



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, 2023, IN RESPONSE TO
DEPARTMENT OF CORRECTIONS FY 2016-17 RFI #1

PREPARED BY
THE OFFICE OF PLANNING AND ANALYSIS
JANUARY 2023

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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 Colorado 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, 2023, 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 2021.

2007 - Using existing resources, a program was established at CCF to accommodate inmates 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 inmates 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 inmates 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 14-064 prohibits CDOC from placing inmates diagnosed with a serious mental health disorder in administrative segregation or restrictive housing. In response to this legislation and due to internal policy changes, inmates with serious mental health disorders are no longer placed restricted housing designations.

RTP Staff Vacancies - Between 2019 and 2022 the DOC experienced a significant increase in vacancies within the behavioral health and RTP staff in particular. In December 2019 RTP facilities had a 45% vacancy rate. Vacancies have increased to 74% for all RTP facilities as of December 2022.

The RTP program delivers best practice and evidence-based treatment services to inmates with mental health needs. Such treatment is designed to improve the ability of these inmates to function effectively, decrease isolation, and transition into less restrictive facilities. The comprehensive program provides inmates 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 inmates develop strong self-management skills, and enhance pro-social behavior.

TARGET POPULATION

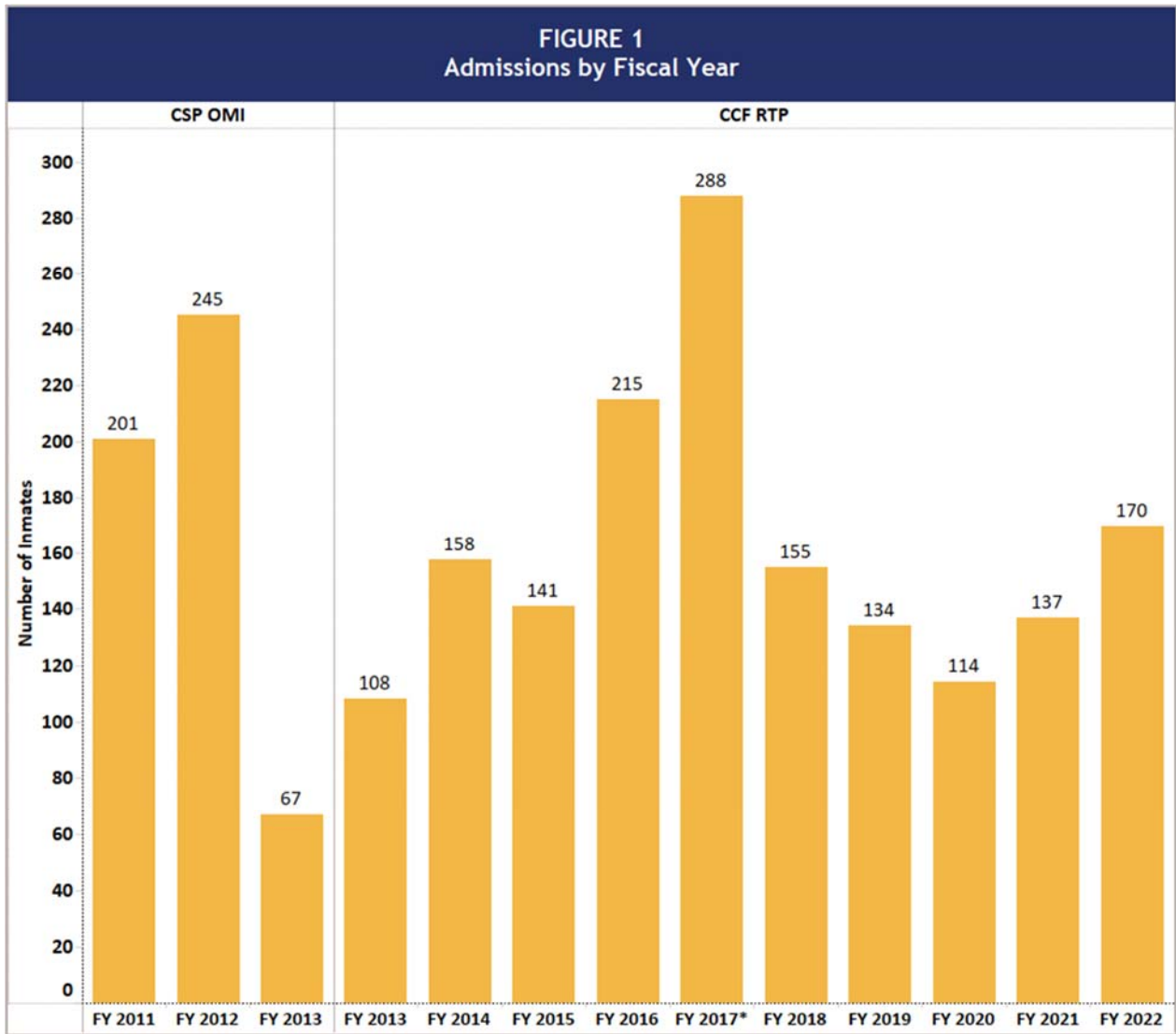
Mental health treatment needs are tracked in the CDOC by a coding identification process. The psychological needs level codes (P codes) range from P1 to P5, with P1 through P2 indicated no/low needs, and P3 through P5 indicating low/moderate to severe needs. An 'M' qualifier in conjunction with the P code is used to designate inmates as having a serious mental illness (SMI). Inmates 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 inmates 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 inmates are discussed weekly during a residential treatment program conference call to exchange information on the inmate's mental health status, treatment plan compliance, psychiatric stability, medication compliance, and institutional behavior.

Clinically referred inmates 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, inmates who are recommended for residential treatment are assigned a treatment level. Inmates who do not require placement in RTP are staffed with CDOC 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 inmate. Such treatment recommendations can enhance the continuity of care between the diagnostic unit and the receiving facility.

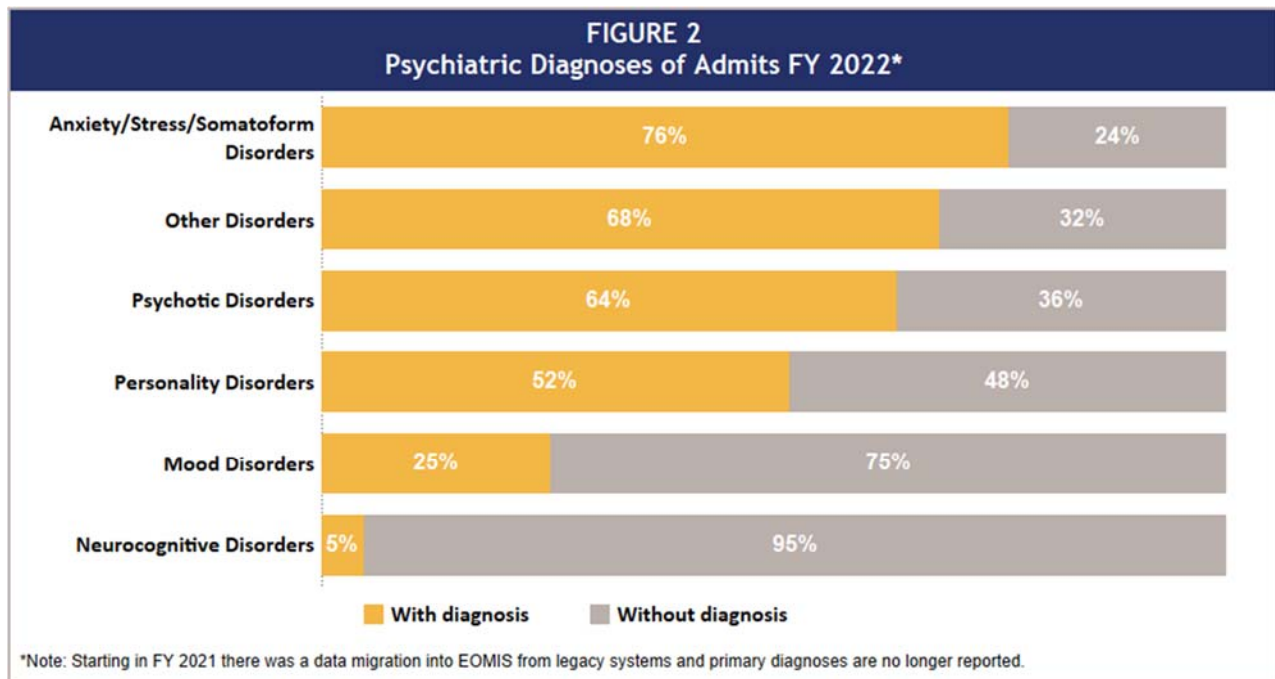
Some inmates placed in the RTP may lack awareness, struggle to recognize mental health problems, deny problems because of perceived vulnerability associated with mental health needs, or experience paranoia and distrust of treatment providers. Program participants with multiple diagnoses often have their 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 the section on therapeutic interventions).

Figure 1 shows program admissions over time (FY 2013 is split in half according to when the program moved to CCF). A total of 170 inmates were admitted to the CCF RTP in FY 2022, a 24.1% increase in admissions over the previous fiscal year.



*Note: FY 2017 Admissions were revised in FY 2019 due to updated data.

Figure 2 shows the psychiatric diagnoses of all inmates admitted to the CCF RTP in FY 2022. Of the 170 inmates admitted in FY 2022, most had multiple psychiatric diagnoses (641 total), which is an average of 3.8 psychiatric diagnoses per inmate admit. The most common co-occurring psychiatric disorders reported were Anxiety/Stress/Somatoform disorders (75.9%), psychotic disorders (63.5%), and personality disorders (51.8%). The “other” disorder category (68.2%) describes psychiatric diagnoses of malingering, mental disorders, not otherwise specified, and factitious disorder.

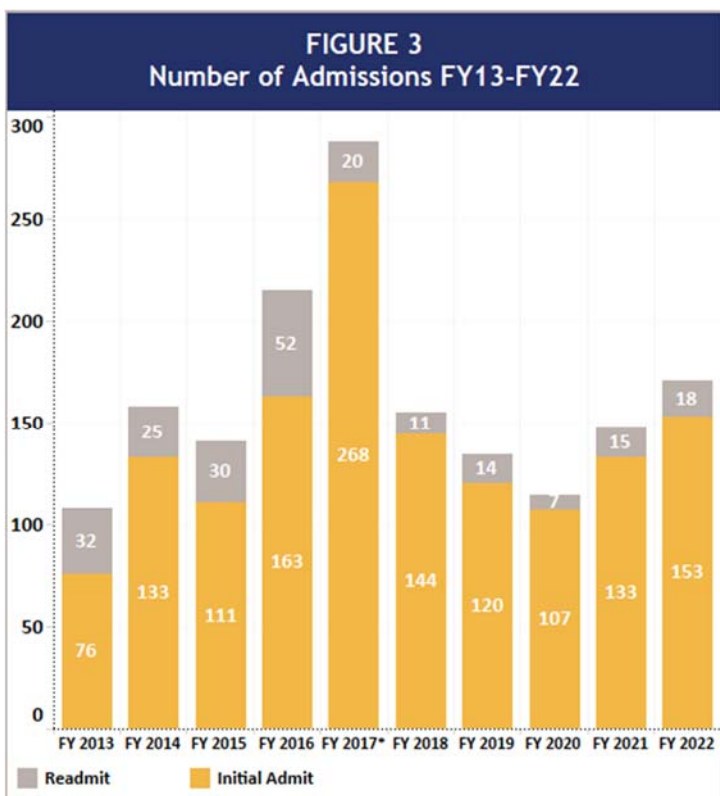


PROGRAM ENROLLMENTS

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

In FY 2022 (Figure 3), there were 18 re-admissions and 153 new admissions. Since the move to CCF in January 2013, 1,408 inmates have been admitted to the program for the first time, along with 224 re-enrollments, for a total of 1,632 admissions.

Figure 4 shows the average daily population of participants in the CCF RTP. The average daily population decreased from 204 in FY 2021 to 182 in FY 2022.



*Note: FY 2017 Admissions were revised in FY 2019 due to updated data.

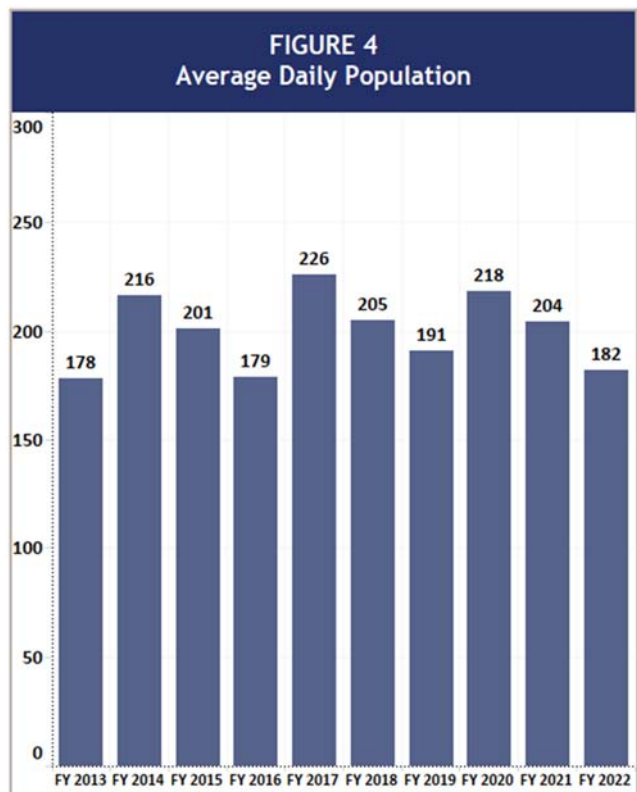
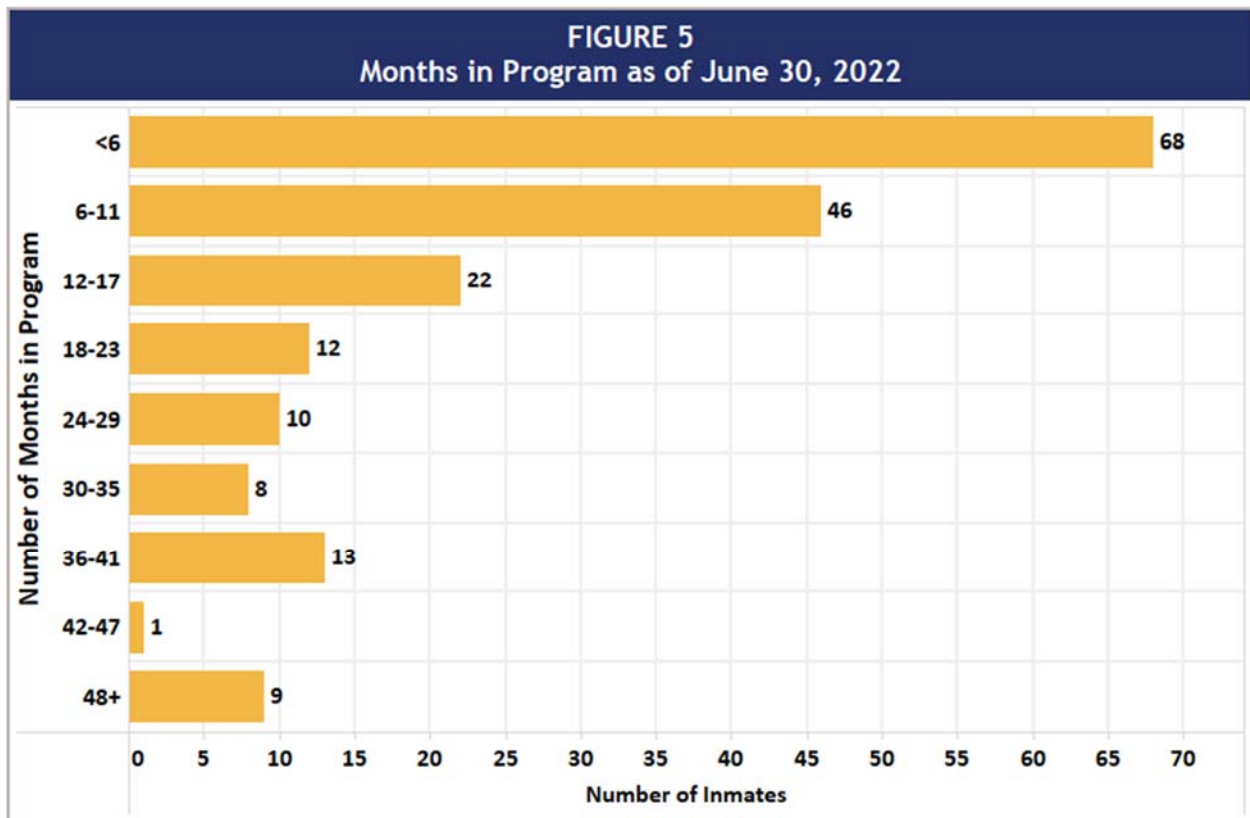


Figure 5 shows the distribution of lengths of stay in the program for those still active in the program as of June 30, 2022. The data demonstrates a positive skew with the majority (83.6%) of participants in the program for less than 30 months.

Level 5 serves the need for long-term housing assignments for inmates who have progressed through the RTP but are deemed inappropriate to return to the general population. At this level, inmates are able to move freely within the unit, as well as leave the unit at designated times and locations. Treatment interventions will focus on preparing inmates for successful integration into the general population, community reintegration, or transfer to a special treatment program such as the therapeutic community.



PROGRAM DISCHARGES

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

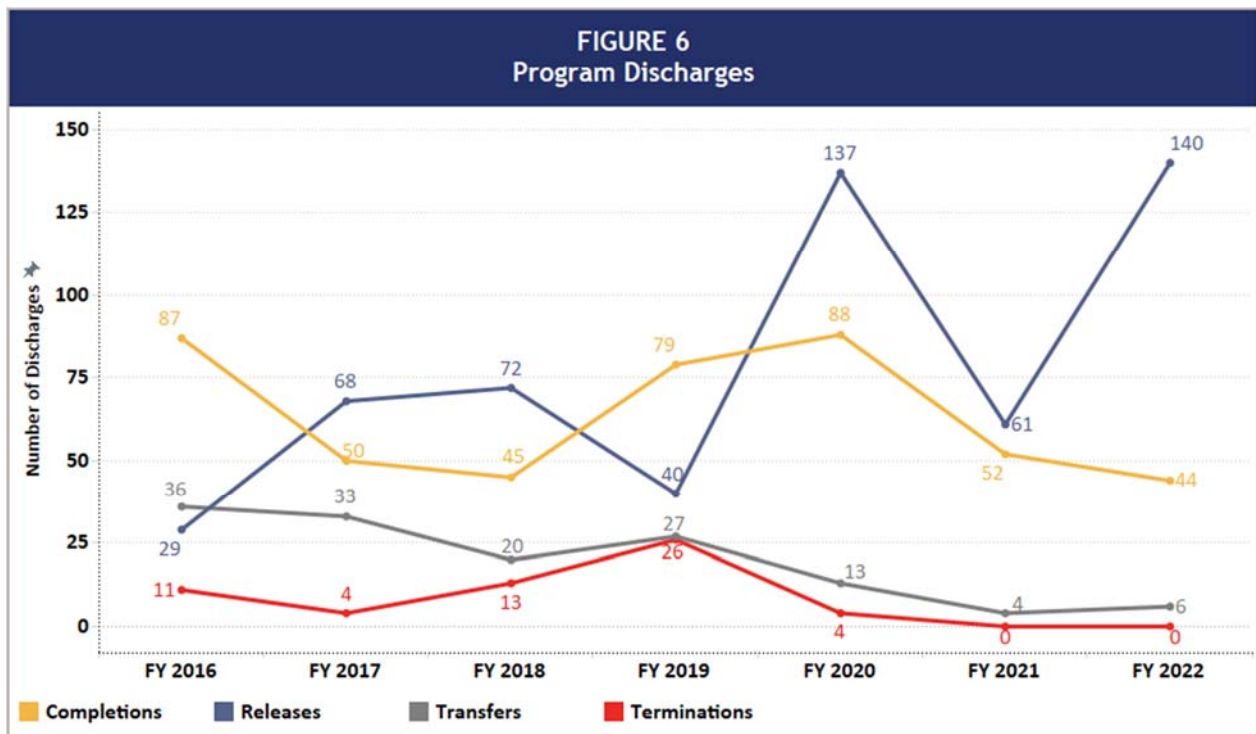
Completions: Inmates who made satisfactory progress during treatment and transferred to a lower-custody facility, or were released to a community corrections facility.

Terminations: Inmates who are not benefiting from placement in the program and who, through dangerous or disruptive behavior, are a danger to other inmates participating in the program. These inmates 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 inmates who are deceased.

Releases: Inmates who were paroled or discharged prior to completion of the program.

Transfers: Inmates transferred to the SCCF RTP, the Colorado Territorial Correctional Facility infirmary, or the Colorado Mental Health Institute at Pueblo.

As Figure 6 demonstrates, from FY 2021 to FY 2022, completions decreased from 52 to 44, terminations remained at 0, inmates released from the CCF RTP increased from 61 to 140, and the number of inmates who transferred increased from 4 to 6.



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 that tracks an individual inmate'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, inmates 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 inmate 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. Inmates also have access to outdoor and gymnasium exercise periods. Inmates at all levels receive out-of-cell individual and group treatment. At the lower levels, inmates participate in group activities while restrained at treatment tables, enabling inmates to learn safe coping strategies in a group setting. At higher levels, inmates participate in group activities without restraints.

Inmates are placed into RTP levels ranging from 1-5. Comprehensive curriculum-based treatment groups are delivered according to the program level. The concepts and adaptive coping strategies offered at each are building blocks for the next. RTP D indicates that an inmate is currently being evaluated in the RTP diagnostics unit. For descriptions on RTP levels 1-5, please see page 11. **Figure 7** shows the number of program participants at each level as of June 30, 2022. RTP 4 contains the highest proportion of participants at 48.7%, while the lowest proportion of participants (2.0%) is at RTP 2.

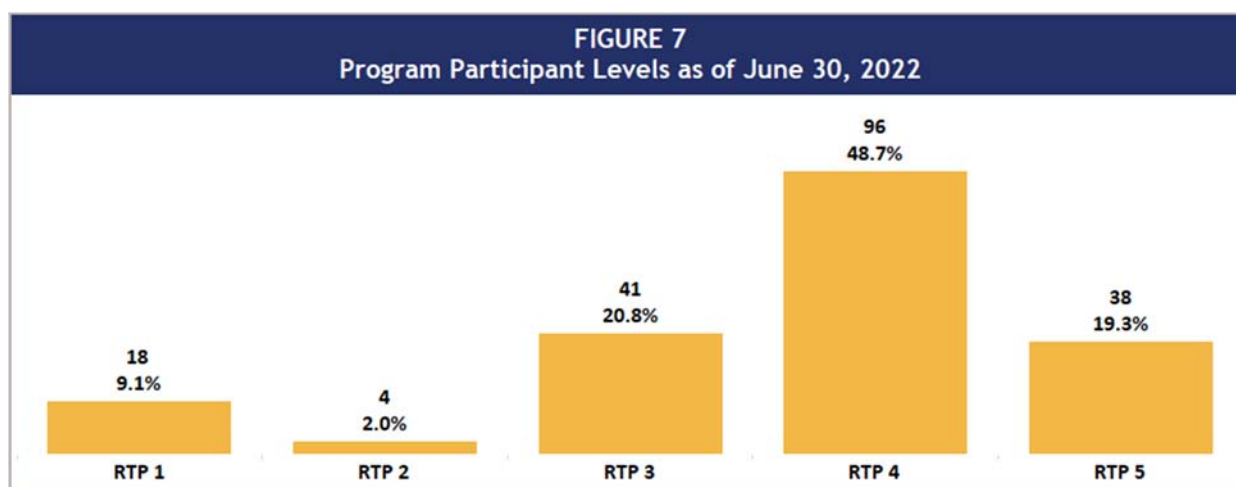


Table 1 displays the five levels with associated privileges that were in effect on June 30, 2022. As stated in CDOC Administrative Regulation 650-04, *Residential Treatment Programs for Offenders with Mental Illness and Intellectual and Developmental Needs*, "Offenders in RTP will be offered therapeutic contact hours according to their assigned level and treatment needs." Due to the COVID-19 pandemic in FY 2021, the privileges listed in Table 1 were modified to reduce the spread of the virus.

The clients in RTP are offered therapeutic contact hours according to their assigned level and treatment needs (Pg. 4 AR 650-04).

TABLE 1 Incentive Levels and Privileges in Effect on June 30, 2022					
Privilege	Level 1	Level 2	Level 3	Level 4	Level 5
Yard	1 hour/7 days per week	1 hour/7 days per week	10, 1 hour sessions per week	10, 1 hour sessions per week	17, 1 hour sessions per week
Shower	7 per week	Open during dayhall	Open during dayhall	Open during dayhall	Open during dayhall
Dayhall	2 hours/7 days per week Restrained at Table	12 hours per week	Open	Open	Open
Phone Sessions	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contact Visits	No	No	Yes	Yes	Yes
Canteen Amount	\$15.00	\$25.00	\$35.00	\$50.00	\$50.00
TV	No in cell, dayhall TV	Yes	Yes	Yes	Yes
Work	No	No	No	No	Yes
Group Yard	No	Yes	Yes	Yes	Yes
Gym	No	No	Yes	Yes	Yes
# in Group	8	8	16	16	16
Controlled Movement	No	No	Yes	Yes	Yes
Visits per Month	2 per week	2 per week	2 per week	2 per week	2 per week

TREATMENT PLANNING

During the first week of RTP, initial treatment needs are identified and a treatment plan is developed. The process is guided by information from the RTP referral diagnostic unit psychological evaluation and need areas identified by the inmate. Treatment plans are structured and individualized living documents that guide and evaluate inmate 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, redefine goals if necessary, or develop new goals. To manage inmate treatment progress, measure overall functioning, and monitor response to treatment, various assessment and psychiatric services are integrated into treatment plans. These include the administration of the Brief Psychiatric Rating Scale (BPRS), the performance of mental status examinations, and psychological testing.

Behavioral management plans are implemented through a multi-disciplinary team process for inmates who require additional support and structure. Clinical staff work with security and housing teams to structure the programming for individual inmates 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 inmate and allow them to continue to engage in meaningful treatment.

Discharge Planning: Continuity of care is provided when an inmate is discharging to a general population facility. The inmate 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 plans, provide ongoing support, and incorporate additional services the inmate may benefit from upon discharge from the RTP.

Discharge planning for parole begins 90 days before an inmate's release. A team including the assigned clinician, program supervisor, case manager, facility parole officer, parole mental health clinician, and community parole officer will determine inmate progress in treatment, ongoing treatment needs, and needed resources in the community to support the 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 inmates meet the diagnostic criteria of both serious mental health disorders and personality disorders. These disorders are defined as:

Primary Serious Mental Health Disorder: Inmates classified in this category experience 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: Inmates 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 inmates' risks, 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 inmates are receiving the same information to expand coping skills and increase stability. In addition to standard program treatment, each inmate receives individualized treatment and sets goals based on their specific mental health needs.

The following is a description of the treatment groups offered for mentally ill inmates in the CCF RTP. The concepts and adaptive coping strategies offered at each are building blocks 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 the New Freedom Anger Management curriculum, are introduced.

Level 2: Inmates are provided New Freedom Main Skills, which include illness management and recovery (IMR) and distress tolerance.

Level 3: This level starts with systems training for emotional predictability and problem-solving. Inmates are presented with the New Freedom curriculum that educates them about cognitive distortions, early warning signs, and how to cope with stress.

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

Level 5: Inmates 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 inmates with the diagnosis of a serious mental illness to receive continued support and the opportunity to practice their relapse prevention plan and make revisions as needed. This level is utilized to support inmates with symptoms requiring additional provisions and practices to facilitate their transition to a general inmate population or community. Level 5 also provides opportunities for inmates 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 inmates cell-side and in groups, focusing on relapse prevention. The inmates 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 inmate opportunities to listen to and review lyrics in order to discuss and work through difficult emotions and life situations. Inmates also have the opportunity to play instruments. Playing an instrument provides the inmate with 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 inmate's life.

Re-entry: The CCF re-entry program is a 6-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 (e.g. Social Security offices, housing authorities, food pantries, clothing pantries, soup kitchens, shelters, etc.). During the course, the inmates learn how to create a budget, write a resume, fill out employment and housing applications, and also discuss medication compliance. Inmates are given the opportunity to ask questions and discuss concerns about returning to the community.

ADDITIONAL INTERVENTIONS

Staffing Interventions: Interventions are facilitated for inmates with negative behaviors or lack of progress in treatment. The inmate'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 inmate'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 inmate's behavior to

determine a course of treatment. Courses of treatment 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 inmates to practice self-calming skills to manage behavior and emotions in a safe environment. Inmates 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: When possible, this program is a form of therapeutic engagement that utilizes dogs from the Colorado Correctional Industries Prison-Trained K9 Companion program. It provides opportunities for inmates to engage directly with rescue dogs for therapeutic benefit. During an inmate's interaction with a dog, they are encouraged to identify the experience of emotional shifts, thereby increasing self-awareness and improving self-care and self-esteem. This occurs in groups and during individual sessions for those inmates 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). The Human-Animal Interaction component of this program was discontinued during Covid-19 and has not been reimplemented as of the writing of this report.

Response to Covid-19 Restrictions: During the height of the Covid-19 pandemic and prior to the development of Covid-19 vaccines, the CDOC experienced multiple outbreaks. In an effort to mitigate the spread of Covid-19, inmates were placed into cohorts and large treatment groups were discontinued. RTP behavioral health staff provided cell side, routine treatment, and mental health crisis services. To the extent possible, behavioral health staff continued RTP programming through cell side visits and homework. Many inmates took advantage of the Covid-19 vaccine and the booster when they became available. Vaccination and Covid-19 mitigation efforts allowed the CDOC to return to normal RTP programming.

Figure 8 shows the number of scheduled group and individual therapy sessions. 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. Groups are canceled primarily due to staff shortages.

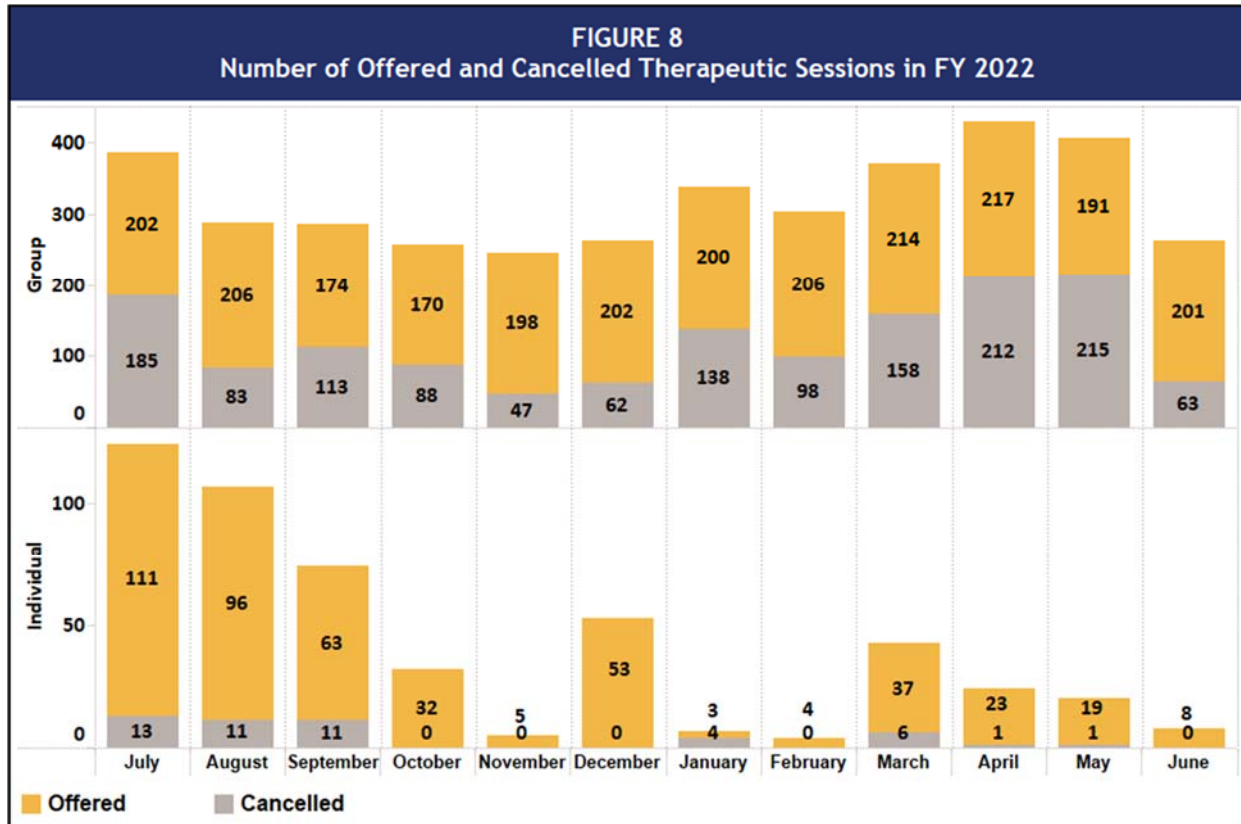
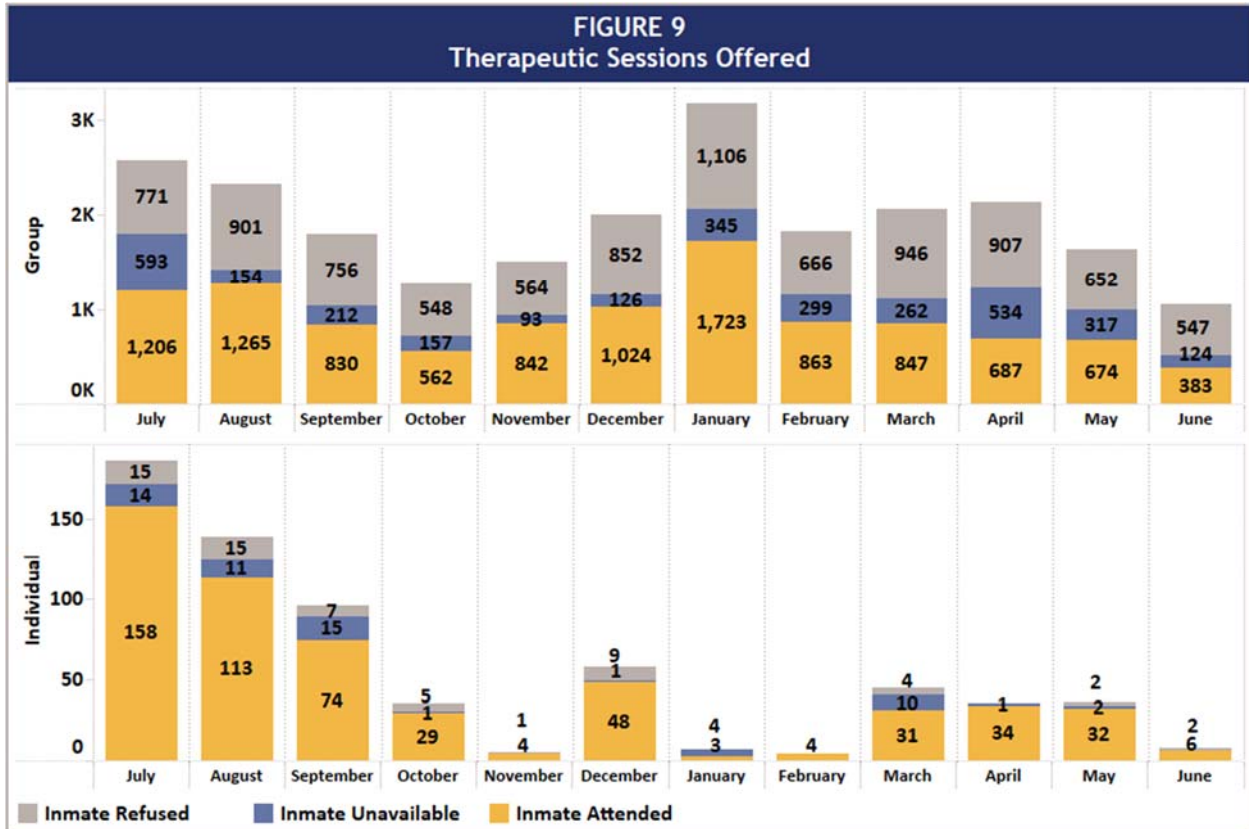


Figure 9 shows a breakdown of therapeutic sessions offered to individual inmates each month. They are delineated into three groups: inmate unavailable, inmate refused, and inmate attended. Group and individual therapy sessions had multiple inmates scheduled. If indicated, a “round robin” process is used to fill vacant seats when an inmate refuses or is unavailable to participate. This allows other inmates in the program to join a group. “Round robin” participants and volunteers are tracked. There may be instances, as determined clinically necessary by the treatment team, where groups will be closed. During FY 2022, group therapy was the most widely offered and attended form of therapy in the program.



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