Transmittal Letter

Spectrum Health Systems, Inc. is pleased to submit the following proposal for the provision of substance abuse treatment and DUI programming in response to Contract No. DOC-1202Mental issued by the State of Delaware Department of Correction. Initially, we had planned to partner with a large correctional healthcare company who abruptly decided not to pursue this contract, which leaves us to submit our proposal as a stand-alone bidder.

As our proposal will demonstrate, Spectrum has the experience and capability to provide all substance abuse treatment programs requested by the Delaware Department of Correction. We are fully prepared to comply with all requirements outlined in the request for proposal. In most cases, our proposed programming exceeds these requirements. I strongly encourage the Department to consider our proposal and the numerous benefits we offer.

Spectrum Health Systems, Inc. is a national leader in substance abuse treatment, serving more than 40,000 individuals each year through more than 112 programs operating in community-based settings and correctional institutions throughout Massachusetts, Rhode Island, Georgia, Maine, Tennessee, Iowa and Washington State. Spectrum is currently the sole provider of *statewide* prison-based treatment systems in three states, including Georgia, Massachusetts and Washington State.

Most recently, the Florida Department of Corrections selected Spectrum to operate therapeutic community programs at four state prisons totaling 476 beds. The anticipated contract start date is July 1, 2012. Additionally, Spectrum will soon provide substance abuse treatment services to the Maine Department of Correction as a subcontractor to Correct Care Solutions pending final contract negotiations.

Over the years, Spectrum has demonstrated its effectiveness in developing strong partnerships with public sector purchasers. Recognizing the unique management approach needed to support a national operation, Spectrum's corporate infrastructure provides specialized expertise in the areas of clinical design, human resources, professional development, risk management, compliance and quality improvement.

In addition to being a leader in the field, Spectrum is exceptionally qualified to implement the proposed substance abuse treatment and DUI programs on the basis of the following:

- Forty-three years of experience in substance abuse treatment, including 20 years providing in-prison therapeutic community programming and 30+ years providing DUI services.

- Strong senior management team with more than 235 years combined experience in the field, including program development, technical assistance, training, and program evaluation specific to therapeutic community programming.
- Programming which meets or exceeds standards set by CARF International.
- History of full compliance with all American Correctional Association (ACA) audits.
- Evidence-based, field-tested cognitive-behavioral curricula and treatment methods.
- Reputation for highly qualified, well-trained and motivated staff.
- Successful employee recruitment and retention programs.
- History of strong and productive working partnerships with correctional personnel.
- Strong corporate infrastructure providing ongoing support to program operations.
- Demonstrated success in obtaining federal grant awards in partnership with state correctional agencies to enhance existing service delivery.
- Ongoing process of systems improvement that incorporates input from clients, family members and partner organizations.
- Comprehensive performance measurement and reporting systems.

"The organization continues to maintain a reputation for its responsiveness to meeting the service needs of the criminal population with substance-related disorders in Georgia's criminal justice system," wrote the survey team following its in-depth, onsite program review at eight state correctional facilities in 2011.

"Staff demonstrates tenure and loyalty to the organization, and there is a strong cohesiveness across the numerous sites despite the distances that separate them. The commitment; professionalism; and, in some cases, tenure of the staff members are great indicators of consistency of service delivery. These qualities assist personnel in focusing on producing positive outcomes for the persons served."

- CARF Survey Report

- Across the country, Spectrum has demonstrated significantly lower recidivism rates for offenders completing our programs when compared to offenders who did not complete our programs.

- Nationwide, Spectrum's program participants receive significantly less disciplinary reports than the general population. On average, 0.25 disciplinary reports occur per offender participating in Spectrum's programming versus 1.5 disciplinary reports per offender in general population, resulting in 85% less discipline reports.

- Positive client, staff and stakeholder satisfaction survey results -- most recent stakeholder surveys of DOC personnel across all of our existing contracts averaged 4.5 on a scale of 1 to 5, with 5 indicating the most favorable response.

- Fiscally sound and financially responsible operations.

As a not-for-profit organization, Spectrum is driven by its desire to provide the best service possible. Bound by mission, Spectrum is committed to reducing administrative overhead cost and reinvesting those dollars into client services, direct care staff salaries, and employee benefits.

In fact, for the proposed project, Spectrum offers the following value-added services at no additional cost to the Department:

- **Expert Consultation & Technical Assistance** – Kevin Knight, Ph.D. and Harry K. Wexler, Ph.D. have agreed to provide consultation and technical assistance to Spectrum's proposed program staff. With the Department's consent, Spectrum is willing to pursue consultation and staff training from other well known researchers, such as Lisa Najavits, Ph.D., author of *Seeking Safety*, with whom Spectrum has established a strong working relationship.

- **CARF Accreditation** – Spectrum is willing to pursue CARF accreditation for the proposed programs at no additional cost to the Department.

- **Cross-Training Program** – With the Department's approval, Spectrum plans to provide a minimum of two (2) cross-training sessions, covering all shifts and staff schedules, to DDOC staff per year.

- **Consultation & Training** – Spectrum's Vice President of Clinical Development & Training, Romas Buivydas, Ph.D. will provide ongoing consultation and bi-annual professional development on a variety of topics such as TC immersion training and treatment for co-occurring disorders.

- **Performance Management** – Spectrum's Director of Corporate Compliance and Director of Quality Improvement will provide ongoing leadership in the areas of licensure, regulatory compliance, program monitoring, performance measurement and

quality improvement to the proposed project on a regular basis as detailed throughout the proposal.

- **Public/Private Grant Expertise** – Spectrum employs a highly experienced, full-time Government Grants Manager who has achieved significant success in obtaining public and private grant funding in partnership with a number of Departments of Correction in order to enhance existing programming in states where Spectrum operates. Should Spectrum be awarded this contract, Ms. Etcheverry will be available to work in conjunction with DDOC personnel to pursue desired funding opportunities.

We consider our presence in any new state or institution to be long-term and our partnership with the state Department of Correction to be mutually beneficial. As such, we strive to provide the highest quality of care and customer service, and work diligently to meet and exceed the expectations of our purchasers.

As President and CEO of Spectrum Health Systems, Inc., I am authorized to bind the organization with respect to any and all contract activity. Further, I attest that no activities related to this proposal contract will occur outside of the United States.

Please do not hesitate to contact me should you have any questions in regard to our proposal. We look forward to working in partnership with the Department to achieve the mission and goals of the proposed project.

Sincerely,

Charles J. Faris
President & CEO

Minimum Requirements

The following information is provided as requested to demonstrate Spectrum's compliance with the minimum requirements outlined on page 50 of the request for proposal:

- Delaware Business License
- Professional Liability Insurance

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SPECTRUM HEALTH SYSTEMS, INC.", A CORPORATION CREATED AND EXISTING UNDER THE LAWS OF MASSACHUSETTS FILED IN THIS OFFICE, THE TWENTY-SIXTH DAY OF MARCH, A.D. 2012, AT 10 O'CLOCK A.M., A CERTIFICATE ISSUED BY AN AUTHORIZED OFFICER OF THE JURISDICTION OF ITS INCORPORATION EVIDENCING ITS CORPORATE EXISTENCE, TOGETHER WITH A SWORN STATEMENT SETTING FORTH "THE CORPORATION TRUST COMPANY", IN THE CITY OF WILMINGTON, AS A REGISTERED AGENT IN THIS STATE, AND ALL THE INFORMATION REQUIRED BY SECTION 371(B)(2), AND IS ENTITLED TO DO BUSINESS IN THIS STATE.

PROVIDED, HOWEVER, THAT THE SAID "SPECTRUM HEALTH SYSTEMS, INC." SHALL NOT WITHIN THE LIMITS OF THIS STATE, BY ANY IMPLICATION OR CONSTRUCTION, BE DEEMED TO POSSESS THE POWER OF DISCOUNTING BILLS, NOTES, OR OTHER EVIDENCE OF DEBT, OF RECEIVING DEPOSITS, OF BUYING AND SELLING BILLS OF EXCHANGE, OR OF ISSUING BILLS, NOTES OR OTHER EVIDENCE OF DEBT UPON LOAN FOR CIRCULATION AS MONEY.

Jeffrey W. Bullock, Secretary of State

5126675 8210

AUTHENTICATION: 9497306

120361339

DATE: 04-12-12

You may verify this certificate online at corp.delaware.gov/authver.shtml

SPECHEA-01 JRABTOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/14/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
TD Insurance, Inc.
PO Box 406
Portland, ME 04112

CONTACT NAME: Mary-Ellen O'Reilly-Bracy
PHONE (A/C, No, Ext): (800) 723-2877 FAX (A/C, No): (877) 775-0110
E-MAIL ADDRESS: maryellen.oreilly-bracey@tdinsure.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Spectrum Health Systems, Inc,
Janet Langlois
10 Mechanic St, Suite 302
Worcester, MA 01608

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY								
A	X COMMERCIAL GENERAL LIABILITY			PHPK803942	1/1/2012	1/1/2013	EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
							GENERAL AGGREGATE	$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$	3,000,000
	POLICY PRO-JECT LOC							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
A	ANY AUTO			PHPK803942	1/1/2012	1/1/2013	BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
	X Comp $1,000 / X Coll $1,000							$	
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$	10,000,000
A	EXCESS LIAB CLAIMS-MADE			PHUB367041	1/1/2012	1/1/2013	AGGREGATE	$	10,000,000
	DED X RETENTION $ 10,000							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$	
A	Professional Liab			PHPK803942	1/1/2012	1/1/2013	Occurrence		1,000,000
A	Professional Liab			PHPK803942	1/1/2012	1/1/2013	Aggregate		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Spectrum Health Systems Inc
10 Mechanic St., Ste. 302
Worcester, MA 01608

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
TD Insurance, Inc.

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

Corporate Experience

Spectrum Health Systems, Inc. is a not-for-profit 501(c)(3) business incorporated in the Commonwealth of Massachusetts in 1969. For the past forty-three years, Spectrum has *solely* dedicated itself to providing effective substance abuse treatment. Since 1993, Spectrum has managed many contracts of similar size and scope as the substance abuse treatment services being procured by the Delaware Department of Correction. In fact, Spectrum is currently the sole provider of *statewide* prison-based treatment systems in three states, including Georgia, Massachusetts and Washington State.

The following table outlines our current correctional contracts and the duration of those contracts. A description of the specific services provided in these states is provided later in this proposal.

CONTRACTING AGENCY	DATES OF PERFORMANCE
Massachusetts Department of Correction 50 Maple Street, Suite 3, Milford, MA 01757	1993 to present
Georgia Department of Corrections 2 MLK Jr. Drive, Atlanta, GA 30334	1994 to present
Georgia State Board of Pardons & Paroles East Tower, 5th Floor, 2 Martin Luther King Jr. Drive. S.E., Atlanta, GA 30334	1994 to present
Rhode Island Department of Corrections 40 Howard Avenue, Cranston, RI 02920	1994 to present
Maine Department of Corrections 111 State House Station, Augusta, ME 04333	2003 to present
Tennessee Department of Correction 4th Floor Rachel Jackson Building 320 Sixth Avenue North, Nashville, TN 37243	2006 to present
Iowa Department of Corrections 510 East 12th Street, Des Moines, IA 50319	2008 to present
Washington Department of Corrections 7345 Linderson Way SW, Turnwater, WA 98501	2009 to present

Forty-three years ago, Spectrum was responsible for establishing "Spectrum House" - one of the first therapeutic communities in the country for the treatment of drug abusers. Over time, Spectrum has grown considerably, broadening its array of services, expanding to other states, and developing specialized services to meet the unique needs of criminal

offenders, juvenile offenders, substance abusing women and individuals with co-occurring disorders.

Spectrum's behavioral health continuum includes medically supervised inpatient detoxification, transitional support services, residential rehabilitation, medication assisted treatment and a range of ambulatory programming, including specialized services for individuals convicted of driving under the influence (DUI). Individuals with a first conviction of driving under the influence are court-ordered to attend Spectrum's 16-week driver alcohol education program. Spectrum has more than thirty years of experience providing DUI services and currently offers these services at five outpatient locations.

The company's 16-acre treatment campus in Westborough, Massachusetts is the largest substance abuse treatment facility in New England, offering inpatient detoxification and both short and long-term residential options for adults. Spectrum's newly constructed, state-of-the-art Women's Center is also located on the campus grounds. This highly acclaimed program serves substance abusing, court-involved women who are pregnant or mothers of young children. The women live with their children in a staff-secure setting while participating in a six to nine-month residential reentry program.

In 1993, Spectrum established its Correctional Treatment Division to provide specialized treatment to criminal offenders with a history of chronic substance abuse and criminal behavior. At that time, Spectrum developed the **Correctional Recovery Academy™**, a modified therapeutic community model specifically modified for the criminal justice population. This highly successful program represents the integration of theory and practice in treating addiction problems gained during our 43 years of experience operating TC programs.

"Spectrum Health Systems demonstrates its dedication to providing evidence-based substance abuse treatment services to persons who are incarcerated. Well-planned and well-executed clinical supervision and monitoring of the programs' fidelity to the service model employed ensure that the persons served receive the most effective services possible. The governing authority, management, and staff members are knowledgeable and supportive of the organization's mission and vision and have effectively employed CARF's continuous improvement principles at all levels of the organization. This unity of purpose is evident in the ongoing efforts to integrate the treatment philosophy and behavioral management practices into the correctional settings within which they operate."

- CARF Survey Report

Spectrum provides a range of in-prison and community-based services to more than 6,500 criminal offenders each day, including 28 in-prison therapeutic community programs, totaling 3,272 beds nationwide, as outlined below.

State	Number of TC Programs	Total Number of Beds
Georgia	9	1,828
Georgia expansion (effective 7/1/12)	3	600
Massachusetts	8	596
Maine	2	58
Tennessee	4	370
Iowa (effective 5/1/12)	1	80
Washington State	4	340
TOTAL	**31**	**3,872**

Earlier this month, the Florida Department of Corrections issued a Notice of Intent to Award, indicating its intention to contract with Spectrum Health Systems for the provision of four in-prison therapeutic community programs totaling 476 beds. The anticipated contract start date is July 1, 2012.

In total, the organization treats approximately 40,000 individuals every year through a variety of programs operating in seven states, including Massachusetts, Rhode Island, Georgia, Tennessee, Iowa, Maine and Washington State. Through the operation of these programs, Spectrum has demonstrated its effectiveness in developing strong partnerships with public sector purchasers. Recognizing the unique management approach needed to support a national operation, Spectrum's corporate infrastructure provides specialized expertise in the areas of clinical design, human resources, professional development, risk management, compliance and quality improvement.

The full range of Spectrum's correctional programming is detailed below.

Massachusetts Department of Correction

In 1993, Spectrum was awarded a first-of-its kind contract by the Massachusetts Department of Correction. Services have expanded significantly over time and the contract was re-awarded to Spectrum in 1998 and 2007. Spectrum provides a full continuum of evidence-based cognitive behavioral programming throughout the state.

- **In-Prison Therapeutic Community Substance Abuse Treatment –** Spectrum currently operates 8 therapeutic community substance abuse treatment programs to 596 male and female inmates at 8 state facilities across Massachusetts. Each program consists of three phases: (1) Orientation and Engagement; (2) Active Treatment; and (3) Relapse Prevention and Reentry. Programming focuses on recovery, relapse prevention and transition issues with added emphasis on criminal attitudes and behaviors.

- **Reintegration & Post Release Tracking** - Spectrum provides reintegration services and post release tracking to female inmates in minimum security.

- **Substance Abuse Treatment** – Spectrum provides substance abuse treatment and aftercare/discharge planning for approximately 1,000 female offenders each year. These women have been sentenced or are awaiting trial, and have been identified as needing immediate detoxification and treatment.

- **General Population Programming** – Spectrum provides substance abuse treatment for general population offenders who are not suitable for one of the prison-based residential substance abuse treatment programs and those who are on a waiting list for such services.

- **Family Services** – Spectrum provides a range of family services to incarcerated females at two correctional facilities. The scope of programming includes: parenting education, case management services, coordination and referral to available services (internal/external), and professional coordination with state agencies and court investigators.

- **Fatherhood Programming** – Spectrum provides fatherhood programming at four state correctional facilities. Programming includes eight hours of curriculum driven services for eight weeks. The goal of the program is to increase male inmates' awareness of parental responsibilities and to promote their desire to become more responsible and involved fathers to their children.

- **Reentry and Employment Readiness Workshops** – Spectrum's fourteen-person Reentry Services Team conducts ten-day workshops at 18 state prisons to approximately 2,000 inmates on an annual basis. In addition to assisting inmates in the development of a comprehensive plan for release that addresses housing, education, substance abuse, medical and mental health needs, each inmate is required to complete an employment portfolio that includes a resume, cover letter, no-mistake job application, work verification letters, GED or high school transcripts, WOTC verification form, as well as any certificates of program completion.

- **Women and Children's Program** – Located on Spectrum's Westborough Treatment Campus, Spectrum's 26-bed Women and Children's Program is a nine-month residential reentry program for court involved women and their young children. The program was recognized by the American Correctional Association for "Best Practices: Excellence in Corrections." Spectrum's Women and Children's Program was recently awarded more than $200,000 through the Massachusetts Department of Corrections and the Department of Justice, Bureau of Justice

Assistance to provide enhanced family case management services, transitional housing and child care services to support women in planning for reentry and successful community reintegration.

- **Peer Mentoring** – In 2010, Spectrum was awarded a $300,000 grant from the Office of Justice Programs at the U.S. Department of Justice to implement a cutting-edge peer mentoring program for offenders with substance use disorders in Massachusetts. Under the grant, offenders who graduate from one of Spectrum's residential substance abuse treatment program while at a Massachusetts Department of Corrections institution are offered peer mentoring upon returning to Worcester County. Mentors serve as liaisons to help facilitate access to employment, job training, treatment services, life skills training, and other needed services. The one year recidivism rate for program participants is 4.2%.

Maine Department of Corrections

Spectrum's presence in Maine has continued to grow since entering the state nine years ago. In 2010, Spectrum was re-awarded a contract by the Maine Department of Corrections to deliver in-prison therapeutic community substance abuse treatment and outpatient services to male offenders at three state facilities. Spectrum's programming focuses on recovery, relapse prevention and transition issues with added emphasis on criminal attitudes and behaviors. Spectrum also provides case management services at the Central Maine Pre-Release Center.

Recently, Spectrum was awarded a new contract to operate an assessment and reentry case management program at the Maine Correctional Center. The program is designed to provide criminogenic risk assessment, case planning, risk reduction programming and reentry case management services geared toward the formulation of a realistic and successful reentry plan for male and female offenders. Intensive course work provided in a group setting helps prepare participants for successful reintegration upon release. Spectrum staff work with each offender to develop permanent employment with a livable wage prior to discharge.

Spectrum also received a grant from the Florence V. Burden Foundation to implement a job readiness program which helps inmates find and maintain sustainable employment upon release. The program combines life and work skills-building activities behind the walls with hands-on experience upon reentry. Program participants prepare a comprehensive portfolio that includes OSHA safety and construction certification, their Social Security card, a copy of their GED/High School diploma and a complete resume. Upon release, each participant is provided with the opportunity for temporary to permanent job placement with Maine Day Labor, a local company that provides manual labor on a temporary basis to local construction, manufacturing and landscaping companies. To date, more than 70 percent of program graduates have gone on to higher education or full-time employment.

Georgia Department of Corrections
Georgia State Board of Pardons and Paroles

Spectrum offers a seamless continuum of correctional services in Georgia, ranging from in-prison treatment to community corrections. Spectrum has operated in-prison therapeutic community substance abuse treatment programs in the State of Georgia under contract to the Department of Corrections and Georgia State Board of Pardons and Paroles since 1994. Spectrum currently operates 9 therapeutic community substance abuse treatment programs to 1,828 male and female inmates at eight state facilities across the state. Spectrum's programming focuses on recovery, relapse prevention and transition issues with added emphasis on criminal attitudes and behaviors.

Since 2004, Spectrum has provided statewide counseling services in 51 community correction locations for the Georgia State Board of Pardons and Paroles. Spectrum conducts approximately 220 groups on a weekly basis, with a maximum of ten participants per group. Offenders participate for a minimum of six groups. The target population for this program includes male and female parolees with a history of chronic substance abuse and high criminogenic risk/need factors.

In 2008, Spectrum was awarded a new contract by the Department of Corrections to provide court-ordered aftercare services in 16 community-based locations to offenders on probation or parole with histories of chronic substance abuse. Services consist of a three-phase program involving group sessions focused on recidivism reduction and reentry planning. Spectrum holds 46 groups per week with an average group size of twenty participants.

Rhode Island Department of Corrections

For 13 years, Spectrum has operated a nationally recognized cognitive-behavioral reintegration program for male inmates identified as being threats to the correctional system due to histories of gang involvement, chronic disruptive misbehavior, and staff/inmate assaults. The two-phase program begins with one-to-one behavioral counseling to inmates in 23 hour disciplinary segregation. Based on individual progress, inmates are moved to high security where they continue treatment in a small group. Transfer to lower levels of security is possible based on individual progress.

Tennessee Department of Correction

In 2010, Spectrum was re-awarded a contract by the Tennessee Department of Correction to provide in-prison therapeutic community substance abuse treatment. The contract currently includes 370 therapeutic community treatment beds at four correctional facilities, serving both male and female inmates with serious substance abuse issues and significant criminogenic risk factors.

Iowa Department of Corrections

Spectrum operates a substance abuse assessment program at the Iowa Medical and Classification Center for the Iowa Department of Corrections. The program conducts assessments for approximately 2,400 incoming offenders per year. Spectrum's comprehensive assessment process is designed to screen and refer inmates to appropriate treatment programs based on individual risk/need levels.

In 2011, Spectrum was awarded nearly $300,000 through the Iowa Department of Corrections and the Department of Justice, Bureau of Justice Assistance to operate a six-month therapeutic community program for 80 male offenders with co-occurring substance abuse and mental health disorders at the Iowa Medical and Classification Center in Coralville, Iowa.

Washington State Department of Corrections

In 2009, Spectrum was awarded a contract by the Washington State Department of Corrections to provide a continuum of substance abuse treatment services at 47 sites across the state including community, work release and prison-based locations. Services currently include 4 therapeutic community programs, 30 intensive outpatient groups and 105 outpatient groups. Spectrum is now the largest employer of chemical dependency professionals in the state.

Through the operation of its multi-state programs, Spectrum has demonstrated its effectiveness in developing strong partnerships with public and private purchasers. Recognizing the unique management approach needed to support out-of-state operations, Spectrum has built an infrastructure capable of meeting these demands. All programs benefit from the strength of Spectrum's corporate infrastructure which provides expertise in clinical design, program development, human resources, finance, staff development, risk management, compliance, quality improvement and outcome reporting.

Spectrum's Administrative Office in Delaware will service the proposed programs with support from the company's Corporate Office in Massachusetts. The location of Spectrum's local office will be finalized upon contract award. Several potential locations have already been identified.

Members of Spectrum's implementation team are accessible on a daily basis, 7 days a week, as the need arises. While Spectrum is a national organization with depth and talent, we run a managerially lean and efficient operation, choosing to direct the vast majority of resources into direct care. All members of Spectrum's management team are readily accessible at all hours, including Charles Faris, President and CEO.

Financial Stability

Spectrum's ability to maintain effective internal fiscal controls is affirmed by the results of the company's annual financial audit conducted by McGladrey & Pullen, LLP. The financial strength of the company is indicated by the following data, taken from the company's FY '11 Auditor's Report:

- total annual revenue of $46.4 million
- total assets of $26.9 million
- total liabilities of $3.2 million
- total net assets of $23.7 million
- several months of liquid cash reserves on hand
- no management letter citing deficiencies for the past seven years

Financial reports for the last three years are provided as an attachment.

Revenue is principally derived from reimbursement made under the terms of multi-year federal, state and county agency contracts. Thus, Spectrum is experienced in various billing and reimbursement processes. Due to the federal funding we receive, Spectrum is also subject to an A-133 annual audit.

Spectrum has never lost a contract for lack of performance, nor defaulted on a contract due to pricing a proposal irresponsibly. This statement can be confirmed in any of the states where Spectrum does business.

Other Required Information

- As mentioned previously, Spectrum has been in business for 43 years and currently employs nearly 1,000 people. Our annualized payroll totals $29.5 million.

- Spectrum has maintained continuous CARF accreditation of its Georgia-based in-prison treatment programs since 1996, having achieved six three-year accreditations. The most recent re-accreditation, which occurred in 2011, included the following facilities: Arrendale Probation Substance Abuse Treatment Center, Bainbridge Probation Substance Abuse Treatment Center, Coastal State Prison, Pulaski State Prison, NW GA Residential Substance Abuse Treatment, Valdosta State Prison and Johnson State Prison. See attached survey report.

- In addition, Spectrum has participated in numerous successful audits (no findings) by the American Correctional Association.

- Spectrum's major vendors include:

Vendor	Address	Phone	Fax
Hallsmith Sysco Food Services	380 So. Worcester St. Norton, MA 02766	(508) 285-1000	NA
American Express	PO Box 981535 El Paso, TX 79998	(800) 528-2122	(623) 444-3000
Archer Security Agency, Inc.	20 Main Street Suite 2C Leominster, MA 01453	(978) 537-9294	(978) 534-0838
Akuity Technologies	1 Westec Drive Auburn, MA 01501	(508) 756-9300	(508) 756-9988
Graham-Massey Analytical Labs	60 Todd Road Shelton, CT 0484	(203) 926-1100	(203) 944-9189

- Spectrum previously reimbursed the Georgia Department of Corrections (GDC) $2,000 for falling short of the required percentage of certified counseling staff in one program for a few days in the course of one month. Spectrum has operated these programs for the GDC since 1996. The contract value is approximately $5.6 million. After extensive research and outreach, the contract has been renegotiated to more accurately reflect the actual number of available certified counseling staff in the state of Georgia within a reasonable proximity to the program sites.

- No facility owned or operated by Spectrum is on probation.

Program Proposal

Substance Abuse Programming

a.) Requested Services

Spectrum has the experience and capability to implement all program components requested by the Delaware Department of Correction (DDOC). We are fully prepared to comply with all requirements outlined in the request for proposal, including Title 16 Health and Social Services Delaware Administrative Code and the National Commission on Correctional Health Care (NCCHC) health care standards. In many cases, our proposed programming exceeds these requirements. Spectrum will also assist DDOC in obtaining ACA accreditation and will adhere to all ACA standards in preparation for future ACA audits.

Evidence-based research supports a common set of principles that characterize effective correctional interventions. Consistent with this finding, Spectrum maintains that to be effective, programs must be matched to offenders' risk, target criminogenic needs, and be delivered in a manner that supports community re-integration goals. Spectrum will administer a comprehensive assessment battery to identify risk, needs, and responsivity (treatment matching) factors salient to successful program completion and community reintegration.

Given the Department's interest in developing mission specific programs, Spectrum will work with DDOC administrators to create a therapeutic environment in contrast to conventional custodial correctional cultures through motivational and inspirational signage, and structure boards. This signage serves as a "clinical extender" in support of right living values and the adaption of pro-social behaviors. Spectrum's specially trained staff members and evidence-based curricula will engage offenders in a highly structured program milieu where pro-social values are consistently emphasized, criminal thinking errors are exposed, and principles of recovery and skills development are reinforced. This synergy of program personnel and physical plant culminate in a "Social Learning Theory Model" -- the components of which have been heavily researched and proven effective in reducing recidivism among high risk offenders.

Continuing care is ongoing, beginning upon admission and continuing post treatment. Working in concert with their primary counselor, offenders co-develop a Reentry/Continuing Care Plan to ensure comprehensive pre-release preparation in all major life domains, criminogenic needs, and protective factors in support of recovery. The offender's active involvement in gathering information, detailed planning, forecasting and demonstrating pro-social skills lays the groundwork for a personal portfolio for recovery and successful community reintegration.

Proven Results in Reducing Recidivism

Research has shown that in-prison treatment, particularly programs based on the therapeutic community model, has a positive effect on reducing recidivism or drug abuse (Inciardi et al, 1997; Knight et al., 1999; Lipton, 1995; NIJ, 1995, Prendergast et al., 2002). Based on the results we have seen, Spectrum's Correctional Recovery Academy™ significantly improves behavioral outcomes and lowers recidivism. Numerous recidivism studies have demonstrated the success of Spectrum's approach as illustrated below.

"Across the country, the cost of incarceration averages $28,000 per inmate per year, with some states reporting annual costs as high as $47,598 (Pew Charitable Trusts, 2009).

One study suggests that every dollar spent on treatment saves taxpayers seven dollars in costs associated with re-incarceration. Savings are primarily attributed to reduced crime and increased employment earnings (Ettner et al., 2006).

Georgia

According to a recidivism study conducted by the Governor's Office of Planning and Budget in Georgia, Spectrum's Correctional Recovery Academy™ programs lowered the recidivism rate of participants. Nineteen percent (19%) of program completers returned to prison within three years of release compared to twenty-eight percent (28%) for non-program participants, representing a thirty-two percent (32%) reduction in recidivism.

Maine

A recidivism study conducted by the University of Southern Maine Muskee School of Public Service indicated that offenders completing Spectrum's Correctional Recovery Academy™ program returned to prison fifty percent (50%) less than offenders from the general population.

Only 16 of 110 offenders (15%) completing Spectrum's outpatient substance abuse treatment program during the period 2007 through 2009 returned to prison. Eighty-five percent (85%) of program completers have remained conviction free.

Tennessee

Eight hundred ninety (890) offenders completed Spectrum's programming and were released from 2006 through 2009. Of those offenders, eight percent (8%) returned to prison within six months, eighteen percent (18%) within twelve months, and twenty-five percent (25%) within two years. These results compare quite favorably to recidivism data reported by the Policy, Planning and Research Unit of the Tennessee Department of Correction in its report, Tennessee Department of Correction Recidivism Study Felon Releases 2001-2007 released on March 15, 2010.

Average recidivism for all offenders released 2001 through 2007 was as follows: twenty-six percent (26%) returned to prison within one year, thirty-nine percent (39%) within two years, and forty-six percent (46%) within three years.

Rhode Island

Nearly seven percent (6.7%) of male offenders and thirteen percent (13%) of female offenders completing Spectrum's in-prison residential substance abuse treatment programs from 2005 through 2009 (2006 – 2009 for women) returned to prison within one year of release compared to thirty-two percent (32%) of the general population.

Sixteen percent (16%) of male program completers and twenty-two (22%) of female program completers returned to prison after two years compared to forty-five (45%) in the general population. According to the PEW Center on the States, more than fifty percent (50%) of all offenders released from prison in Rhode Island are returned to prison within three years.

Washington

For offenders completing Spectrum's therapeutic community programs in 2010, preliminary findings indicate *only* 10% of program completers have returned to prison within 18 months of release.

Massachusetts

A study conducted by the Research & Planning Department of the Massachusetts Department of Correction indicated that offenders completing Spectrum's Correctional Recovery Academy™ at a minimum security facility recidivated at a rate ten percent (10%) less than offenders in the general population.

Exemplary Findings

Spectrum's correctional treatment programs are continuously reviewed and evaluated by external entities. For instance, many of Spectrum's programs are accredited by **CARF International** (formerly known as the Commission on Accreditation of Rehabilitation Facilities), including all of its prison-based programs in Georgia and all community-based programs in Massachusetts. CARF accreditation serves as an external endorsement of performance for providers in the field of rehabilitation. Accredited organizations must meet rigorous CARF guidelines for service and quality. CARF accreditation is awarded to providers who meet state-of-the-art national standards of performance. Providers who seek CARF accreditation demonstrate a commitment to continual quality improvement.

To date, Spectrum has always received three-year accreditations (the highest level awarded). In fact, Spectrum has maintained continuous CARF accreditation of its

correctional treatment programs in Georgia since 1996, having achieved six three-year accreditations.

With the Department's consent, Spectrum is willing to pursue CARF accreditation for the proposed program(s) at no cost to the DDOC. Our Director of Quality Improvement is a CARF surveyor and has been very helpful in preparing Spectrum's programs for obtaining CARF accreditation.

Several other organizations have validated the quality of Spectrum's specialized programming for criminal offenders. In 2007, Spectrum's in-prison residential treatment programs in Maine received exemplary ratings from the Muskie School of Public Service at the University of Southern Maine after an in-depth review using the **Correctional Program Assessment Inventory (CPAI).**

Developed by researchers, Paul Gendreau, Ph.D. and Donald Andrews, Ph.D, and endorsed by the National Institute of Corrections, the CPAI is based on years of empirical research and designed to measure the "ideal" program. Scores may range from "very satisfactory" or "satisfactory," to "satisfactory, but needs improvement" or "unsatisfactory."

Spectrum's CPAI score fell within the "very satisfactory" range, the highest rating ever recorded in Maine. Researchers at the University of Cincinnati have assessed over 200 programs nationwide using the CPAI. Approximately 8% of the programs were assessed as being "very satisfactory;" 20% "satisfactory;" 35% "satisfactory, but needs improvement;" and 36% "unsatisfactory."

Spectrum's in-prison Correctional Recovery Academy™ programs in Georgia also earned an exemplary "very satisfactory" rating on the CPAI conducted by the Quality of Improvement Department of the Georgia Department of Correction.

Other program audits have yielded similar results.

- Spectrum has received exemplary program audit scores (averaging 99%) from the Massachusetts Department of Correction since 2000.
- In addition, Spectrum has participated in numerous successful audits (no findings) by the American Correctional Association.
- Spectrum's in-prison treatment programs in Maine earned five commendations on a recent licensing audit.
- In Tennessee, Spectrum received perfect scores (100%) on its most recent program audits and demonstrated substantial compliance on its Federal Residential Substance Abuse Treatment (RSAT) Audit.

These external endorsements provide further demonstration of Spectrum's extensive experience, unique qualifications and noted capabilities to perform the proposed services for the Delaware Department of Correction.

b.) Program Description

(1) Target Population

Based on years of experience in the field, Spectrum recognizes that program participants will likely:

- Report an extensive history of alcohol abuse and/or illicit drug use.
- Have conviction histories involving a wide variety of crimes resulting in extended incarceration that may or may not be related to substance abuse and/or dual diagnoses.
- Have limited informal support systems, fractured family relationships, intermittent or limited work experience, low levels of education and/or literacy, health difficulties and significant behavioral challenges.
- Be socially and economically impoverished, with a record of failure in educational, vocational and social areas of functioning. Most will lack general life skills abilities and will exhibit poorly developed social skills, criminal thinking errors and poor decision-making skills.

These characteristics are manifestations of the following "central eight" criminogenic needs identified by Andrews, Bonta, and Wormith (2006).

- Antisocial Attitudes/Orientation – Offenders' values, beliefs, attitudes, and cognitions relative to criminal conduct and pro-social alternatives are strongly correlated with criminal behavior. Offenders with an antisocial belief system are able to disassociate themselves from pro-social values and norms. They frequently have belief systems and cognitive thought processes that abdicate social responsibility resulting in an inability to empathize with the harm done to others.
- Antisocial Peers – Behavior is learned in part by identifying with and observing others receiving positive reinforcement. A network of antisocial peers reinforces the behavior, attitudes, supportive of criminal behavior. Having antisocial peers and affiliating with gangs is one of the single best predictors of criminal behavior (Andrews, Bonta & Wormith, 2006). It's important to note that gender differences exist. Among female offenders criminal involvement will frequently first appear

through relationships with family members, significant others, and friends (Covington & Bloom, 2004).

- Antisocial Personality – Callousness, risk taking, poor self-control and antagonistic behavior patterns are directly linked to criminality. Offenders displaying antisocial personality traits are insensitive to how their actions affect others and consequently lack guilt and remorse. An absence of guilt and remorse helps offenders justify their actions which ultimately makes it easier for them to commit illegal acts.

- Antisocial Behavior Patterns – Offenders with antisocial patterns frequently fail to conform to social norms and lawful behavior, both interpersonally and behaviorally. Impulsivity, aggression, recklessness, conning and manipulation, criminal variability, and absence of remorse result in pervasive violations of trust and responsibility.

- Absence of Pro-Social Leisure/Recreation Activities – In the absence of constructive *and* rewarding participation in pro-social activities, offenders with antisocial personality characteristics are more inclined to pursue activities that are contrary to lawful behavior and pro-social development.

- Dysfunctional Family – The absence of healthy family socialization and role models can have lifelong effects, including ineffectual parenting, child abuse, family violence, and weak parent/child attachments. Many offenders have never experienced interpersonal support for pro-social behavior. To the contrary, family and significant others often deliberately reinforce antisocial behavior and dismiss pro-social conventions.

- Employment/Education – Employment is a primary socialization structure in our culture that provides a crucial source of social bonds. Poor education/employment performance, has been strongly correlated with recidivism (Andrews, Bonta & Wormith, 2006). Conversely, improvements in offenders' educational level have proven to reduce recidivism rates (Boe, 1997).

- Substance Abuse – The use of alcohol and other drugs impairs insight and judgment, is an instigator for antisocial personality characteristics/behavior patterns, and inhibits pro-social development. Moreover, substance abuse is one of the four salient features, (in addition to family violence, battering, and mental health issues) that drives female criminal behavior (Covington & Bloom, 2004).

Spectrum's programming specifically targets these criminogenic needs, including the following associated characteristics, while building upon each offender's unique strengths.

- Egocentrism
- Conflict with peers
- Identification with criminals
- Limited education
- Resistance toward work
- Lack of social skills
- Conflict with authority/supervision
- Low tolerance for frustration
- Highly impulsive behaviors and lack of effective behavioral controls
- Danger/thrill seeking behaviors
- Poor use of leisure time
- Boredom/dissatisfaction with conventional activities
- Inability to think consequentially and to generate alternative behavioral options
- Poor recognition of patterned responses

According to the request for proposal, the target population for each program is as follows:

Program	Target Population
Prison Programs	Offenders with serious histories of substance abuse and substance abuse related crimes. Typically, these offenders do not maintain gains from less intensive treatment programs.
Aftercare including Boot Camp	Offenders who have completed both the Key and Crest programs.
6 for 1 Programs	Detainees who have alcohol and/or drug related charges and request the 6 for 1 Program, or are referred to the program by DDOC.
Young Criminal Offender Program	Male adolescents from 16 to 18 years of age, who are court-ordered to the program by a judge after being adjudicated to Superior Court because of the seriousness of their charges and/or convictions.
Boot Camp	Court-ordered male and female offenders.

(2) Referral Process

According to the request for proposal, the DDOC classification staff will refer candidates to the Key programs based on information provided during the admission interviews and based on sentencing orders. Spectrum is prepared to provide substance abuse

screening to all offenders referred by mental health, medical, DDOC or through self referral.

Spectrum's programming focuses on the proscribed attitudes and behaviors common among offenders which are known contributors to relapse and recidivism. Emphasis is placed on engaging each offender in the treatment process to ensure that he/she remains participatory in a seamless system of care that decreases recidivism and promotes sustained recovery. Our risk assessment determines the likelihood of reoffending which can be used to determine the most appropriate treatment modality. For instance, high risk, high need offenders are matched with more intense services (i.e., therapeutic community model).

(3) Recruitment

Spectrum will actively recruit offenders to participate in its therapeutic community programs by providing informational brochures and meeting with potential candidates. Spectrum will develop a list of potential candidates by reviewing new admissions, interviewing offenders, examining sentencing orders, and working in close collaboration with DDOC personnel.

(4) Physical Location and Number of Beds of the TC Programs

As outlined in the RFP, Spectrum proposes to operate the following programs.

Program	Physical Location	Capacity	Target Population
Key North	Howard R Young Correctional Institution	200	Males
Key Village	Baylor Women Correctional Institution	58	Females
Key South	Sussex Correctional Institution	120	Males
Crest North	Webb Community Correctional Center	76	Males
Crest North	Hazel D. Plan Women's Treatment Facility	68	Females
Crest Primary	Central Violation of Probation Center	200	Males
Crest Central	Morris Community Correctional Center	56	Males
Crest South	Sussex Community Correctional Center	90	Males & Females
6 for 1 for Men	Howard R. Young Correctional Institution	80	Males
6 for 1 for Women	Baylor Women Correctional Institution	30	Females
YCOP	Howard R. Young Correctional Institution	40	Males
Boot Camp	Sussex Correctional Institution	100	Males & Females
Aftercare (including Boot Camp)	WCCC, HDPWTF, MCCC, SCCC	300	Males & Females
DUI Programming	Level TBD	50	Males
DUI Programming	Baylor Women Correctional Institution	20	Females

(5) Collaboration between the Treatment Vendor and Security Staff

Spectrum has established a strong reputation for developing cordial and productive partnerships with host institutions, correctional personnel, parole authorities and independent program evaluators. Spectrum views correctional staff as allies in our mandate for treatment. Similarly, we regard ourselves as DOC allies in facilitating a safe and secure environment. Long experience tells us that a secure and safe environment enhances treatment, and effective treatment enhances security. Spectrum's treatment philosophy recognizes the role and authority of the institution, and shapes programming to serve client needs within that context. All staff receives orientation and training which emphasizes the importance of building a strong partnership with institutional personnel. Spectrum will also ensure that all Spectrum staff have completed DDOC required orientation regarding institutional operations. All rules, regulations and policies will be reviewed with staff on an annual basis.

During the implementation period, Spectrum's implementation team will meet with the DDOC Substance Abuse Treatment Services Administrator and other DDOC designees on a regular and frequent basis. At this time, Spectrum's State Director and DDOC will establish an ongoing meeting schedule and reporting format.

Spectrum's Program Director will meet with the warden (or his/her designee) on a daily basis to facilitate regular communication and coordination with administrative staff at each facility regarding program operations. It is also understood that DDOC staff will debrief with treatment staff every morning. Administrative staff will be informed of issues, problems, resolutions, special needs and special circumstances at all times. Monthly site specific meetings will be scheduled with program staff, medical staff, mental health personnel, security staff, and administration. The Program Director will be available to participate in DDOC meetings as appropriate.

Spectrum also plans to meet with DDOC representatives to gain understanding of the responsibilities of those staff members provided by the State so that their roles are fully integrated into daily program operations. The interdisciplinary treatment teams will regularly solicit suggestions and welcome any and all participation offered by DDOC personnel. Institutional staff will be invited to attend Individual Treatment Team Meetings and encouraged to review participant case files in order to become familiar with individual progress, and to share diagnostic impressions and case history details. The Program Director will contact the medical provider to discuss medical issues and concerns as needed.

Further, we welcome suggestions from the Department regarding other ways to further develop a close and cohesive working partnership with DDOC personnel. In fact, Spectrum issues Stakeholder Surveys at least two times per year as part of our

continuous quality improvement data collection system. These are surveys that are issued to DOC personnel and other non-Spectrum agency personnel who work closely with our programs. The surveys contain questions that elicit feedback on various aspects of how we work with those individuals or their agencies and ways we could improve in each area. In other programs, survey results have been instrumental in identifying ways to make improvements to our services and operations before they become issues and therefore maintain effective working relationships with DOC and other personnel.

Any indicator on the surveys that scores below a 3.90 on our scale of 1 to 5 requires action on our part. This is also true for any narrative response that indicates a similar need or preference by stakeholders by two or more respondents. Results of these surveys are also shared with the people and agencies who respond to them along with an explanation of improvement areas identified and actions that have been taken to address those areas. As a result, the Department can expect to receive a report based on these data results after each survey is collected and analyzed.

In all our years of experience in correctional programming, we have not experienced any significant problems with coordination and communication. Minor issues are always resolved in a timely manner through meetings with institutional authorities.

(6) Treatment Staff Description and Qualification

The following employees will assume senior management responsibilities for overseeing the proposed project:

Peter Rockholz, Chief Operating Officer

Peter Rockholz, MSSW has over 35 years of experience in the behavioral health field, specializing in substance abuse and mental health treatment in community and correctional settings, with both adolescents and adults. Prior to joining Spectrum, he served as Deputy Commissioner of the Connecticut Department of Mental Health and Addiction Services (2005-2009) under appointment by Governor M. Jodi Rell.

Mr. Rockholz is a nationally-recognized expert in the areas of therapeutic communities, adolescent substance abuse treatment, and institutional culture assessment and change. He worked as lead behavioral health consultant at the Criminal Justice Institute/Association of State Correctional Administrators in 23 states, providing technical assistance and training to directors of state correctional agencies, wardens, program staff and offenders, under the Residential Substance Abuse Treatment for State Prisoners (RSAT) program. He also provided such assistance for non-profit substance abuse agencies, individual correctional institutions and the U.S. Department of Justice. Mr. Rockholz served as Project Director for the Institutional Culture

Assessment project funded by the National Institute of Corrections under which he developed and implemented the Institutional Culture Assessment Protocol. In addition, he wrote the first version of national prison TC standards that became the basis for the Therapeutic Community Survey of Essential Elements Questionnaire (SEEQ). In 2002, Mr. Rockholz assessed all TC programs in the State of Delaware as part of a report on sentencing reform for the Sentencing Accountability Commission (SENTAC) of Delaware.[1]

Mr. Rockholz holds a Master of Science degree in Social Work from Columbia University. He is a licensed clinical social worker and a faculty member at the Yale School of Medicine. He has authored numerous articles, papers and chapters, and serves as a reviewer for the *American Journal of Addictions* and the *Journal of Behavioral Health Services & Research,* and is on the editorial board of the *Offender Programs Report*.

Peter Paolantonio, Chief Clinical Officer

Peter Paolantonio, MSSW, LMHC, LADC, CADAC II, provides executive leadership to all of Spectrum's clinical services. For more than 35 years, Mr. Paolantonio has developed, implemented and managed a variety of programs across Spectrum's multi-modality service continuum. In consultation with leading researchers, he established Spectrum's cognitive behavioral treatment approach for substance abusing offenders, which includes specialized programming for minorities, pregnant addicts and dually diagnosed individuals. In addition, he is a nationally recognized lecturer and consultant, and has provided expert testimony for both state and federal judicial entities.

Christopher Petrozzi, Executive Vice President of Correctional Services

Christopher Petrozzi, M.A., brings over twenty-one years of progressive treatment and criminal justice experience in both the public and private sectors. As Executive Vice President of Correctional Services, Mr. Petrozzi will be responsible for executive oversight of the proposed project. Prior to joining Spectrum, Mr. Petrozzi worked for Community Education Centers, Inc., a large for-profit correctional treatment company, with national oversight responsibilities. Previously, he was employed for nearly eleven years with the Colorado Department of Corrections in various management and administrative positions. Mr. Petrozzi has extensive experience in correctional and treatment systems assessments, program development, technical assistance and realignments. In addition, he has spearheaded major criminal justice and treatment reforms and has served as a consultant to the U.S. Substance Abuse and Mental Health Services Administration and the National Institute of Corrections. Mr. Petrozzi has a Master's degree in Community Psychology.

[1] Peyton EA & Rockholz PB 2002 *A Report to the Joint Finance Committee of the Delaware General Assembly – Sentencing Trends and Correctional Treatment in Delaware*.

Susan Moitozo, Vice President of Clinical Operations

Susan Moitozo, M.Ed., LADC, has more than twenty-five years of experience in the field of substance abuse and mental health treatment. Ms. Moitozo is a Licensed Alcohol and Drug Abuse Counselor and holds a Master of Education degree from Boston University. As Vice President of Clinical Operations, Ms. Moitozo is responsible for overseeing and directing the administration, development, implementation, and integration of clinical services throughout the organization. She is a national presenter/trainer at conferences and symposia across the country. Previously, she served as State Director for Spectrum's correctional treatment programs in Massachusetts. Ms. Moitozo has developed and implemented a strategic plan for enhancing women's services throughout the agency and chairs the Women's Services Committee for the agency. Additionally, one of her current areas of focus involves improving the integration of substance abuse and mental health services in correctional settings.

Romas Buivydas, Vice President of Clinical Development & Training

Romas Buivydas, Ph.D., LMHC, has twenty-five years of experience in the behavioral health field. His expertise spans program development and implementation, training, quality assurance, risk management, compliance and data management. As Vice President of Clinical Development & Training, Dr. Buivydas provides training and consultation in clinical methods and instructional techniques to program staff throughout the organization. Dr. Buivydas has worked with numerous researchers over the years to develop evidence-based curricula that address the unique needs of treatment programs nationwide. Previously, Dr. Buivydas provided consultation to numerous behavioral health organizations and was formerly the Director of Evaluation at a hospital-based psychiatric/addiction department for six years. He is also a national presenter/trainer at conferences/symposia across the country. Dr. Buivydas serves as a grant reviewer for the Substance Abuse and Mental Health Services Administration (SAMHSA). In this role, he works with a team of national experts in addiction and mental health to evaluate grant proposals at the federal level. Dr. Buivydas, will provide monthly consultation and technical assistance to Delaware staff via teleconference.

Harry Wexler, Senior Research Advisor

In addition, Spectrum recently retained the services of Harry K. Wexler, Ph.D. to act as the organization's Senior Research Advisor. Dr. Wexler is an internationally recognized scientific expert with a long record of research in correctional substance abuse services and outcomes, among other areas. He is the author of numerous peer-reviewed articles, chapters, studies and books – and has been a senior advisor to several federal agencies, including the Substance Abuse and Mental Health Services Administration, Department of Justice, National Institute of Corrections and National Institute on Drug Abuse. He co-led a workgroup at the Center for Substance Abuse Treatment that developed *Treatment Improvement Protocol* (*TIP) #44 -- Substance Abuse Treatment for*

Adults in the Criminal Justice System. As principal investigator on several national research projects, his works have influenced public policy and funding at a national level, beginning with Project REFORM, and the long-term study of exemplary, non-profit operated therapeutic community (TC) programs in state prisons – originally contributing to the base of evidence resulting in the establishment of the federal Residential Substance Abuse Treatment (RSAT) program for State prisoners.

Experience has shown that the success or failure of most programs ultimately hinges upon the recruitment and retention of a well-trained, qualified, and satisfied workforce. Spectrum has a long and successful history of recruiting, training and retaining qualified, experienced and credentialed staff. With a network of substance abuse treatment programs currently operating in seven states, the organization has developed and fine-tuned its recruitment, training and retention strategies over many years. In fact, Spectrum considers staffing one of its most important organizational strengths.

Spectrum understands the correlation between the caliber of staff and positive treatment outcomes. We recruit locally, seeking certified and/or licensed staff in most of our programs, while assisting others to obtain these credentials. Across the company, Spectrum's employee turnover averages less than 4% - a notable accomplishment in the field. Satisfied, well-trained staff yield low employee turnover, superior service and better treatment outcomes.

Spectrum proposes the following staffing pattern:

In-State Administration:	
State Director	1 FTE
Data Manager	1 FTE
Key North at Howard R. Young Correctional Institution (200 beds):	
Program Director	1 FTE
Clinical Supervisor	2 FTE
Counselor (1 is CBC certified)	10 FTE
Administrative Assistant	1 FTE
Key South Program at Sussex Correctional Institution (120 beds):	
Program Director	1 FTE
Clinical Supervisor	1 FTE
Counselor	6 FTE
Administrative Assistant	0.5 FTE

Key Village at Baylor Women's Correctional Institution (58 beds):	
Program Director	1 FTE
Clinical Supervisor	1 FTE
Counselor	4 FTE
Administrative Assistant	1 FTE
Crest/Aftercare North – Men at Webb Community Correctional Center (76 beds plus aftercare):	
Program Director	1 FTE
Clinical Supervisor	1 FTE
Counselor	4 FTE
Administrative Assistant	0.5 FTE
Crest/Aftercare North – Women at Hazel D. Plant Women's Tx Facility (68 beds plus aftercare):	
Program Director	1 FTE
Clinical Supervisor	1 FTE
Counselor	4 FTE
Administrative Assistant	0.5 FTE
Crest Primary Program at Central Violation of Probation (200 beds):	
Program Director	1 FTE
Clinical Supervisor	2 FTE
Counselor	10 FTE
Administrative Assistant	1 FTE
Crest/Aftercare Central Program at Morris Community Correctional Center (56 beds plus aftercare):	
Program Director	1 FTE
Clinical Supervisor	1 FTE
Counselor	4 FTE
Administrative Assistant	0.5 FTE
Crest/Aftercare South at Sussex Community Correctional Center (90 beds):	
Program Director	1 FTE
Clinical Supervisor	1 FTE
Counselor	5 FTE
Administrative Assistant	0.5 FTE

6 for 1 Program at Howard R. Young Correctional Institution (80 beds):	
Program Director	1 FTE
Clinical Supervisor	1 FTE
Counselor	4 FTE
Administrative Assistant	0.5 FTE
6 for 1 Women's Program at Baylor Women's Correctional Institution (30 beds):	
Program Director	1 FTE
Counselor	2 FTE
Young Criminal Offender Program at Howard R. Young (40 beds):	
Program Director	1 FTE
Counselor	3 FTE
Administrative Assistant	0.5 FTE
Boot Camp at Sussex Correctional Institution (100 beds):	
Counselor	1 FTE
Works in conjunction with Program Director, Clinical Supervisor, Counselors and Administrative Assistant at Sussex Community Correctional Center.	
DUI for Men (50 participants):	
Counselor	2 FTE
Works in conjunction with Program Director, Clinical Supervisor, Counselors and Administrative Assistant at designated correctional center (TBD).	
DUI for Women (20 participants):	
Counselor	1 FTE
Works in conjunction with Program Director, Clinical Supervisor, Counselors and Administrative Assistant at designated correctional center (TBD).	
Aftercare at WCC, HDPWTF, MCCC, SCCC:	
Counselor	5 FTE
Works in conjunction with the Program Director, Clinical Supervisor, Counselors and Administrative Assistant at the respective designated sites.	

SUB TOTALS:	
State Director	1 FTE
Data Manager	1 FTE
Program Director	11 FTE
Clinical Supervisor	11 FTE
Counselor	65 FTE
Administrative Assistant	6.5 FTE
GRAND TOTAL:	**95.5 FTE**

Please see attached job descriptions, including qualifications and responsibilities, for these positions.

Once awarded this contract, Spectrum's Human Resource Department will assist with all recruitment and hiring activities, including background and reference checks, benefits, payroll issues and initial orientation to Spectrum's policies. Our top priority will be to hire an effective and experienced State Director to oversee the proposed project.

First and foremost, we will solicit feedback from DDOC and interview staff currently providing services pursuant to the existing programs. For those who meet Spectrum's expectations for hiring, we welcome their expertise and familiarity with the programs currently being operated and the offenders being served. Working with **Delta-T** and **Staffing Plus**, we will recruit and hire all remaining staff positions. Both professional staffing firms will be used on an ongoing basis to ensure a continuous flow of qualified candidates.

Other recruitment sources will include:

- Delaware Department of Labor Website
- Delaware Board of Mental Health and Chemical Dependency Professionals
- Delaware Certification Board
- Delaware Association of Alcohol and Drug Abuse Counselors
- CareerBuilder
- Craigslist
- Local Newspapers
- Delaware Tech Community College

All hires will be approved by the DDOC Substance Abuse Treatment Services Administrator.

Spectrum is committed to attracting and retaining the most qualified staff. As mentioned previously, Spectrum's employee retention across the company exceeds industry standards. We encourage staff to consider working at Spectrum a career, not merely a job. In order to assist employees in obtaining licensure and certification, Spectrum offers a generous tuition reimbursement program.

> "Staff retention, longevity, and perseverance are core to the success of Spectrum Health Systems."
>
> - CARF Survey Report

Our strategy for retaining the most qualified and experienced staff relies upon the following:

- Training and clinical supervision designed to assist staff in the performance of their clinical responsibilities and the development of their clinical skills.
- Senior-level, experienced and credentialed staff dedicated to providing ongoing training and programmatic consultation to clinical staff throughout the organization.
- Site specific orientation program to prepare and train staff to effectively perform all job responsibilities.
- Ongoing opportunities for professional development through participation in activities such as continuing education, conferences and seminars, program meetings and DDOC meetings.
- Web-based learning management system where staff members have access to nearly 600 different training modules; the majority of these training modules are CEU approved in the State of Delaware.
- Ongoing opportunities to qualify for counseling licensure and/or certification through in-service supervision and training provided by Spectrum, paid time-off to attend training and reimbursement of training expenses.
- Professional growth opportunities within Spectrum.
- Employee appreciation promotions and company-wide employee recognition program.
- Employee satisfaction surveys to identify areas for improvement.

Spectrum also offers employees highly competitive salaries and a comprehensive benefits package, including:

- Tuition reimbursement in the amount of $1,000 for full-time employees seeking additional professional development with three months of experience
- 401(k) with employer match
- Professional journal subscriptions
- Participation in trade and professional associations
- Blue Cross Blue Shield Medical and Dental Plans (25-30% employee contribution based on salary)
- Group Life and Accident Benefits
- Short Term Disability Plan
- Tax Deferred Annuity Program
- Paid Time-Off Plan

(7) Treatment Vendor Staffing and Work Shift

Staggered work schedules will be developed in coordination with DDOC in order to ensure weekend and evening coverage. Please see attached staffing schedules which show Spectrum's proposed shift coverage for each program.

Spectrum will also implement a system of staff substitution to ensure adequate staff coverage at all program sites for all contracted hours of operation. Spectrum's clinical management infrastructure, including both Program Directors and Clinical Supervisors, will substitute for absent staff as needed. We have experienced success with this approach in Massachusetts, Georgia and Washington State where Spectrum provides statewide correctional treatment programming.

(8) Transition Resources

Re-entering the community after incarceration presents many unique challenges. Preparing to meet those challenges and succeed is one of the primary goals of the proposed programs. In our experience, successful outcomes are frequently attributed to an offender's preparation prior to discharge, participation in the community and use of available supports.

Reentry planning begins upon admission, with the comprehensive assessment process and individual treatment planning. Intensive coursework is provided throughout treatment to prepare participants for successful community reintegration upon discharge. Lessons are designed to help offenders acquire the attitudes, approaches and skill sets that will be needed for successful community living. Sessions are self

contained modules which allow participants to enter the series at any point in the sequence.

Spectrum recognizes the importance of teaching offenders how to make better choices and how to take responsibility for creating a healthier, more productive and satisfying life. Through a variety of group sessions, skills and concepts that recognize the realities of their lives, relationships and experiences are taught, practiced and reinforced. Issues relating to anger, aggression, violence, and substance abuse are addressed in an integrated fashion.

The complexities of family roles and dynamics are also explored. Finding sources of strength takes the traditional emphasis that programs often place on *what not to do* and turns it into *what to do*. Many people in treatment struggle with this dilemma. By learning to avoid the triggers, traps, places and people related to one's past lifestyle, the empty time and space must now be filled, but with what, with whom and where? Time is devoted to practicing and planning for healthy relationships and positive activities.

In our many years of experience working with criminal offenders, as supported by research from across the country, one of the biggest challenges facing ex-offenders is finding and maintaining a job that provides a livable wage. Upon release, many encounter problems in securing permanent, unsubsidized employment because they lack occupational skills, have little or no job hunting experience, and find that many employers refuse to hire individuals with criminal records. Ex-offenders who are unemployed or working in poorly paid or temporary jobs often fall back into a life of crime. Spectrum's evidence-based programming is designed to educate clients in employment strategies and locating a safe housing situation – both considered critical to maintaining long-term recovery.

In preparation for release, offenders meet individually with counseling staff to identify necessary services, make appointments, identify natural support networks within the community and establish linkages to appropriate community-based providers. Based upon the individualized Reentry/Continuing Care Plan, participants receive referrals in the areas of:

- Substance abuse treatment;
- Recovery support groups;
- Mental health counseling;
- Parenting and family services;
- Housing;
- Vocational / educational preparation;
- Employment;
- Medical services; and

- Transportation and other specialized assistance.

Prior to discharge, each participant also develops a personal portfolio which includes the following:

- **Personal Information** (e.g., name, home address, phone, social security number, strengths & abilities, hobbies, community service, faith-based programming).

- **Education** (e.g., schools attended with dates and addresses; degrees, awards and certificates; transcripts and evaluations; future educational needs and goals; employment assessment).

- **Job Search Tools** (e.g., completed job application; resume; cover letter; appropriate job search clothes).

- **Identification** (e.g., Social Security card; birth certificate; driver's license or picture ID; selective service/military; health insurance).

- **References** (e.g., identification; selection; permission; contact information; letters).

This process is intended to:

- Improve self-esteem;
- Target positive aspects of individual;
- Provide "ready reference" of data;
- Increase motivation;
- Enhance job opportunities;
- Improve organizational skills;
- Strengthen job interview capabilities; and
- Promote sense of accomplishment.

Spectrum's counseling staff will maintain contact with ex-offenders for six months following their release. In addition to providing ongoing support, counselors will maintain contact with each participant to evaluate the efficacy of the Reentry/Continuing Care Plan and the participant's compliance with it. As necessary, the plan may be altered to reflect the participant's changing needs and the challenges of community living. During this time, the counselor provides support to the offender and maintains contact with community service providers based on individual needs. All community monitoring activities will be documented by the counselor. The goal of employability and independence through sustained recovery is continually reinforced during this time. The results of these tracking activities will be reported to the Department on a semi-annual basis.

(9) Urinalysis Testing

Spectrum will cooperate with DDOC security to ensure that drug testing is performed as required and that test results are recorded in the data collection and tracking system. With the Department's approval, any offender who tests positive will be terminated from the program immediately and may reapply after a minimum of 90 days. Spectrum recommends that all program participants be tested should any offender test positive.

c.) Program Requirements

(1) Program Phases

Spectrum recognizes that rehabilitation unfolds as a developmental process made up of incremental stages of learning. Accordingly, the **Correctional Recovery Academy™** delivers treatment in three sequential phases. Each phase has clear, specific and measurable expectations that inmates must complete in order to progress to the next phase. Phase completion denotes increasing levels of treatment success and progress.

All participants will attend regularly scheduled phase meetings where peers provide each other with supportive feedback, reinforcement for positive behaviors, as well as encouragement and suggestions for changing negative behaviors and attitudes.

The offender's primary counselor and other program staff formally assess level of participation and personal contributions as part of the written Phase Review process (supplemented by a Phase Exam). The frequency and quality of participation in group and milieu is assessed in both narrative form and numerically on a scale in the Progress Notes and Individual Treatment Plan.

The interdisciplinary team will determine if the offender has met all of the requirements needed to progress to the next phase based upon his/her level of participation, personal contributions and phase exam results.

The following section details the general pattern of behavioral change expected of program participants as they learn, internalize and incorporate new ways of thinking, communicating and interacting within the community structure. The therapeutic community functions as a microcosm of larger society, one in which skills can be learned and practiced in a highly structured setting before transition to the outside.

The overarching methodology to achieve these changes in knowledge, attitudes and behaviors is the therapeutic community. The community requires each participant to

assimilate its norms, learn its creed, and abide by its behavioral parameters. Through this process, pro-social learning is internalized.

Every community member is required to participate fully in the life of the community through attendance at community activities such as Morning Meeting, Evening Meeting, Encounter Group and Community Meetings. These are the activities that build and sustain the community ethic, and, in fact, create the "therapeutic community".

Offenders' length of participation will vary by program and according to individual treatment needs and time remaining until release. The approximate time frames for each phase are as follows:

Treatment Phase	Key Programs	Crest Programs
Phase 1	90 days	60 days
Phase 2	210 days	60 days
Phase 3	60 days	60 days

Phase 1 (Orientation)

Phase 1 serves as an initiation to the therapeutic community. During this time, a comprehensive assessment is conducted, the individual treatment plan is developed and new participants are provided with an overview of the **Correctional Recovery Academy™**, including expectations of community members and anticipated benefits. All participants will receive an Inmate Handbook outlining the TC philosophy, available programming, program rules, daily schedules, values and principles, participation requirements, standards of conduct, confrontation tools and contact information.

Participants will also attend a series of motivational enhancement therapy sessions. The purpose of these sessions is to motivate and prepare offenders for active participation and completion of the structured cognitive behavioral programming. Each session is designed to increase problem recognition and the likelihood of effective program participation and outcomes.

Motivation-enhancing approaches are also emphasized throughout Phase 1 in order to:

- Inspire positive change;
- Prepare inmates to enter treatment;
- Engage and retain inmates in treatment;
- Increase their participation and involvement; and
- Improve treatment outcomes.

During Phase 1, each participant is also expected to learn a variety of communication and behavioral techniques designed to maximize his/her ability to engage in the treatment program. Many offenders enter treatment without the cognitive skills necessary to receive, process and internalize information effectively. The **Correctional Recovery Academy™** assists offenders in overcoming these cognitive deficits by providing specific learning skills designed to enhance his/her ability to become a learner in the peer community. These cognitive-behavioral techniques are presented, discussed and role modeled in Phase 1 through the use of thirteen "Core Skills" as a supporting component to the social learning model.

Selected curricula will be used to begin the process of change for offenders by providing them with social skills, cognitive restructuring and assertiveness skills. Detailed lesson plans instruct offenders on personal responsibility and self-efficacy for change creating a foundation for future goal setting. Through a variety of groups, offenders will learn the basic concepts of addiction, recovery and criminal addictive thinking.

The advancement criteria for Phase 1 are as follows:

- Learn and follow all institutional and program rules and procedures
- Complete or adhere to any security or institutional requirements
- Become an active and contributing member of the community
- Widen personal perspectives from self to peers and the community as a whole
- Learn and recite the philosophy in morning meeting
- Learn how to make Pull-ups and Push-ups
- Learn therapeutic community terms and slogans
- Learn and utilize core competencies (core skills)
- Attend and participate in all Phase 1 groups/classes & correctly complete all ITP assignments
- Begin to handle job function responsibly
- Demonstrate knowledge of addiction, recovery, and criminal addictive thinking
- Learn the concept of the inner and habit self
- Learn how to give and receive feedback
- Avoid destructive behaviors
- Not receive any Learning Experiences or Sanctions within the past two weeks
- Pass Phase Exam

Phase 2 (Primary Treatment)

Phase 2 of the program is a period of intensive group treatment that produces constructive insights and changes in the offender's thought processes, attitudes and behavior, resulting in acceptance of personal responsibility, enhanced self-management skills, and recognition of the negative impact of substance use. During individual and

group sessions, participants will examine how substance abuse developed in their lives and what effect it has had on their families. Additionally, they will identify the changes needed to abstain from the use of alcohol and other drugs.

The focus of Phase 2 is to establish and strengthen skills for autonomous decision-making and to develop and enhance the inmate's capacity for self-management in the absence of external controls (in this case, correctional authorities and counseling staff). Treatment goals include personal development, accepting responsibility for actions, openly admitting to the extent of alcohol and other drug use, making decisions regarding a drug-free and independent lifestyle, and building social and life skills.

The latter half of Phase 2 is characterized by a shifting focus from the assimilation of information and skills to their practical application. During this time, offenders will continue to attend cognitive-behavioral training and skill-building sessions while mentoring Phase 1 community members on a selective basis.

The advancement criteria for Phase 2 are as follows:

- Follow individual treatment plan
- Complete or adhere to any security or institutional requirements
- Attend and participate in all Phase 2 groups/classes & correctly complete all ITP assignments
- Participate in educational programming as appropriate per ITP
- Assume more responsibilities in the community
- Demonstrate enhanced self-management skills
- Become a mentor
- Demonstrate pro-social behaviors
- Become a consistent leader and role model in the community
- Learn effective problem solving and anger management skills
- Recognize and counter criminal addictive thinking
- Develop a sense of belonging within the therapeutic community
- Demonstrate responsible concern for fellow community members
- Demonstrate pro-social thinking and behaviors
- Participate in community member's committee structure
- Learn and practice constructive use of time
- Consistently follow all institutional and program rules
- Continue to avoid destructive behaviors
- Not receive any Learning Experiences or Sanctions within the past two weeks
- Pass Phase Exam

Phase 3 (Transition)

Phase 3 provides numerous opportunities for offenders to integrate and demonstrate all that has been learned, practiced, refined, and honed in the previous phases. Specifically, the primary objective of this phase is for each participant to develop a detailed and individualized "recovery roadmap" that will guide all activities in the first few days, weeks, and months after his release.

In applying the information and principles of recovery acquired in the earlier phases of the program, the offender is now tasked with co-developing, with his/her assigned counselor, a comprehensive Reentry/Continuing Care Plan using Spectrum's Re-entry Preparation and Continuing Care Checklist (RePACC). This tool is designed to help prepare offenders for successful community reintegration by addressing areas critical to continued pro-social recovery. The completed RePACC forms the basis for the offender's Reentry/Continuing Care Plan which is forwarded to probation and/or parole authorities to ensure his/her seamless transition to the community.

The completion criteria for Phase 3 are as follows:

- Follow individual treatment plan
- Complete or adhere to any security or institutional requirements
- Complete Reentry/Continuing Care Plan
- Attend and participate in all Phase 3 groups/classes & correctly complete all ITP assignments
- Assume more responsibilities
- Continue to be a leader and role model in the community
- Maintain a high standard of behavior at all times
- Consistently demonstrate learned skills and means to cope with personal challenges and responsibilities
- Continue to serve as a mentor
- Consistently demonstrate pro-social thinking and behaviors
- Serve as a role model
- Practice constructive use of time
- Consistently follow all institutional and program rules
- Continue to avoid destructive behaviors
- Not receive any Learning Experiences or Sanctions within the past two weeks
- Pass Graduation Test

A community ceremony is held to mark the achievement of each participant's passage from one phase to the next. All offenders successfully completing Phases 1 through 3 will participate in a "commencement" ceremony. Many individuals have never experienced a comparable achievement and Spectrum believes that completion of the program merits official acknowledgement. While these ceremonies mark the successful

completion of a rigorous treatment program, they also signal a new beginning for the graduates they honor, as sober, law abiding members of society.

Offenders will receive aftercare treatment following their completion of the Key/Crest programs. Aftercare is intended to provide support to offenders during their transition back to everyday life, with a focus on maintaining recovery, addressing life issues, and developing and expanding coping techniques. During this time, Spectrum's counseling staff will work in collaboration with probation/parole officers to ensure participants maintain a law-abiding, drug-free lifestyle.

(2) Treatment Content

Spectrum recognizes the importance and value of designing and implementing clinical programming based on current empirical research. Over the years, we have sought advice from leading researchers and practitioners in the field. In particular, Spectrum worked closely with **George DeLeon, Ph.D.** and the late **Alan Marlatt, Ph.D.**, pre-eminent specialists in therapeutic community and relapse prevention programming, respectively. Our groups are based on advancements made in cognitive-behavioral techniques by Canadian researchers, most prominently **Paul Gendreau, Ph.D.** and colleagues.

In addition, **Kevin Knight, Ph.D.** has provided consulting in the areas of clinical assessment, motivational enhancement techniques and treatment mapping. Dr. Knight is the Associate Director for Criminal Justice Studies at the Institute for Behavioral Research (IBR) at Texas Christian University. Dr. Knight is currently Principal Investigator for the CJ-DATS Project, a NIDA-funded cooperative agreement involving nine national research centers. He serves as co-editor of *Offender Substance Abuse Report* and participates in advisory activities for a variety of organizations that address substance abuse and related policy issues. His primary research interests include assessment strategies, cognitive-behavioral applications and treatment in criminal justice settings.

Other researchers who have informed Spectrum's approach include:

RESEARCHER	AREA OF EXPERTISE
Frank Porporino, Ph. D.	risk and needs assessment
James Prochaska, Ph.D. Carlo DiClemente, Ph. D. David MeeLee, M.D.	stages of change and treatment readiness
Barry Goldstein, Ph.D.	interpersonal skill training

RESEARCHER	AREA OF EXPERTISE
Patrick Reilly, Ph.D. Michael Shopshire, Ph.D. Barbara Armstrong, Ph.D.	anger management programming
Don Andrews, Ph.D. James Bonta, Ph.D.	criminal addictive thinking
Norma Finkelstein, Ph.D. Jean Baker Miller, Ph.D. Kathleen Daly, Ph.D.	gender-specific approaches & programming
Laurie Markoff, Ph.D. Lisa Najavits, Ph.D.	trauma informed substance abuse services
Steven Shoptaw, Ph.D.	methamphetamine assessment & treatment

The following tables outline the clinical service elements proposed for each program. Proposed programming is flexible and can be modified as requested or required.

Men's Key Program:

	Phase 1 Orientation Approx 90 days	Phase 2 Primary Treatment Approx 210 days	Phase 3 Transition Approx 60 days
Morning Meeting	(4) 30 min/wk	(4) 30 min/wk	(4) 30 min/wk
Community Meeting	(1) 30 min/wk	(1) 30 min/wk	(1) 30 min/wk
Evening Meeting	(5) 30 min/wk	(5) 30 min/wk	(5) 30 min/wk
Intro to TC Life (Handbook Study)	(1) 90 min/wk		
Getting Motivated to Change	(1) 90 min/wk		
Core Skills	(1) 90 min/wk		
Recovery Building Blocks	(1) 90 min/wk		
Thinking for a Change (T4C)	(1) 90 min/wk	(1) 90 min/wk	
Principles of Recovery		(1) 90 min/wk	
Criminal Addictive Thinking		(1) 90 min/wk	
Substance Abuse Education		(1) 90 min/wk	
Health and Wellness		(1) 90 min/wk	
Problem Solving		(1) 90 min/wk	
Anger Management		(1) 90 min/wk	
Family Dynamics/Building a Support System		(1) 90 min/wk	
Correctional Recovery Training		(1) 90 min/wk	
Moral Reconation Therapy		(1) 90 min/wk	
Relapse Prevention		(1) 90 min/wk	(1) 90 min/wk
Life Skills for Vocational Success		(1) 90 min/wk	(1) 90 min/wk
Job Readiness			(1) 90 min/wk
Parenting – Inside Out Dads			(1) 90 min/wk
Pro-Social Leisure & Positive Outlets			(1) 90 min/wk
Re-Entry & Continuing Care Planning (RePACC)			(1) 90 min/wk
Encounter Group (as assigned)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Seminar	Attend as assigned	Attend as assigned	Attend as assigned

	Phase 1 Orientation Approx 90 days	Phase 2 Primary Treatment Approx 210 days	Phase 3 Transition Approx 60 days
Committee Meetings	(5) per week	(5) per week	(5) per week
Committee Work	(5) per week	(5) per week	(5) per week
Interactive Journaling Workshop	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Twelve Step/ Self-Help Group	(7) 60 min/wk	(7) 60 min/wk	(7) 60 min/wk
Family Visitation Process Group	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Personal Portfolio			(1) 60 min/wk
Mastering Your Skills (as assigned)			(1) 60 min/wk
Co-Occurring Disorders Group (as assigned)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Self-Discovery Process group (per caseload)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Individual Counseling/Treatment Planning/Motivational Interviewing	(1) 60 min/month minimum	(1) 60 min/month minimum	(1) 60 min/month minimum

Men's Crest Program:

	Phase 1 Approx 60 days	Phase 2 Approx 60 days	Phase 3 Approx 60 days
Check-In Group	(5) 30 min/wk	(5) 30 min/wk	(5) 30 min/wk
Process Group	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Getting Motivated to Change	(1) 90 min/wk		
Core Skills (Revisited)	(1) 90 min/wk		
Criminal Addictive Thinking	(1) 90 min/wk		
Recovery Building Blocks	(1) 90 min/wk		
Men's Healthy Relationships		(1) 90 min/wk	
Problem Solving		(1) 90 min/wk	
Anger Management		(1) 90 min/wk	
Pro-Social Thinking/Moral Dilemmas for Men		(1) 90 min/wk	
Relapse Prevention			(1) 90 min/wk
Life Skills for Vocational Success	(1) 90 min/wk	(1) 90 min/wk	(1) 90 min/wk
Family Education			(1) 90 min/wk
Job Readiness	(1) 90 min/wk	(1) 90 min/wk	(1) 90 min/wk
Re-Entry & Continuing Care Planning (RePACC)	(1) 90 min/wk	(1) 90 min/wk	(1) 90 min/wk
Co-Occurring Disorders Group (as assigned)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Individual Counseling/Treatment Planning/Motivational Interviewing	(1) 60 min/month minimum	(1) 60 min/month minimum	(1) 60 min/month minimum

Women's Key Program:

	Phase 1 Orientation Approx 90 days	Phase 2 Primary Treatment Approx 210 days	Phase 3 Transition Approx 60 days
Morning Meeting	(4) 30 min/wk	(4) 30 min/wk	(4) 30 min/wk
Community Meeting	(1) 30 min/wk	(1) 30 min/wk	(1) 30 min/wk
Evening Meeting	(5) 30 min/wk	(5) 30 min/wk	(5) 30 min/wk
Intro to TC Life (Handbook Study)	(1) 90 min/wk		
Getting Motivated to Change	(1) 90 min/wk		
Core Skills	(1) 90 min/wk		
Recovery Building Blocks	(1) 90 min/wk		
Thinking for a Change (T4C)	(1) 90 min/wk	(1) 90 min/wk	
Principles of Recovery		(1) 90 min/wk	
Criminal Addictive Thinking		(1) 90 min/wk	
Substance Abuse Education		(1) 90 min/wk	
Health and Wellness		(1) 90 min/wk	
Problem Solving		(1) 90 min/wk	
Anger Management		(1) 90 min/wk	
Family Dynamics/Building a Support System		(1) 90 min/wk	
Correctional Recovery Training		(1) 90 min/wk	
Seeking Safety for Women		(1) 90 min/wk	
Moral Reconation Therapy		(1) 90 min/wk	
Relapse Prevention for Women			(1) 90 min/wk
Life Skills for Vocational Success			(1) 90 min/wk
Job Readiness			(1) 90 min/wk
Parenting for Women			(1) 90 min/wk
Pro-Social Leisure and Positive Outlets group			(1) 90 min/wk
Re-Entry & Continuing Care Planning (RePACC)			(1) 90 min/wk
Encounter Group (as assigned)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk

	Phase 1 Orientation Approx 90 days	Phase 2 Primary Treatment Approx 210 days	Phase 3 Transition Approx 60 days
Seminar	Attend as assigned	Attend as assigned	Attend as assigned
Committee Meetings	(5) per week	(5) per week	(5) per week
Committee Work	(5) per week	(5) per week	(5) per week
Interactive Journaling Workshop	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Twelve Step/ Self-Help Group	(7) 60 min/wk	(7) 60 min/wk	(7) 60 min/wk
Family Visitation Process Group	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Personal Portfolio (present in Seminar)			(1) 60 min/wk
Mastering Your Skills (as assigned)			(1) 60 min/wk
Co-Occurring Disorders Group (as assigned)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Self-Discovery Process Group (per caseload)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Individual Counseling/Treatment Planning/Motivational Interviewing	(1) 60 min/month minimum	(1) 60 min/month minimum	(1) 60 min/month minimum

Women's Crest Program:

	Phase 1 Approx 60 days	Phase 2 Approx 60 days	Phase 3 Approx 60 days
Check-In Group	(5) 30 min/wk	(5) 30 min/wk	(5) 30 min/wk
Process Group	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Getting Motivated to Change	(1) 90 min/wk		
Core Skills Revisited	(1) 90 min/wk		
Criminal Addictive Thinking	(1) 90 min/wk		
Recovery Building Blocks	(1) 90 min/wk		
Health Education		(1) 90 min/wk	
Problem Solving		(1) 90 min/wk	
Anger Management		(1) 90 min/wk	
Pro-Social Thinking/Moral Dilemmas for Women		(1) 90 min/wk	
Relapse Prevention for Women			(1) 90 min/wk
Life Skills for Vocational Success	(1) 90 min/wk	(1) 90 min/wk	(1) 90 min/wk
Family Education			(1) 90 min/wk
Job Readiness	(1) 90 min/wk	(1) 90 min/wk	(1) 90 min/wk
Re-Entry & Continuing Care Planning (RePACC)	(1) 90 min/wk	(1) 90 min/wk	(1) 90 min/wk
Co-Occurring Disorders Group (as assigned)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Individual Counseling/Treatment Planning/Motivational Interviewing	(1) 60 min/month minimum	(1) 60 min/month minimum	(1) 60 min/month minimum

Boot Camp Program:

	Phase 1 Orientation	Phase 2 Primary Treatment	Phase 3 Transition
Getting Motivated to Change	(1) 90 min/wk		
Core Skills	(1) 90 min/wk		
Criminal Addictive Thinking	(1) 90 min/wk		
Substance Abuse Ed/ Health & Wellness		(1) 90 min/wk	
Correctional Recovery Training		(1) 90 min/wk	
Anger Management		(1) 90 min/wk	
Relapse Prevention			(1) 90 min/wk
Life Skills for Vocational Success			(1) 90 min/wk
Job Readiness			(1) 90 min/wk
Re-Entry & Continuing Care Planning (RePACC)			(1) 90 min/wk

Spectrum will consult with institutional personnel to ensure that these services fully conform to the rigid behavioral expectations of the Boot Camp program, reinforcing the belief that highly disciplined programs such as this instill a greater sense of personal responsibility and self-efficacy in its participants. Cognitive-behavioral techniques will be used to assist offenders in identifying the distorted thinking patterns that have contributed to anti-social behaviors and reinforcing the acquisition of pro-social skills that increase their chances of a positive and fulfilling life free of substance abuse and criminal behaviors.

Young Criminal Offender Program:

	Phase 1 Orientation	Phase 2 Primary Treatment	Phase 3 Transition
Morning Meeting	(4) 30 min/wk	(4) 30 min/wk	(4) 30 min/wk
Community Meeting	(1) 30 min/wk	(1) 30 min/wk	(1) 30 min/wk
Evening Meeting	(5) 30 min/wk	(5) 30 min/wk	(5) 30 min/wk
Life Skills Group/Skillstreaming	(1) 60 min/day	(1) 60 min/day	(1) 60 min/day
Intro to TC Life (Handbook Study)	(1) 90 min/wk		
Getting Motivated to Change	(1) 90 min/wk		
Core Skills	(1) 90 min/wk		
Recovery Building Blocks	(1) 90 min/wk		
Facts of Life	(1) 90 min/wk		
Substance Abuse Education		(1) 90 min/wk	
Health and Wellness		(1) 90 min/wk	
Problem Solving		(1) 90 min/wk	
Anger Management		(1) 90 min/wk	
Family Dynamics/Building a Support System		(1) 90 min/wk	
Correctional Recovery Training		(1) 90 min/wk	
Seeking Safety		(1) 90 min/wk	
Relapse Prevention		(1) 90 min/wk	(1) 90 min/wk
Life Skills for Vocational Success		(1) 90 min/wk	(1) 90 min/wk
Job Readiness			(1) 90 min/wk
Pro-Social Leisure & Positive Outlets Group			(1) 90 min/wk
Re-Entry & Continuing Care Planning (RePACC)			(1) 90 min/wk
Encounter Group	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Seminar	Attend as assigned	Attend as assigned	Attend as assigned
Committee Meetings	(5) per week	(5) per week	(5) per week
Committee Work	(5) per week	(5) per week	(5) per week
Crew Work	Daily	Daily	Daily
Interactive Journaling Workshop	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Twelve Step/ Self-Help Group	(7) 60 min/wk	(7) 60 min/wk	(7) 60 min/wk
Family Visitation	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk

	Phase 1 Orientation	Phase 2 Primary Treatment	Phase 3 Transition
Process Group			
Personal Portfolio			(1) 60 min/wk
Co-Occurring Disorders Group (as assigned)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Self-Discovery Process group (per caseload)	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Individual Treatment Mapping	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk
Individual Counseling/Treatment Planning/Motivational Interviewing	(1) 60 min/wk	(1) 60 min/wk	(1) 60 min/wk

6 for 1 Program - Men:

	Weeks 1 & 2	Weeks 3 & 4	Weeks 5 & 6
Morning Meeting	(7) 30 min/wk	(7) 30 min/wk	(7) 30 min/wk
Core Skills	(5) 90 minute group/week		
Recovery Building Blocks	(5) 90 minute group/wk		
Substance Abuse Education	(5) 90 minute group/wk		
Criminal Addictive Thinking		(5) 90 minute group/wk	
Correctional Recovery Training		(5) 90 minute group/wk	
Relapse Prevention		(1) 90 minute group/wk	(1) 90 minute group/wk
Life Skills for Vocational Success		(1) 90 minute group/wk	(1) 90 minute group/wk
Continuing Care Planning/RePACC		(1) 90 minute group/wk	(1) 90 minute group/wk
Encounter Group (as assigned)	(1) 60 minute group/wk	(1) 60 minute group/wk	(1) 60 minute group/wk
Twelve Step/ Self-Help Meeting	Daily	Daily	Daily
Motivational Interviewing, Individual Treatment Planning, Individual Counseling (with Mapping Enhanced Treatment)	(1) 60 minute session/week	(1) 60 minute session/week	(1) 60 minute session/week

6 for 1 Program - Women:

	Weeks 1 & 2	Weeks 3 & 4	Weeks 5 & 6
Morning Meeting	(7) 30 min/wk	(7) 30 min/wk	(7) 30 min/wk
Core Skills	(5) 90 minute group/week		
Recovery Building Blocks	(5) 90 minute group/wk		
Substance Abuse Education	(5) 90 minute group/wk		
Criminal Addictive Thinking		(5) 90 minute group/wk	
Correctional Recovery Training		(5) 90 minute group/wk	
Seeking Safety	(1) 90 minute group/wk	(1) 90 minute group/wk	(1) 90 minute group/wk
Relapse Prevention		(1) 90 minute group/wk	(1) 90 minute group/wk
Life Skills for Vocational Success		(1) 90 minute group/wk	(1) 90 minute group/wk
Continuing Care Planning/RePACC		(1) 90 minute group/wk	(1) 90 minute group/wk
Encounter Group (as assigned)	(1) 60 minute group/wk	(1) 60 minute group/wk	(1) 60 minute group/wk
Twelve Step/ Self-Help Meeting	Daily	Daily	Daily
Motivational Interviewing, Individual Treatment Planning, Individual Counseling (with Mapping Enhanced Treatment)	(1) 60 minute session/week	(1) 60 minute session/week	(1) 60 minute session/week

Aftercare:

Spectrum's aftercare program is intended to provide support to offenders during their transition back to everyday life, with a focus on maintaining recovery, addressing life issues, and developing and expanding coping techniques. During this time, Spectrum's counseling staff will work in collaboration with probation/parole officers to ensure participants maintain a law-abiding, drug-free lifestyle.

Components of the program include: (1) assessment; (2) individual treatment planning; (3) group counseling, (4) individualized continuing care planning; and (5) individual crisis counseling, as needed. At a minimum, group counseling will consist of weekly, 90-minute groups for six months. Each offender will receive a minimum of 39 hours of highly structured treatment services utilizing Spectrum's extensive curricula and program materials (with DDOC approval). Based on individual needs, treatment may include bi-weekly group sessions as determined through individual treatment planning

Spectrum's approach to scheduling is flexible in order to accommodate the needs of participating ex-offenders. Meeting days and times will be established so that conflicts with employment responsibilities are minimized to the greatest extent possible. It is anticipated that the majority of groups will occur in the evening or on weekends.

(1) Psycho-Educational Curriculum and Treatment Topics

Spectrum's counseling staff uses topic-specific, evidence-based curricula, to train participants in a battery of cognitive and psychosocial skills considered essential for a life free of criminal and drug habits. A key assumption underlying Spectrum's curricula is that destructive habit patterns and thoughts can be changed through the application of self-management and self-control procedures. Self-control, as represented by this approach, encompasses strategies and techniques in three main areas:

- Acquiring adaptive coping skills as alternatives to addictive behaviors and crime.
- Fostering new cognitions - attitudes, attributions and expectancies.
- Developing a daily lifestyle that includes pro-social behaviors, activities and non-destructive ways of achieving personal satisfaction and gratification.

Situational exercises and activities play an integral part in increasing an offender's ability to remain drug free. Skills' training is designed to involve participants in the learning process. Specifically, the following tools are utilized:

- **Mental Set** – The group facilitator begins each session with a "mental set" or reason to learn, motivating offenders to learn and practice the skill being taught because it is relevant to their recovery.

- **Checks for Understanding** – The group facilitator asks for specific information in order to assess whether explanations and demonstrations have been clear.

- **Induction Method** – The group facilitator uses group questioning and brainstorming, supplemented by probes, suggestions and summaries to draw upon offenders' experience and knowledge.

- **Practice / Role Play** – Ideally, every participant is provided an opportunity to practice new concepts. Role plays involve modeling, coaching and feedback.

- **Diversity in Learning** – The group facilitator solicits and incorporates situations brought up by participants in role play exercises.

- **Integrating Real Life Situations** – The group facilitator makes the skill training personal by checking for understanding and using examples from offenders' lives.

- **Homework** – Homework involves offenders as active participants and requires them to think about the material in between group sessions.

Homework assists offenders in learning to generalize the skills that they have learned to a wider range of situations. In between sessions, offenders are required to think about and practice what they have learned in group in order to successfully apply these skills and sustain their recovery. Homework exercises also provide an opportunity for offenders to identify individual areas of strength and need.

In many cases, participants are provided handouts and assignments in order to prepare for the next group. Having participants work on assignments in advance allows more time for processing the issues related to the skills being learned. Emphasis is placed on integrating real life situations into all homework and group exercises.

Below is a brief summary of the various evidence-based groups, meetings, courses and workshops proposed by Spectrum.

Morning Meeting

Morning Meetings are held daily, assembling all inmates and staff in a thirty minute meeting, conducted by senior community members with the purpose of initiating the activities of the community's day in a positive manner. According to TC researchers such as George DeLeon, Ph.D., these meetings have special therapeutic significance to the substance abusing population, who may approach the day with various symptoms and negative emotions related to perceived and sometimes resented demands of a

structured, routine life. If these negative symptoms and emotions are not dissipated early in the day, they may negatively influence behaviors for the remainder of the day.

The goal of *Morning Meeting* is for community members to begin their day with a purpose, a goal, and on a positive note, motivated to engage the day and hopeful of their recovery. *Morning Meeting* is designed to motivate community members and stimulate positive energy. It prepares inmates for the highly structured, rigorous demands of the day. Under the direct supervision of program staff, the Coordinator facilitates *Morning Meeting*. Staff is responsible for monitoring *Morning Meeting* for compliance with respect to the format and to intervene when necessary.

Evening Meeting

Also held on a daily basis, *Evening Meeting* is the last meeting of the day. The goal of *Evening Meeting* is for community members to reflect upon their behavior during the day, how they used the concepts of the program philosophy, word, and reading of the day, and to end their day on a positive note. Under the direct supervision of the program staff, the Coordinator facilitates *Evening Meeting*. Staff is responsible for monitoring *Evening Meeting* for compliance with respect to the format and to intervene when necessary.

Community Meeting

Based on the original work of George DeLeon, Ph.D., *Community Meetings* are formal meetings for the entire treatment community – program participants and staff. Community Meetings are forums to:

- make general announcements;
- communicate program activities and events;
- motive and build community spirit;
- address issues/problems that affect the community as a whole;
- express participants' and staffs' concerns in a mature manner; and
- practice pro-social group skills.

As a tool of growth, *Community Meetings* provide opportunities to understand and address issues of general or "community" interest as opposed to personal issues. Participants are expected to be respectful and attentive, to listen and think, and to be relevant and practical in one's communications. With standard procedures that impose orderliness, these meetings serve as vehicles for establishing common understanding and instilling pro-social norms.

By allowing responsible questions, suggestions, positive feedback, *Community Meetings* also reinforce pro-social conduct. Participation in *Community Meetings* is one of the factors assessed in treatment progress.

Intro to TC Life

Intro to TC Life provides orientation for new participants regarding the philosophy, rules and guidelines, and daily procedures of the therapeutic community. Groups are facilitated by staff as well as senior program participants. Based on the groundbreaking work by Dr. George DeLeon presented in *Community as Method: Therapeutic Communities for Special Populations* and *Special Settings and The Therapeutic Community: Theory, Model, and Method*, these groups orient new participants to the therapeutic community (TC) approach, including its underlying philosophy, values, structure and methods.

TCs focus on re-socializing the individual to a drug-free, crime-free lifestyle through a well-defined community environment where community members and staff supply key therapeutic input. As such, participants are introduced to important TC terms and concepts such as community as method, acting as if, right living, individual accountability, TC structure, peer feedback, staff as rational authority; program expectations; and, anticipated benefits. The TC model of addiction treatment has repeatedly shown to be effective for reducing recidivism and substance use, and many of the underlying concepts have also been independently studied and validated.

> "The organization demonstrates exemplary practice in demonstrating that information and education relevant to the needs of the persons served are provided. Using research-based information, the organization has developed curriculum to use in all its programs. The curriculum is designed to meet the varied needs of clients at each level of care or program. The curriculum is well-organized and easy to follow. New counselors can easily utilize the information to educate clients and run an effective group. The curriculum allows the organization to provide a consistent message to persons served and know what information is being provided at any given time. The curriculum is updated based on feedback from program staff and when new information related to best practice is identified."
>
> - CARF Survey Report

Getting Motivated to Change

Spectrum's *Getting Motivated to Change* group is adapted from Texas Christian University's *Getting Motivated to Change* curriculum, developed by Bartholomew, Dansereau, & Simpson in 2006. This TCU curriculum is based on Motivational Enhancement Therapy (MET), which is registered in the National Registry of Evidence-Based Programs and Practices (NREPP). Grounded in Prochaska and DiClemente's

Stages of Change Model, introductory sessions help offenders think about motivation and how it governs decisions to change behavior. Treatment mapping exercises and related cognitive strategies are used to engage participants in discussions of motivation. Information is explored from a strength-based perspective that encourages offenders to consider goals they are willing to pursue.

Check In Group

Similar to the *Morning Meeting* described previously, the purpose of this daily group is to bring Crest program participants together, help them organize the day ahead, and motivate them with a positive beginning. In addition to any announcements, a major part of this group is dedicated to providing participants a guided forum in which to process concerns about their progress, program expectations, and their own expectations of the program. This helps to instill confidence, reduce fears, and develop trust within the program.

Recovery Building Blocks

Spectrum's programming is also based on the stages of change articulated by Prochaska and DiClemente. Recognizing that most offenders entering the system are in the pre-contemplation or contemplation stage, we aim to assist and encourage participants to:

- recognize problem behaviors;
- resolve feelings of ambivalence toward change;
- regard positive change as being in their best interest;
- discover intrinsic motivators;
- strengthen self-efficacy; and
- feel competent to change (Miller and Rollnick, 1991).

Recovery Building Blocks teaches offenders the fundamental skills needed to fully participate in all program activities. Sample lessons include:

- Learn to Learn
- Giving and Receiving Feedback
- Inner Self and Habit Self
- Addictive Thinking
- Being Accountable
- Positive "I" statements
- Intro to Continuing Care

Thinking for a Change (T4C)

Offenders' thinking is usually distorted, self-defeating, and unrealistic. *Thinking for a Change* is an integrated, cognitive behavioral change program that teaches offenders how to change their thinking patterns and behavior. Available from the National

Institute of Corrections, *Thinking for a Change* combines three cognitive-based approaches – cognitive self-change, social skills training and problem solving skill development. The program is designed to change offenders' behavior by restructuring their thinking.

Life Skills/Skillstreaming

Spectrum utilizes Goldstein and Glick's *Skillstreaming* curriculum for teaching life skills to young offenders. Skillstreaming's efficacy with troubled youth is well-documented and provides a solid foundation for the concurrent implementation of Goldstein's Aggression Replacement Training (ART), now commonly known as the Prepare Curriculum. The Prepare program enables young offenders to practice the core Skillstreaming components (listening, asking for help, and knowing your feelings, for example) in the context of broader competencies which include, but are not limited to anger control, stress management, moral reasoning, cooperation, problem solving, and empathy.

Facts of Life

The *Facts of Life* group includes sixteen topic sessions designed to teach young offenders positive peer interaction through staff-guided role playing. Examples of topics include, "Anger Harms in All Directions" (teaches the consequences of uncontrolled anger and the skills used to manage anger); "If You Don't Control Yourself, Others Will" (teaches skills for self-management and program and societal consequences for lack of self-control); and "Giving Respect Gets Respect" (teaches the importance of self respect and respect for others).

Principles of Recovery

The *Principles of Recovery* group is intended to provide participants with a set of concepts for "right- living" and universal truths about pro-social behavior and what it takes to succeed. The Principles of Recovery consist of fourteen simple tenets for daily living and are grounded upon current theories of addiction and recovery, and NIDA-based research. They define pro-social norms that have universal applicability, and as cognitive treatment, the principles serve as counters to the mental blueprints of anti-social and anti-recovery thinking.

Criminal Addictive Thinking

This group was collaboratively developed by Dr. Paul Gendreau, an expert in the field of criminal thinking, and Spectrum Health Systems. It includes a set of psycho-educational materials that address how the offender thinks and how this thinking influences their feelings and behaviors. Spectrum's *Criminal Addictive Thinking* (cognitive restructuring) group targets specific cognitive deficits and teaches cognitive skills that foster the development of pro-social thinking patterns. Information,

exercises, and activities help offenders see that criminality and addiction are thinking problems before they become behavior problems.

Substance Abuse Education Group

This group provides offenders with a basic understanding of the physical, psychological, and sociological effects of alcohol and other drug use, including related concepts and terminology. In addition, offenders learn about the association between drug use, personal health, anti-social behavior and family functioning. *Substance Abuse Education* groups provide program participants with a basic understanding of addiction and recovery. These interactive groups are provided to help participants incorporate information that will help them begin to establish a recovery-orientation and guide them to more productive choices.

Problem Solving - Learn to DEAL

Based on the work of Thomas D'Zurilla, Ph.D. and Marvin Goldfreid, Ph.D. in "Problem-solving and behavior modification," Spectrum's *Problem Solving* group teaches offenders a systematic approach to solving real-life problems through interactive exercises. With guidance from the group counselor, participants address "model" problems presented by staff and "actual" problems presented by participants using "DEAL" (i.e., Define, Examine, Act, and Learn). These steps represent the basic components of learning to think consequentially and more inclusively, and learning to respond, not react to troubling situations. This interactive group also involves behavioral modeling, coaching, rehearsal and debriefing.

Anger Management

Spectrum's *Anger Management* group is based on a program developed by SAMHSA's Center for Substance Abuse Treatment (CSAT) specifically for substance abuse and mental health clients. Learning and applying appropriate anger and stress management techniques results in better institutional conduct, fewer discipline reports and lower rates of recidivism upon release. This group combines a variety of cognitive, relaxation and communication interventions to help participants learn to manage anger effectively. Homework is assigned from the workbook, *Anger Management for Substance Abuse and Mental Health Clients* to reinforce the concepts and skills learned during the group sessions. SAMHSA's Anger Management curriculum is also listed on the National Registry of Evidence-based Programs and Practices.

Family Dynamics/Building a Support System

Substance abuse affects the entire family system. This group is designed to assist offenders in gaining knowledge about the impact of their substance abuse on family members and other relationships. Specific information about family roles, co-dependency, characteristics of adult children of alcoholics, and the family's role in recovery is provided. Additionally, these sessions provide a process group forum for

discussing and sharing personal experiences – particularly issues of regaining the trust of family members, guilt stemming from the harm suffered by family members as a result of their actions, relationships lost because of substance abuse and criminal behaviors, and re-connecting with family as a part of recovery. To encourage these re-connections, Phase 2 and 3 community members will write weekly letters to their family (all letters will be reviewed by counseling staff prior to mailing). Participants also learn how to identify and establish positive support systems that assist them in maintaining a drug-free, crime-free life, and to understand how a strong positive support system can help in the prevention of relapse.

Correctional Recovery Training

Correctional Recovery Training (CRT) is an adaptation of Recovery Training which was developed by specialists at the Harvard School of Public Health under a grant from the National Institute on Drug Abuse, subsequently published in *Addict Aftercare: Recovery Training and Self-help* and now listed on the National Registry of Evidence-based Programs and Practices. Controlled clinical trials have demonstrated the effectiveness of Recovery Training and NIDA promotes it as the most comprehensive form of recovery training. CRT units follow a standard format designed to reinforce a consistent learning culture. The basic elements of CRT units include: Main Idea, Framer, Opener, Analysis, Skill Application & Practice, Wrap-Up, and Homework. Each CRT unit focuses on one topic chosen for its relevance and importance in reducing relapse and recidivism. Spectrum has been repeatedly commended by offenders on the appropriateness and relevance of CRT content.

Moral Reconation Therapy

Developed by Little and Robinson, *Moral Reconation Therapy* is widely recognized as an evidence-based practice and is now included in the National Registry of Evidence-based Programs and Practices maintained by the Substance Abuse and Mental Health Administration (SAMHSA) This group is a systematic, cognitive-behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages of moral reasoning. All of these goals are ultimately demonstrated by more appropriate behavior on the part of the program participants.

Relapse Prevention

Relapse Prevention groups are designed to teach program participants effective relapse prevention skills. The curriculum is based on the principles of effective relapse prevention strategies first articulated by Drs. Marlatt and Gordon in *Relapse Prevention: Maintenance strategies in the treatment of addictive behaviors* in 1985. Relapse Prevention analyzes factors that may lead to relapse and offers practical techniques for maintaining treatment gains. Building on Marlatt's work, Spectrum's Relapse Prevention curriculum was developed under a grant from the National

Institute on Drug Abuse (NIDA) to measure the efficacy of teaching substance abusers relapse prevention skills and strategies.

Dr. Marlatt participated in Spectrum's NIDA-supported curriculum research. Examples of topic areas include: understand the relapse process, handling urges and cravings, identifying high-risk situations, coping with high risk situations, developing a balanced life-style, preventing and handling lapses, and relapse prevention planning.

> "Spectrum Health Systems, Inc. is a treatment organization that I have maintained a consulting relationship with in the past many years. I consider their senior clinical staff to be eminently qualified practitioners of Relapse Prevention Therapy (RPT) for substance-abusing, criminal justice populations."
>
> - Alan Marlatt, Ph.D.

Life Skills for Vocational Success

Building on Interpersonal Skills Training, Spectrum's *Life Skills for Vocational Success* is designed to prepare and teach basic skills needed for gainful employment utilizing modeling and role-playing teaching strategies. This group utilizes *Life Skills for Vocational Success* developed by Workshops, Inc. under a grant from the Alabama Department of Rehabilitation Services.

The curriculum is based on the familiar transitional Bridge Model defined by Brolin (1989, 1993) which postulates the "transition to work" concept is inextricably related to the career development concept that has been implemented in various agency settings for many years. In addition, *Transition Skills – Community Transition* – a workbook developed by The Change Companies® is used to help offenders develop key skills in order to make responsible choices to avoid future incarceration. Sample topic areas include: social skills, decision-making skills, employability, money management, transportation, health, family responsibilities, basic understanding of the law and telephone skills. The Change Companies' *Transition Journal* focuses on helping offenders evaluate whether their expectations about their future is realistic by addressing key transition issues such as working with authority figures, handling social pressures, and related topics.

Counseling staff capitalize on every opportunity during their contact with participants to reinforce concepts from *Life Skills for Vocational Success*, as well *as Interpersonal Skills Training* concepts and other positive behaviors in order to improve their functioning within the community and their family.

Job Readiness

Research studies have repeatedly shown a very strong correlation between recovery and employment. *Job Readiness* groups are designed to help prepare and teach the basic skills needed for gainful employment. Interviewing skills, resume writing, job search strategies, and the necessity of honesty in all aspects of the job interview process are the primary topics addressed. Career development will also be explored and participants will be expected to identify short and long term employment goals. Utilization of worksheets such as "The Ready-For-Work Checklist" and "The Right-Job Checklist" assist them in making concrete plans for employment after discharge. Role-play is utilized extensively to assist in presentation skills. Also, time is devoted to processing the feelings of anxiety offenders may have about obtaining employment.

Pro-Social Leisure & Positive Outlets

This interactive workshop helps participants identify, explore, and manage positive, pro-social leisure and recreational activities through the use of selected workbook exercises and guided discussion using SAMHSA's evidence-based *Matrix Treatment for People with Stimulant Use Disorders* treatment manual and client handbook. The exercises and materials in this manual and handbook are applicable to most substance abuse disorders. Sample lessons include:

- Boredom and its Harmful Effects
- Staying Busy
- Making New Friends
- Managing Downtime
- Holidays and Recovery
- Recreational Activities

Re-entry/Continuing Care Planning

Re-entry/Continuing Care Planning is ongoing, beginning upon admission and continuing post discharge. Ensuring that all participants are afforded an individual recovery-oriented reentry/transition plan linked to available community resources is an essential component of the program. The *Re-entry/Continuing Care* group assists inmates with community reentry planning by focusing on the continuation of treatment, recovery planning, employment, family engagement (when applicable), safe housing, medical needs, personal finances and educational/vocational needs through the use of Spectrum's *Re-Entry Preparation and Continuing Care (RePACC)* tool. Completing the RePACC involves communication, information gathering, detailed planning, and the demonstration of specific skills learned throughout program participation.

Encounter Group

Encounter Groups provide a safe and respectful environment for community members to address conflict and express responsible concern for one another in a pro-social

manner. This group serves as a forum whereby TC values and standards are constructively upheld by community members and staff. Thinking errors and proscribed behaviors are addressed and challenged. The group allows the community member to examine how he/she behaves inside the group room, outside the group room, and with his/her peers. It also provides an opportunity for staff to evaluate community members' ability to demonstrate skills learned in a real life situation.

Seminar

Seminars are forums where offenders present to counselors and peers what they have accomplished in their homework assignments. Program participants are required to present their assignment at least one time during each phase. Phase 1 & 2 participants present a journaling assignment while Phase 3 participants present on their progress toward the developing a personal portfolio.

Committee Meetings

Committee Meetings serve as a therapeutic tool to promote the concept of responsible concern, pride, ownership in the TC value and standard, and an intervention to assign responsibility - not authority - to community members at varying degrees as they progress through the program.

Committee Meetings will be formed for specific purposes to achieve identified goals and overseen by a staff person. Each committee will include six to ten community members and membership will rotate based on staff assignments. All community members will be assigned to a committee at some point during the program. Daily responsibilities vary according to the focus of the particular committee.

Interactive Journaling Workshop

This group provides the opportunity for participants to discuss their journal work for each respective phase. Journaling allows participants to explore treatment concepts and reflect upon the influences, people and experiences in their lives. Spectrum utilizes workbook materials created by The Change Companies®. Examples include: (1) *Orientation* explores choices made, self-defeating thoughts, and positive attitudes; *Rational Thinking* identifies common thinking errors, tools to improve thinking styles, and rational self-analysis; and *Criminal Lifestyle* examines the cost and payoff of criminal behaviors, how criminal thinking errors support a criminal lifestyle, and about harmful attitudes.

These evidence-based materials incorporate leading behavioral change research in a guided, sequenced format. Content is designed to engage participants in exploring risks, needs and skill deficits, as well as strengths, resources and solutions to problem behaviors. Use of interactive journaling materials by The Change Companies® has been

found to reduce recidivism among criminal offenders (Proctor, Hoffmann, Corwin, & Allison, (2010).

12-Step Fellowship

Spectrum will collaborate with the Department to provide *12-Step Fellowship* groups at each program site. All volunteer facilitators will be approved by the Department prior to entering the facility. Spectrum staff will develop and facilitate a group based on 12-Step principles and concepts in the event that volunteers are not available for a particular program site.

To augment these meetings, staff will incorporate exercises from the following two workbooks developed by the Institute of Behavioral Research at the Texas Christian University:

- ***Social Networks in Recovery*** includes a collection of materials to educate participants about the importance of social networks, support groups and family involvement in maintaining recovery. Worksheets and handouts will be used to assist participants in identifying a personal support network from a solution-focused and strengths-based perspective.

- ***Mapping Your Steps*** utilizes mapping exercises to personalize the Twelve Steps and stimulate personal reflection about common 12-Step slogans, the Twelve Traditions, and the Serenity Prayer. Participants will explore the deeper meaning of these concepts and ideas, and apply them to their everyday lives. For example, in exploring the slogan, "First Things First," participants will (1) define the statement; (2) brainstorm how it can help them; (3) identify situations where they need to remember this concept; and (4) how they intend to use it to improve these situations.

Both manuals are available for downloading from the www.ibr.tcu.edu website.

Family Visitation Process Group

This group occurs after visits by family and/or significant others. Key program participants who receive a visit will be required to attend this group. The *Family Visitation Process Group* provides a forum for program participants to discuss their visit and, if necessary, receive support from their fellow peers to address any issues raised during the visit.

Personal Portfolio

This group is intended to promote thoughtful, genuine recovery from impulsive, self-defeating, and self-destructive behaviors and to promote continued right living. As

mentioned previously, prior to discharge, each participant develops a personal portfolio which includes the following:

- **Personal Information** (e.g., name, home address, phone, social security number, strengths & abilities, hobbies, community service, faith-based programming).

- **Education** (e.g., schools attended with dates and addresses; degrees, awards and certificates; transcripts and evaluations; future educational needs and goals; employment assessment).

- **Job Search Tools** (e.g., completed job application; resume; cover letter; appropriate job search clothes).

- **Identification** (e.g., Social Security card; birth certificate; driver's license or picture ID; selective service/military; health insurance).

- **References** (e.g., identification; selection; permission; contact information; letters).

Mastering Your Skills

Research clearly demonstrates the importance of repetition and skills practice in reducing recidivism. Spectrum's *Mastering Your Skills* group provides an opportunity for Phase 3 participants to practice and become more proficient in the skills learned in the program. Staff and/or community members select the skills to be practiced. Examples include problem solving, relapse prevention, drug refusal, consequential thinking, cognitive restructuring, etc. Participants receive coaching and modeling from staff and constructive feedback from group members.

Self Discovery Process Group

The *Self Discovery Process Group* is designed to help participants build an authentic personal narrative about their substance abuse and mental health issues that integrate their past, present, and future potential for change. Prochaska's transtheoretical model is used to describe the process of change. Work by Prochaska, Norcross, and DiClemente on *Changing for good: the revolutionary program that explains the six stages of change and teaches you how to free yourself from bad habits* demonstrates change is a process involving progress through specific stages and, furthermore, that interventions designed to change behavior must be matched to the individual's stage of change to be effective. Likewise, each group encourages appropriate confrontation and feedback for re-shaping, enhancing self-efficacy, and self-presentation according to the individual's stage of change. Key areas discussed in this group are:

- Where did I come from?
- Where am I going with my mental health concerns and chemical dependency?

- How am I changing on both issues?
- What am I learning about both issues?
- Why am I stuck on these issues?

Such questions give structure and direction to the group while keeping sessions dynamic and interactive.

Individual Counseling

Individual counseling sessions are used to individualize treatment and provide an opportunity for the counselor to:

- gather additional information pertinent to the offender's process of change;
- address issues related to treatment readiness, engagement and retention;
- review individual treatment plan objectives;
- assess individual progress;
- coach the offender in specific deficit areas;
- recognize accomplishments and the underlying strengths of the offender; and
- serve as an authority/helping figure on a more personal, pro-social, non-manipulative and mutually rewarding level.

Using assessment results and with input from the interdisciplinary team, individual counseling sessions also focus on formulating, revising and achieving the goals of the Individual Treatment Plan (ITP). The Individual Treatment Plan contains detailed goals and objectives that incorporate the specific challenges, problems, strengths, and abilities of the offender. By regularly reviewing the ITP with the offender, new learning and insights gained through the various group modalities are highlighted in order to constantly reinforce his/her sense of accomplishment while emphasizing that change is a never-ending process that only gets easier as self-knowledge and self-efficacy are increased.

Based on the work of Kevin Knight, Ph.D., Spectrum incorporates "Bridging the Gap" assignments from The Addiction Treatment Planner, Third Edition and treatment mapping exercises from Mapping the Journey: A Treatment Guide Book developed by the Institute of Behavioral Research to individualize treatment, identify and address specific needs, and generalize skills learned during group sessions.

The benefits of treatment mapping include:

- Makes treatment discussions more memorable.
- Increases on-task performance in group sessions (especially helpful for individuals with attention deficits).
- Gives inmates greater confidence in their ability to communicate.

- Facilitates the production of insights and ideas.
- Facilitates the counselor-client therapeutic alliance.
- Facilitates self-confidence, self-efficacy & problem solving.
- Fosters positive feelings about personal progress in treatment and positive perceptions of the treatment process.

Spectrum also offers the following gender specific groups:

Parenting for Women

Spectrum's utilizes the *Partners in Parenting* curriculum developed by the Institute of Behavioral Research (IBR) under a grant from the Center for Substance Abuse Treatment and National Institute on Drug Abuse. These groups focus on the identified concerns of recovering parents and encourage learning and skill building in key areas such as parent-child communication, developmental expectancies, guidance and discipline, problem solving and self care. The curriculum contains material for structured workshop sessions that allow participants to practice parenting strategies and discuss their experiences with others. Direct and honest communication techniques are role-played in parenting sessions. Methods of communication with children, dealing with parental stress, and effective limit setting discussed.

Parenting for Men

Spectrum's *Parenting Group for Men* is based on the *InsideOut Dad* curriculum developed by the National Fatherhood Initiative specifically for incarcerated fathers. The program aims to foster positive father-child relationships during incarceration and upon release. Sessions address:

- Positive family values
- Effects of incarceration on families
- Parenting and family-relationship skills
- Strategies for fulfilling parental responsibilities while confined and upon release
- Strategies for connecting with family members
- Developing a viable family-integration plan
- Positive skills for dealing with issues of loss, shame, and guilt.

Seeking Safety

Endorsed by the Institute of Health and Recovery, *Seeking Safety* is an evidence-based curriculum developed by Lisa Najavits, Ph.D.

Lisa Najavits, Ph.D., the author of *Seeking Safety*, has delivered a variety of trainings to Spectrum's clinical staff on the link between substance abuse and post traumatic stress disorder. Spectrum has utilized the Seeking Safety curriculum in community and prison-based programs throughout Massachusetts, Rhode Island, Georgia and Washington State for several years.

which recognizes the role of trauma and violence in criminal behavior and substance abuse among women. Sessions are evenly divided among cognitive, behavioral, and interpersonal areas of focus. Each area of focus addresses a safe coping skill that is relevant to trauma and substance abuse issues. Sessions are presented independently of one another which allows for programmatic adaptability and flexibility. Lessons relate each topic to the participants' lives through handouts and class interaction. All sessions conclude with a wrap-up and reinforcement of individual progress.

Health & Wellness for Women

Spectrum's *Health & Wellness for Women* group is based on the *Woman to Woman: Inside and Out* curriculum developed by the Department of Health and Human Services, Office of Women's Health specifically for female offenders. Sessions focus on topics particularly relevant to women with substance abuse issues, such as sexually transmitted diseases, HIV/AIDs, reproductive anatomy, what it means to be healthy, talking with your healthcare provider, and attitudes and values.

Health & Wellness for Men

Health & Wellness for Men addresses health issues particularly relevant to substance abusing offenders. Examples of topic areas include: HIV education, infectious disease, sexually transmitted diseases and behavior, fetal alcohol spectrum disorders, and nicotine addiction.

Men's Healthy Relationships

This group uses the evidence-based curriculum, *Time Out for Men*, developed by Bartholomew and Simpson of Texas Christian University to provide guidelines for men in improving their relationships. Communication skills, self-esteem, sexual health, and conflict resolution skills are presented as a foundation for helping men find solutions to relationship difficulties. In addition, participants are encouraged to explore gender stereotypes, myths, and societal pressures on men.

A Woman's Way through the 12 Steps

A Woman's Way through the 12 Steps is a group based on the book with the same title written by Stephanie Covington, Ph.D. – a nationally recognized writer, consultant and trainer on the special issues and needs of women. Focusing on the special issues women face, this group empowers participants to take ownership of their recovery process and their personal growth as women using the Twelve Steps as a guide.

(2) Co-Occurring Disorders

Offenders with co-occurring mental health disorders will be allowed to participate in the proposed programs unless they are judged by mental health personnel to be unstable and/or incapable. Mental health personnel will be included as members of the

interdisciplinary team to assist in ensuring that the individual treatment plan is inclusive of mental health issues. Should it be determined that the offender is unable to continue the treatment program due to his/her mental health issues, appropriate referrals will be made through the Department's mental health system.

As the largest substance abuse treatment provider in New England, Spectrum has years of experience in treating individuals with co-occurring disorders. In fact, Spectrum was one of the first residential programs to serve dually diagnosed individuals. Spectrum currently offers an array of outpatient mental health services across Massachusetts. All of Spectrum's community-based behavioral health services are accredited by CARF International, formerly known as the Commission on Accreditation of Rehabilitation Facilities.

Throughout the organization, Spectrum employs licensed mental health counselors and psychiatrists. Spectrum's Chief Clinical Officer, Peter Paolantonio, MSSW, LMHC, LADC, is an experienced administrator and clinician in the field of addictive behaviors. As a licensed mental health counselor, Mr. Paolantonio will be available to provide clinical supervision and biannual staff training on dual diagnosis, along with Romas Buivydas, Ph.D., Spectrum's Vice President of Clinical Development & Training. Spectrum also intends to offer a specialized Co-occurring Disorders Group.

This group is designed to provide an interactive approach to addressing co-occurring substance abuse and mental health disorders. Spectrum utilizes materials derived from the Sun Coast Practice and Research Collaborative funded by the Center for Substance Abuse Treatment (CSAT), Substance Abuse & Mental Health Services Administration. A series of sequential modules assist participants in understanding the connection between substance use and mental health, while learning about specific mental health disorders, treatment options and the appropriate use of psychotropic medications. Case studies provide opportunities for participants to recognize and discuss some of the personal challenges they may face resulting from co-occurring disorders and to learn strategies for addressing those challenges.

(3) Additional Treatment Activities

While most of participants' time will be spent separated from the general population, there will be instances where participants may attend other classes, fulfill work responsibilities, and/or receive support services away from the treatment environment. These occasions provide an opportunity for participants to apply the knowledge and skills they have acquired during treatment in a variety of situations. Participants will be encouraged to share their experiences in this regard during individual and group counseling sessions.

(4) Phase Movement

As previously described in detail, participants are required to fulfill certain requirements in order to progress through three sequential treatment phases. As noted, Spectrum's phase requirements include all those identified in the request for proposal and more.

Spectrum researches patterns of drug use throughout the country and carefully studies relevant trends when designing its treatment programs. According to information from the U.S. Drug Enforcement Administration, heroin, powder cocaine, crack cocaine and marijuana are the four most popular drugs in Delaware. Philadelphia, New York City, and, to a lesser extent, Wilmington, are the primary source areas. Methamphetamine, ecstasy and other club drugs are increasing available to teens and young adults during the summer months at Rehoboth Beach. Diversion of immediate release oxycodone products continues to be a problem in Delaware.

d.) General Requirements

- **Treatment Methodology**

Spectrum's structure, content and methods are grounded in principles of effective programming empirically validated in theory and in practice. Our programs subscribe to the following **Principles of Effective Treatment**:

- **Proven therapeutic community model:** The structure, content, and methods of Spectrum's clinical services/programming are determined by empirically proven principles of effective programming, including cognitive-behavioral and social learning theories.

- **Cognitive-behavioral skill acquisition:** The treatment model incorporates a systematic approach which teaches pro-social recovery skills by altering the offender's cognitions, values, attitudes and expectations. Throughout treatment, offenders' behaviors, attitudes, values and beliefs are continually monitored, corrected and reinforced.

- **Risk principle:** Risk predicts the likelihood of the offender continuing to engage in criminal activities. The risk assessment instruments and self report data are used to identify static and dynamic risk factors. Spectrum subscribes to the notion that the length or dosages of treatment should be a function of the risk and needs assessment. Thus, Spectrum matches the levels/intensity of treatment/services to the risk level of the offender. That is, high risk/need offenders benefit from the most

intense treatment while moderate risk offenders benefit from moderate intensity services.

- **Needs assessments:** Counseling staff conduct a comprehensive assessment using research-validated instruments. Assessment results, coupled with information contained in correctional/court records and obtained through meetings with the offender, are used by the counselor to develop a comprehensive Risk/Needs Assessment which identifies specific criminogenic needs and areas to be addressed during program participation. Andrews, Bonta, and Wormith (2006) identified what are referred to as the "central eight" criminogenic needs. They include: 1) antisocial attitudes/orientation; 2) antisocial peers; 3) antisocial personality; 4) antisocial behavior patterns; 5) dysfunctional family; 6) absence of pro-social leisure/recreation activities; 7) substance abuse problems; and 8) employment issues.

- **Responsiveness to individual needs:** Spectrum's approach balances standardized programming with the need to address individual learning styles, motivation, gender, culture and personalities. Gender-specific issues (male/female depending on the program) are addressed through specialized programming. Spectrum recognizes that individuals may be more responsive to certain counselors. Responsivity ensures the delivery of services is tailored to the unique characteristics of the offender

- **Dosage:** High risk offenders are required to participate in structured daily activities, 40% to 70% each day, for 3 to 9 months.

- **Standardization:** The design relies upon a standardized curriculum that achieves and sustains a series of distinct, measurable, and realistic program goals.

- **Responsiveness to individual needs:** Spectrum's approach balances standardized programming with the need to address individual learning styles and personalities. Gender-specific issues (male/female depending on the program) are addressed through specialized programming.

- **Safe and structured environment:** The treatment setting is free of drugs, alcohol and disruptive activity, and provides a structure where pro-social activities predominate.

- **Consistency:** Program rules, standards and protocols are clearly communicated and consistently implemented by all staff at all times.

- **Performance-based:** Progress is measured by achievements not "just doing time." Learning and demonstrating pro-social competence and skills is evaluated. Focusing on the cognitive-attitudinal side by rating effective communications, and planning skills, demonstrating problem solving and application of new values to one's identified needs.

- **Skills learned:** Skills learned are measurable, generalizable, and transferable over various situations.

- **Practical perspectives:** Offenders are provided insights into the need for and means to personal change that are not clichés or moralistic. Denial is defused by respecting the experience of the substance abuser and by challenging, not belittling, his/her intelligence.

- **Repeated coaching and positive reinforcement:** Cognitive, behavioral, and social practices are continually reinforced throughout treatment. Offenders rehearse alternative pro-social responses/behaviors in anticipated situations of increasing difficulty. Ongoing positive reinforcement and feedback is provided to reinforce responsible behavior and appropriate thinking. Motivational techniques are consistently applied. The "4 to 1" positive reinforcement approach is utilized throughout service delivery.

- **Productive use of time:** Recovery-related routines and tasks (not "busy work") are used to combat habits of indolence.

- **Therapeutic behavioral controls:** Norms and controls emanate from pro-social norms and values.

- **Association with viable role models:** Culturally and gender appropriate staff personify successful recovery from addiction and crime.

- **Relapse prevention strategies:** Relapse prevention strategies and skills are learned and practiced. Examples include: handling urges and craving, identifying personal high risk situations, coping with personal high risk situations, and handling a lapse. Offenders rehearse alternative pro-social responses/behaviors in anticipated situations of increasing difficulty.

- **Community integration:** Prior to discharge, offenders are referred to community-based services based on individual needs.

- **Monitoring program integrity:** Spectrum ensures program integrity by monitoring its program operations and implementing quality improvement actions as needed.

Known as the **Correctional Recovery Academy™ (CRA)**, Spectrum's therapeutic community functions as a distinctive community within the host institution. It maintains its own unique social structure designed to counteract the "inmate code" that typifies many general prison population environments. Honesty, safety, self disclosure, and trust are the primary characteristics of a successful community. Operating within the overall structure of institutional rules and norms, the TC imposes its own challenging behavioral expectations that, over time, become internalized by its members. Eventually, the members themselves take pride in the task of maintaining high behavioral expectations, both for themselves and their peers.

Spectrum's therapeutic community utilizes its own internally structured system that governs peer and staff communications, interactions, roles and responsibilities. The structure is reinforced on a daily basis through peer and staff role modeling, visual means (charts, displays, Structure Board), work responsibilities (assigned by DOC and through achieved status in the TC) and detailed daily schedules.

Inmates are personally responsible for adhering to the institutional and TC schedule, and there are specific consequences for noncompliance. The primary distinction between institutional "structure and systems" (regulations) and those of the in-prison TC, is that adherence to TC requirements is the responsibility of the participant, supported by the pressure of his/her peers. To reinforce these concepts so that they are well understood by all participants, Spectrum intensifies the learning process by engaging participants in specially designed interactive/experiential groups delivered by staff to supplement the acquisition of social learning skills ("Core Skills").

Each TC participant is assigned a role as a contributing member of the community: the role determines work assignment and privileges, and publicly acknowledges community status. Advancement to more responsible positions is contingent upon achievement of specific behavioral goals, demonstrated through role modeling, positive peer interaction, productivity, program compliance and adherence to all community and institutional requirements. Most participants will make both lateral and upward moves within the structure. Some will move temporarily downward for non-compliance and infractions.

The therapeutic community itself is the primary vehicle of social learning and behavioral and attitudinal change. The individual's role is largely defined by its impact, (either positive or negative), on the community as a whole. Throughout each member's day, individual behavior in group, work, and recreational activities, is observed,

monitored and guided by peers under strict staff observation and guidance. The resulting peer pressure to conform to community norms, abide by its values and respect its structure continually informs and influences members' behavior, providing the basis for a positive treatment milieu.

The following methods are used by Spectrum to support the "Community as Method" approach and build a strong therapeutic community emphasizing structure, responsibility, credibility, accountability, discipline, consistency, consequences and limit setting:

Community Activities

To be effectively utilized, treatment or educational services must be provided within a context of the peer community. Therefore, with the exception of individual counseling sessions for treatment plan development/review, all activities are conducted in a group format. At a minimum, these include: a daily schedule of groups, meetings and seminars; job functions; organized recreational and leisure time, ceremonies and rituals such as birthdays, phase completions, and program completion.

Peers as Role Models

Members who complete Phase 3 of the TC, demonstrate expected behaviors and reflect the values and teachings of the community are identified as role models. Indeed the strength of the community as a context for social learning relates to the number and quality of its peer role models. All members of the community are expected to be role models. TCs require these multiple role models to maintain the integrity of the community and assure the spread of social learning effects.

Staff as Rational Authority

Staff is responsible not only for predictable and consistent rules applications, but also for sensible and fair application. As role models and teachers, they must help make sense of communal norms and the application of authority in ways that contribute to the growth of consequential thinking, social perspective-taking, and option generation, as well as to recovery as a whole. Imposing a rule without an ability and willingness to clarify its justification is unacceptable except in extreme circumstances.

Communal Pride & Responsibility

The program strives to function not as a mere group of counselors and program participants, but as a community devoted to individual and mutual growth. The pro-criminal code that demands silence and passivity in the face of wrongdoing is rigorously and systematically confronted with pro-social norms. The program strives to build and express a recognizable culture that confers honor upon all its "members" and demands responsible concern from and for each other as the price of membership.

Individual Accountability

The program teaches that the more one accepts an obligation to practice new skills, disciplines, and attitudes rather than expect entitlement to receive treatment services, the more likely is recovery. It teaches the power of choice and the skills that make it easier to choose wisely. While highly sensitive to the difficulties of program participants' life circumstances, the curriculum and program norms reinforce the notion that powers of choice can be nurtured and that no community member can afford to be treated by oneself or others as a victim of circumstances.

Peer Feedback & Responsible Confrontation

Community members are not only responsible for themselves but also for the well-being of their fellow peers and community. Therefore, while personal dignity is respected and humiliation is not permitted, the program requires peers to responsibly address proscribed behaviors and attitudes amongst one another using steps and documents created for this purpose. Responsible concern and peer feedback is an essential component of the social learning environment. How a person is seen and known to those with whom he/she lives day in and day out is a vital part of healthy self-awareness and psychosocial growth. Staff concerns themselves more with concrete or overt evidence of skills acquisition, cognitive gains, rules compliance, release planning, and so on, but one's peers have special responsibilities and forums for confronting deeper truths of personality and authenticity.

Performance-Based

The program assesses individual progress by achievement, not time. The phase structure is based on progressively improved performance, which includes not only acceptance of the community norms, but also growing competence in using the program's recovery tools in everyday activities and in preparation for release. Progress is based on real accomplishments - i.e., the demonstration of pro-social thinking and skills. Community members must complete a challenging "Phase Up" packet in order to move onto the next phase of the TC.

A Structured Day

Each day has a formal schedule of varied therapeutic and educational activities with prescribed formats, fixed times, and routine procedures. The structure of the program relates to the TC perspective, particularly the view of the community member and recovery. Ordered, routine activities counter the characteristically disordered lives of the substance abuser and distract from negative thinking and boredom, factors associated with alcohol and other drug use and crime.

Phase Format

The treatment protocol or plan of therapeutic and educational activities is organized into five phases that reflect the developmental view of the change process. Emphasis is

placed on earned advancement and incremental learning at each phase which moves the individual to the next stage of recovery.

Work As Therapy and Education

Consistent with the TC's self-help approach, all community members are responsible for the daily management of the facility which includes cleaning activities, maintenance, coordinating schedules, meetings, etc. In the TC, various work roles help bring about essential educational and therapeutic effects. Learning occurs not only through specific skill training, but also in adhering to procedures, in accepting and respecting supervision, and in behaving as a responsible member of the community – being someone upon whom others depend.

Awareness Training

All therapeutic and educational interventions involve raising the individual's consciousness of the impact of his/her conduct and attitudes on him/herself and the social environment. Conversely, it involves increasing his/her awareness of the impact of the behaviors and attitudes of others on himself and the social environment. Respectfully raising another community member's awareness is an expectation of the phase up process.

Emotional Growth Training

Achieving the goals of personal growth and socialization involves teaching individuals how to identify feelings, express feelings appropriately, and manage feelings constructively through the interpersonal and social demands of life in the therapeutic community.

Structure

Structure provides the community with an organization that facilitates social learning and the principles to operate effectively. In the TC, structure takes on great significance. The social structure of the TC involves the phase system and job functions. The hierarchical design of the TC structure acknowledges those who become leaders and role models in the community and provides motivation for new members to work toward the community's values.

Structure serves a number of therapeutic functions:

- structure acknowledges change - progress, regress, and lateral movement;
- structure acknowledges status;
- structure ensures accountability; and
- structure values role modeling.

In a therapeutic community, work is an essential part of the community member's daily schedule. Upon entering the program, community members are assigned work details that maintain the highest level of standards for cleanliness and order. All jobs have value. No offender will ever have authority over another offender.

Structure Board

The Structure Board is one of the trademarks of a Therapeutic Community. This large organizational chart is located in a highly visible area and provides a snapshot of the overall structure of the community. It summarizes the phase and job function of each offender, levels of responsibility, and lines of communication. The Structure Board itemizes, at a glance, the role of each community member.

At a minimum, the TC environment has the following elements posted:

- Cardinal, Major and House Rules;
- Weekly schedule of all activities;
- Word-of-the-Day (should be posted in several areas);
- Structure Board – Listing all Crews and Upper Structure;
- Phase Members List;
- Program Slogans/Graphics.

With approval and guidance from staff, senior community members who have demonstrated pro-social behaviors are responsible for running morning and evening meeting, and community meetings for that particular week. Staff members (i.e., rational authority) supervise all therapeutic community activities.

Positive Reinforcement ("4 to 1")

Incentives and sanctions are used throughout the program to encourage the community member's full participation in treatment and to combat program failure with positive reinforcement. The real work of rehabilitation involves learning new ways of feeling, thinking, and acting. While punishment or the threat of punishment may temporarily suppress an old behavior, it is only when a person can achieve satisfaction from a new alternative behavior that he or she willingly abandons the older one. To try out new behaviors, people need positive reinforcement – an acknowledgement of, or reward for, honest effort toward change. Positive reinforcement provides a positive reward. Both positive and negative reinforcement can help stimulate and shape learning, but positive reinforcement is more powerful and effective. Correctional researchers theorize that effective rehabilitation requires a minimum four-to-one ratio of positive to negative feedback.

Acknowledgements are often used to recognize and encourage positive behaviors, including: client of the week, success story of the week, and best dorm of the week.

Other examples of positive reinforcers include: (1) phase progression; (2) advancement in community responsibility; and (3) serving as a mentor. Even when these advancements do not bring more privilege - in fact, often bringing more responsibility and greater challenge - most participants experience them as rewards. Not only do the new roles bring the prospect of graduation closer, but they are also a public demonstration of an individual's accomplishments.

Program Rules

Rules (laws) serve to codify the values of a community. They provide behavioral control that supports and protects the values of the community. Rules create a structure that ensures program participants understand which behaviors are acceptable (and unacceptable) by the community. Rules have an explicit purpose – to ensure the safety and health of the community. Rules also have an implicit aim – to train community members in the basic tenants of human interaction within a community – "right living".

Social and physical safety are prerequisites for psychological trust. Trust is essential to a willingness to take risks to "act as-if," for self disclosure and to demonstrate the pro-social skills learned. Acting as-if, self disclosure, and social skill application are valued behaviors that TC members must be willing to practice if they are to realize the benefits that community can offer as a primary method of change.

During the Phase 1, staff review all rules with new program participants. All Rules are also posted and outlined in the community member handbook. It is the responsibility of all community members to know and follow the rules. Non-compliance with rules may ultimately result in discharge from the program. The program has three levels of rules:

- **Cardinal Rules** – for the safety of the community. Cardinal rules are considered absolute. Community members who violate a Cardinal rule will be recommended for removal from the program, in consultation with the Department.

- **Major Rules** – keeps the environment safe and sets the behavior standards of the community. Major rules govern how community members interact with each other. Breaking major rules can result in a DOC infraction. Whether a DOC infraction is upheld or not, TC steps of interaction may be implemented.

- **House Rules** – involve how jobs are performed, how members address each other and how feedback is given to other community members in daily interactions, work and groups. These rules ensure that all community members are respected and have a safe environment in which to participate.

Upper Structure

The Upper Structure for the therapeutic community is responsible for administration of all community processes and procedures. At least weekly, the collective Upper Structure meets formally with the Program Director or his/her designee to discuss the overall well-being of the therapeutic community. The Upper Structure may make recommendations to staff on how to improve the quality and culture of the therapeutic environment. This is a forum for Upper Structure members to be recognized for his/her accomplishments and to learn leadership and planning skills. Upper Structure is comprised of the following:

- Senior Coordinator
- Assistant Coordinator
- Senior Clerk
- Peer Mentors
- Leaders in the Community
- Crew Leads

Senior Coordinator

The Coordinator position is the highest level of responsibility assumed by community members in the therapeutic community. The Senior Coordinator has primary responsibility as a role model, assisting in the overall operation of the community and its functions. The Senior Coordinator is the direct line of communication between the community and the staff. All offenders serving in this capacity are trained regarding the role, functions and performance expectations of the Senior Coordinator. Specific responsibilities include:

- The direct line of communication between the community and staff on duty.
- Interacts directly with staff on duty and is responsible for the everyday synchronized running of the community.
- Assists in planning the agenda of community meetings, suggesting job changes and recommending steps of interaction strategies.
- Reviews and submits proposals to staff on duty from Crew Leaders.
- Coordinates both the A.M. and P.M. meetings.
- Communicate changes in the climate, significant events, and habit-self behaviors to staff on an hourly basis.
- Oversees and follows through with staff directives.
- Reviews daily and weekly schedules and proposals prior to sending them to staff for final approval.

Assistant Coordinator

The Assistant Coordinator is the second highest position on the Structure Board. The Assistant Coordinator assists the Senior Coordinator in their daily responsibilities.

He/she is the contact for communication between Crew leads and the Senior Coordinator. Specific responsibilities include:

- Leads A.M. and P.M. community meetings.
- Acts as a mediator for any crew problems or difficulties.
- Fills in for the Senior Coordinator when he/she is not available.
- Helps coordinate community projects.
- Relays homework assignments to the community.
- Working with Business and Education Crew Leads assures that all requirements for community members who are attempting to phase-up are completed properly and in a timely, organized manner.
- Works closely with all Crew Leads to ensure that communication between community and their leads are followed and respected.

Senior Clerk

The Senior Clerk assists the Senior Coordinator with clerical and organizational matters. Where applicable, a Senior Clerk may be assigned as an assistant depending upon job responsibilities.

Peer Mentors

Peer Mentors are assigned by Rational Authority. This group is made up of Phase 2 community members who are qualified to attain this position.

Work Details

In a TC, work is used for both therapy and education. All jobs have value. Specifically, work is used to:

- Shape behavior.
- Create a sense of membership and a sense of belonging.
- Teach job skills.
- Instill attitudes that promote competence.

In the therapeutic community, members perform all of the jobs needed to maintain the community in addition to having the opportunity to work within the institution. Necessary tasks involve housekeeping and maintenance functions as well as management and coordination functions. Job responsibilities are highly structured and made visible through the structure board. Regardless of previous experience or importance, when an individual enters the TC, he/she begins at the bottom of the hierarchy. Working one's way up in the hierarchy (or back down) in the TC depends on behavior, and attitudes exhibited in the performance of one's duties and all other aspects of community life.

Behavior Management

The Therapeutic Community is a social learning environment dedicated to fostering the concept of "Right Living." Graduated behavior management interventions are consistently and predictably applied in order to address infractions that harm the individual and the community as a whole. In general, behavior management interventions:

- Designed to identify proscribed behaviors, increase awareness and understanding, and teach community members pro-social "right living" skills. They are both corrective and instructive rather punitive. They are never used as a form of punishment.

- Promote the concept of the community being the agent of change - "community as method". Its members actively participate in the change process by consistently demonstrating responsible concern for one another.

- Focus primarily on rewarding, encouraging, and acknowledging appropriate behavior.

- Best applied as soon as practical after a given infraction is discovered.

Behavior management interventions are employed progressively except in the cases of cardinal and/or serious rule violations. The ultimate sanction—discharge from the program – is normally recommended only when the interdisciplinary team, consisting of institutional and program staff, determines that all other interventions have failed to achieve a minimum level of compliance or when the program participant has violated a Cardinal Rule. All program discharges must be approved by the Department.

Progressive behavior management interventions include:

- **Verbal Pull-up** – A Verbal Pull-up is a critical first line intervention. A Pull-up is simply the act of making someone aware of his proscribed behavior. Pull-ups are a sign of responsible concern. Pull-ups are succinct, direct, respectful, and timely. Community members are required and expected to "pull each other up." A staff member may Pull-up a community member.

- **Written Pull-up** – A Written Pull-up is completed by community members when an individual inappropriately responds to a Verbal Pull-up – called Reacting – or violates a cardinal or serious rule. After completing the Written Pull-up form, the community member places it in a locked Written Pull-up box. Every morning, the Program Director or Clinical Supervisor collects the Written Pull-ups and reviews them with the Coordinator. If necessary, the staff on duty may need to look into the

validity of the Written Pull-up by speaking to the person who wrote the Pull-up and/or the person receiving the Written Pull-up. The staff on duty decides if a Verbal Talking-to (refer to description below) is warranted. If it is determined that the community member in question needs to receive a learning experience in addition to a Verbal Talking-to, a case conference is conducted by the clinical supervisor, the community member's primary counselor and appropriate institutional staff. The Clinical Supervisor must approve all Learning Experiences.

- **Verbal Talking-to** – A Verbal Talking-to is a second form of progressive behavioral intervention. The Verbal Talking-to is intended to secure a commitment from the individual to correct the proscribed behavior. A Verbal Talking-to is delivered in a calm, respectful, direct, and firm manner. Again, the focus is on the specific behavior to be corrected. Under no circumstances do staff members raise their voices or use inappropriate language. Staff continues to role model exemplary behavior as Rational Authorities.

- **Learning Experiences** – Learning experiences are corrective, not punitive. They are designed to shape attitudes and behaviors that will help the community member maintain a pro-social lifestyle. Learning experiences are conditions imposed on members in response to:

  - behaviors that violate important standards, values, and/or norms of the community.
  - significant resistance or lack of effort towards established recovery goals and expectations of the TC.

Learning Experiences are especially appropriate for behaviors that not only signify personal recovery problems but also have negative consequences in the therapeutic community itself. They often have the purpose of lifting the Community as a whole, by setting an example of working toward the common good. Negative behaviors that harm the community should be addressed by assignments that help the Community.

The following behavioral interventions may also be used separately or in combination:

- **Workaround -** Workarounds may be used for rule infractions and/or violations of Community norms. Workarounds may take the form of essays, research on specific topics, structured interpersonal exchanges, renewed participation in specific program activities, program sessions and written assignments.

- **Extra Work -** Extra work assignments are another form of a learning experience. Work assignments are physical work tasks. All work assignments must be

purposeful and productive. Extra work assignments should not interfere with assigned group or individual counseling sessions.

- **Announcements -** An announcement is a formal statement the community member is required to make at a specific meeting and/or times (e.g. Morning Meeting, Evening Meeting, and Community Meeting). The Announcement serves to remind peers of the need to observe and support the "Announcer" in coping with the target issue. Announcements are not intended as punishment and must not be used as a form of self-abasement. They provide a formal means for seeking help from peers, and are intended to invite support and encouragement.

- **Growth Report -** The member is required to report formally to the Community on progress toward, or fulfillment of the conditions of the Learning Experience. The report demonstrates to peers and staff the lessons learned, the personal gains made, and the behavioral skills acquired in reaching a specific goal. Growth reports can be given at Morning, Evening, and Community Meetings.

- **Restrictions -** For serious infractions any member may be put on "Restriction" - meaning that they are not to participate in specified activities and may be denied specified privileges for a designated period upon approval from the Institution.

- **Setbacks -** A member who has (1) repeatedly failed to honor the norms of the Community, or (2) has failed to demonstrate adequate progress or effort to meet program requirements, *but* who has not committed infractions sufficient to warrant termination from the Program, may be placed in Setback. This requires a return to an earlier Phase or denied credit for certain time. In extreme cases a community member might even be returned to so-called "Day One" status to restart the entire program. A setback must not be used to "take back" what has been earned, or to punish; it is meant to correct a situation in which some progress has been made but negative attitudes and behaviors strongly suggest that real growth and achievement is lacking. The decision to impose a Setback will be made by the interdisciplinary team comprised of institutional and program staff.

Other methodologies that inform Spectrum's approach to in-prison substance abuse treatment include the following:

Motivational Enhancement Therapy

Counselors and group leaders continually provide interventions and positive reinforcement that motivate participants to maintain their recovery. This approach is based on the well-studied concept of Motivational Interviewing (MI) originally presented by William R Miller, Ph.D. and Stephen Rollnick, Ph.D. in *Motivational Interviewing: Preparing People to Change Addictive Behavior* in 1991. According to Miller and Rollnick, change is a dynamic and evolving process. MI is a client-centered method of behavior modification based on resolving ambivalence to change within the clients.

Successful adaptations of motivational interviewing include Motivational Enhancement Therapy (MET) originally presented by Miller, Zweben, DiClemente, & Rychtarik in 1995 as part of a multi-site clinical trial sponsored by the National Institute on Alcohol Abuse and Alcoholism. MET is designed to build a counseling relationship more like a partnership and reach behavioral change with clients at all levels of motivation and readiness to change. MET is brief in duration and client-centered. Because the goal is to prepare people for change, and not necessarily to push them into changing right away, direct persuasion is avoided. MET has been thoroughly researched in the field of substance abuse over the last 25 years with particular success noted for reaching clients especially resistant to change.

> "Motivational Enhancement Therapy is a client-centered counseling approach for initiating behavior change by helping clients to resolve ambivalence about engaging in treatment and stopping drug use. This approach employees strategies to evoke rapid and internally motivated change in the client, rather than guiding the client stepwise through the recovery process."
>
> - National Institute on Drug Abuse

Role Induction

Research suggests that many individuals entering drug abuse treatment lack understanding and/or are conflicted over what it means to assume a patient role (Verinis, 1993). Role induction (RI) techniques enhance offender engagement by clarifying program participant and staff role demands, expectations, and misperceptions about treatment. Offenders participating in RI in outpatient modalities have been shown to improve retention and compliance with treatment (Albronda, Dean, & Starkweather, 1964; Warren & Rice, 1972). Results of a study conducted by Katz et al. (2003) demonstrated that participants assigned to role induction were retained for more days, more likely to attend at least one post-orientation session, and more satisfied with the treatment program than were those assigned to standard treatment. This study and others suggest that role induction is a technique that shows

promise for retaining offenders through the critical first three (3) months of treatment. Toward that end Spectrum has defined RI elements in a manner that affects environmental, intrapersonal and psycho-social domains.

The RI elements include:

- Participating in a tour of the facility/physical plant;
- Introducing offenders to staff and their roles;
- Reviewing and explaining how to access service delivery personnel;
- Reviewing and explaining consent/disclosure forms, offender contracts, etc;
- Identifying and problem solving barriers to treatment attendance;
- Reviewing empirical evidence that treatment works;
- Participating in the creation of a recovery vision;
- Explaining the "Stages of Change" model with the intent to "de-pathologize" the change process. The goal is to represent the fluidity of motivation and commitment to change in a realistic and empathic manner;
- Reviewing group norms and rules, (e.g., confidentiality, frequency, attendance, conduct, UA's);
- Identifying and modifying misperceptions about treatment in general and about the patients' (e.g., active and sincere participation) and counselors' roles, (e.g., assist in identifying treatment plan goals) and responsibilities in treatment; and,
- Creating an aftercare vision beginning the first week of treatment and culminating the last week of treatment. This will include a 20 minute aftercare orientation session to encourage patients to attend aftercare and sign an aftercare participation contract.

Cultural Competence and Diversity

Cultural competence is a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that allow an organization to provide effective care and treatment services in cross-cultural situations. The first step in providing culturally competent services is to understand the cultural makeup and diversity of the individuals being served. Spectrum collects and utilizes this information in the organizational and program planning processes, to ensure that the needs of these individuals are met.

Spectrum understands the significance of cultural competency and diversity in relation to treating the individuals that we serve. Recognizing that cultural issues can be a barrier to access and treatment, Spectrum is committed to ensuring that cultural competence and diversity is not a barrier, but in fact, an asset in our organization. The importance of cultural competence in providing health care to a diverse population is well recognized throughout the behavioral healthcare field. The objectives of Spectrum's cultural competence and diversity planning include:

- Establishing a system that delivers services in a culturally sensitive manner to all program participants.

- Identify and promote cultural competence through staff training and ongoing professional development.

Spectrum demonstrates cultural competence and diversity through hiring employees with cultural backgrounds reflective of the cultural makeup of our target population. Employees in leadership, management, direct service, and support service positions are reflective of the cultural, lingual, gender, and ethnic makeup of our program participants.

Gender Responsive and Trauma-Informed Programming

Spectrum has long embraced the concepts of gender responsive services as defined by the research. According to Barbara Bloom, Ph.D. and Stephanie Covington, Ph. D. in paper presented to the American Society of Criminology, "Gender-responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women's pathways into the criminal justice system. These approaches address social (e.g., poverty, race, class, and gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. They provide a strength-based approach to treatment and skill building. The emphasis is on self-efficacy".

These factors form the cornerstone of Spectrum's gender responsive services. Recognizing and addressing the environment of care as a factor that can influence treatment efficacy, we build respect and care for our treatment environment into the structure of our daily operations. Our T.C Committees focus on activities that instill order, cheerful décor, cleanliness, and creation of an atmosphere that is uplifting and inspires engagement with others in a healthy manner.

We conduct careful screening and interviewing for appropriate staff candidates that understand how to function in a correctional environment with strong boundaries and clear enforcement of all rules and regulations. Our staff is knowledgeable about the characteristics that are essential in providing motivational and relational approaches to counseling that are consistent with evidence-based practices for what works with women offenders. Staff members that embody the respectful approach, mindful of good boundaries and strong limit setting skills while supportive and engaging are proven to provide far more effective counseling and skill building capacity in the delivery of

services than candidates who display rigid authoritarian approaches that lack empathy and communication styles. We ensure that all staff are trained in the principles and application of gender responsive and trauma-informed care.

Furthermore, Spectrum's selection of materials and program content reflects our commitment to address what research informs us are the criminogenic risk factors for women: substance abuse, violence, sexual and physical abuse, fractured family relationships, co-occurring disorders, poverty, and vocational and educational deficits.

A national profile of women offenders outlined in *A Summary of Research, Practice and Guiding Principles for Women Offenders (May 2005)* reveals that physical and or sexual abuse as children and adults are two of many trauma experiences typical of the women offender population. Seventy-five percent of women and men in substance abuse treatment report abuse and trauma histories (SAMHSA/CSAT, 2000). The various types of trauma experienced by the women offender population beyond physical and sexual abuse histories often include multiple episodes of domestic violence and witnessing violent acts. Recognition by treatment providers of the centrality of trauma in the development of addictions and mental illness has led to a paradigm shift in the development and delivery of services.

The National Center for Trauma Informed Care (NCTIC) explains that, "Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives." NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"

Guided and informed by evidence-based knowledge and practice, Spectrum strives to ensure that its policies, practices, training, curricula and service delivery systems recognize and incorporate recognized Principles of Trauma-Informed Services (Elliot, Bjelajac, Fallot, Markoff & Glover Reed, 2006):

- Trauma-informed services recognize the impact of violence and victimization on development and coping strategies.
- Trauma-informed services identify recovery from trauma as a primary goal.
- Trauma-informed services employ an empowerment model.
- Trauma-informed services strive to maximize a woman's choice and control over her recovery.
- Trauma-informed services are based in a relational collaboration.

- Trauma-informed services create an atmosphere that is respectful of survivor's need for safety, respect, and acceptance.
- Trauma-informed services emphasize women's strengths, highlighting adaptation over symptoms and resilience over pathology.
- The goal of trauma-informed services is to minimize the possibilities of re-traumatization.
- Trauma-informed services strive to be culturally competent and to understand each woman in the context of her life experiences and cultural background.
- Trauma-informed agencies solicit consumer input and involve consumers in designing and evaluating services.

Victim Impact

Our justice system is based upon the retributive model. This form of justice supports the notion that punishment is acceptable if proportionate to the crime. The assignment of guilt, sentencing and subsequent incarceration of offenders does little to address the psychological and relational needs of those affected by crime: namely the offender, victims in the broader sense and the community. While incarceration reinforces offenders' awareness that they've been found guilty of a crime, their perception is frequently that the offense was a violation of the law versus an act against a person or property. Further, those with anti-social personalities have internal controls and cognitive processes that abdicate personal responsibility. Ultimately, most offenders focus on the impact they personally experience as a result of the violation, not the effect of their actions on others.

Spectrum's use of evidence-based programming helps offenders understand how their actions have harmed victims, victims' families, loved ones, co-workers and their communities. When offenders gain an awareness of the harm done to others, develop empathy, and experience remorse and healing, they can begin to develop a more pro-social identity and lifestyle change.

Toward that end, Spectrum utilizes targeted interventions to address the varied effects of victimization through:

- Evidence-based Victim Impact Curriculum developed by the Office for Victims of Crime of the U.S. Department of Justice.

- Moral Reconation treatment to provide opportunities for offenders to empathize with the harm done to victims and support the development of enhanced moral reasoning and decision making.

- Family reunification activities and programming to re-establish familial ties and support opportunities for reconciliation.

- Participation in 12 Step Support Groups to support social and spiritual connections fractured by the misuse of alcohol and other drugs.

- Cognitive behavioral treatment and cognitive skills building activities that facilitate changes in offenders' attitudes, values, beliefs and behavior.

- Motivational enhancement techniques to support and reinforce "change talk," acknowledge an offender's ability to change, and reinforce new pro-social attitudes and behaviors.

- Responsivity principles that incorporate adult-centered learning principles, (i.e., visual, auditory and experiential), and cultural sensitivity.

- Promote positive attitudes regarding education, vocation and employment through community transition programming.

Contingency Management

Clinical trials have clearly shown the efficacy of prize contingency management interventions in retaining substance abusers in treatment and fostering abstinence to alcohol and drugs. These interventions are recognized by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). Recognition of offender achievements also provides a valuable mechanism for acknowledging success and the attainment of goals, fostering positive self-image, providing ongoing, consistent staff and peer support, and motivating others by offering peers models to emulate.

Spectrum's contingency management program supports the public safety mission of community justice centers by reducing criminal and addictive behaviors through:

- Increased treatment retention rates,
- Increased numbers of patients attending individual sessions and groups, and by
- Increasing the number of patients who maintain drug-free status.

Positive reinforcement of participants' progress will be provided by the interdisciplinary team through various methods such as: certificates of achievement, needed and desired items, gift cards, phone cards, or other prizes, as determined. Protocols for earning incentives are explained to participants upon admission, and posted in waiting areas as well as group meeting rooms. Most incentives are given to participants when the achievement of the behavior is validated. All achievements are recognized in a formal awards ceremony attended by staff, participants and their families (if appropriate).

- **Assessments**

Clinical assessment is a primary component in *all* of Spectrum's treatment programs. Since 1969, Spectrum has assessed tens of thousands of men and women across the country. Assessments are conducted using a number of validated assessment instruments. Over the years, we have utilized a number of well known assessment tools. Examples include:

- Addiction Severity Instrument (ASI)
- University of Rhode Island Change Assessment (URICA)
- Level of Services Inventory – Revised (LSI-R)
- SOCRATES (Stages of Change Readiness & Treatment Eagerness Scale)
- Texas Christian University (TCU) Comprehensive Intake
- Texas Christian University Drug Screen II
- The TCU CJ CEST Survey of Correctional Populations – Intake Version
- The TCU CJ CEST Survey of Correctional Populations
- Coping Behaviors Inventory (CBI), among others.

Spectrum utilizes clinical assessment to:

- Identify each person's unique characteristics and individual needs (e.g., cultural background, learning style, functional literacy; and cognitive ability);

- Evaluate the person's readiness to change;

- Identify the severity of his/her addiction;

- Determine the most appropriate and most effective treatment modality for each person served;

- Identify personal strengths and barriers to recovery, employment and self-sufficiency.

- Individualize treatment; and

- Inform continuing care planning.

All program participants will undergo a comprehensive clinical substance abuse assessment by a qualified member of the treatment team within 72 hours of admission.

As requested, Spectrum will administer an electronic version of the **Addiction Severity Index (ASI)**. The ASI is a reliable and valid instrument for assessing an individual's

level of addictive disorder. It is among the most widely used diagnostic tools in the field, used both nationally and internationally. The assessment is conducted in a semi-structured interview format, identifying client needs or problems in seven addiction-related domains, including medical status, employment and support; drug use; alcohol use; legal status; family/social status and psychiatric status. The ASI establishes baseline characteristics, and can be re-administered as a post-treatment indicator of a participant's ongoing progress. It is particularly useful in determining level of care and tailoring treatment to individual client needs.

Spectrum has years of experience in administering the ASI throughout many of its treatment programs. Additionally, Spectrum's Chief Clinical Officer is certified as an ASI-trainer, and was contracted by the Massachusetts Department of Public Health to provide training in the administration of the ASI to all state-funded substance abuse treatment programs throughout Massachusetts.

In addition, with the Department's approval, Spectrum proposes to use the following validated and reliable instruments from the Texas Christian University (TCU) Institute of Behavioral Research to supplement the ASI.

The **Texas Christian University Drug Screen II** (TCUDS II) is self-administered and serves to quickly identify individuals with a history of heavy drug use or dependency (based on the DSM and the NIMH Diagnostic Interview Schedule). The instrument has been widely used in adult criminal justice and correctional settings for several years. The U.S. Department of Justice conducted an evaluation of the TCU Drug Screen in 2002 and found it to be reliable and effective in assessing the severity of drug use problems.

Items on the TCUDS II represent key clinical and diagnostic criteria for substance abuse dependence as specified in the Diagnostic and Statistical Manual (DSM-IV) and the NIMH Diagnostic Interview Schedule (NIMH DISC). The first part of the scale includes questions related to drug and alcohol use problems and the second part addresses frequency of use and readiness for treatment. The TCUDS II takes approximately 10 minutes to complete. In order to promote reliable self-administration in criminal justice settings, clinical language was reworded to an eighth-grade reading level.

The **TCU CJ CEST Survey of Correctional Populations Intake Version** provides scores in 15 scales that address treatment motivation, psychological functioning, social functioning, therapeutic engagement and social network support that are related to treatment engagement and recovery. Results are used to identify behavioral changes that are needed which are later addressed in the participant's Individual Treatment Plan.

The **TCU CJ CEST Survey of Correctional Populations** will be completed by all participants after 3, 6 and 9 months of treatment. This instrument provides scores in 15 areas, 9 of which can be compared to the participant's score on the CEST-Intake to evaluate how the participant has changed from admission to the mid-point of the program and again at the pre-release stage. Comparison of these scores provides a measure of the changes achieved by the offender during program participation. The participant and his/her counselor will utilize this feedback in revising the Individual Treatment Plan and in formulating the final areas of the Individual Treatment Plan during Phase 3. The information is also used to assist the participant in completing Spectrum's Re-entry Preparation and Continuing Care Checklist (RePACC).

Additionally, there are five areas of the CEST that address Treatment Process Domains. Three of these areas provide feedback on how inmates are responding to the treatment program itself. The other two areas evaluate the amount of peer support they feel they have experienced in the program and the level of social support they perceive in their lives.

Lastly, Spectrum intends to conduct pre- and post-testing on all program participants, using the **TCU Criminal Thinking Scales (TCU CTS)** in order to monitor individual needs and progress over time. Pre-tests will be administered during the first two weeks, while post-testing will occur during the last two weeks of treatment. The TCU Criminal Thinking Scales is specifically designed to measure "criminal thinking" using six scales representing the following concepts: entitlement, justification, power orientation, cold heartedness, criminal rationalization, and personal irresponsibility.

> "Spectrum Health Systems, Inc. is experienced in using IBR materials throughout its many treatment programs. I have worked with Spectrum Health Systems for several years, most notably with Dr. Romas Buivydas, with whom I provided training to Spectrum staff in Washington State."
>
> - Kevin Knight, Ph.D.

Spectrum has years of experience in the administration of these instruments and has worked closely with Dr. Kevin Knight of the Institute of Behavioral Research (IBR) at Texas Christian University. Spectrum plans to utilize Dr. Knight as a consultant to this project upon contract award.

Each pre- and post-test will be scored and evaluated to determine the level of change and whether this change is statistically significant. This process allows the organization to objectively measure a specific inmate's progress during treatment, while providing the means to aggregate data and assess the collective effectiveness of programming.

Results from all assessment instruments, coupled with information contained in correctional/court records, obtained from DDOC and through meetings with the offender, will be used by the counselor to develop a criminogenic risk/needs assessment identifying the specific needs/risk areas to be addressed during program participation. The needs assessment is the culmination of the assessment process and includes input from the interdisciplinary treatment team.

Through the use of motivational interviewing, the following aspects of the offender are included in this assessment process:

- current physical and mental health history
- alcohol and other drugs history
- detailed history of the offender's criminal behaviors, arrests, convictions, parole, and probation violations, prior incarcerations and pending cases.
- relationship between alcohol and other drug use history and criminal activities
- criminal thinking patterns
- emotional and behavioral functioning, including but not limited to the following:
- current cognitive, emotional, behavioral and other drug dependency problems and treatment
- thoughts and/or physically aggressive and/or self-injurious behaviors
- description of the offender's current and historical life situations
- custodial care of children and needs related to this responsibility (e.g. health and housing)
- occupational and educational status

- **Treatment Planning**

The Individual Treatment Plan ("Master Treatment Plan") that results from the comprehensive assessment is Spectrum's way of individualizing each participant's treatment. This individualized plan contains detailed goals and objectives that incorporate the specific challenges, problems, strengths and abilities of the participant. All program participants are actively involved in the individual planning process. The Individual Treatment Plan will be completed within seven days of admission to the Program for all program participants. At a minimum, the Individual Treatment Plan contains the following:

- problem/criminogenic needs;
- short, medium and long-term interventions;
- goals that incorporate the unique strengths, needs, abilities, and preferences of the participant;
- frequency of counseling services to be provided;

- objectives (observable and measurable ways to achieve the goal);
- timetable for achieving goals and objectives;
- education and/or employment plan;
- supportive services needed;
- referral for community-based services;
- primary counselor's signature; and
- program participant's signature.

Each participant is typically reassessed on a monthly basis related to his/her course of treatment. This reassessment is part of the treatment plan review, which includes the participant's current clinical problems, needs and responses to treatment. The treatment plan is revised to reflect the participant's progress over time. Through this process of regular review, new learning and insights gained through the various group modalities are highlighted in order to constantly reinforce the participant's sense of accomplishment while emphasizing that change is a never-ending process that only gets easier as self-knowledge and self-efficacy are increased.

- **Evaluation Plan Requirement**

As a company, Spectrum is committed to providing the highest level of quality care based on evidence-based practices. Toward this end, Spectrum has developed formal procedures to objectively and systematically monitor, evaluate and improve service delivery. Under the direction of Spectrum's Director of Quality Improvement, Spectrum's Quality Improvement Program provides ongoing evaluation of the quality of service delivery, determines the level of program effectiveness and pursues opportunities for continual improvement.

Program staff and management are trained to monitor programming on a daily basis to ensure that services are provided in a consistent and effective manner according to program schedules and written clinical plans. This allows the program to take immediate action when any deficiencies are identified. In addition, quality improvement and corporate compliance site visits are conducted regularly using a standardized *Site Visit Checklist.* Reports of these visits will be reviewed by the State Director, Program Director and Clinical Supervisor and shared with Spectrum's senior management at the corporate office.

The Director of Quality Improvement is responsible for developing a "Quality Improvement Plan" for every Spectrum program in order to guide all quality improvement related activities within that program. Each plan identifies:

- types of data collected;
- timeframes of data collection;

- established benchmarks in which to compare actual data results; and
- an explanation of the goals for each type of data collection.

From this plan, Spectrum generates a **"Benchmark Report"** on a quarterly basis. The Benchmark Report includes the actual results of all types of data collected, compared to the established benchmark and the amount of discrepancy for each result, above or below the benchmark. Any result that scores below the benchmark is explained in a narrative response on the Benchmark Report, detailing what actions will be taken or have already been taken to make improvements in that area and/or a rationale explaining why the results were below the benchmark for that quarter.

Each quarter, the program's Quality Improvement Committee convenes to review the following: benchmark reports; client, employee and stakeholder survey results; aggregate data from clinical file reviews; aggregate data from Group Quality Inventory forms; and other performance data such as completion rates, utilization and census data, and results of outcome measurement tools. Facilitated by the Director of Quality Improvement, this committee is comprised of various levels of program and management staff. The QI Committee is tasked with identifying areas of needed improvement based upon the data results and determining how closely they meet the established benchmarks for each indicator. Spectrum is not satisfied with maintaining status quo. When programs continually meet their designated benchmarks, the committee will consider whether to increase performance goals in order to continually strive for better results.

At the end of each year, the results from each quarterly Benchmark Report are compared in order to review progress, identify trends in each area, set goals and benchmarks for the upcoming year, and inform future strategic planning. This information appears in an Annual Report that is shared with Spectrum's senior management, Board of Trustees, DDOC administrators and other relevant stakeholders. Spectrum also follows all required CARF standards in relation to continuous quality improvement and quality assurance activities. Information summarized in Benchmark Reports will be used along with other data collected in completing quarterly reports submitted to the Department.

Additionally, Spectrum employs the following processes to ensure programmatic, clinical and operational quality.

- Individual treatment planning
- Assessment/Pre and Post Testing
- Program Audits
- Satisfaction Surveys
- Employee Retention/Turnover Data

- Client Feedback
- Group Quality Inventory
- Clinical Supervision
- Quality File Reviews
- Monthly Reports
- Quarterly and Annual Program Reports

These quality improvement mechanisms are described in greater detail below:

Individual Treatment Planning

Spectrum is committed to assessing the effectiveness of its programming and its relevance in addressing the needs of the population being served. Accordingly, the development of an Individual Treatment Plan upon admission to the program ensures that participant progress in achieving individualized goals and objectives will be closely monitored (and modified when indicated) throughout the entire course of treatment.

Assessment/ Pre-and Post Testing

Spectrum's data collection and tracking processes are designed to measure the efficacy of programming through pre- and post-testing using the TCU Comprehensive Evaluation of Self and Treatment (CEST) and the TCU Criminal Thinking Scales (TCU CTS). These tools not only give us an effective means for monitoring treatment progress of individual program participants, but can also be used to aggregate information for all participants during a specific time period in order to measure the overall effectiveness and efficacy of programming and specific curricula aimed at targeting certain thinking and behaviors.

Program Audits

On a quarterly basis, senior management from Spectrum's corporate office conduct a comprehensive program review using Spectrum's *Site Visit Checklist* and the *Survey of Essential Elements Questionnaire (SEEQ)* for therapeutic community programs. These tools are used by the Quality Improvement Committee and senior management overseeing that program to identify areas of improvement and collect information that is aggregated and used for program performance assessment.

Satisfaction Surveys

Spectrum elicits formal feedback through written satisfaction surveys. All program participants will be surveyed prior to their release. Collateral contacts, such as Department personnel and personnel from other vendors in the facility who routinely work with our program will also be surveyed at least on an annual basis. Information from these surveys will be reviewed by the Director of Quality Improvement and the Quality Improvement Committee. Data will be summarized and shared with senior management and program staff. Results will be used to inform staff training and quality

improvement initiatives. Complete results will be communicated to the Department in Spectrum's *Annual Report* unless it is agreed to provide this data throughout the year.

Employee Retention/Turnover Data

Spectrum gathers data from employees on a continuous basis in order to develop strategies aimed toward increasing staff retention, improving employee satisfaction, and decreasing employee turnover. Exit interviews are conducted on an ongoing basis for all resigning employees and this data is summarized in semi-annual reports for the organization and by contract in order to identify additional retention strategies. Employee satisfaction surveys are conducted semi-annually as well and these provide information to the Quality Improvement Committee and senior management on strategies to improve current working conditions. In addition, Spectrum conducts annual Education Surveys with all personnel in order to learn what types of training employees believe would be beneficial to their specific roles. This information is then used to establish annual training calendars, develop additional training modules for inclusion in our web-based learning management system, and/or provide a one-time training session as needed.

Inmate Feedback

In addition to satisfaction surveys, Spectrum solicits inmate feedback through focus group sessions. Participants may also provide feedback through their involvement in the various committees and roles within the therapeutic community.

Group Quality Inventory

Spectrum utilizes the *Group Quality Inventory* tool to assess the quality of programming and the counselor's presentation of material during group sessions. The inventory is completed by the facilitator's Clinical Supervisor, and the completed inventory is shared with the group facilitator as part of ongoing supervision to provide feedback on both the strengths and challenges that were noted during the assessment. Information is used to further develop the staff member's facilitation and group management skills and identify programmatic training needs. The Clinical Supervisor will complete the Group Quality Inventory for each new counselor on a monthly basis during their first six months of employment. Thereafter, Group Quality Inventories are completed for each counselor on a semi-annual basis. The frequency of this review may be increased for those who have an identified need for developing their group facilitation skills.

Clinical Supervision

The Program Director and/or Clinical Supervisor will ensure that a regular schedule for supervision is established for each counseling staff member. At a minimum, individual clinical supervision will occur a minimum of 4 hours per month per counselor. This will include, at a minimum, one individual face-to-face meeting, one hour of observation of individual or group counseling, and weekly group supervisory meetings. The Program

Director/Clinical Supervisor will maintain a supervision log for each counseling staff member. As needed, the frequency of supervision may be increased based on the counselor's work performance and/or as professional development needs are identified.

Review of Clinical Charts

Quality of treatment will also be assessed through the review of clinical documentation using a standardized review form that includes components to ensure record compliance as well as quality indicators. These reviews are conducted on a minimum of five charts or ten percent of the program's total charts, whichever is greater, on a monthly basis. An emphasis will be placed on reviewing at least one chart for every counselor each month. The frequency of review will be increased for newer counselors and those who have demonstrated issues with clinical documentation completion and quality. The results of these reviews provide information on individual case records and overall program performance, allowing the Clinical Supervisor to address any deficiencies through training and clinical supervision.

Monthly Reports

The Program Director will ensure the completion of a Monthly Report and submit it to the Department and Spectrum's senior management within five working days following the end of each month. At a minimum, report information will include: number of beds; number of enrollments; number of discharges; discharge reasons; number of urinalysis tests taken; number of positive and negative urinalysis results; unusual incidents; program staffing changes and levels; supervision and clinical chart review information; and any program-related changes or problems.

Quarterly and Annual Reports

In addition, Spectrum will prepare quarterly and cumulative annual reports that summarize demographic data, results from TCU CEST collection, results of pre-and post-testing, completion rate data, and other program performance information, such as post-discharge data, demographic data on admissions and discharges, and survey results. These reports also contain narrative explanations of any initiatives or actions taken throughout the year in response to data results, as well as plans and performance improvement activities for the upcoming year. Spectrum's most recent Annual Report for Georgia is provided as an attachment.

- **Coordination Requirements**

Upon admission, all participants sign consents for release of information so that Spectrum staff is able to contact probation, parole and community-based agencies. Spectrum has already begun to identify a referral network of resources appropriate for offenders returning to the community throughout the state. Upon contract award, the

State Director will actively work to identify and establish relationships with community providers, including specialists and community mental health providers in order to ease referrals and continuing care for offenders upon release. Outreach efforts will include presentations to community providers in order to increase public awareness, identify community supports and establish critical linkages on behalf of program participants. Once contacts are established, the State Director will facilitate the development of working relationships between community providers and Spectrum's program staff at the various facilities.

Counseling staff will also provide every participant with a comprehensive *Resource Manual* that provides state-wide information on treatment, services and other resources available in the community. Staff will serve as resources on community-based services and supports available throughout the state in the areas of housing, employment, education, medical care, mental health, substance abuse treatment, recovery support, legal advice, anger management, domestic violence and transportation.

Spectrum will also explore the possibility of implementing a speakers' program where representatives from the Delaware Department of Labor, local businesses, colleges and trade schools come to talk with participants about the various educational and vocational options available to them. With the Department's approval, job interviews may also be arranged in order to help inmates secure employment upon their release.

- **Program Alteration**

Over the years, Spectrum has modified its model according to: (1) the needs of special populations; (2) the requirements of the host correctional institution; (3) results and findings derived from participation in drug abuse research studies; (4) the latest evidence-based practices; and (5) internally generated quality improvement findings. As needed, Spectrum will work in partnership with DDOC to make any necessary program alterations.

- **Experience**

Spectrum attempts to ensure the highest caliber of competent staff through a careful screening and interview process, orientation, ongoing training, clinical supervision, and regular performance review. All counseling staff are required to be highly experienced in substance abuse treatment and knowledgeable of criminal behaviors. In addition, Spectrum believes a good counselor is one who exhibits the following attributes and skills:

- Communicates clearly and listens actively.

- Exercises good professional judgment.
- Develops rapport with clients while maintaining appropriate boundaries.
- Demonstrates empathy, genuineness and respect for participants.
- Empowers participants to set personal recovery goals.
- Identifies individual strengths and weaknesses.
- Treats all participants consistently, equally and fairly.
- Models desired behaviors.
- Creates positive and negative incentives for participants.
- Provides immediate and appropriate responses to positive and negative behavior.
- Maintains complete and comprehensive clinical documentation.
- Collaborates with other stakeholders as appropriate.
- Walks the walk, and talks the talk.

- **Clerical Assistance**

  Spectrum will provide all necessary clerical assistance and support services for the administration of proposed substance abuse treatment and DUI programs. In addition, the Data Manager will help maintain Spectrum's comprehensive database, including data entry and reporting.

- **Data Requests**

  Spectrum recognizes the value and importance of collecting key demographic and program performance information. Spectrum agrees to provide basic data to the institutional warden or the DDOC Substance Abuse Treatment Services Administrator, upon request.

- **Confidentiality of Records**

  Spectrum agrees to comply with all state and federal statutes governing offender's confidentiality.

- **Testimony**

  Spectrum agrees to provide testimony as required by court order.

e.) Reporting Requirements

- **Performance Measure Reporting**

Measuring the success of clinical programming components is critical in the process of delivering high quality and effective services. As detailed previously, Spectrum convenes a Quality Improvement Committee in each state where we operate. Facilitated by the Director of Quality Improvement, Spectrum's QI Committee meets on a quarterly basis, at a minimum, to review all program data as well as established performance and outcome measures. Examples of the performance measures that will be monitored on an ongoing basis by this committee include:

- Completion rates
- Staff vacancy and turnover rates
- Satisfaction scores from various surveys
- Utilization rates
- Percentages of positive drug screens
- Conformance to documentation, clinical file, supervision, Group Quality Inventory and reporting requirements

The Quality Improvement Committee reviews all performance and outcome data on a quarterly basis when reviewing benchmark reports. These reports contain a brief explanation of data collected, actual results, established benchmarks for each data type, variance in data results compared to the benchmark, and explanations of any significant variance along with identified corrective actions.

> "Program information available through the information management system provides manager with an abundance of relevant information to assess the success of the organization's programs."
>
> -CARF Survey Report

Any failure to meet minimum performance measures will result in a written Corrective Action Plan (CAP) to address areas of non-compliance and improvement needed. These will be submitted to the Department's Substance Abuse Treatment Services Administrator and Spectrum's senior management within five business days of identifying the failure to meet minimum performance measures.

All performance measures and benchmarks will be discussed and agreed upon with the Department prior to implementation. This includes not only performance measures identified in conjunction with the State's performance-based budgeting, but also those that Spectrum wishes to implement as part of its Quality Improvement Program and monitored through the organization's Quality Improvement Plan and Committee.

Evidence-based research now suggests that no single program or treatment approach in and of itself stands out predominant in effectively reducing recidivism; rather, what has evolved is a common set of principles that characterize effective correctional

interventions. Consistent with this finding, Spectrum maintains that to be effective, programs must be matched to offenders' risk, target criminogenic needs, and delivered in a manner that supports treatment goals (Andrews & Bonta, 2003).

The evidence-based performance measures proposed below represent research derived characteristics delineated for effective correctional programs. These same principles were applied to the development of the Correctional Program Assessment Inventory, (Gendreau & Andrews 1994, Latessa 1999). Further, the literature demonstrates that programs implementing evidence-based principles of offender rehabilitation are much more likely to reduce re-offending, typically in the range of 20 to 40 percent (Dowden & Andrews, 2000). Spectrum is fully committed to adhering to the following performance measures. We are equally committed to public safety, and the belief that identity transformation and lifestyle change are possible when fidelity to evidence-based constructs is the measure of excellence.

Evidence-Based Performance Measures:

- Program is based on strong theoretical models derived from treatment literature.
- Program synthesizes standardized offender assessment data to identify criminal risk and need.
- Criminogenic needs (4 or more) are used in the development of individualized activity/program plans and community release packets.
- Treatment approach is matched to unique characteristics of each participant (e.g., learning style, personality, risk level, criminogenic needs, change readiness).
- Program has clearly defined structure, systems and lines of communication.
- Program includes competency based phase progression/regression.
- Program utilizes a standardized evidence-based manual/curriculum for uniformity and standardization of practice.
- Program utilizes rewards/incentives to reinforce pro-social behavior and encourage program participation and compliance.
- Program utilizes learning experiences, sanctions and consequences to extinguish undesirable behaviors.

- Programmatic interventions are focused on targeting criminogenic needs, risk factors and behaviors.
- Reentry/Continuing Care Plans contain recommended programs and services to assist residents in community reintegration.
- Program affects matching between offenders, staff, and programs.
- To the extent allowable length of service, intensity is proportionate to offenders' risk and needs.
- Program delivers evidence-based treatment, (e.g., cognitive-behavioral, social learning).
- Program reinforces offenders' understanding and application of targeted interventions through the use of: skills training/skits and plays, community structure, program phase progressions/regressions, and pre/post tests.
- Program changes values, beliefs, attitudes, and feelings favorable to crime and antisocial behavior through cognitive-behavioral strategies and conspicuously posted motivational signage.
- Conformity to program values, rules and responsibilities are supported by appropriate incentives, learning experiences, consequences, and sanctions.
- Program design includes clearly defined positive reinforcement strategies, not just sanctions.
- Program rules are clearly understood, codified and/or conspicuously posted for residents and staff alike.
- Program has meaningful on-site volunteer services to support community-based continuities, (e.g., 12 Step, community based affiliations).
- Program maintains family services program for residents and their significant others.
- Program maintains a minimum of 95% occupancy rate to the extent allowable.
- New employees participate in mandatory "Therapeutic Community Immersion Training."

- Regularly scheduled clinical supervision is provided and logged per Title 16 Health & Social Services Delaware Administrative Code.

- All Program Directors have knowledge of Positive Peer/Therapeutic Community theory, model and practice.

- Program utilizes pre/post test measures to assess programmatic/treatment effects. Seventy five (75) percent of offenders will demonstrate positive gains from pre-test to post test, (CESI/CEST). For example, an:

  - increase in "desire for help"
  - decrease in "depression"
  - increase in "self-esteem
  - increase in "decision making"
  - decrease in "hostility"
  - decrease in "risk taking"

- Program solicits feedback from staff *and* participants concerning facility operations via questionnaires/surveys.

- Quality of written work, record keeping, and clinical practice is evaluated via internal content/compliance and observational reviews.

- **Data Entry**

  Spectrum has developed sophisticated data management and systems processes to meet the needs of DDOC for accurate and detailed program and outcomes data. Spectrum data collection and reconciliation forms will be provided to Spectrum's treatment programs, either in PDF format, via electronic format (e-mail attachment) for downloading, via CD ROM or Zip Disk, depending on the site's computer resources. Program data will be collected on a daily basis.

  Spectrum's Data Manager will be responsible for planning and supervising data collection by the facility-based administrative support staff. The primary function of the Data Manager is to provide DDOC research and data collection personnel with electronic and hard copy records that allow basic tracking of offenders, for process and outcomes evaluation. The Data Manager will work under direct supervision of Spectrum's State Director.

  Spectrum's Data Manager will assure that all data collected at the program sites are verified for completeness and reconciled prior to compilation into the Monthly,

Quarterly or Annual Reports, and before any data is entered into DACS, ERMA and HER as required by DDOC.

- **Other Reporting**

Spectrum has developed a number of reports in its other prison-based programs to facilitate periodic and comprehensive oversight of all aspects of contract compliance. Each report serves to highlight areas of programmatic strengths and possible areas of concern, reinforcing Spectrum's overall accountability for contract performance. Any of Spectrum's reports may be adapted for the proposed program in order to meet the Department's needs.

For example, these reports may include:

- Number of days of treatment provided by modality
- Number of days of continuing care provided
- Average length of stay in program
- Total number of inmates entering program
- Average cost per day for program
- Number of inmates who complete the program who remain (1) drug-free during the program; (2) drug-free during aftercare; (3) arrest-free during aftercare; and (4) arrest-free for one year following release from aftercare
- Number of inmates who successfully complete program
- Number of inmates who drop out of program
- Number of inmates who were terminated from program
- Number of inmates who were unsuccessful in program
- Number of inmates completing the program who enter a continuing care program
- Number of inmates who entered continuing care program who completed continuing care program
- Average cost per day for continuing care
- Progress toward program goals (narrative and quantitative service data) by quarter and year-to-date
- Pre-and post-test results
- Survey results (inmates, family members/significant others, collateral contacts)
- Program changes or problems

Upon request, Spectrum will submit other information and reports relating to its activities under this contract on such forms and at such times as may be required by the DDOC Substance Abuse Treatment Services Administrator.

- **Offender Tracking System**

Spectrum's information technology staff, supported by Akuity Technologies (Spectrum's IT vendor), will systematically investigate and coordinate all information, technological needs and resources with the Department and Spectrum's corporate office to ensure compliance with the contract.

Founded in 1988, Akuity Technologies delivers complete technology solutions to businesses, municipalities, healthcare, educational institutions and non-profit organizations. Partnered with top technology manufacturers and equipped with a highly trained staff and state-of-the-art facility, Akuity Technologies delivers a full scope of products and services from hardware and software sales, to installations, migrations, upgrades and full-time network support.

Spectrum has years of experience developing and managing Offender Tracking Systems. On an ongoing basis, Spectrum staff enters individual participant data into its Offender Tracking System, including such information as entry date, exit date, reason for entry and exit, release method, attendance, phase completion dates, drug testing dates and results, and disciplinary infractions and sanctions imposed. This information will be provided as appropriate throughout the offender's participation in the program and upon discharge. Specific data elements will be developed in conjunction with DDOC Substance Abuse Treatment Services Administrator in order to comply with all requirements regarding documentation, tracking and reporting.

Upon admission, all participants sign consents for release of information so that Spectrum staff is able to contact Probation offices, Parole offices, community residential centers and other community-based agencies. Post-release tracking is designed to measure substance use, participation in treatment, employment, educational involvement and compliance with supervision following release. Reports will be provided to the DDOC Substance Abuse Treatment Services Administrator on a quarterly basis (or more often, if requested).

Spectrum will obtain approval from the DDOC Substance Abuse Treatment Services Administrator prior to implementation of any tracking system. Most of Spectrum's other contracts have similar requirements and we have always demonstrated compliance in this area.

- **Progress Reports**

Spectrum agrees to provide routine progress reports to DDOC staff and special reports to the parole board upon request. As mentioned previously, the interdisciplinary treatment teams will regularly solicit suggestions and welcome any and all participation offered by DDOC personnel. Institutional staff will also be invited to attend Individual Treatment Team Meetings and encouraged to review participant case

files in order to become familiar with individual progress, and to share diagnostic impressions and case history details.

- **Treatment Compliance**

  Spectrum will work in partnership with the DDOC to ensure compliance with State of Delaware laws as they apply to substance abuse treatment. Specifically, Spectrum will comply with all requirements outlined in the request for proposal regarding documentation, tracking and reporting.

  In addition, the Director of Compliance will conduct two site visits per year in order to monitor contract compliance and conformance with CARF standards. One of these visits will entail completion of the Correctional Program Assessment Inventory (CPAI) used to evaluate the integrity of programming with the principles of effective treatment articulated by Paul Gendreau, Ph.D. Results will be shared with Dr. Gendreau who will provide consultation as needed to address identified improvement areas.

- **Monthly Reports**

  Spectrum routinely prepares and submits a detailed monthly report that facilitates periodic and comprehensive oversight of all aspects of contract compliance. The report serves to highlight areas of program strength and possible areas of concern, reinforcing management's overall accountability. Spectrum agrees to provide the DDOC with monthly reports, including all required information outlined in the request for proposal.

  Spectrum's monthly reports typically include the program's purpose, program goals, desired results, termination reviews, results measures, program data, actual results, and a comparative analysis report. The report will summarize monthly data including demographic, admission, discharge, and length of stay information. The monthly report also contains information on the number and types of disciplinary reports as well as the number of positive urinalysis results for all program participants. In addition, survey results are provided, including those completed with participants, employees, and DDOC personnel. In general, the report concludes with a narrative analysis of all the data contained in the report, including identified trends, reasons for any significant data variances, and actions taken or planned to address areas identified for improvement. Upon contract award, Spectrum will work in partnership with DDOC to customize its monthly report to satisfy the needs of the Department.

- **Weekly Reports**

Spectrum also agrees to provide the DDOC with weekly reports, including all required information outlined in the request for proposal.

f.) Continuing Education Requirement

Romas Buivydas, Vice President of Clinical Development & Training oversees all orientation and training for the organization. Spectrum's goal for staff development is to provide a work environment that supports continuous learning and optimal individual performance in providing client care. The organization believes that education, training and development represent an ongoing process where each employee, along with his/her manager, is responsible for achieving individually identified competencies.

In addition to completing the Department's mandatory training, Spectrum ensures that all staff receives the necessary orientation and training needed to fulfill their job duties, develop their knowledge and skills, and perform at optimum levels. All counseling staff will be required to undergo a TB test and be certified in CPR/First Aid prior to assuming their responsibilities. All rules, regulations and policies will be reviewed with staff on an annual basis. Annual TB tests are also required.

Components of Spectrum's proposed Clinical Development Plan are as follows:

- **Basic Orientation for New Counselors** – In addition to attending the Department's mandatory training, all new clinical staff are required to complete Spectrum's basic, 40-hour orientation training during their first two weeks of employment. During this period, counselors are not assigned a caseload nor are they permitted to lead any groups without supervision. Hours not spent in the classroom are spent in job shadowing activities on the unit.

- **Pre-Service Clinical Supervision & Management Training** – All new Clinical Supervisors and Program Directors will be required to attend a two-day training provided by the clinical management team. Sample topics include: role of the clinical supervisor, curriculum training and clinical documentation.

> "The extensive training and clinical supervision evident within the organization support the staff members in their personal and professional growth and enhance the quality of programming provided to persons served."
>
> - CARF Survey Report

In addition to orientation, Spectrum offers a comprehensive in-service training program to ensure clinical competency and ongoing professional development. During supervisory meetings, supervisors establish an Individual Development Plan

with each staff member, specifying what areas of education and development are to be addressed and how competency in these areas will be achieved. All training is documented, including the agenda, the trainer's acknowledgement for providing training and individual trainer evaluations.

In-service training includes:

- **Monthly Program Training –** The Program Director and Clinical Supervisor will provide in-service trainings for program staff on a monthly basis. Lesson plans will be developed by the Vice President of Clinical Development & Training. Topic areas will be identified through quality assurance activities, clinical supervision and employee feedback.

- **Ongoing Clinical Training** – Ongoing clinical training will be provided on a quarterly basis under the direction of Spectrum's Vice President of Clinical Development & Training, who is also available to provide training as needed via videoconference.

- **Web-Based Learning** – Across the country, Spectrum staff have electronic access to *Essential Learning* – an electronic learning management system that has revolutionized the company's workforce training capability. Based on recognized best practices, *Essential Learning* is a web-based classroom that hosts online events, e-learning programs, and prepared training material. Employees log onto a designated website from any high speed connection to access scores of evidence-based training modules tailored to the individual's position. Many of the modules meet CARF accreditation standards and most satisfy CEU requirements. Essential Learning offers several benefits, including greater consistency and access to training, while reducing costs and lost time due to travel.

"Essential Learning is the largest provider of e-learning services for the behavioral health, mental health, child welfare and human service industry.

Research has shown that e-learning is a cost-effective and dynamic training tool. Interactive learning creates a positive experience and motivates students to learn. Essential Learning has the added benefit of satisfying legislative, training, accreditation, re-certification, and professional licensing requirements.

Essential Learning has partnered with American Correctional Association (ACA) to provide a full range of e-learning solutions to meet the specific training needs of correctional agencies."

Source: http://www.essentiallearning.com

- **Ongoing Clinical Supervision & Management Training** –
  Program Directors and Clinical Supervisors will meet with the State Director on a monthly basis. These meetings provide an opportunity for updates on policies and procedures, planning for staff training needs, and discussion of various programmatic updates, needs, and achievements. Training is also provided during this time by members of the clinical management team on a variety of topics (e.g., performance appraisal process, auditing of clinical documentation, administrative and clinical supervision of staff) relevant to program directors and clinical supervisors. Romas Buivydas, Ph.D., Vice President of Clinical Development & Training will provide monthly consultation and training to the Program Directors and Clinical Supervisors via videoconference.

- **Annual Statewide Training** – Spectrum plans to provide an annual statewide training for all substance abuse treatment and DUI services staff. Given the geographical separation of Spectrum's proposed treatment programs in Delaware, this training session will also provide an opportunity for team-building and camaraderie.

Trainers will include experts in the field and/or members of Spectrum's senior clinical team, including Peter Paolantonio, Chief Clinical Officer; Romas Buivydas, Ph.D., Vice President of Clinical Development & Training; and/or Susan Moitozo, Vice President of Clinical Operations. Over the years, Spectrum has established strong working relationships with a number of well known national authorities in the field of substance abuse treatment. Spectrum often invites these professionals to provide training for Spectrum staff throughout the organization.

In addition to training our own program staff in the essential aspects of working within a correctional facility, we take every opportunity to provide facility staff with information about our programs and training on the specific treatment methods used. Case management counselors, mental health staff and correctional officers - in fact, any institutional staff who have regular contact with the program participants - are an integral part of our programming. Spectrum will ensure that all of these individuals are trained in our approach and methods. Spectrum's specialized cross-training for institutional staff is modeled on programming designed by the Addictions Technology Transfer Center (ATTC) at San Diego.

Overview of the Cross Training curriculum:

- **Introductions and Icebreakers** - includes suggested activities to opening the training.

- **Roles of the Criminal Justice and Substance Abuse Treatment Systems** - provides a brief overview of the roles of the two systems in addressing the common client, including a historical perspective. This module provides a justification and rationale for intervention with the substance abusing offender. Emphasis is placed on developing an understanding of the mission, goals and purpose of the two systems including commonalities and differences. The module also includes a cross-cultural simulation activity to demonstrate organizational conflicts and communication problems and how to overcome these issues.

- **Motivating Behavior Change** - introduces the site-specific cross-training handbook

- **Team-Building Across Systems** - divides content into two sections: a cross-cultural simulation and a series of activities designed to illustrate a model for understanding and overcoming cultural differences. These concepts are then applied directly to the criminal justice and substance abuse treatment culture through developing action plans for effective working relationships.

- **Profile of Substance Abusing Offenders** - provides a model for understanding the culture of the substance abusing offender and a typology for classifying these offenders. It is appropriate for most audiences with particular applicability for therapeutic community programs.

- **Managing the Drug-Involved Offender** - examines practical issues related to the assessment and management of substance offenders in the community. Content addresses assessment of the offender from both the criminal justice and substance abuse perspectives and issues in effective case management across systems. The module highlights the utility of the RePACC in Reentry/Transition Planning.

- **Elements of Effective Abuse Treatment for Offenders** - examines the array of substance abuse interventions along the continuum of services and defines the essential components of Spectrum's system for in-prison treatment of offenders:

  - What Works in Corrections (based on Canadian research)
  - Correctional Recovery Training: An Integrated Cognitive Behavioral Model
  - Interactive Skill Training
  - Gender Responsivity
  - Trauma Informed Programming
  - Essential Elements of a Modified TC
  - Record Keeping (state and federal requirements)
  - Effective systems of communication (treatment staff and security staff)
  - Importance of the Unit Team
  - Transition Planning

- Family Focus Groups

- **Confidentiality** - examines critical issues of confidentiality with specific focus on the unique conditions that emerge when working with offenders. It discusses the different systems' views of confidentially and how to overcome potential barriers to effective information sharing. The module also includes experimental activities to integrate content with practical applications.

- **Drug Testing** - examines the role of drug testing and the elements of a good drug testing program.

- **Special Issues with the Substance Abusing Offender** - examines special issues including infectious diseases (HIV, TB, STDs) and violence. It is designed to initiate basic awareness, rather than in-depth treatment of these issues.

- **Mental Illness and Substance Abuse in Offenders** - addresses the interface between substance abuse, mental health and criminal justice for dually diagnosed clients.

Sample topics include:

- **Typical Problems at Issue**

  - Staff experience "splitting" by inmates
  - Security and treatment personnel have conflicting styles
  - Logistical needs of one sector go unmet by the other
  - Information needed by one sector is not offered by the other

- **Major Sources of Conflict and Tension**

  - Manipulations by inmates
  - Staff confusion over priorities & missions
  - Staff ignorance, neglect, & confusion of other sector's rules and norms
  - A divide of silence between the sectors
  - Research findings on the inevitable antagonism between inmates and their custodians

- **Why Inmates Act as They Do**

  - Basic drives
  - An inmate world view
  - Resistance to authority

- Jailhouse ethics
- Precipitants of trouble

- **Our Strategy for Change**

  - Practical goals
  - Skills training
  - Relevant practice
  - Maximum modeling
  - Pro-active corrective intervention
  - Maximum environmental reinforcement
  - Firm but fair rules enforcement

- **Judging Inmate Progress**

  - The need for input from all sources
  - Distinguishing environmental adaptation from internalized change
  - The importance of inmates' consistent behavior and self-initiated use of skills
  - There is no one "truth"; all observations and measures are conditional

- **What Treatment Personnel Must Know About Security**

  - Security is primary, the possibility of treatment depends upon it
  - Inmates typically show a more criminal side to security personnel
  - Inmates need help to understand facility rules as reality conditions
  - No communications, actions, "deals," or exceptions should be hidden from security
  - The more treatment is obscure to security personnel the less they will support it

- **What Security Personnel Must Know About Treatment**

  - Good treatment works; it makes inmates more manageable and reduces crime
  - Good treatment sets high standards for inmates; but their adjustment can be difficult
  - Officers can be "make or break" role models to inmates regarding treatment's credibility

- **What Treatment Staff Must do to Support Security**

  - Assert the rules pro-actively without passing off responsibility to security
  - Help inmates obey the rules, not get around the rules
  - Be intolerant of inmates disrespecting or bad-mouthing security

- Identify and strengthen "weak links" among their own members

- **The Meaning and Value of "Rational Authority"**

  - Enforcement styles that increase, not decrease, respect for legitimate authority in general
  - Willingness when appropriate to respectfully explain the reasons for a given rule
  - Refusal to entertain debate about a rule when it needs to be enforced
  - A perceived desire to ensure that all rules have a legitimate value for the greater good
  - An exercise of authority that is based on rule and reason and not on whim or emotion
  - A recognition that every legitimate authority is part of a greater system of authority

The comprehensive cross training curriculum is designed to build cross-disciplinary understanding and cooperation among addiction treatment, mental health and criminal justice professionals. The curriculum includes didactic and experiential learning materials and is flexibly designed to address the specific needs, schedules and resources of various institutions. Spectrum expects to provide a minimum of two (2) training sessions, covering all shifts and staff schedules, to DDOC staff per year.

g.) Work Schedule

Position	#FTE's	# of Weeks	# of Days	Total Hours
State Director	1	52	260	2080
Data Manager	1	52	260	2080
Key Program Director	3	52	260	2080
Crest Program Director	5	52	260	2080
YCOP Program Director	1	52	260	2080
6 to 1 Men Program Dir	1	52	260	2080
6 to 1 Women Program Dir	1	52	260	2080
Key Clinical Supervisor	4	52	260	2080
Crest Clinical Supervisor	6	52	260	2080
6-1 Clinical Supervisor	1	52	260	2080
Key Counselor	10	52	260	2080
Key Certified Counselor	10	52	260	2080
Crest Counselor	13	52	260	2080
Crest Certified Counselor	14	52	260	2080
6-1 Counselor	6	52	260	2080

YCOP Counselor	3	52	260	2080
Boot Camp Counselor	1	52	260	2080
Aftercare Counselor	5	52	260	2080
DUI Counselor	3	52	260	2080
Administrative Assistant	6.5	52	260	2080
Total FTE's:	95.5			

Driving a Vehicle While Under the Influence (DUI) Court-Ordered Programming

Research clearly demonstrates that for the purpose of risk reduction, risk profile rather than offense should drive the intervention process. The implication of this as it relates to DUI offenders is twofold: 1) that offenders with high risk profiles will be under supervision for minor offenses, and 2) offenders with low risk profiles will be under supervision for serious offenses.

DUI offenders represent a unique special needs population that require targeting both DUI offense behaviors, and the related intra and interpersonal antecedents of drinking and driving and other self-destructive habits. Spectrum's proposed DUI program is unique in that it combines supplemental evidence-based clinical elements from our copy written curriculum with *Driving with Care* (DWC) – an evidenced-based DUI treatment curriculum developed by Wanberg, Milkman, and Timkin. The combination of both programs addresses the social, interpersonal, attitudinal, motivational, and behavioral dysfunction commonly seen with DUI offenders.

> "Every impaired offender program should take a look at these materials because they will set the standard for a comprehensive, motivational, educational change program that can reduce recidivism and promote meaningful, lasting change for the offenders. "
>
> Carlo DiClemente, Ph.D.
> Professor and Chair
> Psychology Department
> University of Maryland

Driving with Care targets impaired driving offenders with higher levels of alcohol and other drug use (AOD) and psychosocial problems who are in need of treatment and intervention over longer periods of time. Published by Sage Publications, the DWC Provider's Guide presents a comprehensive view of cognitive-behavioral treatment for impaired driving offenders; a thorough review of theory and practice related to client evaluation; legal and cultural considerations; as well as operational procedures for assessing and matching DWI offenders to appropriate levels of education and treatment services. Guidelines are provided for developing individualized treatment plans, and implementing appropriate education and treatment curriculum protocol where clients relate and apply the lesson material to their own unique circumstances and situations. Clients learn self-control over thinking and actions, responsible behavior towards others and the community.

The following table outlines Spectrum's proposed program design.

	Month 1 (4 weeks)	Month 2 (4 weeks)	Month 3 (4 weeks)
Motivational Interviewing, Individual Treatment Planning, Individual Counseling	(2) 60 minute sessions/month	(2) 60 minute sessions/month	(2) 60 minute sessions/month
Check-in/Process Group	(1) 30 minute group/day	(1) 30 minute group/day	(1) 30 minute group/day
Driving with Care: Alcohol, Other Drugs, and Impaired Driving Offender Education & Treatment-Strategies for Responsible Living	(2) 90 minute groups/wk	(2) 90 minute groups/wk	(1) 90 minute groups/wk
Getting Motivated to Change/MET Group	(2) 60 minute groups/wk		
Criminal Addictive Thinking		(2) 60 minute groups/wk	
Relapse Prevention			(2) 60 minute groups/wk
Twelve Step/Self-Help Meeting	Daily	Daily	Daily

The following outlines the lesson titles by group during each month of treatment.

Month 1 (4 weeks):

Driving with Care: Alcohol, Other Drugs, and Impaired Driving Offender Education & Treatment – Strategies for Responsible Living (two groups per week)	Getting Motivated to Change/MET Group (two groups per week)
▪ Program Orientation 1 ▪ Program Orientation 2	▪ Stages of Change: Motivation and Ambivalence ▪ My Ideal Life
▪ Pathway to AOD-Outcomes & Addiction ▪ AOD Problem Outcomes & Patterns	▪ What's the Payoff? ▪ Problem Identification
▪ Managing AOD Cravings & Urges ▪ Skills in Cognitive Self-Control-Negative Thoughts	▪ Developing Discrepancy ▪ Getting Motivated: Personal Goal Setting
▪ Skills In Cognitive Self-Control-Errors in Thinking ▪ Skills in Cognitive Self-Control-Managing Stress	▪ Motivating Active Recovery ▪ Making It Second Nature: Motivating Continuing Care

Month 2 (4 weeks):

Driving with Care: Alcohol, Other Drugs, and Impaired Driving Offender Education & Treatment – Strategies for Responsible Living (two groups per week)	Criminal Addictive Thinking (two groups per week)
▪ Review & Reflect ▪ Skills in Cognitive Self Control-Managing Anger	▪ Criminal Addictive Thinking Part 1 ▪ Criminal Addictive Thinking Part 2
▪ Social & Relationship Skill Building-Learning Communication Tools ▪ Social & Relationship Skill Building-Starting a Conversation	▪ Wising Up the Negative Mind ▪ Life Is Not Fair
▪ Social & Relationship Skill Building-Positive Reinforcement ▪ Social & Relationship Skill Building-Problem Solving	▪ Confronting the Criminal in You ▪ Authority & Freedom
▪ Social & Relationship Skill Building-Assertiveness ▪ Social & Relationship Skill Building-Refusal Skills	▪ Self-Defeating Messages ▪ The Excuse Trap

Month 3 (4 Weeks):

Driving with Care: Alcohol, Other Drugs, and Impaired Driving Offender Education & Treatment – Strategies for Responsible Living (two groups per week)	Relapse Prevention (two groups per week)
▪ Review & Reflect ▪ Relationships	▪ Understanding Relapse ▪ Urges & Cravings
▪ Strengthening Recidivism and Relapse Prevention Skills ▪ Recidivism and Relapse Prevention	▪ Breaking the Behavior Chain ▪ Warning Signs
▪ Community Responsibility Skills – Pro-social Values and Behaviors ▪ Community Responsibility Skills- Practicing Empathy	▪ Identifying High Risk Situations ▪ Coping with High Risk Situations
▪ Resolving Conflicts ▪ Review and Reflect	▪ Ways to Stay Clean and Sober ▪ Personal Relapse Prevention Plan

In addition to the groups above, all offenders will participate in Individual Counseling and Treatment Planning, Twelve Step/Self-Help Meetings, and Process Groups as described previously.

"This is the first series designed to comprehensively meet the needs of government agencies, educators, and therapists by providing a research-based model of stepped education and treatment for driving-while impaired offenders. There is nothing else in the field like Driving With Care; it should be required reading for researchers as well as practitioners.

William F. Wieczorek, Ph.D.
Director and Professor
Center for Health & Social Research
Buffalo State College

Price Proposal

Bound by mission, Spectrum is committed to reducing administrative overhead cost and reinvesting those dollars into client services, direct care staff salaries, and employee benefits. For the proposed program, more than 91 cents of every dollar is dedicated to service provision.

Furthermore, Spectrum understands the correlation between the caliber of staff and positive treatment outcomes. We seek certified and/or licensed staff in most of our programs, while assisting others to obtain these credentials. Spectrum offers very competitive salaries, comprehensive benefits and ongoing professional training to attract and retain the most qualified staff. Satisfied, well-trained staff yield low employee turnover, superior service and better treatment outcomes. Across the company, Spectrum's employee turnover averages 4% - a notable accomplishment in the field.

As a non-profit organization, we are mission driven and guided by efficient business practices in an expense controlled structure without sacrificing quality. We have a strong base of liquidity that allows us to keep our expenses down. Surpluses are regularly re-invested into operations and kept in reserve for unplanned contingencies. Since we have no stockholders, one hundred percent of earnings are dedicated to services. Spectrum does not maintain a balance on an outstanding line of credit and has very little long term debt. No interest expense on a line of credit results in lower administrative costs. These savings are passed on to our contractual partners.

Spectrum works in partnership with state agencies to provide the highest quality, cost effective services. For example, we recently worked with the Georgia Department of Corrections to renegotiate our current contract in order to meet the state's budget requirements. Three years ago, Spectrum was awarded a $10.4 million contract by the Washington State Department of Corrections to provide a statewide continuum of substance abuse treatment services. Spectrum implemented a seamless and successful transition from the previous vendor, CiviGenics/Community Education Centers. In fact, Spectrum increased service capacity 18% with 16% less funding (due to State budget constraints). With recently restored funding, Spectrum is now in the process of reinstating prior staffing levels.

We look forward to establishing a productive collaboration with the DDOC in its mission to prepare offenders for community reintegration, protect public safety and reduce the taxpayer burden of re-incarceration.

Spectrum is pleased to present the following price proposal.

DDOC, BCHS RFP

Vendor Name: Spectrum Health Systems, Inc.

Mental Health AND Substance Abuse

Based on 7,000 Average Daily Population (ADP)

Fixed Costs *(should not include mark-up percent)*	
Dr./PA/CRNP (Mid-Level Practitioners and Above)*	$
Line Staff * 93.5 Full Time Salaried Staff incl T&F	4,031,320 $
Performance Bond	29,034 $
Professional Liability/Malpractice Insurance	30,623 $
Subtotal	$ 4,090,977
Management Costs *(should not include mark-up percent)*	
Senior Management 2 FTE-DE State Dir & Data Manager	147,375 $
Administrative Overhead -related to Program Administration	38,150 $
Office Space	10,000 $
Indirect Costs-Materials, Recruitment, Training, etc.	84,000 $
Subtotal	$ 279,525
Variable Costs *(should not include mark-up percent)*	
Outside Consults, Medications (if applicable), Laboratory Tests, Medical Supplies & Equipment, Gross Profit, G & A, Legal Representation, Performance Bond, Professional Liability / Malpractice Insurance. G & A	252,615 $
Subtotal	$ 252,615
Mark-up	
Service Fee	0 %
Management Fee	0
Profit over Costs	115,578
Subtotal	$ 115,578
Annual Base Total	**$** 4,738,695
Year 1 Performance Incentive Potential	$ 0 **
Potential Year 1 Not to Exceed Total	**$** 4,738,695

Cost Price Inflation Not To Exceed Total	
*Year 2***	$ 4,946,293
*Year 3***	$ 5,041,542
*Year 4***	$ 5,041,894

**Spectrum expects to achieve the performance measures, and does not request or require additional incentive payments to do so.

The following table provides a breakdown of Spectrum's staffing costs by position by facility. Spectrum's price proposal includes 2% salary increases in years 2 and 3.

In-State Administration:		**Average Annual Salary**	**Hourly Rate**	**Location Total**
State Director	1 FTE	85,000	$40.87	$ 85,000
Data Manager	1 FTE	35,000	$16.83	$ 35,000
				$ 120,000

Key North at Howard R. Young Correctional Institution:		**Average Annual Salary**	**Hourly Rate**	**Location Total**
Program Director	1 FTE	56,000	$26.92	$ 56,000
Clinical Supervisor	2 FTE	43,000	$20.67	$ 86,000
Senior Counselor	5 FTE	34,000	$16.35	$ 170,000
Counselor	5 FTE	30,750	$14.78	$ 153,750
Admin Assistant	1 FTE	27,000	$12.98	$ 27,000
				$ 492,750

Key South Program at Sussex Correctional Institution:		**Average Annual Salary**	**Hourly Rate**	**Location Total**
Program Director	1 FTE	52,000	$24.04	$ 52,000
Clinical Supervisor	1 FTE	43,000	$20.67	$ 43,000
Senior Counselor	3 FTE	34,000	$16.35	$ 102,000
Counselor	3 FTE	30,750	$14.78	$ 92,250
Admin Assistant	.5 FTE	25,000	$12.02	$ 12,500
				$ 301,750

Key Village at Baylor Women's Correctional Institution:		**Average Annual Salary**	**Hourly Rate**	**Location Total**
Program Director	1 FTE	50,000	$24.04	$ 50,000
Clinical Supervisor	1 FTE	42,000	$20.19	$ 42,000
Senior Counselor	2 FTE	34,000	$16.35	$ 68,000
Counselor	2 FTE	30,750	$14.78	$ 61,500
Admin Assistant	1 FTE	26,000	$12.50	$ 26,000
				$ 247,500

Crest/Aftercare North – Men at Webb Community Correctional Center:		Average Annual Salary	Hourly Rate	Location Total
Program Director	1 FTE	52,000	$25.00	$ 52,000
Clinical Supervisor	1 FTE	42,000	$20.19	$ 42,000
Senior Counselor	2 FTE	34,000	$16.35	$ 68,000
Counselor	2 FTE	30,750	$14.78	$ 61,500
Admin Assistant	.5 FTE	26,000	$12.50	$ 13,000
				$ 236,500

Crest/Aftercare North – Women at Hazel D. Plant Women's Tx Facility:		Average Annual Salary	Hourly Rate	Location Total
Program Director	1 FTE	52,000	$25.00	$ 52,000
Clinical Supervisor	1 FTE	42,000	$20.19	$ 42,000
Senior Counselor	2 FTE	34,000	$16.35	$ 68,000
Counselor	2 FTE	30,750	$14.78	$ 61,500
Admin Assistant	.5 FTE	25,000	$12.50	$ 12,500
				$ 236,000

Crest Primary Program at Central Violation of Probation:		Average Annual Salary	Hourly Rate	Location Total
Program Director	1 FTE	56,000	$26.92	$ 56,000
Clinical Supervisor	2 FTE	43,000	$20.67	$ 86,000
Senior Counselor	5 FTE	34,000	$16.35	$ 170,000
Counselor	5 FTE	30,750	$14.78	$ 153,750
Admin Assistant	1 FTE	27,000	$12.98	$ 27,000
				$ 492,750

Crest/Aftercare Central Program at Morris Community Correctional Center:		Average Annual Salary	Hourly Rate	Location Total
Program Director	1 FTE	52,000	$25.00	$ 52,000
Clinical Supervisor	1 FTE	42,000	$20.19	$ 42,000
Senior Counselor	2 FTE	34,000	$16.35	$ 68,000
Counselor	2 FTE	30,750	$14.78	$ 61,500
Admin Assistant	.5 FTE	25,000	$12.02	$ 12,500
				$ 236,000

Crest/Aftercare South at Sussex Community Correctional Center:		Average Annual Salary	Hourly Rate	Location Total
Program Director	1 FTE	52,000	$25.00	$ 52,000
Clinical Supervisor	1 FTE	42,000	$20.19	$ 42,000
Senior Counselor	2 FTE	34,000	$16.35	$ 68,000
Counselor	3 FTE	30,750	$14.78	$ 92,250
Admin Assistant	.5 FTE	25,000	$12.02	$ 12,500
				$ 266,750

6 for 1 Program at Howard R. Young Correctional Institution:		Average Annual Salary	Hourly Rate	Location Total
Program Director	1 FTE	48,000	$23.08	$ 48,000
Clinical Supervisor	1 FTE	42,000	$20.19	$ 42,000
Senior Counselor	2 FTE	34,000	$16.35	$ 68,000
Counselor	2 FTE	30.500	$14.66	$ 61,000
Admin Assistant	.5 FTE	26,000	$12.50	$ 13,000
				$ 232,000

6 for 1 Women's Program at Baylor Women's Correctional Institution:		Average Annual Salary	Hourly Rate	Location Total
Program Director	1 FTE	48,000	$23.08	$ 48,000
Senior Counselor	1 FTE	34,000	$16.35	$ 34,000
Counselor	1 FTE	30,500	$14.66	$ 30,500
				$ 112,500

Young Criminal Offender Program at Howard R. Young:		Average Annual Salary	Hourly Rate	Location Total
Program Director	1 FTE	48,000	$23.08	$ 48,000
Senior Counselor	1 FTE	33,000	$15.87	$ 33,000
Counselor	2 FTE	30,500	$14.66	$ 61,000
Admin Assistant	.5 FTE	26,000	$12.50	$ 13,000
				$ 155,000

Boot Camp at Sussex Correctional Institution:		**Average Annual Salary**	**Hourly Rate**	**Location Total**
Counselor	1 FTE	30,500	$14.66	$ 30,500
Works in conjunction with Program Director, Clinical Supervisor, Counselors and Administrative Assistant at Sussex Community Correctional Center.				
				$ 30,500

DUI for Men (50 participants):		**Average Annual Salary**	**Hourly Rate**	**Location Total**
Counselor	2 FTE	33,000	$15.86	$ 66,000
Works in conjunction with Program Director, Clinical Supervisor, Counselors and Administrative Assistant at designated correctional center (TBD).				
				$ 66,000

DUI for Women (20 participants):		**Average Annual Salary**	**Hourly Rate**	**Location Total**
Counselor	1 FTE	33,000	$15.87	$ 33,000
Works in conjunction with Program Director, Clinical Supervisor, Counselors and Administrative Assistant at designated correctional center (TBD).				
				$ 33,000

Aftercare at WCC, HDPWTF, MCCC, SCCC:		**Average Annual Salary**	**Hourly Rate**	**Location Total**
Counselor	5 FTE	30,000	$14.42	$ 150,000
Works in conjunction with the Program Director, Clinical Supervisor, Counselors and Administrative Assistant at the respective designated sites.				
				$ 150,000
SUB TOTALS:				
State Director	1 FTE			$ 85,000
Data Manager	1 FTE			$ 35,000
Program Director	11 FTE			$ 566,000
Clinical Supervisor	11 FTE			$ 467,000
Counselor*	65 FTE			$2,087,000
Admin Assistant	6.5 FTE			$ 169,000
GRAND TOTAL:	**95.5FTE**			**$3,409,000**

*Partial for DUI Startup on 1/1/13

Other Operating Costs, totaling $967,888, comprise the following:

- Payroll taxes and fringe benefits for staff, which includes employer contributions to Medicare and Social Security, employer sponsored health insurance and dental insurance, life insurance and unemployment insurance
- Staff recruitment
- Staff education and training
- Client educational materials and printing
- Office space and supplies
- Equipment such as copier/faxes and computers for administrative functions
- Telephone expenses
- Staff travel and mileage reimbursement

Spectrum's Administrative Fee totals $368,306. This allocation accounts for agency costs including:

- Allocation for Spectrum's corporate office lease and building maintenance expenses
- Allocation for Spectrum's administrative support services including:
    - Human Resources Department
    - Accounting Department
    - Payroll Department
    - Management Information Systems Support
    - Telecommunications Systems Support
    - Office expenses
    - Telephone expenses
    - Legal expenses
    - Postage expenses
    - Corporate office staff insurance expenses (employee practice and general liability)

Also included within this amount is the agency fixed profit of 2.5% which equates to $115,578.

References

The following references are familiar with Spectrum's background, qualifications and ability to implement the proposed substance abuse and DUI programming:

Beth Oxford
Director of Parole
Georgia State Board of Pardons and Paroles
East Tower, 5th Floor,
2 Martin Luther King Jr. Drive. S.E.
Atlanta, GA 30334
Phone: (404) 651-6638
Email: beth_oxford@pap.state.ga.us

Katrinka Glass
Director of Risk Reduction Services
Georgia Department of Corrections
2 Martin Luther King, Jr. Drive, S.E.
Atlanta, GA 30334
Phone: (404) 463-3779
Email: glassk00@dcor.state.ga.us

Patricia Noble-Desy
Chemical Dependency Program Administrator
Washington Department of Corrections
7345 Linderson Way SW
Turnwater, WA 98501
Phone: (360) 725-8602
Email: patty.noble-desy@doc.wa.gov

SPECTRUM HEALTH SYSTEMS, INC.
JOB DESCRIPTION

Position Title:	**State Director**
Dept/Institution:	**Delaware Correctional Services – All Sites**
Reports To:	**Executive Vice President of Correctional Services**
Supervision Exercised:	**QI/Data Manager, Program Directors and all other personnel**
FLSA Status:	**Exempt**
Category 1:	**Unrestricted Access to PHI**

SUMMARY:

Under the direction of the Executive Vice President of Correctional Services, the State Director is responsible for the implementation, administration and monitoring of all correctional sites. This position establishes program plans, budget, and staffing requirements. They also work closely with DDOC to ensure programs meet stated objectives and programming is implemented according to established written plans and clinical elements.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Directs and develops a program implementation plan of action consistent with DDOC policies and procedures and per the stipulations of the RFP.
- Develops and directs compliance with policies and procedures.
- Manages the overall direction and supervision of the programs.
- Provides direct administrative and programmatic supervision to the QI/Data Manager and Program Directors.
- Develops and oversees on-going analysis and quality assurance system of program activities to ensure program objectives are being met. Formulates a corrective action plan when necessary.
- Works closely with DDOC personnel to ensure smooth operation and coordination of all programs.
- Demonstrates the ability to prioritize tasks and responsibilities and complete duties in the allotted time.
- Develops and oversees the preparation of annual, quarterly and monthly reports.
- Under the direction of the Executive Vice President of Correctional Services, develops and manages the operating budget.
- Responsible for adhering to all budgetary guidelines and contract specifications.
- Exercises authority to act decisively in all matters pertaining to all programs (consultation with Executive Vice President of Correctional Services, Vice President of Human Resources and DDOC management when necessary).
- Oversees all employment decisions and evaluations including all grievance-related concerns and disciplinary actions.
- Informs DDOC staff of goals and objectives of programs as requested. Provides training to Correctional Officers on specifics of therapeutic communities and program methods of motivating the program participants in making needed behavioral changes.
- Responsible for ensuring the effective use of all program resources.
- Ensures compliance with applicable CARF Behavioral Health Standards and contractual requirements.
- Develops Annual Training Plan that identifies staff training needs and ensures that necessary job-related instruction is provided to staff.
- Conducts staff training to ensure quality services are being provided at all sites.
- Develops and revises curricula for all sites as needed in collaboration with the Vice President of Clinical Development and Education and the Chief Clinical Officer.
- Demonstrates respect for supervisors, subordinates, DDOC personnel and clients.

- Communicates regularly with staff providing specific feedback on program operations, employee relations climate, problem areas and actions necessary for improvement.
- Maintains knowledge of current trends and developments in the field by reading appropriate literature and attending related seminars and conferences. Applies pertinent knowledge to performance of duties and to ensure programs in line with these trends and developments.
- Complies with and supports all DDOC rules, regulations and procedures as applicable.
- Regular travel by car will be necessary for routine site visits and attendance at meetings throughout the state.
- Completes all required training
- Performs other related duties as assigned.

QUALIFICATIONS AND EXPERIENCE:

- Master's Degree or equivalent experience in Criminal Justice, Human Services, Education, Counseling or closely related field required.
- Five years of supervisory experience in the Chemical Dependency field required.
- Experience working with offenders in a criminal justice system is highly preferred.
- Experience working in or managing residential programs is desirable.
- Must have a working knowledge of Microsoft Word, Excel, and Outlook.

PHYSICAL DEMANDS:

Employee is regularly required to sit, stand, walk, reach, stoop, talk and hear or otherwise perform any number of physical activities that may be required in completing daily tasks. Candidate may be asked to lift as much as 25 pounds while completing essential duties and responsibilities of the position.

LANGUAGE SKILLS:

Must be able to express self adequately in written and oral communication and to communicate effectively in an interdisciplinary, culturally diverse setting with clients, families, staff and regulatory agencies.

CONTINUING EDUCATION:

Must attend annual mandatory in-service and education programs. Must complete education required for maintenance of professional certification or licensure if applicable.

JOB DESCRIPTION REVIEW:

By signing below, I acknowledge that I understand this job description, the essential duties and responsibilities of the position, and other requirements and that I am to complete all duties as assigned. I understand job duties may be altered from time-to-time. I have noted below any accommodations that are required to enable me to perform these duties. I have also noted below any job duties that I am unable to perform, with or without accommodation.

_____ _____

Employee Signature *(Acknowledging Receipt)* **Date**

_____

Employee Name (Printed)

Drafted 4-5-12

SPECTRUM HEALTH SYSTEMS, INC.
JOB DESCRIPTION

Position Title:	**Program Director**
Dept/Institution:	**Delaware Correctional Services – Assigned Site(s)**
Reports To:	**State Director**
Supervision Exercised:	**Clinical Supervisor and Administrative Assistant at assigned site(s)**
FLSA Status:	**Exempt**
Category 1:	**Unrestricted Access to PHI**

SUMMARY:
Under the direction of the State Director, the Program Director is responsible for the direct management of all aspects of the treatment program at their assigned site(s). This position also works closely with DDOC personnel to ensure quality delivery of services according to contract specifications.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides direct supervision to the Clinical Supervisor and Administrative Assistant at the assigned site; may provide direct supervision to counseling staff in the absence of the Clinical Supervisor.
- Manages the program within guidelines ensuring operations according to contract specifications.
- Responsible for ensuring assigned staff comply with Spectrum, CARF and DDOC policies/procedures and standards.
- Responsible for organizing, implementing and supervising the program design as defined by the program's clinical manual.
- Ensures compliance with on-going analysis and use of the quality assurance system.
- Works with State Director to formulate corrective action plans when necessary.
- Exercises authority to act decisively in all matters pertaining to the program (in conjunction with the State Director and DDOC staff when necessary).
- Demonstrates ability to prioritize tasks/responsibilities & complete duties in allotted time.
- Responsible for employment decisions, evaluations, training and supervision according to Spectrum and DDOC policies for the assigned program.
- Works closely with DDOC management to ensure smooth operation and coordination of the program.
- Attends daily, weekly or monthly facility management meetings as directed by DDOC personnel and the State Director.
- Provides training to DDOC facility staff as directed by the State Director to ensure awareness and understanding of goals of the programs. Provides training to Correctional Officers on specifics of therapeutic communities and program methods of motivating the program participants in making needed behavioral changes.
- Maintains a minimum of weekly phone contact with the State Director.
- Provides direct services in the event of Clinical Supervisor or staff absence or vacancy to ensure services provided in full contract compliance.
- Ensures all staff members attend all DDOC required or recommended training to ensure familiarity with DDOC policies and procedures.
- Identifies staff development needs and opportunities and ensures necessary training and education is provided.
- Responsible for staff scheduling to ensure consistent program coverage.
- May be required to work evenings and weekends to ensure adequate coverage to meet the needs of the schedule.
- Responsible for ensuring the effective use of all program resources.

- In conjunction with State Director and Clinical Director, provides staff training on implementation of program design as defined by curriculum.
- Responsible for ensuring assigned program space is maintained in a professional and presentable manner.
- Provides and documents individual and/or group staff supervision.
- Reviews clinical records for compliance with Spectrum, CARF and DDOC standards.
- Oversees collection of program data and accurate reporting of this data to DDOC administrative offices and Spectrum's Corporate Office and Quality Improvement Department.
- Participates in training and educational activities to maintain licensure and/or certification and to remain current in knowledge of effective treatment methods.
- Demonstrates respect for supervisors, subordinates, DDOC personnel and clients.
- Complies with and supports all DDOC rules, regulations and procedures as applicable.
- Ensures all program staff members complete initial 40 hour orientation within 30 days of hire and all required annual training.
- Performs other related duties as assigned.

QUALIFICATIONS AND EXPERIENCE:

- CADC certification required.
- Master's Degree or equivalent experience in Criminal Justice, Human Services, Education, Counseling or closely related field preferred; Bachelor's Degree required.
- Two years of supervisory experience in the Chemical Dependency field preferred.
- Experience working with offenders in a criminal justice system is highly preferred.
- Experience working in a residential program is highly desirable.
- Must have a working knowledge of Microsoft Word, Excel, and Outlook.

PHYSICAL DEMANDS:

Employee is regularly required to sit, stand, walk, reach, stoop, talk and hear or otherwise perform any number of physical activities that may be required in completing daily tasks. Candidate may be asked to lift as much as 25 pounds while completing essential duties and responsibilities of the position.

LANGUAGE SKILLS:

Must be able to express self adequately in written and oral communication and to communicate effectively in an interdisciplinary, culturally diverse setting with clients, families, staff and regulatory agencies.

CONTINUING EDUCATION:

Must attend annual mandatory in-service and education programs. Must complete education required for maintenance of professional certification or licensure if applicable.

JOB DESCRIPTION REVIEW:

By signing below, I acknowledge that I understand this job description, the essential duties and responsibilities of the position, and other requirements and that I am to complete all duties as assigned. I understand job duties may be altered from time-to-time. I have noted below any accommodations that are required to enable me to perform these duties. I have also noted below any job duties that I am unable to perform, with or without accommodation.

_____ _____

Employee Signature *(Acknowledging Receipt)* **Date**

_____

Employee Name (Printed)

SPECTRUM HEALTH SYSTEMS, INC.
JOB DESCRIPTION

Position Title:	**Clinical Supervisor**
Dept/Institution:	**Delaware Correctional Services – Assigned Site(s)**
Reports To:	**Program Director**
Supervision Exercised:	**Counseling Staff**
FLSA Status:	**Exempt**
Category 1:	**Unrestricted Access to PHI**

SUMMARY:

The Clinical Supervisor oversees all clinical activities of the treatment program. This position assists the Program Director in the direct management of all aspects of the program at the assigned site and acts as the Director in Program Director's absence. Together, the Clinical Supervisor and Program Director work closely with DDOC personnel, other institutional vendors, and off-site Spectrum staff to ensure quality delivery of services according to contractual specifications and requirements.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides direct supervision of all clinical activities at the site.
- Assists clinical staff in obtaining/maintaining licensure or CADC certification.
- Provides clinical supervision to staff for purpose of obtaining/maintaining CADC certification.
- Responsible for ensuring program staff complies with Spectrum, CARF and DDOC policies/procedures and standards, particularly all ethical guidelines.
- Works closely with DDOC management to ensure smooth operation and coordination of the program.
- Provides individualized supervision of clinical documentation to ensure it meets Spectrum, CARF, and DDOC standards.
- Performs record audits of a minimum of four active and one closed chart for each counselor on a quarterly basis; more often when following up on documentation issues or for personnel in their position for under ninety days.
- Follows up promptly with staff on directives to correct deficiencies in clinical documentation.
- Observes group facilitation for all clinical staff on a regular basis completing Group Quality Inventory forms and using information from those observations for staff development.
- Demonstrates the ability to prioritize tasks and responsibilities and complete duties in the allotted time.
- Identifies staff development needs and opportunities.
- Collaborates with the Program Director on conducting annual performance reviews, interviewing new staff, corrective action and others aspects of personnel management under the guidance of the Program Director.
- Provides direct services – facilitates class/group sessions, individual counseling/case management and formulation of individual treatment plans.
- Facilitates and documents multi-disciplinary treatment planning, case reviews and conferences.
- Oversees the program's therapeutic environment ensuring compliance with Spectrum and DDOC standards.
- Participates in training and educational activities to maintain licensure/certification and to remain current in knowledge of effective treatment methods.
- Demonstrates respect for supervisors, subordinates, DDOC personnel and clients.

- May be required to work evenings and weekends to ensure adequate coverage to meet the needs of the schedule.
- Complies with and supports all DDOC rules, regulations and procedures as applicable.
- Completes all required training.
- Performs other related duties as assigned.

QUALIFICATIONS AND EXPERIENCE:

- CADC certification required.
- Master's Degree or equivalent experience in Criminal Justice, Human Services, Education, Counseling or closely related field preferred; Bachelor's Degree required.
- Two years of supervisory experience in the Chemical Dependency field preferred.
- Experience working with offenders in a criminal justice system is highly preferred.
- Experience working in a residential program is highly desirable.
- Working knowledge of Microsoft Word, Excel, and Outlook preferred.

PHYSICAL DEMANDS:

Employee is regularly required to sit, stand, walk, reach, stoop, talk and hear or otherwise perform any number of physical activities that may be required in completing daily tasks. Candidate may be asked to lift as much as 25 pounds while completing essential duties and responsibilities of the position.

LANGUAGE SKILLS:

Must be able to express self adequately in written and oral communication and to communicate effectively in an interdisciplinary, culturally diverse setting with clients, families, staff and regulatory agencies.

CONTINUING EDUCATION:

Must attend annual mandatory in-service and education programs. Must complete education required for maintenance of professional certification or licensure if applicable.

JOB DESCRIPTION REVIEW:

By signing below, I acknowledge that I understand this job description, the essential duties and responsibilities of the position, and other requirements and that I am to complete all duties as assigned. I understand job duties may be altered from time-to-time. I have noted below any accommodations that are required to enable me to perform these duties. I have also noted below any job duties that I am unable to perform, with or without accommodation.

_____ _____

Employee Signature *(Acknowledging Receipt)* **Date**

_____

Employee Name (Printed)

Drafted 4-5-12

SPECTRUM HEALTH SYSTEMS, INC.
JOB DESCRIPTION

Position Title:	**Quality Improvement / Data Manager**
Dept/Institution:	**Delaware Correctional Services – All Sites**
Reports To:	**State Director**
Supervision Exercised:	**None**
FLSA Status:	**Exempt**
Category 2:	**Limited Access to PHI**

SUMMARY:
Under the direction of the State Director, the QI/Data Manager maintains a formal data collection and reporting system for tracking program participants and measuring performance outcomes, in order to monitor and evaluate the quality of services delivered.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Performs entry and corrections of program and offender-related data ensuring accuracy of databases and tracking logs.
- Provides customer service and support to staff members in the performance of data systems corrections.
- Facilitates informational sessions for staff to ensure efficient, accurate and timely collection of data.
- Responsible for the preparation of monthly, quarterly, and annual data reports as directed by the State Director.
- Audits data for authenticity and verification purposes.
- Integrates data from various sources for data reporting and reconciliation needs.
- Assists with the reporting systems including the assurance of timely submission of all required reports to DDOC and Spectrum management.
- Works in conjunction and cooperatively with Program Directors to ensure Spectrum's policies and procedures are being followed.
- Acts as a resource and consultant to staff and management in regulatory requirements and policies.
- Develops and implements the tools and practices for measuring and monitoring quality improvement activities.
- Aggregates, analyzes, and completes reports for data collected such as client satisfaction surveys, employee satisfaction surveys, stakeholder satisfaction surveys, incident report forms, outcome data and other data in a timely manner.
- Recommends and implements change, as needed, to ensure programs function efficiently and in compliance with CARF, DDOC and other regulatory guidelines.
- Demonstrates ability to prioritize tasks and responsibilities and complete their assigned duties in the allotted time.
- Under the direction of the State Director, conducts audits of programs to ensure Spectrum standards are continuously met.
- Based on data results, reports and other information, identifies improvement activities and monitors progress on those activities under the guidance of the State Director.
- Attends operational and other meetings as directed by the report Specialist.
- Complies with and supports all DDOC rules, regulations and procedures as applicable.
- Demonstrates respect for supervisors, subordinates, DDOC personnel, visitors and clients.
- Completes all required training.
- Performs other related duties as assigned.

QUALIFICATIONS AND EXPERIENCE:

- Bachelor's Degree in healthcare administration, business, management, human services, behavioral health, chemical dependency or a related field required.
- Minimum of three years working in healthcare administration, management, human services or a field related to the essential duties and responsibilities of the position.
- Must demonstrate exemplary knowledge of database management and proficiency in Microsoft Word and Excel.
- Knowledge of industry standards (e.g., CARF, CSAT/SAMHSA) preferred.

PHYSICAL DEMANDS:
Employee is regularly required to sit, stand, walk, reach, stoop, talk and hear or otherwise perform any number of physical activities that may be required in completing daily tasks. Candidate may be asked to lift as much as 25 pounds while completing essential duties and responsibilities of the position.

LANGUAGE SKILLS:
Must be able to express self adequately in written and oral communication and to communicate effectively in an interdisciplinary, culturally diverse setting with clients, families, staff and regulatory agencies.

CONTINUING EDUCATION:
Must attend annual mandatory in-service and education programs. Must complete education required for maintenance of professional certification or licensure if applicable.

JOB DESCRIPTION REVIEW:
By signing below, I acknowledge that I understand this job description, the essential duties and responsibilities of the position, and other requirements and that I am to complete all duties as assigned. I understand job duties may be altered from time-to-time. I have noted below any accommodations that are required to enable me to perform these duties. I have also noted below any job duties that I am unable to perform, with or without accommodation.

_____ _____

Employee Signature *(Acknowledging Receipt)* **Date**

_____

Employee Name (Printed)

Drafted 4-5-12

SPECTRUM HEALTH SYSTEMS, INC.
JOB DESCRIPTION

Position Title:	**Counselor**
Dept/Institution:	**Delaware Correctional Services - Assigned Site**
Reports To:	**Program Director / Clinical Supervisor**
Supervision Exercised:	**None**
FLSA Status:	**Exempt**
Category 1:	**Unrestricted Access to PHI**

SUMMARY:
The Counselor provides counseling services to offenders in their assigned treatment program. The provision of counseling services includes facilitation of treatment groups, individual counseling, case management services, and clinical documentation responsibilities. This position also works closely with DDOC staff to coordinate all program services and provide information for case management/records management as needed.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Orients and assesses assigned offenders. Reviews offender record and completes initial needs assessments and related paperwork within established time frames.
- Formulates individual treatment plans within established timeframes with input from the offender and the multi-disciplinary treatment team.
- Facilitates psycho-educational and process group sessions as defined by curriculum and written clinical plan.
- Monitors the therapeutic environment and assures offender compliance with all program and DDOC rules and regulations.
- Complies and supports all Spectrum and DDOC rules, regulations, and procedures.
- Demonstrates the ability to prioritize tasks and responsibilities and complete duties in the allotted time.
- Maintains clinical records in accordance with Spectrum, CARF and DDOC policies and procedures.
- Responsible for correcting all documentation deficiencies within established timeframes under the direction of the Clinical Supervisor.
- Works cooperatively with DDOC personnel to ensure smooth operation and coordination of services and to provide information for case management and record management.
- Participates in multi-disciplinary treatment planning, case reviews and conferences.
- Provides individual counseling according to timeframes established per program and documents sessions according to Spectrum, CARF and DDOC policies, procedures and standards.
- Provides counseling services in crisis situations as needed.
- Provides input into the offender disciplinary process.
- Ensures assigned offenders adequately complete their individual continuing care/relapse prevention plan.
- Serves as role-model/mentor for offenders while maintaining professional boundaries.
- Attends all required DDOC training to ensure familiarity with Department policies and procedures.
- Demonstrates respect for supervisors, co-workers, subordinates, DDOC personnel and clients.
- Consistently arrives for work on time and adheres to attendance policies.
- Complies with and supports all DDOC rules, regulations and procedures as applicable.
- Completes 40 hours of training during their initial 30 day orientation and completes all required training annually and as directed.

- May be required to work evenings and weekends to ensure adequate coverage to meet the needs of the schedule.
- Performs other related duties as assigned.

QUALIFICATIONS AND EXPERIENCE:

- CADC certification required or CAAC with ability to obtain CADC within 1 year.
- Bachelor's Degree or equivalent experience in Criminal Justice, Human Services, Education, Counseling or closely related field preferred; relevant experience may be substituted for educational requirements.
- Two years experience in the Chemical Dependency field is highly preferred.
- Experience working with offenders in a criminal justice system is preferred.
- Experience working in a residential program is desirable.
- Working knowledge of Microsoft Word, Excel, and Outlook preferred.

PHYSICAL DEMANDS:

Employee is regularly required to sit, stand, walk, reach, stoop, talk and hear or otherwise perform any number of physical activities that may be required in completing daily tasks. Candidate may be asked to lift as much as 25 pounds while completing essential duties and responsibilities of the position.

LANGUAGE SKILLS:

Must be able to express self adequately in written and oral communication and to communicate effectively in an interdisciplinary, culturally diverse setting with clients, families, staff and regulatory agencies.

CONTINUING EDUCATION:

Must attend annual mandatory in-service and education programs. Must complete education required for maintenance of professional certification or licensure if applicable.

JOB DESCRIPTION REVIEW:

By signing below, I acknowledge that I understand this job description, the essential duties and responsibilities of the position, and other requirements and that I am to complete all duties as assigned. I understand job duties may be altered from time-to-time. I have noted below any accommodations that are required to enable me to perform these duties. I have also noted below any job duties that I am unable to perform, with or without accommodation.

_____ _____

Employee Signature *(Acknowledging Receipt)* **Date**

_____

Employee Name (Printed)

Drafted 4-5-12

SPECTRUM HEALTH SYSTEMS, INC.
JOB DESCRIPTION

Position Title:	**Administrative Assistant**
Dept/Institution:	**Delaware Correctional Services – Assigned Sites**
Reports To:	**Program Director**
Supervision Exercised:	**None**
FLSA Status:	**Non-Exempt**
Category 2:	**Limited Access to PHI**

SUMMARY:
The Administrative Assistant provides all aspects of administrative support to the Program Director and the Program.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Ensures all reports are accurate, complete and submitted to management and designated DDOC contacts by established due dates.
- Communicates with the Program Director about reporting procedures and forms as needed.
- Types correspondence and memos relevant to program operations as directed.
- Performs data entry of program and offender-related information as required.
- Ensures payroll information and timesheets are submitted to Spectrum's administrative office in Delaware within the given timeframe.
- Demonstrates the ability to prioritize tasks and responsibilities and complete duties in the allotted time.
- Acts as liaison between Spectrum's administrative office in Delaware and program staff.
- Maintains confidential filing systems and manages all aspects of the program's clinical records keeping system.
- Manages the client record filing system and responds to requests for client information and copies of records.
- Strictly adheres to HIPAA and confidentiality policies when responding to inquiries for client information.
- Coordinates data collection on program participants as directed.
- Demonstrates honesty and integrity at all times in the care of the clients and the use of the facility property.
- Demonstrates respect for supervisors, co-workers, DDOC personnel and clients.
- Ensures all paperwork being used is current and up to date.
- Ensures all personnel documents are properly submitted to Spectrum's administrative office in Delaware within three days of new hire and per established timeframes on an ongoing basis.
- Takes and maintains minutes of all program meetings and distributes copies of minutes to all regular attendees including those not present at the meeting.
- Facilitates office supply needs by placing orders, tracking inventories, completing purchase orders and staying below the set budget.
- Prepares purchase orders for approval and completes other required paperwork as needed by the Program Director.
- Answers the telephone appropriately and courteously for program staff and relays messages in a timely manner.
- Places calls as requested to other professional or ancillary services.
- Acts as a receptionist for the program answering phone calls and greeting visitors.
- Complies with and supports all DDOC rules, regulations and procedures as applicable.

- Assists Program Directors by performing administrative duties as requested including posting communications on bulletin boards, making copies, faxing, filing, organizing, typing letters, memos and reports as directed.
- Consistently arrives for work on time and adheres to attendance policies.
- Completes 40 hour orientation within the first 30 days of hire and all annual and other required training.
- Performs other related duties as assigned.

QUALIFICATIONS AND EXPERIENCE:

- High School graduate/GED with a minimum of 1 year administrative services experience required.
- Basic ability with Microsoft Word, Excel and Outlook is required.
- Experience with data entry and report writing is desirable.
- Ability to type at least 30 WPM.
- Ability to communicate effectively with staff and public demonstrating excellent customer service skills.
- Experience working in the substance abuse, behavioral health or criminal justice fields are a plus.

PHYSICAL DEMANDS:

Employee is regularly required to sit, stand, walk, reach, stoop, talk and hear or otherwise perform any number of physical activities that may be required in completing daily tasks. Candidate may be asked to lift as much as 25 pounds while completing essential duties and responsibilities of the position.

LANGUAGE SKILLS:

Must be able to express self adequately in written and oral communication and to communicate effectively in an interdisciplinary, culturally diverse setting with clients, families, staff and regulatory agencies.

CONTINUING EDUCATION:

Must attend annual mandatory in-service and education programs. Must complete education required for maintenance of professional certification or licensure if applicable.

JOB DESCRIPTION REVIEW:

By signing below, I acknowledge that I understand this job description, the essential duties and responsibilities of the position, and other requirements and that I am to complete all duties as assigned. I understand job duties may be altered from time-to-time. I have noted below any accommodations that are required to enable me to perform these duties. I have also noted below any job duties that I am unable to perform, with or without accommodation.

_____ _____

Employee Signature *(Acknowledging Receipt)* **Date**

_____

Employee Name (Printed)

Drafted 4-5-12

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Key North, Howard R. Young Correctional Institution
200 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 6 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 4 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 6 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 4 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 6 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 4 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Key Village, Baylor Women Correctional Institution
58 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s):1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Key South, Sussex Correctional Institution
120 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Crest North, Webb Community Correctional Center
76 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Crest North, Hazel D. Plant Women's Treatment Facility
68 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Crest Primary, Central Violation of Probation Center
200 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 6 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 4 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 6 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 4 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 6 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 4 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Crest Central, Morris Community Correctional Center
56 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Crest South, Sussex Community Correctional Center
90 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 3 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

6 for 1 Men, Howard R. Young Correctional Institution
80 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 2 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: 1 Counselor(s): 1 Administrative Assistant: 1	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

6 for 1 Women, Baylor Women Correctional Institution
30 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 8A - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 12P - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 12P – 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 8A - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 8A - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 12P - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 8A – 8P 1 Counselor 12P – 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor same counselor Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

YCOP, Howard R. Young Correctional Institution
40 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 8A - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 12P-8P 1 Counselor AM Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 12P – 8P 1 Counselor AM Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 8A - 8P 1 Counselor AM Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 8A - 8P 1 Counselor AM Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: 1 Clinical Supervisor: Counselor(s): 1 Counselor 12P - 8P 1 Counselor AM Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 8A – 8P 1 Counselor 12P – 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor same counselor Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Boot Camp, Sussex Correctional Institution
100 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

Aftercare (including Boot Camp), WCCC, HDPWTF, MCCC, SCCC
300 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 3 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 2 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

DUI Programming, Level TBD
50 Beds

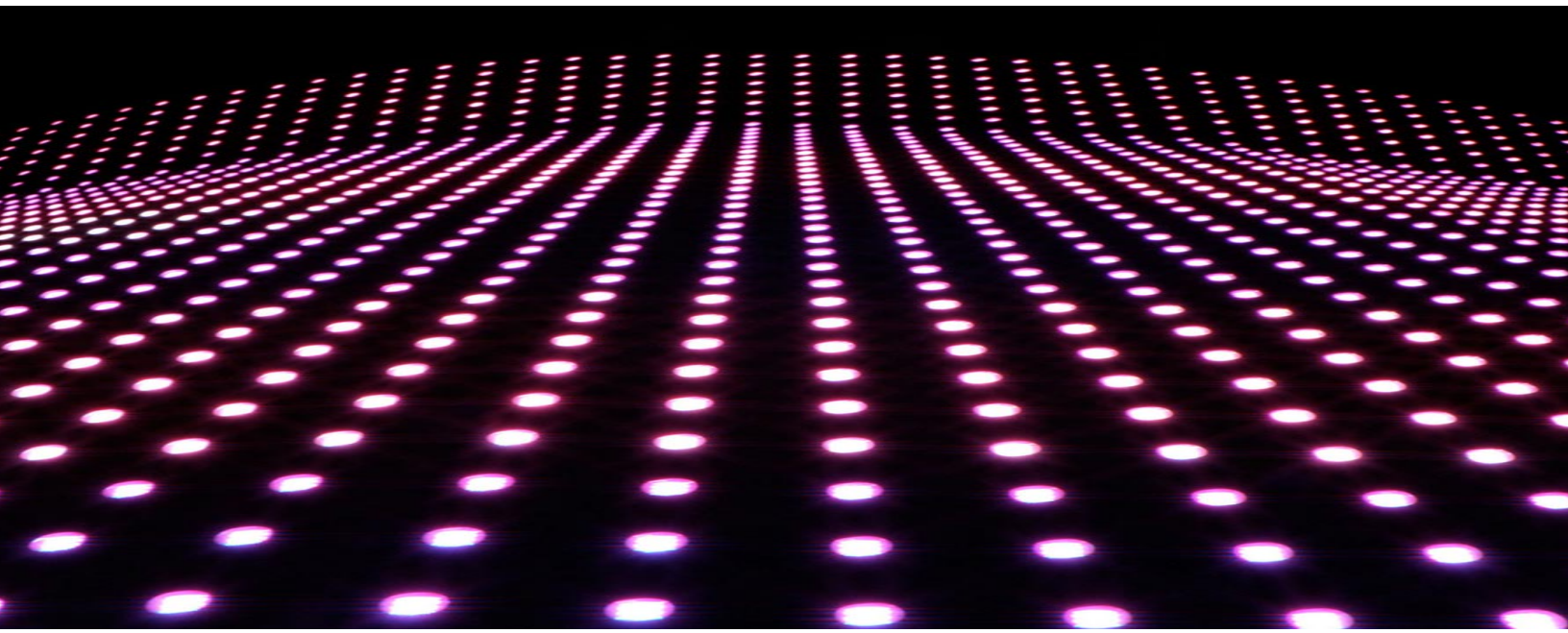
Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 8A - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 12P - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 12P – 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 8A- 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 8A-8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 12P - 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Counselor 8A – 8P 1 Counselor 12P – 8P Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): same counselor same counselor Administrative Assistant:

PROPOSED STAFFING SCHEDULES
Substance Abuse Treatment & DUI Programming

DUI Programming, Baylor Women Correctional Institution
20 Beds

Day / Time	A.M. Shift	P.M. Shift
SUNDAY 8:00 AM - 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
MONDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
TUESDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
WEDNESDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
THURSDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
FRIDAY 7:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): 1 Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:
SATURDAY 8:00 AM – 8:00 PM	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:	Program Director: Clinical Supervisor: Counselor(s): Administrative Assistant:

Georgia RSAT Programs
Annual Report Fiscal Year 2011
July 2010 – June 2011



Spectrum
HEALTH SYSTEMS, INC.

Building better lives one step at a time

Table of Contents

A Letter from the President 2
Spectrum's Mission 3
Spectrum's Vision 3
Spectrum's Values 3
Georgia Management Team 4
Georgia Management team continued... 5
Organizational Chart 6
Quality Improvement: 7
Ensuring adherence to principles of Evidence Based Treatment 7
GDC'S GPAI 7
Regular CQI Activities 8
Program Enhancements and Other Activities of the GDC/SHS Management QI Team: 8
Revision of Curriculum 9
Internal Quality Monitoring Procedures 9
Staff Credentials 10
Program Locations 11
Demographic Information- Race/Ethnicity 12
Demographic Information-Crime 13
Demographic Information- Education 14
Demographic Information- Age Group 15
Demographic Information- Drug of Choice 16
Drug of Choice continued 17
Mental Health Data 18
Discharge Information-Completion Rates 19
Problem Area Scores 20
Offender Satisfaction Surveys Collected by Spectrum Health Systems, Inc. 21
RSAT Inmate Surveys Conducted by GDC 22
RSAT Inmate Surveys Conducted by GDC continued 23
GDC Staff Surveys 24
Client Evaluation of Self and Treatment Scoring Norms & CEST Scores 25
Treatment Engagement Domain 25
CEST Comparison to TCU Means & Norms 25
TCU Criminal Thinking Scales 26
CTS Scores 27
Looking Ahead 28
Plans for Fiscal Year 2012 28
Recovery Month and Family Outreach 29
Continued emphasis on the importance of Continuing-Care and placing emphasis on Recovery Capital 29
CARF Accreditation 29
References 31

A Letter from the President

In their 2010 report on substance abuse and America's prison population, the National Center on Addiction and Substance Abuse at Columbia University (CASA) made some key points:

- *Substance misuse and addiction are key factors in the continuous growth of the U.S. inmate population …*
- *Substance misuse and addiction are overwhelming factors in all types of crime, not just alcohol and drug law violations. . . Alcohol is implicated in the incarceration of over half (56.6%) of all inmates in America.*
- *"An overwhelming body of evidence exists documenting that substance use disorders are preventable and treatable health conditions, and that cost effective screening, intervention and treatment options are available that can be administered effectively through the criminal justice system. Implementing these options can save taxpayers millions of dollars and reduce crime…"*

We are very pleased that our partnership with the Georgia Department of Corrections is addressing the critical issue of substance related disorders in the Georgia correctional population continues. Fiscal Year 2011 marks the 17th consecutive year that Spectrum has partnered with the GDC to provide residential substance abuse treatment services to incarcerated offenders. These programs have now provided over 21,000 offenders with an opportunity to change their lives.

Our partnership has fostered the development of 8 Residential Substance Abuse programs that are tailored to address the specific factors that current research indicates are most often the cause of an offender's failure to maintain a pro-social, pro-recovery lifestyle after release from incarceration. Armed with specific skills and knowledge, the offenders leave prison prepared to re-join their families and society in productive, satisfying ways.

For the past 3 years, Spectrum has also provided the Substance Abuse Aftercare Services groups for GDC. Again quoting from the CASA report: "[If we provided] evidence-based treatment and aftercare [to all inmates with substance use disorders], . . . [we would] break even on this investment in one year if just over 10 percent of those receiving such services remained substance and crime free and employed." Documented evidence of the reduced recidivism of RSAT graduates indicates that the GDC/Spectrum programs are truly making a difference in the lives of the offenders who complete them and for the entire State of Georgia in terms of reducing recidivism as well as the pain of substance use disorders in the offender and their family members.

We are appreciative of the support these programs have been given by the Georgia Department of Corrections Board, Commissioner Brian Owens and especially the Risk Reduction Services team of Katrinka Glass, Larry Dale, Chandra Fussell, Sherri Bloodworth and Linda Graves.

Spectrum's Mission

Our mission is to provide the highest quality of services to individuals seeking treatment for substance abuse and/or mental health issues. We assist our clients in achieving sobriety, sustaining recovery, and fulfilling personal goals in order that they may lead healthier, more productive lives.
At Spectrum Health Systems, we take great pride in our organization and in our work. We believe that providing the highest quality service and ensuring that our actions and behaviors are always client-focused place our organization ahead of the rest. As an organization, we strive to ...

- Show respect, patience and compassion for our clients, families and co-workers.
- Provide services based on best practices and leading clinical research which demonstrate positive outcomes.
- Understand and address our clients' needs.
- Provide the highest quality of care.
- Assume a positive attitude and professional manner.
- Uphold our public trust and professional obligations.
- Act with integrity and consistency.
- Promote an atmosphere of trust and teamwork amongst fellow staff.
- Appreciate and value the diversity of clients, co-workers and communities.
- Maintain a clean, orderly and welcoming environment.
- Present a professional image to our clients, our purchasers and the communities in which we work.
- Recognize and appreciate the talent of all staff.
- Encourage and participate in professional development opportunities.
- Work in partnership with our clients, customers and communities.
- Operate efficiently and effectively.

"...the program has helped me in life in general and I believe that anyone could benefit from it."

What we do is important — HOW we do it is what sets us apart.
This distinction is what we call the "Spectrum Way."

Spectrum's Vision

- No one seeking treatment will be denied services solely due to an inability to pay.
- Our client's human dignity is our first priority.
- Substance abuse treatment and mental health disorders are intertwined.
- We will contribute to the promotion of a healthier society by teaching personal responsibility and respect for others

Spectrum's Values

- Our employees and clients must be treated with respect and be recognized for her or his merit with equal opportunity for employment, development, and advancement.
- We must be good citizens, maintaining in good order the property we are privileged to use and protecting our environment and natural resources.
- We are responsible to the communities in which we live and work.
- Prudent financial responsibility will enable us to provide modern, dignified facilities, equipped with state-of-the-art technology, to pursue significant research, and to develop innovative programs. Our employees and clients must be treated with respect and be recognized for her or his merit with equal opportunity for employment, development, and advancement.

Georgia Management Team

Peter Paolantonio, MSSW, LMHC, LADC, CADAC II, serves as the Executive Vice President for Clinical Services, providing executive leadership to all of Spectrum's clinical services. For more than 30 years, Mr. Paolantonio has developed, implemented and managed a variety of programs across Spectrum's multi-modality service continuum. In consultation with leading researchers, he established Spectrum's cognitive behavioral treatment approach for offender addicts which includes specialized programming for minorities, pregnant addicts and dually diagnosed individuals. Mr. Paolantonio is a nationally recognized lecturer and consultant, and has provided expert testimony for both state and federal judicial entities.

Dawn Collinge, LPC, NCC, MAC, ACS, State Director for Georgia Correctional Programs, is a mental health administrator and clinician. As the State Director for Georgia, she oversees the implementation and management of all of Spectrum's correctional treatment programs with the Georgia Department of Corrections and the State Board of Pardons and Paroles.

Ms. Collinge was the 2006-2007 President of the Licensed Professional Counselors Association of Georgia. She was the recipient of the American Mental Health Counselors Association Mental Health Counselor of the Year Award for 2004 - 2005. She is an Adjunct Professor for Mercer University in the School of Continuing and Professional Studies, has served on various speakers bureaus and has presented lectures and workshops on addictive disorders, stress management, child abuse detection and prevention, employee assistance programs, treatment of co-occurring disorders, and relapse prevention.

Pricilla DuBose, MBA, CAP, Administrative Services Manager is an accomplished Certified Administrative Professional through the International Association of Administrative Professionals. She has over 15 years of experience in the field of administrative and human resource services. Mrs. DuBose analyzes business operations and recommends strategies to improve performance pertaining to all administrative functions with Georgia Programs. Mrs. DuBose plans, administers, and evaluates human resources, administrative and operational support system services.

Mrs. DuBose began her career with Spectrum Health Systems, Inc. in August 1998. She has developed an innovative data processing system for reporting purposes for contract compliance and maintenance; and has designed and built our Georgia Program's website. Mrs. DuBose has a Bachelor's degree in Business Management from Shorter University and a Master of Business Administration degree from Baker College.

Georgia Management team continued...

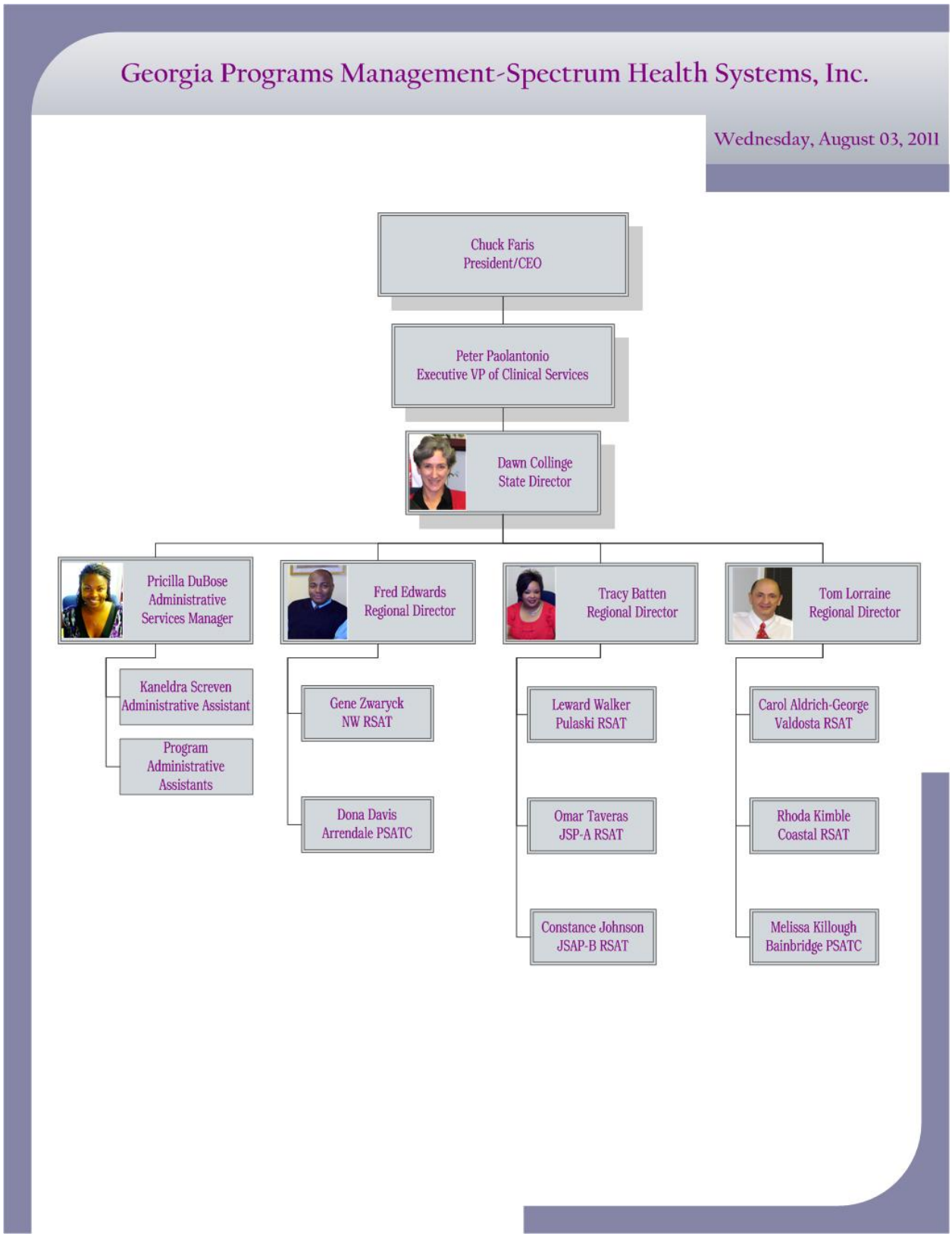
Tracy Batten, MS, ICADC Regional Director is currently overseeing the Residential Substance Abuse Programs A & B at Johnson State Prison (two 192 bed programs), and Pulaski State Prison(96 bed-female program). She began her career at Pulaski State Prison in February of 1995 as a Substance Abuse Counselor and was promoted to Program Director in 1997.

While working at Pulaski she was responsible for helping to develop and train new counselors, implementing and supervising program services to ensure that services were provided ethically and according to standard operating procedures. In July of 2004 Tracy was promoted to Program Director of the largest RSAT program at Scott State Prison a 240 bed program. She was then promoted to Regional Director in July of 2006. Mrs. Batten has a bachelor's degree in criminal justice from Georgia Southern University and has a Master's degree in Counseling and Psychology from Troy University. She is a member of Alpha Kappa Alpha Sorority, Inc.

Fred Edwards, BS, ICADC, Regional Director, has over 12 years in the addictions field and is currently overseeing the Residential Substance Abuse Programs at Arrendale Probation Substance Abuse Treatment Center (200 bed program) and NWRSAT (200 bed program). Mr. Edwards has experience working with male, female and probation populations. He began his career at Macon State Prison in 1997 as a Substance Abuse Counselor, he continued his counseling career at Pulaski State Prison and was promoted to Clinical Supervisor in 2008, and participated in the start-up of the pilot Boot Camp Plus program. In 2009 Mr. Edwards received another promotion to Regional Director.

Tom Lorraine, CAC, Regional Director, Mr. Lorraine has over 30 years in the addictions field, his primary focus is in the residential therapeutic community modality. He served as Substance Abuse counselor, Senior Substance Abuse Counselor & Operations Manager, Spectrum Westborough, MA Treatment Campus 1981-1995. He then began serving as Quality Assurance monitor in various States. Tom played a key role in the startup of 6 RSAT programs in Tennessee. He now oversees the Residential Substance Abuse Treatment programs at Coastal and Valdosta State Prisons and at the Bainbridge Probation Substance Abuse Treatment Center.

Organizational Chart



Quality Improvement:

Ensuring adherence to principles of Evidence Based Treatment

GDC'S GPAI

For several years the GDC has been moving to ensure that all programming follows the research on evidence-based practice: extensive literature reviews and consultations with experts are ongoing; selection of future programming for offenders has been made with the "what works" principles in mind; present programming is continuously reviewed and updated when needed. The ongoing review and consultation process has led to identification of a series of components that should be present for an effective system-level effort. Spectrum's long commitment to these same principles has ensured compliance with the GDC's goals for ensuring that all programs are based in proven principles of effective treatment.

In GDC's literature on evidence based practices for treatment, Program Integrity/Fidelity is cited as one of the major principles. They state that research shows that program integrity, or "doing a program as it was designed" has to be ensured to be effective. Program integrity can be achieved by continuous supervision and evaluation processes that are conducted by people trained in the interventions and trained in the "what works" literature, evidence-based practice, and the principles of effective interventions. In addition to ongoing reference to these principles in our regular training sessions, Spectrum's New Clinical Employee Orientation Training now includes training on the principles of evidence based treatment so as to ensure that all staff are familiar with why our programs are structured as they are and the importance of adhering to the program design.

A major initiative that GDC has made to continuously monitor program integrity is regularly conducting evaluations of the various treatment programs they offer utilizing the Georgia Programs Assessment Inventory (GPAI). This inventory is:

- Based on the Corrections Programs Assessment Inventory
- Research based - higher scores on CPAI, GPAI = better at reducing recidivism
- Over 60 sites across the state get a GPAI
- Many new, creative improvements as a result

GPAI inventories conducted at RSAT locations to date have scored in the *Very Satisfactory* range.

Regular CQI Activities

Monthly, or more often if needed, the program management team, made up of GDC and Spectrum staff, meets to review the operations of the programs. The State Director and the Regional Directors conduct at least monthly visits to each RSAT site during which time they also meet with management personnel of the host prisons as well as the Spectrum RSAT staff. Additionally, GDC Program Development Consultants conduct regular program audits at each location to ensure vendor compliance with the RSAT contract, assess conditions at the facilities, and meet with Spectrum and GDC management personnel at each site. Comprehensive Site Visit Evaluations are completed for each of these audits. As concerns, needs or other issues are identified, they are taken to the Management Team meetings for review and resolution. The representatives for this fiscal year were:

Department of Corrections Risk Reduction Services:	**Spectrum Health Systems, Inc.:**
Katrinka Glass – Director Operations Planning & Training	Peter Paolantonio, EVP of Clinical Services
Larry Dale- Behavioral Services Manager	Dawn Collinge, State Director
Chandra Fussell – Policy & Planning Development Specialist	Tom Lorraine, Regional Director
Substance Abuse Unit	Tracy Batten, Regional Director
Sherri Bloodworth – Social Services PDC	Fred Edwards, Regional Director
Linda Graves – Social Services PDC	Pricilla DuBose, Administrative Services Manager

Program Enhancements and Other Activities of the GDC/SHS Management QI Team:

- Revision of requirements for Honor Graduates
- Standardization of Graduation and Community Meetings
- Revision of program Cardinal Rules to reflect GDC tobacco-free initiative and crackdown on contraband
- Revision of New Clinical Employee Orientation Training agenda and Orientation Checklist
- Revision of New Clinical Supervisor Orientation Training agenda and Orientation Checklist
- Increasing emphasis state-wide on stressing continuing treatment for RSAT graduates in the Substance Abuse Aftercare Services (SAAS)
- Revision of process for and format of progress notes in the clinical record
- Revised and strengthened Twelve Step Fellowship meetings
- Revision of RSAT curriculum

Revision of Curriculum

It is our procedure to review the curriculum that we are using to evaluate areas that can be improved, new materials that would benefit our program participants and to make sure the curriculum is current with the literature on treating substance use disorders. Accordingly, we have made the following revisions to our curriculum:

Substance Abuse Education – Beginning in 2008, groups on methamphetamines had been added because of the rising epidemic of methamphetamine abuse in Georgia. While these groups were found to be very informative and valuable to many program participants, others found it difficult to relate when they hadn't used methamphetamines. Beginning in April, we began offering groups on all the substances of abuse to ensure basic understanding of how these drugs impact the user, the effects on the brain, etc.

Pro-social Thinking for Men – Following on the problem-solving groups that are part of Phase 2, for Phase 3, we've added these materials that provide ethical dilemma scenarios for which the program participants then apply the problem-solving skills they learned in the earlier phase.

Relapse Prevention – We've added some group materials from SAMHSA's MATRIX curriculum in Phase 4.

Life Skills for Vocational Rehabilitation – For 4 of our programs, GDC offers a vocational training program that offers instruction on basic employment skills and abilities, customer service, resume writing, etc. Because our other 4 programs do not have this training program, at those sites we have added groups from this curriculum that address job search, workplace communication, work ethics, etc.

Spectrum also systematically reviews, revises and updates all of its curriculum. These revised lesson plans have been disseminated and are now being utilized state-wide.

Internal Quality Monitoring Procedures

The State Director and the three Regional Directors systematically monitor and evaluate the delivery of services at all eight sites. This monitoring provides ongoing evaluation of the quality of services delivered, allows us to pursue opportunities for improving the quality of care, helps determine the level of program effectiveness and helps to ensure cost effective services. During these visits, technical assistance and training are provided and recommendations for corrective action plans are formulated. Each program is visited at least monthly by a member of this CQI team.

Both GDC Program Development Specialists and Spectrum conduct various inmate satisfaction surveys during the year. Please see further details later in this report.

"...I feel the program accomplishes what it's designed to do... teach you discipline structure and educate you about your addiction."

Staff Credentials

There is a nationwide critical shortage of mental health and substance abuse treatment professionals. While Spectrum has always supported staff in obtaining professional credentials, over the last several years we have made a concerted effort to increase the percentage of our credentialed staff. All clinical staff members not certified or licensed at the time of hire are informed that they must actively pursue credentialing.

In October 2008, 23% of the clinical staff was credentialed. At the end of fiscal year 2010, this percentage had increased to 36%. Again this fiscal year we have seen an increase and currently 41% of our staff holds professional credentials. 57% of the credentialed persons currently on staff have obtained their credentials while working for Spectrum.

Efforts to recruit and retain credential staff include:

- Tuition reimbursement to meet educational requirements and/or for the preparation. Currently 18 staff are taking graduate level courses and 2 more are starting in the Fall.
- Full tuition, room and board, and all expenses paid to attend the Mercer University Substance Abuse Counselor Certification course
- Payment of the initial application and testing fee
- $2,000 immediate salary increase upon obtaining certification
- Higher entry salary for credentialed staff
- Study groups and tutoring to assist staff in preparing for the certification exam
- Textbooks and other study material
- Continuing education hours to meet education requirements at no cost to the employee

Certified/Licensed Staff at the end of Fiscal Year 2011:

3 -Licensed and Certified
4 -Licensed Professional Counselors
3 -Licensed Associate Professional Counselors
1 -Licensed Clinical Social Worker
10-International Certified Alcohol and Drug Counselors
24-Certified Alcohol and Drug Counselors
2- Certified Addiction Counselors
1- Certified Administrative Professional

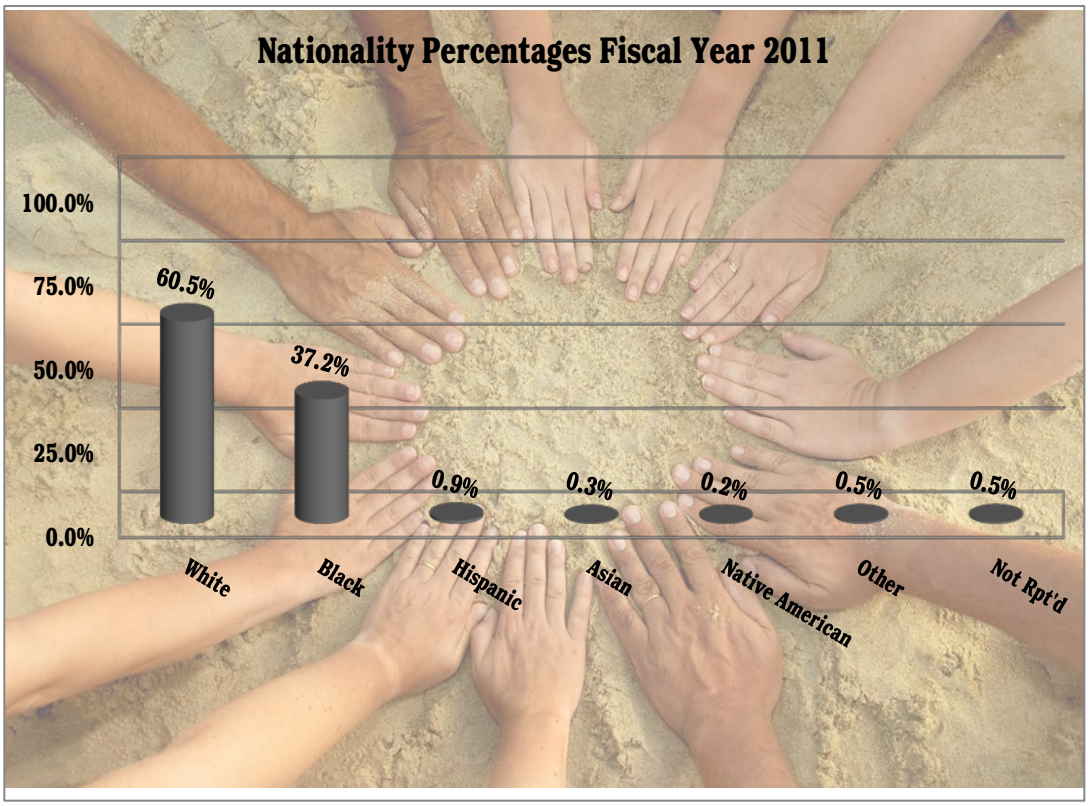
"The RSAT program is a worthwhile program. Since working RSAT dorms I feel inmates have good behavior and it is because of Spectrum's Staff. Great people to work with..."
– Officer Valdosta State Prison

Program Locations

PROGRAM	CLIENTS SERVED	BEDS	LOCATION
ARRENDALE PSATC	FEMALE PROBATIONERS	198	ALTO, GA 30510
BAINBRIDGE PSATC	MALE PROBATIONERS	384	BAINBRIDGE, GA 39818
COASTAL	MALE GENERAL POPULATION	316*	GARDEN CITY, GA 31418
JOHNSON SP A	MALE GENERAL POPULATION	192	WRIGHTSVILLE, GA 31096
JOHNSON SP B	MALE GENERAL POPULATION	192	WRIGHTSVILLE, GA 31096
PULASKI SP	FEMALE GENERAL POPULATION	96	HAWKINSVILLE, GA 31036
VALDOSTA SP	MALE PAROLE REVOCATERS	100**	VALDOSTA, GA 31603
NWRSAT	MALE PROBATIONERS	200	ROCK SPRING, GA 30739

*Increased by 100 since FY 2010
**Decreased by 100 since FY 2010

Demographic Information- Race/Ethnicity



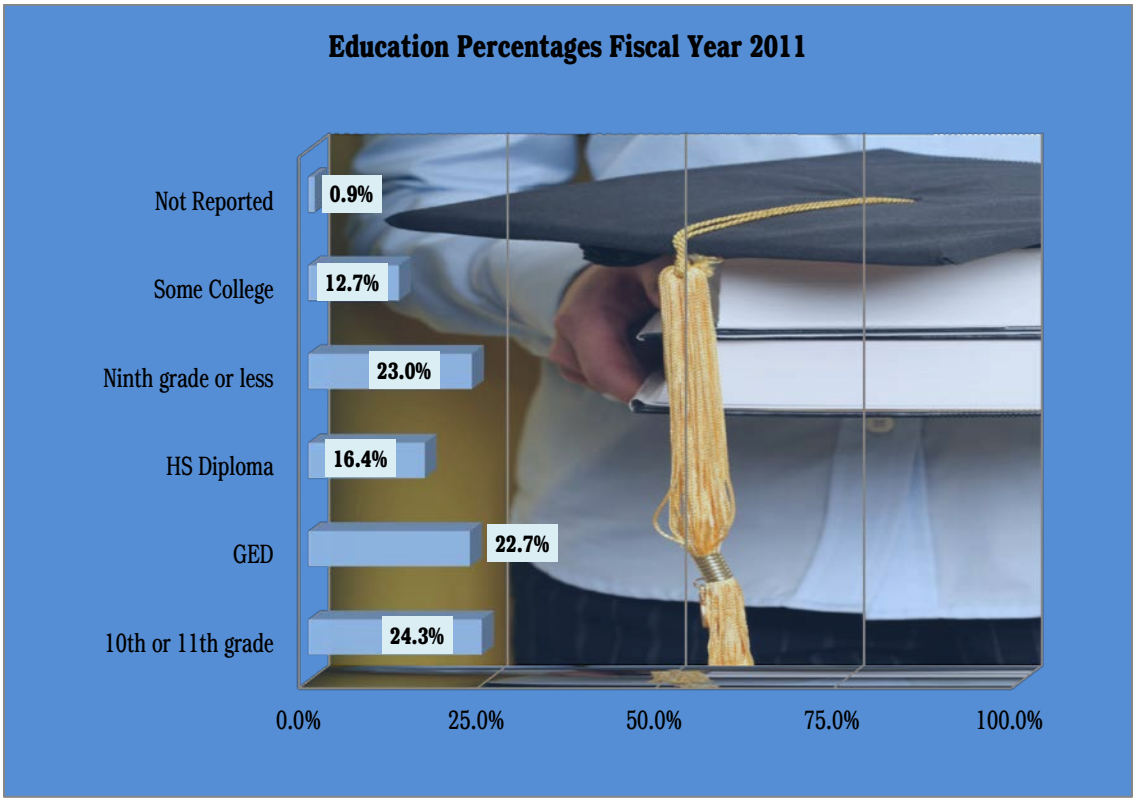
Race/Ethnicity										
	ARRENDALE	BAINBRIDGE	COASTAL	JOHNSON A	JOHNSON B	NWRSAT	PULASKI	VALDOSTA	%	Grand Total
White	279	398	339	193	178	311	109	63	60.5%	**1870**
Black	63	235	255	162	183	70	58	126	37.2%	**1152**
Hispanic		3	7	6	4	7		1	0.9%	**28**
Asian		1	1	1		5			0.3%	**8**
Native American	1			1	5				0.2%	**7**
Other	1	3	3	2	4	1			0.5%	**14**
Not Rpt'd		7		1	4	2			0.5%	**14**
Grand Total	**344**	**647**	**605**	**366**	**378**	**396**	**167**	**190**		**3093**

Demographic Information-Crime

"I have learned to stop and think. It sounds so simple but I haven't been able to do this in the past. I've always just acted on impulse. Learning to slow down has helped me greatly." BPSATC Detainee

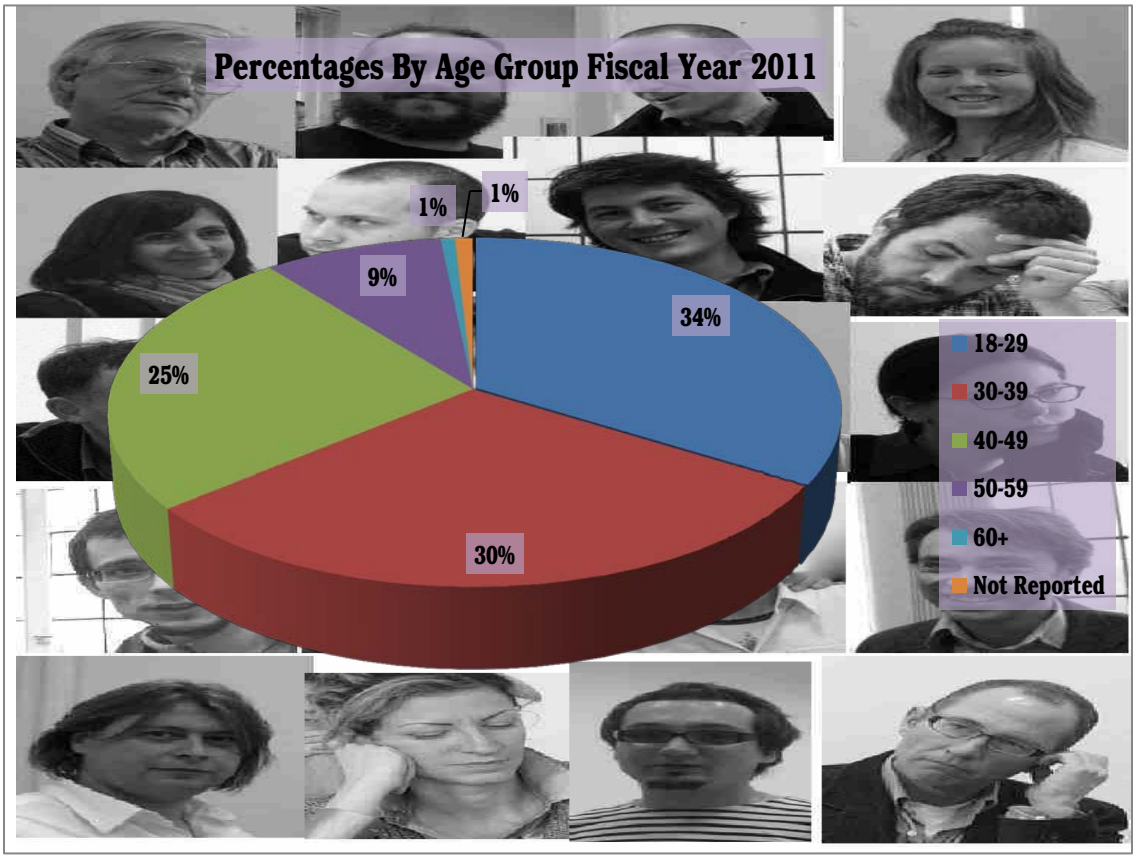
CRIME										
	ARRENDALE	BAINBRIDGE	COASTAL	JOHNSON A	JOHNSON B	NWRSAT	PULASKI	VALDOSTA	%	Grand Total
Assault	12	25	11	29	37	9	16	13	4.9%	**152**
Burglary		17							0.5%	**17**
Domestic Violence	4	14	10	1	6	12	1		1.6%	**48**
Drug Offense	210	390	373	178	176	308	84	75	58.0%	**1794**
Drunk Driving	5	22	19	16	7	18	2		2.9%	**89**
Forgery	3	2	6					10	0.7%	**21**
Fraud	51	28	31	14	10	6	19	1	5.2%	**160**
Manslaughter	1		1	1	4		1		0.3%	**8**
Motor Vehicle	2	5	12	14	15	5	9	5	2.2%	**67**
Murder				2			1	1	0.1%	**4**
Not Reported		14		1	7	3	1		0.8%	**26**
Other	3	9	11					4	0.9%	**27**
Property	37	60	59	46	58	22	1	55	10.9%	**338**
Robbery	14	52	52	57	45	11	15	18	8.5%	**264**
Sex Offender	2	5	6	1	7	1	12		1.1%	**34**
Weapons		4	14	6	6	1	5	8	1.4%	**44**
Grand Total	**344**	**647**	**605**	**366**	**378**	**396**	**167**	**190**		**3093**

Demographic Information- Education



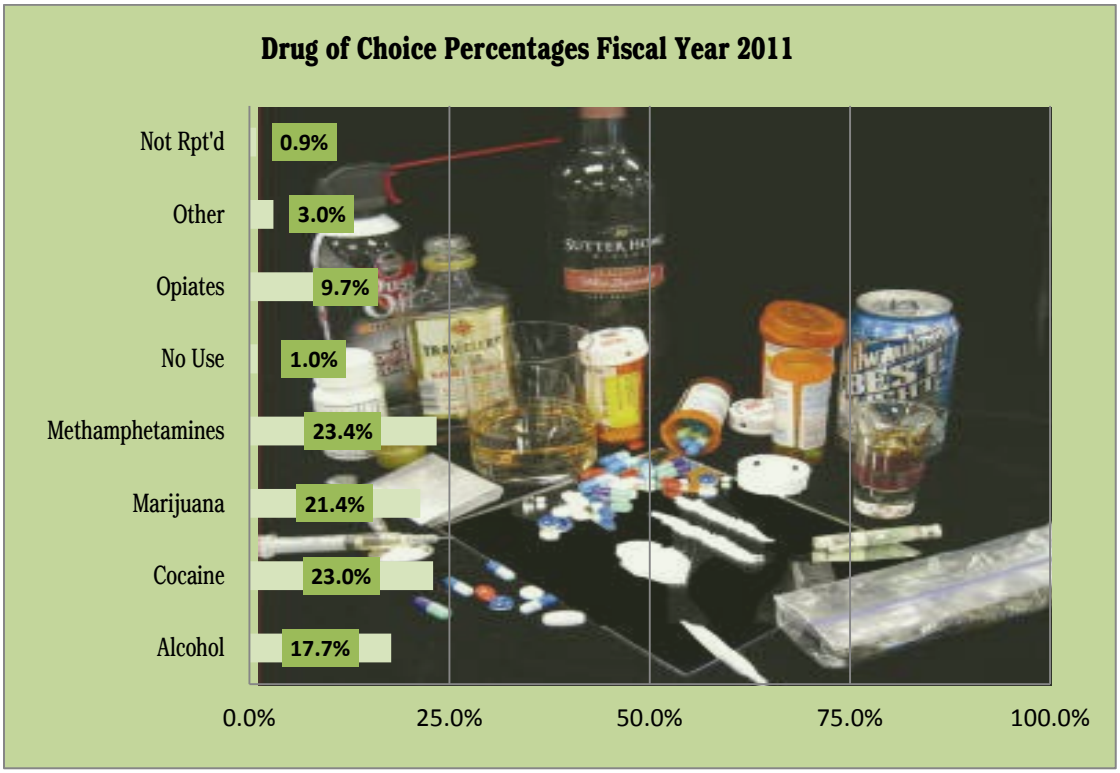
EDUCATION										
	ARRENDALE	BAINBRIDGE	COASTAL	JOHNSON A	JOHNSON B	NWRSAT	PULASKI	VALDOSTA	%	Grand Total
10th or 11th grade	85	150	180	82	94	102	28	32	24.3%	**753**
GED	66	135	112	91	115	75	34	74	22.7%	**702**
HS Diploma	42	122	99	66	56	60	20	41	16.4%	**506**
Ninth grade or less	94	144	136	69	62	118	55	32	23.0%	**710**
Some College	57	85	76	56	44	38	29	9	12.7%	**394**
Not Reported		11	2	2	7	3	1	2	0.9%	**28**
Grand Total	**344**	**647**	**605**	**366**	**378**	**396**	**167**	**190**		**3093**

Demographic Information- Age Group



AGE										
	ARRENDALE	BAINBRIDGE	COASTAL	JOHNSON A	JOHNSON B	NWRSAT	PULASKI	VALDOSTA	%	Grand Total
18-29	133	253	265	67	84	174	31	39	33.8%	**1046**
30-39	115	185	173	127	126	93	57	57	30.2%	**933**
40-49	79	143	114	117	107	91	64	69	25.3%	**784**
50-59	15	45	47	46	55	33	15	24	9.1%	**280**
60+	2	3	6	5	2	3	0	1	0.7%	**22**
Not Reported		18		4	4	2			0.9%	**28**
Total	**344**	**647**	**605**	**366**	**378**	**396**	**167**	**190**		**3093**

Demographic Information- Drug of Choice



According to the 2009 National Survey on Drug Use and Health, an annual survey sponsored by the Substance Abuse and Mental Health services Administration (SAMHSA), the most commonly used illicit drug was marijuana followed by the nonmedical use of prescription-type psychotherapeutic drugs. In the fiscal year ended 2011, the most commonly abused drug in the GA RSAT programs was methamphetamines, followed by cocaine, followed by marijuana.

Reports of methamphetamine as the "drug of choice" rose from 19% in 2009 to 21% in FY 2010 to 23% this year. This increase is not surprising as the increased use of methamphetamine in Georgia has been widely reported. Specific initiatives particularly targeting prevention in youth and young adults have shown promise in raising awareness about the dangers of methamphetamine use and additional legal measures have been taken to try and reduce the manufacture of methamphetamines in the state. Hopefully, we're seeing a peek in the percentage of the population reporting methamphetamine use as their primary problem.

"I was in denial. Now I'm in control of my life. I'm ready to start a new and sober life with my family. I'm no longer afraid to ask for help."
NWGA RSAT detainee

Drug of Choice continued

The reports of cocaine as the drug of choice continued to drop sharply in this fiscal year – from 36% in 2009, to 31% in 2010 to this year's 23%.

Marijuana use increased significantly – 14% in 2009, 17% in 2010 and now 21%. This steady increase would seem to reflect the increasingly permissive attitudes about marijuana use in our society. Per the Office of National Drug Control Policy (ONDCP), "marijuana is the most commonly abused drug in Georgia and is readily available". This is the first year that reports of marijuana as the primary drug have surpassed alcohol.

Our data also reflects the above SAMHSA report of the increasing nonmedical use of psychotherapeutic drugs. 10% of program participants reported that opiates were their drug of choice – up from 8.8% in 2010 and 6.7% in 2009. Most indicate that their use was prescription medications, not heroin, although participant reports of heroin as the drug of choice have also increased. According to ONDCP, "the diversion of hydrocodone and oxycodone products... continues to be a problem in Georgia... A new trend also indicates methadone is replacing oxycodone."

Reports of alcohol as the primary drug remained stable – 18% up from 17% in 2010 and 17% in 2009. For the 1st time alcohol is the 4th most commonly used drug rather than the 3rd.

DRUG OF CHOICE										
	ARRENDALE	BAINBRIDGE	COASTAL	JOHNSON A	JOHNSON B	NWRSAT	PULASKI	VALDOSTA	%	Grand Total
Alcohol	25	118	111	73	81	69	20	51	17.7%	**548**
Cocaine	97	171	96	96	83	45	61	61	23.0%	**710**
Marijuana	43	135	171	84	97	82	9	40	21.4%	**661**
Methamphetamines	94	103	139	82	86	148	46	25	23.4%	**723**
No Use		7	9	1	7		5	2	1.0%	**31**
Opiates	64	78	56	18	14	43	20	7	9.7%	**300**
Other	21	23	23	10	3	6	5	2	3.0%	**93**
Not Rpt'd		12		2	7	3	1	2	0.9%	**27**
Grand Total	**344**	**647**	**605**	**366**	**378**	**396**	**167**	**190**		**3093**

Mental Health Data

FY 2011	Total MH Admissions	Total Admissions	% of MH Admissions
ARRENDALE	131	344	38%
BAINBRIDGE	89	647	14%
COASTAL	101	605	17%
JOHNSON A	30	366	8%
JOHNSON B	24	378	6%
NWRSAT	0	396	0%
PULASKI	85	167	51%
VALDOSTA	19	190	10%
Grand Total	479	3093	15%

FY 2010	Total MH Admissions	Total Admissions	% of MH Admissions
ARRENDALE	132	370	36%
BAINBRIDGE	92	683	13%
COASTAL	34	255	13%
JOHNSON A	32	385	8%
JOHNSON B	32	366	9%
NWRSAT	1	316	0%
PULASKI	101	180	56%
VALDOSTA	32	271	12%
Grand Total	456	2826	16%

Co-Occurring Disorders

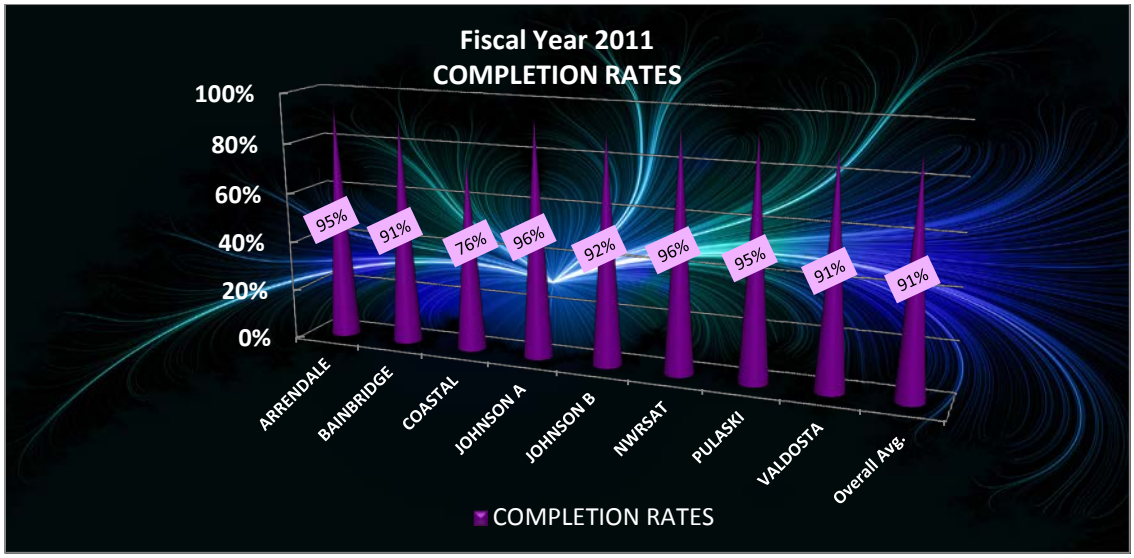
There are no mental health services at NWRSAT. Program participants are transported to Hays State Prison when an evaluation is needed. If the offender is found to be in need of ongoing mental health services, he is transferred to the RSAT at Bainbridge.

The mental health staff continues to actively participate in the weekly multi-disciplinary team meetings so that the offender's services are coordinated and that behavioral and/or cognitive problems that could be attributed to their co-occurring condition are taken into consideration.

The upward trend in program participants also having a mental health diagnosis other than the substance-related disorder has continued for the females at Arrendale with the percentage of women receiving mental health services jumping from 25% in 2009 to 36% in 2010 to 38% in this reporting period. GDC and Spectrum are in the planning process for a pilot project to provide integrated treatment services in this program. Integrated services ensure that the women receive treatment for both of their disorders, and that this treatment is being provided by a unified team of professionals who develop one treatment plan and one re-entry plan that address all disorders and the interactions that occur between the disorders. See more about this project below in the section on goals for FY 2011.

Discharge Information-Completion Rates

DISCHARGE CODES	ARRENDALE	BAINBRIDGE	COASTAL	JOHNSON A	JOHNSON B	NWRSAT	PULASKI	VALDOSTA	Grand Total
Completion	318	522	300	352	336	370	159	215	2572
Disciplinary	17	53	93	16	30	18	8	20	255
Medical		6		1		3		1	11
Mental Health		12				3	2		17
Other	1	7	10	3		1	1		23
Paroled			107	1			1	1	110
Transfer		3	14	5	11	1		3	37
Reclassified			30						30
Refused Program			21						21
Grand Total	336	603	575	378	377	396	171	240	3076
	ARRENDALE	BAINBRIDGE	COASTAL	JOHNSON A	JOHNSON B	NWRSAT	PULASKI	VALDOSTA	Grand Total
COMPLETION RATES	95%	91%	76%	96%	92%	96%	95%	91%	91%



The completion rate is an indicator of how successful the program is in ensuring that those who are admitted to the program are able to complete it. A completion rate of over 80% is desired. Again this fiscal year, all programs, except the newest program at Coastal State Prison, have completion rates well over 90%. The programs are consistently employing progressive disciplinary procedures along with motivational techniques in attempts to facilitate program participants in completing treatment.

The program at Coastal State Prison opened in December 2009 and is for "category 2" inmates – those with prison sentences of 2 years or less followed by probationary time. This program is part of GDC's new Specialized Intervention Programs (SIP) for this category of inmates. The literature on therapeutic community treatment programs indicates that within correctional settings it typically takes about 2 years for the "community" to form and become a productive agent of the change process. The newness of the program itself and the facility also newly implementing the SIP programs are probably the primary factors in the disciplinary discharge rate being significantly higher at Coastal than at the other 7 RSAT programs. We are discussing with the staff at Coastal and Risk Reduction Services the factors that may be contributing to the disciplinary discharge rate being double that of other programs. In our regular meetings with Risk Reduction Services staff over the next few months, we will be considering whether there are treatment services we may need to add or change that could assist in bringing the number of disciplinary discharges down.

Problem Area Scores

Problem Area Scores- Averages									
Average of PAS	ARRENDALE	BAINBRIDGE	COASTAL	JOHNSON A	JOHNSON B	NWRSAT	PULASKI	VALDOSTA	Aggregate Score
Alcohol	4	5	4	4	4	4	4	4	4
Drug	7	6	6	5	5	5	6	6	6
Education	4	4	4	4	4	4	4	3	4
Employment	5	5	4	4	4	4	5	4	4
Family	5	4	3	3	4	4	4	3	4
Legal	6	6	6	6	7	6	6	7	6
Medical	4	3	2	2	2	2	4	2	3
Peer	6	5	5	4	5	5	5	5	5
Psychological	4	3	2	2	2	2	4	2	3

According to Simourd (1993), the following criminogenic factors are strongly correlated with risk of re-offending:

- Psychopathology
- Poor Parent-Child Relations
- Temperament / Self Control
- Lower Class Origins
- Antisocial Attitudes / Associates
- Educational / Vocational Achievement
- Minor Personality Variables
- Family Structure

Our Comprehensive Intake, a revised version of the TCU Criminal Justice Comprehensive Intake, is structured to elicit information from the offender that is directly related to these risk factors. Based on this information, the counselor then rates the offender's problem severity in 9 different areas on a scale of 1, indicating no or low severity, to 7 indicating a severe problem. The primary target of the RSAT programs is substance-related disorders. As indicated above, the aggregate severity level for alcohol is 4 which places it in the moderate severity category. The aggregate score for other drugs is 6 – high severity.

Separating the males and females

PAS	Male Aggregate PAS	Female Aggregate PAS
Alcohol	**4**	**4**
Drug	**6**	**7**
Education	**4**	**4**
Employment	**4**	**5**
Family	**4**	**4**
Legal	**6**	**6**
Medical	**2**	**4**
Peer	**5**	**5**
Psychological	**2**	**4**

Again this year, the 3 highest severity levels overall are drug, legal, and peer. For women, the highest severity levels are drug, legal, peer and employment. The average for all problem areas for males is 4.1 and for females 4.8 . These scores are relatively unchanged from FY 2010.

Offender Satisfaction Surveys Collected by Spectrum Health Systems, Inc.

"Overall, I'm satisfied with the program. I believe that certain tools and core skills will be vital in my recovery." BPSATC detainee

How satisfied are you with the following?	APSATC	BPSATC	CSP	JSP-A	JSP-B	NWRSAT	PSP	VSP
A. Informed of RSAT regulations and rights	3.5	3.0	3.2	3.2	2.9	3.1	3.7	3.2
B. The orientation you received about the program	3.5	3.1	3.4	3.3	3.0	3.2	3.7	3.3
C. RSAT STAFF								
1. Courtesy/respectfulness	3.6	2.8	3.4	3.4	3.0	3.3	3.7	3.3
2. How well staff work together	3.5	3.1	3.4	3.4	2.9	3.3	3.7	3.4
3. Staff knowledge and skill	3.6	3.0	3.4	3.4	2.9	3.3	3.6	3.4
4. Promptness in responding to your requests	3.3	2.8	3.2	3.3	2.9	3.3	3.6	3.2
5. Degree to which you were kept informed regarding your treatment program	3.3	3.0	3.3	3.3	3.0	3.2	3.6	3.4
D.PROGRAM								
1. Individual sessions with counselor	3.3	3.2	3.3	3.3	3.2	3.2	3.6	3.5
2. Group sessions	3.4	3.0	3.3	3.3	2.9	3.1	3.6	3.4
3. Degree to which you feel that you have improved as a result of this program	3.6	3.3	3.5	3.3	3.2	3.3	3.7	3.5
E. COUNSELOR								
1. Amount of time your Counselor spends with you	3.1	2.9	3.3	3.3	3.2	3.2	3.5	3.3
2. Concern shown for your questions and worries	3.3	3.0	3.3	3.3	3.1	3.3	3.5	3.2
3. The degree to which you are involved with your treatment plan	3.4	3.1	3.3	3.3	3.2	3.3	3.5	3.4
4. How well you are kept informed about your treatment	3.2	3.0	3.3	3.3	3.1	3.3	3.5	3.4
5. His/hers understanding of your difficulty	3.3	3.0	3.3	3.3	3.2	3.3	3.6	3.3
6. Establishment of clear goals and plans of action	3.4	3.1	3.4	3.4	3.3	3.3	3.6	3.4
F. My overall satisfaction with the RSAT program is...	**3.5**	**3.1**	**3.5**	**3.4**	**3.1**	**3.3**	**3.7**	**3.5**

As part of our continuous quality improvement efforts, we ask program participants to complete a satisfaction survey at the time they begin Phase 3 of the program which is approximately the mid-point of their treatment. The overall rating by program participants for Fiscal Year 2011 is 3.5 on a scale of 1 – 5 with 1 indicating a high level of dissatisfaction and 5 indicating a high level of satisfaction.

RSAT Inmate Surveys Conducted by GDC

As part of their ongoing evaluation of the programs, the Program Development Consultants occasionally ask some of program participants in Phases 3 & 4 to complete this survey. The survey participants are also asked to provide written feedback on the following:

- explanation on any of the above questions
- What do you think has benefited you most from this program?
- Do you have any suggestions for improving this program?

A= Agree D= Disagree	APSATC		BPSATC		CSP		JSPA		VSP		NWRSAT	
	A	D	A	D	A	D	A	D	A	D	A	D
I feel that I need this program.	13	2	33	2	9	1	14	8	12	3	20	1
I feel that this program has helped me.	14	1	35	1	9	1	18	4	14	1	21	0
I have a copy of my current treatment plan.	13	2	31	5	7	3	19	3	14	0	19	2
I meet with my RSAT counselor monthly	13	2	35	1	9	1	22	0	15	0	20	1
I can identify my triggers for relapse.	15	0	35	0	10	0	20	2	15	0	21	0
I have an aftercare plan upon release.	15	0	35	1	9	1	18	4	13	1	20	1
I am treated with respect & dignity by prg staff.	12	2	23	13	8	2	22	0	12	2	13	8
I receive regular ITP assignments.	14	2	34	2	7	3	19	3	14	0	20	1
I feel that TSF mtgs are beneficial.	14	1	26	10	6	4	14	8	10	5	13	8
I am in a positive treatment environment.	12	4	27	9	5	5	18	4	9	6	14	7
I see my GDC Counselor on a quarterly basis.	14	0	28	8	5	5	8	14	12	3	21	0

"this program has taught the coping skills and core skills I need to live a sober happy life..."

RSAT Inmate Surveys Conducted by GDC continued

Total Number of Respondents= 120	Total		%	
	Agree	Disagree	Agree	Disagree
I feel that I need this program.	101	17	85%	14%
I feel that this program has helped me.	111	8	93%	7%
I have a copy of my current treatment plan.	103	15	87%	13%
I meet with my RSAT counselor monthly	114	5	96%	4%
I can identify my triggers for relapse.	116	2	97%	2%
I have an aftercare plan upon release.	110	8	92%	7%
I am treated with respect & dignity by prg staff.	90	27	76%	23%
I receive regular ITP assignments.	108	11	91%	9%
I feel that TSF mtgs are beneficial.	83	36	70%	30%
I am in a positive treatment environment.	85	35	71%	29%
I see my GDC Counselor on a quarterly basis.	88	30	74%	25%

"Before I came to RSAT I didn't know that I had a real problem. But since I have learned that I did."
VSP inmate

Sample comments from these surveys are interspersed throughout this report.

The survey is only administered on occasion and thus represents a small sample. It nevertheless provides very useful feedback. For instance, as a result of the scoring and comments on all of these surveys that reflected low satisfaction with the TSF (twelve step fellowship) meetings that are held twice a week, we have changed the format of these peer-led meetings. One of these meetings each week is now staff led and provides the participants with education about twelve step support groups, how they can be utilized, sponsors, requirements for participation, etc. Staff elicit discussion about the offenders' perceptions of these support groups and also their direct experience with them. The second TSF meeting each week is peer-led, as has been our format in the past, but we've provided additional materials for use during the meetings and a specific format to be followed in each meeting.

GDC Staff Surveys

	Q1	Q2	Q3	Q4	Q5
Programs	How satisfied are you with your understanding of the basic goals of the program?	How satisfied are you with your working relationship with the RSAT Staff?	How satisfied are you with the RSAT staff's support of security and following institutional rules and procedures?	How satisfied are you with the services being provided to the inmates/detainees?	How would you rate the behavior of the inmates in the RSAT program vs. GP?
APSATC Dec. 2010	4.55	4.55	4.45	4.45	3.00
APSATC Jun. 2011	4.41	4.65	4.59	4.29	3.20
BPSATC Dec. 2010	4.13	4.00	3.90	4.04	2.70
BPSATC Jun. 2011	4.29	4.14	4.02	4.13	2.67
CSP Jun. 2011	4.83	4.83	4.67	4.67	2.83
JSP A Dec. 2010	4.33	4.78	4.78	4.11	2.67
JSP A Jun. 2011	4.33	4.78	4.67	4.44	2.56
JSP B Jun. 2011	4.60	4.80	5.00	4.80	3.20
NWRSAT Dec. 2010	4.00	3.46	3.15	3.38	2.42
NWRSAT Jun. 2011	4.83	4.33	4.33	4.33	2.50
PSP Dec. 2010	4.64	4.79	4.71	4.57	3.21
PSP Jun. 2011	4.88	5.00	4.75	5.00	3.00
VSP Dec. 2010	3.94	4.00	4.00	3.81	2.50
VSP Jun. 2011	3.93	3.97	3.86	3.79	2.86

Scale Q1-Q4	Satisfaction Scale	Scale Q5	Compliance Scale
5	Very Satisfied	3	More Compliant
4	Mostly Satisfied		
3	Satisfied	2	Same
2	Dissatisfied		
1	Very Dissatisfied	1	Less Compliant

Client Evaluation of Self and Treatment Scoring Norms & CEST Scores

As part of a national collaborative study (CJ-DATS), a sample of 3,266 clients from 26 corrections-based programs (involving 5 Research Centers) was used to study reliability and validity of the CJ-CEST. Score profiles for the CJ-CEST scales, including mean scores and 25% - 75% norms, are presented graphically [above]. The CJ-CEST Scoring Guide found at the IBR website explains scoring procedures for the scales, which range in value from 10-50 (midpoint of 30). . . . By plotting the average scores from a program into this chart, direct comparisons can be made with clients from other programs.... and scale scores that fall above or below the middle 50% of clients can be identified. (Note: The scores for some scales are 'positive' and others are 'negative' for making interpretations about clinical functioning and progress). By re-administering the CJ-CEST over time, changes in client-level and program-level performance can be assessed for treatment planning and management.

Treatment Engagement Domain

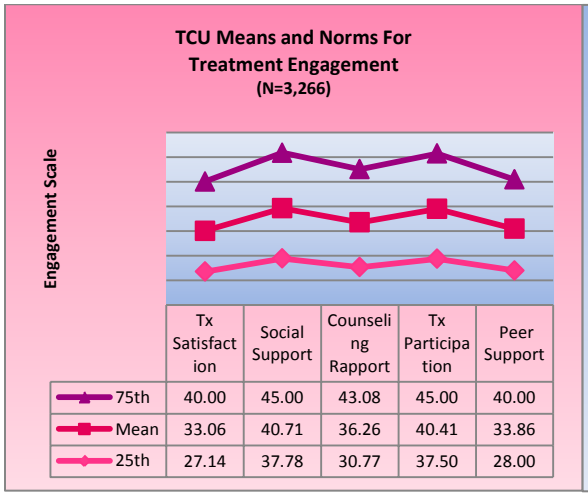
All program participants complete the CJ-CEST at the time they enter Phase 4 of the treatment program. Along with comparison measures for use in treatment and continuing care planning, questions are answered regarding the participant's opinion regarding the following:

Treatment Participation: Being involved and participating in treatment, talking about feelings.
Treatment Satisfaction: Satisfaction with the treatment program, services, and convenience.
Counseling Rapport: Having a therapeutic and trusting relationship with counselor/staff
Peer Support: Having supportive relationships with other clients in the program.
Social Support: Having external support of family and friends.
(Source: Offender functioning in treatment www.ibr.tcu.edu)

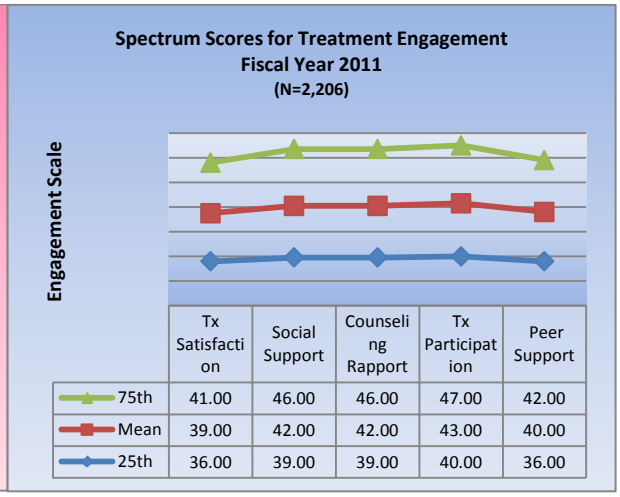
CEST Comparison to TCU Means & Norms

For all programs, the average Therapeutic Engagement scores significantly exceed the TCU mean scores on each of the 5 scales and in many cases are in the 75 %tile. Per Garner, et al (2007), "Higher levels of... engagement should be viewed as a strength that can facilitate greater service utilization." (p. 1127)

These scores indicate that the RSAT programs are providing services that are appropriately engaging the offenders in the treatment process and that the participants are satisfied with the overall structure and their interactions with staff and peers.



	Tx Satisfaction	Social Support	Counseling Rapport	Tx Participation	Peer Support
75th	40.00	45.00	43.08	45.00	40.00
Mean	33.06	40.71	36.26	40.41	33.86
25th	27.14	37.78	30.77	37.50	28.00

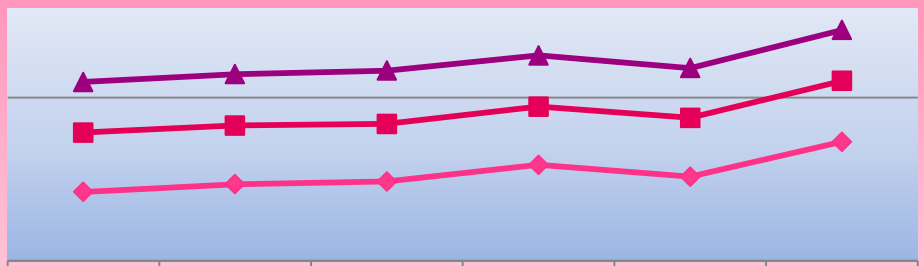


	Tx Satisfaction	Social Support	Counseling Rapport	Tx Participation	Peer Support
75th	41.00	46.00	46.00	47.00	42.00
Mean	39.00	42.00	42.00	43.00	40.00
25th	36.00	39.00	39.00	40.00	36.00

TCU Criminal Thinking Scales

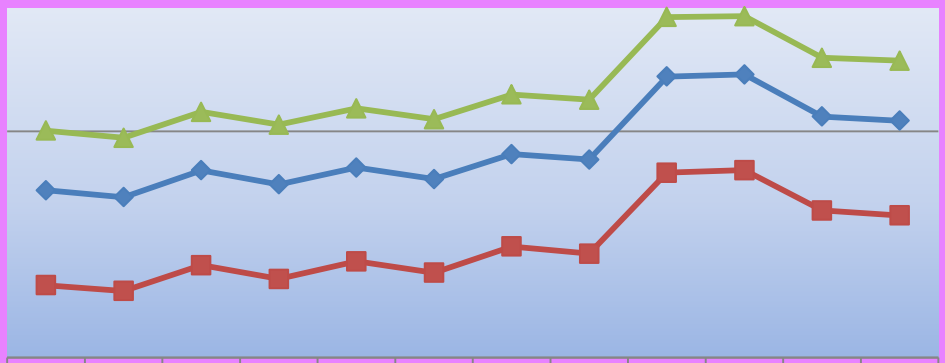
Beginning with this fiscal year, we added the Criminal Thinking Scales (CTS) instrument developed by the Institute for Behavioral Research (IBR) at Texas Christian University. The TCU CTS is a supplement to the TCU CJ-CESI and CJ-CEST and is designed to measure "criminal thinking" (Knight et al., in press). It was adapted from original work by Glenn Walters (1995) and from the Bureau of Prisons (BOP) "Survey of Program Participants" (available from the BOP Office of Research and Evaluation), with refinements made as part of studies conducted by TCU in collaboration with the BOP and National Institute of Corrections. The 6 CTS scales include entitlement, justification, personal irresponsibility, power orientation, cold heartedness, and criminal rationalization, which represent concepts with special significance in treatment settings for correctional populations. A sample of over 3,266 clients from 26 programs was used to establish the reliability and validity of the CTS. The means and norms for the CTS are presented graphically below.

TCU Means & Norms for Offender Functioning (CTS)
25th-75th Percentile (N=3,266)



	A. ENTITLEMENT (EN)	B. JUSTIFICATION (JU)	C. PERSONAL IRRESPONSIBILITY (PI)	D. POWER ORIENTATION (PO)	E. COLD HEARTEDNESS (CH) Scale is Opposite	F. CRIMINAL RATIONALIZATION (CR)
75th	22.86	25	26.67	30	26	38.33
25th	15.71	16.67	16.67	20	18	26.67
Mean	19.74	21.3	21.88	25.76	22.93	32.32

Spectrum's CTS Scores for Offender Funtioning FY2011
25th-75th Percentile N=2,206



	A. (EN) PRE	A. (EN) POST	B. (JU) PRE	B. (JU) POST	C. (PI) PRE	C. (PI) POST	D. (PO) PRE	D. (PO) POST	E. (CH) PRE	E.(CH) POST	F.(CR) PRE	F. (CR) POST
75th	17.37	16.46	19.55	18.10	20.25	18.90	22.54	21.76	38.97	38.44	28.83	28.71
25th	16.13	15.24	18.60	16.81	18.81	17.32	20.46	19.96	36.63	37.02	27.11	26.45
Mean	16.73	16.06	19.28	17.48	19.82	18.27	22.03	20.93	37.23	37.94	28.48	27.47

CTS Scores

The CTS is administered to all program participants at admission and then again when they enter Phase 4, the last phase of treatment. As the treatment program specifically addresses making changes in these areas of criminal thinking, the expectation is that the post-test scores would show a decrease in these areas of criminal thinking.

CTS AVERAGES	A. ENTITLEMENT (EN)		B. JUSTIFICATION (JU)		C. PERSONAL IRRESPONSIBILITY (PI)		D. POWER ORIENTATION		E. COLD HEARTEDNESS (CH) Scale is Opposite		F. CRIMINAL RATIONALIZATION	
PROGRAM	**PRE**	**POST**	**PRE**	**POST**	**PRE**	**POST**	**PRE**	**POST**	**PRE**	**POST**	**PRE**	**POST**
ARRENDALE	14.38	13.71	19.17	16.13	17.62	15.74	19.66	18.32	41.16	40.47	26.79	26.16
BAINBRIDGE	16.43	16.11	19.38	18.73	19.99	18.37	22.02	22.02	38.66	37.81	28.23	27.86
COASTAL	16.63	16.00	17.88	17.04	19.21	18.73	20.73	20.50	36.98	38.07	27.21	27.08
JOHNSON-A	17.15	16.95	19.58	17.89	19.85	19.41	22.41	21.07	35.22	35.94	28.91	28.75
JOHNSON-B	18.01	17.23	19.54	18.82	21.13	20.06	22.92	22.33	35.70	35.92	28.73	28.99
NWRSAT	18.37	16.30	21.11	17.69	21.03	18.18	23.25	21.67	37.48	38.35	28.98	26.55
PULASKI	15.23	13.24	18.61	14.76	17.40	15.62	19.51	16.44	39.88	38.73	26.65	25.02
VALDOSTA	16.84	15.75	18.58	17.27	19.80	17.85	22.04	20.78	36.95	37.38	28.80	28.69
Statewide Mean	**16.73**	**16.06**	**19.28**	**17.48**	**19.82**	**18.27**	**22.03**	**20.93**	**37.23**	**37.94**	**28.48**	**27.47**

Scores in all areas range from 10 – 50. In all cases except cold heartedness, the higher the score, the higher the level of criminal thinking patterns. For the cold heartedness scale, the higher the score, the higher the sense of connectedness and ability to feel empathy for others. In all areas, for each program separately as well as for the Statewide average, the pre and post-test scores fall below the means established by IBR which would likely reinforce that the persons in our programs are less "anti-social" and mainly in need of the skills needed to live successfully in a pro-social and pro-recovery manner. For instance, the Justification scale measures the offender's level of rationalizing their criminal behaviors and/or blaming others or society for their problems. The statewide average pre-test score of 19.28 is well below TCU's mean of 21.3. The post-test score of 17.48 indicates a significant decrease in program participant's tendency to rationalize or blame others for their actions and places the program participants closer to the 25th percentile score than the mean score.

The post-test scores on 5 of the 6 scales showed decreases in criminal thinking which is the desired effect from treatment. The cold heartedness scores showed little change but, as the pre-test scores are above the 75th percentile scores for the TCU sample, a significant change in this factor wouldn't necessarily be expected.

"I truly feel RSAT helped me cause first it showed me I have a problem, then it showed me how to treat & handle my problem." JSP inmate

Looking Ahead

Since 1994, in partnership with the Georgia Department of Corrections, Spectrum has provided specialized treatment for substance abusing criminal offenders. This partnership has expanded to 8 residential treatment programs and includes the Substance Abuse Aftercare Services.

Based on a cognitive-behavioral skills building approach, Spectrum's programs teach incarcerated and court-involved substance abusers practical ways to achieve a law abiding life, free from drugs and crime. Our evaluative measures indicate that the treatment program is having a positive effect in moving the participants towards living pro-social, pro-recovery lives.

Plans for Fiscal Year 2012

Pilot Project: Integrated Services at Arrendale Probation Substance Abuse Treatment Center

- According to reports published in the *Journal of the American Medical Association (JAMA):*
    - Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse.
    - Thirty-seven percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness.
- According to the National Alliance on Mental Illness "Persons with a co-occurring disorder have a statistically greater propensity for violence, medication noncompliance, and failure to respond to treatment than consumers with just substance abuse or a mental illness. These problems also extend out to these consumers' families, friends and co-workers."
- According to a 1998 study by the US Department of Justice, approximately 16 percent of state prisoners and local jail detainees had a mental illness. Of these, 72 percent also had a co-occurring substance abuse disorder.
- The US Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized treatment of co-occurring disorders as one of their major policy concerns. In 2005, SAMHSA released a Treatment Improvement Protocol (TIP 42) dedicated to disseminating the latest information on the appropriate care and treatment of clients with co-occurring disorders.
- Recommendation E of Policy Statement 11: Mental Health Care of the Reentry Policy Council of the Council of State Governments Justice Center: Establish protocols to address co-occurring substance abuse and mental health disorders. "Because individuals in prisons and jails who have co-occurring substance abuse and mental disorders constitute a large population with distinct characteristics, considerable attention has been and should be paid to the development of appropriate and effective approaches to serving their particular needs."

Spectrum and GDC have been monitoring the number of RSAT program participants who are also receiving mental health services for the past several years. In 2009, SHS provided training utilizing SAMHSA's TIP 42 to the staff of all RSAT programs with members of the GDC Mental Health departments also attending at several sites. Given the continued upward trend in the percentage of women at the Arrendale Probation Substance Abuse Treatment Center, a team representing GDC Risk Reduction Services, GDC Mental Health Services, Lee Arrendale State Prison staff and Spectrum staff are in the process of developing an integrated services plan for treatment of the women in the APSATC who have been diagnosed with co-occurring disorders. Target date for starting these services is December 2011.

Effective integrated treatment consists of one team of health professionals, working together in one setting, providing appropriate treatment for both mental health and substance abuse in a coordinated fashion. Currently, the women at APSATC who are in need of mental health services receive them through the Mental Health Unit at Lee Arrendale State Prison. While mental health counselors participate in the weekly mutlti-disciplinary treatment team meeting where treatment planning is reviewed, the program participant has 2 separate assessment processes, treatment plans, continuing care plans and clinical records. The goal is to merge these 2 side-by-side processes so that both disorders and the interaction between the disorders are addressed while the woman is at the APSATC. The approach, philosophy and recommendations need to be seamless and the need to consult with separate teams and programs should be eliminated. The purpose of integrated treatment is to ensure that participants diagnosed with both mental health and substance use disorders receive appropriate treatment for all of their diagnoses and are provided the opportunity to learn how the disorders interact, and ensure that participants are provided with consistent and relevant coping skills and strategies related to their diagnoses.

". . . learning that I take a lot of things for granted, like family."
NWGA RSAT detainee

Recovery Month and Family Outreach

September has been designated as "Recovery Month", an annual observance that highlights the societal benefits of substance abuse treatment, lauds the contributions of treatment providers and promotes the message that recovery from substance abuse in all its forms is possible. Over the years, our programs, in partnership with GDC facility staff, have initiated various activities at their facilities in recognition of Recovery Month. This year planned observances include a special proclamation about Recovery Month at the Bainbridge Probation Substance Abuse Treatment Center and a Family Day at BPSATC. Other programs are planning to have Recovery Month t-shirts made for wear on designated days to bring attention to this observance. We hope to also have a special day at the new State Office South facilities for employees and their family members to raise their awareness of Recovery and promote treatment.

Also, the RSAT programs are working with their Wardens or Superintendents to hold a Family Day bi-annually. This special day would include talks from different staff members about the services offered through the treatment program, presentations from program participants highlighting different aspects of the treatment program, educational sessions to raise understanding of substance use disorders and how families can be supportive of the recovery efforts of their family member.

"the fact that I now know how to allow positive people around me to become more of a positive role model and keep negative people away." CSP inmate

Continued emphasis on the importance of Continuing-Care and placing emphasis on Recovery Capital

Throughout the year, we have made concerted efforts to ensure that RSAT staff has a full understanding of the continuing care services in which all program graduates are expected to participate. The SAAS program managers from GDC and Spectrum have visited all programs to provide orientation on these services. The counselors are able to answer any questions the offenders have about SAAS and ensure that they fully grasp that failure to actively participate puts them at risk for relapsing back into substance use and criminality and also for being found to be out of compliance with the terms and conditions of their probation/parole. We will continue this emphasis on participation in SAAS after release.

In response to the feedback of the program participants, we have revised our twelve-step fellowship meetings. At some sites, volunteers from AA, NA and Celebrate Recovery are holding weekly meetings that offenders are able to participate in on a voluntary basis. Learning about self-help groups such as Double Trouble and Dual Recovery Anonymous will be part of the integrated treatment services that will be added. We hope these revisions and additions will increase understanding of how these fellowships provide valuable assistance to those working to re-build their lives in recovery.

One of our goals for Fiscal Year 2012 is to continue emphasizing the importance of building "recovery capital". "Recovery capital (RC) is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe [alcohol and other drugs] problems." Areas of RC such as knowledge, effective coping skills, self-awareness, self-efficacy and life purpose can be developed while in our treatment programs. Much of RC that is based in family and other relationships and in the community/culture of the individual must be developed after release. Active participation in SAAS and in self-help groups provides opportunities to build these vital internal and external resources to sustain recovery. Through further educating staff on the concepts of RC and how to convey these concepts to program participants, we will advance the abilities of our program participants to be successful after release.

CARF Accreditation

Our residential treatment programs have been fully accredited by CARF since 1996. Our current accreditation expires in November 2011 and our re-accreditation survey is scheduled for October 3rd – 5th. We take great pride in meeting the exacting and high standards of CARF and are confident that, once again, we will be granted full accreditation of these programs.

Summary

The 2010 CASA report referenced at the beginning of this report made several key recommendations to improve health and reduce crime and its costs to society. In partnership with GDC, Spectrum is proud to be an integral part of efforts being made by GDC that meet these recommendations. Specifically: providing treatment in criminal justice settings, maintaining full accreditation of our treatment programs, providing comprehensive pre-release planning, and addressing co-occurring disorders.

Through these efforts we are reducing the costs related to incarceration and community supervision and most importantly, reducing the impact of crime and substance abuse on the citizens of Georgia.

References

Center for Substance Abuse Treatment. *Substance abuse treatment for persons with co-occurring disorders.* Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 07-3992. Rockville, MD: Substance abuse and mental health services administration, 2005.

Garner, B. R., Knight, K., Flynn, P. M., Morey, J. T., Simpson, D. D. (2007). Measuring offender attributes and engagement in treatment using the client evaluation of self and treatment. *Criminal justice and behavior, 34, 1113 – 1129.*

Gendreau, P. (1996). The principles of effective intervention with offenders. In A. Harland (Ed.), Choosing correctional options that work: Defining the demand and evaluating the supply (pp. 117-130). Thousand Oak, CA: Sage.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. *Crime and Delinquency, 52*(1), 159-177.

Health and Human Services. Roberts, E.A., Contois, M.W., Willis, J.C., Worthington, M.R., & Knight, K. (2007). Assessing offender needs and performance for planning and monitoring criminal justice drug treatment. *Criminal Justice and Behavior*, 34, 1179-1188.

Justice Center: The council of state government. *Policy statement 11:mental health care.* Retrieved from the website http://reentrypolicy.org/report/partii/chapter11-b/policy statement11.

National Alliance on Mental Illness. *Dual diagnosis and integrated treatment of mental illness and substance abuse disorder.* Retrieved from the website http://www.nami.org.

National Center on Addiction and Substance Abuse at Columbia University (2010). *Behind bars II: substance abuse and America's prison population.*

Office of National Drug Control Policy (2009). *State of Georgia: Profile of drug indicators.*

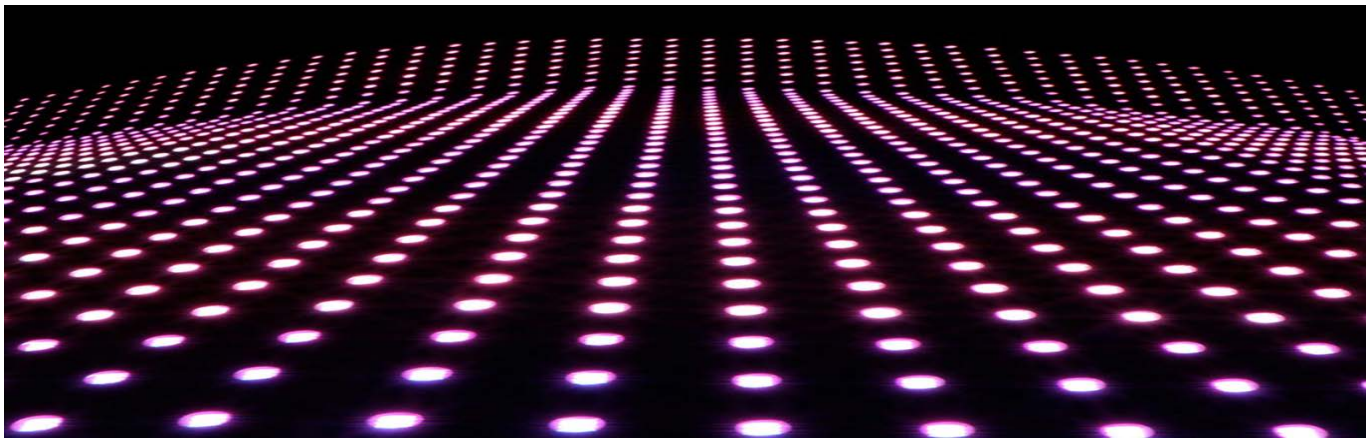
Simourd, L. (1993). Correlates of delinquency: a look at gender differences. *Forum on correctional research. 6:26-31.*

Substance Abuse and Mental Health Services Administration (2009). *2009 national survey on drug use and health.*

TCU, 2005. Client Functioning in Treatment. Retrieved from the website http://www.ibr.tcu.edu/resources/TCU-CEST-AFS.pdf

Treatment Communities of America (2011). *Special issues in substance abuse treatment: co-occurring disorders.*

White, W.L. and Cloud, W. (2008). *Recovery capital: a primer for addiction professionals.* Retrieved from the website: http://www.counselormagazine.com.



Georgia Administrative Office
245 Country Club Dr. Bldg. 100D
Stockbridge, GA 30281
678-565-0665 phone
678-565-0633 fax
www.shsgeorgia.org

Spectrum Health Systems, Inc.

Financial Statements

Years Ended June 30, 2011 and 2010

Spectrum Health Systems, Inc.

FINANCIAL STATEMENTS
Years Ended June 30, 2011 and 2010

CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements:	
Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4-5
Statements of Cash Flows	6
Notes to Financial Statements	7-17

McGladrey

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Spectrum Health Systems, Inc.
Worcester, Massachusetts

We have audited the accompanying statements of financial position of Spectrum Health Systems, Inc. (the "Organization") as of June 30, 2011 and 2010, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of Spectrum Health Systems, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization. as of June 30, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

McGladrey & Pullen, LLP

December 7, 2011
Boston, Massachusetts

McGladrey is the brand under which RSM McGladrey, Inc. and McGladrey & Pullen, LLP serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure.

Member of RSM International network, a network of independent accounting, tax and consulting firms.

Spectrum Health Systems, Inc.

Statements of Financial Position
June 30, 2011 and 2010

	2011	2010
ASSETS		
Current assets:		
Cash and cash equivalents	$ **12,927,647**	$ 12,780,327
Accounts receivable, net of allowance of $128,980 and $291,459 as of June 30, 2011 and 2010, respectively	**4,798,690**	4,737,347
Pledges receivable, net (Note 4)	**-**	15,050
Prepaid expenses and other assets	**220,148**	179,967
Total current assets	**17,946,485**	17,712,691
Property and equipment, net (Note 5)	**8,859,669**	6,147,241
Construction in progress (Note 6)	**74,407**	2,787,793
Mortgage acquisition costs, net (Note 7)	**6,788**	40,119
Investments (Notes 12 and 14)	**87,339**	54,692
Total assets	$ **26,974,688**	$ 26,742,536
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable	$ **844,663**	$ 721,230
Accrued expenses and other current liabilities	**1,732,780**	2,876,726
Current portion of long-term debt (Note 9)	**12,041**	319,026
Current portion of capital lease obligation (Note 10)	**62,958**	59,554
Total current liabilities	**2,652,442**	3,976,536
Long-term liabilities:		
Long-term debt (Note 9)	**370,845**	848,352
Capital lease obligation (Note 10)	**66,555**	129,513
Other liabilities (Note 12)	**104,852**	126,616
Total liabilities	**3,194,694**	5,081,017
Commitments and contingencies (Note 13)		
Net assets:		
Unrestricted	**23,699,556**	21,628,146
Temporarily restricted (Note 11)	**80,438**	33,373
Total net assets	**23,779,994**	21,661,519
Total liabilities and net assets	$ **26,974,688**	$ 26,742,536

See notes to financial statements.

Spectrum Health Systems, Inc.

Statements of Activities

Years Ended June 30, 2011 and 2010

	2011			2010		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Public support and revenues:						
Contract revenue	$ 45,974,006	$ -	$ 45,974,006	$ 47,031,191	$ -	$ 47,031,191
Gifts and contributions	127,256	15,737	142,993	86,128	53,106	139,234
Interest income	41,310	-	41,310	58,463	-	58,463
Unrealized gain on investments (Note 14)	17,648	-	17,648	3,592	-	3,592
Other revenue	109,056	147,852	256,908	94,378	30,140	124,518
Releases from restriction (Note 11)	116,524	(116,524)	-	728,128	(728,128)	-
Total public support and revenues	46,385,800	47,065	46,432,865	48,001,880	(644,882)	47,356,998
Expenses:						
Program services	40,423,040	-	40,423,040	41,335,322	-	41,335,322
Management and general	3,747,785	-	3,747,785	3,608,712	-	3,608,712
Fundraising	143,565	-	143,565	131,296	-	131,296
Total expenses	44,314,390	-	44,314,390	45,075,330	-	45,075,330
Change in net assets	2,071,410	47,065	2,118,475	2,926,550	(644,882)	2,281,668
Net assets, beginning of year	21,628,146	33,373	21,661,519	18,701,596	678,255	19,379,851
Net assets, end of year	$ 23,699,556	$ 80,438	$ 23,779,994	$ 21,628,146	$ 33,373	$ 21,661,519

See notes to financial statements.

Spectrum Health Systems, Inc.

Statement of Functional Expenses
Year Ended June 30, 2011

	Substance Abuse Services Inpatient	Substance Abuse Services Outpatient	Corrections Services	Adolescent Services	Other Services	Total Program Services	Management and General	Fundraising	Total
Salaries	$ 4,952,065	$ 3,504,644	$ 14,720,583	$ 3,112,431	$ 51,806	$ 26,341,529	$ 2,592,746	$ 84,372	$ 29,018,647
Payroll taxes	500,569	337,028	1,370,402	325,412	4,812	2,538,223	212,673	7,272	2,758,168
Employee benefits (Note 12)	697,387	368,623	2,076,628	394,128	2,070	3,538,836	279,947	11,387	3,830,170
	6,150,021	4,210,295	18,167,613	3,831,971	58,688	32,418,588	3,085,366	103,031	35,606,985
Occupancy (Notes 3 and 13)	653,977	1,000,184	149,722	110,949	32,750	1,947,582	278,475	-	2,226,057
Professional fees	114,339	358,762	542,663	26,097	3,210	1,045,071	242,779	-	1,287,850
Administrative expense	408,982	578,289	474,144	24,550	1,185	1,487,150	(199,243)	38,481	1,326,388
Depreciation and amortization	265,791	181,877	91,563	32,430	26,127	597,788	117,462	503	715,753
Food and donations	873,175	6,547	16,917	98,501	-	995,140	-	-	995,140
Transportation (Note 13)	121,234	32,422	304,721	47,170	143	505,690	80,129	978	586,797
Medical service and supply	51,377	421,632	7,116	982	-	481,107	-	-	481,107
Insurance	111,720	35,233	128,236	49,678	4,126	328,993	23,734	311	353,038
Interest	-	-	-	-	23,620	23,620	34,282	-	57,902
Program supplies	186,192	17,160	22,512	38,672	1,058	265,594	1,791	-	267,385
Bad debt expense (recovery)	(39,966)	(11,940)	-	-	-	(51,906)	-	-	(51,906)
Education and training	18,996	14,498	322,313	8,733	45	364,585	83,010	261	447,856
Grant expense	15	-	8,505	5,518	-	14,038	-	-	14,038
Total expenses	$ 8,915,853	$ 6,844,959	$ 20,236,025	$ 4,275,251	$ 150,952	$ 40,423,040	$ 3,747,785	$ 143,565	$ 44,314,390

See notes to financial statements.

Spectrum Health Systems, Inc.

Statement of Functional Expenses
Year Ended June 30, 2010

	Substance Abuse Services Inpatient	Substance Abuse Services Outpatient	Corrections Services	Adolescent Services	Other Services	Total Program Services	Management and General	Fundraising	Total
Salaries	$ 4,808,581	$ 3,457,060	$ 14,864,946	$ 3,592,248	$ 54,280	$ 26,777,115	$ 2,406,209	$ 53,611	$ 29,236,935
Payroll taxes	437,121	307,920	1,299,452	417,401	5,049	2,466,943	184,273	7,689	2,658,905
Employee benefits (Note 12)	594,719	343,619	2,531,870	468,954	2,636	3,941,798	232,620	7,598	4,182,016
	5,840,421	4,108,599	18,696,268	4,478,603	61,965	33,185,856	2,823,102	68,898	36,077,856
Occupancy (Notes 3 and 13)	577,014	1,036,317	178,415	84,009	26,078	1,901,833	283,104	282	2,185,219
Professional fees	172,694	278,883	502,650	11,964	1,728	967,919	269,736	-	1,237,655
Administrative expense	352,446	620,725	531,311	25,363	1,453	1,531,298	(106,416)	57,841	1,482,723
Depreciation and amortization	288,092	233,186	30,085	48,502	21,185	621,050	75,026	503	696,579
Food and donations	804,676	5,036	15,242	96,369	-	921,323	-	-	921,323
Transportation (Note 13)	118,713	31,056	318,439	38,709	595	507,512	77,139	547	585,198
Medical service and supply	66,535	395,825	8,047	1,082	-	471,489	-	-	471,489
Insurance	102,618	43,420	132,542	58,479	2,505	339,564	19,272	272	359,108
Interest	-	-	-	-	24,290	24,290	138,847	-	163,137
Program supplies	164,005	25,011	18,822	46,544	1,554	255,936	979	-	256,915
Bad debt expense (recovery)	70,382	76,723	-	-	-	147,105	-	1,985	149,090
Education and training	12,628	13,648	374,252	6,055	35,138	441,721	27,923	890	470,534
Grant expense	8,855	1,994	4,272	3,305	-	18,426	-	78	18,504
Total expenses	$ 8,579,079	$ 6,870,423	$ 20,810,345	$ 4,898,984	$ 176,491	$ 41,335,322	$ 3,608,712	$ 131,296	$ 45,075,330

See notes to financial statements.

Spectrum Health Systems, Inc.

Statements of Cash Flows

Years Ended June 30, 2011 and 2010

	2011	2010
Cash flows from operating activities:		
Change in net assets	$ 2,118,475	$ 2,281,668
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	715,753	696,578
Contributions restricted for purchase of property and equipment	(19,150)	(11,990)
Unrealized gain on investments	(17,648)	(3,592)
Change in accounts receivable	(61,343)	(615,775)
Change in pledge receivable	15,050	11,985
Change in prepaid expenses	(40,181)	1,338
Change in accounts payable	123,433	(71,736)
Change in accrued expenses and other current liabilities	(1,143,946)	531,868
Change in other liabilities	(21,764)	36,616
Total adjustments	(449,796)	575,292
Net cash provided by operating activities	1,668,679	2,856,960
Cash flows from investing activities:		
Purchases of property and equipment	(185,572)	(421,477)
Purchases of investments	(15,000)	(15,000)
Investment of cash restricted for purchase of equipment	-	645,092
Cash paid for construction in progress	(495,891)	(1,937,018)
Net cash used in investing activities	(696,463)	(1,728,403)
Cash flows from financing activities:		
Payments of long-term debt	(844,046)	(1,784,669)
Payments to Commonwealth of Massachusetts	-	(804,598)
Contributions restricted for purchase of property and equipment	19,150	11,990
Net cash used in financing activities	(824,896)	(2,577,277)
Change in cash and cash equivalents	147,320	(1,448,720)
Cash and cash equivalents:		
Beginning of year	12,780,327	14,229,047
End of year	$ 12,927,647	$ 12,780,327
Supplemental disclosures of cash flow information:		
Cash paid during year for interest	$ 60,419	$ 170,194

Supplemental disclosures of non-cash investing and financing activities (Note 2)

See notes to financial statements.

Spectrum Health Systems, Inc.

Notes to Financial Statements
Years Ended June 30, 2011 and 2010

1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Spectrum Health Systems, Inc. (the "Organization") is a not-for-profit organization that provides residential and outpatient substance abuse treatment and rehabilitation, conducts related research and provides mental health counseling and treatment.

A summary of the Organization's significant accounting policies follows:

Classification and Reporting of Net Assets

The financial statements of the Organization have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP") applicable to not for profit organizations under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 958, "Financial Statements of Not-For-Profit Organizations". These requirements require the Organization to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. A description of the three net asset classes follows:

- Unrestricted net assets represent the portion of net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations.

- Permanently restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by actions of the Organization. There are no permanently restricted net assets.

Use of Estimates in Preparation of Financial Statements

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Organization defines cash equivalents as short-term, highly liquid investments with original maturities of three months or less.

Spectrum Health Systems, Inc.

Notes to Financial Statements
Years Ended June 30, 2011 and 2010

1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES...continued

Concentration of Credit Risk

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to significant credit risk on cash and cash equivalents.

Accounts Receivable

Certain third party payers reimburse the Organization based on a unit rate reimbursement formula. The Organization estimates and excludes from revenue the difference, if any, between full charge and third party defined costs in the period services are rendered. Differences, if any, between the Organization's estimate of the contractual allowance and the final settlement by the third party payer are recognized as an adjustment to revenue in the period of final settlement.

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

Property and Equipment

Property and equipment is recorded at cost or, if received by donation, at fair value at the time such properties were received. Depreciation and amortization is provided on a straight-line basis over the estimated useful lives of the respective assets as follows:

Description	Years
Buildings	28-40
Building and leasehold improvements	2-30
Furniture and equipment	3-10
Motor vehicles	5-7

Leasehold improvements are amortized over the terms of the underlying lease.

Expenditures for major renewals and improvements are capitalized, while expenditures for maintenance and repairs are expensed as incurred.

Asset Retirement Obligation

The Organization follows FASB ASC 410, "Asset Retirement and Environmental Obligations"; this standard requires a liability be recorded at fair value specific to certain legal environmental obligations. The recording of a liability is required if such conditions exist and the obligation can be reasonably estimated. As of June 30, 2011 and 2010, the Organization is unaware of any such obligations. The Organization will recognize a liability in the period in which it becomes aware of such liability and sufficient information is available to reasonably estimate the fair value.

1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES...continued

Impairment of Long-Lived Assets

The Organization has given consideration to FASB ASC 360, "Property and Equipment" as it relates to the accounting for the impairment or disposal of long-lived assets in its presentation of those financial statements. As of June 30, 2011 and 2010, the Organization did not recognize any reduction in the carrying value of its property, plant and equipment when considering this standard.

Construction in Progress

Costs associated with on-going projects are accumulated until completion. The completed asset is then depreciated over its estimated useful life once placed in service.

Mortgage Acquisition Costs

Mortgage acquisition costs consist of deferred financing costs which are being amortized over the life of the loan (10 years).

Investments

Investments represent portfolio shares in open-ended investment companies are carried at fair value. By Board of Trustees' resolution, these investments were designated as an offset against deferred compensation. Investment income and realized and unrealized gains or losses are recorded as increases in unrestricted net assets.

Fair Value Measurements

Effective for the year ended June 30, 2011, the Organization adopted Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements.* This new accounting guidance under ASC 820, *Fair Value Measurements and Disclosures*, was issued by the FASB on January 21, 2010. The additional disclosures required about fair value measurements include, among other things, *(a)* the amounts and reasons for certain significant transfers among the three hierarchy levels of inputs, *(b)* the gross, rather than net, basis for certain Level 3 roll-forward information, *(c)* use of a "class" basis rather than a "major category" basis for assets and liabilities, and *(d)* valuation techniques and inputs used to estimate Level 2 and Level 3 fair value measurements. The following information incorporates these new disclosure requirements except for the Level 3 roll-forward information which is not required until fiscal year 2012.

Under the FASB's authoritative guidance on fair value measurements, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Organization uses various methods including market, income and cost approaches. In addition the Organization reports certain investments using the net asset value per share as determined by the investment managers under the so called "practical expedient". The practical expedient allows net asset value per share to represent fair value for reporting purposes when the criteria for using this method are met. Based on these approaches, the Organization often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Organization utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs.

1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES...continued

Fair Value Measurements...continued

Based on the observability of the inputs used in the valuation techniques or in accordance with net asset value practical expedient rules, which allow for Level 2 or Level 3 reporting depending on lock-up and notice periods associated with the underlying funds, the Organization is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Quoted prices for identical assets and liabilities traded in active exchange markets, such as the New York Stock Exchange.

Level 2 - Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data. Level 2 also includes practical expedient investments with redemption periods of 90 days of less.

Level 3 - Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation; also includes observable inputs for nonbinding single dealer quotes not corroborated by observable market data. Level 3 also includes practical expedient investments with redemption periods more than 90 days.

Revenue Recognition

The programs of the Organization are principally supported by the Massachusetts Department of Public Heath, the Massachusetts Department of Youth Services, and the Massachusetts Department of Corrections. The Organization also contracts with non-Massachusetts state agencies, such as the Washington State Department of Corrections, Georgia Department of Corrections, Georgia Department of Pardons and Paroles, and other government sources. Revenue is recorded as services are provided in individual programs at the rates approved by the Massachusetts Operational Services Division for Massachusetts programs, and as negotiated for out-of-state contracts. Additionally, the Organization derives service revenue and client service fees through third party billing and Medicaid.

The Organization is also subject to the regulations of the Massachusetts Executive Office for Administration and Finance Operational Services Division ("OSD"). Excess of revenue over expenses from the Commonwealth of Massachusetts supported programs, up to certain defined limits, can be utilized by the Organization for expenditures in accordance with its exempt purposes provided such expenditures are reimbursable under OSD regulations.

Contributions

Contributions, including unconditional promises to give, are initially recognized at fair value as revenues in the period the promise is received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at fair value.

1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES...continued

Contributions...continued

Contributions to be received after one year are discounted at a rate commensurate with fair value once an appropriate allowance for doubtful collections has been determined. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution, and nature of fund-raising activity. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues of the temporarily restricted net asset class. A reclassification from temporarily restricted net assets to unrestricted net assets is made to reflect the expiration of such restrictions.

Contributions of property and equipment without donor stipulations concerning the use of such long-lived assets are reported as revenues of the unrestricted net asset class. Contributions of cash or other assets with donor stipulations that such assets are to be used to acquire property and equipment are reported as revenues of the temporarily restricted net asset class; the restrictions are considered to be released at the time of acquisition of such long-lived assets.

Contributions of services are reported as revenues and expenses of the unrestricted net asset class at the fair value of the services received only if the services create or enhance a non-financial asset or would typically need to be purchased by the Organization if they had not been provided by individuals with those skills. Contributions of goods and space to be used in program operations are reported as revenues and expenses of the unrestricted net asset class at the time the goods or space are received.

Advertising

The Organization expenses advertising costs as incurred.

Functional Expenses

The costs of providing the various programs and other activities of the Organization have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated between the programs and supporting services.

Income Taxes

The Organization is a not-for-profit organization which is qualified under Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes.

The Organization follows FASB ASC 740, Income Taxes, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements. It also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. Management believes that the Organization has no material uncertainties in income taxes.

Spectrum Health Systems, Inc.

Notes to Financial Statements
Years Ended June 30, 2011 and 2010

1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES...continued

Income Taxes...continued

The Organization is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for fiscal years before 2008.

Reclassifications

Certain reclassifications have been made to the June 30, 2010 financial statements to conform to the June 30, 2011 presentation.

Recent Accounting Pronouncements

In May 2011, the FASB issued Accounting Standards Update ("ASU") No. 2011-04, Fair Value Measurement (Topic 820) Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs. The amendments in this Update result in common fair value measurement and disclosure requirements in U.S. GAAP and IFRSs. Consequently, the amendments change the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. For many of the requirements, the FASB does not intend for the amendments in this Update to result in a change in the application of the requirements in Topic 820. Some of the amendments clarify the FASB's intent about the application of existing fair value measurement requirements. Other amendments change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The adoption of this guidance is not expected to have a material impact on the Organization's financial statements.

2. NONCASH INVESTING AND FINANCING ACTIVITIES

During the year ended June 30, 2010, the Organization obtained capital leases in connection with the purchase of computer equipment totaling $189,067.

During the year ended June 30, 2011 and 2010, the Organization transferred $3,208,727 and $28,947 from construction in progress to property and equipment.

3. RELATED PARTY TRANSACTIONS

The Organization is affiliated with 585 Lincoln Street Condominium Trust (the "Trust") by virtue of one of the Organization's board members being the sole trustee of the Trust. Some of Spectrum's programs are the sole tenant of the Trust's property and pay all of the costs incurred in occupying that property. No amounts were owed to the Trust as of June 30, 2011 and 2010.

For the years ended June 30, 2011 and 2010, respectively, the Organization paid $393 and $1,091 to board members for reimbursable travel and board-related expenses. There were no amounts owed to board members as of June 30, 2011 and 2010, respectively.

4. PLEDGES RECEIVABLE

During the year ended June 30, 2010 the outstanding pledge receivable balance of $15,050 was restricted for the construction of the Women's and Children's Center (the "Center"). The Center was completed during the year ending June 30, 2011 and the outstanding pledges were collected.

Spectrum Health Systems, Inc.

Notes to Financial Statements
Years Ended June 30, 2011 and 2010

5. PROPERTY AND EQUIPMENT

Property and equipment consists of the following as of June 30, 2011 and 2010:

	2011	2010
Land	$ 1,202,875	$ 1,202,875
Buildings and building improvements	7,087,169	3,650,455
Leasehold improvements	4,384,222	4,548,807
Furniture and equipment	5,335,000	5,212,934
Motor vehicles	176,193	195,073
	18,185,459	14,810,144
Accumulated depreciation and amortization	9,325,790	8,662,903
Net property and equipment	$ 8,859,669	$ 6,147,241

6. CONSTRUCTION IN PROGRESS

As of June 30, 2011, the construction in progress balance of $74,407 consists of $50,000 accrued for certain costs for completion related to the Women and Children's Center, with the remainder relating to design and renovation costs of Framingham, Pittsfield, and Worcester locations which commenced during the period ending June 30, 2011.

As of June 30, 2010, costs incurred for the construction of a new women and children's center, completed in December 2010, totaled $2,787,793.

7. MORTGAGE ACQUISITION COSTS

Included in mortgage acquisition costs as of June 30, 2011 and 2010 are $6,788 and $40,119, respectively, of deferred financing costs, net of accumulated amortization.

8. LINE OF CREDIT

The Organization has a demand line of credit agreement with a bank which was amended in November 2011, extending the maturity date to November 1, 2012. Under the new agreement, the creditor provided for borrowings up to $500,000 at the lender's base rate (4.5%) plus the one month LIBOR rate (.25% as of June 30, 2011). There was no outstanding balance on the line of credit as of June 30, 2011 and 2010. Under the old agreement, the line of credit agreement provided for borrowings up to $850,000 at the lender's base rate plus 0.5% (3.77% as of June 30, 2010). Borrowings are secured by accounts receivable. The line is also subject to the financial and non-financial covenants imposed on long-term debt with the same lender (See Note 9).

Spectrum Health Systems, Inc.

Notes to Financial Statements
Years Ended June 30, 2011 and 2010

9. LONG-TERM DEBT

	2011	2010
Term note payable to NCB Capital Impact with interest based on the average yield at those dates for U.S. Treasury securities having 5-year maturities plus 3.0% (4.75% as of June 30, 2011 and 2010), payable in monthly installments of $28,179 plus interest. The remaining balance of the note was fully paid in May 2011.	$ -	$ 773,100
Term note payable to NCB Capital Impact with interest based on the average yield at those dates for U.S. Treasury securities having 5-year maturities plus 3.6%, rounded up to the nearest 0.125 percent (6% as of June 30, 2011 and 2010), payable in monthly installments of $2,922 plus interest through June 2019. The note is secured by the 7 Marston Way real estate, improvements, leases, deposits, and receivables.	382,886	394,278
Total long-term debt	382,886	1,167,378
Less current portion	12,041	319,026
Long-term debt, net of current portion	$ 370,845	$ 848,352

Maturities of long-term debt are as follows:

Year ending June 30,	
2012	$ 12,041
2013	12,858
2014	13,663
2015	14,517
2016	15,371
Thereafter	314,436
	$ 382,886

The above term note payables and the line of credit are subject to various financial and non-financial covenants, including restrictions on maintenance of key management positions and additional indebtedness, and require the Organization to meet certain financial ratios including a minimum debt service coverage ratio and current ratio.

10. CAPITAL LEASE OBLIGATION

The Organization leases computer equipment under a capital lease obligation. This lease requires monthly payments of $5,715 beginning August 2010 through July 2013. The asset and liability under the capital lease were recorded at the fair value of the asset. The asset is being amortized over its estimated useful life and has an amortized cost of $148,103 and $185,915 as of June 30, 2011 and 2010, respectively.

Minimum and present value of future lease payments under the capital lease agreement is as follows:

Year ending June 30,	
2012	$ 68,580
2013	68,580
2014	5,715
Total minimum lease payments	142,875
Less - amount representing interest	13,362
Present value of minimum lease payments	129,513
Less - current portion	62,958
Capital lease obligation, net of current portion	$ 66,555

11. TEMPORARILY RESTRICTED NET ASSETS

As of June 30, 2011 and 2010, temporarily restricted net assets were available for the following specific purposes:

	2011	2010
Use in Spectrum programs	$ 46,438	$ 33,373
Capital projects	34,000	-
	$ 80,438	$ 33,373

The Organization had met the restrictions set forth by the various donors by spending the funds on the various programs operated by the Organization during the year ended June 30, 2011 and 2010 and released a total of $116,524 and $728,128, respectively.

12. BENEFIT PLANS

The Organization has a qualified contributory 401(k) profit sharing plan. The plan covers substantially all eligible employees meeting certain age and service requirements. Employee contributions are voluntary and are based on specific percentages of compensation. The plan also provides for contributions by Spectrum in such amounts as the Board of Trustees may determine annually. Employee and employer contributions may not exceed maximum amounts established by the Internal Revenue Code. Spectrum made contributions of $89,661 and $88,658 to the plan for the years ended June 30, 2011 and 2010, respectively.

Spectrum Health Systems, Inc.

Notes to Financial Statements
Years Ended June 30, 2011 and 2010

12. BENEFIT PLANS...continued

In addition, the Organization has a 457(b) deferred compensation plan for a key individual which was established during the year ended June 30, 2007. The plan is to be funded by the Organization annually up to a maximum contribution of $15,000. The Organization had contributed a total of $75,000 as of June 30, 2011 ($60,000 as of June 30, 2010), which is recorded as investments on the statements of financial position, net of unrealized gains of $12,339 and net unrealized losses of $5,308 as of June 30, 2011 and 2010, respectively. Included in other liabilities is $87,339 and $54,692 as of June 30, 2011 and 2010, respectively.

13. OPERATING LEASES

The Organization rents program locations, vehicles and office equipment under cancelable and noncancelable operating leases through December 2018, the expenses for which were $656,446 and $685,840 for the years ended June 30, 2011 and 2010, respectively.

Future minimum lease payments on noncancelable operating leases as of June 30, 2011 are as follows:

Year ending June 30,	
2012	$ 582,165
2013	437,068
2014	394,112
2015	246,349
2016	175,249
Thereafter	98,604
	$ 1,933,547

14. FAIR VALUE MEASUREMENTS

The following tables summarize the Organization's assets and liabilities measured at fair value on a recurring basis as of June 30, 2011 and 2010:

	Assets Measured at Fair Value on a Recurring Basis			
June 30, 2011	Quoted Prices Level 1	Observable Inputs Level 2	Unobservable Inputs Level 3	Total June 30, 2011
Assets				
Vanguard Variable Insurance Fund – International	$ -	$ 45,035	$ -	$ 45,035
Vanguard Variable Insurance Fund – Diversified	-	42,304	-	42,304
Total assets	$ -	$ 87,339	$ -	$ 87,339

Spectrum Health Systems, Inc.

Notes to Financial Statements
Years Ended June 30, 2011 and 2010

14. FAIR VALUE MEASUREMENTS...continued

June 30, 2010	Assets Measured at Fair Value on a Recurring Basis: Quoted Prices Level 1	Observable Inputs Level 2	Unobservable Inputs Level 3	Total June 30, 2010
Assets				
Vanguard Variable Insurance Fund – International	$ -	$ 27,826	$ -	$ 27,826
Vanguard Variable Insurance Fund – Diversified	-	26,866	-	26,866
Total assets	$ -	$ 54,692	$ -	$ 54,692

The Organization uses the net asset value (NAV) to determine the fair value of all the underlying investments, which (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles of an investment company.

The following table lists investments in investment companies by major category:

	2011 NAV in Funds	2010 NAV in Funds	Number of Funds	Redemption Frequency	Redemption Notice
Vanguard Variable Insurance Fund – International (a)	$ 45,035	$ 27,826	1	Daily	None
Vanguard Variable Insurance Fund - Diversified (b)	42,304	26,866	1	Daily	None
	$ 87,339	$ 54,692	2		

(a) The fund's strategy is to provide long-term capital appreciation and invests predominantly in the stocks of companies located outside the United States and is expected to diversify its assets across developed and emerging markets in Europe, the Far East, and Latin America. In selecting stocks, the Portfolio's advisors evaluate foreign markets around the world and choose large-, mid-, and small-capitalization companies considered to have above-average growth potential.

(b) The fund's strategy is to provide long-term capital appreciation and income and invests mainly in large- and mid-capitalization companies whose stocks are considered by the advisor to be undervalued. Undervalued stocks are generally those that are out of favor with investors and that the advisor feels are trading at prices that are below average in relation to such measures as earnings and book value. These stocks often have above-average dividend yields.

There were no unfunded commitments or other redemption restrictions during the years ended June 30, 2011 and 2010.

15. SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through December 7, 2011, when the financial statements were available to be issued.

Spectrum Health Systems, Inc.

Financial Report
June 30, 2010

Contents

Independent Auditor's Report	1
Financial Statements	
Statements of financial position	2
Statements of activities	3
Statements of functional expenses	4 and 5
Statements of cash flows	6
Notes to financial statements	7-15

McGladrey

Independent Auditor's Report

Board of Trustees
Spectrum Health Systems, Inc.
Worcester, Massachusetts

We have audited the accompanying statements of financial position of Spectrum Health Systems, Inc. (the "Organization") as of June 30, 2010 and 2009, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of Spectrum Health Systems, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Spectrum Health Systems, Inc. as of June 30, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated November 30, 2010 on our consideration of Spectrum Health Systems, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

McGladrey & Pullen, LLP

Boston, Massachusetts
November 30, 2010

McGladrey is the brand under which RSM McGladrey, Inc. and McGladrey & Pullen, LLP serve clients' business needs.
The two firms operate as separate legal entities in an alternative practice structure.

Member of RSM International network, a network of independent accounting, tax and consulting firms.

Spectrum Health Systems, Inc.

Statements of Financial Position
June 30, 2010 and 2009

Assets	**2010**	2009
Current Assets		
Cash and cash equivalents	**$ 12,780,327**	$ 14,229,047
Accounts receivable, net of allowance of $291,459 and $344,283 as of June 30, 2010 and 2009, respectively	**4,737,347**	4,121,572
Pledges receivable, net (Note 4)	**15,050**	27,035
Prepaid expenses and other assets	**179,967**	181,305
Total current assets	**17,712,691**	18,558,959
Cash restricted for property and equipment (Notes 5 and 6)	**-**	645,092
Property and equipment, net (Note 5)	**6,147,241**	6,192,260
Construction in progress (Note 6)	**2,787,793**	879,722
Mortgage acquisition costs, net (Note 7)	**40,119**	52,187
Investments (Note 13)	**54,692**	36,100
Total assets	**$ 26,742,536**	$ 26,364,320
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	**$ 721,230**	$ 792,966
Accrued expenses and other current liabilities	**2,876,726**	2,344,858
Current portion of long-term debt (Note 9)	**319,026**	235,895
Current portion of capital lease obligation (Note 10)	**59,554**	-
Current portion of amount due to Commonwealth of Massachusetts (Note 11)	**-**	804,598
Total current liabilities	**3,976,536**	4,178,317
Long-Term Liabilities		
Long-term debt (Note 9)	**848,352**	2,716,152
Capital lease obligation (Note 10)	**129,513**	-
Other liabilities (Note 13)	**126,616**	90,000
Total liabilities	**5,081,017**	6,984,469
Commitments and Contingencies (Notes 11 and 14)		
Net Assets		
Unrestricted	**21,628,146**	18,701,596
Temporarily restricted (Note 12)	**33,373**	678,255
Total net assets	**21,661,519**	19,379,851
Total liabilities and net assets	**$ 26,742,536**	$ 26,364,320

See Notes to Financial Statements.

Spectrum Health Systems, Inc.

Statements of Activities
Years Ended June 30, 2010 and 2009

	2010			2009		
	Unrestricted	**Temporarily Restricted**	**Total**	Unrestricted	Temporarily Restricted	Total
Public Support and Revenues						
Contract revenue	**$ 47,031,191**	**$ -**	**$ 47,031,191**	$ 40,181,212	$ -	$ 40,181,212
Gifts and contributions	**86,128**	**53,106**	**139,234**	84,952	88,370	173,322
Interest income	**58,463**	**-**	**58,463**	200,515	-	200,515
Unrealized gain (loss) on investments	**3,592**	**-**	**3,592**	(21,957)	-	(21,957)
Other revenue	**94,378**	**30,140**	**124,518**	33,162	38,981	72,143
Released from restriction (Note 12)	**728,128**	**(728,128)**	**-**	713,118	(713,118)	-
Total public support and revenues	**48,001,880**	**(644,882)**	**47,356,998**	41,191,002	(585,767)	40,605,235
Expenses						
Program services	**41,158,855**	**-**	**41,158,855**	35,138,585	-	35,138,585
Management and general	**3,785,178**	**-**	**3,785,178**	3,547,144	-	3,547,144
Fundraising	**131,297**	**-**	**131,297**	153,726	-	153,726
Total expenses	**45,075,330**	**-**	**45,075,330**	38,839,455	-	38,839,455
Change in net assets	**2,926,550**	**(644,882)**	**2,281,668**	2,351,547	(585,767)	1,765,780
Net assets - beginning of year	**18,701,596**	**678,255**	**19,379,851**	16,350,049	1,264,022	17,614,071
Net assets - end of year	**$ 21,628,146**	**$ 33,373**	**$ 21,661,519**	$ 18,701,596	$ 678,255	$ 19,379,851

See Notes to Financial Statements.

Spectrum Health Systems, Inc.

Statement of Functional Expenses
Year Ended June 30, 2010

	Substance Abuse Services Inpatient	Substance Abuse Services Outpatient	Corrections Services	Adolescent Services	Total Program Services	Management and General	Fundraising	Total
Salaries	$ 4,291,915	$ 3,457,064	$ 15,381,618	$ 3,592,247	$ 26,722,844	$ 2,460,491	$ 53,612	$ 29,236,947
Payroll taxes	390,555	307,920	1,346,019	417,400	2,461,894	189,322	7,689	2,658,905
Employee benefits (Note 13)	513,923	343,621	2,612,666	468,954	3,939,164	235,255	7,599	4,182,018
	5,196,393	4,108,605	19,340,303	4,478,601	33,123,902	2,885,068	68,900	36,077,870
Occupancy (Note 14)	491,355	1,036,321	264,079	84,008	1,875,763	309,182	282	2,185,227
Professional fees	144,430	278,881	530,916	11,964	966,191	271,465	-	1,237,656
Administrative expense	331,154	614,042	546,475	25,362	1,517,033	(105,165)	54,807	1,466,675
Depreciation and amortization	283,012	233,187	35,165	48,502	599,866	96,211	503	696,580
Food and donations	662,901	11,797	163,065	96,370	934,133	175	3,036	937,344
Transportation (Note 14)	86,138	31,057	351,015	38,708	506,918	77,733	547	585,198
Medical service and supply	57,884	395,827	16,696	1,082	471,489	-	-	471,489
Insurance	86,605	43,421	148,555	58,479	337,060	21,777	272	359,109
Interest	-	-	-	-	-	163,137	-	163,137
Program supplies	148,596	25,009	34,231	46,544	254,380	2,533	-	256,913
Bad debt expense	70,382	76,725	-	-	147,107	-	1,985	149,092
Education and training	11,383	13,649	375,500	6,054	406,586	63,062	890	470,538
Grant expense	8,855	1,994	4,272	3,306	18,427	-	75	18,502
Total expenses	$ 7,579,088	$ 6,870,515	$ 21,810,272	$ 4,898,980	$ 41,158,855	$ 3,785,178	$ 131,297	$ 45,075,330

See Notes to Financial Statements.

Spectrum Health Systems, Inc.

Statement of Functional Expenses
Year Ended June 30, 2009

	Substance Abuse Services Inpatient	Substance Abuse Services Outpatient	Corrections Services	Adolescent Services	Total Program Services	Management and General	Fundraising	Total
Salaries	$ 4,119,725	$ 3,517,084	$ 9,468,328	$ 5,101,567	$ 22,206,704	$ 2,182,145	$ 109,766	$ 24,498,615
Payroll taxes	406,953	329,693	830,920	508,676	2,076,242	179,466	9,753	2,265,461
Employee benefits (Note 13)	495,657	317,091	1,299,489	596,633	2,708,870	238,145	1,710	2,948,725
	5,022,335	4,163,868	11,598,737	6,206,876	26,991,816	2,599,756	121,229	29,712,801
Occupancy (Note 14)	523,485	1,033,262	204,287	522,403	2,283,437	226,716	-	2,510,153
Professional fees	133,887	276,252	487,608	29,888	927,635	313,087	2,350	1,243,072
Administrative expense	311,494	629,065	344,277	60,107	1,344,943	(72,317)	26,415	1,299,041
Depreciation and amortization	282,131	213,863	34,352	136,202	666,548	76,733	-	743,281
Food and donations	627,487	10,078	134,915	101,494	873,974	100	1,113	875,187
Transportation (Note 14)	96,648	40,586	299,430	118,247	554,911	69,165	1,022	625,098
Medical service and supply	99,153	398,002	24,039	2,424	523,618	-	-	523,618
Insurance	86,641	45,740	125,657	115,824	373,862	17,770	744	392,376
Interest	-	-	-	-	-	284,802	-	284,802
Program supplies	178,009	39,692	27,911	42,605	288,217	2,860	336	291,413
Bad debt expense	16,346	131,050	-	(32)	147,364	-	-	147,364
Education and training	25,205	17,301	80,748	12,324	135,578	28,472	517	164,567
Grant expense	9,785	1,080	15,817	-	26,682	-	-	26,682
Total expenses	$ 7,412,606	$ 6,999,839	$ 13,377,778	$ 7,348,362	$ 35,138,585	$ 3,547,144	$ 153,726	$ 38,839,455

See Notes to Financial Statements.

Spectrum Health Systems, Inc.

Combining Statements of Cash Flows
Years Ended June 30, 2010 and 2009

	2010	2009
Cash Flows from Operating Activities		
Change in net assets	**$ 2,281,668**	$ 1,765,780
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	**696,580**	743,281
Contributions restricted for purchase of property and equipment	**(11,990)**	(87,450)
Unrealized (gain) loss on investments	**(3,592)**	21,957
Change in accounts receivable	**(615,775)**	466,979
Change in pledge receivable	**11,985**	25,200
Change in prepaid expenses	**1,338**	(50,797)
Change in accounts payable	**(71,736)**	168,151
Change in accrued expenses and other current liabilities	**531,868**	45,801
Change in deferred revenue	**-**	(430)
Change in other liabilities	**36,616**	20,000
Total adjustments	**575,294**	1,352,692
Net cash provided by operating activities	**2,856,962**	3,118,472
Cash Flows from Investing Activities		
Purchases of property and equipment	**(421,479)**	(837,656)
Purchases of investments	**(15,000)**	(15,000)
Investment of cash restricted for purchase of equipment	**645,092**	445,004
Cash paid for construction in progress	**(1,937,018)**	(625,689)
Net cash used in investing activities	**(1,728,405)**	(1,033,341)
Cash Flows from Financing Activities		
Borrowings of long-term debt	**-**	405,000
Payments of long-term debt	**(1,784,669)**	(196,968)
Payments of Commonwealth of Massachusetts settlement	**(804,598)**	(739,860)
Contributions restricted for purchase of property and equipment	**11,990**	87,450
Net cash used in financing activities	**(2,577,277)**	(444,378)
Change in cash and cash equivalents	**(1,448,720)**	1,640,753
Cash and Cash Equivalents:		
Beginning of year	**14,229,047**	12,588,294
End of year	**$ 12,780,327**	$ 14,229,047
Supplemental Disclosures of Cash Flow Information		
Cash paid during year for interest	**$ 170,194**	$ 285,716

Supplemental Disclosures of Non-Cash Investing and Financing Activities (Note 2)

See Notes to Financial Statements.

Note 1. Nature of Activities and Significant Accounting Policies

Nature of Activities: Spectrum Health Systems, Inc. (the "Organization") is a not-for-profit organization that provides residential and outpatient substance abuse treatment and rehabilitation, conducts related research and provides mental health counseling and treatment.

During the year ended June 30, 2009, Spectrum Development Corporation and Spectrum Charitable Foundation, Inc. merged their operations into Spectrum Health Systems, Inc. and transferred any remaining net assets into Spectrum Health Systems, Inc. As a result, Spectrum Health Systems, Inc. was the surviving entity as of June 30, 2009.

A summary of the Organization's significant accounting policies follows:

Classification and Reporting of Net Assets: The financial statements of the Organization have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America applicable to not for profit organizations. Under these requirements, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. A description of the three net asset classes follows:

- Unrestricted net assets represent the portion of net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations.

- Permanently restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by actions of the Organization. There are no permanently restricted net assets.

Use of Estimates in Preparation of Financial Statements: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents: The Organization defines cash equivalents as short-term, highly liquid investments with original maturities of three months or less.

Concentration of Credit Risk: The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts Receivable: Certain third party payers reimburse the Organization based on a unit rate reimbursement formula. The Organization estimates and excludes from revenue the difference, if any, between full charge and third party defined costs in the period services are rendered. Differences, if any, between the Organization's estimate of the contractual allowance and the final settlement by the third party payer are recognized as an adjustment to revenue in the period of final settlement.

Note 1. Nature of Activities and Significant Accounting Policies (continued)

Accounts Receivable (continued): Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

Property and Equipment: Property and equipment is recorded at cost or, if received by donation, at fair value at the time such properties were received. Depreciation and amortization is provided on a straight-line basis over the estimated useful lives of the respective assets as follows:

Description	Years
Buildings	28-40
Building and leasehold improvements	2-30
Furniture and equipment	3-10
Motor vehicles	5-7

Leasehold improvements are amortized over the terms of the underlying lease.

Expenditures for major renewals and improvements are capitalized, while expenditures for maintenance and repairs are expensed as incurred.

Construction in Progress: Costs associated with on-going projects are accumulated until completion. The completed asset is then depreciated over its estimated useful life once placed in service.

Mortgage Acquisition Costs: Mortgage acquisition costs consist of deferred financing costs which are being amortized over the life of the loan (10 years).

Investments: Investments represent portfolio shares in open ended investment companies carried at fair value. By Board of Trustees' resolution, these investments were designated as an offset against deferred compensation. Realized and unrealized gains or losses and investment yield are recorded in the revenue section of the statement of activities.

The Organization follows the fair value measurements accounting standard. The standard defines fair value, establishes a framework for measuring fair value in generally accepted accounting principles ("GAAP"), and expands disclosures about fair value measurements. Fair value refers to the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the market in which the reporting entity transact. It clarifies the principle that fair value should be based on the assumptions market participants would use when pricing the asset or liability. In support of this principle, the guidance establishes a fair value hierarchy that prioritizes the information used to develop those assumptions.

Investments measured and reported at fair value are classified and disclosed in one of the following categories:

> **Level I:** Quoted prices are available in active markets for identical investments as of the reporting date. The type of investments in Level I includes listed equities and listed derivatives. As required by GAAP, the Organization does not adjust the quoted prices for these investments, even in situations where the Organization may hold a large position and a sale could reasonably impact the quoted price.

Note 1. Nature of Activities and Significant Accounting Policies (continued)

Investments (continued):

Level I (continued): Securities that are listed on the United States securities exchange are valued at their last sales price on the largest United States securities exchange on which such securities have traded. Securities that are listed on an international exchange are valued at the last sales price from the largest exchange within the individual security's country of jurisdiction.

Level II: Pricing inputs are other than quoted prices in active markets of comparable instruments, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include corporate bonds and loans, institutional mutual funds, less liquid and restricted equity securities and certain over-the-counter derivatives. Institutional mutual funds are typically structured like public mutual funds, except that they are marked and distributed only to institutional investors and have additional purchase and redemption restrictions.

Level III: Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs in to the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. Investments that are included in this category generally include equity and debt positions in private companies and institutional funds.

Revenue Recognition: The programs of the Organization are principally supported by the Massachusetts Department of Public Heath, the Massachusetts Department of Youth Services, the Massachusetts Department of Corrections, and other government sources. Revenue is recorded as services are provided in individual programs at the rates approved by the Massachusetts Operational Services Division for Massachusetts programs, and as negotiated for out-of-state contracts. Additionally, the Organization derives service revenue and client service fees through third party billing and Medicaid.

The Organization is also subject to the regulations of the Massachusetts Executive Office for Administration and Finance Operational Services Division ("OSD"). Excess of revenue over expenses from the Commonwealth of Massachusetts supported programs, up to certain defined limits, can be utilized by the Organization for expenditures in accordance with its exempt purposes provided such expenditures are reimbursable under OSD regulations.

Contributions: Contributions, including unconditional promises to give, are recognized as revenues in the period the promise is received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at fair value.

Contributions to be received after one year are discounted at a risk free rate once an appropriate allowance for doubtful collections has been determined. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution, and nature of fund-raising activity. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues of the temporarily restricted net asset class. A reclassification to unrestricted net assets is made to reflect the expiration of such restrictions.

Note 1. Nature of Activities and Significant Accounting Policies (continued)

Contributions (continued): Contributions of property and equipment without donor stipulations concerning the use of such long-lived assets are reported as revenues of the unrestricted net asset class. Contributions of cash or other assets with donor stipulations that such assets are to be used to acquire property and equipment are reported as revenues of the temporarily restricted net asset class; the restrictions are considered to be released at the time of acquisition of such long-lived assets.

Contributions of services are reported as revenues and expenses of the unrestricted net asset class at the fair value of the services received only if the services create or enhance a non-financial asset or would typically need to be purchased by the Organization if they had not been provided by individuals with those skills. Contributions of goods and space to be used in program operations are reported as revenues and expenses of the unrestricted net asset class at the time the goods or space are received.

Advertising: The Organization expenses advertising costs as incurred.

Functional Expenses: The costs of providing the various programs and other activities of the Organization have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated between the programs and supporting services.

Income Taxes: The Organization is a not-for-profit organization which is qualified under Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes.

The Organization follows the Financial Accounting Standards Board ("FASB") interpretation, *Accounting for Uncertainty in Income Taxes*, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements. It also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods disclosure and transition. Management believes that the Organization has no material uncertainties in income taxes.

Subsequent Events: The Organization has evaluated subsequent events through November 30, 2010, when the financial statements were available to be issued.

Reclassifications: Certain reclassifications have been made to the June 30, 2009 financial statements to conform to the June 30, 2010 presentation.

Recent Accounting Pronouncements: In June 2009, FASB Accounting Standard Codification (ASC) Topic No. 105 was issued, which established the FASB Accounting Standards Codification as the single source of authoritative nongovernmental Generally Accepted Accounting Principles in the United States. The Organization has applied this guidance in the preparation of the Organization's financial statements as of June 30, 2010.

In January 2010, the FASB issued *Improving Disclosures About Fair Value Measurements.* This guidance requires organizations to disclose transfer of assets in and out of Level I and II of the fair value hierarchy, and the reasons for those transfer. This guidance is effective for the Organization beginning July 1, 2010. The adoption of this guidance is not expected to have a material impact on the Organization's financial statements.

Note 2. Noncash Investing and Financing Activities

During the year ended June 30, 2010, the Organization obtained capital leases in connection with the purchase of computer equipment totaling $189,067.

During the year ended June 30, 2010, the Organization transferred $28,947 from construction in progress to property and equipment.

Note 3. Related Party Transactions

The Organization is affiliated with 585 Lincoln Street Condominium Trust (the "Trust") by virtue of one of the Organization's board members being the sole trustee of the Trust. Some of Spectrum's programs are the sole tenant of the Trust's property and pay all of the costs incurred in occupying that property. No amounts were owed to the Trust as of June 30, 2010 and 2009.

For the years ended June 30, 2010 and 2009, respectively, the Organization paid $1,091 and $1,052 to board members for reimbursable travel and board-related expenses. There were no amounts owed to board members as of June 30, 2010 and 2009, respectively.

Note 4. Pledges Receivable

Unconditional promises to give (pledges) are included in the financial statements as pledges receivable and revenue in the appropriate net asset category. The outstanding pledge receivable balances are to be used for the Women's and Children's Center which is scheduled to be completed during the year ending June 30, 2011. Pledges receivable of $15,050 and $27,035 as of June 30, 2010 and 2009, respectively, are scheduled to be collected within one year and are classified as current.

Note 5. Property and Equipment

Property and equipment consists of the following as of June 30, 2010 and 2009:

	2010	2009
Land	**$ 1,202,875**	$ 1,202,875
Buildings and building improvements	**3,650,455**	3,507,897
Leasehold improvements	**4,548,807**	4,372,971
Furniture and equipment	**5,212,934**	4,915,562
Motor vehicles	**195,073**	183,855
	14,810,144	14,183,160
Accumulated depreciation and amortization	**8,662,903**	7,990,900
Net property and equipment	**$ 6,147,241**	$ 6,192,260

Note 6. Construction in Progress

As of June 30, 2010 and 2009, costs incurred for the construction of a new women and children's center totaled $2,787,793 and $879,772, respectively, and are reflected in the financial statements as construction in progress. It is anticipated that construction of the Women's and Children's Center will total approximately $3 million and will be completed during the year ending June 30, 2011.

Note 7. Mortgage Acquisition Costs

Included in mortgage acquisition costs as of June 30, 2010 and 2009 are $40,119 and $52,187, respectively, of deferred financing costs, net of accumulated amortization.

Note 8. Line of Credit

The Organization had a demand line of credit agreement with a bank which expired on November 1, 2010. The line of credit agreement provided for borrowings up to $850,000 at the lender's base rate plus 0.5% (3.77% as of June 30, 2010). Borrowings were secured by accounts receivable. The line was also subject to the financial and non-financial covenants imposed on long-term debt with the same lender (See Note 9). There was no outstanding balance on the line of credit as of June 30, 2010 and 2009. In November 2010, the Organization renegotiated its line of credit agreement. The new agreement expires on November 1, 2011 and provides for borrowings up to $500,000 with interest on any unpaid principal balance calculated using LIBOR plus 4.50%.

Note 9. Long-Term Debt

	2010	2009
Term note payable to NCB Capital Impact with interest based on the average yield at those dates for U.S. Treasury securities having 5-year maturities plus 3.0% (4.75% as of June 30, 2010 and 2009), payable in monthly installments of $28,179 plus interest through December 2012. The note is secured by all real estate, improvements, leases, deposits, and receivables.	**$ 773,100**	$ 2,542,393
Term note payable to NCB Capital Impact with interest based on the average yield at those date for U.S. Treasury securities having 5-year maturities plus 3.6%, rounded up to the nearest 0.125 percent (6% as of June 30, 2010), payable in monthly installments of $2,922 plus interest through June 2019. The note is secured by all real estate, improvements, leases, deposits, and receivables.	**394,278**	405,000
Note payable to an automobile finance company with interest at 0.00% per annum, payable in monthly installments of $665, to January 2010. The note was secured by a motor vehicle with depreciated costs of $7,181 as of June 30, 2010. During the year ended June 30, 2010, this note payable was repaid in full.	-	4,654
Total notes payable	**$ 1,167,378**	$ 2,952,047

Maturities of long-term debt as of June 30, 2010 are as follows:

Year ending June 30,	
2011	$ 319,026
2012	334,788
2013	155,576
2014	13,663
2015	14,517
Thereafter	329,808
	$ 1,167,378

The above term note payables and the line of credit are subject to various financial and non-financial covenants, including restrictions on maintenance of key management positions and additional indebtedness, and require the Organization to meet certain financial ratios including a minimum debt service coverage ratio and current ratio.

Note 10. Capital Lease Obligation

The Organization leases computer equipment under a capital lease obligation. This lease requires monthly payments of $5,715 beginning August 2010 through July 2013. The asset and liability under the capital lease were recorded at the fair value of the asset. The asset is being amortized over its estimated useful life and has an amortized cost of $185,915 as of June 30, 2010.

Note 10. Capital Lease Obligation (continued)

Minimum and present value of future lease payments under the capital lease agreement as of June 30, 2010 is as follows:

Year ending June 30,	
2011	$ 62,865
2012	68,580
2013	68,580
2014	5,715
Total minimum lease payments	205,740
Less amount representing interest	16,673
Present value of minimum lease payments	189,067
Less current portion	59,554
Capital lease obligation, net of current portion	$ 129,513

Note 11. Audit by the Commonwealth of Massachusetts

The Commonwealth of Massachusetts (the "Commonwealth") performed an audit of the Organization for the period January 1, 1992 through December 31, 2002. The Commonwealth reported findings in its audit report that reimbursement amounts are due from the Organization to the Commonwealth totaling approximately $17,000,000. Virtually all of the findings relate to events occurring during the previous agreement the Organization had with CiviGenics, Inc. to provide management services. That agreement was terminated by the Organization effective June 30, 2002.

Effective January 12, 2007, the Commonwealth of Massachusetts and Spectrum Health Systems, Inc. entered into a settlement agreement. As part of the settlement agreement, Spectrum Health Systems, Inc. would pay the Commonwealth of Massachusetts $3,500,000 in equal installments of $875,000 annually beginning July 2007 through July 2010, as well as incorporating various governance changes. As security for payment, the Organization had executed and delivered a note, secured by a mortgage on designated real estate property.

Included in liabilities as an amount due to the Commonwealth of Massachusetts was $804,598 as of June 30, 2009. During the year ended June 30, 2010, the Organization paid the remaining outstanding balance of $804,598. As a result, the note and secured mortgage has been released.

Note 12. Temporarily Restricted Net Assets

As of June 30, 2010 and 2009, temporarily restricted net assets were available for the following specific purposes:

	2010	2009
Construction of a Women's and Children's Center	**$ -**	$ 645,092
Use in Spectrum programs	**33,373**	33,163
	$ 33,373	$ 678,255

The Organization had met the restrictions set forth by the various donors by spending the funds on the various programs operated by the Organization during the year ended June 30, 2010 and 2009 and released a total of $728,128 and $713,118, respectively.

.

Note 13. Benefit Plans

The Organization has a qualified contributory 401(k) profit sharing plan. The plan covers substantially all eligible employees meeting certain age and service requirements. Employee contributions are voluntary and are based on specific percentages of compensation. The plan also provides for contributions by Spectrum in such amounts as the Board of Trustees may determine annually. Employee and employer contributions may not exceed maximum amounts established by the Internal Revenue Code. Spectrum made contributions of $88,658 and $87,674 to the plan for the years ended June 30, 2010 and 2009, respectively.

In addition, the Organization has a 457(b) deferred compensation plan for a key individual which was established during the year ended June 30, 2007. The plan is to be funded by the Organization annually up to a maximum contribution of $15,000. The Organization had contributed a total of $60,000 as of June 30, 2010 ($45,000 as of June 30, 2009), which is recorded as investments on the statements of financial position, net of unrealized losses of $5,308. Included in other liabilities is $60,000 and $45,000 as of June 30, 2010 and 2009, respectively.

Note 14. Operating Leases

The Organization rents program locations, vehicles and office equipment under cancelable and noncancelable operating leases through December 2014, the expenses for which were $685,840 and $951,807 for the years ended June 30, 2010 and 2009, respectively.

Future minimum lease payments on noncancelable operating leases as of June 30, 2010 are as follows:

Year ending June 30,	
2011	$ 485,378
2012	287,238
2013	140,782
2014	135,855
2015	67,928
	$ 1,117,181

Note 15. Fair Value Measurements

The following tables summarize the Organization's assets and liabilities measured at fair value on a recurring basis as of June 30, 2010 and 2009:

	Assets Measured at Fair Value on a Recurring Basis			
June 30, 2010	**Quoted Prices Level I**	**Observable Inputs Level II**	**Unobservable Inputs Level III**	**Total June 30, 2010**
Assets				
Vanguard Variable Insurance Fund - International	$ -	$ -	$ 27,826	$ 27,826
Vanguard Variable Insurance Fund – Diversified	-	-	26,866	26,866
Total assets	$ -	$ -	$ 54,692	$ 54,692

Note 15. Fair Value Measurements (continued)

The changes in assets measured at fair value for which the Organization has used Level III inputs to determine fair value are as follows:

	Vanguard Variable Insurance Fund – International	Vanguard Variable Insurance Fund - Diversified	Total
Balance as of June 30, 2009	$ 18,537	$ 17,563	$ 36,100
Changes:			
Purchases	7,500	7,500	15,000
Unrealized gains on investments	1,789	1,803	3,592
Balance as of June 30, 2010	$ 27,826	$ 26,866	$ 54,692

	Assets Measured at Fair Value on a Recurring Basis			
June 30, 2009	**Quoted Prices Level I**	**Observable Inputs Level II**	**Unobservable Inputs Level III**	**Total June 30, 2010**
Assets	$ -	$ -	$ 18,537	$ 18,537
Vanguard Variable Insurance Fund - International	-	-	-	-
Vanguard Variable Insurance Fund – Diversified	-	-	17,563	17,563
Total assets	$ -	$ -	$ 36,100	$ 36,100

The changes in assets measured at fair value for which the Organization has used Level III inputs to determine fair value are as follows:

	Vanguard Variable Insurance Fund – International	Vanguard Variable Insurance Fund - Diversified	Total
Balance as of June 30, 2008	$ 15,000	$ 15,000	$ 30,000
Changes:			
Purchases	7,500	7,500	15,000
Unrealized losses on investments	(3,963)	(4,937)	(8,900)
Balance as of June 30, 2009	$ 18,537	$ 17,563	$ 36,100

Spectrum Health Systems, Inc. and Affiliates

Combining Audited Financial Statements and Reports
Required for Audits in Accordance
with *Government Auditing Standards*
and OMB Circular A-133
June 30, 2009

McGladrey & Pullen
Certified Public Accountants

McGladrey & Pullen, LLP is a member firm of RSM International –
an affiliation of separate and independent legal entities.

Spectrum Health Systems, Inc. and Affiliates

Combining Audited Financial Statements and Reports
Required for Audits in Accordance
with *Government Auditing Standards*
and OMB Circular A-133

June 30, 2009

Contents

- Combining Audited Financial Statements
- Reports Required for Audits in Accordance with *Government Auditing Standards* and OMB Circular A-133

Spectrum Health Systems, Inc. and Affiliates

Combining Audited Financial Statements
June 30, 2009

Contents

Independent Auditor's Report
on the Combining Financial Statements

Combining Financial Statements
- Combining statements of financial position
- Combining statements of activities
- Combining statements of functional expenses
- Combining statements of cash flows
- Notes to combining financial statements
- Supplemental schedules

McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report

Boards of Trustees
Spectrum Health Systems, Inc. and Affiliates
Worcester, Massachusetts

We have audited the accompanying combining statements of financial position of Spectrum Health Systems, Inc. and Affiliates as of June 30, 2009 and 2008, and the related combining statements of activities, functional expenses, and cash flows for the years then ended. These combining financial statements are the responsibility of Spectrum Health Systems, Inc. and Affiliates' management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combining financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the combining financial statements referred to above present fairly, in all material respects, the combining financial position of Spectrum Health Systems, Inc. and Affiliates as of June 30, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated November 20, 2009 on our consideration of Spectrum Health Systems, Inc. and Affiliates' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic combining financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic combining financial statements taken as whole.

McGladrey & Pullen, LLP

Burlington, Massachusetts
November 20, 2009

McGladrey & Pullen, LLP is a member firm of RSM International –
an affiliation of separate and independent legal entities.

Spectrum Health Systems, Inc. and Affiliates

Combining Statements of Financial Position
June 30, 2009 and 2008

	2009					2008				
Assets	Spectrum Health Systems, Inc.	Spectrum Development Corporation	Spectrum Charitable Foundation, Inc.	Eliminations	Total	Spectrum Health Systems, Inc.	Spectrum Development Corporation	Spectrum Charitable Foundation, Inc.	Eliminations	Total
Current Assets										
Cash and cash equivalents	$ 14,229,047	$ -	$ -	$ -	$ 14,229,047	$ 12,032,943	$ 10,660	$ 544,691	$ -	$ 12,588,294
Accounts receivable, net of allowance of $344,283 and $332,773 as of June 30, 2009 and 2008, respectively (Note 7)	4,121,572	-	-	-	4,121,572	4,601,608	-	-	-	4,601,608
Pledges receivable, net (Note 3)	27,035	-	-	-	27,035	-	-	52,235	-	52,235
Prepaid expenses and other assets	181,305	-	-	-	181,305	130,508	-	-	-	130,508
Due from affiliate (Note 2)	-	-	-	-	-	7,583	51,398	-	(58,981)	-
Total current assets	18,558,959	-	-	-	18,558,959	16,772,642	62,058	596,926	(58,981)	17,372,645
Cash restricted for property and equipment (Notes 4 and 5)	645,092	-	-	-	645,092	-	-	1,090,096	-	1,090,096
Property and equipment, net (Note 4)	6,192,260	-	-	-	6,192,260	4,337,381	1,756,512	-	-	6,093,893
Construction in progress (Note 5)	879,722	-	-	-	879,722	28,074	225,959	-	-	254,033
Mortgage acquisition costs, net (Note 6)	52,187	-	-	-	52,187	56,179	-	-	-	56,179
Other assets (Note 11)	36,100	-	-	-	36,100	30,000	-	-	-	30,000
Total assets	$ 26,364,320	$ -	$ -	$ -	$ 26,364,320	$ 21,224,276	$ 2,044,529	$ 1,687,022	$ (58,981)	$ 24,896,846
Liabilities and Net Assets										
Current Liabilities										
Accounts payable	$ 792,966	$ -	$ -	$ -	$ 792,966	$ 624,815	$ -	$ -	$ -	$ 624,815
Due to affiliate (Note 2)	-	-	-	-	-	51,398	-	7,583	(58,981)	-
Accrued expenses and other current liabilities (Note 11)	2,434,858	-	-	-	2,434,858	2,369,057	-	-	-	2,369,057
Deferred revenue	-	-	-	-	-	430	-	-	-	430
Current portion of long-term debt (Note 8)	235,895	-	-	-	235,895	192,768	-	-	-	192,768
Current portion of amount due to Commonwealth of Massachusetts (Note 9)	804,598	-	-	-	804,598	739,860	-	-	-	739,860
Total current liabilities	4,268,317	-	-	-	4,268,317	3,978,328	-	7,583	(58,981)	3,926,930
Long-Term Liabilities										
Long-term debt (Note 8)	2,716,152	-	-	-	2,716,152	2,551,247	-	-	-	2,551,247
Long-term portion of amount due to Commonwealth of Massachusetts (Note 9)	-	-	-	-	-	804,598	-	-	-	804,598
Total liabilities	6,984,469	-	-	-	6,984,469	7,334,173	-	7,583	(58,981)	7,282,775
Commitments and Contingencies (Notes 5, 9 and 12)										
Net Assets										
Unrestricted	18,701,596	-	-	-	18,701,596	13,853,352	2,044,529	452,168	-	16,350,049
Temporarily restricted (Note 10)	678,255	-	-	-	678,255	36,751	-	1,227,271	-	1,264,022
Total net assets	19,379,851	-	-	-	19,379,851	13,890,103	2,044,529	1,679,439	-	17,614,071
Total liabilities and net assets	$ 26,364,320	$ -	$ -	$ -	$ 26,364,320	$ 21,224,276	$ 2,044,529	$ 1,687,022	$ (58,981)	$ 24,896,846

See Notes to Combining Financial Statements.

Spectrum Health Systems, Inc. and Affiliates

Combining Statements of Activities
Years Ended June 30, 2009 and 2008

2009	Spectrum Health Systems, Inc.			Spectrum Development Corporation	Spectrum Charitable Foundation, Inc.				
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Unrestricted	Temporarily Restricted	Total	Eliminations	Combined Totals
Public Support and Revenues									
Contract revenue	$ 40,181,212	$ -	$ 40,181,212	$ -	$ -	$ -	$ -	$ -	$ 40,181,212
Gifts and contributions	21,392	10,000	31,392	-	63,560	78,370	141,930	-	173,322
Interest income	193,418	-	193,418	12	7,085	-	7,085	-	200,515
Unrealized loss on investments	(21,957)	-	(21,957)	-	-	-	-	-	(21,957)
Other revenue	33,162	38,981	72,143	-	-	-	-	-	72,143
Released from restriction (Note 10)	42,569	(42,569)	-	-	670,549	(670,549)	-	-	-
Total public support and revenues	40,449,796	6,412	40,456,208	12	741,194	(592,179)	149,015	-	40,605,235
Expenses									
Program services	35,198,921	-	35,198,921	-	-	-	-	-	35,198,921
Management and general	3,486,808	-	3,486,808	-	-	-	-	-	3,486,808
Fundraising	134,436	-	134,436	-	19,290	-	19,290	-	153,726
Total expenses	38,820,165	-	38,820,165	-	19,290	-	19,290	-	38,839,455
Change in net assets	1,629,631	6,412	1,636,043	12	721,904	(592,179)	129,725	-	1,765,780
Net assets - beginning of year	13,853,352	36,751	13,890,103	2,044,529	452,168	1,227,271	1,679,439	-	17,614,071
Transfer of net assets (Note 13)	3,218,613	635,092	3,853,705	(2,044,541)	(1,174,072)	(635,092)	(1,809,164)	-	-
Net assets - end of year	$ 18,701,596	$ 678,255	$ 19,379,851	$ -	$ -	$ -	$ -	$ -	$ 19,379,851

2008	Spectrum Health Systems, Inc.			Spectrum Development Corporation	Spectrum Charitable Foundation, Inc.				
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Unrestricted	Temporarily Restricted	Total	Eliminations	Combined Totals
Public Support and Revenues									
Contract revenue	$ 41,791,922	$ -	$ 41,791,922	$ -	$ -	$ -	$ -	$ -	$ 41,791,922
Gifts and contributions	79,636	-	79,636	-	54,783	84,125	138,908	-	218,544
Interest income	271,955	-	271,955	110	31,569	-	31,569	-	303,634
Realized gain on sale of investment	678,699	-	678,699	-	-	-	-	-	678,699
Loss on sale of property and equipment	(279)	-	(279)	-	-	-	-	-	(279)
Other revenue	43,519	36,751	80,270	51,398	-	-	-	(51,398)	80,270
Released from restriction (Note 10)	14,321	(14,321)	-	-	-	-	-	-	-
Total public support and revenues	42,879,773	22,430	42,902,203	51,508	86,352	84,125	170,477	(51,398)	43,072,790
Expenses									
Program services	35,304,576	-	35,304,576	-	-	-	-	-	35,304,576
Management and general	3,323,270	-	3,323,270	51,648	26,000	-	26,000	(51,398)	3,349,520
Fundraising	143,532	-	143,532	-	12,026	-	12,026	-	155,558
Total expenses	38,771,378	-	38,771,378	51,648	38,026	-	38,026	(51,398)	38,809,654
Change in net assets	4,108,395	22,430	4,130,825	(140)	48,326	84,125	132,451	-	4,263,136
Net assets - beginning of year	9,744,957	14,321	9,759,278	2,044,669	403,842	1,143,146	1,546,988	-	13,350,935
Net assets - end of year	$ 13,853,352	$ 36,751	$ 13,890,103	$ 2,044,529	$ 452,168	$ 1,227,271	$ 1,679,439	$ -	$ 17,614,071

See Notes to Combining Financial Statements.

Spectrum Health Systems, Inc. and Affiliates

Combining Statement of Functional Expenses
Year Ended June 30, 2009

	Spectrum Health Systems, Inc.											
	Substance Abuse Services Inpatient	Substance Abuse Services Outpatient	Corrections Services	Adolescent Services	Total Program Services	Management and General	Fundraising	Total	Spectrum Development Corporation	Spectrum Charitable Foundation, Inc.	Eliminations	Combined Totals
Salaries	$ 4,119,725	$ 3,517,084	$ 9,468,328	$ 5,101,567	$ 22,206,704	$ 2,182,145	$ 109,766	$ 24,498,615	$ -	$ -	$ -	$ 24,498,615
Payroll taxes	406,953	329,693	830,920	508,676	2,076,242	179,466	9,753	2,265,461	-	-	-	2,265,461
Employee benefits (Note 11)	495,657	317,091	1,299,489	596,633	2,708,870	238,145	1,710	2,948,725	-	-	-	2,948,725
	5,022,335	4,163,868	11,598,737	6,206,876	26,991,816	2,599,756	121,229	29,712,801	-	-	-	29,712,801
Occupancy (Note 12)	523,485	1,028,641	204,287	522,403	2,278,816	226,716	-	2,505,532	-	-	-	2,505,532
Professional fees	133,887	276,252	487,608	29,888	927,635	313,087	880	1,241,602	-	1,470	-	1,243,072
Administrative expense	311,494	680,863	357,436	60,107	1,409,900	(132,653)	9,708	1,286,955	-	16,707	-	1,303,662
Depreciation and amortization	282,131	213,863	34,352	136,202	666,548	76,733	-	743,281	-	-	-	743,281
Food and donations	627,487	10,078	134,915	101,494	873,974	100	-	874,074	-	1,113	-	875,187
Transportation (Note 12)	96,648	40,586	299,430	118,247	554,911	69,165	1,022	625,098	-	-	-	625,098
Medical service and supply	99,153	398,002	24,039	2,424	523,618	-	-	523,618	-	-	-	523,618
Insurance	86,641	45,740	125,657	115,824	373,862	17,770	744	392,376	-	-	-	392,376
Interest	-	-	-	-	-	284,802	-	284,802	-	-	-	284,802
Program supplies	178,009	39,692	27,911	42,605	288,217	2,860	336	291,413	-	-	-	291,413
Bad debt expense	16,346	131,050	-	(32)	147,364	-	-	147,364	-	-	-	147,364
Education and training	25,205	17,301	80,748	12,324	135,578	28,472	517	164,567	-	-	-	164,567
Grant expense	9,785	1,080	15,817	-	26,682	-	-	26,682	-	-	-	26,682
Total expenses	$ 7,412,606	$ 7,047,016	$ 13,390,937	$ 7,348,362	$ 35,198,921	$ 3,486,808	$ 134,436	$ 38,820,165	$ -	$ 19,290	$ -	$ 38,839,455

See Notes to Combining Financial Statements.

Spectrum Health Systems, Inc. and Affiliates

Combining Statement of Functional Expenses
Year Ended June 30, 2008

	Spectrum Health Systems, Inc.											
	Substance Abuse Services Inpatient	Substance Abuse Services Outpatient	Corrections Services	Adolescent Services	Total Program Services	Management and General	Fundraising	Total	Spectrum Development Corporation	Spectrum Charitable Foundation, Inc.	Eliminations	Combined Totals
Salaries	$ 3,582,151	$ 3,145,080	$ 8,646,355	$ 7,335,901	$ 22,709,487	$ 2,028,234	$ 110,188	$ 24,847,909	$ -	$ -	$ -	$ 24,847,909
Payroll taxes	346,797	296,117	767,790	700,593	2,111,297	153,917	9,577	2,274,791	-	-	-	2,274,791
Employee benefits (Note 11)	374,919	292,901	952,549	761,232	2,381,601	181,627	7,249	2,570,477	-	-	-	2,570,477
	4,303,867	3,734,098	10,366,694	8,797,726	27,202,385	2,363,778	127,014	29,693,177	-	-	-	29,693,177
Occupancy (Note 12)	456,086	881,951	124,540	558,155	2,020,732	228,518	-	2,249,250	-	-	-	2,249,250
Professional fees	129,779	201,813	556,057	293,682	1,181,331	303,462	-	1,484,793	250	470	-	1,485,513
Administrative expense	285,717	647,865	402,647	121,863	1,458,092	(185,930)	13,341	1,285,503	-	10,606	-	1,296,109
Depreciation and amortization	266,768	182,231	27,232	96,089	572,320	140,355	-	712,675	51,398	-	(51,398)	712,675
Food and donations	444,482	2,440	50,496	209,389	706,807	71	-	706,878	-	200	-	707,078
Transportation (Note 12)	96,099	30,692	253,224	157,909	537,924	80,088	1,977	619,989	-	-	-	619,989
Medical service and supply	78,175	436,445	17,053	10,976	542,649	-	-	542,649	-	-	-	542,649
Insurance	76,119	44,120	92,099	167,408	379,746	17,469	569	397,784	-	-	-	397,784
Interest	-	-	-	-	-	357,571	-	357,571	-	-	-	357,571
Program supplies	147,647	14,807	39,408	84,425	286,287	1,988	53	288,328	-	-	-	288,328
Bad debt expense	48,622	149,588	-	32	198,242	-	-	198,242	-	26,000	-	224,242
Education and training	9,183	10,359	136,518	25,034	181,094	15,900	112	197,106	-	-	-	197,106
Grant expense	9,750	3,490	14,545	9,182	36,967	-	466	37,433	-	750	-	38,183
Total expenses	$ 6,352,294	$ 6,339,899	$ 12,080,513	$ 10,531,870	$ 35,304,576	$ 3,323,270	$ 143,532	$ 38,771,378	$ 51,648	$ 38,026	$ (51,398)	$ 38,809,654

See Notes to Combining Financial Statements.

Spectrum Health Systems, Inc. and Affiliates

Combining Statements of Cash Flows
Years Ended June 30, 2009 and 2008

	2009					2008				
	Spectrum Health Systems, Inc.	Spectrum Development Corporation	Spectrum Charitable Foundation, Inc.	Eliminations	Total	Spectrum Health Systems, Inc.	Spectrum Development Corporation	Spectrum Charitable Foundation, Inc.	Eliminations	Total
Cash Flows from Operating Activities:										
Change in net assets	$ 1,636,043	$ 12	$ 129,725	$ -	$ 1,765,780	$ 4,130,825	$ (140)	$ 132,451	$ -	$ 4,263,136
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:										
Depreciation and amortization	743,281	-	-	-	743,281	661,277	51,398	-	-	712,675
Contributions restricted for purchase of property and equipment	(10,000)	-	(77,450)	-	(87,450)	(82,825)	-	-	-	(82,825)
Transfer of affiliates to Spectrum Health Systems, Inc.	781,138	(62,070)	(719,068)	-	-	-	-	-	-	-
Loss on sale of property and equipment	-	-	-	-	-	279	-	-	-	279
Unrealized loss on investments	21,957	-	-	-	21,957	-	-	-	-	-
Change in accounts receivable	466,979	-	-	-	466,979	(1,176,939)	-	-	-	(1,176,939)
Change in pledge receivable	(27,035)	-	52,235	-	25,200	-	-	52,750	-	52,750
Change in prepaid expenses	(50,797)	-	-	-	(50,797)	99,201	-	-	-	99,201
Change in other assets	(15,000)	-	-	-	(15,000)	(15,000)	-	-	-	(15,000)
Change in due from affiliate	7,583	51,398	-	(58,981)	-	(2,150)	(51,398)	-	53,548	-
Change in accounts payable	168,151	-	-	-	168,151	(254,715)	-	-	-	(254,715)
Change in accrued expenses and other current liabilities	65,801	-	-	-	65,801	(14,914)	-	-	-	(14,914)
Change in due to affiliate	(51,398)	-	(7,583)	58,981	-	51,398	-	2,150	(53,548)	-
Change in deferred revenue	(430)	-	-	-	(430)	430	-	-	-	430
Total adjustments	2,100,230	(10,672)	(751,866)	-	1,337,692	(733,958)	-	54,900	-	(679,058)
Net cash provided by (used in) operating activities	3,736,273	(10,660)	(622,141)	-	3,103,472	3,396,867	(140)	187,351	-	3,584,078
Cash Flows from Investing Activities										
Purchases of property and equipment	(837,656)	-	-	-	(837,656)	(471,542)	-	-	-	(471,542)
Investment of cash restricted for purchase of equipment	445,004	-	-	-	445,004	-	-	(109,575)	-	(109,575)
Cash paid for construction in progress	(625,689)	-	-	-	(625,689)	(22,264)	-	-	-	(22,264)
Net cash used in investing activities	(1,018,341)	-	-	-	(1,018,341)	(493,806)	-	(109,575)	-	(603,381)
Cash Flows from Financing Activities										
Borrowings of long-term debt	405,000	-	-	-	405,000	-	-	-	-	-
Payments of long-term debt	(196,968)	-	-	-	(196,968)	(181,422)	-	-	-	(181,422)
Payments of Commonwealth of Massachusetts settlement	(739,860)	-	-	-	(739,860)	(680,331)	-	-	-	(680,331)
Contributions restricted for purchase of property and equipment	10,000	-	77,450	-	87,450	82,825	-	-	-	82,825
Net cash provided by (used in) financing activities	(521,828)	-	77,450	-	(444,378)	(778,928)	-	-	-	(778,928)
Change in cash and cash equivalents	2,196,104	(10,660)	(544,691)	-	1,640,753	2,124,133	(140)	77,776	-	2,201,769
Cash and Cash Equivalents:										
Beginning of year	12,032,943	10,660	544,691	-	12,588,294	9,908,810	10,800	466,915	-	10,386,525
End of year	$ 14,229,047	$ -	$ -	$ -	$ 14,229,047	$ 12,032,943	$ 10,660	$ 544,691	$ -	$ 12,588,294
Supplemental Disclosures of Cash Flow Information										
Cash paid during year for interest	$ 285,716	$ -	$ -	$ -	$ 285,716	$ 358,401	$ -	$ -	$ -	$ 358,401

See Notes to Combining Financial Statements.

Note 1. Nature of Activities and Significant Accounting Policies

Nature of Activities: The combining financial statements of Spectrum Health Systems, Inc. and Affiliates (the "Organization") include the accounts of Spectrum Health Systems, Inc. ("Spectrum"), Spectrum Development Corporation ("Development") and Spectrum Charitable Foundation, Inc. ("Foundation"). These entities were affiliated through common management and control.

- Spectrum Health Systems, Inc. is a not-for-profit organization that provides residential and outpatient substance abuse treatment and rehabilitation, and conducts related research and provides mental health counseling and treatment.

- Spectrum Development Corporation was a not-for-profit corporation whose sole purpose is to maintain property used by Spectrum.

- Spectrum Charitable Foundation, Inc. was a not-for-profit corporation established to perform fundraising activities to benefit Spectrum.

During the year ended June 30, 2009, Spectrum Development Corporation and Spectrum Charitable Foundation, Inc. merged their operations into Spectrum Health Systems, Inc. and transferred any remaining net assets into Spectrum Health Systems, Inc.

A summary of the Organization's significant accounting policies follows:

Basis of Combination: The combining financial statements of Spectrum Health Systems, Inc. and Affiliates ("the Organization") have been prepared on the accrual basis. All significant intercompany account balances and transactions have been eliminated in combination.

Classification and Reporting of Net Assets: The Organization's financial statement presentation follows the requirements of the Financial Accounting Standards Board ("FASB") in its Statement of Financial Accounting Standards ("SFAS") No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. A description of the three net asset classes follows:

- Unrestricted net assets represent the portion of net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations.

- Permanently restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by actions of the Organization. There are no permanently restricted net assets.

Use of Estimates in Preparation of Financial Statements: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Note 1. Nature of Activities and Significant Accounting Policies (continued)

Cash and Cash Equivalents: The Organization defines cash equivalents as short-term, highly liquid investments with original maturities of three months or less. The Organization maintains its cash in bank deposit accounts, which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts Receivable: Certain third party payers reimburse Spectrum based on a unit rate reimbursement formula. Spectrum estimates and excludes from revenue the difference, if any, between full charge and third party defined costs in the period services are rendered. Differences, if any, between Spectrum's estimate of the contractual allowance and the final settlement by the third party payer are recognized as an adjustment to revenue in the period of final settlement.

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

Property and Equipment: Property and equipment is recorded at cost or, if received by donation, at estimated fair market value at the time such properties were received. Depreciation and amortization is provided on a straight-line basis over the estimated useful lives of the respective assets as follows:

Description	Years
Buildings	28-40
Building and leasehold improvements	2-30
Furniture and equipment	3-10
Motor vehicles	5-7

Leasehold improvements are amortized over the terms of the underlying lease.

Expenditures for major renewals and improvements are capitalized, while expenditures for maintenance and repairs are expensed as incurred.

Construction in Progress: Costs associated with on-going projects are accumulated until completion. The completed asset is then depreciated over its estimated useful life once placed in service.

Mortgage Acquisition Costs: Mortgage acquisition costs consist of deferred financing costs which are being amortized on a straight line basis over the life of the loan (10 years).

Revenue Recognition: The programs of the Organization are principally supported by the Massachusetts Department of Public Heath, the Massachusetts Department of Youth Services, the Massachusetts Department of Corrections, and other government sources. Revenue is recorded as services are provided in individual programs at the rates approved by the Massachusetts Operational Services Division for Massachusetts programs, and as negotiated for out-of-state contracts. Additionally, the Organization derives service revenue and client service fees through third party billing and Medicaid.

Note 1. Nature of Activities and Significant Accounting Policies (continued)

Revenue Recognition (continued): The Organization is also subject to the regulations of the Massachusetts Executive Office for Administration and Finance Operational Services Division ("OSD"). Excess of revenue over expenses from the Commonwealth of Massachusetts supported programs, up to certain defined limits, can be utilized by the Organization for expenditures in accordance with its exempt purposes provided such expenditures are reimbursable under OSD regulations.

Contributions: Contributions, including unconditional promises to give, are recognized as revenues in the period the promise is received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at estimated fair market value.

Contributions to be received after one year are discounted at a risk free rate once an appropriate allowance for doubtful collections has been determined. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution, and nature of fund-raising activity. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues of the temporarily restricted net asset class. A reclassification to unrestricted net assets is made to reflect the expiration of such restrictions.

Contributions of property and equipment without donor stipulations concerning the use of such long-lived assets are reported as revenues of the unrestricted net asset class. Contributions of cash or other assets with donor stipulations that such assets are to be used to acquire property and equipment are reported as revenues of the temporarily restricted net asset class; the restrictions are considered to be released at the time of acquisition of such long-lived assets.

Contributions of services are reported as revenues and expenses of the unrestricted net asset class at the fair value of the services received only if the services create or enhance a non-financial asset or would typically need to be purchased by the Organization if they had not been provided by individuals with those skills. Contributions of goods and space to be used in program operations are reported as revenues and expenses of the unrestricted net asset class at the time the goods or space are received.

Advertising: The Organization expenses advertising costs as incurred.

Functional Expenses: The costs of providing the various programs and other activities of the Organization have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated between the programs and supporting services.

Income Taxes: Spectrum, Foundation, and Development are not-for-profit organizations which are qualified under Sections 501(c)(3) and 501(c)(2) of the Internal Revenue Code and are exempt from federal and state income taxes.

Note 1. Nature of Activities and Significant Accounting Policies (continued)

Recent Accounting Pronouncements: In July 2006, the FASB issued Interpretation No. 48, *Accounting for Uncertainty in Income Taxes* ("FIN 48"). FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements in accordance with SFAS No. 109, *Accounting for Income Taxes.* FIN 48 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. FIN 48 also provides guidance on derecognition of tax benefits, classification on the balance sheet, interest and penalties, accounting in interim periods, disclosure, and transition.

In December 2008, the FASB provided for a deferral of the effective date of FIN 48 for certain nonpublic enterprises to annual financial statements for fiscal years beginning after December 15, 2008. The Organization has elected this deferral and accordingly will be required to adopt FIN 48 in its 2010 annual financial statements. Prior to adoption of FIN 48, the Organization will continue to evaluate its uncertain tax positions and related income tax contingencies under SFAS No. 5, *Accounting for Contingencies.* SFAS No. 5 requires the Organization to accrue for losses it believes are probable and can be reasonably estimated. Management is currently assessing the impact of FIN 48 on its financial position and results of operations and has not yet determined if the adoption of FIN 48 will have a material effect on its financial statements.

In June 2009, the FASB issued SFAS No. 168, *The FASB Accounting Standards Codification (the "Codification") and the Hierarchy of Generally Accepted Accounting Principles*, as the single source of authoritative nongovernmental Generally Accepted Accounting Principles in the United States. The Codification will be effective for interim and annual periods ending after September 15, 2009. Upon the effective date, the Codification will be the single source of authoritative accounting principles to be applied by all nongovernmental U.S. entities. All other accounting literature not included in the Codification will be nonauthoritative.

Note 2. Related Party Transactions

The Organization is affiliated with 585 Lincoln Street Condominium Trust (the "Trust") by virtue of one of the Organization's board members being the sole trustee of the Trust. Some of Spectrum's programs are the sole tenant of the Trust's property and pay all of the costs incurred in occupying that property. No amounts were owed to the Trust as of June 30, 2009 and 2008.

Spectrum was the sole tenant of Spectrum Development Corporation's ("Development") property and paid all of the costs incurred in occupying that property. Development did not charge Spectrum rent for use of this property and neither Spectrum nor Development could estimate, and therefore did not record, the fair value of the use of this property.

For the years ended June 30, 2009 and 2008, respectively, the Organization paid $1,052 and $1,037 to board members for reimbursable travel and board-related expenses. There were no amounts owed to board members as of June 30, 2009 and 2008, respectively.

Note 3. Pledges Receivable

Unconditional promises to give (pledges) are included in the financial statements as pledges receivable and revenue in the appropriate net asset category. The outstanding pledge receivable balances are to be used for the Women's and Children's Center which is scheduled to be completed during the year ending June 30, 2010.

As of June 30, 2009 and 2008, pledges receivable consists of the following:

	2009	2008
Unconditional promises to be collected in:		
One year or less	$ 27,035	$ 78,235
Less: Allowance for uncollectible pledges	-	(26,000)
Net contributions and grants receivable	$ 27,035	$ 52,235

Note 4. Property and Equipment

Property and equipment consists of the following as of June 30, 2009 and 2008:

	2009			
	Spectrum	Development	Foundation	Totals
Land	$ 1,202,875	$ -	$ -	$ 1,202,875
Buildings and building improvements	3,507,897	-	-	3,507,897
Leasehold improvements	4,372,971	-	-	4,372,971
Furniture and equipment	4,915,562	-	-	4,915,562
Motor vehicles	183,855	-	-	183,855
	14,183,160	-	-	14,183,160
Accumulated depreciation and amortization	7,990,900	-	-	7,990,900
Net property and equipment	$ 6,192,260	$ -	$ -	$ 6,192,260

	2008			
	Spectrum	Development	Foundation	Totals
Land	$ 660,000	$ 542,875	$ -	$ 1,202,875
Buildings and building improvements	1,286,512	1,887,763	-	3,174,275
Leasehold improvements	4,256,984	19,228	-	4,276,212
Furniture and equipment	4,739,885	-	2,395	4,742,280
Motor vehicles	175,583	-	-	175,583
	11,118,964	2,449,866	2,395	13,571,225
Accumulated depreciation and amortization	6,781,583	693,354	2,395	7,477,332
Net property and equipment	$ 4,337,381	$ 1,756,512	$ -	$ 6,093,893

Note 5. Construction in Progress

As of June 30, 2009 and 2008, costs incurred for the construction of a new women and children's center totaled $879,772 and $254,033, respectively, and are reflected in the combining financial statements as construction in progress. It is anticipated that construction of the Women's and Children's Center will total approximately $2.5 million and will be completed during the year ending June 30, 2010.

Note 6. Mortgage Acquisition Costs

Included in mortgage acquisition costs as of June 30, 2009 and 2008 are $52,187 and $56,179, respectively, of deferred financing costs, net of accumulated amortization, related to obtaining debt.

Note 7. Line of Credit

The Organization had a demand line of credit agreement with a bank which expired on September 1, 2009. The line of credit agreement provided for borrowings up to $850,000 at the lender's base rate plus 0.5% (3.3275% as of June 30, 2009). Borrowings were secured by accounts receivable. The line was also subject to the financial and non-financial covenants imposed on long-term debt with the same lender (See Note 8). There was no outstanding balance on the line of credit as of June 30, 2009 and 2008. The Organization is currently negotiating with the bank regarding an extension of the line of credit agreement.

Note 8. Long-Term Debt

	2009	2008
Term note payable to NCB Capital Impact (formerly National Cooperative Bank) with interest being fixed for a 5-year period beginning on March 31, 2004 and is based on the average yield at those dates for U.S. Treasury securities having 5-year maturities plus 3% (4.75% as of June 30, 2009), payable in monthly installments of $28,179 plus interest through March 2014. The note is secured by all real estate, improvements, leases, deposits, and receivables.	$ 2,542,393	$ 2,731,382
Term note payable to NCB Capital Impact (formerly National Cooperative Bank) with interest based on the average yield at those date for U.S. Treasury securities having 5-year maturities plus 3.600%, rounded up to the nearest 0.125 percent (6% as of June 30, 2009), payable in monthly installments of $2,922 plus interest through June 2019. The note is secured by all real estate, improvements, leases, deposits, and receivables.	405,000	-
Note payable to an automobile finance company with interest at 0.00% per annum, payable in monthly installments of $665, to January 2010. The note is secured by a motor vehicle with depreciated costs of $11,968 as of June 30, 2009.	4,654	12,633
Total notes payable	$ 2,952,047	$ 2,744,015

Maturities of long-term debt as of June 30, 2009 are as follows:

Year ending June 30,	
2010	$ 235,895
2011	242,769
2012	254,552
2013	267,568
2014	1,606,938
Thereafter	344,325
	$ 2,952,047

Note 8. Long-Term Debt (continued)

The above term note payables and the line of credit are subject to various financial and non-financial covenants, including restrictions on maintenance of key management positions and additional indebtedness, and require the Organization to meet certain financial ratios.

Note 9. Audit by the Commonwealth of Massachusetts

The Commonwealth of Massachusetts (the "Commonwealth") performed an audit of Spectrum for the period January 1, 1992 through December 31, 2002. The Commonwealth reported findings in its audit report that reimbursement amounts are due from Spectrum to the Commonwealth totaling approximately $17,000,000. Virtually all of the findings relate to events occurring during the previous agreement Spectrum had with CiviGenics, Inc. to provide management services. That agreement was terminated by Spectrum effective June 30, 2002.

Effective January 12, 2007, the Commonwealth of Massachusetts and Spectrum Health Systems, Inc. entered into a settlement agreement. As part of the settlement agreement, Spectrum Health Systems, Inc. will pay the Commonwealth of Massachusetts $3,500,000 in equal installments of $875,000 annually beginning July 2007 through July 2010, as well as incorporating various governance changes. As security for payment, Spectrum has executed and delivered a note, secured by a mortgage on designated real estate property.

Included in liabilities as an amount due to the Commonwealth of Massachusetts is $804,598 and $1,544,458 as of June 30, 2009 and 2008, respectively, related to the settlement agreement with the Commonwealth of Massachusetts which reflects the present value of the sum of all annual payments using an implicit interest rate of 8.75%. The entire balance outstanding as of June 30, 2009 will be paid within one year and is classified as current.

Note 10. Temporarily Restricted Net Assets

As of June 30, 2009 and 2008, temporarily restricted net assets were available for the following specific purposes:

	2009	2008
Construction of a Women's and Children's Center	$ 645,092	$ 1,168,331
Use in Spectrum programs	33,163	95,691
	$ 678,255	$ 1,264,022

The Organization had met the restrictions set-forth by the various donors by spending the funds on the various programs operated by the Organization during the year ended June 30, 2009 and released a total of $713,118.

Note 11. Benefit Plans

Spectrum has a qualified contributory 401(k) profit sharing plan. The plan covers substantially all eligible employees meeting certain age and service requirements. Employee contributions are voluntary and are based on specific percentages of compensation. The plan also provides for contributions by Spectrum in such amounts as the Board of Trustees may determine annually. Employee and employer contributions may not exceed maximum amounts established by the Internal Revenue Code. Spectrum made contributions of $87,674 and $82,035 to the plan for the years ended June 30, 2009 and 2008, respectively.

In addition, the Organization has a 457(b) deferred compensation plan for a key individual which was established during the year ended June 30, 2007. The plan is to be funded by the Organization annually up to a maximum contribution of $15,000. The Organization had contributed a total of $45,000 as of June 30, 2009 ($30,000 as of June 30, 2008), which is recorded as other assets on the combining statements of financial position, net of unrealized losses of $8,900. Included in accrued expenses related to this plan is $45,000 as of June 30, 2009.

Note 12. Operating Leases

The Organization rents program locations, vehicles and office equipment under cancelable and noncancelable operating leases through June 2013, the expenses for which were $951,807 and $893,217 for the years ended June 30, 2009 and 2008, respectively.

Future minimum lease payments on noncancelable operating leases as of June 30, 2009 are as follows:

Year ending June 30,	
2010	$ 430,007
2011	333,586
2012	170,494
2013	104,160
	$ 1,038,247

Note 13. Transfer of Net Assets

As of October 20, 2008, Spectrum Health Systems, Inc. and Spectrum Development Corporation merged their operations together, with Spectrum Health Systems, Inc. as the surviving organization. As a result, net assets of $2,044,541 were transferred to Spectrum Health Systems, Inc. at the time of the merger.

As of June 30, 2009, Spectrum Health Systems, Inc. and Spectrum Charitable Foundation, Inc. merged their operations together, with Spectrum Health Systems, Inc. as the surviving organization. As a result, net assets of $1,809,164 were transferred to Spectrum Health Systems, Inc. at the time of the merger.

Note 14. Subsequent Events

In July 2009, the Organization obtained a contract with the State of Washington Department of Corrections. Under this contract, the Organization will earn approximately $9 million in contract revenue during the year ending June 30, 2010.

The Organization evaluated subsequent events through November 20, 2009 when the financial statements were available to be issued.

Spectrum Health Systems, Inc. and Affiliates

Reports Required for Audits in Accordance with
Government Auditing Standards and OMB Circular A-133

June 30, 2009

Schedule of Expenditures of Federal Awards

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control Over Compliance in Accordance with OMB Circular A-133

Schedule of Findings and Questioned Costs

Summary Schedule of Prior Audit Findings

Spectrum Health Systems, Inc. and Affiliates

Schedule of Expenditures of Federal Awards
Year Ended June 30, 2009

Federal Grantor/Pass-through Grantor/Program Title	Federal CFDA Number	Federal Expenditures
Major Programs		
U.S. Department of Health and Human Services		
Passed through Commonwealth of Massachusetts Department of Public Health		
Prevention and Treatment of Substance Abuse		
9DEFI2008MM345129069	93.959	$ 14,624
INTF2303MM3900617067	93.959	77,566
INTF2352M03807014006	93.959	45,000
INTF2352M03807014007	93.959	7,883
SCDPH230153581310000	93.959	33,754
SCDPH231853620250000	93.959	360,538
SCDPH234853570200000	93.959	201,252
		740,617
U.S. Department of Justice		
Passed through Tennessee Department of Corrections		
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program / Grants to States and Territories	16.803	395,202
Total Major Programs		1,135,819
U.S. Department of Justice		
Passed through Georgia Department of Corrections		
Byrne Formula Grant Program		
INTF3409XM3500209075	16.579	729
Passed through Massachusetts Department of Youth Services		
SCDYS942260510063008	16.738	20,120
Passed through Massachusetts Department of Corrections		
1000SPECTRUMHLTHSYST	16.393	10,375
Passed through Maine Department of Corrections		
Residential Substance Abuse Treatment for State Prisoners	16.593	40,151
Passed through Rhode Island Department of Corrections		
Residential Substance Abuse Treatment for State Prisoners	16.593	27,567
		67,718
U.S. Department of Education		
Passed through Massachusetts Department of Education		
National School Lunch Program		
SCDOE9758GF9IN109844	10.555	25,009
SCDOE9758NF8IN109844	10.555	8,916
		33,925
Total Other Federal Programs		132,867
Total Expenditures of Federal Awards		$ 1,268,686

Spectrum Health Systems, Inc. and Affiliates

Schedule of Expenditures of Federal Awards (continued)
Year Ended June 30, 2009

Notes to the Schedule of Expenditures of Federal Awards

Note A: Basis of presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Spectrum Health Systems, Inc. and Affiliates and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

McGladrey & Pullen
Certified Public Accountants

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Boards of Trustees
Spectrum Health Systems, Inc. and Affiliates
Worcester, Massachusetts

We have audited the combining financial statements of Spectrum Health Systems, Inc. and Affiliates as of and for the year ended June 30, 2009, and have issued our report thereon dated November 20, 2009. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting
In planning and performing our audit, we considered Spectrum Health Systems, Inc. and Affiliates' internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the combining financial statements, but not for the purpose of expressing an opinion on the effectiveness of Spectrum Health Systems, Inc. and Affiliates' internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of Spectrum Health Systems, Inc. and Affiliates' internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the combining financial statements will not be prevented or detected by the entity's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

McGladrey & Pullen, LLP is a member firm of RSM International –
an affiliation of separate and independent legal entities.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Spectrum Health Systems, Inc. and Affiliates' combining financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

This report is intended solely for the information and use of the Boards of Trustees, management, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

McGladrey & Pullen, LLP

Burlington, Massachusetts
November 20, 2009

McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control Over Compliance in Accordance with OMB Circular A-133

Boards of Trustees
Spectrum Health Systems, Inc. and Affiliates
Worcester, Massachusetts

Compliance

We have audited the compliance of Spectrum Health Systems, Inc. and Affiliates with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133, *Compliance Supplement* that are applicable to its major federal programs for the year ended June 30, 2009. Spectrum Health Systems, Inc. and Affiliates' major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to its major federal programs is the responsibility of Spectrum Health Systems, Inc. and Affiliates' management. Our responsibility is to express an opinion on Spectrum Health Systems, Inc. and Affiliates' compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations.* Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Spectrum Health Systems, Inc. and Affiliates' compliance with those requirements and performing such other procedures, as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Spectrum Health Systems, Inc. and Affiliates' compliance with those requirements.

In our opinion, Spectrum Health Systems, Inc. and Affiliates complied, in all material respects, with the requirements referred to above that are applicable to its major federal programs for the year ended June 30, 2009.

Internal Control Over Compliance

The management of Spectrum Health Systems, Inc. and Affiliates is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered Spectrum Health Systems, Inc. and Affiliates' internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Spectrum Health Systems, Inc. and Affiliates' internal control over compliance.

McGladrey & Pullen, LLP is a member firm of RSM International –
an affiliation of separate and independent legal entities.

A control deficiency in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the entity's internal control.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Boards of Trustees, management, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

McGladrey & Pullen, LLP

Burlington, Massachusetts
November 20, 2009

Spectrum Health Systems, Inc. and Affiliates

Schedule of Findings and Questioned Costs
Year Ended June 30, 2009

I. Summary of Independent Auditor's Results

Financial Statements

Type of auditor's report issued: unqualified

Internal control over financial reporting:

• Material weakness identified?	_____	Yes	X	No
• Significant deficiencies identified that are not considered to be material weaknesses?	_____	Yes	X	None Reported
Noncompliance material to financial statements noted?	_____	Yes	X	No

Federal Awards

Internal control over major programs:

• Material weakness identified?	_____	Yes	X	No
• Significant deficiencies identified that are not considered to be material weaknesses?	_____	Yes	X	None Reported

Type of auditor's report issued on compliance for major programs: unqualified

• Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133?	_____	Yes	X	No

Identification of major programs.

CFDA Number (s)	Name of Federal Program or Cluster
93.959	Prevention and Treatment of Substance Abuse
16.803	Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program / Grants to States and Territories

Dollar threshold used to distinguish between Type A and type B programs $ 300,000

Auditee qualified as low-risk auditee?	X	Yes	_____	No

Spectrum Health Systems, Inc. and Affiliates

Schedule of Findings and Questioned Costs (continued)
Year Ended June 30, 2009

II. Findings Relating to the Financial Statement Audit as Required to be Reported in Accordance with *Generally Accepted Government Auditing Standards*

A. Significant Deficiencies in Internal Control

None reported

B. Compliance Findings

None

III. Findings and Questioned Costs for Federal Awards

A. Significant Deficiencies in Internal Control

None reported

B. Compliance Findings

None

Spectrum Health Systems, Inc. and Affiliates

Summary Schedule of Prior Audit Findings
Year Ended June 30, 2009

II. Findings Relating to the Financial Statement Audit as Required to be Reported in Accordance with *Generally Accepted Government Auditing Standards*

A. Significant Deficiencies in Internal Control

None reported

B. Compliance Findings

None

III. Findings and Questioned Costs for Federal Awards

A. Significant Deficiencies in Internal Control

None reported

B. Compliance Findings

None

carf INTERNATIONAL

Three-Year Accreditation

CARF Survey Report for Spectrum Health Systems, Inc.

CARF INTERNATIONAL
6951 East Southpoint Road
Tucson, AZ 85756 USA
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129

CARF–CCAC
1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009

CARF CANADA
10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Toll-free 877 434 5444 ■ Fax 780 426 7274

carf INTERNATIONAL

Three-Year Accreditation

Organization

Spectrum Health Systems, Inc.
245 Country Club Drive, Suite 100-D
Stockbridge, GA 30281

Organizational Leadership

Dawn M. Collinge, LPC, NCC, MAC, State Director

Survey Dates

October 3-5, 2011

Survey Team

Dion A. Lowe, M.S., Administrative Surveyor

Barbara A. Smith-Dorsett, Ed.D., LPC, NCC, Program Surveyor

Jim Carter, Program Surveyor

James C. Willis Sr., LPC, LSATP, Program Surveyor

Programs/Services Surveyed

Residential Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)

Previous Survey

April 20-22, 2009
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: November 2014

CARF INTERNATIONAL
6951 East Southpoint Road
Tucson, AZ 85756 USA
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129

CARF-CCAC
1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009

CARF CANADA
10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Toll-free 877 434 5444 ■ Fax 780 426 7274

SURVEY SUMMARY

Spectrum Health Systems, Inc., has strengths in many areas.

- A well-stated mission, vision, and value statement support the overall goal of providing quality services to persons served.
- The organization continues to maintain a reputation for its responsiveness to meeting the service needs of the criminal population with substance-related disorders in Georgia's criminal justice system.
- The organization places a high priority on effectively and efficiently providing services to the persons served as evidenced by an open environment created to receive feedback at all levels of the organization.
- The persons served are treated with dignity and respect.
- There is a high level of consistency across all programs in terms of fidelity to program policies and practices.
- Spectrum Health Systems' policies, procedures, and plans are organized, and there is demonstrated evidence of understanding at all levels of the organization through the consistent carrying out of all written practices.
- Spectrum Health Systems staff demonstrates teamwork, collaboration, and good communication, creating a positive work environment that benefits the persons served.
- Clinical supervision training is provided on a regular basis by the organization's regional directors, and employees are offered multiple trainings in various clinical areas each year.
- The management and staff have a strong commitment to and belief in the type of services provided and the potential impact of these on the persons served.
- Staff demonstrates tenure and loyalty to the organization, and there is a strong cohesiveness across the numerous sites despite the distances that separate them.
- The commitment; professionalism; and, in some cases, tenure of the staff members are great indicators of consistency of service delivery. These qualities assist personnel in focusing on producing positive outcomes for the persons served.
- The organization has an established positive partnership and collaboration with the Georgia Department of Corrections, Board of Pardons and Parole both at the facility level and with the Risk Reduction Services Division that has oversight and direction of the treatment programs in helping to address the specific needs of offenders with substance abuse issues within Georgia's Residential Substance Abuse programs.
- Spectrum Health Systems staff is knowledgeable, compassionate, and caring and advocates for the persons served, seeking ways in which to accommodate for any special needs.

Spectrum Health Systems should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Spectrum Health Systems has made a commitment to utilize the CARF standards and has accomplished a great deal in its pursuit and maintenance of international accreditation. The persons served are benefiting from services and show improvement in their lives as a result of participating in the services. Referral sources and other stakeholders speak highly of the organization. The organization clearly has a grasp of the intent and value of accreditation, and the leadership demonstrates a commitment to accountability and the accreditation process. The administrative infrastructure overall is strong, and the values of compassion and dedication are apparent among the leadership and direct service staff members. There are opportunities for improvement noted in the report in the areas related to administrative and clinical services. Spectrum Health Systems has the dedication and support to address the recommendations noted in the report.

Spectrum Health Systems has earned a Three-Year Accreditation. The leadership, management, and staff are complimented for this accomplishment, and they are encouraged to continue to use the CARF standards as the framework for quality improvement opportunities.