I. POLICY

The Department of Corrections (DOC) recognizes that specialized mental health, sex offender and substance abuse treatment providers are an essential component to successful reintegration of offenders returning to the community.

II. PURPOSE

The purpose of this administrative regulation (AR) is to establish procedures for the approval, evaluation of quality of services and sanctioning of substance abuse, mental health, and sex offender treatment providers.

III. DEFINITIONS

A. Approved Treatment Provider (ATP): An individual, group, or agency who, after applying to the ATP Program, is determined qualified to provide mental health, substance abuse treatment, sex offender treatment, or assessment to DOC offenders in the community.

B. Approved Treatment Provider Program (ATPP): A program consisting of ATP administrative staff, to include the ATP coordinator, and appointees from each of the following areas: Adult Parole and any other individual designated by the director of Adult Parole.

C. Approved Treatment Provider Criteria: Standards set by the ATP administrative staff for providing mental health, sex offender and substance abuse treatment or assessment services to DOC offenders and sets the standards for treatment and assessment.

D. DOC Employee: Someone who occupies a classified, full or part-time position in the State Personnel System (including management profile positions) in which the Department has affect over pay, tenure, and status.
IV. PROCEDURES

A. ATP Determination

1. ATP administrative staff are appointed by the Director of Adult Parole. The lead administrator will be a Department of Corrections employee and his/her term of service will be determined by the division director.

2. The appointed members of the ATPP administrative staff will include at a minimum:

   a. Manager.
   b. Mental health manager or a mental health treatment representative from Clinical Services.
   c. Representative from the Division of Adult Parole.
   d. Sex Offender Representative to the Sex Offender Management Board (SOMB).
   e. ATP Coordinator.

   Other administrative staff may be appointed at the discretion of the division director.

B. Assignment of responsibilities for ATPP

1. The ATPP administrative staff will be responsible for the following:

   a. Approving provider and treatment criteria.
   b. Approving providers and therapists as ATP.
   c. Reviewing service audits.
   d. Reviewing and resolving complaints against ATP providers and/or therapists.
   e. Developing and maintaining policies with respect to the ATP Program.

The division director has no override authority over the ATPP’s decisions.

C. ATP Usage Process

1. The supervising CPO will identify those offenders who are required to receive mental health evaluation and/or participate in treatment to meet the conditions or directives of community placement or parole. Offenders with these conditions or directives shall receive treatment services only from approved treatment providers. Services received from non-ATP do not meet the conditions and directives placed on the offender by community placement or parole.

2. The supervising CPO will review the status of the offender who is so identified and subsequently determine what resources the offender may have to pay for his/her own treatment services and make every effort to utilize those resources first (self-pay, insurance, Medicaid, etc.) before moving to commit state funds.

3. If the supervising CPO finds that the offender can pay for his/her own treatment services, the CPO will refer the offender to any of the approved treatment providers who deliver the desired specific treatment services and identify the offender to the referred ATP as self-pay only.

D. Substance abuse treatment providers are licensed by the Division of Behavioral Health (DBH). These services are governed by the applicable portions of CRS 16-11.5-102. All substance abuse treatment providers are subject to the same ATP approval criteria.

E. Approved treatment providers will record/document all services within CWISE as they are performed (“real time”). Only services requested on the most current referral shall be provided.
F. Any person who has reason to believe that an ATP is not complying with the terms of ATP approval shall complete an ATP complaint form (Attachment “A”) and forward it to the ATP coordinator.

Upon receipt of a complaint, the ATP coordinator will review the complaint and determine if the ATP administrative staff should address the matter or offer the provider an opportunity to respond. If warranted, the ATP administrative staff may review and evaluate all relative information and determine if the complaint is valid. If warranted, the ATP administrative staff may administer one or more of the following actions (not all of these actions must be taken nor must they be taken in any specific order.

1. Meet with the provider, discuss the concerns and resolve the complaint.

2. Notify the provider, in writing, of placement on a temporary suspended status while investigating the complaint. Such notice shall include the reasons for said placement and an estimated length of time for the investigation.

3. Notify the provider, in writing, of placement on probationary status for a specific period of time. Such notice shall include the reasons for said placement and set time of probationary status and what steps must be taken by the provider to be removed from probationary status.

4. Notify the provider, in writing, that his/her status as an approved treatment provider has been terminated.

A decision by the ATP administrative staff to terminate ATP approval for a therapist or an agency is not subject to review.

V. RESPONSIBILITY

A. The Director of Adult Parole, or designee, shall be responsible for the overall implementation of this administrative regulation.

B. Community parole officers shall be responsible to refer offenders to approved treatment providers and shall utilize the ATP referral system as directed.

C. Supervisors shall be responsible to review the ATP referrals made by community parole officers to ensure compliance with this administrative regulation.

VI. AUTHORITY

A. CRS 16-11.5-102. Substance abuse assessment - standardized procedure.
B. CRS 17-1-103. Duties of the executive director.
C. CRS 17-22.5-303. Parole.
D. CRS 24-60-303. Compact approved and ratified.

VII. HISTORY

September 1, 2011
August 15, 2010
July 15, 2009
June 15, 2008
June 15, 2007
August 1, 2006
July 1, 2006
<table>
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<tr>
<th>CHAPTER</th>
<th>SUBJECT</th>
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<tr>
<td>Division of Adult Parole</td>
<td>Scope of the Approved Treatment Provider Program</td>
<td>250-23</td>
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ATTACHMENTS:  
A. AR Form 250-23A, Approved Treatment Provider Complaint Form  
B. AR Form 100-01A, Administrative Regulation Implementation/Adjustments
This form is be used by any individual who has reason to believe that a Colorado Department of Corrections Approved Treatment Provider (ATP) agency or therapist is not complying with the terms of the ATP Program or has complaints and/or ethical concerns. Please complete this form to make sure the ATPP administrative staff has all relevant information. Incomplete or illegible information will result in the delay of processing your complaint.

Upon receipt of this completed form (and any supporting documentation), your complaint will be reviewed. An acknowledgment of our receiving your complaint will be sent to you. Please be aware that your complaint may take a period of time to be completely processed.

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<th>Individual(s) or Agency Making Complaint:</th>
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<tr>
<td><strong>Address:</strong></td>
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<th>Individual(s) or Agency Complaint is Being Made About:</th>
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**Nature of Your Complaint:** Please provide any specific information that would assist the ATPP administrative staff toward a resolution. For example names of individuals involved, the problem behavior, frequency or time frame the behavior occurred or any other relevant details. Continue on a separate sheet if needed. Please include all related attachments supporting your complaint.

Incomplete or illegible information will result in the delay of processing your complaint.
Nature of Your Complaint (continued):

Your Suggested Resolution: Please identify what you believe to be the best resolution to this complaint. Continue on a separate sheet if needed. Please feel free to include attachments.

After completing this form, mail, fax or e-mail the form and any supporting documentation to the ATP coordinator at the below address and number(s) provided. It is recommended that you keep a copy of your submitted complaint.

Department of Corrections
Division of Adult Parole
c/o ATP Coordinator
940 Broadway, Denver, CO 80203
Phone: 303-763-2420  Fax: 303-831-9015

Signature: Date:

Incomplete or illegible information will result in the delay of processing your complaint.
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(FACILITY/WORK UNIT NAME)

WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

[ ] AS WRITTEN  [ ] NOT APPLICABLE  [ ] WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE INTENT OF THE AR

(SIGNED)__________________________________________________________ (DATE) ___________________________

Administrative Head

Attachment “B”

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