District Court, GarfieldCounty, State of Colorado Court Address: 104 8TH Street, Garfield County Colorado 81601 **Phone:** 970-945-5075	**FOR COURT USE ONLY**
ADMINISTRATIVE ORDER 01-5	

ORDER ESTABLISHING DIFFERENTIAL CASE MANAGEMENT PROCEDURES FOR CRIMINAL OFFENDERS WITH SUBSTANCE ABUSE AND/OR MENTAL HEALTH DISORDERS

A Differential Case Management Program is hereby established in Division B, District Court, Garfield County. It will generally follow these practices.

▲ **COURT USE ONLY** ▲

ARREST. After arrest, the Office of the Public Defender or private defense counsel may interview the Defendant and if convinced the defendant would profit from prompt treatment of substance abuse and/or co-occurring mental health disorders, counsel will contact the prosecutor. The prosecutor will evaluate the case, and if the same conclusion is reached, counsel will contact the presiding judge to place the case on the Differential Case Management Track ("the Program"). If the judge concurs, the probation officer assigned to the Program will screen the defendant, and if the defendant screens into the program, the prosecutor and defense attorney will present the plea bargain for the judge's approval. If approved by the judge, a probation order with necessary conditions will enter, and the probation officer will arrange for formal evaluations for substance abuse and mental health problems as may be indicated by the initial screening. Only those defendants not posing a threat to public safety will be eligible for consideration for the Program.

PROBATION. A probation officer shall participate in the Program on a full-time basis. The probation officer will assist in recommending arrangements for release on bond, facilitating housing, and setting up appointments with counselors and mental health providers. The probation officer will monitor progress in treatment and attendance at 12-step programs. A weekly progress report will be filed with the Court (Form A). There will be four phases of supervision.

Phase I. (3 to 6 months in length)

1) In-person probation meetings 4 to 6 times per month, which may be in the probation office, at the defendant's home, or elsewhere in the community;
2) Complete formal assessment, such as ASUS, 1173, Mental health Disorders
3) Weekly court appearances (appearance by counsel is optional)
4) 8 to 10 drug tests per month
5) A drug patch may be ordered
6) No less than weekly contact with treatment agency and 12-step program
7) Review of EHM compliance, if ordered
8) Life skills class attendance

Phase II. (3 to 6 months in length)

1) In-person probation meetings 3 times per month
2) Continue with treatment as provider requires
3) 4-5 drug tests per month
4) Review of need for drug patch
5) Court appearances twice a month or more frequently if judge requests
6) Attendance at Life Skills class

PHASE III. (3 months in length)

1) In-person probation meetings twice a month
2) Continue with treatment and 12-step program
3) At least 3 drug tests per month
4) Review need for drug patch
5) Attend Life Skills class
6) Prepare aftercare plan
7) Court appearance once per month

PHASE IV. (3 months in length)

1) In-person probation meeting once per month
2) Participate in aftercare program
3) Drug tests 1-3 times per month
4) Attend Life Skills class
5) Court appearance every other month

PHASE V. Graduation

The length of the Program may be lengthened by order of the presiding judge. Probation may continue beyond Phase V.

SANCTIONS

Sanctions in any phase can include:

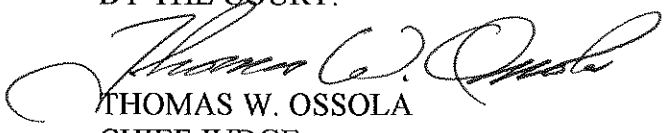
1) Electronic home monitoring
2) Increased level of treatment
3) Increased drug screens
4) Add drug patch
5) Antabuse
6) Curfew
7) Workenders
8) Jail stays – from two to 8 days
9) Removal from the program
10) Useful public service
11) Increased office visits, on-site visits
12) Extension of time of up to 12 months to complete the Program

13) Fine of up to $250.

Sanctions within the program would not count as a formal violation of the probation order, but instead a violation of the Program. They can be imposed at any court review, unless the defendant desires a continuance for attendance of counsel. If necessary, the defendant may be ordered to jail pending a hearing with counsel. The Probation Order will contain a waiver of counsel for review sessions and the imposition of sanctions without an attorney, unless defendant so desires at the review hearing. Removal from the program would constitute a formal violation of probation.

Dated August 30, 2001, to remain in effect until further order of Court.

BY THE COURT:



THOMAS W. OSSOLA
CHIEF JUDGE

PROTOCOL FOR DIFFERENTIAL CASE MANAGEMENT PROCEDURES FOR CRIMINAL COURT OFFENDERS WITH SUBSTANCE ABUSE AND/OR MENTAL HEALTH DISORDERS

July 26, 2001

DISTRICT COURT
NINTH JUDICIAL DISTRICT
GLENWOOD SPRING, COLORADO 81601
T. PETER CRAVEN
DISTRICT JUDGE

INDEX

I. DRUG OFFENDERS AND THE MENTALLY ILL IN INCARCERATION

A. RECENT TRENDS IN INCARCERATION

As of September 30, 2000, Colorado Department of Corrections had 16,249 adult inmates. The trend is:

FISCAL YEAR	INMATE POPULATION
2000	15,411
1999	14,139
1998	13,242
1997	12,205
1996	11,019
1995	10,564
1994	9,622
1993	9,068
1992	9,474
1991	7,794

Of those committed for fiscal year 1998, 16% have a moderate to severe need for alcohol treatment, 32.1% need drug treatment, and 30.5% need both alcohol and drug treatment. [1] Drug offenses comprise 25% of the non-violent commitments. The average length of stay is 5.4 years for males and 5.1 years for females. 45.8% are Anglo, and 27.9% are Hispanic.[2]

B. SUBSTANCE ABUSERS

Substance abuse includes both alcohol and drugs.
Alcohol abuse is as big as all other addictions combined. 90% of the population has drunk, and 60-70% now drink. More than 40% of the population has encountereed temporary problems with alcohol that hve not led to abuse difficulties or abuse diagnoses. More than 10% of the male popoulation and 5% of the female qualify for a substance abuse diagnosis; more than 10% of males and 3-5% of females demonstrate alcohol dependence. A typical course of the diagnosed condition begins with a first intoxication at age 13-15, first major problem at 16 to 22 years, dependence at 25 to 40 years, and death at 60 years. The alcoholic encounters a fluctuating course of abstention, temporary congtrol, and re-immersion in problems. While the drug addict's harm is normally inner-directed, alcohol use is related to 25,000 trqaffic deaths per year, and half the people who show up at emergency rooms with severe multiple fractures are alcoholics.[3] 50% of adults in the substance abuse system have children, and 80% of children in the child protection system have parents with mental health or substance abuse problems, or both.[4]

C. MENTALLY ILL IN INCARCERATION

A mental illness is a health condition that is characterized by alterations in thinking, mood or behavior, or any of these, associated with distress or impaired functioning, or both. Mental disorders account for over 15% of the burden of disease from qall causes, slightly more than all forms of cancer, yet the stigma of mental illness discourages sufferers from seeking treatment. [5]

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[1] Colorado Department of Corrections, General Statistics 2000
[2] Ibid.
[3] Lambert, Deep Cravings, Harvard Magazine (Mar-Apr 2000), p. 4
[4]
[5] Mental Health: A Report of the Surgeon General, Executiver Summary, DHHS (!999).

In a 1992 survey, 7.2% of jail inmates suffered from serious mental illness; 29% of jails surveyed held mentally ill perssons without filing any criminal charges; and over 20% of the jails had no access to mental health services. [6] Substance abuse and mental health disorders frequently intersect.[7]

PREVALENCE OF CURRENT SUBSTANCE ABUSE AMONG JAIL INMATES WITH SEVERE MENTAL HEALTH DISORDERS IN NATIONWIDE SURVEY				
	MALES		FEMALES	
DISORDER	ALCOHOL ABUSE	DRUG ABUSE	ALCOHOL ABUSE	DRUG ABUSE
SCHIZOPHRENIA	59%	42%	56%	60%
MAJOR DEPRESSION	56%	26%	37%	57%
MANIA	33%	24%	39%	64%
ANY SEVERE DISORDER	58%	33%	40%	60%

As of June 30, 1998, an estimated 283,800 jail inmates were mentally ill, and annual admissions to U.S. jails of persons with mental health disorders, of substance abuse disorders, or both, was 3, 340,000.[8]

A dual diagnosis of a substance abuse and a mental health disorder is an expectation, not an exception.[9] In one major study, 41% to 65% of those with a liftime substance abuse disorder also have a liftimehsitory of at least one mental health disorder, and in another 51% of tghose with one or more metnal healthdisorders also have alifetimehsistory of a subsane abuse disorder.[10] Using the NIMH Disgnostic Interview Schedule on a group of 501 patients seeking asistance with substance abuse problems, 78% has a psychiatric disorder in addiction to their substance use and 65% had a current mental health disorder. [11]

FEDERAL STUDY – PRIOR ALCOHOL AND DRUG USE OF MENTALLY ILL INMATES			
ALCOHOL/DRUG USE REPORTED BY OFFENDER	STATE PRISON	FEDERAL PRISON	LOCAL JAIL
Alcohol/drug use at time of offense	58.7%	46.5%	63.6%
Drug use – in month before offense	58.8%	48.1%	57.6%
Drug use – at time of offense	36.9%	29.3%	38.8%
Alcohol use --- at time of offense	42.7%	27.9%	44.3%

[12]

Of the dually diagnosed, men ar emore likely to be arrested an incarcerated than women, and young adults have a higher arrest rate than older adults. One-half of mentally ill inmates in one survey, both in prison and jail, had three or more prior sentences to incarceration or probation. About 4 in 10 inmates with a mental illness were unemployed before arrest. [13] About one-half of adolescents freceiving mental health services reported as having a dual disorder with substance abuse as well.[14] Conduct disorders and clinical depression are the two most frequently reported co-occurring disorders.[15] In other studies, 75% of drug-abusing adolescents had a co-occuring menTal disorder, [16]

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[6] National Alliance for the Mentally Ill and Public Citizen's Health Research, Criminalizing the Mentally Ill, Executive Summary (1992).

[7] Bureau of Justice Statistics, Jail and Jail Inmates 1993-1994, April, 1995

[8] Bureau of Justice Statistics, July, 1999

[9] Dr. Ken Minkoff, Policy Research, Inc., April 26, 2000; Minkoff, Principles and Practice of Addiction Psychiatry (1997)

[10] Kessley, McGonagle and Zhao,Lifetime and 12 Month Prevalence of DSM-III Psychiatric Disorders in the United Statesm National Comorbidity Survey, Archives of Geneal Psychiatry 51: 8-19.

[11] Ross, et. al., Archives of General Psychiatry, 1998, 45:1023

[12] Bureau of Justice Statistics, Mental Health and Treatment of Inmates and Probationers, July 1999, p, 62

[13] Bureau of Justice Staqtistics, p. 37

[14] American Journal of Orthopsychiatry, 66(1), January , 1996

[15] Id.

[16] Brown, Mott, and Meyers, 1990; Brown, Mott and Stewart, 1992; Jeri beth Cohen, National Judicial College, May, 2001

and in another, 82% entering in-patient treatment had a co-occuring mental disorder. [17] These studies suggest that substance abuse can cause psychiatric symptoms, mimic psychiatric disorders, cause syumptoms assocaited with almost any psychiatric disorder, prompt the development or provoke the emergence ro worsen the severity of psychiatric disorders, and mask psychiatric symptoms and disroders.

The cost of incarcerating those with substance abuse disorders, or mental health disroders, or with dual diagnoses of a mental health and substance disorder continues to mount. For those with dual diagnoses, treating only one part will maximize the risk of failure; resources, time and money are squandered. Current research suggests that both parts of the dual diagnosis must be dealt with at the same time.

II. SOME PHYSICAL EFFECTS OF ALCOHOL AND DRUGS ON THE BRAIN

A. As it becomes easier to view the brain in operation and measure the changes it undergoes, more is being learned on how addictive substances affect the brain. No data suggests there is an adictive personality. [add brain chemistry]

B. ALCOHOL ABUSE

Data on treating alcoholism as an isolated condition is unclear. 28-day in-patient programs ar enot significantly more effective than concentrated out-patient prorams. There is a 60% chance of one or more years of abstinence fo those go opt for some kind of treatmentl, if the program lasted at lease two to four weeks, the subject has a general life staibility and absence of severe legal problems, and had no pre-existing anti-social mental illness. [18] [verify source]

C. ADDICTIONS

Dependence is a syndrome manifested by a behavioral pattern in which the use of a psychoactive drug is given a much higher priority than other behaviors that once had a higher value. It is a syndrome of phenomena that need not all be present at all atimes or with the same intensity. It is not absolute, but appears in different stages and intensities. The intensity is measured by the behaviors that are elicited in relation to using the drug and other behaviors that are secondary to the drug use. The essentail feature is that the persons continues substance abuse despite significant problems related to the use --- uncontrolled use despite obvious negative consequences. [19]

The three C's of addiction: impairede control, compulsion to use, and continued use despite problems. The three C's for the family: I (we) did not and cannot cause the addiction, control the addiction, or cure the addiction.

The neuroscience of addiction is still developing. [20] Psychoactive drugs generally exerst their most important effects on the older brain struxtures, the reptilian brain. This is a major problem in changing behavior (an alligator won't come when you call him).

Dopamine, called a feel-good molecule is produced in the brain and is associated with pleasurable states, such as eating or sex.[21] Addictive drugs cause a significant increase in dopamine release. Differene drugs act differently: cocaine blocks dopamine uptake, morphone shuts off inhibitory neurons. Commonly, the addict uses more than one substance, such as combining cocaine with alcohol.

Environmental factors are at work, too. The prevalene of alcoholism is greater in individuals from alcoholic family backgrounds. Early experience with substances can lead to addictive use. The roots of addiction lie in both brain chemistry and behavior[22]

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[17] Stowell and Estroff (1992); Cohen, Id.
[18] Lambert, Ibid., p. 9
[19] Lambert, Ibid., p. 4

[20] Lambert, Ibid., p. 6
[21] Lambert, p. 5
[22] Lambert, p.9

D. MENTAL HEALTH DISORDERS

The mental health disorders that enter the picture are classified in DSM-IV Text Revision 2000).It categorizes the disorders and describes the criteria for each one. Some that co-occur with substance abuse are major depression, bipolar mood disorder, and manic episode mood disorder.

There is no reliable cure yet proven for addictions. But treatment has been shown to work for dependent patients who comply with counseling, education, and medication. Good outcomes for 6 to 12 months have been shown.[23] Longer non-use occurs if the person participates in a 12 Step Mutual Recovery Group, especially for those with severe addictions or with drinking support systems. Effective treatment results in decreased criminal behavior, decreased infectious disease, increased abstinence, and increased birth wieflits and neonatal health. [24] 40% to 60% of discharged patients were continuously absstinent for one year after discharge, and 15% to 30% used in a controlled way. [25] Poor outcome predictors include low socioeconomic status, lack of family or social supports, comorbid psychiatric problems. [26] Addictions cannot be overcome if thought of as social problems or character defects.[27] Given the prevalence of substance use disorders, judicial response should routinely include addiction screening, referral for treatment, and continued care and monitoring.[28] Twelve-step programs promote recovery from addictive and mental disorders in a safe, non-professinal atmosphere, where systematic work on the program is required.

III. GLENWOOD SPRINGS CASE MANAGEMENT SYSTEM

The District Court for Garfield County, Glenwood Springs, Colorado will implement a Differential Case Management System for the management of certain offenders who qualify. The program will proceed as follows.

ARREST. After arrest, the Office of the Public Defender or private defense counsel may interview the Defendant and if convinced the defendant would profit from prompt treatment of substance abuse and/or co-occurring disorders, counsel will contact the prosecutor. The prosecutor will evaluate the case, and if the same conclusion is reached, counsel will contact the presiding judge to place the case on the Differential Case Management Track ("DCMT"). If the judge concurs, the probation officer assigned to the DCMT will screen the defendant, and if the defendant screens into the program, the prosecutor and defense attorney will present the plea bargain for the judge's approval. If approved by the judge, a probation order with necessary conditions will enter, and the probation officer will arrange for formal evaluations for substance abuse and mental health problems as may be indicated by the initial screening.
PROBATION The probation officer will assist in recommending arrangements for release on bond, facilitating housing, and setting up appointments with counselors and mental health providers. The probation officer will monitor progress in treatment and attendance at 12-step programs. A weekly progress report will be filed with the Court (Form A). There will be four phases of supervision.

Phase I. (3 to 6 months in length)

1) In person probation meetings 4 to 6 times per month, which may be in the probation o office, at the defendant's home, or elsewhere in the community;
2) Complete formal assessment, ASUS, 1173, Mental health Disorders
3) Weekly court appearance (appearance by counsel is optional)
4) 8 to 10 drug tests per month
5) drug patch may be ordered
6) No less than weekly contact with treatment agency and 12-step program
7) Review of EHM compliance, if ordered
8) Life skills class attendance

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[23] Mc Clellan, et. al., Journal of the American Meidcal Association, vol. 284, p. 1689 (2000).
[24] Id.
[25] Id.
[26] Id.
[27] O'Brien and McLellan, Lancet, vol 347, p 237 (1996)
[28] McClellan, et. al., Ibid.

Phase II. (3 to 6 months in length)

1) In person probation meetings 3 times per month
2) Continue with treatment as provider requires
3) 4-5 drug tests per month
4) Review of need for drug patch
5) Court apprearance twice a month or more frequently if judge requests
6) Attendance at Life Skills class

PHASE III. (3 months in length)

1) In person probation meetings twice a month
2) Continue with treatment and 12-step program
3) At least 3 drug tests per month
4) Review need for drug patch
5) Attend Life Skills class
6) Prepare aftercare plan
7) Court appearance once per month

PHASE IV. (3 months in length)

1) In person probation meeting once per month
2) Participate in aftercare program
3) Drug tests 1-3 times per month
4) Attend Life Skills class
5) Court appearance every other month

PHASE V. Graduation

Probation may continue beyond Phase V.

SANCTIONS

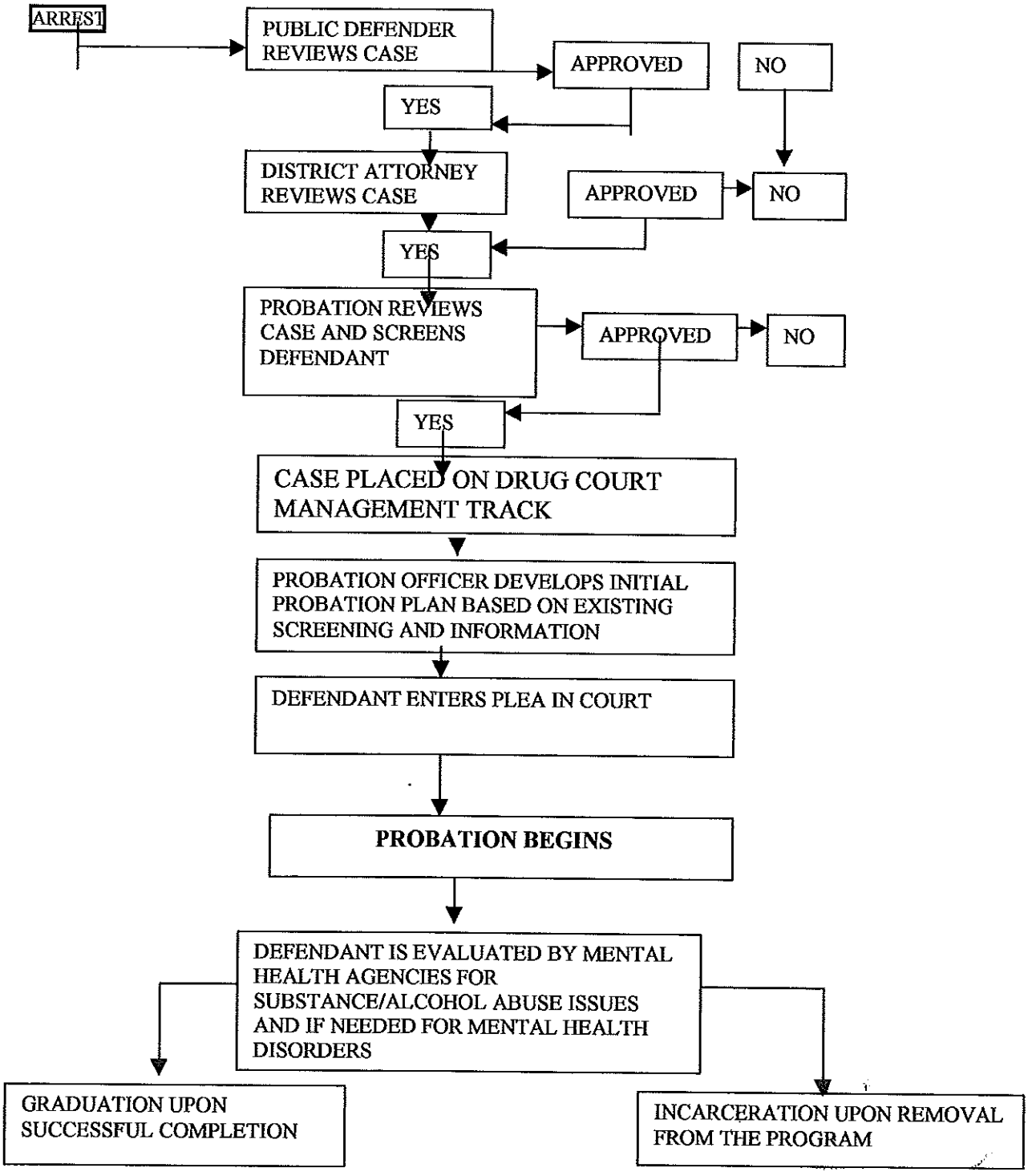
Sanctions in any phase can include:

1) EHM
2) Increased level of treatment
3) Increase drug screens
4) Add drug patch
5) Antabuse
6) Curfew
7) Workenders
8) Jail stays – from two to 10 days
9) Removal from the program
10) Useful public service
11) Increased office visits, on-site visits

Sanctions within the program would not count as a formal violation of the probation order, but instead a violation of the drug court program. They can be imposed at any court review, unless the defendant desires a continuance for attendance of counsel. If necessary, the defendant may be ordered to jail pending a hearing with counsel. The Probation Order will contain a waiver of counsel for review sessions and the imposition of sanctions without an attorney, unless defendant so desires at the review hearing.

Removal from the program would constitute a formal violation of probation.

IV.


ARREST
PUBLIC DEFENDER REVIEWS CASE
APPROVED
NO
YES
DISTRICT ATTORNEY REVIEWS CASE
APPROVED
NO
YES
PROBATION REVIEWS CASE AND SCREENS DEFENDANT
APPROVED
NO
YES
CASE PLACED ON DRUG COURT MANAGEMENT TRACK
PROBATION OFFICER DEVELOPS INITIAL PROBATION PLAN BASED ON EXISTING SCREENING AND INFORMATION
DEFENDANT ENTERS PLEA IN COURT
PROBATION BEGINS
DEFENDANT IS EVALUATED BY MENTAL HEALTH AGENCIES FOR SUBSTANCE/ALCOHOL ABUSE ISSUES AND IF NEEDED FOR MENTAL HEALTH DISORDERS
GRADUATION UPON SUCCESSFUL COMPLETION
INCARCERATION UPON REMOVAL FROM THE PROGRAM

District Court, Garfield County, State of Colorado Court Address: 109 8TH Street, Garfield County Colorado 81601 Phone: 970-945-5075	FOR COURT USE ONLY
THE PEOPLE OF THE STATE OF COLORADO vs. , DEFENDANT	Case Number: Div.: Ctrm:
AGREEMENT TO COMPLY WITH RULES OF DRUG COURT PROGRAM AND PARTIAL WAIVER OF RIGHT TO PRESENCE OF ATTORNEY	

I have been placed on probation on for a period of years, upon my conviction for .

I have applied for and have been accepted into the Drug Court Probation Program ("Program"). I will abide by the terms of this Agreement, and I will also comply with the terms of ▲ COURT USE ONLY ▲ my Probation Order.

I will complete substance abuse and mental health screenings and therapy as required. Therapy may be in-patient or out-patient treatment, and may include aftercare programs.

I will appear at all Court reviews scheduled in my case. At these reviews, the Probation Officer, the Judge, and I will review my progress on probation, including attendance at counseling or therapy, abstinence from drugs and alcohol, job or school status, my payment of fees and costs, and my living situation. At these reviews, additional terms may be added to my probation as part of this Program, and the Court may impose these sanctions for any act of non-compliance with the Program:

1)electronic home monitoring;

2) 2 days in jail or workenders for the first non-compliance, 4 days for the second, 6 days for the third, 8 days for the fourth;

3) extension of time of up to 8 months to complete the Program;

4) attending restorative justice meetings;

5) up to 20 hours of useful community service;

6) submitting to more frequent urine screens, a drug patch, Antabuse;

7) curfew

8) a fine of up to $250; and

9) increased on-site visits, office visits.

These sanctions would not count as formal violations of the probation order, but instead as non-compliance with the Program. I agree to appear at these Court reviews without the presence of my attorney. I understand that I have the right to have my attorney present at all these Court reviews, and I waive that right. I understand the sanctions listed above may be imposed outside the presence of my attorney. If I change my mind and insist on the presence of an attorney before sanctions are imposed, I may be ordered to jail pending a hearing with my attorney in attendance. More severe sanctions will not be imposed without the filing of a formal Complaint Alleging Violation of Probation and formal revocation proceedings, and I will have the right to an attorney being present during all those proceedings. However, if I am arrested for a new crime at a Program review hearing, immediately and without waiting for an attorney, I will be advised of my rights and my right to post bond on the new charges. Removal from the Program for non-compliance will constitute a formal violation of probation.

I waive all physician-patient, psychologist-patient, or other caregiver privileges, and I authorize all therapists and caregivers to release my treatment records to the Probation Office and the Court and to testify if so requested, concerning only the issues of my therapy, my compliance with the Program and the terms of my probation.

_____ _____

Defendant Probation Officer

Date: _____ Date: _____