COLORADO
Department of Corrections

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OFFENDERS WITH MENTAL ILLNESS IN CENTENNIAL CORRECTIONAL FACILITY RESIDENTIAL TREATMENT PROGRAM

A REPORT SUBMITTED TO THE
HOUSE JUDICIARY COMMITTEE, SENATE JUDICIARY COMMITTEE, & JOINT BUDGET COMMITTEE
DUE JANUARY 31, 2020, IN RESPONSE TO
DEPARTMENT OF CORRECTIONS FY 2016-17 RFI #1

PREPARED BY
OFFICE OF PLANNING AND ANALYSIS
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INTRODUCTION

This report is submitted in response to the Joint Budget Committee's fiscal year (FY) 2016-17 Request for Information #1 to the Department of Corrections. The request is stated as:

> *The Department is requested to submit a report to the House Judiciary Committee, the Senate Judiciary Committee, and the Joint Budget Committee by January 31, 2020, detailing the progress related to the mental health unit at Centennial Correctional Facility.*

The current report and data describe the Centennial Correctional Facility (CCF) Residential Treatment Program (RTP) and its activities through FY 2019.

2007 - Using existing resources, a program was established at CCF to accommodate offenders with mental health needs who were transitioned out of administrative segregation.

2010 - Funded by the General Assembly, the Colorado Department of Corrections (CDOC) established the Specialized Administrative Segregation Program for Offenders with Mental Illness (OMI) at the Colorado State Penitentiary (CSP).

2013 - The CSP OMI program moved to CCF as a residential treatment program (CCF RTP). This change was an effort to reduce the number of offenders with mental health needs in administrative segregation since the environment was not conducive to mental health treatment. Treatment is the primary focus at CCF and offenders are managed based on their individual custody needs. Moreover, consolidation of the CCF and CSP OMI programs into the CCF RTP enable more consistent care for program participants.

2014 - Senate Bill (SB) 14-064 prohibits DOC from placing offenders diagnosed with a serious mental health disorder in administrative segregation or restrictive housing. In response to this SB and due to internal policy changes, offenders with serious mental health disorders are no longer placed in Extended Restrictive Housing (ERH).

The RTP program delivers best practice and evidence-based treatment services to offenders with mental health needs. Such treatment is designed to improve the ability of these offenders to function effectively, decrease isolation, and transition into less restrictive facilities. The comprehensive program provides offenders with intensive mental health services including individual and group therapy sessions, recreational activities, staff interaction, and out-of-cell opportunities. Individualized treatment plans are designed to alleviate psychiatric symptoms, help offenders develop strong self-management skills, and enhance pro-social behavior.

TARGET POPULATION

Mental health treatment needs are tracked in the CDOC by a coding identification process. The psychological needs level codes (P codes) range from P1 to P5, with P3 through P5 indicating moderate to severe needs. An 'M' qualifier in conjunction with the P code is used to designate offenders as having a serious mental illness (SMI). Offenders with a P4 or P5 are also recognized as having a significant functional impairment. Placement priority into the CCF RTP is given to those with the highest mental health treatment needs.

Clinicians in the CCF RTP diagnostic unit evaluate offenders for serious mental health needs and/or impaired functionality. The assessment process utilizes a psychiatric provider evaluation, various psychological assessments, and staff observations to recommend appropriate treatment interventions. Clinically referred offenders are discussed weekly during a residential treatment program conference call to exchange information on the offender's mental health status, treatment plan compliance, psychiatric stability, medication compliance, and institutional behavior. Clinically referred offenders with mobility issues that qualify under the American Disabilities Act (ADA) are housed in the RTP at San Carlos Correctional Facility (SCCF). Upon completion of the diagnostic evaluation, offenders who are recommended for residential treatment are assigned a treatment level. Offenders who do not require placement in RTP are staffed with offender services and facility mental health supervisors for an appropriate housing assignment. The evaluating psychologist establishes treatment methods that may be effective with the individual offender. Such treatment recommendations can enhance the continuity of care between the diagnostic unit and the receiving facility.

Some offenders placed in the RTP may lack awareness, struggle to recognize mental health problems, deny problems because of perceived vulnerability associated with mental health needs, or experience paranoia and distrust of treatment providers. Program participants with multiple diagnoses often have their activities of daily life affected. When treatment alleviates some symptoms of serious mental health disorders, other disorder symptoms may become the primary concern; therefore, treatment services focus on multiple overlapping needs (see section on Therapeutic Interventions).

Figure 1 shows program admissions over time by mental health disorder category (FY 2013 is split in half according to when the program moved to CCF). In FY 2019, 94 (70%) offenders were diagnosed with a serious mental disorder, and 40 (30%) were diagnosed with a personality disorder as their primary diagnosis for treatment focus. A total of 134 offenders were admitted to the CCF RTP Program in FY 2019.

FIGURE 1
Admissions by Mental Disorder

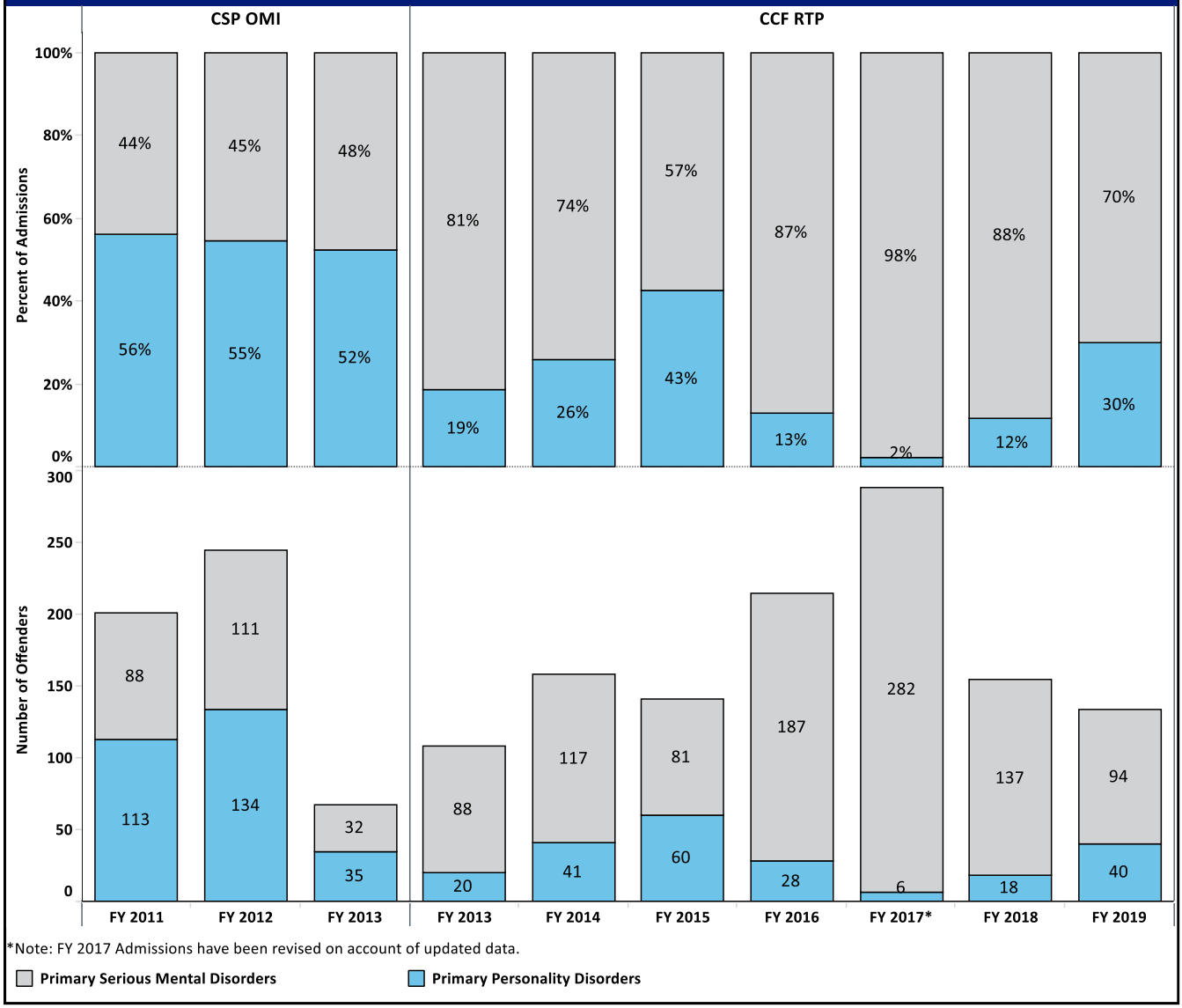
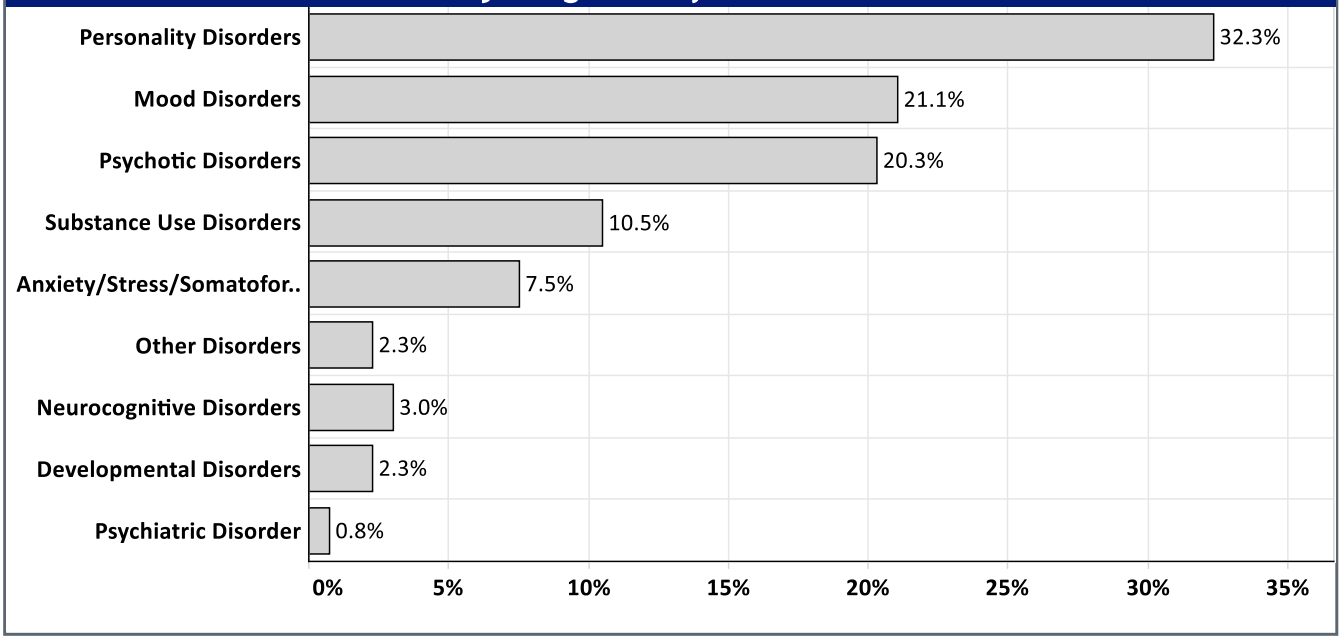


Figure 2 shows the primary diagnosis of all offenders admitted to the CCF RTP in FY 2019. Personality disorders (32.3%) were the most common primary diagnoses in FY 2019, followed by mood disorders (21.1%) and psychotic disorders (20.3%).

FIGURE 2
Primary Diagnosis of Admits FY 2019



PROGRAM ENROLLMENTS

The RTP Diagnostic Unit conducts diagnostic clarification assessments for treatment needs and makes recommendations for appropriate facility and/or program assignments.

In FY 2019 (**Figure 3**) there were 14 re-admissions and 120 new admissions (a 28% increase and 17% decrease, respectively). Since the move to CCF in January 2013, 1,015 offenders have been admitted to the program for the first time, along with 184 re-enrollments, for a total of 1,199 admissions.

FIGURE 3

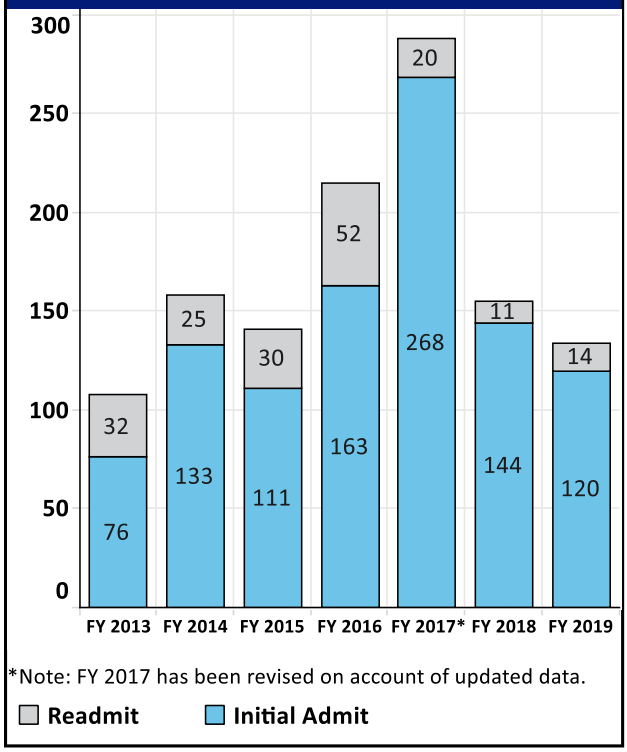


Figure 4 shows the average daily population of participants in the CCF RTP. The average daily population decreased from 205 in FY 2018 to 191 in FY 2019.

FIGURE 4
Average Daily Population

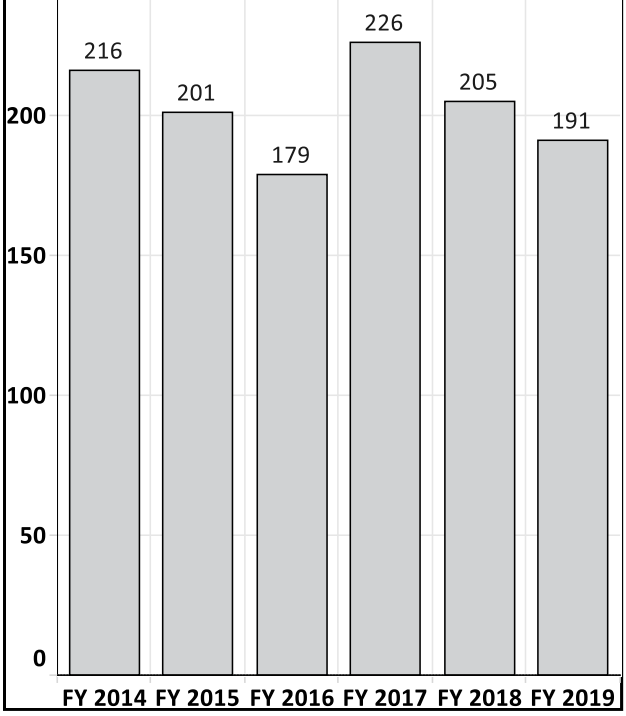
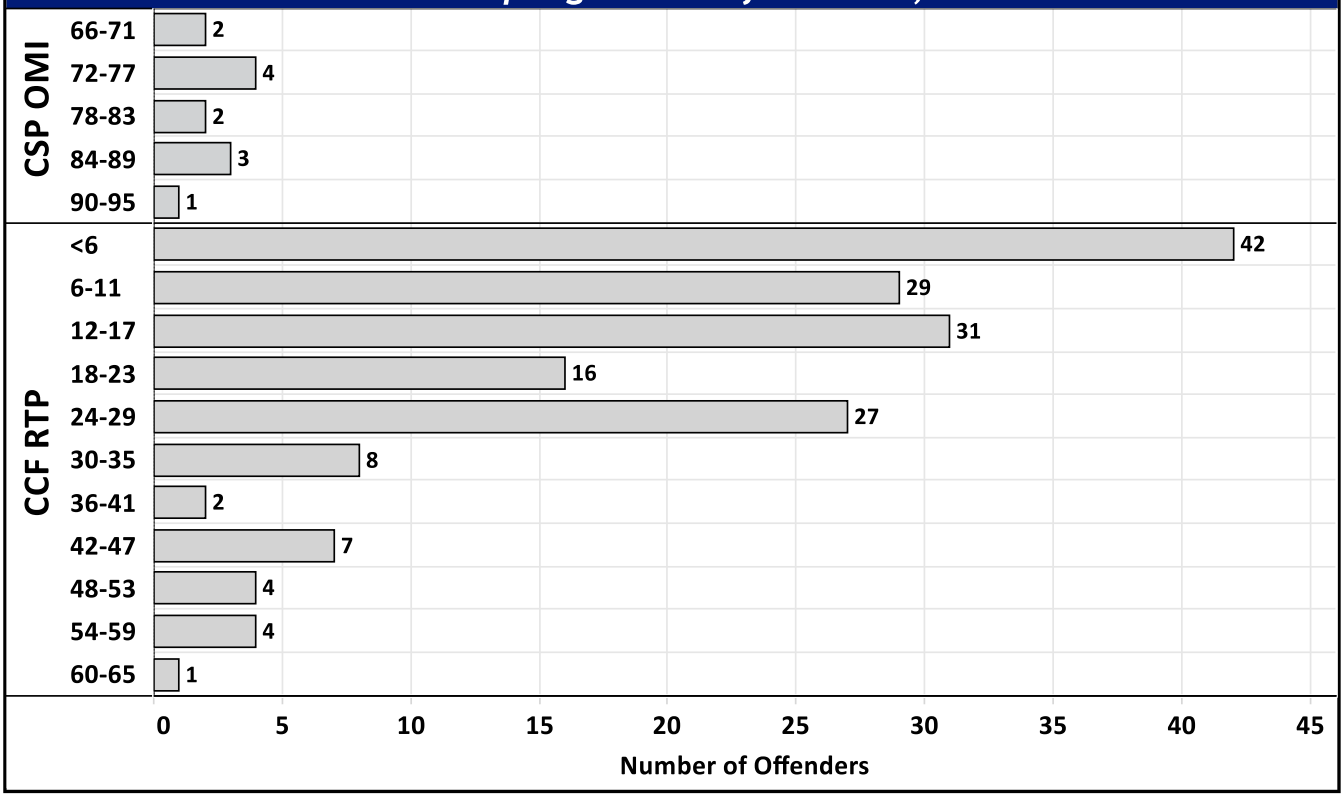


Figure 5[1] shows the distribution of lengths of stay in the program for those still active in the program as of June 30, 2019. The data demonstrates a positive skew with the majority (84%) of participants in the program for less than 36 months. Approximately 9% of participants have been in the program between 3 and 5 years, with the remainder (7%) in the program for five and a half years or more.

FIGURE 5
Months in program as of June 30, 2019



[1] Previous year reports have used 3 month ranges. Due to increasing lengths of stay, the current report utilizes 6 month ranges.

PROGRAM DISCHARGES

Discharges from the program fall into four categories (these categories are broad descriptions of termination reasons):

Completions - Offenders who made satisfactory progress during treatment and transferred to a lower-custody facility, or were released to a Community Corrections facility.

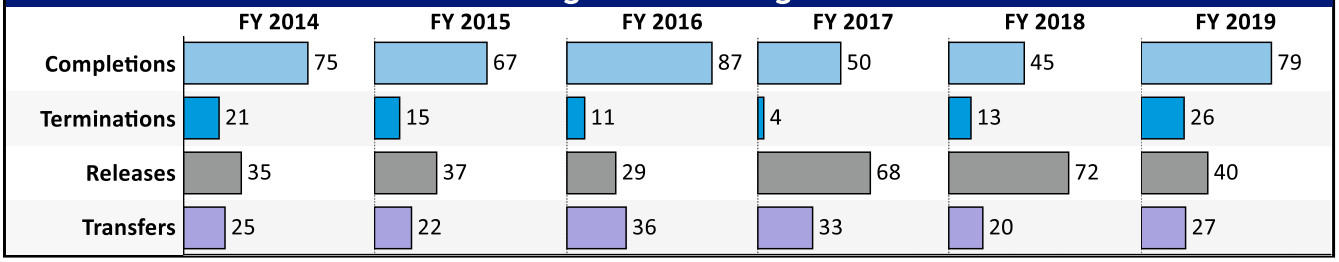
Terminations - Offenders who are not benefiting from placement in the program and who, through dangerous or disruptive behavior, are a danger to other offenders participating in the program. These offenders are placed into Close Custody Management Control Units (MCUs) or Close Custody Transitional Units (CCTUs) where they receive programming appropriate for their needs. Other terminations include offenders who are deceased.

Releases - Offenders who paroled or discharged prior to completion of the program.

Transfers - Offenders transferred to the San Carlos Correctional Facility RTP, the Colorado Territorial Correctional Facility infirmary, or the Colorado Mental Health Institute at Pueblo.

As **Figure 6** demonstrates, from FY 2018 to FY 2019, completions increased from 45 to 79, terminations increased from 13 to 26, offenders released from the CCF RTP decreased from 72 to 40, and the number of inmates who transferred increased from 20 to 27.

FIGURE 6
Program Discharges



INCENTIVE SYSTEM

The program utilizes a structured incentive level system that rewards appropriate and cooperative behavior with increased privileges. Prior to FY 2016, through the on-going evaluation and adjustment in the delivery of therapeutic programming, CCF RTP integrated a customized curriculum and adjusted the incentives to align with other programs across the country. CCF RTP utilizes a five-level system which tracks an individual offender's course of treatment. Factors considered include diagnosis, the seriousness of rule infractions, and the individual's motivation to engage in treatment. Within each level, offenders have the opportunity to address individual treatment issues, criminogenic needs, and/or irrational belief systems in a therapeutic environment.

The program first focuses on treatment planning and introduces treatment processes. As an offender progresses through the levels, they are offered opportunities for additional supplemental treatment groups to enhance coping skills.

Recreational activities and participation in structured social activities occur both in the living unit and in off-unit program areas. Offenders also have access to outdoor and gymnasium exercise periods.

Offenders in all levels receive out-of-cell individual and group treatment. At the lower levels, offenders participate in group activities while restrained at treatment tables, enabling offenders to learn safe coping strategies in a group setting. At higher levels offenders participate in group activities without restraints.

Figure 7 shows the number of program participants at each level as of June 30, 2019. Level 5 contain the highest proportion of participants with 24.8% while the lowest proportion of participants (14.3%) is at level 4.

FIGURE 7
Population Levels as of June 30, 2019

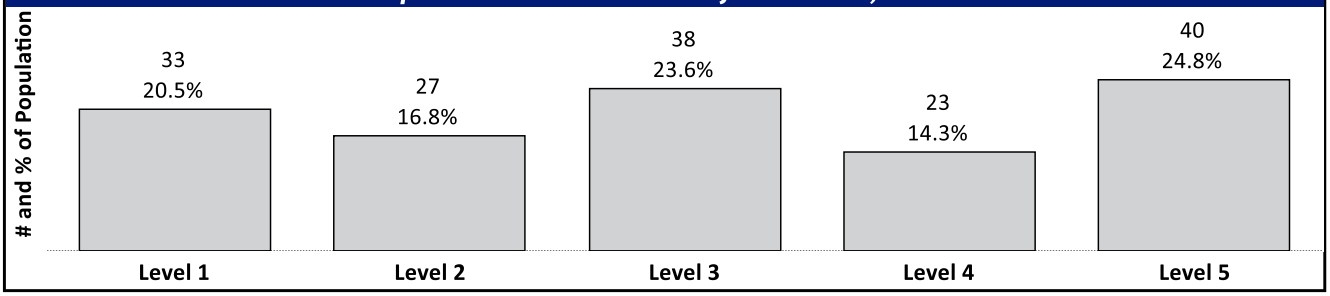


Table 1 displays the five levels with associated privileges that were in effect on June 30, 2019. As stated in CDOC Administrative Regulation 650-04, *Residential Treatment Programs for Offenders with Mental Illness and Intellectual and Developmental Needs*, "Offenders in an RTP will be offered a minimum of ten out-of-cell therapeutic contact hours per week and a minimum of ten out-of-cell non-therapeutic contact hours per week."

TABLE 1
Incentive levels and privileges in effect on June 30, 2019

Privilege	Level 1	Level 2	Level 3	Level 4	Level 5
Yard	7 days/wk 1hr/day	7 days/wk 1hr/day	7 days/wk/1hr 11 times a week	7 days/wk/1hr 11 times a week	7 days/wk/1hr 11 times a week
Shower	7 days/wk	Unlimited during dayhall	Unlimited during dayhall	Unlimited during dayhall	Unlimited during dayhall
Dayhall	8 at a time 3 hr @ 7 days/wk	8 at a time 4 hr @ 7 days/wk	16 at a time 4 hr @ 7 days/wk	16 at a time open @ 7 days/wk	16 at a time open @ 7 days/wk
Phone Sessions	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
# Visits Per Month	8	8	8	8	8
Contact Visits	No	No	Yes	Yes	Yes
Canteen Amount	$30/mth	$35/mth	$40/mth	$50/mth	$60/mth
TV	Yes	Yes	Yes	Yes	Yes
Work	No	No	No	No	Yes
# in Grp/Rec Therapy	Up to 8 restrained	Up to 8 restrained	Up to 8 unrestrained	Up to 16 unrestrained	Up to 16 unrestrained
Unrestricted Moves	No	No	Yes	Yes	Yes
Group Yard	No	No	Up to 16 at a time	Up to 16 at a time	Up to 16 at a time
Gym	No	No	Up to 16 at a time	Up to 16 at a time	Up to 32 at a time

TREATMENT PLANNING

During the first week of RTP, initial treatment needs are identified and a treatment plan developed. The process is guided by information from the RTP referral diagnostic unit psychological evaluation and need areas identified by the offender. Treatment plans are structured and individualized living documents that guide and evaluate offender treatment. These plans contain four essential parts:

1) Identification of issues or problems
2) Goals or objectives for treatment
3) Method of achieving the stated goals
4) Estimated goal completion time frames

Treatment plans steer the course of treatment and provide a measure of progress. Treatment plans are monitored on a regular basis to ensure goals have been met, to redefine goals if necessary, or to develop new goals. To manage offender treatment progress, measure overall functioning, and monitor response to treatment, various assessment and psychiatric services are integrated into treatment plans, including: administration of the Brief Psychiatric Rating Scale (BPRS); performance of mental status examinations; and psychological testing.

Behavioral management plans are implemented through a multi-disciplinary team process for offenders who require additional support and structure. Clinical staff work with security and housing teams to structure the programming for an individual offender who may be struggling with managing symptoms of mental illness or engaging in high-risk behaviors. The implementation of a behavior management plan is time-limited and involves specific interventions. Monitoring by housing and clinical teams may reduce distress experienced by the offender and allow him/her to continue to engage in meaningful treatment.

Discharge Planning - Continuity of care is provided when an offender is discharging to a general population facility. The offender will work with a mental health clinician to complete an approved safety and relapse prevention plan, an approved transition plan, and be able to articulate how to apply healthy coping strategies to daily living. The primary mental health clinician and case manager will: prepare a treatment plan; coordinate with the receiving facility to review the wellness recovery action plan; provide ongoing support; and incorporate additional services the offender may benefit from upon discharge from the RTP.

Discharge planning to parole begins 90 days before an offender releases. A team including the assigned clinician, program supervisor, case manager, facility parole officer, parole mental health clinician, and community parole officer will determine offender progress in treatment, on-going treatment needs, and needed resources in the community to support transition. Resources could include psychiatric in-reach services to establish treatment continuity or housing vouchers to support stable housing.

THERAPEUTIC INTERVENTIONS

Mental health treatment services utilize best practices and evidence-based treatments — those that have demonstrated effectiveness in published research— to address overlapping treatment needs. Many offenders meet the diagnostic criteria of both serious mental health disorders and personality disorders. These disorders are defined as:

Primary Serious Mental Health Disorder – Offenders classified in this category are experiencing symptoms of a major mental health disorder (e.g., depression, anxiety, and psychosis). Treatment emphasis is placed on self-management, medication adherence, cognitive skills, and wellness and recovery planning.

Primary Personality Disorders – Offenders classified in this category have ingrained and maladaptive patterns of behavior (e.g., failure to conform to social norms, impulsivity, aggressiveness, irresponsibility and lack of remorse). Treatment services address offender risk, criminogenic needs and coping strategies through Cognitive Behavioral Therapy (CBT). CBT examines thoughts and beliefs about events that occur in an individual's life and how these thoughts and beliefs connect to emotions, choices, physical experiences and behaviors.

GROUPS

Comprehensive curriculum based treatment groups are delivered according to the program level. This ensures that all offenders are receiving the same information to expand coping skills and increase stability. In addition to standard program treatment, each offender receives individualized treatment and sets goals based on his specific mental health needs.

The following is a description of the treatment groups offered for mentally ill offenders in the CCF RTP. The concepts and adaptive coping strategies offered at each is a building block for the next.

Level 1 - The group leader will use the first few sessions to orient members to the group format. Topics such as the purpose of the group, expectations, fears, ground rules, program rules, and the content of the group are discussed. New Freedom core curriculum, as well as New Freedom anger management curriculum, is introduced.

Level 2 - Offenders are provided New Freedom Main Skills that include Illness Management and Recovery (IMR) and distress tolerance.

Level 3 – This level starts with Systems Training for Emotional Predictability and Problem Solving. Offenders are presented with New Freedom curriculum that informs them about cognitive distortions, early warning signs, and how to cope with stress.

Level 4 - Offenders identify personal boundary issues and interpersonal struggles by creating a wellness plan to decrease the intensity of relapse.

Level 5 – Offenders are able to apply the skills attained and explore higher levels of coping skills through Dialectical Behavior

Therapy (DBT). This level serves as a time for offenders with the diagnosis of a serious mental illness to receive continued support and opportunity to practice their Wellness Recovery Action Plan (WRAP) and make revisions as needed. This level is utilized to support offenders with symptoms requiring additional provisions and practices to facilitate their transition to a general offender population or the community. Level 5 also provides opportunities for offenders to gain additional work skills and practice pro-social behaviors through an assigned work duty.

SUPPLEMENTAL GROUPS

Substance Use Disorder Treatment – Substance use disorder counselors work with offenders cell-side and in groups, focusing on relapse prevention. The offenders are encouraged to look at all aspects of how addiction impacts their lives, such as attitudes and values. The program reviews triggers, warning signs, core beliefs, consequences, and personal plans through discussions and written homework assignments.

Music Assisted Therapy Group - This group offers the offender opportunities to listen to and review lyrics in order to discuss and work through difficult emotions and life situations. Offenders also have the opportunity to play instruments. Playing an instrument provides the offender an opportunity to communicate his emotions in an alternative way. Additionally, writing lyrics and melodies has the potential to reduce stress and improve overall well-being through creative and appropriate expression. The ultimate goal of the group is to transfer these abilities to other areas of the offender's life.

Re-entry - The CCF re-entry program is a six-week course designed to provide basic skills and resources for re-entry into the community. The class provides resources for housing, employment, community mental health providers, and local resources (i.e. Social Security offices, housing authorities, food pantries, clothing pantries, soup kitchens, shelters, etc.). During the course, the offenders learn how to create a budget, write a resume, and fill out employment and housing applications. Medication compliance is also discussed. Offenders are given the opportunity to ask questions and discuss concerns about returning to the community.

ADDITIONAL INTERVENTIONS

Staffing Interventions - Interventions are facilitated for offenders with negative behaviors or lack of progress in treatment. The offender's treatment plan, progress, participation, and behaviors are reviewed. Treatment goals may be reformulated, interventions developed, and expectations for progress discussed and implemented. The primary clinician monitors the offender's progress through the treatment plan.

Psychiatric Consults - Clinicians provide relevant information to the psychiatric provider regarding the history and current symptom presentation. The psychiatric provider reviews this information, conducts research and may meet with or observe the offender's behavior to determine a course of treatment which may include medication adjustments, a modified treatment plan,

and/or a recommendation for transfer to a different facility.

De-escalation Rooms - De-escalation rooms (designated therapeutic rooms) allow offenders to practice self-calming skills to manage behavior and emotions in a safe environment. Offenders have options to select multiple therapeutic interventions. These include the use of puzzles, chalk, coping skills sheets, reading materials, and tactile materials. An individual is able to select music or nature sounds to enhance the regulation of emotions.

Human-Animal Interaction - Human-Animal Interaction is a form of therapeutic engagement that utilizes dogs from the Colorado Correctional Industries Prison-Trained K9 Companion Program. It provides opportunities for offenders to engage directly with rescue dogs for therapeutic benefit. During an offender's interaction with a dog, he is encouraged to identify the experience of emotional shifts, thereby increasing self-awareness and improving his self-care and self-esteem. This occurs in groups and during individual sessions for those offenders whom the treatment team believes could benefit from the process (e.g., those who engage in self-injurious behavior or those with serious mental illness that are hesitant to engage in group and individual sessions).

Figure 8 shows the number of scheduled group and individual therapy sessions during FY 2019. Sessions are delineated into two groups: offered and canceled. This data only includes group and individual therapeutic sessions where a clinician was present; other out-of-cell activities such as showers, gym, and visits are not charted.

FIGURE 8
Number of Offered and Cancelled Therapeutic Sessions in FY 2019

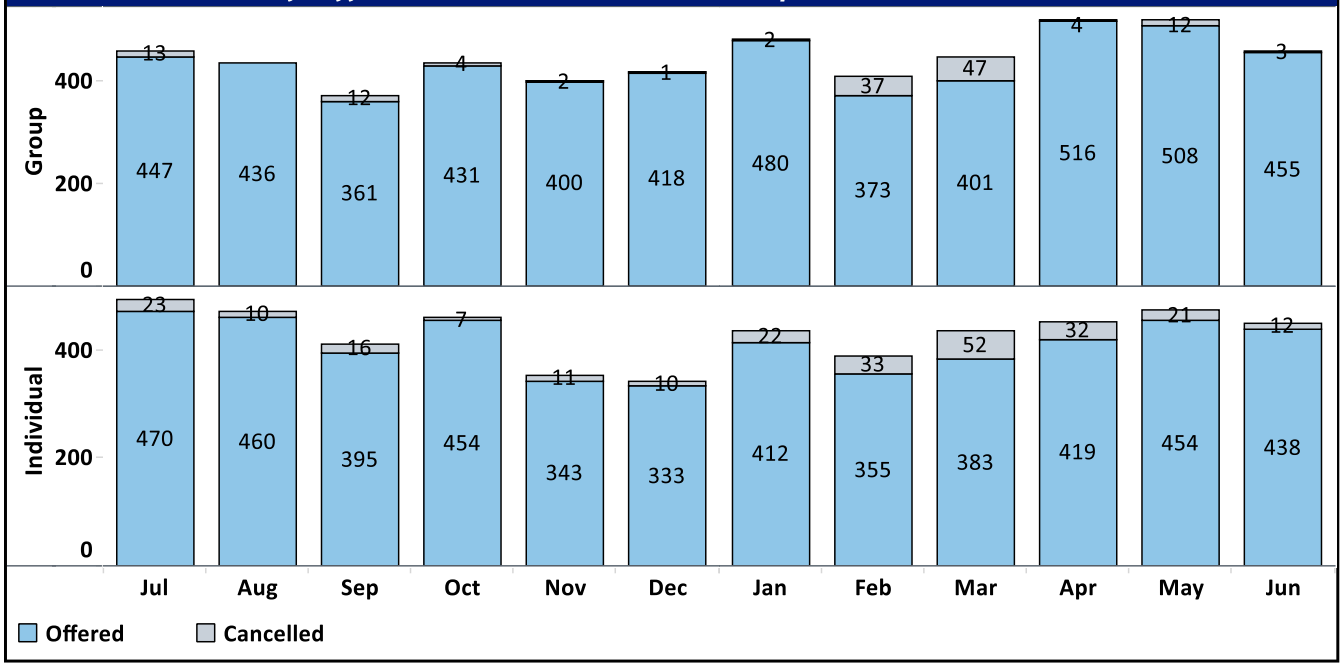
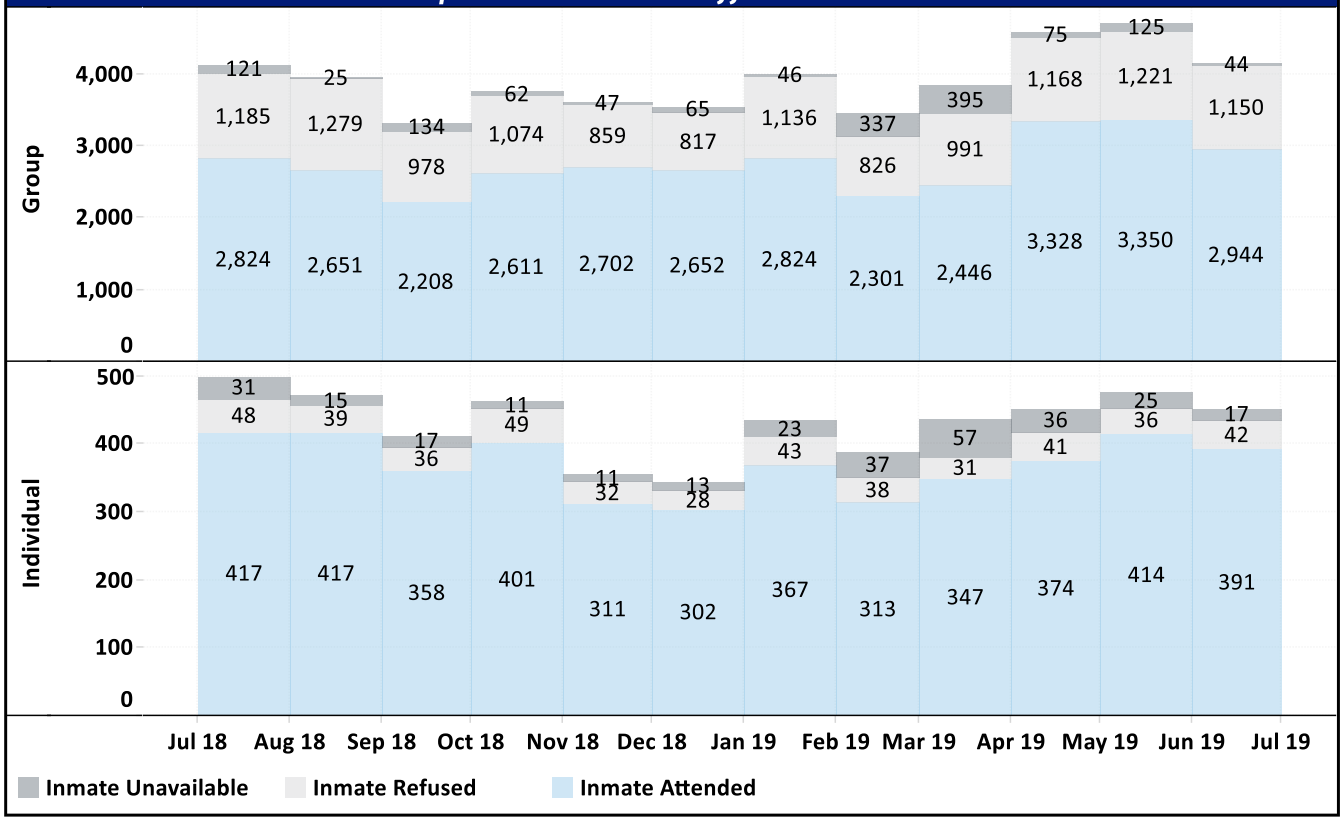


Figure 9 shows a breakdown of therapeutic sessions offered to individual offenders each month. They are delineated into three groups: inmate unavailable, inmate refused, and inmate attended. Group and individual therapy sessions had multiple offenders scheduled. If indicated, a "round robin" process is used to fill vacant seats when an offender refuses or is unavailable to participate. This allows other offenders in the program to join a group. "Round robin" participants and volunteers are tracked. There may be instances, as determined by the treatment team, where groups will be closed. During FY 2019, group therapy was the most widely offered and attended form of therapy in the program.

FIGURE 9
Therapeutic Sessions Offered in FY 2019



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