

## **APPENDIX B**

## Community Based Pilot Programs for Youth with Mental Illness and involved in the Criminal Justice System

### Evaluation Plan and Methods

**Background:** In FY 2000, the Colorado Legislature approved funding for HB 00-1034 for two community based pilot programs for youth through age 17 who have serious mental illness and who have had involvement with the Criminal Justice System, broadly defined. As per the legislation, one program was awarded to an Urban Community (Denver, with Access Behavioral Care as the awardee) and one to a Rural Community, Sterling, with Centennial Mental Health Center as the awardee. The intent of the legislation was to develop programs that would provide community based high-intensity supervision and treatment to juvenile offenders with the goal of reducing recidivism and the need for out-of-home placements and psychiatric hospitalization. The legislation established:

- Minimum parameters of the programs
- Direction as to what activities the programs might provide
- A requirement for collaboration across numerous community agencies
- Cost sharing among the collaborative agencies
- Specific reporting and evaluation requirements

Dollars for the programs were appropriated to the Department of Human Services, while dollars for the evaluation component were appropriated to the Department of Safety, Division of Criminal Justice (DCJ). Following the RFP and award process, dollars became available for program implementation January 1, 2001. Funding will continue through June 30, 2003.

**Evaluation Requirements:** The following chart summarizes the reporting requirements as detailed in the legislation.

Due Dates	Who reports to whom	What is reported/submitted
On or before 10/1/2002	Sites report to 'Department' (DHS)	Information evaluating the program. <b>DHS specifies the information</b> , but at a minimum: <ul style="list-style-type: none"> <li>▪ # Participating</li> <li>▪ Overview of services provided</li> <li>▪ Revocations</li> <li>▪ New offenses</li> <li>▪ Hospitalizations</li> </ul>
On or before 1/15/2003 and every January 15 thereafter	DHS submits to JBC and the Judiciary Committees of the Senate and the House  DHS also forwards to DCJ	<ul style="list-style-type: none"> <li>▪ Compilation of information submitted (above) with an Executive Summary</li> </ul>
On or before 10/1/2003 and every two years thereafter	DCJ submits to DHS, JBC, and to the Judiciary Committees of the Senate and the House	<ul style="list-style-type: none"> <li>▪ Identification of the cost avoidance/cost savings</li> <li>▪ Outcomes achieved by juveniles receiving services</li> </ul>

**Evaluation Planning Process:** The Division of Criminal Justice contracted with Focus Research & Evaluation to conduct the evaluation of the Community Based Pilots. Beginning in the spring of 2001, the evaluator began meeting with DCJ and the various stakeholders, both in groups and individually, from the State and the two sites. The purpose of the meetings was to explain the requirements of the legislation, determine the evaluation needs of the various agencies involved in the project, and reach consensus on the evaluation questions and scope. In this exploratory phase, stakeholders were encouraged to be broad in their scope to elicit the most comprehensive list of priorities and questions.

In addition, while most of the legislative language is defined, the requirement to report “outcomes achieved by youth” and “costs avoided or cost savings” necessitated that both constructs be operationalized and their scope defined. This involved presenting and discussing the possible dimensions or areas that could be measured, as well as exploring and proposing specific items or data elements that could provide the desired information. This was accomplished primarily through examination of the literature, which documents the risks, outcomes, and costs that are most often associated with this population. Individuals, who work in Criminal Justice, Public Mental Health, and Substance Abuse as administrators and direct service providers, augmented this information by sharing their experience-based expectations for these two programs.

**Evaluation Questions:** The evaluation questions focus on program implementation, youth and family characteristics, outcomes, and cost.

1. Do the program models implemented reflect the parameters set forth in the legislation?
2. Do the youth served in the programs meet the requirements of the legislation?
3. What are key characteristics of the youth and families served by the programs? In what ways are these youth like or different from other youth who receive services in the criminal justice system, especially in areas that are thought to be particularly relevant for this population: mental health, criminal justice involvement, education, and substance abuse?
4. What type and amount of services do the youth and families enrolled in the programs receive?
5. What outcomes are achieved by youth at the time of discharge and how do these outcomes change at six, twelve, and eighteen months after discharge from services? Specifically,
  - a. Do youth engage in less delinquent behavior, commit fewer crimes, and experience fewer revocations during and subsequent to receiving services?
  - b. Do youth spend fewer days in out-of-home placement, including psychiatric hospitals, during and subsequent to receiving services?
  - c. Do youth show improvement in other critical domains, including
    - i. Mental Health (problem and symptom severity)

- ii. Criminal/Juvenile Justice
  - iii. Education (performance, attendance, school completion)
  - iv. Substance Use (amount and type of substances, impact on functioning)
  - v. Family Functioning (parenting skills {supervision, involvement, and discipline}, cohesion, and basic needs/resources)
  - vi. Risk Factors/Behaviors
  - vii. Strengths/Resiliency
6. What are the costs avoided or saved by these programs?
- a. Are the program costs per youth, in the two programs, offset by the savings (cost averted) from reductions in out-of-home placement and/or incarceration?
  - b. Is the cost per youth for out-of-home placement and/or incarceration less than the costs incurred for the same youth prior to the intervention?
  - c. Is the cost per youth for out-of-home placement and/or incarceration less than the average cost for similar youth during the same period?
  - d. Are other high cost events (teen child birth, school failure, substance abuse) avoided during the intervention and follow-up period, and how much would it have cost, had they occurred at expected frequencies?

*Note:* In addition to these primary questions, individual sites may have additional questions they would like addressed. For example, ABC is implementing a Multisystemic Therapy (MST) Program. While this intervention has been shown to be effective, ABC has modified the program with the addition of a Family Resource Coordinator who will provide services during and subsequent to enrollment in the MST Program. There is no literature that speaks to the impact of adding this component. ABC may be interested in augmenting the evaluation to address this question specifically.

### **Approach and Design:**

**Program Fidelity:** Using the required elements and characteristics established by the legislation, the evaluator will develop a qualitative methodology, including site visits and interviews, to determine the programs' adherence to the legislative intent.

**Youth Outcomes and Cost Avoidance:** Since the use of control groups (a group of youth with equivalent characteristics who do not receive the new program) is beyond the scope of this evaluation, two strategies will be used to examine these programs.

1. The first is a pretest-posttest design (Admission/Discharge) to measure change in delinquency behavior, criminal justice involvement, mental health symptoms and problems, school performance, attendance, and completion, substance use, family functioning, risks, and strengths. It is not clear at this time whether this will be a one or two group design, i.e., whether the data from the two sites can be combined. In addition, the current design includes the collection of repeated measures (follow-up data) in some domains from youth and families at 6, 12, and 18 months post discharge.
2. Without a control group, it is somewhat challenging to determine cost avoidance or savings. The literature in the field as well as information about the experience of youth in Colorado, however, should provide realistic estimates of critical areas that impact cost, e.g., recidivism rates, school dropout rates, psychiatric hospitalizations, and

residential treatment. These rates will be used as benchmarks against which the youth in the Community Based Programs can be compared.

**Instrumentation and Data Collection:**

The Evaluator will work with both sites to provide questionnaires, directions, training, and submission formats and schedules. The following charts detail the questionnaires proposed for use at Admission, Interim, and Discharge. In addition, the charts present the domains or areas to be studied, the analyses in which the data will be included, from where the data will be gathered, who will collect the data, and an estimate of how long it will take to complete the questionnaire.

**Data Sources:**

**Available data that can be monetized Before Admission, During Enrollment, and Post Discharge**

<b>Source</b>	<b>Data</b>
<b>Colorado Trails</b>	
	<b>Child Welfare Placements (RTC)</b>
	<b>DYC Placements (Detention, Commitment, RTC)</b>
<b>ICON/Division of Criminal Justice</b>	
	<b>Charges filed and Outcome (Adjudicated, dropped, plea to a lesser offense, not guilty)</b>
	<b>Sentencing; type and length of time</b>

<b>Admission</b>	<b>Instrument(s)</b>	<b>Domains to be studied</b>		<b>Data Source(s)</b>	<b>Who Completes</b>	<b>Minutes</b>
	<b>Colorado Client Assessment Record (CCAR)</b>	<b>MENTAL HEALTH</b> <ul style="list-style-type: none"> <li>▪ Socio-Demographic</li> <li>▪ Current &amp; History</li> <li>▪ Problem List</li> <li>▪ Problem Severity</li> <li>▪ Strengths &amp; Resources</li> <li>▪ Level of Functioning</li> </ul>		<b>Clinical Assessment</b>  <b>Interview</b>	<b>Therapist</b>	<b>15</b>
	<b>Community-Based Pilot Record (CBPR)</b>	<ul style="list-style-type: none"> <li>▪ OUT OF HOME PLACEMENTS</li> <li>▪ EDUCATION</li> <li>▪ JUVENILE/CRIMINAL JUSTICE</li> <li>▪ RISKS, STRENGTHS, RESILIENCY</li> <li>▪ Misc. Socio-Demographic</li> </ul>		<b>Records</b> <b>School</b> <b>CW</b> <b>Probation</b> <b>Other</b> <b>Interview</b>	<b>Therapist</b>	<b>Depends on availability of records</b>
	<b>Adolescent Self-Assessment Profile (ASAP)</b>	<b>SUBSTANCE USE</b> <b>20 Scales – see attached</b>		<b>Self-Report</b>	<b>Youth</b>	<b>30</b>
	<b>Parent Self-efficacy</b>	<b>Parent comfort with different aspects of parental role</b>	<b>Outcomes</b>	<b>Parent Self-Report</b>	<b>Parent</b>	<b>10</b>

**Instrumentation (Continued):**

	Instrument(s)	Domains	Rationale	Data Source(s)	Who Completes	Minutes
<b>Discharge</b>						
	Sum Monthly Tracking	▪ All	Outcomes, Cost	Previous Submission	Evaluator	
	CCAR	▪ All	Outcomes	Clinical Assessment	Therapist	15
	CBPR	▪ Socio-demographic ▪ Education	Outcomes Cost	Records Interview	Therapist	Variable
	Partial ASAP	▪ Involvement ▪ Sustained Use ▪ Disruption ▪ Psych ▪ Peer ▪ School ▪ Deviant ▪ Attitude ▪ Prosocial	Outcomes Cost	Self-Report	Youth	20
	Parent Self-efficacy	Parent comfort with different aspects of parental role	Outcomes	Parent Self-Report	Parent	10
<b>Follow-Up</b>	Instrument(s)	Domains	Rationale	Data Source(s)	Who Completes	Minutes
	Youth and Caregiver Follow-up Interviews	Program Satisfaction, Recommendations		Youth Caregiver	Evaluator	30
	Priority is to Re-offending/recidivism  Other Cost-related (Education, placements)	Post-Program Service Utilization	Outcomes Cost	DCJ/DYC/Parole Data Bases	Evaluator  Electronic Search	TBD

## **Data Analysis Plan:**

Program Description and Fidelity:

Initial site visits

Follow-up site visits subsequent to program implementation

Data will be entered into SPSS.

Analyses will be limited/determined by final N and amount of complete data

Descriptive Analyses with comparisons to appropriate populations in Colorado and Nationally

Pre-post (t-tests) –Outcomes at discharge

***New 2004: Regression analysis to determine the predictors of Program Success and Long-term outcomes (see details below).***

## **Evaluation Methods/Process:**

**Data Collection Instruments/Questionnaires:** Appendix X, Chart X displays for each instrument used: the domains addressed, when the data are collected, who completed the instrument/data source, and the time it takes to complete. General descriptions of each instrument are provided below. All instruments that were completed by Youth or Caregivers were translated into Spanish and provided to the sites. Copies of all instruments are provided in Appendix X.

- **The Colorado Client Assessment Record (CCAR) – Therapist completed @ Admission, Discharge<sup>1</sup>**

Colorado's Mental Health Service requires completion of the Colorado Client Assessment Record (CCAR) for all enrollees into public mental health agencies and facilities (Colorado Mental Health Services, 2000). The CCAR is a clinical instrument designed to provide a standardized method of documenting clinical impressions of cognitive and behavioral functioning, symptoms, and strengths and resources at various points of service delivery. As a statewide-required instrument, the data from the Community Based Pilots will be comparable to data collected in other programs. It should also be noted that all of the primary therapists and intensive case managers, except one, participated in formal CCAR Training provided by Colorado Mental Health Services.

- **The Community Based Pilot Record (CBPR) – Staff/Therapist completed at Admission, Discharge (Modified), Follow-up (Modified)**

A data record created for the Pilot that documents cost-related events: out of home placement days, Criminal/Juvenile Justice data<sup>2</sup> (arrests, filings, adjudications, and

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<sup>1</sup> In 1999, The Colorado Department of Human Services received funding from the national Center for Mental Health Services (CMHS) to create a System of Care in Clear Creek, Denver, and Jefferson Counties. Known as Colorado Cornerstone, this initiative addresses the needs of youth with serious emotional disturbance involved or at-risk of involvement, with juvenile justice and their families (see: <http://www.coloradocornerstone.org>). The Colorado Cornerstone Initiative is using the Colorado Client Assessment Instrument, the Family Assessment Device, and the Family Resource Scale, and thus will provide comparative data.

sentencing), school enrollment, school performance, suspensions, and expulsions. Also included is a comprehensive list of individual, family, and community risks and strengths based on the extensive risk and resiliency literature (Hawkins, J.D. & Catalano, R.F., 1995).

- **The Adolescent Self Assessment Profile II (ASAP II), modified with permission of Ken Wanberg, Ph.D. – Youth Report in face-to-face interview @ Admission, Discharge (Modified), Follow-up (Modified)**  
The ASAP II (Wanberg, K.W., 1999) is required of all adolescent admissions to programs licensed by Colorado's Alcohol and Drug Abuse Division. The instrument provides a multi-dimensional profile of adolescent drug and alcohol exposure, use, benefits of use, disruption, sustained patterns of use, deviancy, school disruption, peer influence, family functioning, motivation for change, prosocial/strengths, and mental health adjustment. It has established psychometric properties and has been normed on a several populations in Colorado. As a statewide-required instrument, the data from the Community Based Pilots will be comparable to data collected in other programs.
- **The Self-Efficacy Scale: Self-report by Caregiver @ Admission, Discharge**  
Provides an assessment of parent confidence in handling various parental responsibilities, e.g., discipline and behavior control, and meeting child's basic needs, and helping with schoolwork.
- **Program Evaluation/Satisfaction Follow-Up Interview: Self-report by Caregiver and Youth<sup>3</sup>**  
Provides Caregiver and Youth perspective of Pilot Programs, including: expectations, satisfaction, strengths and weaknesses, recommendations for change, and impact on youth and family.

## **Data Collection Procedures and Management**

### **Consent:**

At the time of admission to the Pilot Programs, Youth and Caregivers are told about the evaluation components and asked to sign two documents: a consent form for participation and a consent form that allows the evaluator to contact them after their termination from the program. An Agency-Specific Release of Information, which was initially collected at the time of six-month follow-up, was added to the admission protocol to ensure greater access to cost-related data in the event we are unable to locate the family after discharge.

### **Evaluation Training and Materials**

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<sup>2</sup> From a data collection perspective, criminal/juvenile justice data were the most challenging and time consuming to collect. Initially, data were only collected from the sites, with the Sterling site using a combination of self-report and the Presentence Investigation Report (PSIR) with assistance from probation officers. Since these statistics had significant implications for individual as well as cost outcomes, we tried to confirm their reliability with the use of Colorado On-Line Network (ICON), a component of the Colorado Integrated Criminal Justice Information System (CICJIS). Since both source provided unique information about episodes, both sources were used.

<sup>3</sup> Several questions for this protocol were adapted from the Parent and Youth Key Informant Interview Forms developed by Marsha Gould, Ph.D., for the Colorado Mental Health Services Transition Pilots, which were base on the Transition to Independence (TIP) System (Clark, H.B., et al., 2000)

Focus Research & Evaluation provided both sites with copies of all instruments and consent forms, both electronically and in hard copy. They were also provided with the Evaluation Plan, specific directions for when instruments should be completed, a checklist for keeping track of what was submitted for each youth/family, and how to submit them to the evaluator. Each site was also provided regular updates detailing what data had been received, what was outstanding, as well as specific questions that had arisen concerning data (e.g., primarily missing or inconsistent data). The evaluator was also in regular phone and email contact with administrative and clinical staff on an as needed basis.

**At the time of admission**, sites were expected to:

- § Obtain written consent to participate
- § Complete the CCAR and the CBPR
- § Administer the Admission ASAP II to the youth verbally
- § Have the Youth and Caregivers complete their respective questionnaires

**At the time of discharge**, sites were expected to:

- § Obtain written consent for the evaluator to contact the family at the time of evaluation and location information
- § Complete the CCAR, the Modified CBPR, the Monthly Tracking Forms
- § Administer the Modified Discharge ASAP II to the youth verbally
- § Have the Youth and Caregivers complete their respective questionnaires

**At the time of the six month follow-up**, the evaluator reviewed the discharge materials for contact information and attempted contact with the family. Subsequent actions were dependent on the youth's age. Since several youth were over age eighteen, consent, release of information, and interview procedures were modified. In addition, several of the youth were no longer living at home with their parents, making some of the questions and instruments inappropriate.

Perhaps most challenging, however, was locating families and establishing contact. While substantial contact information had been collected, this population tended to move often and have disconnected phones. It was particularly difficult to locate and obtain consent from youth who had moved out of the family home.

Since the evaluation was not funded to provide extensive fieldwork with regard to searching for individuals in the community, this situation needed some attention. Of most concern was the importance of tracking out of home placements, hospitalization and criminal/juvenile justice contacts and sentences, all of which have significant implications for cost and which the evaluator had planned on tracking for at least eighteen months post discharge. Consequently, at the end of the last fiscal year, Agency-Specific Release of Information form, which allowed for the collection of unit of service/cost information from agencies and service systems was moved to the admission protocol.