

APPENDIX D

COMMUNITY-BASED MANAGEMENT PROGRAM FOR YOUTH IN THE CRIMINAL JUSTICE SYSTEM

Program Description

Participants

Centennial Mental Health Center, Inc.
13th Judicial District Court, Probation Department
SB-94 Program
Logan County Department of Social Services
RE-1 Valley School District
13th Judicial District Court
Logan County Sheriff's Department
13th Judicial District Court, Office of the District Attorney

Revised 09/03

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Program Overview

Traditional approaches to providing services to mentally ill adolescents who are involved in the criminal justice system typically have been inadequate at best. Adolescent criminal behaviors are dealt with by the criminal justice system (i.e., detention and/or commitment to a juvenile facility, probation, etc.), while the individual's mental health, substance abuse, family, peer and school issues, if they are dealt with at all, are addressed separately by a host of different community agencies. The consequence is that multiple systems have provided services independently with little or no cross-system coordination of the services. This situation, at best, results in services that may be overlapping, duplicative, and/or have significant gaps. At worst, program services may have contradictory goals and actually work in opposition to each other.

To address the complicated multiple service needs of mentally ill adolescents involved in the criminal justice system, Centennial Mental Health Center, in concert with its community agency partners, has designed an intensive, thoroughly integrated family and community-based service system. We anticipate that early intervention and treatment services in the community will decrease the rate of recidivism, decrease the need for multiple periods of incarceration and hospitalization, and enhance the ability of these persons to function productively in the community.

The overall program design ensures that an individual's mental health, substance abuse, family, peer and school issues are assessed thoroughly, and, where needs are identified, services are provided to meet those needs.

The program design is based solidly on treatment protocols documenting that individuals who receive such treatment are twice as likely to be employed, to finish community service requirements and to have significantly fewer re-arrests than those without the benefit of such treatment. It is further founded on the research finding that integrated service to individuals with co-occurring mental health and substance abuse problems is much more effective than providing these services either concurrently or serially.

The individuals and agencies coming together to develop our community-based program are listed below.

**Karla Rosas
Steven E. Shinn**

Ed Bever and Ralph Cristello

Fred Crawford

Virgie Nelson

Laura Furlong

Robert E. Bolish

Robert A. Wiest

Centennial Mental Health Center

District Court Judge

District Court Probation Department

Logan County Department of Social Services

Sterling Youth Services and SB 94 Program

School to Career Coordinator, After School Plus

Logan County Sheriff

Thirteenth Judicial District Deputy District Attorney

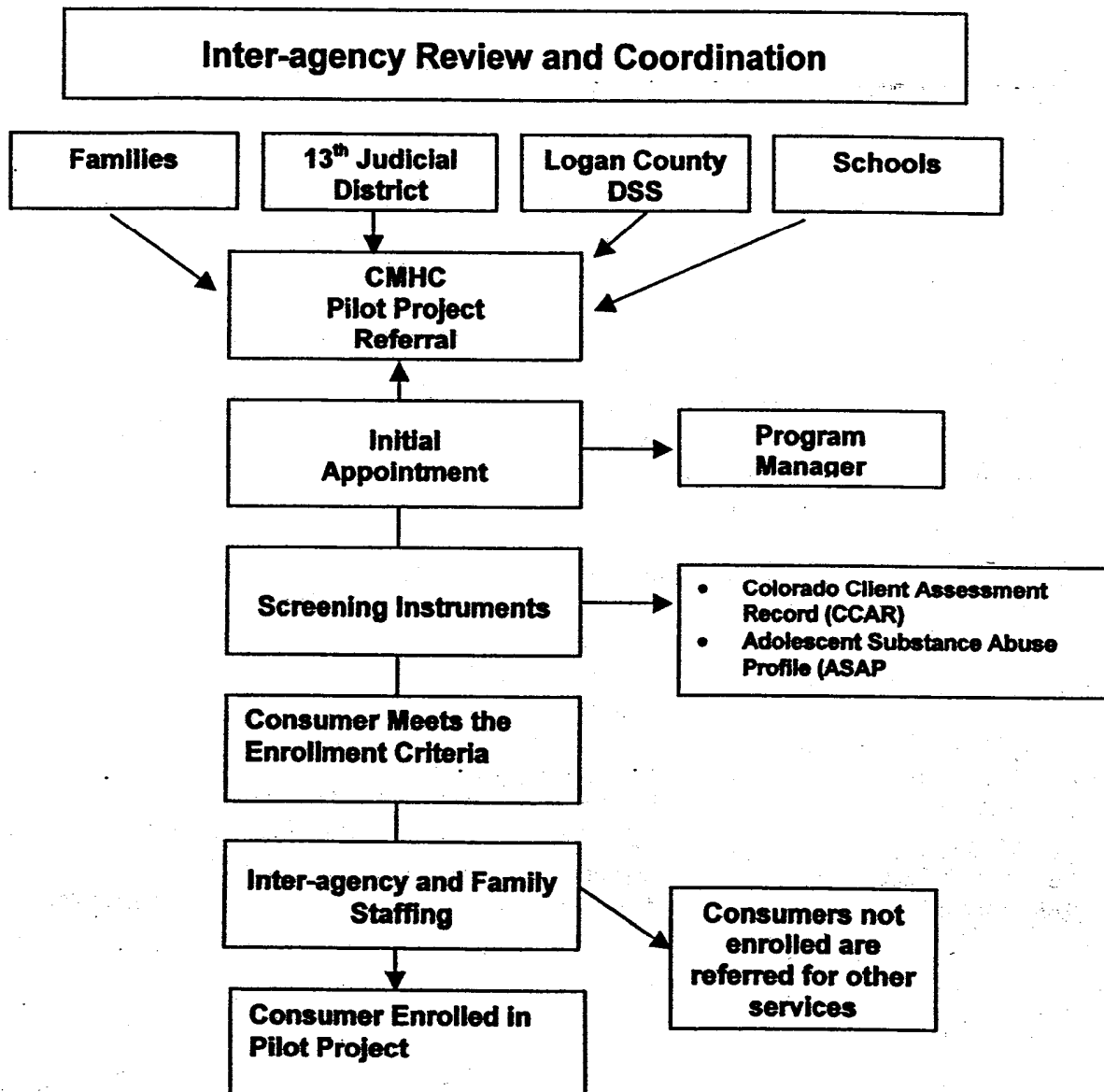
Key staff persons involved in the project, and their roles in providing services are described below. This Program is designed to provide intensive, effective services to a specific target

population. To be considered for admission, youth must be referred to the Program by the criminal justice system (probation officer, court order, etc.) and meet the following criteria:

- Age: Participants must be less than 18 years of age
- Diagnosis: Participants must have a mental illness diagnosis
- Criminal Justice Involvement: Participants must be involved in the criminal justice system or on probation

Interagency service coordination is assured through weekly meetings of key stakeholders, including representatives from Centennial, Probation, the Department of Social Services, the school district and families of participants. This group reviews referrals and determines admission to the Program. The flow chart below demonstrates the review and staffing procedure and shows how referrals from Probation, Youth Services, the Department of Social Services and families are processed.

Discharge from the program will be coordinated with program completion and completion of probation terms.



Key Staff

Karla Rosas, Centennial Mental Health Center Logan County Director

A lifelong resident of Sterling and 10-year veteran of Centennial, Ms. Rosas received her Bachelor's Degree from Colorado State University and her Master's Degree from University of Northern Colorado. She is a Licensed Professional Counselor in the State of Colorado. As Logan County Director, Ms. Rosas oversees all services provided by Centennial in Logan County, including the Pilot Program. She provides direct supervision to the Program Manager and works closely other community agencies to assure the success of the Pilot Program.

Mindy Henry, Centennial Mental Health Center Mental Health Professional

Assigned full time to this program, Ms. Henry is a native of Sterling. After winning a basketball scholarship, she studied sociology and received her Bachelor's Degree from the University of Colorado in Boulder. Ms. Henry also has worked in law enforcement in Boulder and Fort Collins. Seeing this program as an exciting opportunity to work with adolescents, Ms. Henry is responsible for facilitation of group services for juveniles and their families as well as coordination of the Centennial services with those of the other agencies involved in the project. Ms. Henry has completed the requirements for Certified Addictions Counselor II.

JaNae Roelle, Centennial Mental Health Center Mental Health Professional

Assigned full time to this program, Ms. Roelle is a native of Peetz, Colorado which is a rural community in Logan County. She studied Sociology and Speech Communication and received her Bachelor's Degree from the University of Northern Colorado in Greeley. Ms. Roelle has also worked as a probation officer in Laramie, Wyoming. Ms. Roelle sees this program as an opportunity to get involved and enhance the lives of youth in the community. Ms. Roelle is responsible for facilitation of group services for juveniles and their families as well as coordination of the Centennial services with those of the other agencies involved in the project.

Melissa Brown, 13th Judicial District SB-94 Case Manager

Ms. Brown is a native of Merino, Colorado which is a rural community in Logan County. She specializes in the pretrial supervision of juvenile offenders. Ms. Brown's greatest asset to the Pilot Program is her willingness to collaborate with Centennial Mental Health Center. She is truly involved in the lives of the youth in the community.

Cynthia Stieb, 13th Judicial District Probation Office

As the 13th District's Senior Probation Officer, Ms. Stieb works with both juvenile and adult offenders.

The following pages provide detailed descriptions of the specific components of the Pilot Program and the goals of each.

Introduction

Over the past decade, many changes have occurred in the criminal justice system as a direct result of recognizing, diagnosing, and treating persons with mental illness. As professionals, we have made great leaps in understanding the vast array of illnesses currently being treated. Such progress has affected the ways in which juveniles are served throughout the criminal justice system and their community.

The Pilot Program is the most inclusive, treatment-based program available. The continual evaluation of the consumer, family, service plan, and treatment guarantee multi-level success.

Assessment

Developing a successful, individualized service plan requires accurate consumer and family assessment. The assortment of professionals at Centennial Mental Health Center and throughout the community will assist in assessment and also will provide many of the necessary service plan programs.

Service Plan

The use of programs currently in place at Centennial include, but are not limited to:

- Individual Therapy
- Group Therapy
- Family Therapy
- Medication
- Mentoring
- Crisis Management
- DROP

Current programs, along with the following program specific components and outside services, combine to create a successful environment for juveniles.

Targeted Program Goals

As a program develops, setting and achieving specific goals becomes an important evaluation tool for continued success. The five goals defined in Centennial's grant proposal provide an effective instrument for the criminal justice system to reduce delinquent activity and a means for the juvenile to return to the community in a more positive light.

- 1) Reduce recidivism of juvenile crime by 50% among program participants
 - a) By decreasing the amount of unstructured time available to participants, we will decrease the opportunity for criminal activity and reduce boredom, which is a key component in criminal activity.
 - With the assistance of local businesses, schools, and community services, we will develop options and opportunities for participants in a safe, structured and supervised environment.
 - We will design and develop an on site Drop-In Center, providing tutoring, educational tools, groups, and wellness activities.
 - b) We will develop an option-consequence relationship with participants.

- A 5-week group designed to address making positive choices based on situational evaluations, options, long and short term, natural and environmental consequences, and solution development, implementation, and acceptance.
 - Participants will be placed on a level system designed to address individual assessment based needs by teaching various skills, providing accountability, responsibility and opportunity for success through the use of program provided tools.
- c) Increasing the participant's positive option base will allow for more choices and opportunities for success.
- Providing a mentoring program with the help of community services such as the Big Brothers/Big Sisters program increases the number of positive role models in the participant's life.
 - Making use of the vocational program in place at Centennial Mental Health Center as well as offering opportunities for jobs or volunteering with the assistance of community outlets offers a way for participants to serve their community and rebuild that relationship.
- 2) Reduce inpatient days among participants by 50%
- a) Poor choices are made as a result of incorrect information or lack of information. Increasing the amount of correct information the participant has will in turn decrease the likelihood of continued negative behavior.
- A 3-week group on "designer" drugs will be used to provide accurate information to participants.
 - A 3-week group discussing addiction will also increase the amount of correct information the participant receives.
- b) Through assessment, correct identification, and treatment, inpatient days will decrease.
- Medication, therapies, and counseling groups will require participants to recognize and change destructive behaviors.
- 3) Reduce out-of-home placement days among participants by 60%
- a) Intensive family therapy will be required.
- Assessments will include identification of the needs of parent(s) and participant to include the entire family, parents only, and participant specific services required.
 - Appropriate services then will be offered through Centennial and outside sources.
- b) One of the most important steps toward reducing out-of-home placement is to better the family relationship by improving participant self-esteem.
- Improving self-esteem, self-discipline, and cooperation will be primary goals and a 4-week group required for participating juveniles.
- c) For most people, home is a safe, secure, and positive place to go. When home becomes something other than that, it becomes necessary to find another safe place.
- We will help define a safe place for program participants that is supervised, positive, and treatment oriented.
 - Through wellness activities and anger management groups, we will teach participants how to release aggression in more constructive ways.
- 4) Reduce self-reported offending, including illicit alcohol and drug use, among participants by 60%
- a) One of the simplest ways to reduce self-reported offending is to reduce the number of incidents in which participants participate in criminal activities.

- To begin reducing incidents of criminal activities, we will assess and define critical times or periods in which the participant is most likely to become involved in such activities.
 - After developing the time and situation relationship with criminal activities, crisis intervention and alternatives will be provided through Centennial services, mentoring, and other community services, including introducing pro-social activities and community activities.
- b) This in turn serves to reduce the opportunity for such destructive behaviors.
- Finding and developing outlets for each participant to express feelings, work through aggression or other tendencies will be a primary focus of the service plan.
- c) A peer-counseling program also will be integrated into the service plan as a means of providing positive influence for participants.
- Based on the level system, the participants selected and trained as peer counselors will provide support and guidance to their peers when other options are not available.
- 5) Improve peer relations.
- a) Peer influence is strongest during this period of human development. Defining how participants choose their peers and providing tools for more positive and pro-social peer selection will improve peer relations.
- We will implement a 4-week group on peer selection.
 - We will also develop a 3-week group devoted to understanding and embracing multiculturalism and how it affects our standards for peer selection through association. (This section will include the current peers of the program participants, offering everyone an opportunity to learn the benefits of positive, pro-social behavior).
- b) Human nature leads people to gravitate toward those who share common interests. To make more positive choices participants need to develop other interests.
- We will provide opportunities for new experiences through wellness activities, mentoring, and job shadowing programs.
- c) Poor peer relations are directly related to poor social skills. Participants will:
- Improve social skills and cooperation through the use of role-playing and a 6-week group teaching appropriate and positive social skills, participants will be more prepared to make positive life choices.
 - Improve social skills through the introduction of community events and activities that promote positive interaction with family, peers, and other community members

Conclusion

As a valued member of the community, we have an obligation to actively participate in its improvement. By addressing one of the most common problem areas within the criminal justice system, juvenile crime, we offer a positive solution to an ever-growing area of concern.

Local program experience has shown that juveniles respond well to incentives, positive reinforcement, and structured activities.

Through the use of the Pilot Program, its proposed services, groups, systems, and activities, in combination with community services and support, we will significantly reduce the recidivism rate, inpatient days, out-of-home placement days, self-reported offending, and improve peer relations among participants while providing tools for continued success.

Groups

Many components combine to develop a successful program. Groups are a useful means of providing information, counseling, and teaching/ improving skills among program participants. Using the goals defined in the Grant as a target, the following groups offer a means of reaching those goals and moving beyond to ensure continued participant success as well as program success.

Integrating wellness activities, community service, mentoring, tutoring, school services, and Centennial services produces an inclusive, treatment-based program for use by the criminal justice system. A typical week schedule for any Pilot participant is as follows.

Pilot Group Fall/Spring Schedule

Monday	3:30-5:00 5:00-6:00	Rotating Pilot Adolescent Groups Study Hall II Drop-in
Tuesday	3:30-5:00 5:00-6:00	Adolescent Anger Management Group Individual Therapy
Wednesday	3:30-5:00	Adolescent Substance Abuse Group
Thursday	4:00-5:15 5:15-7:30	Study Hall/Drop-in Multi-family Parenting Group
Friday	3:30-4:30 5:00-8:00	Intensive Family Therapy Dinner & A Movie
Saturday	Times vary	Wellness Activities / Community Service (approximately 2 times per month)

Summer Group Schedule

Monday	10:30-12:00 1:00-2:00	Rotating Group Wellness/Community Volunteer Projects
Tuesday	1:00-3:30 3:30-6:00	Adolescent Boys Drop-In/IFC
Wednesday	4:00-5:00 5:00-6:30	Meeting with P.O./Adolescent Girls SSIC
Thursday	1:30-3:30 3:30-5:00	Drop-In/Individual Therapy SA Adolescent Group
Friday	3:30-5:00	Adolescent Anger Management

Group Topics

Choices / Decision-Making

Depression

Self-Esteem

STD's

Coping Skills

Communication Skills

Anger Management

Substance Abuse

Relapse Prevention

Stress Management

Peer Selection

Roles

Money Management

Values/Morals

Goal Setting

Domestic Violence

Employment

Boundaries

Continuous Groups

Journalizing

Empathy

Wellness

Intensive Family Counseling

Journalizing Group

Through the use of an interactive journal series, supplied by Corrective Action Publications, participants will develop a system of values and strategies that lead to responsible, positive behavior. Development of values and strategies in turn assists Centennial in meeting the goals of the Pilot Program: reducing recidivism rates, reducing inpatient days, reducing out-of-home placement days, reducing self-reported offending, and improving peer relations.

"The Con Game"

"Values for Responsible Living"

“Thinking Errors”

“My Change Plan”

“Abuse and Addiction”

“First Step”

“Anger”

“self-esteem”

“Life Management”

“Relapsers”

Dinner and Movie

Dinner and a Movie began in February 2002. The object of the "Dinner and a Movie Program" is to use a large screen television and the kitchen facilities at Centennial to show regular Thursday, Friday, or Saturday night video movies and prepare an inexpensive pot-luck dinner. This program provides a supervised setting for pro social activity where persons on probation could come, invite a friend, and see a fun movie in a group setting. The 13th Judicial probation and Centennial Mental Health Center purchased a large screen television and DVD player for the program. The Centennial facility is already equipped with game tables, computers, and full kitchen facilities. Centennial was awarded a \$700 grant from the El Pomar Foundation in 2002, which was utilized to purchase three couches for the Dinner and a Movie Program. Dinner and a Movie currently meet monthly on Thursday nights. During the summer months the program meets 2-3 times per month. A probation officer, a Centennial clinician, and/or both always supervise the program. Plans to expand this program for the next year are to continue the pot-luck dinner and offer a variety of activities such as those that are recreational. We have also added a family component, which includes parents and family members in attendance at the pot-luck dinner and pro social activity.

Transitional Services

Transitional services are offered as a component of the Pilot program. Transitional services follow the completion of the six-month program. The services consist of 2 sessions per week for eight weeks. Transitional services are comprised primarily of group services, however individual services are also available to accommodate the youth. Some of the reasons for individualized services are that youth may have been too disruptive in a group setting, maturity

level, and/or other obligations that the youth may have. Transitional services are designed to enhance the Pilot and will not impinge the youth's schedule. One of the groups per week will be process oriented, the other service will focus on life skills. Transitional services were developed in response to feedback from youth who have completed the Pilot program.

Family Services

The Pilot Program's approach to treating families is based on a specific plan of intervention for families with oppositional defiant youth developed by strategic therapists from the Washington School of Strategic Therapy and refined by Scott Sells, Ph.D. of the Savannah Family Institute.

In the therapy of oppositional behavior the two most important tools for viewing a problem are the concepts of *sequence of interaction* and the *hierarchy of interaction*. Change involves movement from an escalating sequence of behavior (one where fighting escalates painfully and without resolution) to a soothing sequence (one where the child is often soothed by the adult).

This intervention is based on the finding that it is helpful to focus on certain aspects of the sequence of oppositional behavior. The critical sequence of this intervention is as follows: During a confrontation between the youth and an authority figure, the child is unusually focused on the process of communication while the adult is focused on the outcome. A tendency to focus on the *process* of communication is called process orientation. The tendency to focus on the *outcome* of confrontation is called outcome orientation. The issue with regard to oppositional behavior is the mismatch that occurs when one party in a confrontation is focused on outcome and the other on process.

During confrontation or a tense discussion, the process-oriented child is especially focused on the following three issues:

- 1) The timing of the confrontation
- 2) The content and direction of communication during the confrontation
- 3) The mood of the confrontation

At the same time, the adult in the confrontation tends to focus on determining

- 4) The outcome of the confrontation

As the argument progresses and tensions become greater, the child tends to become increasingly focused on process and the adult tends to become increasingly focused on outcome. This is the sequence of oppositional behavior that the intervention focuses upon.

Oppositional behavior is best described as being characterized not only by a certain sequence of interaction but also by a certain hierarchy of interaction. "*hierarchy*" describes the degree to which the parents and children act in age and role appropriate ways. The hierarchy of interaction of children with oppositional behavior is that they behave as if they have the authority of adults, not kids, and tend to argue with adults as if arguing with peers. In some cases of oppositional behavior, the adults often begin to behave less like parents and more like peers vying for power. A child who claims an adult level of authority argues with adults as if they were peers. With this

child, therapy works to empower the child to have a more child-like functioning rather than adult authority. Some of the issues presented below determine who is functioning as an adult in the social system. Children who claim these roles and carry out these interpersonal tasks tend to claim the authority of adults. The degree to which adults carry out the interpersonal tasks below in a benevolent fashion and the degree to which there is a balance between the "hard" and "soft" sides of hierarchy tend to increase their benevolent ability to guide and protect children.

THE HARD SIDE OF HIERARCHY

Who makes the rules

Who defines the punishments

Who carries out punishments

Who tells whom what to do

Who has final responsibility for making major decisions

Who is responsible for making others feel safe and provided for

THE SOFT SIDE HIERARCHY

Who soothes whom

Who provides reassurance to whom

Who protects whom

Who has responsibility for expressing love, affection, and empathy

Who is the provider of good things and good times

Who usually determines the mood of situations

Who has the responsibility to listen to whom

The operationalization and implementation of these concepts is contained in a specific plan of intervention utilized by the Centennial Center for Mental Health in both individual family therapy and a multi-family therapy setting. The stages for intervention are:

- A collaborative re-framing that helps parents understand differences in adults' and children's perceptions of power; this moves the focus of the problem past the issue of who is to blame and focuses the system's energy instead on resolving the problem in a new fashion

The parents are coached to employ new information on the child's process orientation by resisting the child's attempts to draw them into confrontations. One goal is for the parents to determine their own mood rather than allowing the child to determine it. Also addressed are any possible triangulations between the child, parent(s) and third parties. Additionally, issues related to improving the endurance and coping abilities of adults are addressed.

Rules, rewards, and consequences are restructured to make them sensitive to the child's process orientation and to the adults' endurance. This stage includes: setting limits, rules, and consequences on paper for the children to see

Timing of tagging and giving consequences

Non-confrontational punishments

The two-tier system of consequences

Not pushing parents too hard initially in setting limits

Regularly scheduled time for positive parent-child interaction, regardless of the child's behavior.

Using rewards as shaping tools

Parents are coached to soothe their oppositional children. Parents move from merely focusing on maintaining a loving attitude themselves to actively attempting to soothe the child's pain and anger. The success of this is not as important as the parent's consistent effort to lovingly soothe the child. It is in this stage that communication starts to flow more freely.

The Multi-Family Therapy component of the Pilot Program utilizes home visits, written materials, video clips, lectures and experiential exercises to illustrate basic principals and provide opportunities to put into practice concrete strategies for reestablishing authority and restoring nurturance.

The current format for the multi-family therapy group is two and a half-hour sessions each week for six weeks. Parents develop knowledge and skill in such areas as: identifying hot buttons that both parents and teens push on each other and how to stop pushing them; understanding their teen's ability to think two steps ahead of them to undermine consequences; how to troubleshoot rules and develop creative consequences; how the misuse of outside forces such as police, probation, counselors, etc. undermines their authority and effectiveness as a parent; the concept that their teenager is drunk with power and is not going to give it up without a fight; the idea that teens operate on the pleasure principle and would rather endure consequences than give up the immediate gratification their misbehaviors bring them; the idea that their teen's peers are their second family and can have a tremendous negative or positive influence, and the importance of nurturance.

At the end of the six weeks, parents often realize that everyone in the family has to change not just their teen. Resistance is broken down and parents become ready for more intensive family therapy. Thus, family system problems such as marital discord, substance abuse or mental illness can be more effectively addressed. Throughout the course, parents are reminded that this group is not a cure but a road map to restoring authority and love to their relationship with their teen. Often, parents who began the course with a parenting style that was too rigid and lacking in nurturance become softer and more loving toward their teens. Parents who were too permissive and inconsistent and who expected the system to fix their child understand that they cannot allow someone else to assume their role for them.

The primary goal of family services in the pilot program is keeping families intact. However, we believe that this goal should not be so rigidly adhered to that it takes precedence over the safety and well being of the child and the family.

**Pilot Program
Parenting Class
Duration: 6 Sessions**

Since the beginning of this year, the Sterling Pilot Program has made direct intervention with five program participants and their families through the Parenting Class titled, "Parenting With Love and Limits" by Scott Sells, Ph.D. Under the direction of the Centennial Mental Health Center Staff, each family received one-on-one assistance and encouragement to help create a more nurturing and structured environment for their child.

Dr. Sells program, designed in the Behavioral Therapeutic approach, directs the participants through seven steps to recapture a structure environment based on the parent's authority, nurturing, and the need for mutual respect within the parent-child relationship. Besides one session, all the family members attend the series of sessions.

Class 1 is directed towards developing group cohesiveness, understanding the theories behind teen misbehavior, and allowing the teens and their parents to vent about their problematic situations. Class 2 directs the group through the idea of "button-pushing" or ways that both the teenager and the parent escalate their arguments. Both the parent and the teenager role-play a past argument to increase their awareness of what buttons they use to push. In a separate session, parents are introduced to some "Button Buster" techniques to help them gain control of future conflicts.

Class 3 introduces the concept of contracts and why some of them are not successful Class 4 centers around establishing positive and negative consequences for future contracts and introducing the Positive Parent Report designed to begin to bring nurturing back into the relationship. Class 5 is for parents only as the "Seven Aces" to help enforce contracts are introduced and assessed for how beneficial each one would be to help regain structure in the family. Finally, Class 6 directly addresses the necessity of nurturance within family relationships.

It is the goal of the Pilot Program to have every pilot participant family attend all six sessions and host a home visit. During the home visit, the Centennial staff "fine-tune" the family's contract for their teenager.

Due to the irregularities of one of the pilot family's schedule, it will be necessary for the family to retake the "Love and Limits" Series.

It is our intention to continue using the "Parenting With Love and Limits" curriculum. At the present, names are already being compiled for the next class.

Intensive Family Treatment

Intensive Family Counseling or Therapy will be a large piece of the service plan. For long term success to become a reality, it will be important to treat the participant AND also the family. Tuesday and Thursday evenings are dedicated to family counseling. In-home visits and therapy will be provided as a service and will be a program requirement for participants and their families. Centennial and/or community contacts or business as defined in the assessment will provide any other services necessary for all family members.

Wellness Activities

Basketball	Soccer	Chess	Yatzee	Bowling
Volleyball	Swimming	Checkers	Trivial Pursuit	Movies
Flag Football	Roller Skating	Spades/Hearts	Cricket	Plays
Ping Pong	Baseball	Dominoes	Pottery	Concert
Tennis	Foosball	Mancala	Symphony	Frisbee
Ropes Course	Painting	Golf	Cycling	Archery
Weight lifting	Lacrosse	Photography	Sculpting	Pool
Badminton	Fishing	Air Hockey	Pickle Ball	Darts
Cage Ball	Racquet Ball	Hard Ball	Broom Ball	Bataca
Scooter Hockey	Foot Bags	Horseshoes	Frisbee Golf	Croquet
Shuffleboard	Horticulture	Water Polo	Field Hockey	Tri-ball
Indoor Soccer	Floor Hockey	Eclipse Ball	Global Ball	Sacket
Bonker Ball	Dodge Ball	Self Defense	Water Volleyball	Bocci

Level System

Behaviors occur for a variety of reasons. Some are based on natural responses, some on learned responses, and some on environmental teachings. One management tool commonly used among group homes and placement centers to change negative and/or destructive behaviors is a level system.

Taking into consideration the program goals, services, and participants, the following level system provides management tools along with incentives for behavior improvements or changes. Such a system serves to unite all areas of the program into one manageable, evaluation technique. It develops a sense of accomplishment among participants while identifying a causal relationship between behavior and consequence.

Correctly applied, the level system becomes a valuable tool for program development as well as evaluation and goal achievement. By incorporating point cards, for tracking and recording success, and weekly school and job evaluations, which establish the importance of education in the participants lives, a sense of responsibility and control will be internalized among the program participants, in turn developing self-esteem.

Level I

0-25,000 Points

Highly restricted schedule
Required attendance at school, groups, Drop-Ins, IFC, Saturdays, probation meetings, UA drops, etc. No participation in extra/special scheduled events, Bonus Bucks program, etc.

Level II

25,050-105,000 Points

Restricted schedule
Required attendance at school, groups, 1-Drop-In/week, IFC, Saturdays, probation meeting, UA drops, etc. Required participation in extra/special scheduled events and Bonus Bucks program.

Level III

105,050 + Points

Graduate schedule
Required attendance at school, groups, IFC, UA drops, etc.
Optional participation in extra/special scheduled events or may bring an approved friend, Bonus Bucks program, may acquire a job with approved work hours, other requests considered as submitted.
Peer Counselor Program participant.

Earning and Losing Points

Earning Points

Points are earned by following all program requirements.

Losing Points

Points are lost by failing to follow program requirements. Lost points will be double those that would have been earned for following the program requirements.

As points are earned or lost, the consumer will move through the level system. Each separate level provides for varied rewards, requirements, and responsibilities. The final goal: graduation from the program by achieving success within the program requirements and meeting the goals specified in the Grant.

Program Points

DROP	75
JISP	75
Community Service	100
IFC	300
Drop-In	50
Wellness	150
Peer Counselor	175
Mentor	50
Tutor	200
Job	125
Group	75

In School Contact

In school meetings and treatment will be included in the service plans of the participants. For those individuals in school, the importance of continuing education is a primary element necessary for success. Weekly in school contact will be scheduled through school officials to assist in developing more positive relationships between teacher, administration, and program participants as well as offering an opportunity for feedback and participant evaluation or suggestions for improvement.

Drop-In Center

Because one of the largest contributors to criminal activity is boredom, offering a drop-in center for program participants with activities, supervision, tutoring and support is a way to meet the program goals of reducing recidivism, reducing inpatient days, reducing out of home placement days, reducing self-reported offending, and improving peer relations among participants.

By associating themselves with peers who are in similar situations and have similar goals, the potential for more positive peer relationship becomes a reality.

The participants will themselves be responsible for facility management. Those individuals on Levels II and III will be responsible for presenting any rules violation to the "participant community" on the Tuesday and Thursday required drop-in. The group as a whole will then vote on specific consequences as applicable to the program and level system.

Social Skills

Following Instructions

1. Eye contact
2. Listen
3. Repeat task
4. Begin task within 5 seconds
5. Check back after completed

Asking Permission

1. Eye contact
2. Question
3. Rationale
4. Accept feedback
5. Repeat feedback/Say OK
6. Thank you for listening/considering

District Court
Thirteenth Judicial District of Colorado
P.O. Box 71
Sterling, Colorado 80751

STEVEN E. SHINN
Chief Judge

Telephone
(970) 522-6565

December 19, 2002

Bill Bane
Mental Health Services
3824 W. Princeton Circle
Denver, CO 80236

Dear Bill:

It is with great concern that I write this letter in support of continued funding of the Pilot Program affiliated with Centennial Mental Health Center, Inc. provided by HB 1034.

In small communities such as ours there are generally very few resources available to the courts, particularly for adolescents. The Pilot Program is the only local resource available to us for adolescents in need of mental health services. In the event this reliable and successful resource is no longer funded, the vast majority of adolescents currently receiving treatment will ultimately be placed in some sort of incarceration simply due to lack of any other alternative.

Obviously my first concern as a member of the judiciary is appropriate treatment, prevention and intervention. In our society as it is today, these young offenders will become "victims" of recidivism simply based on a lack of appropriate resources for them if the Pilot Program does not continue. This is a concern not only for the judicial system but for every community across the country.

If I can be of any further assistance, please feel free to contact me at your convenience.

Sincerely,

Steven E. Shinn
Steven E. Shinn
Chief Judge

Hospitalization Alternatives for Youth: Logan County Program Description

Centennial Mental Health Center, in collaboration with agencies and the residents of Logan County, will provide community-based services and supports that allow children and adolescents at-risk of out-of-home or mental health institute placement to remain in the community. Our program will provide in-home and school-based support through a mentor for children being transferred from RTC placements and inpatient settings, or for children living in the community who are at risk of being transferred to an RTC or inpatient setting.

Criteria for referral to the mentor program:

Any child less than 18 years of age, and:

1. Diagnosed by a mental health professional as having a mental illness,
2. Or, committed to a local Department of Human Services, and being at risk for out-of-home placement and diagnosed by a mental health professional as having a mental illness,
3. Or, referred by the Community Management Team and diagnosed by a mental health professional as having a mental illness.

All referrals will be opened as a mental health consumer with CMHC. All referrals will be assigned a therapist who will be providing additional services to the consumer and possibly the family. Staffing meetings will be held with all service providers, including the mentors, on an as needed basis to update progress or changes in services.

Referrals will be received and reviewed by the Outpatient Program Manager/County Director. Appropriate referrals will be assigned by the Program Manager/County Director to a therapist (if they are new to our agency) and/or to a mentor (if they are an open consumer, already receiving services). Mentor services should be perceived as adjunct services and not the only services the consumer is receiving.

Mentor services may be one-on-one mentoring or group mentoring. Group mentoring may be assigned to siblings within a family or a small group of children with a ratio that is not greater than 1:4 for mentoring. Activities for all mentors/mentees may be coordinated periodically for greater support and peer interaction.

Each part-time mentor will have no more than 6 consumers/families on their caseload. Each consumer/family will be seen up to 3 hours per week in mentoring services. Mentors and mentees should make a commitment of one year.

Mentor positions will be filled with current Centennial Mental Health Center employees. In the event that additional mentors need to be hired, the mentors will be paid part-time staff who are paraprofessionals, meeting the requirements of a Mental Health Worker I. The mentors provide an additional labor force available for a variety of non-traditional, wrap-around services that are critically needed for the targeted population of youth at risk

for inpatient and out-of-home placement. In addition to their job duties as a Mental Health Worker I, mentor job duties include:

1. Attend all appropriate in-services, workshops and training on mentoring, child development, mental illness, and parenting.
2. Receive referrals from Program Manager/County Director.
3. Attend staffing(s) of referral with the primary therapist, case manager, and the Department of Social Services or the schools, if appropriate.
4. Spend up to 3 hours per week with a child/family providing one on one time with the child or participating in an activity with the family unit. The time spent with the child/family may be any of the following:
 - a. The mentor's role is to listen, observe, and support the child/family by modeling appropriate behaviors and parenting skills.
 - b. Home activities may include playing board or card games, craft projects, reading books, putting puzzles together, baking or cooking a special treat, watching a video, any activity that encourages cooperation, sharing, increases self-esteem, or will help the child/family deal with conflicts in appropriate ways.
 - c. Outside the home activities may include picnics at the park, bowling, roller-skating, going to movies, going to the library, or other local events.
 - d. The mentors may observe the child at school and may be allowed to assist the child in the classroom, if appropriate. The mentors may eat lunch with the child or attend a special school function in which the child is participating.
 - e. Assist families in developing a healthy home environment by planning family activities, chore lists, and connecting the family to community organizations such as Boy Scouts, soccer teams, baseball, swimming lessons, after school organizations, etc.
 - f. Mentors will assist in linking families to services to obtain basic needs such as vision, hearing, and dental services, transportation, housing, child care, etc. The needs of the family will be determined through an assessment form as well as ongoing assessments made by the mentor.
 - g. Mentors may implement a My Action Plan (MAP) and/or a risk-assessment with youth as part of a recovery model.
5. The mentor may be working "non-traditional" hours that could include evenings and some weekends.
6. The mentor could provide, if appropriate, a couple of hours of "respite" for the parent(s) so that they could have an evening/dinner out, or could attend parent/teacher conferences without having to take the children along.

09/29/04 WED 15:11 FAX 970 522 0811

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September 29, 2004

The Honorable Diane Hoppe
P.O. Box 1174
Sterling, CO 80751

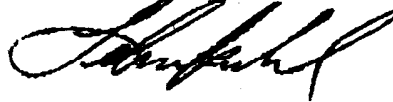
Dear Ms. Hoppe:

I am writing this letter to ask for your support for Senate bill 94 and House Bill 1034. These Bills provide funding for what is known as the PILOT program.

I have personal experience with this program through some terrible decisions made by my youngest son. This episode was his first encounter with the Judicial system. The PILOT program was offered as an alternative and we took this tremendous opportunity. The support, expectations, discipline and the holistic approach taken by the Thirteenth Judicial District and Centennial Mental Health has lead to a marked improvement in his behavior, life skills and hope. A much brighter future than anger and frustration of incarceration. This is an excellent program made even better by the staff in Logan County who are caring as well as vigilant. If incarceration works, why are the jails full? My son has a job, is achieving an education and looking forward to a bright future.

Where Creativity Serves You!!!
Please consider lending your support to a program that works.

John Lehmkuhl



JOURNAL-ADVOCATE

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Journal-Advocate (Sterling, CO)

August 9, 2004

Section: Top Story

An oasis for the youth

[BEATA MOSTAFAVI](mailto:reporter2@journal-advocate.com), *Journal-Advocate Staff Writer*

For just a few hours during the day, these teenagers lounge on plush blue couches, play foosball and air hockey, and watch videos on a 30-inch-screen TV. They air out feelings without being judged, learn life skills, and how to make choices that won't lead them down a dead-end path.

It's a stark contrast to detention or jail, where most of them have been.

The roughly 60 youth who have passed through this room on the second floor of Centennial Mental Health Center are part of a new state program to keep youth out of the criminal justice system.

Sterling's facility is one of two pilot projects in the state that aims to keep teens suffering from mental health problems out of jail, foster care, hospitals and out-of-home placements - and save the state millions of dollars by doing so.

"These kids we are working with have a history of problems and weak support systems. The way for them to have success is to have a support system in their life that is positive," said coordinator of Sterling youth services Virgie Nelson, who works closely with the pilot program. "It isn't just changing a pattern of thinking. It's changing a lifestyle."

According to studies so far, seven of the Sterling youth obtained GEDs while in the program - estimated to have saved \$3 million in state tax dollars. That figure is based on several factors, including links between having a GED and staying out of jail.

A study on 44 of the participating teens indicated the state would save \$2.3 million by keeping them out of psychiatric institutions, foster care, special education, detention and other placements.

A slow process

"The program gives them a different view than what they know," said JaNae Roelle, a certified addictions counselor at the center who works with the pilot program. "It gives them other ideas and options they wouldn't have otherwise."

Teens must be from Logan County, under the age of 18, have been through the criminal justice system and be diagnosed with a mental illness, such as bipolar disorder, depression, schizophrenia or attention deficit disorder.

More than 60 percent of them grapple with substance abuse, and many come from single-parent or troubled homes. Almost all of them are court-ordered into the three-year-old program, where they stay between six months to a year.

The roughly \$80,000 a year pilot program, funded mainly by House Bill 1034, selected Sterling as the rural site and a center in Denver as the urban site. If the program is successful, it will cease to be under pilot status and evolve into a grant that any of the state's mental health centers can apply for.

Local program leaders admit it takes time to thaw some of these 12-to-17-year-old's resistant attitudes in the beginning. They are often obstinate and must learn to be respectful, not use vulgar language, and to trust the adults.

Plus, they are used to people being angry with them, including law enforcement officers, store owners, schools and parents.

Here, they start with a clean slate.

"The one thing that's changed these kids is believing in them," said the center's county director Karla Rosas. "It's a place where they feel safe. We understand relapse might happen, and we almost expect it. We help them get through it instead of punishing them.

"It's finding a balance of building a relationship with them and earning their trust, while holding them accountable at the same time," she said.

When a participant falls off track, such as using drugs during the program, counselors sit them down and do a review of how and why it happened.

"These are the community's kids," Rosas said, emphasizing that they are a local responsibility.

"They are Logan County's kids. We don't abandon them."

Program wins state award

Almost all of the teens have had more than one criminal offense, ranging from burglary to truancy. Violent crimes disqualify them from the program.

Of 56 youth whose files are recorded with youth services, only seven percent re-offended while in the pilot program. That's compared to an average 10 percent recidivism rate among teens who work with youth services overall.

The program has several tiers of treatment. There's hang-out time, in which they can use the pool table or play board games. They have access to computers to do homework, or do research on the Internet. They have dinner and movie nights, or can just drop in.

But it takes work, and teens can be kicked out. They have one-on-one and group therapy. They attend focus groups, where they discuss subjects like substance abuse, anger management, depression and self-esteem.

Community service projects are also required, which have included painting city fire hydrants and collecting food for food drives. Bilingual services are also available for families, as roughly 30 percent of the teens are Hispanic.

"It's not just the youth's issue. It's a family issue," Rosas said, noting family must be involved in treatment to strengthen the environments teens return to.

After five months, attendees go through a transition. They may come to the center twice a week instead of four times, and start learning more life skills, like independent living and filling out job applications.

Rosas said part of what makes the program so successful is that it is a collaborative community effort. Courts, social services, law enforcement, youth services, schools and other parties all work together because there is a common goal - to keep these teens in their own homes.

Because of the program, Centennial Mental Health was the only one of all 17 mental health centers in the state to receive the "Golden Light Bulb" award, awarded to an innovative program each year.

Nelson, who has been with Sterling's youth services 20 years, said none of the youth she has worked with want to be drug-users or criminals. They want to be successful. But they need a great deal of support.

"It's important for kids to have another chance," she said. "There are consequences and penalties, but you don't ditch the kid. We have to show them we haven't given up."

Photo: Centennial Mental Health Center employees Mindy Henry (back, left), Karla Rosas (front, left), JaNae Roelle (front, right) and youth services coordinator Virgie Nelson (back, left) play a game of foosball at the center.

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Multi Family Group Evaluations Teen Responses

1. What was helpful about this class?

It made things different at the house.

Some skills to bond us with our parents.

Nothing. (16 year-old male)

It was helpful because I found out many different ways to communicate with my mom without having to curse and yell.

2. What did you not like about this class?

Wasting time of the day.

Having to come.

I did not like how the teachers would tell us what tactics would help, but they didn't help. I also didn't like how the parents got to make a contract for the kids, but the kids did not get to make the parent's one. (16 year-old male)

Because the teens actually got to talk instead of just listening.

3. What would you like to see us do differently?

What you feel like doing.

Have more movies.

I did not like how the teachers would tell us what tactics would help, but they didn't help. I also didn't like how the parents got to make a contract for the kids, but the kids did not get to make the parent's one. (16 year-old male)

Give more time for the kids and adults to talk together instead of just movies.

4. Would you be willing to be part of the village for future participants?

No, not really.

No

I would not mind coming back and talking to other groups. I will want to do it. (16 year-old male)

No

5. Individual feedback for each presenter.

Don't know.

You guys were helpful by taking time to listen and give good feedback.

Thank you very much for all the help. I really appreciate it. Thanks to all of you.

Multi Family Group Evaluations Parents Responses

1. What was helpful about this class?

This class gives parents, especially moms a chance to vent their frustrations and to realize that there are others in the same situation. You gave us other options to try to reconnect with our kids. (Parents of a 16 year-old male)

Different ways to deal with my kids.

How to take things and work them out. (Father of a 16 year-old male)

New approaches to changing behaviors. (Parents of a 17 year-old male)

I was able to talk about how I feel.

I like the book and workbook. I'm learning different ways to maybe combat some of the problems we have had in the last two years. I like having other parents to talk to or bounce off ideas. I also like having the teens with us.

2. What did you not like about this class?

I know that there is only so much time in the class but you need to allow the parents time to discuss certain things that they have in common and for the most part you did a good job. (Parents of a 16 year-old male)

To much information in a short period of time.

There was nothing to dislike about this class. (Father of a 16 year-old male)

It's hard to always keep a schedule every week at this time of evening. (Parents of a 17 year-old male)

I like everything about this class.

The only thing was the timing. The last few classes were during Lent and I missed the church suppers and services.

3. What would you like to see us do differently?

Really listen to the parents comments – it is different when they are your children. (Parents of a 16 year-old male)

More steaks less pizza. More personal problems with one on one therapists.

I don't know, but if there is something I hope that someone comes up with it. (Father of a 16 year-old male)

Don't know. (Parents of a 17 year-old male)

Nothing.

A different night. (Not Wednesdays) church night.

4. Would you be willing to be part of the village for future participants?

We could possibly come back for one or two nights. (Parents of a 16 year-old male)

Multi Family Group Evaluations
Parents Responses

No

Maybe (Father of a 16 year-old male)

We have a really rough schedule, question possibly, but not to speak to other groups. (Parents of a 17 year-old male)

Yes

Yes

5. Individual feedback for each presenter.

You all did a fine job – seem very genuine and caring. (Parents of a 16 year-old male)

Greatly appreciate your time and expertise.

You all did a great job and keep it up. Kudos. (Father of a 16 year-old male)

Each had positive attitudes and ideas and suggestions. (Parents of a 17 year-old male)

Well, Darlene is a good person. Kirstin and how well she has made me feel about myself. Rhonda is a good person.

All three are very helpful and concerned about our families. Offer very helpful ideas.

Other Comments:

Thanks Again. (Father of a 16 year-old male)

I enjoy this class. I felt that it was great that the kids/teens were involved, I am very excited working that contract with my son. I have seen some positive changes in him. Seems he “pulls back” more now. Even when he is mad and cussing it is different. It’s a quiet cussing! I believe all instructors did EXCELLENT. I think each of you contributed different things. I really appreciated the fact that you listened.

Rhonda- Great job of trying to be my son.

Darlene- Thanks for the suggestions.

Kirstin- Thanks for the encouraging word.

Thanks Kirstin, Darlene and Rhonda! (Mother of a 15 year-old male)