



COLORADO
Office of Behavioral Health
Department of Human Services

Offender Mental Health Services Initiative

Annual Report

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FY 2013-2014
(July 2013-June 2014)

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Executive Summary

The SB07-097 (commonly referred to as Senate Bill 97), Offender Mental Health Services Initiative, was developed in response to Colorado’s significant growth in the demand for community-based mental health services for individuals with mental illness involved in local and State criminal justice systems. Through new funds authorized by the Colorado General Assembly [HB07-1359 (which is a complimentary bill to SB07-097)], the Colorado Department of Human Services, Office of Behavioral Health (OBH/The Office) funded the development of 6 mental health service programs administered by Community Mental Health Centers (CMHCs) during FY 2007-08 for juvenile and adult offenders with mental health problems who are involved in the criminal justice system. In FY 2008-09, an additional 5 mental health service programs were added as part of the program. For FY 2013-14, the Office continued to operate with the 11 programs established in FY 2008-09.

The SB-097 initiative is intended to develop community-based services for juveniles and adults with mental illness involved in the criminal justice system in collaboration with criminal and juvenile justice agencies, community mental health centers, and associated community resources.

For FY 2013-14, the Office’s adjusted spending authority totaled \$3,406,101 (\$95,333.00 -Personal Services, \$4,482 – Operating and \$3,297,467 program line). The Office expended \$3,390,663.17 (\$89,271.44 – Personal Services, \$4,104.43- Operating and \$3,297,287.30 – program services) from the Long Bill. The program provided services to 1,146 adults and 241 juveniles, or 1,387 total consumers. The legal status of adults served included jail diversion, probation, parole, and community corrections. Juveniles served were typically on probation. Programs reported a total of **\$19,873,526** in cost savings in FY 2013-14 by reduction of jail/prison bed days.

Amount of Tobacco Funds Received

Pursuant to Section 27-66-104 (4), C.R.S (2011), funds are made available to the Offender Mental Health Services Initiative from the Tobacco Litigation Settlement Cash Fund created in section 24-75-1104.5 (1.5) (a)(II), C.R.S. (2012). The fund receives an amount equal to 12% of Tobacco Settlement Tier II Funds appropriated through SB13-230 (Long Bill 2013-14).

Long Bill Appropriation for Item Line (8)(B)(1) Mental Health Services for Juvenile and Adult Offenders and (8)(A) Administration

Description	CF - Tobacco (Personal Services)	CF - Tobacco (Operating)	CF - Tobacco (MHS-JAO)	Total
Adjusted Spending Authority	\$95,333	\$4,482.00	\$ 3,297,476.00	\$3,397,291.00
Expended	\$89,271.44	\$4,104.43	\$3,297,287.30	\$3,460,492.77
Over/(Under) Expended	-\$ (6061.56)	\$(377.57)	\$(188.70)	-\$ (6,627.83)

Program Description / Program Goals

The Offender Mental Health Services Initiative is intended to reduce recidivism for juveniles and adults with mental illness involved in the juvenile and criminal justice system in collaboration with criminal and juvenile justice agencies, Community Mental Health Centers, and associated community resources by:

- Enhancing existing programs or developing and designing community-based services utilizing Evidenced-Based Models, Promising Practices, & Innovative Strategies.
- Setting goals concerning the number and types of juveniles with serious emotional disorders (SED) and/or adults with serious mental illness (SMI) to be served.
- Establishing and strengthening MOU's with local criminal justice and community stakeholders.

Local projects are expected to set goals concerning the number and types of juvenile with serious emotional disorders (SED) and/or adults with serious mental illness (SMI) to be served. The program requires that CMHC's devote project resources to collecting necessary data to evaluate program effectiveness. Services to be provided are intended to be the least restrictive and to address the following needs:

- Increase community capacity to serve juveniles with SED and adults with SMI
- Provide outcome and recovery oriented services that increase the target population's abilities to function independently in the community
- Promote communities to work collaboratively across mental health and criminal justice systems
- Reduce jail and prison recidivism
- Provide for long term-local sustainability
- Provide cost-effective services
- Increase the capacity of clinicians to work more effectively with offender populations

The Office entered into contracts with 11 CMHC's to provide program services for FY 2013-14, those agencies and contract amounts were:

Center	FY13-14 Allocation
Arapahoe Douglas Mental Health Network (ADMHN)	\$247,031
Aspen Pointe	\$432,302
Aurora Mental Health Center (AuMHC)	\$247,031
Community Reach Center (CRC)	\$310,395
Mind Springs	\$247,031
Jefferson Center for Mental Health (JCMH)	\$389,523
Touchstone	\$247,031
Mental Health Center of Denver (MHCD)	\$423,302
Mental Health Partners (MHP)	\$247,031
North Range Behavioral Health (NRBH)	\$247,031

Community Mental Health Center	Operational Definition of Recidivism	Population Served	Type of Program
ADMHN	1) return to DOC, differentiating between returns for a new crime or a technical violation 2) new criminal filing; 3) incarceration in a local jail	Male & Female Parolee and Probation	Mental Health Court
AuMHC	Parole Revocation	Female Parolees (through Dec 2013) Male Misdemeanor Offenders	Re-Entry-Community Residential
CRC	1) New misdemeanors and/or felonies 2) Revocation of Probation	Adults Probation Juvenile	Adult: Jail Diversion Outpatient & Youth Detention
CWRMHC	Return to incarceration either to a local jail facility or DOC	Adult Probation	Jail Diversion
JCMH	CrossRoads – New arrests and charges JERP- I Revocation CJMH	Juvenile Parole All Criminal Justice	Youth Outpatient Adult: Re-Entry-Community Residential Outpatient
Touchstone	1) New offense 2) Return to jail 3) Probation Violation	Adult Probation Parolees	Adult: Outpatient Re-Entry Jail Diversion Residential
MHP	1) Return to prison in Colorado for either new criminal activity 2) Technical violation of parole, probation, or non-departmental community placement within three years of release	Adult Probation Parole	Adult: Re-Entry Community Residential
MHCD	DCJI program: Re-arrest, reconviction, and re-incarceration of an adult Juvenile: Continued involvement in the criminal justice system for a	Adult Juvenile	Adult: Jail Diversion Youth: School-Based
NRBH	Return to jail for re-offenses or revocations	Juvenile & Adult Parolees	Adult: Jail Diversion
AspenPointe	Incarcerated due to new charges	Adult	Adult: Jail Diversion
SPMHC	TASC: Any incarceration within a 12 month period after release from a correctional	Adult, Juvenile,	Adult: Jail Diversion

	facility or within 12 months of sentencing to probation or release on parole	Parolees	Youth: Referrals for services
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The program services provided through the Offender Mental Health Services Initiative include:

- Assertive Community Treatment
- Supportive Housing
- Supportive Employment Services
- Case Management
- Aggression Replacement Training
- Intensive Case Management
- Functional Family Therapy
- Dialectical Behavioral Therapy
- Wraparound Services
- Trauma Recovery and Empowerment
- Individual Psychotherapy
- Crisis Intervention Training
- Integrated Dual Diagnosis Treatment
- Cognitive Behavioral Therapy
- Medication Management
- Multi-Systemic Therapy

Program Evaluation

The Office is not mandated to report this information. However, a preliminary analysis of program level data and Colorado Client Assessment Record (CCAR) data indicates that overall, the Offender Mental Health Services Initiative Program was effective in achieving its stated goal of reducing recidivism for juveniles and adults with mental illness involved in the criminal justice system through community-based services in collaboration with the criminal and juvenile justice systems.

Additionally, it should be noted that clients admitted into the programs have varying acuity and baseline clinical domain ratings. Some of the programs target a more acute population of clients and therefore may not show a significant improvement within the fiscal year's data as behavioral health change is an extensive and complicated service.

Clients Served

Figure 1 below reflects the total number of clients (all ages) served by each of the 11 contracts in the last fiscal year.

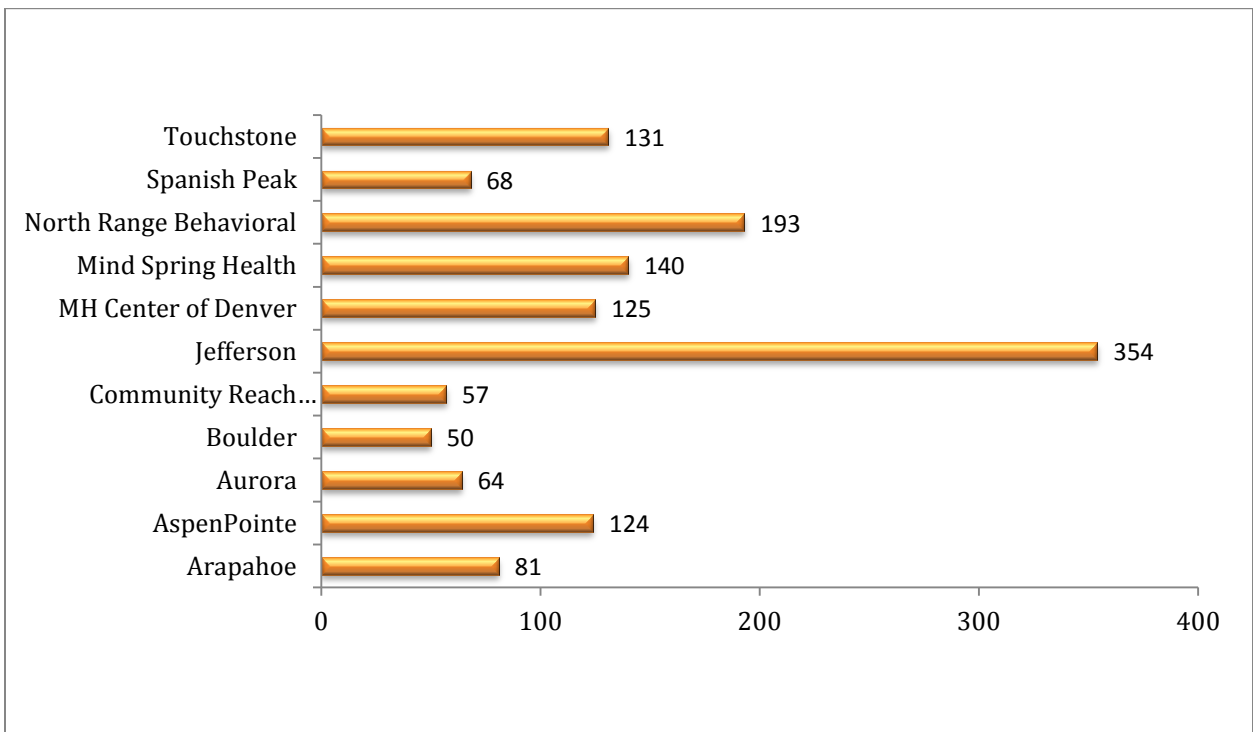


Figure 1. Total Clients Served FY 14

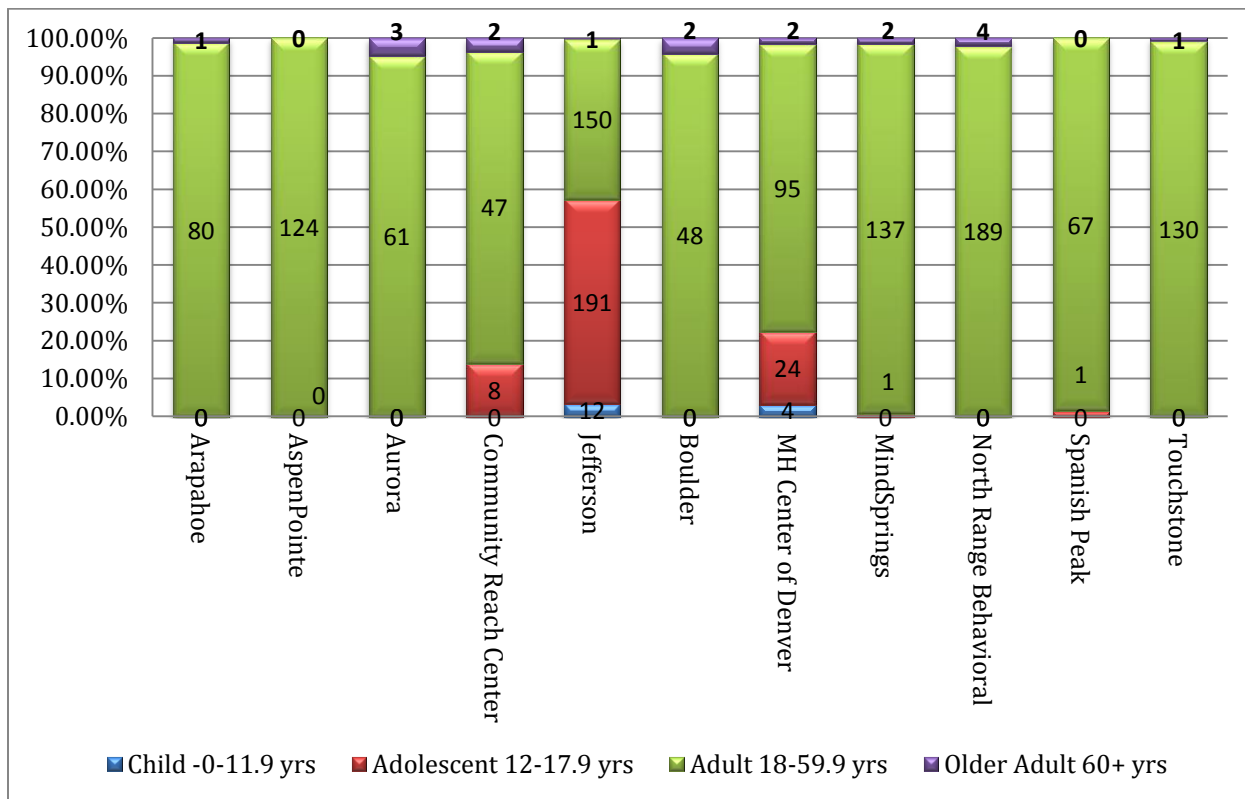
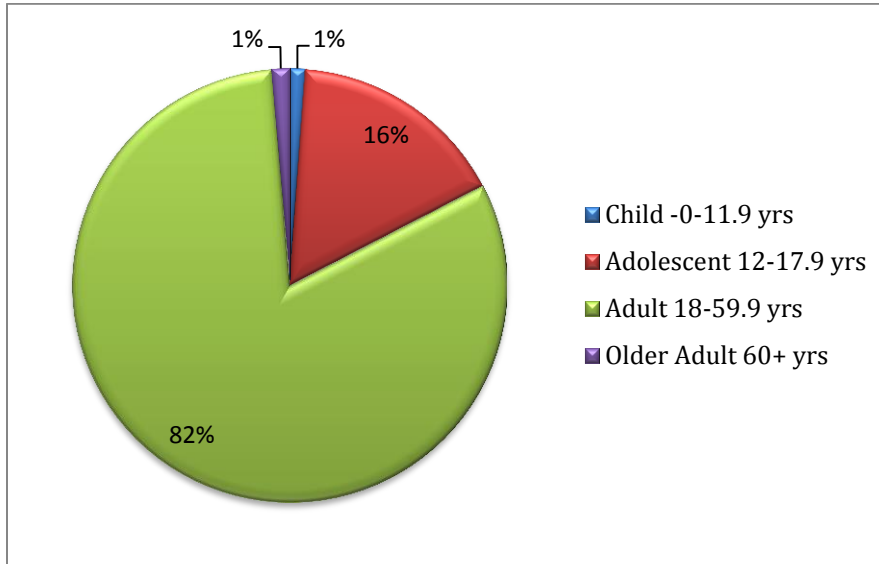


Figure 2. Total SB97 Clients Served in FY14 By Agency and Age (n=1,635)

Client Demographics

Figure 3a., 2b. and 2c. shows the breakdown of the number of clients served by age group, gender and race/ethnicity for all 11 centers.



Child -0-11.9 years	Adolescent 12-17.9 years	Adult 18-59.9 years	Older Adult 60+ years
16	225	1128	18

Figure 3a. Total SB97 Clients Served in FY14 By Age (n=1,635)

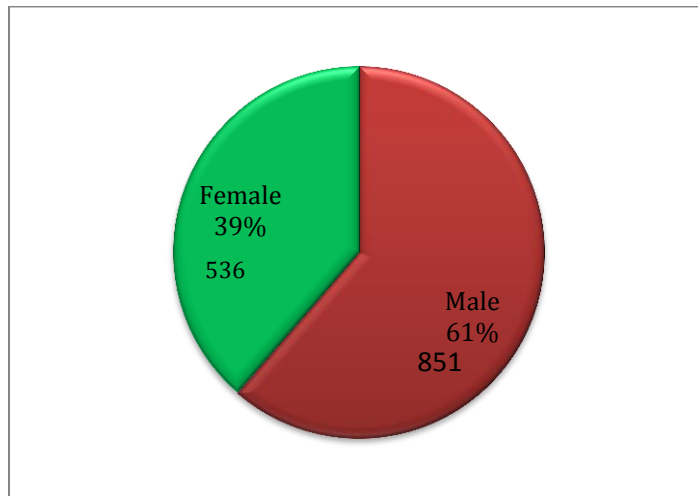


Figure 3b. Total SB97 Clients Served in FY14 BY Gender (n=1,387)

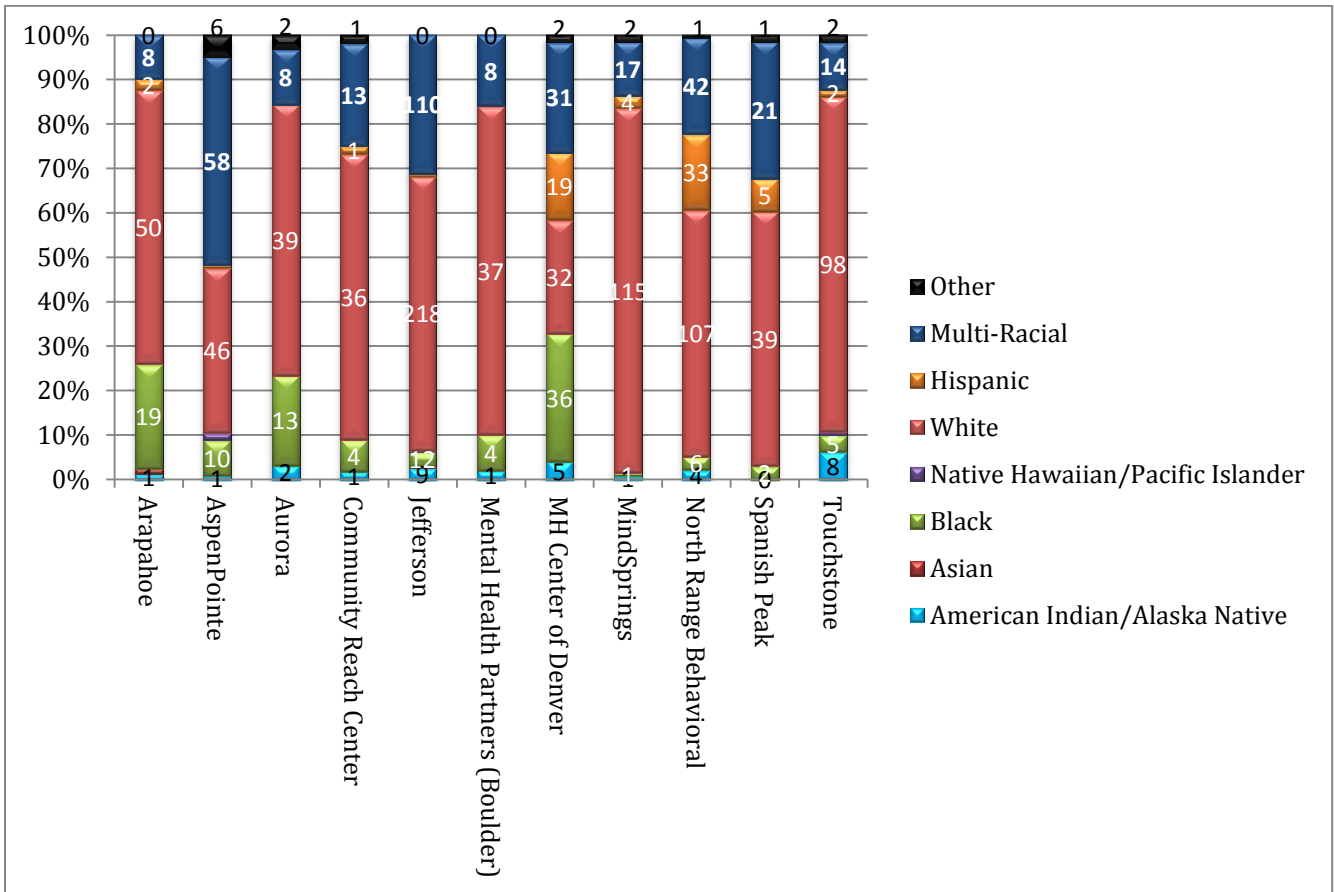


Figure 3c. Total SB97 Clients Served in FY14 By Race & Ethnicity and Agency (n=1,387)

Legal Status

Figure 4a. and 4b. shows the legal status noted on the CCAR for SB 97 program clients at admission and discharge from the program.

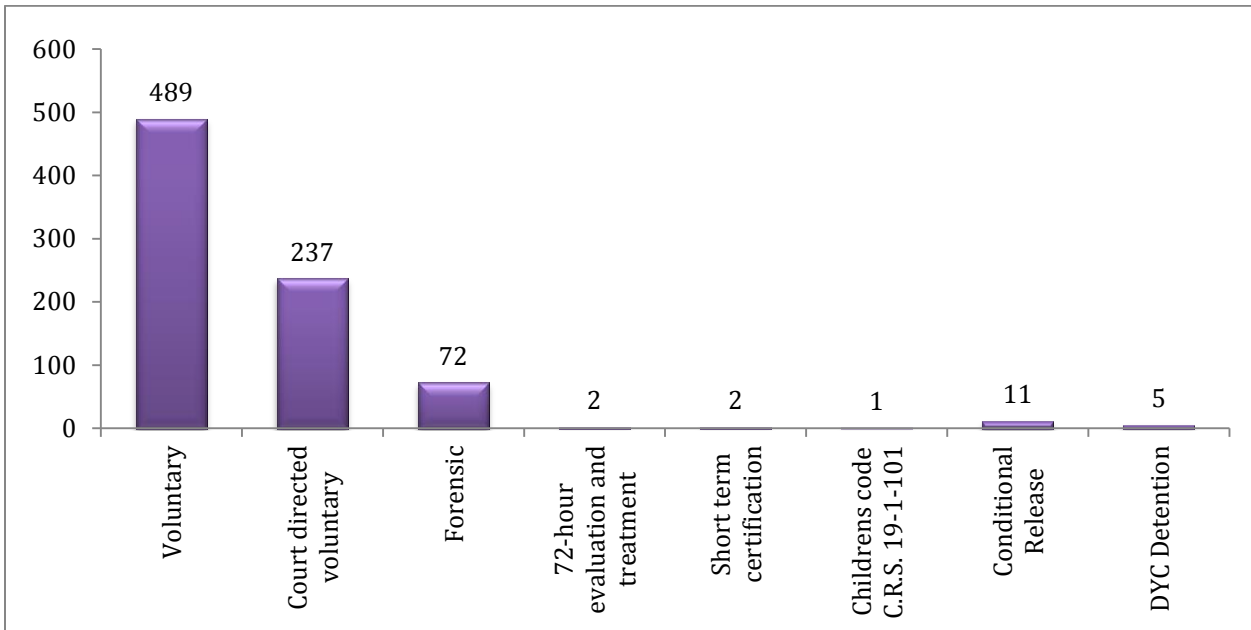


Figure 4a. Legal Status for Clients Admitted to SB97 in FY14 (n=913)

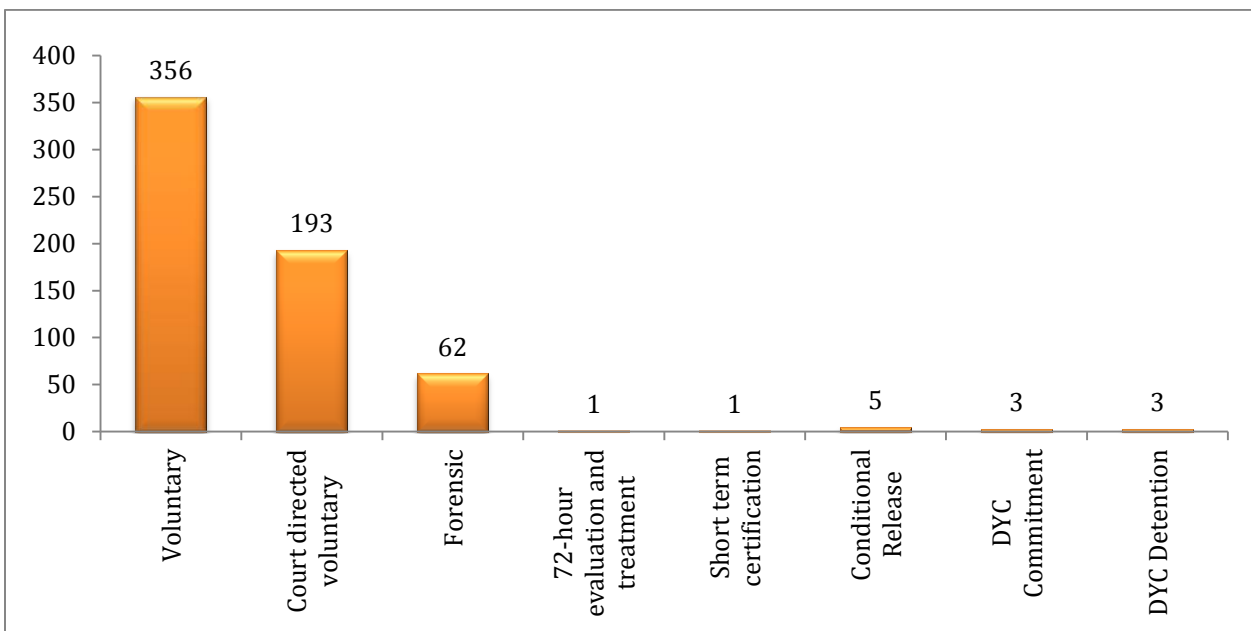


Figure 4b. Legal Status for Clients Discharged from SB97 in FY14 (n=717)

Clinical Outcomes

OBH analyzes the Colorado Client Assessment Record (CCAR) submitted data for changes/improvements in the following clinical domains for the clients served: 1. Improvement in Symptom Severity; 2. Improvement in Recovery; 3. Improvement in Functioning, 4. GAF Score; 5. Improvement in Role Performance

Average improvements are based upon all admits and all discharges that occurred in FY14. The scores are not reflective of the same client at admission and discharge

Higher the scores, reflect more severe the symptoms. The exception is the score GAF, higher scores reflect higher functioning. A negative score indicates clients enrolled did not show an improvement in that specific domain and will lead to a plan of action for the program to indicate how they intend to improve these scores for the next year.

- The Average Improvement in Symptom Severity rates the severity of the person’s mental health symptoms.

Name of Agency	Mean at Admit (n=1015)	Mean at Discharge (n=772)	Average Improvement in Symptom Severity
Arapahoe	5.61	5.48	0.14
AspenPointe	5.77	4.67	1.10
Aurora	7.02	4.58	2.44
Community Reach Center Youth*	4.20	3.00	1.20
Community Reach Center Adult*	4.49	3.94	0.55
Jefferson Youth	4.86	4.05	0.81
Jefferson Adult	4.82	4.56	0.26
Mental Health Partners (Boulder)	5.21	5.20	0.01
MHCD Youth	4.43	4.00	0.43
MHCD Adult	4.58	4.65	-0.07
Mind Spring Health Eagle Co.	5.67	4.50	1.17
Mind Spring Health Mesa Co.	5.33	4.57	0.75
Mind Spring Health Summit Co.	4.69	3.30	1.39
North Range Behavioral	5.69	4.88	0.81
Spanish Peak	4.51	4.68	-0.17
Touchstone	5.30	4.42	0.88

Table 1 Average Improvement in Symptom Severity FY14

- The Average Improvement in Recovery rates the extent to which a person is involved in the process of getting better and developing restoring/maintaining a positive and meaningful sense of self.

Name of Agency	Mean at Admit (n=1015)	Mean at Discharge (n=772)	Average Improvement in Recovery
Arapahoe	5.22	6.00	-0.78

Name of Agency	Mean at Admit (n=1015)	Mean at Discharge (n=772)	Average Improvement in Recovery
AspenPointe	4.64	4.32	0.33
Aurora	5.68	4.72	0.96
Community Reach Center Youth*	5.00	4.00	1.00
Community Reach Center Adult*	3.63	3.71	-0.07
Jefferson Youth	4.29	3.58	0.70
Jefferson Adult	4.24	4.35	-0.12
Mental Health Partners (Boulder)	4.76	5.00	-0.24
MHCD Youth	4.00	3.61	0.39
MHCD Adult	4.02	4.50	-0.48
Mind Spring Health Eagle Co.	4.53	3.29	1.24
Mind Spring Health Mesa Co.	4.48	3.67	0.81
Mind Spring Health Summit Co.	3.85	2.90	0.95
North Range Behavioral	5.04	4.57	0.48
Spanish Peak	4.00	4.84	-0.84
Touchstone	4.72	4.25	0.47

Table 2, Average Improvement in Recovery

- The Average Improvement in Functioning shows the extent to which a person is able to carry out activities of daily living despite the presence of mental health symptoms.

Name of Agency	Mean at Admit (n=1015)	Mean at Discharge (n=772)	Average Improvement in Functioning
Arapahoe	5.33	5.76	-0.44
AspenPointe	4.31	3.81	0.50
Aurora	6.59	4.44	2.14
Community Reach Center Youth*	4.00	3.50	0.50
Community Reach Center Adult*	3.61	3.59	0.02
Jefferson Youth	3.07	2.62	0.45
Jefferson Adult	3.57	3.30	0.27
Mental Health Partners (Boulder)	3.52	4.30	-0.78
MHCD Youth	4.07	3.39	0.68
MHCD Adult	4.18	4.20	-0.02
Mind Spring Health Eagle Co.	4.08	2.71	1.37
Mind Spring Health Mesa Co.	4.20	3.05	1.15
Mind Spring Health Summit Co.	3.27	2.75	0.52
North Range Behavioral	4.77	4.01	0.76
Spanish Peak	3.98	4.39	-0.41
Touchstone	4.11	3.65	0.46

Table 3. Average Improvement in Functioning FY13

- Average Improvement in Global Assessment of Functioning (GAF) Score ratings. GAF, higher scores reflect higher functioning.

Name of Agency	Mean at Admit (n=987)	Mean at Discharge (n=693)	Average Improvement in GAF
Arapahoe	36.63	37.10	0.46
AspenPointe	52.09	52.97	0.88
Aurora	26.22	36.67	10.45
Community Reach Center Youth*	52.60	55.50	2.90
Community Reach Center Adult*	48.81	49.64	0.84
Jefferson Youth	57.52	59.67	2.15
Jefferson Adult	54.76	55.52	0.76
Mental Health Partners (Boulder)	50.15	49.05	-1.10
MHCD Youth	40.68	50.11	9.43
MHCD Adult	51.08	52.37	1.29
Mind Spring Health Eagle Co.	54.28	60.64	6.37
Mind Spring Health Mesa Co.	49.00	52.62	3.62
Mind Spring Health Summit Co.	55.58	59.50	3.92
North Range Behavioral	51.86	52.75	0.89
Spanish Peak	53.44	52.93	-0.50
Touchstone	46.74	50.42	3.68

Table 4, Average Improvement in GAF score

- Average Improvement in Role Performance reflects the extent to which a person adequately performs his/her occupational role.

Name of Agency	Mean at Admit (n=1015)	Mean at Discharge (n=772)	Average Improvement in Role Performance
Arapahoe	4.98	4.76	0.22
AspenPointe	3.47	3.11	0.36
Aurora	6.68	4.47	2.22
Community Reach Center Youth*	3.80	3.50	0.30
Community Reach Center Adult*	3.44	3.41	0.03
Jefferson Youth	3.60	3.60	0.00
Jefferson Adult	3.76	3.76	0.00
Mental Health Partners (Boulder)	4.15	3.95	0.20
MHCD Youth	3.66	3.66	0.00
MHCD Adult	4.80	4.80	0.00
Mind Spring Health Mesa Co.	4.40	3.62	0.78
Mind Spring Health Summit Co.	3.50	2.90	0.60
North Range Behavioral	5.15	4.38	0.76
Spanish Peak	3.93	4.29	-0.36
Touchstone	3.79	3.76	0.03

Table 5, Average Improvement in Role Performance

Summary and Accomplishments

The Offender Mental Health Services Initiative continues to be a successful program with a total of 1,387 consumers served in FY 2013-14. The Office shall be monitoring the impact of the Affordable Care Act and the number of clients who receive benefits via Medicaid or Health Exchanges in the next fiscal year.

Cost Savings

Cost savings for FY 2013-14 below are based on reports completed by the 11 funded programs. Cost savings are calculated by:

- 1.Total number of days client was in the program
- 2.Cost of jail/prison/community corrections bed costs for the amount of time the client was in the treatment program.
- 3.The cost of the SB 97 program
- 4.Cost Savings = Difference between the Cost of jail/prison/community corrections bed and the SB 97 program cost.

Center	FY13-14 Allocation	Cost Savings Reported
ADMHC	\$247,031	\$2,025,760
Aspen Pointe	\$432,302	Data not reported
AuMHC	\$247,031	\$331,456
CRC	\$310,395	\$105,758 Adult- CESE
Mind Spring Health	\$247,031	\$225,000 Mesa \$202,500 21 st Judicial District \$427,500 Total
JCMH	\$389,523	\$1,151,842 (JERP & CJMH) \$1,408,753 (CrossRoads) \$2,560,595 Total
Touchstone	\$247,031	\$1,837,711
MHCD	\$432,302	\$229,699 Juvenile \$784,420 DCJI \$804,116 Total
MHP	\$247,031	\$645,620
NRBH	\$247,031	\$12,151,371 *
Spanish Peaks	\$247,031	\$821,350
Total	\$3,297,476	\$19,873,526

* NRBH had a significant increase in cost savings from the previous fiscal year due to admitting more clients in FY 13-14 under SB 97 than the year before (by 15%). Additionally, their calculated average sentence time went down by 4% with an almost identical recidivism rate to the previous year.