving a motor vehicle.	a	b	c	d

Please circle the letter for the answer for each question that best fits you.

	Not true	Somewhat true	Usually true	Always true
47. I have had trouble because I don't follow the rules.	a	b	c	d
48. I don't like police officers.	a	b	c	d
49. There are too many laws in society.	a	b	c	d
50. It is all right to break the law if it doesn't hurt anyone.	a	b	c	d
51. Usually, no one tells me what to do.	a	b	c	d

5 ☐

During Your Lifetime

Please answer these questions as to how they apply to you during your lifetime and during the last six months in the community. Circle the letter under the answer of your choice.

	None	1-2 times	3-4 times	5 or more times	During the last 6 months
52. Number of times that I have been arrested and charged with a crime.	a	b	c	d	a b c d
53. Number of times that I have been convicted of a crime (misdemeanor or felony).	a	b	c	d	a b c d
54. Number of times I have been arrested for a crime committed against a person (such as robbery, burglary, assault, rape, manslaughter, murder).	a	b	c	d	a b c d
55. Number of times I have been arrested for a domestic violence related offense.	a	b	c	d	a b c d
56. Number of times I have been in jail or prison.	a	b	c	d	a b c d

During Your Lifetime

Please answer these questions as to how they apply to you during your lifetime and during the last six months. Circle the letter under the answer of your choice.

	Never	1-6 months	7-12 months	1-3 years	4 or more years	During the last 6 months
57. Total amount of time I have spent on probation.	a	b	c	d	e	a b
58. Total amount of time I have spent on parole.	a	b	c	d	e	a b
59. Total amount of time I have spent in jail or prison.	a	b	c	d	e	a b

During Your Lifetime

Please answer these questions as to how they apply to you during your lifetime and during the last six months in the community. Circle the letter under the answer of your choice.

	No never	Sometimes	A lot	Most of the time	During the last 6 months
60. When in the community, I have spent time with people who have been in trouble with the law.	a	b	c	d	a b c d
61. I have a hard time staying out of trouble with the law.	a	b	c	d	a b c d
62. I have been violent in my behavior or actions.	a	b	c	d	a b c d
63. I have planned the crimes that I have committed.	a	b	c	d	a b c d
64. When I have broken the law, I have been high or under the influence of alcohol or other drugs.	a	b	c	d	a b c d

6 ☐

7 ☐

For the following questions, please choose the answer that best fits you.

	Hardly at all	Yes sometimes	Yes A lot	Yes, all the time	
65. Have you felt down and depressed?	a	b	c	d	
66. Have you been nervous and tense?	a	b	c	d	
67. Have you been irritated and angry?	a	b	c	d	
68. Have your moods been up and down - from very happy to very depressed?	a	b	c	d	
69. Do you tend to worry about things?	a	b	c	d	
70. Have you felt like not wanting to live or like taking your life?	a	b	c	d	
71. Have you had problems sleeping?	a	b	c	d	
72. Have you had thoughts that upset or disturb you?	a	b	c	d	8
73. Have you been discouraged about your future?	a	b	c	d	<input type="text"/>

	No never	Hardly at all	A few times	Yes a lot	
74. Have you ever gotten angry at someone?	a	b	c	d	
75. Have you lied about something or not told the truth?	a	b	c	d	
76. Do you ever find yourself unhappy?	a	b	c	d	
77. Have you felt frustrated about a job?	a	b	c	d	
78. Do you hold things in and not tell others what you think or feel?	a	b	c	d	
79. Have you been unkind or rude to someone?	a	b	c	d	10
80. Have you ever cried about someone or something?	a	b	c	d	<input type="text"/>

Please answer the following questions as to how you see yourself at this time.

	No not at all	Yes maybe	Yes most likely	Yes for sure	
81. Have you felt a need to make changes in your use of alcohol or other drugs?	a	b	c	d	
82. Do you want to <u>stop using alcohol; or continue not using alcohol?</u>	a	b	c	d	
83. Do you want to <u>stop using other drugs; or continue not using other drugs?</u>	a	b	c	d	
84. Have you felt a need to have help with problems having to do with alcohol use?	a	b	c	d	
85. Have you felt a need to have help with problems with the use of other drugs?	a	b	c	d	
86. Is it important for you to make changes around the use of alcohol or other drugs?	a	b	c	d	11
87. Would you be willing to come to <u>(or continue in)</u> a program where people get help for alcohol or other drug use problems?	a	b	c	d	<input type="text"/>

Now, rate each of the following as their being strengths or strong points in your life.

	Low	Moderate	High	Very High	
88. My adult family or marital relationships.	a	b	c	d	
89. Being able to relate my feelings and thoughts to others	a	b	c	d	
90. Being able to handle stresses in my life.	a	b	c	d	
91. Handling my life's disappointments.	a	b	c	d	
92. My work and job situation.	a	b	c	d	
93. Control angry thoughts and actions.	a	b	c	d	
94. To see myself and others in a positive way.	a	b	c	d	
95. Living life without being involved in crime or criminal conduct	a	b	c	d	12
96. Living life without using alcohol or other drugs.	a	b	c	d	<input type="text"/>

ADULT SUBSTANCE USE SURVEY (REVISED) ASUS-R - PROFILE SUMMARY

NAME:	DATE	AGE:	GENDER: <input type="checkbox"/> F <input type="checkbox"/> M	CASE NO.
-------	------	------	---	----------

ASUS-R BASIC PROFILE

SCALE NAME	SCALE RAW SCORE	Low			Low-medium			DECILE	RANK	High-medium			High																			
		1	2	3	4	5	6			7	8	9	10																			
1. AOD INVOLVEMENT1		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	16	17	18	24	40											
2. AOD DISRUPTION1		0	1	2	3	4	5	6	7	8	9	10	11	13	16	17	20	22	23	26	31	32	37	46	47	58	80					
3. AOD LAST 6 MONTHS		0	1	2	3	4	5	6	7	8	9	10	11	12	13	17	23	24	36	99												
4. AOD USE BENEFITS		0	1	2	3	4	5	6	7	8	9	10	11	13	14	15	17	19	20	24	30											
5. SOCIAL NON-CONFORMING		0	1	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	21	36										
6. LEGAL NON-CONFORMING		0	1	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	26	42							
7. LEGAL NON-CON 6 MONTHS		0	1	2	3	4	5	6	7	8	9	10	11	13	14	15	17	19	20	24	30											
8. MOOD ADJUSTMENT		0	1	2	3	4	5	6	7	8	9	10	11	12	13	15	16	18	30													
9. GLOBAL AOD-PSYCHSOCIAL		0	11	13	14	19	20	21	25	26	27	30	32	33	37	39	40	44	48	49	53	56	57	63	70	71	82	90	91	164		
10. DEFENSIVE		0	1	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	21	27											
11. MOTIVATION TO CHANGE		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	27								
12. STRENGTHS		0	5	6	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27								
13. ASUS-R RATER SCALE		0	3	5	6	7	8	9	10	11	12	13	14	15	16	17	18	21	27													
14. *AOD INVOLVEMENT2		0	1	2	3	4	5	6	7	8	9	10	11	12	13	15	16	17	18	19	20	22	23	24	25	26	27	30	32	33	36	40
15. *AOD DISRUPTION2		0	1	3	5	6	10	15	16	21	26	27	30	34	35	38	41	42	45	47	48	50	53	54	57	59	60	63	65	66	69	80
NORMED ON COLORADO CRIMINAL JUSTICE (N=589)		1	10	20	30	40	50	60	70	80	90	99	PERCENTILE								*INPATIENT/IOP NORMS (N=669)											

ASUS-R SUPPLEMENTAL PROFILE

SCALE NAME	SCALE RAW SCORE	Low		Low-medium				High-medium				High																		
				DECILE		RANK																								
		1	2	3	4	5	6	7	8	9	10																			
16. BEHAVIORAL DISRUPTION		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24						
17. PSYCHOPHYSICAL DISRUPT		0	1	3	5	6	7	8	11	12	14	15	16	18	19	20	21	23	24	25	26	27	28	30	31	32	33	34	36	40
18. SOCIAL ROLE DISRUPTION		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	24						
INPATIENT/IOP NORMS (N=669)		1	10	20	30	40	50	60	70	80	90	99	PERCENTILE																	

ASUS-R EVALUATOR SUMMARY

SETTING: <input type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE <input type="checkbox"/> COMMUNITY CORR. <input type="checkbox"/> PRISON										RECOMMENDED AOD SERVICE (CHECK 1)		
A. AOD Use Involvement?	Minimal	Low	Moderate	High						BASIC SERVICES	ENHANCED SERVICES	
	0	1	2	3	4	5	6	7	8	9		
B. AOD Use Disruption?	Minimal	Low	Moderate	High						<input type="checkbox"/> 1. No Referral	<input type="checkbox"/> 4A. EOP & WOP	
	0	1	2	3	4	5	6	7	8	9	<input type="checkbox"/> 2. AOD Educa.	<input type="checkbox"/> 4B. IOP & CONT. TX.
											<input type="checkbox"/> 3. Weekly OP	<input type="checkbox"/> 4C. IRT & CONT. TX.
C. AOD Service Readiness?	Minimal	Low	Moderate	High						<input type="checkbox"/> 5. Mental Health or Medical Referral		
	0	1	2	3	4	5	6	7	8	9		

RATIONALE FOR ENHANCED SERVICES LEVELS 4A THROUGH 4D (Check all that apply)

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> High risk for relapse/recid. | <input type="checkbox"/> Prior AOD offense | <input type="checkbox"/> Serious medical problems | <input type="checkbox"/> Family/peer crim. behav. | <input type="checkbox"/> Failed complete Tx |
| <input type="checkbox"/> Prior criminal behavior | <input type="checkbox"/> Prior AOD education/tx | <input type="checkbox"/> Serious psych/behav. prob. | <input type="checkbox"/> Family/peers AOD abuse | <input type="checkbox"/> Poor socialization |
| <input type="checkbox"/> Serious antisocial behavior | <input type="checkbox"/> Severe AOD problem | <input type="checkbox"/> Homeless/poor living cond. | <input type="checkbox"/> Danger to self/others | <input type="checkbox"/> Risk of victimization |
| <input type="checkbox"/> Prior probation/parole | <input type="checkbox"/> Low motivation to change | <input type="checkbox"/> Minimal family/peer support | <input type="checkbox"/> Need structured intensity | <input type="checkbox"/> Lack of impulse control |

Information on the ASUS-R is based on client self-report. It is dependent on client's ability to validly respond to the questions. This information should only be used in conjunction with information from all other sources when making service referral decisions. Such decisions should never be made solely on the basis of the ASUS-R or any other single source. Final decisions regarding client service needs are always made by the evaluator.

Service/Treatment Recommendation Worksheet (TxRW)

Client Name	ID Number	SSN	DOB	Assessor	Assessment Date
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Evaluate Instrument-Based Variables for Initial Treatment Recommendation

STEP	Instrument	Raw Score	Point Values (✓)			
1	A. LSI Total Score Points		0-13 <input type="checkbox"/> 0	14-20 <input type="checkbox"/> 1	21-27 <input type="checkbox"/> 2	28-54 <input type="checkbox"/> 3
	B. ASUS-R Involvement Points		0-3 <input type="checkbox"/> 0	4-7 <input type="checkbox"/> 1	8-14 <input type="checkbox"/> 2	15-40 <input type="checkbox"/> 3
	C. ASUS-R Disruption Points		0-3 <input type="checkbox"/> 0	4-10 <input type="checkbox"/> 1	11-32 <input type="checkbox"/> 2	33-80 <input type="checkbox"/> 3
	D. Weighted Score (Point Values - A+B+C = D)					

Use Weighted Score in Step 1 (Item D) to Determine INITIAL Treatment Recommendation (✓ ONE)

STEP	Basic Services	Enhanced Services
2	Weighted Score	Initial Recommendation
	0-1 <input type="checkbox"/> Level 1. No Tx	6-9 <input type="checkbox"/> Level 4 – Enhanced Services { Level 4a – EOP+WOP Level 4b – IOP & Cont. Tx Level 4c – IRT & Cont. Tx Level 4d – TC
	2-3 <input type="checkbox"/> Level 2. Education	
	4-5 <input type="checkbox"/> Level 3. WOP	

OPTIONAL - Document the Client's Substance Use History (Use only the client's drug(s) of choice - up to 5 substances)

STEP	Substance (fill in) - Use Client's Drug(s) of Choice -	Age of 1 st Use	Approx Date of Last Use (mo/yr)	Duration of Use	Pos U/A s (number of in lifetime)	Length of Current Abstinence	Typical Frequency	Intensity (Typical amount in one day's use)	Ingestion	Style	Setting	Longest Voluntary Abstinence
3			/				0=0/life 1=1-3/life 2=4+/life	3=1-3/yr 4=4+/yr 5=1-3/mo 6=4+/mo	7=1-3/wk 8=4+/wk 9=1-3/day 10=4+/day			
			/									
			/									
			/									
			/									

Rate Information from LSI Interview and ASUS-R Page 1

STEP	Variable	Low Risk	Moderate Risk	High Risk
4	E. AOD Positive UA (Past 12 months)	None <input type="checkbox"/>	One <input type="checkbox"/>	Two or More <input type="checkbox"/>
	F. Prior AOD Education including DUI Education (Lifetime)	None <input type="checkbox"/>	One <input type="checkbox"/>	Two or More <input type="checkbox"/>
	G. Prior AOD Outpatient Treatment (Lifetime)	None <input type="checkbox"/>	One <input type="checkbox"/>	Two or More <input type="checkbox"/>
	H. Prior AOD Inpatient/Residential Treatment (Lifetime)	None <input type="checkbox"/>	One <input type="checkbox"/>	Two or More <input type="checkbox"/>
	I. Performance – Most Recent AOD Treatment	Successful Completion <input type="checkbox"/>	Not Completed <input type="checkbox"/>	Never Entered <input type="checkbox"/>
	J. Prior Probation/Parole/Community Corrections	None <input type="checkbox"/>	One <input type="checkbox"/>	Two or More <input type="checkbox"/>
	K. Performance – Most Recent Prob/Parole/CC	Successful Completion <input type="checkbox"/>	Technical Violation <input type="checkbox"/>	New Crime <input type="checkbox"/>

Evaluate Colorado Treatment Placement Criteria for Substance Abusing Offenders

STEP	Variable	Example Source of Info		Point Values (☑)									
		LSI	ASUS-R	None	0	Mild	1	Mild/Moderate	2	Mod/Severe	3	Severe/Very Severe	4
5	L1. Biomedical (Phys Health)	Alc/Drug	Psychophys Disruption	None	0	Mild	1	Mild/Moderate	2	Mod/Severe	3	Severe/Very Severe	4
	M1. Emotion/Behav/Cognitive	Emot/Pers Attit/Orien	Mood Adjust Social N.C.	None	0	Mild	1	Mild/Moderate	2	Mod/Severe	3	Severe/Very Severe	4
	N1. Readiness to Change	Attit/Orien	Motivation	High	0	Some	1	Ambivalent	2	Low	3	None/Denial	4
	O1. Recidivism/Relapse Risk	Total	Global	Low	0	Moderate	1	Mod/Hi	2	High	3	Very High	4
	P1. Recovery Environment	Fam/Mar Compan Accom	Strengths	Very Good	0	Good	1	Marginal	2	Poor	3	Very Poor	4

Document Step 5 Scores (Items L1 through P1) Across Placement Criteria Matrix (☑ ALL THAT APPLY)

STEP	Placement Criteria	Level 1. No Tx	Level 2. Education	Level 3. WOP	Level 4a. EOP+WOP	Level 4b. IOP + Continued Tx	Level 4c. IRT + Continued Tx	Level 4d. TC	Level 5. Medical/Mental Health Referral
6	L2. Biomedical (Phys Health)	0	0, 1	0, 1, 2	0, 1, 2	1, 2, 3	3, 4	1, 2	3, 4
	M2. Emotional/Behavioral/Cognitive	0	0, 1	0, 1, 2	0, 1, 2	2	3, 4	3, 4	3, 4
	N2. Readiness to Change	0	1	1, 2	2	2, 3	2, 3	3, 4	3, 4
	O2. Recidivism/Relapse Risk	0	0	1	2	3	2, 3	3, 4	3, 4
	P2. Recovery Environment	0	0	0, 1	1	2	2, 3	2, 3, 4	3, 4

Decide ASSESSOR'S Treatment Recommendation (☑ ONE)

STEP	Q. ASSESSOR'S Recommendation for Services or Treatment	Level 1. No Tx	Level 2. Education	Level 3. WOP	Level 4a. EOP+WOP	Level 4b. IOP + Continued Tx	Level 4c. IRT + Continued Tx	Level 4d. TC	Level 5. Medical/Mental Health Referral
7	R. Rationale for Treatment Recommendation (Comments)								

Document ACTUAL Treatment Referral (☑ ONE)

STEP	S. ACTUAL Referral for Services or Treatment	Level 1. No Tx	Level 2. Education	Level 3. WOP	Level 4a. EOP+WOP	Level 4b. IOP + Continued Tx	Level 4c. IRT + Continued Tx	Level 4d. TC	Level 5. Medical/Mental Health Referral
8	T. Identify and/or Describe Reason if Q (Assessor's) and S (Actual) are different <input type="checkbox"/> Offender sentenced/ordered to treatment at level _____ <input type="checkbox"/> Treatment at recommended level not available <input type="checkbox"/> Insufficient funding/inability to pay for recommended level <input type="checkbox"/> Other (Describe) _____								

Psychological/Drug-Alcohol Screening and Assessment Tools

A resource for common acronyms found in forensic clinical documentation

AXIS I-V

Clinical diagnostic impressions are categorized on a multi-axial (5 dimensional) classification system. Axis I lists psychological/clinical disorders and other conditions that may be the focus of clinical attention. Axis II lists Personality Disorders and Mental Retardation. Axis III lists general medical conditions. Axis IV lists psychosocial and environmental problems. Axis V is a global assessment of functioning (GAF). Qualification and use of these Axes are defined in the DSM-IV-TR (see below).

BPRS

Brief Psychiatric Rating Scale

The BPRS provides 24 dimensions on which participants are rated via a 7-point Likert Scale. Ultimately, the BPRS scores indicate severity of symptoms related to problems with mental health including problems with mood, thought, and/or perception. In CDOC, the BPRS is used (in conjunction with the RCS) to determine an offender's P-Code (5 point psychological Code). The higher one's score, the more symptom severity is being noted.

Culture-Fair Test of Intelligence

The Culture-Fair IQ test is used to get a general assessment of level of intellectual functioning. This assessment is contingent on visual-spatial reasoning vs. language/culture-based learning. This test is also (or may have been recently) replaced in the CDOC processing repertoire with Raven's Progressive Matrices or some variation of this type of logical reasoning assessment vs. the somewhat outdated Culture Fair score.

Coolidge Correctional Inventory

The CCI is a 250 item, self-report, psychological inventory based on the current *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* published by the American Psychiatric Association. Among other things, it allows the differential diagnosis of those inmates who have clinically diagnosable syndromes from those who do not.

DSM -IV-TR

The latest version of the Diagnostic and Statistical Manual (4th edition, Text Revision) is produced by the American Psychiatric Association. Widely used classification system for psychological diagnoses as indicated by meeting definable criteria associated with mental health disorders.

P-Codes

The Colorado Department of Corrections uses P-Codes scaled 1-5 to indicate current level of mental health functioning. P1 indicates no mental health needs identified. P2 indicates minimal needs identified. P3 indicates moderate level of mh needs requiring some level of consistent monitoring (all offenders on psychotropics are qualified minimally as P3). P4 indicates a significant level of mental health needs with some

instability in current functioning requiring monitoring at least monthly if not more. P5 indicates severe, serious mental health needs that require intensive monitoring and management. Most P5's are housed in an infirmary, special needs unit, or hospitalized. P-codes are specifically derived from a formula outlined in CDOC clinical standards which pairs BPRS and RCS scores with relative mental health diagnoses, treatment, and placement options.

Related: P-Code Qualifiers (C,T,N,O) C=Chronic diagnosis, T=Temporary diagnosis, N=Non-chronic diagnosis (typically personality disorders), O=Organic diagnosis.

RCS

An index used by CDOC to indicate how many CDOC mental health resources are currently (or have in the past 6-12 months) using mental health resources within the prisons.

SOA-R

Standardized Offender Assessment – Revised

A battery of drug/alcohol instruments used to identify an appropriate level of treatment needs. Battery includes:

- 1) Simple Screening Instrument – Revised (SSI-R)
- 2) Level of Supervision Inventory (LSI)
- 3) Adult Substance Use Survey – Revised (ASUS-2)
- 4) Service-Treatment Recommendation Worksheet (TxRW)

TABE

Test of Adult Basic Education

Given to all offenders committed to CDOC upon assessment at DRDC/DWCF. Is a diagnostic test used to determine a person's overall educational skill level as well as specific abilities in Math, Reading, and Language.

INTERNAL CDOC MEASUREMENT

Upon entering the CDOC system, offenders are “programmed” using the TABE, Coolidge Correctional Inventory, and a Culture-Fair IQ test. Offenders are also screened for mental health symptoms by a clinician using a standardized mental health appraisal. If an offender appraises positive for mental health symptoms, the BPRS and RCS are administered to determine the appropriate Pcode. Pcodes are updated throughout an offender's incarceration depending on the level of need (i.e., P3s are updated every 3 months, P4s are updated monthly). Placement options are also considered for those offenders with special needs. A full battery of psychological testing (IQ, memory, projective/objective tests) can be conducted on the occasional offender as needed, however this level of testing is extremely time intensive.

Additionally, if an offender is determined to have substance abuse/dependence issues (factor in crime or if admitted by offender), an SOAR is completed to determine the level

of treatment indicated. Therapeutic Community placement is based on a qualifying SOAR scoring (4-6).

Sex offenders are evaluated upon admission to DRDC, and coded based on their crime and conviction. They are then assigned treatment levels based both on their coding and their willingness to participate in treatment.

COMMUNITY-BASED ASSESSMENT/MEASUREMENT

All offenders are consistently monitored by parole officers using the LSI. The LSI is reviewed every 6 months unless otherwise specified (i.e., an incident indicating the need for increased supervision). If the SOAR has been completed within a year that score is used to determine the level of substance abuse treatment. If the SOAR has not been completed within a year, then the TASC case managers will complete the evaluation using the LSI provided by the community parole officer.

Mental health testing/evaluation in the community widely varies depending on the needs of the offender. Assessment is conducted at the request of the supervising community parole officer by one of our approved treatment providers. This evaluation can consist of anything from a brief intake interview to a full psychological battery if needed.

Sex offender evaluation is also provided in the community by approved treatment providers, and also exists on a continuum from standard polygraph administration and scoring to full sex offender evaluation which can include Abel screening and PPG administration. SVP evaluation can also be provided by ATP in the community.